Evaluation of

MDS Policies and Programs – Results

Volume II

Bolsa Família Program and Social Assistance

Jeni Vaitsman and Rômulo Paes-Sousa

Organizers

Ministry of Social Development and the Fight Against Hunger

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Secretariat for Evaluation and Information Management
Ministry of Social Development and the Fight Against Hunger
Brasília/DF | 2007

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MDS Collection, Office of Media Relations of the INSS/MPS
Layout and Editing: Virtual Publicidade
Printing: Cromos Editora e Indústria Gráfica Ltda.

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Evaluation of MDS Policies and Programs – Results

Volume 2 – *Bolsa Família* Program and Social Assistance

Jeni Vaitsman and Rômulo Paes-Sousa
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Ministry of Social Development and the Fight Against Hunger
Brasília/DF | 2007

Brazil. Ministry of Social Development and the Fight Against Hunger.

Evaluation of MDS Policies and Programs: results: *Bolsa Família* Program and Social Assistance. / Ministry of Social Development and the Fight Against Hunger; Secretariat for Evaluation and Information Management.__ Brasília, DF: MDS; SAGI, 2007.

392 p. ; 23 cm. (Evaluation of MDS policies and programs: results; v. 2)

ISBN: 978-85-60700-10-3

1. Social policy, evaluation, Brazil. 2. Social Assistence. Brazil. *Bolsa Família* Program. I. Ministry of Social Development and the Fight Against Hunger.

CDU 304(81)

Number of copies: 1,000
May 2007

Ministry of Social Development and the Fight Against Hunger
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This book is dedicated to the memory
of João Domingos Fassarella.

1943-2006

Presentation

Throughout its three years of existence, the Ministry of Social Development and the Fight Against Hunger has faced challenges of all sorts in its efforts to reach its main objectives: reduced hunger, poverty and social vulnerabilities. Faced with the severe social debt accumulated over the course of the history of Brazil, which resulted in the exclusion of wide segments of its population, our actions have sought to meet a series of demands regarding promotion of equity and social development.

In the area of social protection, social assistance programs have been inserted into the food security policy and the *Bolsa Família* Program. We hope not only to insure better access to basic goods on the part of the most vulnerable groups, but also to invest in the qualification of people, through improvement of their health, nutrition and education. The goal is to re-define and expand the complex network of social protection aimed at the poorest and most vulnerable families.

Social and economic inclusion of the poor is one of the urgent points in the political agenda of our country, which has meant an effort on different fronts, where policies directed at the poor also intend to create the conditions necessary to enable these individuals to rise above their current condition in a sustainable manner. On the other hand, we have always been aware that innovative policies, programs and actions are not enough, it is also paramount to invest in competence, effectiveness and transparency of management, thus insuring that the goals of public policy can be met. The initiatives by MDS to reduce hunger and poverty in Brazil would not be complete without systematic monitoring and evaluation of its processes, results and impacts.

Ack now ledgement of this need to create institutional mechanisms to promote transparency of our actions triggered the creation of the Secretariat for Evaluation and Information Management – SAGI. Its main task was development of an evaluation and monitoring system for programs and policies under our management, an endeavor which required the efforts of many professionals among the several units of the Ministry and raising of various sources of funds. We succeeded not only in achieving interaction between technical knowledge and policies, but also in their effective use to improve our actions. We can proudly say today that institutionalization of evaluation has allowed for effective improvement in management of public policy.

For the purpose of reporting to society, we present this set of articles, containing results of studies covering the Ministry's three areas of activity: Food and Nutritional Security, Bolsa Família and Social Assistance. Volumes 1 and 2 of the publication "Evaluation of MDS Programs and Policies: Results" will provide feedback on the work carried out by the MDS to all stakeholders involved in the endeavor – grantees, researchers, managers, government directors and civil society.

Lastly, it is necessary to thank countless people and organizations for their contribution, which made this publication possible – researchers, universities, international organizations, MDS program managers and especially the SAGI team.

Patrus Ananias de Sousa

Minister of Social Development and the Fight Against Hunger

Summary

Introduction

This publication contains the first results of a set of studies evaluating programs of the Ministry of Social Development and the Fight Against Hunger (MDS) or about topics related to its policies to combat hunger and poverty.

The studies, contracted or carried out by the Secretariat for Evaluation and Information Management (SAGI), constitute one of the components in the system for evaluation and monitoring of MDS programs and policies[1]. At the start of 2007, 62 studies had been completed or were in execution or contracting stages. Dissemination of results is one of the last steps in the evaluation cycle, seeking to not only provide inputs for the technical and political debate about social issues, but also to promote transparency of processes, results and impacts of MDS actions.

In the evaluation model developed by SAGI, both decisions about points or scope of a program to be studied and definition of format and methodology took into account various considerations, including: what was desired or necessary to be known about a given program or policy; the desired and feasible deadline for achievement of results; financial resources available; access to reliable databases.

Choices made were therefore pragmatic in addition to theoretical or methodological. In spite of the recommendation in manuals that

1 For a detailed description of the process of construction of this evaluation and monitoring system, see VAITSMAN, J.; RODRIGUES, R. W.; PAES-SOUSA, R. **The system for evaluating and monitoring social development programs and policies:** the case of the Ministry of Social Development and the Fight Against Hunger in Brazil. Brasília, DF: Unesco, 2006. For a summarized description of the researches see PAES-SOUSA, R. (Org.); VAITSMAN, J. (Org.). Síntese das pesquisas de avaliação de programas sociais do MDS. **Cadernos de Estudos:** desenvolvimento social em debate, Brasília, DF, n. 5, fev. 2007.

studies should be planned from the start of a program, thus establishing a baseline integrated into its original content, in the reality of public policies and programs this rule is seldom adhered to. At the time of its establishment, in 2004, bringing together the Ministry of Social Assistance, the *Bolsa Família* Executive Secretariat and the Special Ministry of Food Security and the Fight Against Hunger, the MDS became responsible for 21 ongoing programs, formerly under the responsibility of these agencies. None of these programs had any sort of baseline from which its processes, results and impacts could be monitored and/or evaluated.

Considering that systematic information about the vast majority of the programs was also inexistent, decisions about the studies to be undertaken were made based on elements found in the organizational context. The existence, location and access to databases and information systems were dependent on not only on the organizational trajectories of policies, programs and actions, but also on their format, means of transferring financial resources and stakeholders involved in their management processes. Decentralization meant wide operational and technical diversity. The variety of formats regarding manners and mechanisms applied during implementation, as well as the wide range of local situations, limited not only the possibilities for a program to be evaluated, but also the feasibility of certain evaluation designs.

The scarcity of systematic information about the programs taken over by MDS at the time of its establishment generated strong demand for information coming from managers. Attending to these demands was one of the main elements considered in the definition of questions to be answered, which led to a large variety of research formats and methodologies, some combining different methods and objectives. If on the one hand this brought horizontal gains, expressed in diversity, wide coverage and plurality, on the other it also meant vertical losses regarding specificity and robustness of some studies.

Today, approximately three years after implementation of this experiment, with the first results of evaluation studies systematized, this stage may be called pioneering in addition to exploratory, since the SAGI team had to explore in search for answers to the main questions about MDS programs and politics asked at the time.

Although impact evaluations with *quasi*-experimental and longitudinal formats are more widely accepted by the international evaluation community, from the standpoint of those implementing the policy or program, there are limits to their execution. These studies are more costly and time-consuming, and their results can only be known and possibly incorporated into the re-design of the concept or format of the program in the long run. Evaluations of results and processes, on the other hand, are quicker and can be immediately utilized by program managers.

In addition to evaluation studies, the reader will also find here assessments and diagnoses developed with the goal of contributing to implementation and development of the policy itself: transversal research serving as the baseline; population estimates; studies of implementation processes; different types of surveys, including national household surveys, with or without beneficiaries regarding different aspects of a program, such as access, services offered and results observed; and, lastly, a *quasi*-experimental and longitudinal impact evaluation study of the *Bolsa Família* Program.

The publication is divided into two volumes and covers policies, programs and actions of the following MDS secretariats: National Secretariat of Citizenship Income, National Secretariat of Social Assistance and National Secretariat of Food and Nutritional Security.

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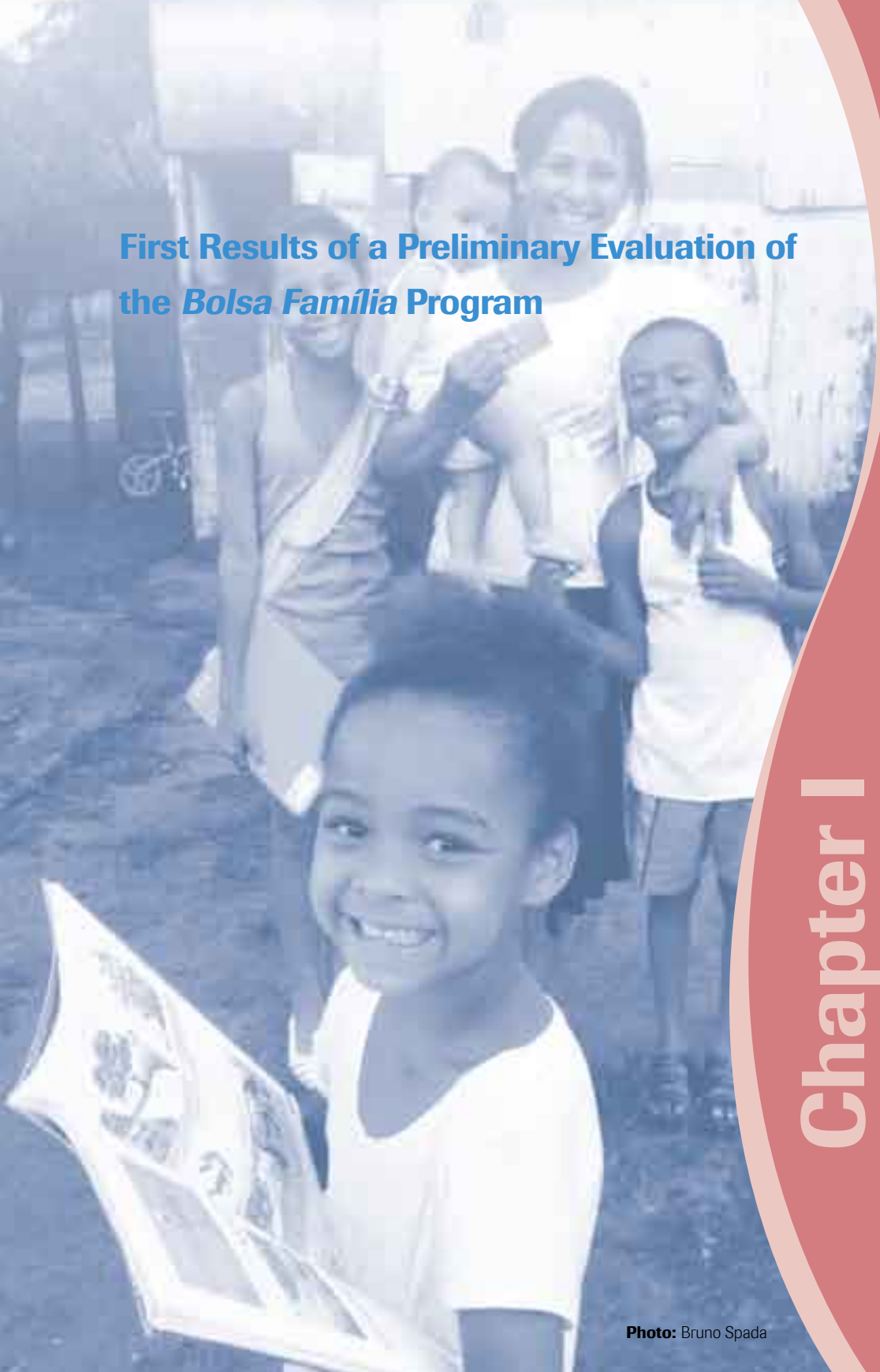
First Results of a Preliminary Evaluation of the *Bolsa Família* Program



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Chapter I

Chapter I

First Results of a Preliminary Evaluation of the *Bolsa Família* Program[1]

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1 Introduction

The *Bolsa Família*, created in 2003, is a program of conditional income transfer to families in a situation of poverty, and aims to immediately mitigate the poverty by direct income transfer. The break in the inter-generational cycle of poverty is expected by means of conditionalities, which reinforce the practice of social rights in the health and education areas, and which potentially help fight future poverty by investing in the development of human capital. Recent studies (ROCHA, 2004; SOARES, 2006; FERREIRA, LEITE & LITCHFIELD, 2006) evidence the potential effects of the transfer programs on reducing the inequalities and poverty in the country, stressing the importance of this kind of policy.

The criteria of eligibility of the *Bolsa Família* are based on the definition of a situation of families in poverty, with children under 15 years old, pregnant

1 Study carried out by Cedeplar/UFMG from December, 2004 to November, 2006. Coordinated by Diana Oya Sawyer and Eduardo Rios Neto.
2 Deputy Professors of the Department of Economic Sciences, and of the Cedeplar, both belonging to the Federal University of Minas Gerais (UFMG).
3 Researchers of the Cedeplar/UFMG.

and nursing mothers, and families in extreme poverty[4], with or without children, pregnant and nursing mothers. For families in a situation of extreme poverty, the allowance is based on a value of R$50 (fifty *reais*) for those without children, pregnant and nursing mothers, and adds a variable of R$15 for each occurrence, until a ceiling of three. For families in a situation of poverty, the values of the allowances are only the variables.

The purpose of this paper is to present the first results of a preliminary impact evaluation of the *Bolsa Família* Program on various dimensions, as a result of relaxing the budget restraints and operation of behavioral aspects relating to the conditionalities of the Program.

Results are presented for household indicators of health, education, work and expenditures. All results are based on the data of the first round of the field survey for the Impact Evaluation of the *Bolsa Família* Program (AIBF), performed in November, 2005. Although, by definition, the first round of a survey cannot be used to do the final impact evaluation, a basic exploration is made of the estimated differentials between the treatment and comparison groups, which help to give quite a preliminary perspective of the potential impacts of the Program. This methodological restraint must be borne in mind when interpreting the results[5].

2 The AIBF Survey

2.1 Sample Design

Data collection for the evaluation of the *Bolsa Família* Program adopted the procedure in which the household sample was distributed in unequal proportions, according to three strata. The first stratum consists of households with beneficiary families in the Program, and is called "cases". The second stratum, called "control

4 In October, 2005 those families with a monthly *per capita* income of R$50,01 to R$100 were defined in a situation of poverty, and families in a situation of extreme poverty were those with a monthly *per capita* income of R$50 or less.

5 It is also important to emphasize that this is a summary of the main results obtained in this first stage of research, the descriptive analysis of the data being deleted from the text.

type 1", consists of the households with families enrolled in the Single Registry, but not yet beneficiaries of the Program. Lastly, the third stratum, called "control type 2", congregates the households without beneficiary or registered families[6].

The size of the sample was defined to be representative of three large areas of the country – the Northeast Region, the Southeast and South Regions and the North and Midwest Regions. Using this stratification, the goal was set to obtain 15,000 interviews throughout Brazil. With this total, the sample was distributed in 30% of cases, 60% of controls type 1, and 10% of controls type 2. After defining the regional strata, the Primary Sampling Units (PSUs)[7] were then defined within each large region.

The data collecting operation occurred in November, 2005. This resulted in a total of 15,240 questionnaires collected during the field work.

2.2 Data Collection and Treatment

The household groups were reclassified in terms of eligibility, treatment and comparison, in accordance with the information collected in the questionnaires. It is worth pointing out that this reclassification, however, does not interfere in the sample weight and probability of selecting the household defined in the sample plan. The household classification according to the eligibility criterion considered two levels of *per capita* household income. The first level included the households that on the date of the survey earned a monthly *per capita* household income of R$100 or less. This sum coincides with the official income limit defined for eligibility to the Program. The second level of income considered households that earned a *per capita* household income of R$200 or less. This income level, above the maximum limit of official eligibility, was used to guarantee the sample representativeness in all groups, including the treatment group[8]. It should be

6 To produce the information required to obtain this threefold division, an earlier screening was done. In this way, all census sectors sampled were "recensused" using such information to obtain the predefined proportions of cases, controls type 1 and controls type 2.

7 See report for details on the definition of the PSUs, in Cedeplar and Science, 2005.

8 The R$100 section would guarantee the presence of only 55% of the sample, while the R$200 section guarantees 83%. Specifically for the treatment group, around 70% of the sample households have a *per capita* earning of R$100 or less and 95% of R$200 or less.

mentioned that the operationalization of the definition of permanent household income as close as possible to that used in the Registry includes the earnings from work, retirement and old age pension, and alimony. Within each sub-sample of eligible households, the first defined group called "Treatment" consists of the households that claim they currently receive the *Bolsa Família* allowance. The first group of comparison, called "Comparison 1" (C1) consists of households that currently receive other allowances[9]. The second comparison group, called "Comparison 2" (C2), consists of households that said they have never received any kind of allowance, although registered in a public program. The remainder of the sample under study consists of households that did but no longer receive some kind of allowance, and households whose *per capita* household income is more than R$200. The total sample contains 15,240 households, including 4,435 in the Treatment group, 3,496 in the C1 group and 4,941 in the C2 group, plus 2,368 households not classified in any of the groups. The justification for forming two comparison groups is to be able to investigate two different types resulting from the Program. The first type, involving the comparison of the treatment group with the C2 group, is characterized as a *pure* preliminary result of the Program, inasmuch as it compares the beneficiary households of the *Bolsa Família* with similar households in terms of probability of participating in the Program, but which do not receive any kind of cash transfer. In the second comparison, the results obtained in the sample of beneficiaries of the *Bolsa Família* were analyzed in relation to the beneficiaries of other programs. This analysis should be very careful, since this second group is quite heterogeneous in terms of income transfer and presence of conditionalities. In this first work the results considering the different partitions of this C1 group were not analyzed according to the different social programs. Lastly, it should be stressed that the analysis is based on the self-statement of the households who receive social program allowances. In the C1 group, consisting of beneficiaries of other programs, for example, information problems may arise that alter the differentials between the groups.

9 With the R$200 section in eligibility, the beneficiaries of the School Grant Program consist of 50% of this group, those who receive Gas Vouchers represent another 35%; 5% receive from BPC, 3% receive from PETI, 3% receive from the Food Grant Program and the rest receive other types of allowance.

2.3 Evaluation Methodology

The word evaluation refers to measuring the impact of interventions, such as the participation in a training program or receiving an cash transfer from a social program, on the effects of interest. The word effect refers to changes in the status of the relevant variables. The key problem in impact evaluation is the inference of a causal connection between treatment (the participation in a certain program) and the effect (CAMERON & TRIVEDI, 2005). The relevance of impact evaluations is direct, since their effects can be associated with social programs or improvements in existing programs to achieve the objectives of the social policy.

Since the *Bolsa Família* Program was not implemented randomly among the eligible families, so that the design of the Program is not experimental, it was decided to do this preliminary impact analysis using a *quasi*-experimental method[10]. The chosen technique was Propensity Score Matching (PSM), which compares outcomes of similar families in the treatment group with the comparison or control group[11]. To find similar families among the treated and untreated, it is presumed that participation in the Program is determined by observed characteristics. Therefore, the probability of participation in the Program is calculated conditioned to those characteristics and is worked with those families with similar estimated probabilities.

Using the terminology of Heckman, Ichimura and Todd (1997), the treatment status of an individual is represented through a dummy D variable that is equal to 1 if the individual is a beneficiary of the Program and 0 if he does not participate. Also Y_{1i} represents the interest variable (expected outcome) for individual i, should he be

10 The evaluation method is based on the comparison between the participants and non-participants in the program. Due to the fact that participating has not been designed randomly, according to Attanazio *et al.* (2004), a simple comparison between these two groups could be quite wrong for two reasons. First, ex-*post* differences in the results could simply reflect pre-program differences. Second, the effect of the program may be a function of background variables (household head's education, number of children etc.), which may be different between the treatment and control groups. These problems can be solved using the propensity score matching method that seeks to compare participating and non-participating families that are similar in terms of the observable characteristics.

11 The essential problem of impact evaluation is that the results of the participants are not observed if they had not participated. In this way a comparison group is used to identify the counterfactual of what would have occurred without the program. The comparison group must be representative of the treatment group, with the difference that the former does not participate in the program.

treated (1), and Y_{0i} the same variable, if this individual is exposed to control (0). The effect of the treatment on the individual i can then be calculated as follows:

$$\Pi_i = Y_{1i} - Y_{0i}$$

and the average impact of training on the participants would be:

$$\Pi_i = E\,[Y_{1i} - Y_{0i} \mid D_i = 1]$$

In evaluation literature, $E\,[Y_{1i} - Y_{0i} \mid D_i = 1]$ is called treatment effect or average treatment effect on treated (ATT). Therefore:

$$E\,(Y_{1i} - Y_{0i} \mid D_i = 1) = E\,(Y_{1i} \mid D_i = 1) - E\,(Y_{0i} \mid D_i = 1)$$

The problem is that the counterfactual outcome of an individual under treatment $E\,(Y_{0i} \mid D_i = 1)$ cannot be observed, since an individual can only be treatment or control at a specific point in time. In other words, the same individuals cannot be observed in the two situations, since the situation of the participants cannot be observed if they did not participate. Consequently certain hypotheses must be imposed in order to estimate ATT. One way is to substitute the expected outcome of the individual who participated if he were not to have participated $E\,(Y_{0i} \mid D_i = 1)$, with the expected outcome of the individuals who in fact did not participate $E\,(Y_{0i} \mid D_i = 0)$. However, since the choice of participants in the Program was not done randomly, it cannot be presumed that substituting $E\,(Y_{0i} \mid D_i = 1)$ for $E\,(Y_{0i} \mid D_i = 0)$ will give a non-biased estimate, because it is improbable that $E\,(Y_{0i} \mid D_i = 1) = E\,(Y_{0i} \mid D_i = 0)$. This improbability is due to the existence of bias, which appears due to differences in the observable characteristics and the differences in the non-observable attributes between the treatment and control groups.

When taking into consideration the observable characteristics of the selection process and the characteristics that potentially influence the outcomes of interest in the treated individuals, the last equation can then be rewritten as:

$$E\,(Y_{1i} - Y_{0i} \mid D_i = 1, X) = E\,(Y_{1i} \mid D_i = 1, X) - E\,(Y_{0i} \mid D_i = 0, X)$$

In this equation, X represents a vector of the observable characteristics. According to the generally adopted identification hypothesis, the selection process

occurs in accordance with observable characteristics, so that people with these identical characteristics have the same probability of being allocated as treatment or control. This means that:

$$(Y_{0i}, Y_{1i} \perp D_i \mid X) \text{ and } E(Y_{0i} \mid X_i, D_i = 1) = E(Y_{0i} \mid X_i, D_i = 0)$$ [12]

where $\perp$ denotes independence, meaning that the potential outcomes are regardless of the participation in the Program given the observable characteristics X – this hypothesis is known as Conditional Independence Hypothesis.

The objective of matching is to find an ideal comparison group in relation to the treatment group based on a sample of non-participants. The proximity ratio between the groups is measured in terms of observable characteristics. The method consists basically of using the characteristics of the treated units as a basis to find units in a non-experimental control group that have the same characteristics, previously defined in the treatment group. Next, the effects of treatment are estimated (effect of the Program) using the difference between the average outcomes of the treatment and control groups. The comparison group is matched to the treatment group using a series of observable characteristics or the propensity score.

The propensity score is the probability of a family or household to receive the transfer from the *Bolsa Família* Program. There is no point in using the propensity score when participation in the Program is random, but rather when it depends stochastically on a vector of observed *X* characteristics. This vector *X* corresponds to the focus criteria of the Program, so that the propensity score $p(X)$ is defined by measuring the conditional probability of treatment, $D = 1$[13]:

$$p(X) = \Pr[D = 1 \mid X]$$

12 For further details, see Hirano, Imbens and Ridder (2000).

13 To address the problem of the dimensionality of matching, Rosenbaum and Rubin (1983) developed the method known as Propensity Score Matching. These authors showed that such a method can be implemented by using a single control variable, the propensity score. The propensity score P(x) is defined as the conditional probability of an individual to receive the treatment given his observable X characteristics.

Thus, the use of the propensity score is a practical solution for the problem of matching multi-dimensionality, since the latter is now based on a scalar. Rosenbaum and Rubin (1983) showed that

$$E(Y_{1} - Y_{0} \mid D=1, P(X)) = E(Y_{1} \mid D=1, P(X)) - E(Y_{0} \mid D=0, P(X))$$

If the treatment and expected outcomes are conditional independents to the pre-treatment variables, the latter will also be conditional independents to the probability of receiving treatment, given the observable characteristics, that is, conditional to the propensity score[14]. Rosenbaum and Rubin (id.) also show that by adjusting the differences between the treatment and control units only using the propensity score, then any bias associated with the differences in the observable previous variables is removed. A premise that must be assumed is the so-called "balancing condition", represented as

$$D \perp X \mid p(X)$$

This condition implies that the distribution of the propensity score is the same between the treatment and control samples. The distribution of characteristics that determine this score is also the same in both samples. The samples of treated and control are, therefore, in equilibrium or balanced.

Another premise refers to the existence of a common support. This condition requires the existence of units from both treatment and control groups in order to compare each X characteristic. This assures that for each treated individual there is another matched non-treated individual with similar X values (HECKMAN, LALONDE & SMITH, 1999). Therefore, the individuals must have a probability of being participants or non-participants situated between 0 and 1, and cannot be equal to the extremes (perfect prediction).

The propensity score was estimated using a parametric model of binary choice[15], namely a *probit* model. As explanatory variables of this probit model,

14 See Rosenbaum and Rubin (1983) or Imbens (2000) for proof.

15 The propensity score method helps reduce, but not eliminate the bias created by the non-observable factors. The extent to which the bias is reduced depends crucially on the wealth and quality of the control variables where the propensity score is calculated and matching done (BECKER & ICHINO, 2002).

those variables were selected that, by hypothesis are relevant in determining the treatment and were not altered because of it; or rather, variables that determine the participation in the Program but are orthogonal to treatment. After estimating the propensity scores, sub-groups are obtained within the control group that have similar score values to those of the individuals in the treatment group. Next, a test is done for each block i= 1,... k of the propensity score, if an average of each predicted variable used in the model does not differ between treatment and control. If the average of one or more variables differs, then a less parsimonious model should be specified to estimate the propensity score. However, if every test for each variable within each interval shows that the averages do not differ significantly, then a final number of blocks is defined and the ATT is then calculated. The objective of this estimate is to find a control group that is as similar as possible to the treatment group in terms of the propensity score, given the observed characteristics.

In this paper, since each impact evaluation is carried out on different sub-groups of the household sample, the estimate of a single propensity score might not fulfill the condition of equilibrium in some analyses. Therefore, for each sub-sample used, a different propensity score was calculated, using a set of explanatory variables that obey the condition of equilibrium.

The set of selected variables seeks, therefore, to characterize the household conditions in terms of eligibility for the Program and in some cases to act as control for calculating the effects of the treatment on the treated. After calculating the propensity scores, it is necessary to use a matching method, that is, some method that helps define which controls are for each treated unit.

The average effect of treatment on the treated is given by the following equation:

$$ATT = E\{E[Y_{1i} \mid D_i=1, p(X_i)] - E[Y_{0i} \mid D_i=0, p(X_i)] \mid D_i=1\}$$

where the first term is estimated through the treatment group and the second term through the average outcome of the matched comparison group (in p(X)). The estimate of the propensity score is not enough to estimate the average effect of the treatment. This is because the probability of finding two individuals with exactly the same propensity score value is, in principle, zero since p (X) is a continuous variable.

The ATT will be estimated considering the use of the common support for all observations. If the common support is not fulfilled in the treatment group, that is, if some individuals have characteristics that are only found in the treated individuals or P(X)=1, then these individuals will be discarded and the ATT estimated only for those that have P(X)<1.

In this study three matching techniques were used to analyze the robustness of the results: the Nearest Neighbor Matching (NNM) with and without replacement and the Radius Matching (RM), but only the differentials are reported, considering the NNM technique with replacement.

In NNM, for each treated unit an untreated unit is found with the closest propensity score, that is, the matching is done to minimize the absolute difference between the propensity score of the treated and untreated unit. Formally, consider that p_i and p_j denote the propensity score of the treated and untreated units, respectively. The set of matched untreated units with the treated units is given by:

$$C(i) = \min_j \left\| p_i - p_j \right\|,$$

C (i) can be calculated with and without replacement. When replacement is permitted, it means that the same untreated individual cannot be matched with more than one treated individual.

In the case of the radius matching method, each treated unit is matched only with the untreated unit for which the value of the propensity score is within a predefined limit (*r*) around the value of the propensity score of the treated unit. So the set of untreated units matched with the treated units is given by:

$$C(i) = \{ p_j | \left\| p_i - p_j \right\| < r \} .$$

The decision to report only the results obtained from the NNM with replacement is justifiable for three reasons: 1) it is easier to interpret the results, since the magnitude of the differentials found can vary between the techniques; 2) as many observations as possible of treatment are used since the sample of the comparison groups is smaller than that of the treatment groups; if the NNM method without replacement were to be chosen some observations would not be

considered; 3) by using the radius matching method there is an arbitrariness in the choice of the distance parameter.

3 Preliminary Assessment of Results

This section presents the results of the preliminary analysis of the differentials between the beneficiaries of the *Bolsa Família* Program and the comparison groups considering various household indicators. This analysis is preliminary inasmuch as the impact name is only really valid when the treated samples are seen in two moments of time. Even if the observable characteristics are controlled using the matching technique, part of the difference in the result observed can still be attributed to non-observable characteristics of the treatment and control groups. The variables were chosen so that the probability of participating in the Program was estimated with as many variables as possible and to consider two criteria: orthogonality to the result of the Program and control variables for analyzing the estimated average differential. The choice of analyzing the differentials using indicators calculated for the household is because of the Program design: the household is the eligible for the Program. In this sense, the probability of participating in the Program must be calculated for the household, so that the households are matched and not the individuals[16].

3.1 Health Indicators

The state of health has direct and indirect impacts on individual well-being. The direct impact is the result of this being a parameter of the utility function of the individuals: generally individuals are happier when they are healthier. The indirect impact is related to differences in the productive capacity of individuals, since the state of health integrates the human capital. Therefore, increasing the individuals' store of health is a fundamental measure that can have short and long term impacts on reducing poverty.

16 The specifications of the used models can be requested to the authors

In Brazil the inequalities in the state of health and access to the services are quite significant, and the persistence of some infectious-contagious diseases typical of underdeveloped countries and which can be prevented by proper conditions of sanitation and basic care is still to be found (SIMÕES, 2002). Some studies show that the losses in output due to problems of health are considerable and quite differentiated between the social extracts (ALVES & ANDRADE, 2002; NORONHA, 2005). Moreover, there is also evidence of the effects of these losses on determining poverty, principally by excluding individuals from the job market, which gives support to implementing programs of conditional cash transfer implementation, such as the *Bolsa Família* (NORONHA, 2005).

The objective of this section is to analyze the preliminary results of inclusion in the *Bolsa Família* Program on the state of health of children between 0 and 6 years old and pregnant women. These two groups comprise the target-people in the household, and whose conditionalities must be fulfilled for the Program to transfer income. When included in the *Bolsa Família* Program, the family agrees to keep its children and adolescents of school age in school and to fulfill the basic health care: vaccination calendar for children in the 0-6 age group, and the pre and post-natal agenda for pregnant and nursing mothers.

Two groups of indicators were selected to assess the differentials in the state of health between the comparison groups: the first group refers to the results of the vaccination of children between 0 and 6 years old; the second to the pre-natal care for pregnant women 10 to 49 years old on the date of the survey. The reason why these indicator groups were chosen was because they are fully associated with the Program's conditionalities. The health section of the questionnaire also investigates the use of and expenditures incurred with health services. Health service expenditures will also be examined later jointly with the other components of the family budget. This is certainly a variable of important impact. Concerning the use of the health services, it will only be possible to analyze impacts of the Program when examined in two moments of time.

The vaccination indicators used are: proportion of children in the 0-6 age group in the household with up-to-date vaccinations, proportion of children in the 0-6 age group in the household with over 70% of up-to-date vaccinations, proportion

of children in the household with all vaccinations mandatory for six months old or less up-to-date; proportion of children in the 0-6 age group in the household with over 70% up-to-date vaccinations mandatory for children aged six months or less.

Since the vaccination program has been a priority of the Ministry of Health and the vaccination coverage in Brazil has spread considerably, it is not to be expected that it is very different among households that have similar conditions of access to public health services[17]. The inclusion in the *Bolsa Família* Program may increase the vaccination coverage for at least two reasons: first, because of the conditionality of the Program, which makes the people (mothers) now be more concerned with this type of care; and secondly, through an indirect impact, since it can alter the expectations/behavior of individuals toward the public health system. Inasmuch as individuals receive some kind of aid, the credibility that they give to the health system may be changed.

Therefore, these various global indicators are proposed in the attempt to capture the sensitivity of the vaccination coverage toward the *Bolsa Família* Program. It is not reasonable to measure the impact of the Program on the degree of coverage of each specific vaccine. It is interesting to know whether the Program has an impact on the overall state of health of the children between 0 and six years old, increasing their probability of being properly vaccinated. The proposed indicators do not consider age when this vaccine was received, or rather, those children that were vaccinated at the proper age from those who were vaccinated outside the proper age. Two arguments justify this choice: first, the entries of the vaccination dates in the vaccine cards and in the questionnaire of the survey are not very consistent; secondly, this measure can underestimate the impact of the Program, considering that a child with a late vaccination calendar and who now receives the allowance from the *Bolsa Família* can have its vaccinations updated all at once.

In the attempt to control the time of admission to the Program, the vaccination indicators were calculated considering three age groups: children between 0 and 6 years old, children between 0 and 2 years old and children from 0 to 1 year old. The hypothesis is that, when calculating the impact of the Program

17 According to Datasus´ data, for practically all the mandatory vaccines until the first year of life, the vaccination coverage surpasses 90% of the population. See www.datasus.gov.br.

for the children's 0-1 and 0-2 age groups, this would somehow be controlling the admission to the Program, since the children under one or two years old had a better chance of having been born and the Program having been implemented in the household. The heterogeneity regarding time of exposure to the Program is certainly greater for the children in the 0-6 age group.

To analyze the differentials on pre-natal consultations the indicator was built for the proportion of women with proper pre-natal care. This indicator was prepared in accordance with SUS regulations that recommend six as the minimum number of pre-natal consultations during pregnancy. Since there are very few pregnant women in the sample in the ninth month of pregnancy, the pregnant women who from the fourth month of pregnancy had had at least one consultation for each month of pregnancy are considered to taking proper pre-natal care, plus those who are up to the third month of pregnancy and had already made at least one consultation.

Households that have a child living there in the age group corresponding to the variable of the analyzed result were considered for analysis of the differentials. To obtain the best matching possible it was decided to run a specification for each result indicator[18].

3.1.1 Differentials in Vaccination Coverage

In the surveyed sample, the number of children between 0 and 6 years old is 9,914. Two thousand three hundred and twelve of these children were excluded from the analysis because they did not have and/or were unable to show the vaccine card at the time of the interview. In Brazil the percentage of children who do not have the vaccine card and/or were unable to show it according to the comparison groups were not very different, suggesting an absence of bias in selection between the groups: 23-25% of the children between 0 and 6 years old did not present a card in the three comparison groups.

Among the Regions the loss of findings is very different between the comparison groups, suggesting bias of sample selection. The greatest difference

18 In the case of health, a fundamental variable that was kept in the specifications is the "dummy for the household that receives a visit from community health agents".

between the Comparison groups occurs in the North and Midwest Regions. In this case, in the Comparison group, 2.34% of the children did not show the vaccine card. Despite this finding, this possible selection bias will be corrected in this first stage of analysis. Information is relevant when interpreting the results, to the extent hat the greater occurrence of card loss can overestimate the vaccination coverage.

Table 1 reports the preliminary results when comparing the beneficiaries of the *Bolsa Família* (Treatment) with the beneficiaries of other programs (Comparison 1) using the up-to-date vaccination indicator. In general, the results show that there is no significant difference between the proportion of children with up-to-date vaccination in households that are beneficiaries of the *Bolsa Família* in relation to beneficiaries of other programs. This result is valid for Brazil and Major Regions.

The Treatment group consists of households that currently receive the *Bolsa Família* allowance. The Comparison 1 group comprises the households that currently receive other allowances. The Comparison 2 group consists of households that stated that they have never received any kind of allowance, even though they were registered in some public program.

Table 1: Differentials on percentage of children with up-to-date vaccine card in visited households; Brazil and Regions, 2005

Comparison between children	Treatment and Comparison 1							
	0 - 6 years old		0 - 2 years old		0 - 1 year old		2 - 6 years old	
Eligibility (up to)	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00
Brazil	-0.007	0.028	-0.007	0.033	0.021	0.015	-0.012	0.006
Northeast	0.021	-0.006	0.061	0.052	0.060	0.022	-0.025	0.026
North & Midwest	-0.011	-0.038	-0.144*	-0.026	0.024	0.146	-0.054	-0.085
Southeast & South	0.0498	0.0712	0.0047	0.1108	0.1512	0.0856	0.0131	0.0203

Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.

Source: AIBF, 2005

The second health result indicator is the proportion of households with at least 70% of the vaccines up to date. This indicator differs from the previous one inasmuch as it permits that the child does not have all vaccines up-to-date. It may happen that the child has one late vaccine as a result of some random episode, but this cannot be interpreted as a lack of parental care toward the child. In this case, the results show a difference in favor of the children living in beneficiary households of other programs.

This negative difference happens both in Brazil and in the specifications referring to Regions, and not only being found in the joint region of South and Southeast. A possible interpretation for this result is the existence of a correlation between the probability of admission to the *Bolsa Família* and the conditions of access to the vaccination services. Since the only variable of control relating to the health services is the dummy for a visit of health agents, differences may occur in the access to the health services even when the households are matched for socioeconomic conditions, characteristics of the household head and composition. Therefore, if the beneficiaries of the *Bolsa Família* Program live in areas with worse conditions of access to health services, areas with less demographic density, for example, the vaccination rate in these households may be lower than in beneficiary households of other programs. Table 10 reports the ATT estimate for the indicator of proportion of children in the household wit at least 70% of up-to-date vaccines.

Table 2: Differentials between comparison groups on percentage of children with at least 70% vaccines up-to-date in visited households, Brazil and Regions, 2005

Comparison between children	Treatment and Comparison 1							
	0 - 6 years old		0 - 2 years old		0 - 1 year old		2 - 6 years old	
Eligibility (up to)	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00
Brazil	-0.011	-0.022*	-0.020	-0.015	0.012	0.038	-0.018	-0.042***
Northeast	-0.029	-0.041**	-0.032	-0.028	-0.021	-0.008	-0.041**	-0.048**
North & Midwest	-0.035**	-0.027	-0.032	-0.030	0.008	0.010	-0.012	-0.055**
Southeast & South	-0.010	-0.014	-0.015	-0.018	-0.022	0.019	0.013	-0.017

Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.

Source: AIBF, 2005

Table 3 reports the results for the proportion of children with all vaccines mandatory to six months old. In general this proportion is higher than 90%. This behavior is reasonable since mothers are more available for children up to six months old and very often devote their whole time to caring for the child. The results for these vaccines are similar to the former indicator and present a favorable difference in the beneficiaries of other programs in the model estimated for Brazil. In the specifications referring to the Regions, only the joint South and Southeast Regions do not show a significant difference.

Table 3: Differentials between the comparison groups on percentage of children with all up-to-date vaccines mandatory up to 6 months old in visited households; Brazil and Regions, 2005

Comparison between children	Treatment and Comparison 1							
	0 - 6 years old		0 - 2 years old		0 - 1 year old		2 - 6 years old	
Eligibility (up to)	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00
Brazil	-0.002	-0.010	-0.020	-0.028	0.045	0.014	-0.005	-0.025**
Northeast	-0.004	-0.011	-0.028	-0.035	-0.017	0.057	-0.018	-0.038*
North & Midwest	-0.027	-0.036*	-0.034	-0.018	-0.009	0.054	-0.030	-0.050
Southeast & South	-0.014	0.002	0.000	-0.024	-0.004	-0.063	-0.009	-0.013

Notes: According to the 2006 National Vaccination Program, the vaccinations mandatory to 6 months old are: BCG and the 1st and 2nd doses of anti-polio, DPT and hepatitis B.
* significant value at 10%; ** significant value at 5%, *** significant value at 1%.

When sectioning at least 70% of the vaccines mandatory to six months old, the results do not show significant differences between the two groups (Table 4).

Table 4: Differentials between comparison groups on percentage of children with at least 70% of up-to-date vaccines mandatory to 6 months old in visited households; Brazil and Regions, 2005

Comparison between children	Treatment and Comparison 1							
	0 - 6 years old		0 - 2 years old		0 - 1 year old		2 - 6 years old	
Eligibility (up to)	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00
Brazil	-0.002	-0.001	0.014	0.000	0.017	0.009	-0.017**	-0.008
Northeast	-0.002	0.002	0.004	0.005	0.007	0.016	-0.012	-0.022
North & Midwest	0.006	0.007	-0.021	-0.014	0.058	0.000	-0.004	-0.013
Southeast & South	-0.004	0.015	0.010	0.038	0.003	0.040	0.007	-0.001

Notes: According to the 2006 National Vaccination Program, the vaccinations mandatory to 6 months old are: BCG and the 1st and 2nd doses of anti-polio, DPT and hepatitis B.
* significant value at 10%; ** significant value at 5%, *** significant value at 1%.

Source: AIBF, 2005

Tables 5 and 6 show that the comparison with eligible individuals who are not beneficiaries of a social program (Comparison 2), also generally does not show significant differences both for the indicator that considers all up-to-date vaccines and the indicator referring to 70% of up-to-date vaccines.

Table 5: Differentials between the comparison groups on percentage of children with up-to-date vaccine card in visited households; Brazil and Regions, 2005

Comparison between children	Treatment and Comparison 2							
	0 - 6 years old		0 - 2 years old		0 - 1 year old		2 - 6 years old	
Eligibility (up to)	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00
Brazil	-0.024	0.043	0.000	0.025	-0.022	-0.049	0.004	0.013
Northeast	-0.050	-0.011	-0.003	-0.038	-0.083	-0.113	-0.046	0.054
North & Midwest	0.005	-0.006	-0.049	0.049	-0.056	0.019	0.033	0.058
Southeast & South	0.067*	0.024	0.017	-0.014	-0.058	-0.086	-0.041	0.0274

Notes: According to the 2006 National Vaccination Program, the vaccinations mandatory to 6 months old are: BCG and the 1st and 2nd doses of anti-polio, DPT and hepatitis B.
* significant value at 10%; ** significant value at 5%, *** significant value at 1%.

Source: AIBF, 2005

Table 6: Differentials between comparison groups on the percentage of children with at least 70% up-to-date vaccines in the visited households; Brazil and Regions, 2005

Comparison between children	Treatment and Comparison 2							
	0 - 6 years old		0 - 2 years old		0 - 1 year old		2 - 6 years old	
Eligibility (up to)	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00
Brazil	-0.002	-0.016	0.005	0.004	-0.022	0.017	-0.004	-0.008
Northeast	-0.033**	-0.017	-0.011	0.031	0.037	-0.008	-0.021	-0.022
North & Midwest	0.006	0.005	0.010	-0.021	-0.027	0.070	-0.003	-0.033
Southeast & South	0.000	-0.015	0.015	0.005	-0.047	-0.041	0.013	-0.006

Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.

Source: AIBF, 2005

When considering the vaccines mandatory to six months old, the difference are unfavorable for the *Bolsa Família* beneficiaries, as shown in Tables 7 and 8. Although this result occurs for Brazil and the joint South and Southeast, it is more robust in the Northeast Region.

Table 7: Differentials between comparison groups on percentage of children with all up-to-date vaccines mandatory up to 6 months old in the visited households; Brazil and Regions, 2005

Comparison between children	Treatment and Comparison 2							
	0 - 6 years old		0 - 2 years old		0 - 1 year old		2 - 6 years old	
Eligibility (up to)	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00
Brazil	-0.004	-0.005	-0.013	-0.004	-0.047**	-0.001	0.003	-0.019
Northeast	0.009	-0.025	-0.005	-0.026	-0.017	-0.010	-0.022	-0.030
North & Midwest	0.020	0.008	0.003	0.027	-0.057	0.122*	0.001	-0.016
Southeast & South	-0.002	-0.003	0.006	-0.005	-0.054	-0.004	0.003	0.0013
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.								

Source: AIBF, 2005

Table 8: Differentials between comparison groups on percentage of children with at least 70% up-to-date vaccines mandatory to 6 months old in visited households; Brazil and Regions, 2005

Comparison between children	Treatment and Comparison 2							
	0 - 6 years old		0 - 2 years old		0 - 1 year old		2 - 6 years old	
Eligibility (up to)	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00	R$200.00	R$100.00
Brazil	-0.007	-0.009	-0.007	-0.004	-0.006	0.012	-0.009	-0.012
Northeast	-0.018*	-0.024**	-0.013	-0.023**	0.007	0.008	-0.022*	-0.021
North & Midwest	0.008	0.003	-0.007	-0.011	0.003	0.026	0.003	-0.001
Southeast & South	-0.007	-0.013	-0.006	-0.002	-0.009	0.018	-0.007	-0.017**
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.								

Source: AIBF, 2005

The results in this subsection show that the *Bolsa Família* Program has not proven to be efficient in guaranteeing the compliance of its conditionalities. The

differences in the proportion of children vaccinated are unfavorable for children living in treated households both in relation to children living in eligible household beneficiaries of other programs and in relation to non-beneficiary children in the Program. This pattern is repeated for Brazil and Major Regions, with the exception only of the Southeast Region. A justifiable hypothesis is that this negative difference in the vaccination rate is the access to the health services. The beneficiaries of the *Bolsa Família* Program may live in areas of less demographic density and worse conditions of access to health services.

3.1.2 Pre-natal Care Differentials

The proper pre-natal indicator was used to compare the health conditions of the pregnant women between the groups. This indicator was built as a dummy variable, so that the pregnant woman who did the minimum number of consultants, a condition to the month of gestation on the date of the survey was rated 1, otherwise 0. The suitability of the number of consultations for the month of gestation was constructed in accordance with the recommendation of SUS (Single Health System), in which six is the minimum number of consultations to be made during gestation. As mentioned above, proper pre-natal care is a conditionality of the *Bolsa Família* Program, so that it is to be expected that pregnant women who receive the allowance have an extra incentive to do all pre-natal consultations. Moreover, this woman's perception about the provision of public services can be altered when she starts to receive the Program allowance, so that her using the health services is more effective.

The sample of women in the 10-49 age group surveyed in Brazil is 23,240. Only 3% of these women were pregnant on the survey date, a total of 582 women. One hundred and one of these 582 findings were excluded from the impact analysis since it was not possible to calculate the proper pre-natal indicator for them[19]. Since it is a fairly small sample of pregnant women, the ATT could only be estimated for Brazil as a whole.

19 These 101 excluded observations refer to answers without a statement and pregnant women to the third month of gestation with no pre-natal consultations. Pregnant women to the third month of gestation who did no pre-natal consultation could not be classified in relation to the impact indicator "proper pre-natal".

Since our result indicator was built from the number of consultations made, an important control factor to be considered is the coverage per health plan. Certainly, the conditions of access to health services are very different for pregnant women with and without health plan coverage. In the case of the sample survey, the coverage is fairly small, below 5% of the total number of women. Only 26 of the pregnant women have health plans, so that it was decided not to use a plan coverage control when estimating the ATT so as not to lose more observations.

The results of estimating the ATT for the proper pre-natal indicator were not statistically significant for either comparison group, even when estimating for Brazil overall for any income level.

Table 9: Differentials between comparison groups on percentage of pregnant women in 10-49 age group that do the minimum number of pre-natal consultations conditioned to the month of gestation in visited households; Brazil, 2005

Comparison between	Treatment and Comparison 1		Treatment and Comparison 2	
Eligibility (up to)	R$200	R$100	R$200	R$100
ATT NN with replacement	0.000	-0.115	0.748	-0.925

Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.
ATT NN = matching technique on nearest neighbor.

Source: AIBF, 2005

3.2 Education Indicators

Various studies show that the economic returns for children who continue to attend school are relatively high and offer the opportunity for them to escape poverty. As part of the educational component of the *Bolsa Família* Program, there is a conditionality that children between 6 and 15 years old regularly attend school.

The hypothesis within the framework of human capital is that schooling is paid by the families partly to increase the student's future productivity and, consequently, the decision to study would be affected by the balance between the

current costs of opportunity and anticipated future productive earnings, based on achieving an additional level of education (SCHULTZ, 2000). According to this hypothesis, poor families have more restraints to invest in their children's education at a socially desirable level due to the limited credit and information. The idea of the *Bolsa Família* Program is to compensate these restrictions, transferring public funds directly to the poor families. It is therefore configured as a complementary social policy for education policies to promote interventions in the provision of school services, aiming directly at better access and quality of the public school system and thereby increase the educational coverage in the country.

This section analyzes the differentials between the comparison groups on household education indicators of children between 7 and 14 years old: school attendance, dropouts, progression and allocation between work and study[20]. In this Program, most allowances are associated with the children attending and staying in school. The fact that the allowances are conditions to this attendance implies a lower price of schooling. This tends to imply, for the children, an increase in time at school and in reducing the participation of the time spent in other activities, assuming that school and work are substitutes. Concerning the progression indicator, which may be considered the most qualitative, the impact is neither obvious nor immediate, since a reduction in the dropout rate may lead, in the first instant, to further repetition.

3.2.1. Attendance

Table 10 reports the results for the proportion of girls and boys in the household that did not attend school in the last month. Positive differences, indicating a lower attendance of the *Bolsa Família* beneficiaries, are found in relation to the Comparison 1 group. In other words, there is a difference in favor of the beneficiaries of other programs in the estimated models, especially in Brazil as a whole. This would mainly be due to the school attendance conditionality

20 Since the result indicators are expressed in percentages, the differences must be interpreted in terms of percentual points. Only the robust significant results are presented using the application of the aforementioned matching techniques.

also required by other programs, such as the School Grant and PETI, whose existence is prior to the *Bolsa Família*, and they may be presenting therefore a more consistent lasting effect. It is found that this differential is higher among the poorer families. The differentials are observed more strongly among the men and these women, especially in the South/Southeast. The differential between men is more visible in the poorest group of the Northeast Region.

On the other hand, the results show a few negative differences, which indicate a higher attendance rate of the *Bolsa Família* beneficiaries in relation to the Comparison 2 group. In other words, there is a favorable difference of the *Bolsa Família* beneficiaries compared to the children in households that do not participate in any program, for the children in the Southeast/South and for women in the Northeast Region.

Table 10: Significant differentials between the comparison groups on the proportion of children in the household that did not attend school in the last month; Brazil and Regions, 2005

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Brazil – Total	0.027**	0.038 ***	0.049 ***			
Brazil – Men		0.035 *	0.044 *			
Brazil – Women	0.027 **	0.040 ***	0.059 ***	-0.034 **		
Northeast – Total						
Northeast – Men			0.079 **			
Northeast – Women		0.073 **		-0.066 **		
North/Midwest – Total	0.038 *					
North/Midwest – Men						
North/Midwest - Women						
Southeast/South – Total				-0.063 **		
Southeast/South – Men						
Southeast/South – Women	0.056 **	0.078 **	0.108 **			
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.						

Source: AIBF, 2005

3.2.2 School Dropout Rates

The results for the household proportion of girls and boys who dropped out of the education system between 2004 and 2005 are given in Table 11. Positive differences, indicating a higher dropout rate of *Bolsa Família* beneficiaries, are found only among the men in the North/Midwest region in relation to the Comparison 1 group. In other words, in this case, there is a favorable difference for the beneficiaries of other programs in the estimated models. But the vast majority of the significant differentials is favorable to the Program, inasmuch as they are negative, showing a lower dropout rate of the *Bolsa Família* beneficiaries, especially in relation to the Comparison 2 group. In other words, there is a favorable difference for the *Bolsa Família* beneficiaries in relation to the children in households that do not participate in any program, for the children in the Southeast/South and women in the Northeast Region.

Table 11: Significant differentials between comparison groups on the proportion of children in households that dropped out of the education system between 2004 and 2005; Brazil and Regions, 2005

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Brazil – Total				-0.010 **	-0.016 **	-0.021***
Brazil – Men					-0.012 **	-0018 **
Brazil - Women				-0.014 **		
Northeast - Total				-0.017 **		-0.032 ***
Northeast – Men					-0.021 *	0.060 *
Northeast - Women						-0.041 *
North/Midwest - Total					-0.012 *	
North/Midwest – Men	0.0123 *	0.0125 *	0.0174 *			
North/Midwest - Women	-0.024 **					
Southeast/South - Total						
Southeast/South – Men	-0.009 *					
Southeast/South - Women		-0.018 *				
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.						

Source: AIBF, 2005

3.2.3 School Progression

Table 12 presents the results for the proportion of girls and boys in the household that were approved between 2004 and 2005. Positive differences, suggesting a potential positive effect of the Program due to higher approval of the *Bolsa Família* beneficiaries, are found only among the women in the South/Southeast, in relation to the Comparison 1 group, and between the poorest women in the Northeast, in relation to the Comparison 2 group. Nevertheless, the majority of the significant differentials of the *Bolsa Família* are negative, indicating a lower approval rate of the *Bolsa Família* beneficiaries, especially in relation to the Comparison 2 group.

Table 12: Significant differentials between comparison groups on the proportion of children in households that were approved between 2004 and 2005; Brazil and Regions, 2005

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Brazil – Total				-0.023 **	-0.039 ***	-0.034 *
Brazil – Men				-0.041 ***	-0.046 **	-0.059 **
Brazil - Women					-0.054 ***	
Northeast - Total						
Northeast – Men						
Northeast - Women		-0.077 **	-0.070 **			0.114*
North/Midwest - Total				-0.042 **	-0.072 ***	-0.075 *
North/Midwest – Men	-0.054 *			-0.053 *	-0.107 ***	-0.113 *
North/Midwest - Women	-0.053 *				-0.067 **	
Southeast/South – Total						
Southeast/South – Men				-0.052 *		
Southeast/South – Women	0.063 **					

Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.

Source: AIBF, 2005

In the latter case, this difference could be interpreted as unfavorable for the *Bolsa Família* beneficiaries, but caution should be taken in this interpretation since the mere fact that these beneficiary children in the Program have less dropouts, that is, staying in the school system one year after the other, may be leading to a lower approval rate at first glance. Follow-up and evaluation at subsequent points in time may show different evidence.

3.2.4 Study and Child Labor

Table 13 reports the results for the proportion of girls and boys in the households that said they only currently study, compared to those who stated that they only work, work and study and neither work or study.

Positive differences, indicating further time allocated to the study of the *Bolsa Família* beneficiaries, are found in relation to both comparison groups, suggesting quite a favorable difference for the *Bolsa Família* beneficiaries, and with greater intensity between those in a situation of extreme poverty. The fact that the majority of *Bolsa Família* beneficiaries are associated to families with children, who must attend school, implies that the value of the children's time in the job market is reduced, and consequently their participation in the workforce tends to drop.

The positive differentials are observed between men and between women, except in the South/Southeast. In this region negative differentials are noted in relation to the Comparison 2 group. In addition to this group, a negative differential is found between the women in the Northeast. This negative differential does not imply less school attendance, as seen in Table 13, but may be a reflection of the conciliation between work and study.

Table 13: Significant differentials between comparison groups on the proportion of children in households that only study; Brazil and Regions, 2005

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Brazil – Total	0.019 ***	0.015 *	0.025 **	0.014 **	0.020 ***	0.036 ***
Brazil – Men	0.026 ***	0.018 *	0.034 *	0.023 ***	0.030 ***	0.048 ***
Brazil – Women	0.016 ***		0.020 **			
Northeast – Total	0.029 *					
Northeast – Men	0.059 **	0.041 *				
Northeast - Women				-0.037 *		
North/Midwest - Total				0.023 **	0.031 **	0.045 **
North/Midwest – Men					0.064 **	
North/Midwest - Women					0.030 **	0.06 ***
Southeast/South – Total					-0.024 **	
Southeast/South – Men					-0.024 *	
Southeast/South – Women					-0.031 **	
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.						

Source: AIBF, 2005

3.3 Labor Indicators

The purpose of this section is to analyze differences between the *Bolsa Família* beneficiaries and comparison groups in the supply of adult labor in the households, both in terms of the occupation condition – proportion of adults who worked in the last month – and in terms of the proportion of adults who looked for a job in the last month[21]. These two aspects configure the condition of the household's economic activity. The interest is to ascertain whether the *Bolsa Família* creates negative labor incentives by reducing the participation in the workforce of men and women in the household. If, on the contrary, there was an increase in this participation, the most immediate impact would be on the demand for labor and subsequently on the actual occupation of the adult members of the household.

21 Again, since the result indicators are expressed in percentages, the differences must be interpreted in terms of percentual points. Only robust significant results are presented, after applying the aforementioned matching techniques.

The analysis of the effect of the *Bolsa Família* on adult labor supply may have various perspectives, since it is determined by the income level of the household, although the level of allowances is not affected by the labor decisions of the household members, which could be an implicit lack of incentive to work.

One hypothesis is that the main effect of the *Bolsa Família* on the supply of adult labor represents an income effect, according to which an increase in the income due to the cash transfers would increase the demand for all normal goods, including consumption and leisure, and would reduce the economic need for labor, leading to a short working day[22]. Therefore, the *Bolsa Família* would have the effect of reducing the labor supply. However, if the family labor supply is considered, the decisions relating to allocation of time of all members of the household are affected by the value of everyone's time.

That fact that *Bolsa Família* allowances are mostly associated with families with children, who must attend school, implies that the value of the children's time in the labor market is reduced. So taking into consideration the less available labor in the household due to the reduction in the children's labor, the labor supply of the other household members should increase, both in terms of hours in the market work and domestic activities. It may have an additional impact for women, associated with fulfilling the conditionalities of the Program, which may take up more of her time, and this would have the effect of shortening the time available for work or reducing her leisure time (PARKER & SKOUFIAS, 2000).

3.3.1 Occupation

The results of the proportion of working adults in the household are presented in Table 14. Positive differences, which show further participation in the labor market of the *Bolsa Família* beneficiaries are seen in relation to those who receive no allowance (Comparison 2 group), except among the poorest in the North/Midwest Region. Significant differences in terms of less participation in the workforce of the Program's beneficiaries are found among the women compared

22 Considering the adult labor supply in that moment and using a static model in which individual utility depends on consumption and leisure, and individuals allocate their time between work and leisure.

to those in beneficiary households of other programs (Comparison 1 group). The lower occupation of these women might suggest that there is a lack of incentive to work due to the income effect or more allocation of their time to domestic activities. However, it is again important to take care with this interpretation, since, at first glance, the labor supply may increase due to the increase in searching a job, which will be tested in the next section. It should be mentioned that again the largest differentials are between the families in a situation of extreme poverty.

Table 14: Significant differentials between comparison groups on the proportion of those in the household occupied (15-64 years old); Brazil and Regions, 2005

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Brazil – Total			-0.057 ***		0.026 ***	0.031 **
Brazil – Men	0.024 *			0.017 *	0.034 **	
Brazil - Women	-0.030 *	-0.027 **	-0.044 *	0.020 **	0.043 ***	0.035 *
Northeast - Total		-0.033 *				
Northeast – Men						
Northeast - Women		-0.044 *				
North/Midwest - Total						-0.050 *
North/Midwest – Men						
North/Midwest - Women				0.034 *		
Southeast/South – Total					0.047 ***	0.068 **
Southeast/South – Men	0.052 **				0.051 *	
Southeast/South – Women	-0.056 **				0.055 **	0.137 ***
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.						

Source: AIBF, 2005

3.3.2. Searching a Job

Table 15 presents the results for the proportion of people in the household who state that they are searching a job. Every significant difference found was positive, suggesting a strong differential of the Program in terms of increasing the search for a job, principally among the families with *per capita*

income up to R$200. These results suggest the confirmation of the hypothesis that there is an increase in the supply of family labor, at first glance, gauged by the labor demand.

Therefore, this tends not to confirm the hypothesis of a lack of incentive to work due to the receipt of cash transfers. The only negative differential found refers to the poorest women in the South/Southeast, between the treatment group and Comparison 2 group. In this case, the counterpart seems to be the increase in labor supply found through the previous occupation indicator, which was highly positive for these women.

Table 15: Differentials between comparison groups on the proportion of people in the household searching a job (15-64 years old); Brazil and Regions, 2005

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Brazil – Total	0.030 ***	0.029 ***	0.045 ***	0.015 **		
Brazil – Men	0.021 **			0.017 *		
Brazil - Women	0.033 ***	0.032 ***	0.046 **	0.015 *		
Northeast - Total	0.024 *					
Northeast – Men		0.036 *				
Northeast - Women						
North/Midwest - Total	0.003 *		0.054 *	0.024 **	0.033 *	
North/Midwest – Men						
North/Midwest - Women	0.028 *		0.079 *	0.031 **		0.054 *
Southeast/South – Total	0.031 **					
Southeast/South – Men						
Southeast/South – Women	0.034 **		0.061 *			-0.071 *
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.						

Source: AIBF, 2005

3.4 Expenditures Indicators

In general it is expected that the transfers received from the Program have a positive effect on the consumer expenditures, given that such transfer increase

the available family income. Attanazio and Mesnard (2005) argue, however, that this effect is not as immediate as it seems. First, the available income will not necessarily increase by the same amount of the transfers received, since the conditions imposed by the Program can reduce other forms of earnings, such as the income from child labor. Second, the sums received may not all be spent on consumer goods, since the families may decide to take a fraction, use it to pay current debits or invest in productive activities. It is understood that the increase in expenditures, and consequently in consumption, is intended to attenuate the adversities of the poorest families. The well-being of these families can be measured in the immediate "relief" in terms of consumption and, thus, on the adverse conditions confronting them. Despite the existence of the conditionality[23], the transfer of monetary resources to the poor families does not necessarily mean that they will be spent as expected. The families may use part of these funds to buy tobacco, alcoholic beverages and other goods for adult or, likewise, allocate most of the resources to other members of the family in detriment to the children[24].

The purpose of this section is to analyze the effects of the *Bolsa Família* cash transfers on the expenditures of the beneficiary families and, therefore, on their and their children's welfare. In addition to the differences on the total expenditures, an analysis will be done on the consumer components (food, housing, clothing, education, health and other expenditures). The evaluation of the effects on each component of the expenditure and on specific items will help find how the beneficiary families allocate the resources from the Program and whether the adults appropriate the resources disproportionally[25].

23 According to Attanazio *et al*. (2005), there are several reasons by the conditioned transfer programs are unable to obtain the desired effects, as follows: a) the fact that the program exists does not mean that the target families will participate; b) the cost of monitoring the fulfillment of the conditionalities can be relatively higher than the transfer sums.

24 See an application for the case of the School Grant program in Brazil in Resende (2005).

25 In this case, indicators are expressed as absolute values in *reais*. Only the robust significant results after applying the aforementioned matching techniques are presented.

Chart 1: Dependent variables – absolute values

Variables	Description
Total expenditures	Total of all expenditures
Food	Expenditures with procuring food for consumption inside and outside the home
Housing	Total of the following items: 1) Rent, services and charges 2) House maintenance 3) Furnishings 4) Domestic appliances and utensils 5) Procuring/repairing household goods 6) Domestic services
Clothing	Expenditures with female, male and children's clothing
Travel	Expenditures with public and private transportation
Toiletries and personal services	Expenditures with buying toiletries
Health	Expenditures with appointments, tests, continuous and occasional medication, health plan/insurance and hospital admission
Education	Expenditures incurred with monthly fees, school transportation, school material, enrollment fees, school uniforms and other school expenditures
Tobacco and alcoholic beverages	Includes expenditures on cigarettes, tobacco and alcoholic beverages consumed inside and outside the home
Miscellaneous	They refer to expenditures with registry offices, lawyer, labor contributions, parties, pensions, pocket money etc.

Source: AIBF, 2005

Chart 2: Dependent variables: specific expenditures – absolute values

Variables	Description
Basic food	Expenditures from buying grains, cereals, flour, leguminous products and oilseeds; vegetables, greens and tubers; fresh fruit; dairy products and bakery goods
Non-basic food	Expenditures with buying meat, poultry, fish and eggs; oil and fat; sugars, spices and condiments; soft drinks and other
Child health	Expenditures with consultations, tests, continuous and occasional medication, health plan/insurance and hospital admission for children 14 years old or under
Adult health	Expenditures with consultations, tests, continuous and occasional medication, health plan/insurance and hospital admission for people 15 years old and over
Child education	Included in this topic are expenditures with monthly fees, school transportation, school material, enrollment fees, uniforms and other expenditures with education for children of 14 and under
Adult education	Included in this topic are expenditures with monthly fees, school transportation, school material, enrollment fees, uniforms and other expenditures with education for people of 15 or over
Male clothing	Expenditures with male clothing and footwear
Female clothing	Expenditures with female clothing and footwear
Child clothing	Expenditures with children's clothing and footwear

Source: AIBF, 2005

With regard to the differentials between the Treatment and Comparison 1 groups, shown in Tables 16 and 17, considering the households in a situation of extreme poverty, positive and significant differences are noted for Brazil in expenditure on education and children's clothing. For households in a situation of poverty, positive and significant differences are seen for Brazil in expenditure on health, education and children's clothing. It is also found that the treatment group has a lower total expenditure than the Comparison 1 group.

With reference to the differentials between the Treatment and Comparison 2 groups, shown in the right-hand columns in Tables 14 and 15, considering the families in a situation of extreme poverty, it is found that the treatment group has a higher total expenditure for Brazil, its largest proportion being spent on food consumption. In the North and Midwest Regions, it is also found that there is a positive and significant differential on total expenditures, as well as on the expenditure variables on food, health and education. Among the families in a situation of poverty, it is found that the *Bolsa Família* beneficiary families spend more on food and items of education and a strong emphasis on the positive differences on children's clothing. Considering the families with a *per capita* income of R$ 200 or less, it is found that the families in the treatment group have a lower total expenditure than the Comparison 2 group, but showing positive and significant differences on expenditures for Brazil. For the South and Southeast Regions, negative differences are noted for total expenditure and spending on health and education.

Table 16: Differentials between comparison groups on household expenditures; Brazil and Regions, 2005

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Total Expenditures						
Brazil	-392.49 ***			-461.02 ***		458.65 **
Northeast	-710.06 ***	-521.14 **			470.15 **	
North/Midwest						1296.87 **
Southeast/South				-758.93 ***	-601.60 *	
Food						
Brazil	-142.82 ***			105.67 **	278.12 ***	388.22 ***
Northeast	-216. 61 *			142.44 *	322.12 ***	
North/Midwest						588.01***
Southeast/South	-203.64 *					450.51 ***
Housing						
Brazil				-172.02 ***		
Northeast						
North/Midwest						
Southeast/South				-212.19 **		
Transportation						
Brazil			-209.84 *	-140.93 **		
Northeast						
North/Midwest						
Southeast/South				-299.98 ***	-387.06 **	
Hygiene & personal services						
Brazil			60.27 **	-35.15 **		
Northeast						
North/Midwest				-99.09 ***		
Southeast/South			180.62 **			
Health						
Brazil	-72.61 ***			-84.94 ***		
Northeast		-67.81 *				
North/Midwest						111.09 *
Southeast/South	-95.50 *			-135.31 ***		-315.13 **
Education						
Brazil				-39.79 *	31.80 **	
Northeast					50.43 ***	
North/Midwest			87.39 **	49.45 *	54.44 *	128.90 ***
Southeast/South				-70.24 ***		

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Clothing						
Brazil						22.64 **
Northeast				26.63 *	34.37 ***	
North/Midwest						
Southeast/South						
Tobacco/alcoholic beverages						
Brazil						
Northeast					50.74 **	
North/Midwest						
Southeast/South						
Miscellaneous						
Brazil						
Northeast					33.63 **	
North/Midwest						
Southeast/South				-55.31 *	-92.00 *	
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.						

Source: AIBF, 2005

Table 17: Differentials between comparison groups on specific household expenditures; Brazil and Regions, 2005

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Basic food						
Brazil				-103.90 ***		
Northeast						
North/Midwest				-130.50 **		
Southeast/South						
Non-basic food						
Brazil	-81.51 ***			-114.87 ***		
Northeast						
North/Midwest						
Southeast/South	-168.96 ***					
Child health care						
Brazil	28.45 ***	27.98 *				
Northeast				31.57 ***		
North/Midwest	46.46 *	51.36 *				
Southeast/South						

Groups	Treatment and Comparison 1			Treatment and Comparison 2		
Eligibility (up to)	R$200	R$100	R$50	R$200	R$100	R$50
Adult health						
Brazil	-101.06 ***	-57.76 **		-116.79 ***	-80.61 **	-81.72 *
Northeast	-80.85 **	-57.73 *				
North/Midwest	-94.60 **		-151.29 *			
Southeast/South	-125.52 ***			-176.94 ***	-278.47 ***	-374.47 **
Child education						
Brazil	23.19 ***	22.36 **	25.92 *			
Northeast						
North/Midwest		37.76*	83.20 **	39.97 **	53.39 *	
Southeast/South				-27.75 *		
Adult education						
Brazil	-15.50 **		-20.22 *	-56.64 ***		
Northeast						
North/Midwest						
Southeast/South			-29.50 *	-38.63 **		-91.32 **
Male clothing						
Brazil	-17.06 ***	-14.29 **		-13.94 ***	-8.90 *	
Northeast	-21.98 *	-13.43 *				
North/Midwest				-27.24 *		
Southeast/South		-21.82 *				
Female clothing						
Brazil	-15.78 ***	-17.52 ***	-19.30 **			
Northeast	-14.71 **	-15.71 **				
North/Midwest	-16.92 **					
Southeast/South						
Child Clothing						
Brazil	16.92 ***	57.74 ***	17.48 **	21.27 ***	16.12 *	31.94 ***
Northeast		18.99 **	15.53 **	27.66 ***	25.54 ***	15.94 *
North/Midwest		33.82 *		33.46 **	25.23 *	47.47 **
Southeast/South	20.63 *			16.47 **		
Notes: * significant value at 10%; ** significant value at 5%, *** significant value at 1%.						

Source: AIBF, 2005

4 Final Comments

This paper is the first effort to explore the results of the estimated differentials for a preliminary impact evaluation of the *Bolsa Família* Program. Interpretation of the results takes into account the methodological restraint on using a cross-section survey, with retrospective and contemporary variables. It should also be mentioned that the choice of the analytical technique was a determining factor for the obtained results. The longitudinal survey design, and a second round of field survey work that will accompany the households in the treatment and comparison groups, will help advance the evaluation of more consistent impacts, and it will be possible to apply other analytical techniques and methods, as well as explore other outcomes.

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Annex: Variables Used in Specification of Balanced Models of Propensity Score

dummy non-white head of family
dummy poor quality household
dummy medium quality household
dummy presence of someone 60 years old or more
dummy mother of literate head
dummy women head of family present
height in meters of female head of family*
dummy male head of family present
height in meters of male head of family*
number of members in household
proportion of children between 0 and 13 years old
dummy couple with children under 14 years old
dummy head with 3 years study or less
dummy head with 4 years study or less
dummy head with 7 years study or less
dummy head under 50 years old
dummy receives a visit from health agent
dummy household in urban area
dummy head with less than 10 years in county
dummy head with less than 5 years in county
dummy head lived first 14 years in rural area
dummy Northeast Region
dummy North or Midwest Region
Notes: * Variable interacting with the dummy of presence of person in household. All variables were selected form a larger set. In this set, there were other characteristics that did not balance in the estimates of the propensity scores.

Source: Prepared by the researcher

Bolsa Família Program and Food Security of Beneficiary Families: Results in Brazil and Regions

Chapter II

Chapter II

Photo: MDS Collection

Bolsa Família Program and Food Security of Beneficiary Families: Results in Brazil and Regions[1]

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1 Introduction

At the World Conference on Food, organized by the Food and Agriculture Organization of the United Nations (FAO) in 1974, the government delegations, Brazil included, agreed to do their utmost to guarantee that every human being is free of the risk of hunger and malnutrition, so that each can fully develop his or her growth potential, which is an inalienable right.

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In order to significantly diminish hunger and malnutrition in the world by 2015, it is necessary to prevent at least 22 million people a day from being malnourished such is the seriousness of the situation (DOMENE, 2003).

In Brazil, it is acknowledged that the actions taken have not been enough to reduce malnutrition, particularly because of its close association with low family income and the inadequate level of education of the head of the family. From this perspective the Zero Hunger Program was created as a "strategy supported by the federal government to assure the human right to decent food, giving priority to people with difficult access to food" (BRASIL, 2005a). This government strategy also enables it to fulfill other dimensions of human needs that reinforce the conditions against food and nutritional security constraints.

As one of the Zero Hunger branches, the *Bolsa Família* Program (PBF) is included in the federal government's political project to fight poverty and provide further access to food by transferring a minimum income to Brazilian families living in underprivileged conditions, restoring one of the key pillars of dignity and human right: citizenship.

The PBF concept also has a range of conditioning factors that help promote basic actions of health with a predominantly preventive focus, to improve the health and nutrition conditions especially of Brazilian children.

The assessments of the impact of the *Bolsa Família* and *Bolsa Alimentação*[8] programs on Northeast Brazil (ASSIS *et al.*, 2006; Brazil, 2005), has shown the improvement of children's nutritional conditions, with an increase in weight and height and lower prevalence of anemia. However, it is important to see how the beneficiaries regard the improvements in family food conditions after being included in the Program.

The purpose of this study is to examine the perception of PBF beneficiaries toward their food security and nutritional conditions by providing major subsidies to assess the characterization of the degree of satisfaction of the beneficiaries and destination of the resources of the *Bolsa Família* Program.

8 Food Grant Program

2 Methodology

This is an opinion poll held in 27 states between March 1st and 18th, 2006. The towns under study were selected by means of probability sampling, using the list of beneficiaries to draw lots for the family to be included in the sample. Therefore, 53 towns and 3000 families that received the benefit for at least 12 months participated in the study. The margin of sampling error for Brazil was 1.96% and 3.5% to 4% for each region. The interview was carried out with the person who receives the benefit. The sample, field logistics planning and data collection were calculated by the Center for Applied Social Studies of the Federal Fluminense University (DataUFF).

The questionnaire on qualitative food frequency was used to gather information about the current standard of food consumption, and organized in a food group in accordance with the food pyramid premises. When analyzing the data, the frequency of consumption was stratified in two categories: consumption of less than four times a week and four or more times a week. The data on general food conditions for children, young people and adults and the availability of food in the family unit were collected using a structured questionnaire.

To identify the occurrence of the events under study, prevalence and the chi-squared test were used to assess the statistical significance based on $\{p\text{-value} < 0.05\}$. The data was analyzed using the Statistical Package for Social Sciences (SPSS).

3 Results

3.1 Characterization of Children's Food Conditions

It was found that the majority of Brazilian children (94.2%) had three or more meals a day. This percentage is very similar among the children in the North (96.3%), Northeast (96.1%) and South (96.2%). These Regions are found to exceed the national value, while the Southeast (90.7%) and Midwest (91.4%)

regions were found to have lower frequencies, being 3.4% and 2.5% down from the national ranking (Table 1).

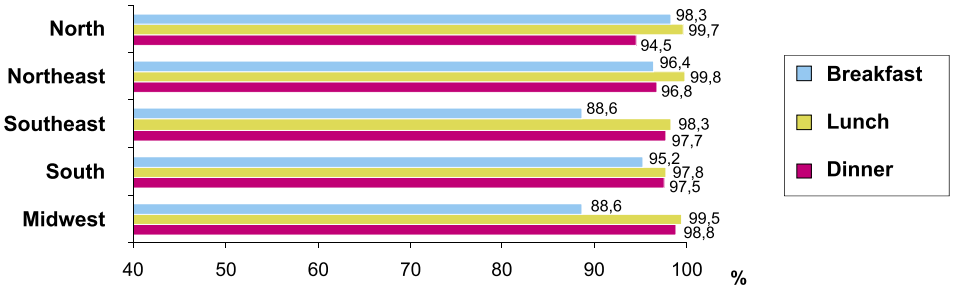
Table 1: Frequency of daily meals given to children in beneficiary families of the *Bolsa Família* Program in accordance with the different Regions of Brazil

Meals a day	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
One	0.5	0.4	0.3	0.5	0.5	0.5
Two	2.6	3.4	8.9	3.3	8.1	5.3
Three	50.6	45.3	36.8	31.2	33.9	39.7
Four	34.1	30.5	44.9	57.1	47.8	42.8
Five or more	11.3	13.9	6.6	6.2	8.6	9.4
Six or more	0.9	6.6	2.4	1.6	1.1	2.5
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: DataUFF, March 2006

It should be mentioned that for almost 100% of children they said that lunch was the main meal in all Regions of the country. A similar trend was found for dinner in smaller proportions in the North (94.5%) and Northeast (96.8%). For breakfast the lower percentages were found in the Southeast and Midwest, both with the same values (88.6%). In general, the frequency of snacks (morning, afternoon and evening) proves to be low for all children in the study, with afternoon snacks having higher frequencies. So, more than half the children in the South, Southeast and Midwest have an afternoon snack, with percentages varying from 56.7% in the Midwest to 66.5% in the South. Lower percentages were found in the North (46%) and Northeast (47.6%) (Figure 1).

Figure 1: Frequency of main meals consumed by children in the PBF beneficiary families in the different regions of the country



Source: DataUFF, March 2006

Regardless of the band of the benefit received, the distribution of meals consumed by children in the PBF beneficiary families continued the same. It was found that for almost all children in the study the three daily meals are guaranteed and the afternoon snack for more than half of them (Table 2).

Table 2: Percentage distribution of the type of meals eaten by children according to the range of resource received from the *Bolsa Família* Program

Meal	Monthly value received from the *Bolsa Família* Program			
	Under R$45	R$45 – R$80	More than R$80	*p*-value
Breakfast	92.9	93.6	93.6	0.782
Morning snack	10.2	15.9	11.1	0.386
Lunch	99.2	98.8	99.1	0.647
Afternoon snack	54.8	55.7	53.6	0.808
Dinner	96.5	97.4	97.0	0.497
Evening snack	6.1	7.6	6.9	0.930

Source: DataUFF, March 2006

Eighty-four percent of the PBF beneficiary children have a school meal. In the Midwest and North Regions, the percentages for this requisite were 91.8% and 90.7%, respectively, while the lowest percentages were found among the children in the South (78.8%) and Southeast (74.3%) Regions.

The data of this study also showed that the higher the level of education of the heads of the family, the higher the percentage of three or more daily meals (Table 3).

Table 3: Relation between education of the head of the family and the number of meals offered to the children in Brazil

Number of daily meals	Education of head of family (%)			
	Illiterate to incomplete basic	Incomplete primary and secondary	Complete secondary and university	Total
Three meals or less	51.8	42.7	39.4	45.3
More than three meals	48.2	57.3	60.6	54.7
Total	**33.9**	**52.4**	**13.7**	**100**

Source: DataUFF, March 2006

Interviewees in the Major Regions had quite a similar understanding about the sufficiency or insufficiency of the quantity of food consumed by the child, since 54.8% said that there was enough food and 45.2% answered to the contrary. Among those who understood it to be sufficient 63.8% lived in the South, followed in order of percentual importance by those living in the Southeast, Midwest and North Regions with 58.9%, 56.5% and 50.4%, respectively, of answers in the affirmative. The lowest percentage of understanding that the food consumed was enough for the child was estimated at 44.6% among the beneficiaries in the Northeast (Table 4).

Table 4: Perception of carers on sufficiency of food consumed by children from *Bolsa Família* Program beneficiary families by Region in Brazil

Food sufficiency	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
Yes	50.4	44.6	58.9	63.8	56.5	54.8
No	49.6	55.4	41.1	36.2	43.5	45.2
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: DataUFF, March 2006

The information in Table 5 showed that, regardless of the value of the benefit received, when the family had children under seven years old, the family milk consumption was significantly higher than that of families that do not have children in the household. More pasta, bread, cookies and fruit were bought by families that had children only when the band of the allowance was over R$ 80. Soft drink (p=0.045) and fruit (p=0.029) consumption was also higher in this group of beneficiaries.

For families with children in the household receiving R$45-R$80 a month, mention should be made of the option to buy corn and byproducts, yoghurt and cheese. In this portion of beneficiaries, higher consumption of fried foods (p=0.010), and of pasta, sausage and salami (p=0.027) were also found (Table 5).

Table 5: Frequency of four or more times a week food consumption in families where there are children < 7 years old in the household, by benefit receipt range

Consumption ≥ 4 times a week	Monthly value received from the *Bolsa Família* Program								
	R$ 45 or under			R$ 45 – R$ 80			Over R$ 80		
	Children in household		*p*-value	Children in household		*p*-value	Children in household		*p*-value
	No	Yes		No	Yes		No	Yes	
Beans	84.4	84.9	0.832	78.2	76.9	0.552	77.5	78.8	0.715
Rice (rice flour)	96.1	95.4	0.603	96.2	93.9	0.059	89.9	94.2	0.042
Manioc flour	32.9	32.4	0.872	40.2	46.3	0.024	44.0	46.0	0.626
Meat	93.3	95.8	0.107	96.3	97.7	0.165	96.2	96.9	0.646
Vegetables and greens	34.9	32.1	0.387	28.6	28.9	0.896	30.2	29.3	0.801
Corn (corn meal,couscous)	21.1	15.7	0.039	15.0	22.3	0.001	20.4	19.7	0.837
Pasta, bread, cookies	55.3	60.4	0.126	54.8	54.3	0.849	46.0	58.6	0.002
Potatoes (incl. sweet potatoes)	14.8	13.8	0.688	12.4	15.2	0.142	13.5	16.5	0.314
Milk	46.3	65.6	<0.001	51.9	63.3	<0.001	43.3	67.6	<0.001
Yoghurt and cheese	5.6	7.1	0.357	3.9	7.1	0.012	4.7	5.1	0.814
Fruit (or fruit juice)	16.8	15.5	0.581	14.2	16.4	0.272	8.8	15.4	0.019
Coffee	86.3	86.7	0.862	87.0	89.5	0.154	88.5	88.8	0.926
Sausage, mortadella, salami	9.8	5.2	0.008	6.1	9.5	0.027	11.0	8.8	0.367

Consumption ≥ 4 times a week	Monthly value received from the *Bolsa Família* Program								
	R$ 45 or under			R$ 45 – R$ 80			Over R$ 80		
	Children in household		*p*-value	Children in household		*p*-value	Children in household		*p*-value
	No	Yes		No	Yes		No	Yes	
Sugar (sweets & candy)	83.1	85.1	0.322	85.5	88.7	0.103	84.7	86.8	0.451
Soft drinks	3.3	4.5	0.337	4.1	5.9	0.132	1.9	5.1	0.045
Margarine and soybean oil	82.8	81.1	0.516	83.2	80.4	0.179	78.9	81.7	0.380
Butter	18.2	19.4	0.639	20.3	22.3	0.375	23.4	20.8	0.458
Fried food (French fries, savories)	6.1	7.5	0.391	6.8	11.0	0.010	7.0	12.6	0.029

Source: DataUFF, March 2006

3.2 Characterization of Food Conditions for the Young and Adults

The frequency of daily meals for young people and adults is shown in Table 6. The results showed that 85% of this population segment ate three or more meals a day, 55.3% of which had only three meals. This was a tendency found in the different Regions in Brazil.

Table 6: Frequency of number of meals a day for young people and adults in beneficiary families of the *Bolsa Família* Program, by Region in Brazil

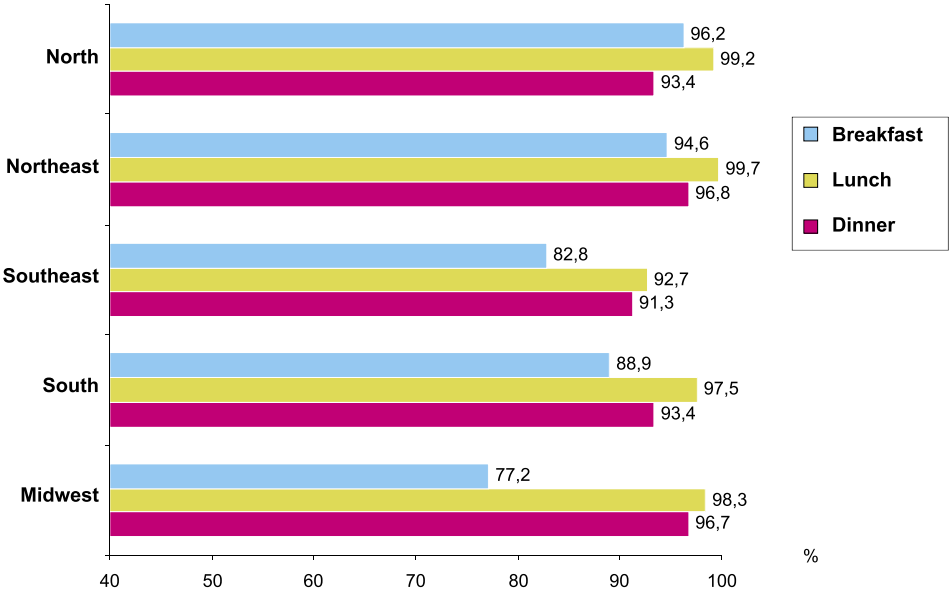
Number of meals a day	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
One	0.5	0.5	3.9	3.0	1.0	1.8
Two	6.8	5.9	21.4	10.8	21.6	13.2
Three	67.9	67.0	42.8	46.4	51.6	55.3
Four	20.2	22.2	28.4	37.2	24.0	26.3
Five	4.3	3.0	2.6	2.1	1.7	2.8
Six or more	0.3	1.3	0.9	0.5	-	0.6
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: DataUFF, March 2006

Considering only three main meals (breakfast, lunch and dinner), lunch was significant among the young and adults interviewed, distributed as follows: 99.7% in the Northeast, followed by the North with 99.2%, Midwest 98.3%, South with 97.5% and lastly the Southeast with 92.7%. Dinner was also found to have similar significance (Figure 2).

Breakfast had quite an asymmetric distribution among the interviewees in the Major Regions of the country. While 96.2% of the interviewees in the North said that they had breakfast, this percentage dropped to 77.2% among interviewees in the Midwest Region (Figure 2).

Figure 2: Main meal frequency among young people and adults in households of beneficiary families of the *Bolsa Família* Program, by Region in Brazil



Source: DataUFF, March 2006

Similar to the characterization of the meal pattern of children in Brazil overall and in the major regions of the country, it was found that there was a low percentage of small meals (morning, afternoon and evening snack) among young people and adults.

The understanding of the interviewees about sufficiency/insufficiency of the quantity of food eaten by young and adult beneficiaries of the program was expressed as 58.6% in the affirmative and 41.4% in the negative (Table 7). The percentage distribution by region where the beneficiaries live showed that, among those who considered it sufficient, 67.6% lived in the Southeast Region, followed in order of portion size by those living in the South (65.2%), Midwest (64.1%) and North (49.7%). The lowest percentage of understanding the food sufficiency consumed for young people and adults was among the Northeast beneficiaries (46.5%).

Table 7: Sufficiency of quantity of food for young people and adults living in households of beneficiary families of the *Bolsa Família* Program, by Region in Brazil

Sufficiency of food quantity	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
Yes	49.7	46.5	67.6	65.2	64.1	58.6
No	50.3	53.5	32.4	34.8	35.9	41.4
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: DataUFF, March 2006

3.3 Characterization of the General Conditions of Food Availability in the Family Unit

Before their inclusion in the Program, 87.5% of the PBF beneficiaries said that the food in the household finished before they had money for new purchases and this same condition dropped sharply to 82.6% after the families were included in the Program, showing a reduction of 5.7% in this conditions (Table 8).

Table 8: Duration of food in the family unit before and after receiving the allowance (last three months) by Region in Brazil

Period	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
After PBF (last three months)						
Yes	84.0	87.8	82.0	78.3	81.0	82.6*
No	16.0	12.2	18.0	21.7	19.0	17.4
Before PBF						
Yes	88.6	89.6	85.1	86.2	88.1	87.5*
No	11.4	10.4	14.9	13.8	11.9	12.5
$*p < 0.05$						

Source: DataUFF, March 2006

When comparing the prevalences of the reported status that a person in the household did not eat or ate less because there was not enough food, before (58.3%) and after (48.6%) inclusion in the PBF, a major difference was found among these prevalences with a 17.4% drop in percentual points (Table 9).

Table 9: Frequency of answer to question: Did anyone not eat or eat less because there was not enough food? Beneficiary families of the *Bolsa Família* Program, by Region in Brazil

Period	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
After PBF (last three months)						
Yes	51.6	60.6	37.1	47.8	46.0	48.6
No	48.4	39.4	62.9	52.2	54.0	51.4
Before PBF						
Yes	60.0	68.4	47.9	59.8	55.6	58.3
No	40.0	31.6	52.1	40.2	44.4	41.7

Source: DataUFF, March 2006

When assessing the satisfaction of families regarding the improvement in quality and variety of the food after being included in the Program (Table 10),

it was found that 18.7% of them considered the quality of food much improved and improved for 66.9%, totaling a satisfaction rate of 85.6%, varying from 89.4% among the beneficiaries in the Southeast to 93% of those in the North.

Concerning the variety of food, 73.3% of the families reported that it had improved greatly and 26.7% said that the diet had improved, with a total satisfaction of 100% (Table 10).

Table 10: Satisfaction of families on quality and variety of food after receiving the *Bolsa Família* by Region in Brazil

	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
Quality						
Much improved	17.5	14.5	20.2	16.2	25.2	18.7
Improved	75.5	67.1	59.8	68.0	64.2	66.9
Stayed the same/ worsened	7.0	18.3	20.0	15.9	10.7	14.4
Variety						
Much improved	71.2	74.2	68.2	69.7	83.3	73.3
Improved	28.8	25.8	31.8	30.3	16.7	26.7

Source: DataUFF, March 2006

The resource of the *Bolsa Família* Program was stated to be always enough for good nutrition by 25.3% of the beneficiaries. In the opinion of 56.2% of them this resource was sometimes not enough to meet this requirement (Table 11).

Table 11: Sufficiency of resources from the *Bolsa Família* Program to feet the family.

Enough resources	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
Always sufficient	19.7	18.0	33.2	26.7	28.7	25.3
Sometimes insufficient	56.5	64.6	53.6	52.1	54.3	56.2
Very often insufficient	23.8	17.4	13.2	21.2	17.0	18.5
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: DataUFF, March 2006

In Brazil overall, 54.7% of the families of beneficiaries stated that the food accessible to them was "good" (46.9%) or "very good" (7.8%). Forty-one percent of the interviewees said that the food was regular, with 3.5% and 0.7% of the beneficiaries rating it as "very bad" or "bad", respectively. It should be mentioned that the perception that the quality of the food was "bad" and "very bad" was negligible in all regions examined (Table 12).

Adding together the values attributed to the answers of "very good" and "good" conditions, these prevalences increased to 57.5% in the Southeast Region, 61.3% in the North, 55.6% in the South and 51.7% in the Midwest (Table 12).

Table 12: Considerations on the perception of beneficiary families on the quality of food, by Region in Brazil

Food quality	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
Very good	11.0	6.0	4.4	8.8	8.8	7.8
Good	50.3	39.7	53.1	48.6	42.9	46.9
Regular	35.1	48.2	37.7	38.1	46.1	41.0
Bad	2.7	5.2	3.9	3.7	2.2	3.5
Very bad	0.8	0.8	-	0.8	-	0.7
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: DataUFF, March 2006

The positive perception of the beneficiaries on food quality and a greater variety, quantity and frequency of food consumption varied positively and significantly (p<0.001) the higher the allowance range (Table 13).

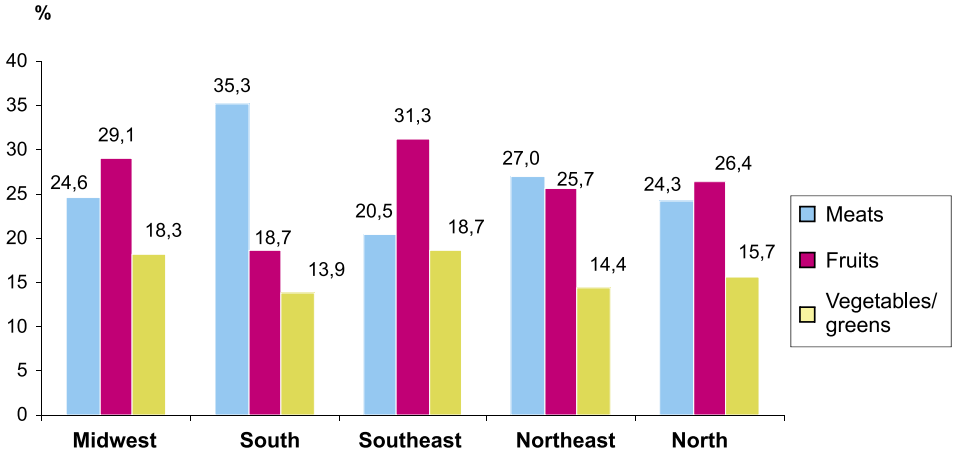
Table 13: Perception of beneficiaries of the *Bolsa Família* Program on better quality, quantity, variety and frequency of food according to allowance range

	Monthly sum received from the *Bolsa Família* Program				
	Under R$45	R$45 – R$80	Over R$80	Total	*p*-value
Quality					
Much improved/ improved	68.6	91.8	92.0	84.0	<0.001
Stayed the same/ worsened	31.4	8.2	8.0	16.0	
Food variety					
Increased	58.0	81.2	84.4	74.0	<0.001
Did not increase	42.0	18.8	15.6	26.0	
Quantity					
Increased	40.1	65.5	70.5	57.9	<0.001
Continued the same/ diminished	59.9	34.5	29.5	42.1	
Consumption frequency					
Increased	46.5	66.5	74.3	61.4	<0.001
Did not increase	53.5	33.5	25.7	42.1	

Source: DataUFF, March 2006

On information about the missing food items that would improve the quality of the diet, 29.1% of the families in the Midwest, 31.3% in the Southeast and 26.4% in the North Regions mentioned fruit, in contrast to the families in the South (35.4%) and Northeast (27%), which selected meat. For Brazil, the families of the beneficiaries considered that the three main missing food items that would improve the quality of the diet were fruit (26.4%) and meat (26.2%), followed by vegetables and greens (16.3%) (Figure 3).

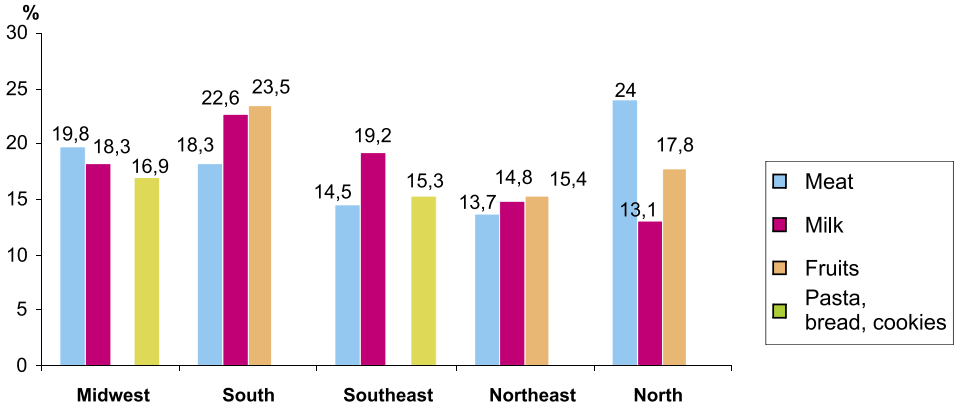
Figure 3: Frequency of the three main food items missing that would improve food quality mentioned by beneficiary families of the *Bolsa Família* Program, by Region in Brazil



Source: DataUFF. March, 2006

It was found by examining the information in Figure 4 that meat, milk and fruit were the three items of food most consumed by the majority of beneficiaries in the North, Northeast and South Regions. In the Midwest and Southeast Regions, fruit was not mentioned. The most important food items for consumption are pasta, bread and cookies. In the Midwest and North Regions, the emphasis of consumption was on meat, while in the South, Southeast and Northeast milk was highlighted. Similar frequencies for meat and fruit consumption were found in this last Region.

Figure 4: Three main types of food consumed by the beneficiary family after inclusion in the *Bolsa Família* Program, by Region in Brazil



Source: DataUFF, March 2006

Before receiving the PBF allowance, the food available for family consumption was sufficient for four weeks in 8.3% of families in the North Region, 8.7% of families in the Northeast and 9.9% of families in the Midwest. Most families in those Regions considered that the food was sufficient for one week. In the South (13.3%) and Southeast (14.7%) Regions, despite the higher reported frequency of food duration for four weeks, the situation was also of concern (Table 14).

When comparing the duration of food in the family unit before and after inclusion in the Program, a sharp increase was found in the duration of the items purchased by the family, substantially increasing the number of families who now have access to food for four weeks in the month. It is worth mentioning that this increase was 1.89 times for the North; 1.56 for the Northeast; 1.62 for the Southeast; 2.08 for the South and 2.66 times for the Midwest Region (Table 14).

Table 14: Food duration in the family unit of beneficiaries of the *Bolsa Família* Program, before and after receiving the program allowance, by Region in Brazil

Food duration	Major Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	*Midwest*	
Before PBF						
One week	50.3	37.1	37.3	23.7	25.8	34.9
Two weeks	28.6	35.6	33.6	30.5	41.8	34.0
Three weeks	12.8	18.6	14.5	32.6	22.6	20.2
Four weeks	8.3	8.7	14.7	13.3	9.9	10.9
After PBF						
One week	25.0	18.1	17.7	11.1	8.8	16.1
Two weeks	33.2	36.7	32.0	21.0	24.4	29.4
Three weeks	26.1	31.7	26.4	40.2	40.4	33.0
Four weeks	15.7	13.6	23.9	27.7	26.4	21.5

Source: DataUFF, March 2006

It was also found that food duration in the household increased significantly after receiving the program allowance, with positive change rates for all duration bands of food in the family unit when analyzing Brazil overall.

According to statements by beneficiary families, it was possible to estimate a 53.9% drop in the situation of severe food insecurity, understood as the duration of the food in the family unit for only one week, a condition recorded before receiving the allowance by 34.9% of the interviewees and dropping to 16.1% after inclusion in the program. Based on this data it was also possible to identify the 97.2% rate for an increase in the full nutritional food security condition, understood here as four weeks of food in the family unit. These prevalences were 10.9% before the program and 21.5% after the inclusion of the family in the program, respectively (Table 15).

Table 15: Weekly food duration in the family unit of beneficiaries of the *Bolsa Família* Program before and after receiving the allowance

Weekly food duration	Condition of receiving PBF allowance		
	Before	After	*p*-value
One week	34.9	16.1	<0.001
Two weeks	34.0	29.4	0.033
Three weeks	20.2	33.0	<0.001
Four weeks	10.9	21.5	0.001

Source: DataUFF, March 2006

3.4 Food Consumption

The current food consumption standard of the population under study can be found in the data provided in Table 16**.** With regard to the group of cereals, bread, roots and tubers, the highest consumption is rice among the beneficiaries of the Midwest (99.3%), South (98.5%) and Southeast (97.3%) Regions. Pasta had a similar consumption among the beneficiaries in the five Regions and manioc flour was most consumed by the families in the North (73.6%), followed by those in the Northeast (57.2%) Regions.

In relation to corn consumption, the highest frequency was seen in the Northeast (48.3%), followed by the North (28.4%) Region. The highest potato consumption was found in the Southeast (26.6%) and South (18.6%) and cassava/yams in the Midwest (9.7%) and Southeast (8.1%). The most frequently consumed food in all Brazil is rice (94.4%), and the least consumed are roots (5.1%).

Food items in the vegetable group (vegetables and greens) were part of the diet of 30.4% of the families of beneficiaries in Brazil overall. Families in the Southeast (41.2%), followed by those in the South (33.1%) and Midwest (31.1%) showed the highest frequencies of consumption of these food items.

Fruit consumption frequency for all Brazil was one of the least significant (15.1%) compared to vegetable consumption (30.4%). The downward trend in fruit consumption was found in all Regions of the country (South: 21.9%; Northeast: 19.3%; Southeast: 16%; North: 11%; Midwest: 7.7%).

A low consumption frequency by beneficiary families throughout Brazil was found in the meat and egg group, with emphasis on eggs (42.9%), followed by meat (18.2%), chicken (11%) and fish (3.6%). This trend was also observed in all Regions of the country.

Milk was part of the diet of 58.3% of the families of beneficiaries, the highest consumption being in the South (66.3%) and lowest in the Northeast (45%). Yoghurt and cheese were consumed by at least 10% of the families of beneficiaries of the *Bolsa Famílía* Program.

Beans were consumed by approximately 80% of the members of the families under study. This consumption by region was 94.7% in the families in the Southeast, 94% in the Midwest, 83.6% in the South, 70.1% in the Northeast and 55.2% in the North.

Margarine and oils were consumed by 81.3%, while butter was consumed by 20.6% of the families of the beneficiaries.

Approximately 85% of the families of the beneficiaries were said to consume sugar, sweets and candy, while 4.4% of them consumed soft drinks. The Northeast region reported the highest consumption of sugar, sweets and candy (93.9%), and soft drinks in the Southeast (7.2%).

In the range of "other food items", coffee was most consumed by the beneficiaries (88%). Fried food, cold meats, canned food and alcohol in the diet were consumed by a negligible portion of the population under study.

Table 16: Food consumption frequency of families in the *Bolsa Família* Program by groups of food items and Regions in Brazil

Food items	Regions (%)					Brazil (%)
	North	Northeast	Southeast	South	Midwest	
Cereals, bread, roots and tubers						
Rice	87.6	89.4	97.3	98.5	99.3	94.4
Manioc flour	73.6	57.2	28.4	22.6	21.0	40.6
Corn (corn meal, couscous)	2.1	48.3	25.0	11.5	5.6	18.7
Pasta, bread, cookies	53.6	53.2	51.8	63.9	54.7	55.4
Cassava, yams	1.3	1.1	8.1	4.9	9.7	5.1
Potatoes	8.6	6.7	26.6	18.6	11.7	14.4
Vegetables						
Vegetables/greens	17.5	29.2	41.2	33.1	31.1	30.4
Fruit						
Fruit/fruit juice	11.0	19.3	16.0	21.9	7.7	15.1
Meat and eggs						
Meat	19.9	13.4	16.6	15.5	25.4	18.2
Chicken	8.8	13.1	13.4	9.4	10.5	11.0
Fish	7.1	6.5	2.9	0.9	0.7	3.6
Eggs	39.7	53.1	46.3	39.1	36.7	42.9
Dairy produce						
Milk	59.1	45.5	62.6	66.3	57.8	58.3
Yoghurt/cheese	5.1	2.6	10.9	6.1	4.4	5.8
Leguminous foods						
Beans	55.2	70.1	94.7	83.6	94.0	79.6
Oil and fat						
Margarine/Oil	69.4	80.2	79.8	86.1	91.0	81.3
Butter	21.5	24.6	28.5	12.9	15.1	20.6
Sugar and sweets						
Sugar (sweets, candy)	82.3	93.9	81.6	86.8	85.1	85.9
Soft drinks	4.1	4.1	7.2	3.9	2.9	4.4
Other						
Fried food	9.2	2.2	8.7	8.8	15.4	8.9
Alcohol	1.0	3.1	1.0	1.2	2.1	0.6
Cold meats	12.2	16.1	5.9	5.8	1.0	8.2
Canned food	8.2	2.0	2.0	1.5	0.2	2.8
Coffee	93.5	92.4	85.1	88.6	80.4	88.0

Source: DataUFF, March 2006

4. Discussion

The results of this study show that the *Bolsa Família* Program is contributing toward reducing the food insecurity among the beneficiaries, promoting one of the basic human rights, namely, regular and ongoing access to food in sufficient quality and quantity to meet the requirements for life sustenance.

The sharp rise in the duration and availability of food in the household, found when the prevalences were compared to those conditions before and after receiving the allowance, is proof that there are fewer families who do not eat or eat less because there have not enough food at home. Although it cannot be ignored that there are other sources of income that provide this access, which perhaps the family had or has (a condition not examined in this study), the results of the analysis of these questions are consistent and point to changes in food conditions that are helping move poor families from the status of severe food insecurity to the level of moderate food insecurity, the larger the volume, duration and variety of the food in the family unit. These results are compatible with those of other studies performed with beneficiaries from minimum income transfer programs using robust methodologies (ASSIS *et al.,* 2006).

The improvement in quality and especially in variety of food available to the family unit was significant in all Regions of Brazil and includes the majority of families. This is a relevant aspect of the change in the food pattern offered by the program, since the diversity of food items included in the daily meals is one criterion for healthy eating.

Decent and varied food is one of the essential requirements for proper growth and development of children and adolescents, and to maintain a healthy life for the adults and elderly.

It can be presumed that all members of the family unit are enjoying more access to food, since the results of this study show that 94.2% of the children and 85% of young people and adults who are beneficiaries of the program have three or more meals a day, with a similar distribution in the major regions of the country. These results mean a significant gain for Brazilian society, although 5.8%

of the children and 15% of the young and adults still have to have access to at least three meals a day.

These results, especially for children, can be seen as the opportunity to improve the nutritional status. Studies that assessed the efficiency of the minimum income transfer programs showed a drop in nutritional deficits in beneficiary children, and show that the influence of the increase in family income is a boost to health and nutrition in childhood.

It is interesting to comment on the independence seen between the children's meal pattern and range of allowance received by the families. It is therefore possible to consider giving priority to the guarantee of three main meals for the children, even in the smallest allowance range allocated by the program. It was, then, found that, regardless of the range of the allowance received, the families with children in the home buy a significantly larger quantity of milk, food culturally understood as appropriate for children, compared to the families without children in the home.

The World Health Organization (WHO) and the Ministry of Health recommend three meals a day for children between six months to two years old who are breastfed, and five meals for those who are not. For older children, the diet is expected to be divided into five to six meals a day.

It should be stressed, however, that 39.7% of the families said that their children have only three meals a day. The fact that Brazilian children only have three meals a day is of considerable concern, particularly when considering the demand for nutrients caused by the process of growth and development characteristic of this age group.

It is, however, understood that other constraints still remain in the health and nutrition conditions of beneficiary children, shown in this study by the dependence between the number of meals eaten by the child and the level of the mother's education, noting that the higher the level of the mother's education the more meals the child has a day. This result leads to thinking that the relation between the health and nutrition condition of the children is modulated not only

by the mother's level of education but also by the socioeconomic status of the head of the family, since these variables are intrinsic to each other.

The data presented by this study also calls attention to the fact that, despite the attempt by family heads to guarantee at least three meals a day for their children, 45.2% of them are aware that the quantity of food available in the family unit is not enough for the children to be properly fed. This view is also shared by the beneficiaries in the different Regions of the country with regard to the capacity to feed young people and adults. Particularly in the case of young people and adults, The Brazilian Population's Food Guide stresses the need to have at least four meals a day during these life cycles. In this case, it would be recommendable to include in the diet of young people and adults at least one snack, mainly of fruit.

However, it was found that for both children and young people and adults for Brazil altogether and in the Major Regions of the country, there was a low percentage of small snacks (morning, afternoon or evening snacks), showing a consumer pattern possibly associated with family culture.

There is evidence that the choice of proper food is influenced, among other factors, by cultural habits and socioeconomic conditions. It is common knowledge that poverty restricts access to and choice of proper healthy eating, and the inclusion, therefore, of families at a very low socioeconomic level in the *Bolsa Família* Program has increased the opportunities to obtain and vary the food. This study also shows the positive relationship between better quality, variety and quantity of food, as well as an increase in frequency of the number of meals a day with the increase in the range of the allowance received, possibly indicating suitable focus and use of the allowance from the *Bolsa Família* Program.

On the other hand, there was a tendency to choose less healthy food the greater this range of program allowance, a condition that shows the urgent need to instruct and inform about the health hazards of high energy density food, shown in the high content of simple sugars and, mainly, of saturated and trans fats.

It should also be mentioned that the beneficiaries of the program choose less healthy food, such as soft drinks, cold meats (frankfurters, mortadella and

calabreza salami), cookies (possibly the industrialized kind commonly used in children's snacks) and vegetable creams: normally such items, which have a low market cost, contain high energy density and low food value. Today, with the technological advance in the field of industrialized foods, a greater volume of these products is available at an ever decreasing selling price, which encourages consumption of industrialized food by populations with low purchasing power.

Vegetable oils and creams have high energy density. However, vegetable oils do contain essential fatty acids and vitamin E. Accordingly, when in a suitable quantity, they contribute to increasing the caloric value of the diet and also to provide fatty acids required for various bodily functions for a healthy life. However, the majority of vegetable creams, such as, for example, margarine, contain *trans* fatty acids: these acids are involved in the occurrence of chronic non-transmittable diseases, particularly obesity and heart disease. There is therefore a recognized need to qualify the health and nutrition actions in the sphere of health services (conditioning factors of PBF) to potentialize the effects of the allowance within the family unit.

It is notorious that in a situation of scarce resources, an increase is often seen in obtaining high energy density food in detriment to those sources of vitamins, minerals and fibers, such as fruit, greens and vegetables that normally have a low energy content and higher market cost.

On the subject of the low vegetable, greens and fruit consumption among the PBF beneficiaries, which is another trend also found in the overall Brazilian population (IBGE, 2002/2003), this consumer pattern can be said not to comply with the recommended, which is a daily consumption of three to five portions of vegetables and greens a day and three to four of fruit.

Regular consumption of fruit, vegetables and greens offers a guarantee against the deficiency of most vitamins and minerals and of bioactive substances, important for modulating immunological response, increasing resistance to infection, and for supplying suitable quantities of fiber. Eating at least 400g/day of fruit, greens and vegetables has been related to a lower risk of developing chronic non-transmittable diseases and to keeping a healthy weight (WHO/FAO, 2003).

Eating five to nine portions a day of cereals, roots and tubers, depending on the life cycle, is recommended. On this matter it is interesting to note that 79.6% and 94.4% of the families interviewed said that they eat beans and rice, respectively, four times a week or more. The recommended consumption for beans is one portion a day. This consumption frequency and percentage can be considered high for rice, but for the leguminous items, which for the interviewed population are represented by beans, it seems to have reached only the beneficiaries in the Southeast and Midwest Regions, when 94.7% and 94%, respectively, informed that they eat it four times a week or more. The consumption in this category was seen to be the lowest among these beneficiaries in the North (55.2%) and Northeast (70.1%). It should be mentioned that beans and rice together are a combination of high biological value.

The conclusion is that the *Bolsa Família* Program is moving a significant portion of the Brazilian population to the area of food security, but it is also understood that this move increases with the rise in the range of allowance received. Despite these positive results, a large number of poor families still live in the condition of food insecurity. Thus, it should be mentioned that efforts must be made to further the access of these families still excluded from the *Bolsa Família* Program.

Lastly, even considering all the positive aspects of the *Bolsa Família* Program pointed out herein, it is understood that the temporary nature of the income transfer programs and prospect of increasing job opportunities should not been forgotten, in order to achieve financial independence for Brazilian families.

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Food and Nutrition Security among Beneficiaries of the *Bolsa Família* Program

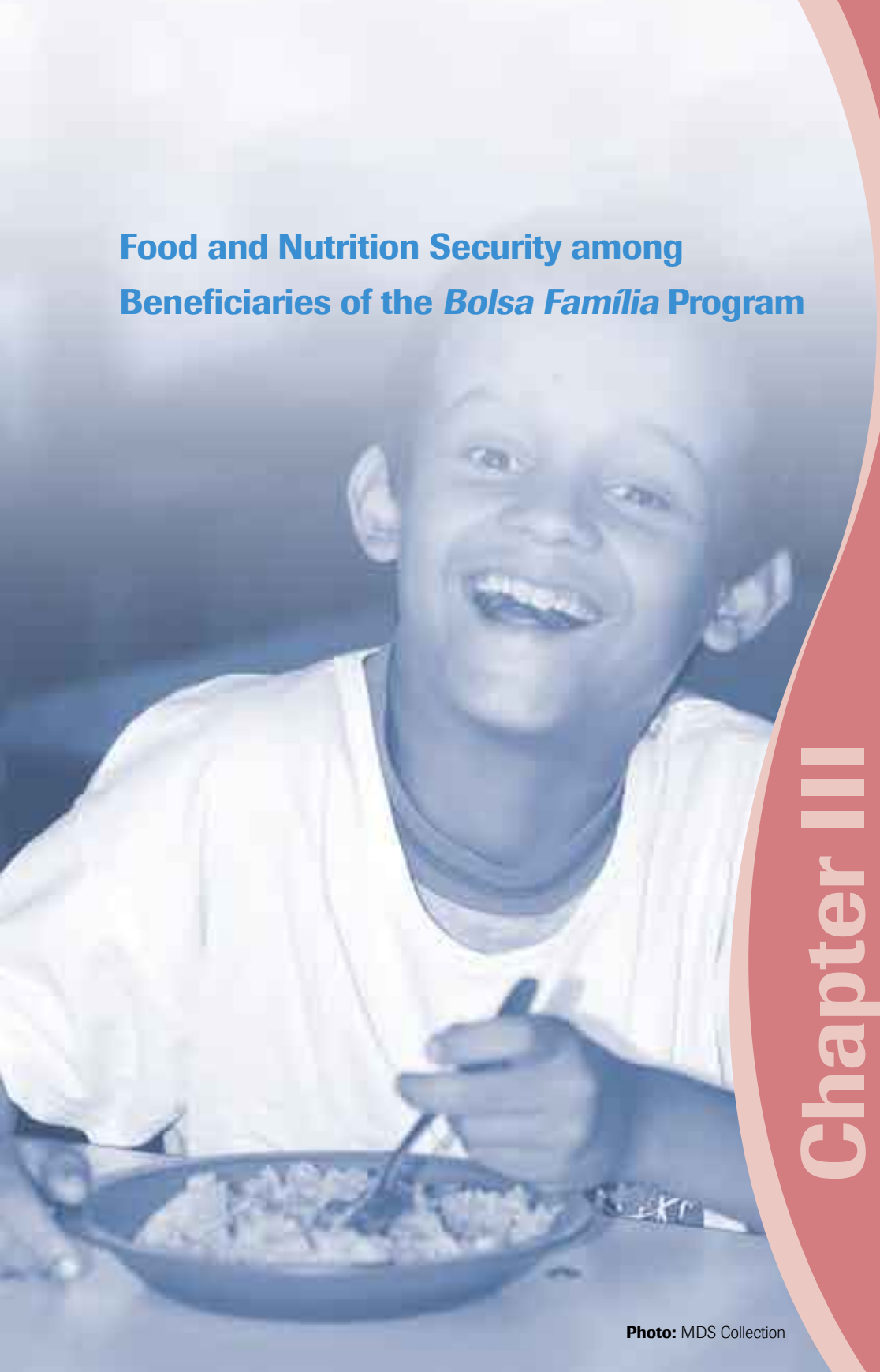

Photo: MDS Collection

Chapter III

Chapter III

Food and Nutrition Security among Beneficiaries of the *Bolsa Família* Program

André Brandão[1]
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1 Introduction

This article is the product of an assessment study on the *Bolsa Família* Program carried out by the Social Studies Center of the Federal Fluminense University (DataUFF) for the Ministry of Social Development and the Fight Against Hunger (MDS).

The objective was to undertake an opinion poll with heads of the households and beneficiaries of the *Bolsa Família* to assess the level of impact of this MDS enterprise on improving their living conditions, mainly with regard to the question of food and nutrition security, discussing the following aspects:

:: Beneficiary profile, examining the following variables: gender, age, income level, level of education, where they live, type of occupation, eating habits, etc.;

:: Effects of the Program on their lives, especially on aspects relating to family diet;

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:: The perception on how the Program functions.

The questionnaire was prepared in conjunction with the Department of Evaluation and Monitoring of the Secretariat for Evaluation and Information Management (SAGI) and preliminary tests were made between 02/12 and 14/2006 in Niterói, a town in the State of Rio de Janeiro.

This paper has two objectives. The first consists of specifying the methodological procedures used to choose the sample and collect data. The second consists of the discussion of a small part of the results, pointing to the more general impacts relating to buying food and the relation of the beneficiary families with their social surroundings.

2 Methodological Procedures

In order to accomplish the proposed objective, the household quantitative survey technique was used for this assessment. This methodology includes collecting data using a closed questionnaire. Accordingly, 4,000 interviews were applied with whoever is legally responsible for receiving the allowance.

These interviews were applied in two groups. The first, called experimental, consisted of a total of 3,000 answered questionnaires. The second, called the control group, consisted of the 1,000 remaining questionnaires. The experimental group was made up of the families that were registered in the Program for more than twelve months, while the control group consisted of families with no more than three months inclusion in the *Bolsa Família*.

2.1 Sample Design

First of all, the sample design should be able to produce a representative collection by region on the experimental group, and representative of Brazil concerning the control group.

So the experimental group was distributed and representative as follows:

a) The samples were dimensioned in order to estimate an unknown proportion *P*, a minimum accuracy of 4% being fixed with confidence level of 95%. This implies a minimum sample of 600 households per Region.

b) The total sample for Brazil was 3,000 households with 1.8% accuracy. We therefore chose to carry out 600 interviews per Region.

For the control group a sample of 1,000 interviews was selected, in proportion to the size of the population and to be representative for Brazil. An accuracy of 3.1% was achieved.

The sample design suggested the choice of 53 towns for the drawing of family lots, with reference base on their registration. The MDS supplied the database used as an initial aid to produce the survey.

2.2 Sample Selection Criteria

Twenty-seven of the 53 counties were state capitals. Therefore, the remaining 26 counties were selected using the following criteria:

a) The basic variable used was the number of allowances awarded in less than three months (control sample). All towns with less than 25 allowances were eliminated;

b) The towns were rated by Region in three groups: small, midsize and large. In the selection, care was taken to have a balance between the three;

c) The towns with less than the mean value of the number of allowances were considered to be small. The midsize towns had a number of allowances between the mean and 90 percentile; and the large were considered to be the towns in the Region in the largest 10% stratum;

d) After this division, the towns with a probability proportional to size within each stratum were selected.

2.3 Sample Plan

The following chart shows the composition of the sample comprising the survey:

Chart 1: Sample plan – assessment survey of the *Bolsa Família* Program - 2006

Region	Town/City	State	Experimental group	Control group	<3 months
North	Macapá	Amapá	20	7	50
	Senador Guiomard	Acre	20	7	84
	Santana	Amapá	23	8	120
	Belem	Pará	23	8	125
	Mucajaí	Roraima	23	8	404
	Ariquemes	Rondonia	27	9	476
	Formoso do Araguaia	Tocantins	28	9	442
	Palmas	Tocantins	28	9	432
	Boa Vista	Rondonia	34	11	857
	Itacoatiara	Amazonas	36	12	1,009
	Porto Velho	Roraima	46	15	1,736
	Bragança	Pará	48	17	2,138
	Rio Branco	Acre	72	25	3,908
	Manaus	Amazonas	172	55	11,743
Northeast	Olho D'água do Piauí	Piauí	20	7	47
	Japaratuba	Sergipe	20	7	136
	Itamaraju	Bahia	20	7	140
	São João dos Patos	Maranhão	21	7	297
	João Pessoa	Paraíba	21	7	332
	Rio Largo	Alagoas	22	7	372
	Macaíba	Rio Grande do Norte	22	7	458
	Itabaiana	Paraíba	24	8	880
	Maceió	Alagoas	25	8	1,014
	Recife	Pernambuco	28	9	1,520
	Fortaleza	Ceará	31	10	1,968
	Teresina	Piauí	35	12	2,709
	Maracanaú	Ceará	35	12	2,749
	Salvador	Bahia	36	12	2,809
	Caruaru	Pernambuco	47	16	4,859
	Aracajú	Sergipe	49	16	4,980
	Natal	Rio Grande do Norte	54	18	5,894
	São Luis	Maranhão	90	30	13,353

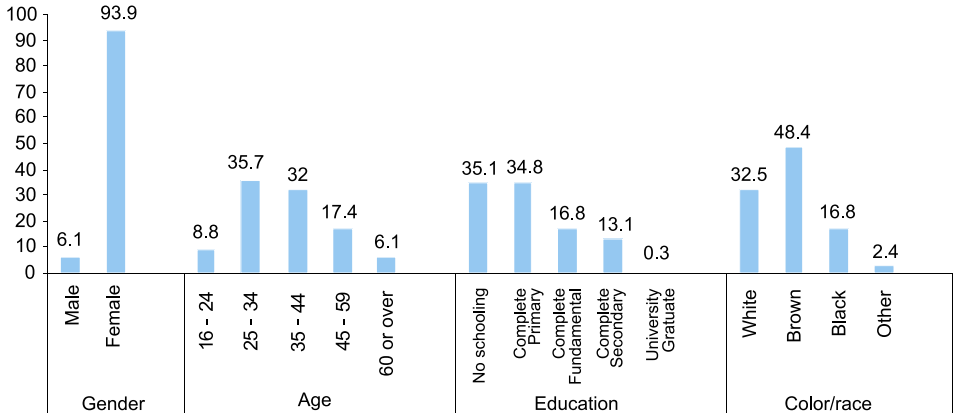
Region	Town/City	State	Experimental group	Control group	<3 months
Midwest	Pedro Gomes	Mato Grosso do Sul	20	7	38
	Montividiu	Goiás	36	12	106
	Tangará da Serra	Mato Grosso	46	15	516
	Brasília	Federal District	65	22	1,350
	Goiânia	Goiás	68	23	1,481
	Cuiabá	Mato Grosso	111	37	3,330
	Campo Grande	Mato Grosso do Sul	254	84	9,453
Southeast	Águia Branca	Espirito Santo	20	7	56
	Itaguaí	Rio de Janeiro	33	11	126
	Ituverava	São Paulo	35	12	208
	Juiz de Fora	Minas Gerais	50	17	1,884
	Vitoria	Espirito Santo	70	23	
	Belo Horizonte	Minas Gerais	89	30	2,778
	São Paulo	São Paulo	103	34	3,463
	Rio de Janeiro	Rio de Janeiro	200	66	9,631
South	Florianopolis	Santa Catarina	20	7	57
	São Sepé	Rio Grande do Sul	43	14	349
	Guarapuava	Paraná	48	16	496
	Joinville	Santa Catarina	71	24	1,081
	Porto Alegre	Rio Grande do Sul	178	59	4,328
	Curitiba	Paraná	240	80	7,174

Source: Prepared by the researcher

3 Results

The results after performing the survey are illustrated below. It is worth mentioning that, based on the strictness relating to how the sample was set up, it may be said that these results are fully representative and generalizable in the group of beneficiaries of the *Bolsa Família* Program

Graph 1: Interviewees profile – %



Source: DataUFF, March 2006

The graph above shows the configuration of the interviewee profile covered by the survey. With regard to gender, as was to be expected, the majority of interviewees are women.

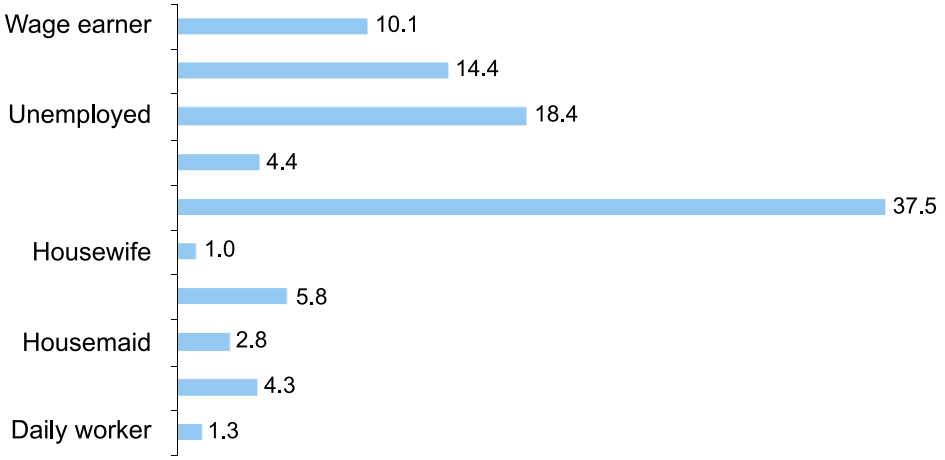
In terms of the age group, the beneficiaries are predominantly between 25-34 and 35-44 years old. After this age group the percentage of beneficiaries diminishes. It should be pointed out that, in the age group characterizing a younger population (between 16 and 24 years old), the percentage of interviewees is higher than the last age group (60 and over).

The education level is very low and the lower the percentage the higher the levels of education. The percentage of those who have "no schooling" is 35.1% of the sample and this, plus those who have only incomplete primary schooling, totals almost 70%. At the other end, only 13.1% have completed secondary school, and those who completed university education represent a tiny percentage.

In relation to the color or race of the interviewees, brown predominates followed by white. Black people are the third group of color or race in percentages. When comparing the interviewee profile of color or race with the findings in the 2000 Census for the overall Brazilian population, it is found, as can be expected, that white people are under-represented as *Bolsa Família* beneficiaries (they are 53.74% of the Brazilian population) while mixed and black people are over-

represented (inasmuch as they are 38.4% and 6.21%, respectively in the country). Right from the start these results indicate the fact that the *Bolsa Família* has been correctly selecting its beneficiaries, when considering that, as a number of studies have demonstrated, the proportion of poor in Brazil is higher among the brown and black people than among the white.

Graph 2: Occupational status of interviewees – %



Source: DataUFF, March 2006

Given the gender profile of the interviewees, the most common professional status is "housewife". The heavy weight of the unemployed calls attention in a group that is generally less representative in the Economically Active Population (EAP). It is also significant that free lancers and self-employed are more frequent in the sample than wage earners. Domestic servants and daily workers when added together also weigh heavily in the group.

The proportion of public servants, however, which could indicate further stability in the household economic calculations, is small. The weight of the retired people is also reduced, on a par with the small percentage of elderly in the sample.

Table 1: Family income

	Frequency	%
One minimum wage or less	1,171	41.8
From over one to three minimum wages	1,592	56.8
Over three minimum wages	40	1.4
Total	**2,803**	**100**

Source: DataUFF, March 2006

The family income in the last month in the households under study is concentrated in the 1-3 minimum wage range (56.8%), but the family percentage with one minimum wage or less is high (41.8%). The percentage of beneficiaries in families with over three minimum wages is negligible (1.4%). These results once again show that the Program includes the beneficiaries correctly in relation to its own definitions of eligibility.

Table 2: Money spent from the *Bolsa Família* Program

	Frequency	%
Food	2,287	76.4
Clothes/footwear	162	5.4
Medicaments	44	1.5
Rent	6	0.2
Cleaning material and toiletries	26	0.9
Transportation	15	0.5
School material (notebooks, books, pencils, pens)	331	11.1
Recreation	2	0.1
Water/Electricity/Gas	102	3.4
Other	20	0.7
Total	**2,995**	**100**

Source: DataUFF, March 2006

Table 2 shows that a large majority of the families surveyed spend the money received through the *Bolsa Família* Program first on food (76.4%). However, quite a large number of families (11.1%) preferred to use the allowance to buy school material. It is not believed that the number of families that mention school

material as a principal expense is related to the fact that the survey data collection was made in March, when school expenses are typically made at the start of the school year, since this tendency has already been noted in other surveys performed earlier at different times.

Table 3: End of food at home in the last three months

	Frequency	%
Yes	2,478	82.6
No	521	17.4
Total	**2,999**	**100**

Source: DataUFF, March 2006

In more than 80% of the families in the survey in the past three months the situation was that the food finished before there was money available to buy more.

Table 4: End of food at home before receiving the *Bolsa Família*

	Frequency	%
Yes	2,626	87.5
No	374	12.5
Total	**3,000**	**100**

Source: DataUFF, March 2006

In the period prior to admission to the *Bolsa Família* Program, the situation in which food finished before money was available to buy more affected 87.5% of beneficiary families. The comparison between before and after receiving the allowance shows a drop of approximately five percentual points in this negative situation. The test of χ^2 with one degree of freedom and a 1% level is highly significant, since $\chi^2 = 28.4$ (χ^2 critical = 6.67).

Table 5: Food insufficiency in the last three months

	Frequency	%
Yes	1,458	48.6
No	1,540	51.4
Total	**2,998**	**100**

Source: DataUFF, March 2006

Around 48% of the interviewees indicate that in the past three months someone in the family did not eat or ate less because there was not enough food.

Table 6: Sufficient or insufficient food before the *Bolsa Família*

	Frequency	%
Yes	1,746	58.3
No	1,248	41.7
Total	**2,994**	**100**

Source: DataUFF, March 2006

Before inclusion in the *Bolsa Família*, however, this percentage of insufficiency was 58.3%, which amounts to a reduction in this negative situation of around ten percentual points and points to positive impacts of the Program. Once again, the test of χ^2 with one degree of freedom and a level of 1% is highly significant, since $\chi^2 = 56.8$ (χ^2 critical = 6.67).

Table 7: Food assessment after the *Bolsa Família*

	Frequency	%
Much improved	560	18.7
Improved	2,004	66.9
Still the same	424	14.2
Worsened	6	0.2
Total	**2,994**	**100**

Source: DataUFF, March 2006

The above table shows that the *Bolsa Família* Program has an overwhelmingly positive impact on the diet of the beneficiary families. The significant figure of 85.6% of the interviewees shows this improvement. Only 14.2% report a steady situation in this variable and the percentage of interviewees that pointed to a worse situation is negligible (0.2%).

Table 8: Quantity of food consumed after the *Bolsa Família*

	Frequency	%
Increased	1,751	59.2
Just the same	1,195	40.4
Diminished	12	0.4
Total	**2,958**	**100**

Source: DataUFF, March 2006.

Once again the data confirm the positive impact of the Program. The percentage of mentions of an increase in the quantity of food consumed is significant (59.2%), much higher than the percentage of those who said it continued the same (around 40%). A negligible number of interviewees, however, mentioned less food consumed.

Table 9: Increase in variety of food after the *Bolsa Família*

	Frequency	%
Yes	2,190	73.3
No	796	26.7
Total	**2,986**	**100**

Source: DataUFF, March 2006

The high figure of 73.3% of interviewees points to an increase in the variety of food consumed by the family after admission to the Program, which denotes a very significant positive impact on the possibility of consuming a wider variety of food.

Table 10: Duration of food bought by family

	Frequency	%
One week	481	16.1
Two weeks	878	29.4
Three weeks	983	33.0
Four weeks (a whole month)	640	21.5
Total	**2,982**	**100**

Source: DataUFF, March 2006

With regard to the duration of food purchased, the highest percentage is found in the families that buy enough food for three weeks of the month (33%). The percentage of "one week" answers is small but is significant nevertheless. The "two weeks" answer is high, considering the importance of the variable. Only 21.5% of the interviewees say that their families buy food to last the month.

Table 11: Duration of food bought by the family before *Bolsa Família*

	Frequency	%
One week	1,041	34.9
Two weeks	1,016	34.0
Three weeks	603	20.2
Four weeks (a whole month)	327	10.9
Total	**2,987**	**100**

Source: DataUFF, March 2006

Now let us look at the duration of food before admission to the Program. The highest percentual weight was found in the families that bought enough food for only one week in the month (34.9%). The percentage of "two weeks" answers is the second highest (34%). Only 10.9% of interviewees say that their families bought food to last the whole month before the *Bolsa Família*.

When comparing the last two tables, they show a very remarkable positive impact of the Program as follows:

a) a sharp drop in the percentage of families that buy food that lasts only one week;

b) a drop in the percentage of families that buy food that lasts only two weeks;

c) a leap in the percentage of families that buy food that last three and four weeks: while the latter was 31.1% before, it now rose to 54.5% after the Program, which is equivalent to an extremely high increase.. It is worth mentioning that the test of χ^2 with one degree of freedom and level of 1% is very significant, since $\chi^2 = 408.4$ (χ^2 critical = 13.27).

Table 12: Family treatment where they live after the *Bolsa Família*

	Frequency	%
Change for the better	1,222	41.6
No change	1,701	58.0
Change for the worse	12	0.4
Total	**2,935**	**100**

Source: DataUFF, March 2006

A significant number of interviewees say that the treatment of the family where they live has changed for the better after inclusion in the Program. This item indicates two aspects: first, more possibility for those families to progress toward building up local sociability networks; second, for improving the self-esteem of the family nuclei, a key element in building strategies focusing on leaving behind the situation of extreme poverty.

Table 13: Credit with local storekeepers after the *Bolsa Família* Program

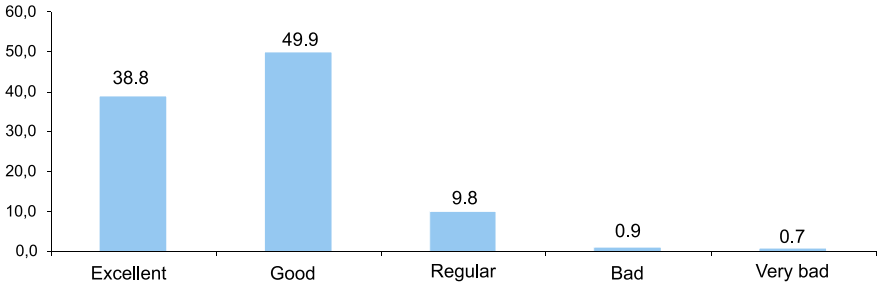
	Frequency	%
Yes	967	33.1
No	901	30.9
Doesn´t buy on credit	1,052	36.0
Total	**2,920**	**100**

Source: DataUFF, March 2006

Another positive impact of the *Bolsa Família* appears in the above table. Around 1/3 of the interviewees mention that the family credit with the local

storekeepers improved after admission to the Program. This credit facility tends in turn to facilitate possible increase in the quality of life of the families, despite the numerous restrictions relating to the condition of poverty. The significant number of families that do not buy on credit should be emphasized (36%).

Graph 3: Assessment of the *Bolsa Família* Program



Source: DataUFF, March 2006

The assessment of the Program is extremely positive with 49.9% of answers "good" and 38.8% "excellent" (totaling a satisfactory assessment of 88.7%). The assessment of the *Bolsa Família* as "bad" and "very bad" covers a negligible frequency and the "regular" assessment is given by only 9.8% of all interviewees.

Table 14: Responsible for the *Bolsa Família* Program

	Frequency	%
Federal government	1,727	60.0
Lula	506	17.6
State government	275	9.5
Local government	185	6.4
Other	182	6.3
Total	**2,895**	**100**

Source: DataUFF, March 2006

No less than 60% of the interviewees mentioned the federal government as being responsible for the *Bolsa Família*, which seems to indicate that the Program's institutional bond is being correctly disseminated, but that, in the same movement, it is also necessary to work this perspective of visibility. This close

bond index to the federal government engenders the low percentages in mention of the sate and local governments. On the other hand, quite a high number mentioned President Lula (17.6%), which certainly is related to the logic of political visibility in countries like Brazil, traditionally marked by presidentialism. In the "other" group there is a list with more than forty mentions that show little or negligible weight.

4 Conclusion

The survey performed by DataUFF indicated a set of elements summarized below.

The beneficiaries in the Program were included in accordance with the aspired objectives of income distribution, to the extent that 98.6% of the families are in the monthly income range of up to three minimum wages, already considered with this range the value of the allowance. In the same movement, the higher representation of black and brown people among the beneficiaries, when compared to the demographic weight of these groups of color or race in the overall population, also shows the correct criteria for eligibility.

In terms of food consumption, the survey shows that, although still far from an ideal situation – in which all families could have a proper diet every day, the comparison between the current situation and that prior to admission to the Program shows significant positive impacts, both in the number of weeks covered by the bought food and in the possibility of bringing more variety to the diet.

Along the same lines of logic accompanying the history of social protection policies in Brazil, the majority of interviewees associate the Program with "help" received. At the same time, it is found that levels of confidence in the continuity of the allowance are high, although they do not express an outlook of absolute long term security, which would possibly occur if the population were to understand the *Bolsa Família* as a social right.

Lastly, although the survey has not gone further into the aspects relating to social capital, the beneficiary families point to better treatment where they live and a consequent increase in commercial credit. These aspects indicate, albeit indirectly, possibilities to increase the inclusion of these families in local sociability networks.

It must not be forgotten that the *Bolsa Família* Program, and other social programs created and/or extended by the Brazilian government, face an enormous challenge: to revert the extremely unequal situation of income distribution in Brazilian society today.

We know that Brazil is not a poor country, but rather a country of many poor. If the countries in the world were divided into three blocks based on their *per capita* income, Brazil would be situated in the wealthiest third. Data already widely disseminated (BARROS, HENRIQUES & MENDONÇA, 2000) show that countries with a similar Gross Domestic Product (GDP) to our own are much better off in terms of income distribution and the percentage of poor in their populations.

While the poor in the Brazilian population show an already unprecedented level of approximately 30%, the poor in countries with a similar *per capita* GDP are an average 10%.

In terms of inequality, the Gini[4] coefficient reaches almost 0.60, which puts Brazil at the end of the line among the countries worldwide. In fact, only South Africa and Malawi have a higher coefficient than Brazil. The entire economic history of Brazil shows that economic growth without the support of income distribution policies will be unable to alter the current situation of social injustice.

In conclusion, the results of this assessment show that the right solutions have been found in a social program of such importance as the *Bolsa Família* and that the current social policy has effectively come to terms with the task of reducing income inequality and poverty in Brazil.

4 The Gini coefficient is an indicator widely used by the studies on inequality. This index is built on the existing ratio between the income of the richest and poorest in a given society.

5 Bibliography

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The Impact of the *Bolsa Família* Program: Changes and Continuities in the Social Status of Women

Chapter IV

Chapter IV

Photo: Bruno Spada

The Impact of the *Bolsa Família* Program: Changes and Continuities in the Social Status of Women

Mireya Suárez[1]
Marlene Libardoni[2]

1 Introduction

From the acknowledgment that the poor social status of the women, particularly non-white, severely restricts their security and their families and that the *Bolsa Família* Program is today the most significant social protection policy in Brazil, the effects of this Program are examined in this article on the living conditions of the women who receive and manage the income transferred to them[3].

This article examines the way in which the Program has been operating based on the specific realities experienced by the beneficiary women in their family environment and with little experience in the public realm. The authors' view is therefore focused on the interests of these women acting as a reference to assess the facts observed, and the aim is to suggest actions to maximize the potential of their skills so that they can interact in the social and political processes and become jointly responsible for achieving the objectives of the Program.

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3 The idea of using the gender perspective to examine the effects of the *Bolsa Família* Program was proposed by the British government's Department of International Development (DFID), which funded this study. The Ministry of Social Development (MDS) has developed it and for this purpose proposed and supervised doing this evaluation. The study was coordinated by AGENDE – Actions on Gender, Citizenship and Development – and the work was done by a research team formed by Ana Julieta Teodoro Cleaver, Marlene Libardoni, Marlene Teixeira Rodrigues, Mireya Suárez, Paula Foltran, Priscilla Maia, Rosa Helena Stein, Sandra Oliveira Teixeira, Simone Ribeiro Garcia and Wanderson da Silva Chaves.

The database of this report was collected in field work in ten Brazilian municipalities from March to June 20006: Belém (Pará), Floriano (Piauí), Riachão (Maranhão), São Luis (Maranhão), Aracaju (Sergipe), Candeias (Bahia), Passo do Camaragibe (Alagoas), Belo Horizonte (Minas Gerais), Chapada do Norte (Minas Gerais), and Ecoporanga (Espírito Santo)[4].

Belo Horizonte, São Luis, Belém and Aracaju are state capitals, with a high degree of urbanization. Two of these, Candeias, in Bahia State and Floriano, in Piauí State are midsize municipalities distinguished by the fact that Candeias is the municipality where Petrobras began producing and refining petroleum in the 1940s, while Floriano is a municipality in the south of Piauí, which is becoming a dynamic center for trade as well as for education and health and providing other services for the widespread inland border region stretching to southern Piauí and Maranhão.

There are four predominantly rural municipalities that, however, have sharp contrasts. Passo de Camaragibe is a municipality on the north coast of Alagoas, marked by the ubiquitous sugar industry across the landscape and in the daily life and dependence on sporadic work in the sugar mill, which most Camaragibe families experience. Ecoporanga, in Espírito Santo, is a municipality with a lively past of land reform disputes, which is why the questions relating to land development, land ownership and family agriculture are uppermost in the daily lives of the inhabitants. Chapada do Norte is a municipality in the Minas Gerais hinterland on the border with the state of Bahia, which preserves typical cultural traditions of the Afro-Brazilian populations and remaining *quilombos* (Maroon Communities). Riachão, a municipality in Maranhão on the border with the state of Tocantins is distinctive because it has strong characteristics of the Brazilian inland border regions, especially with regard to its fondness for the landowner tradition and impervious approach to modern culture.

The group of those ten municipalities is remarkably heterogeneous with regard to incalculable characteristics, such as geographic location, past history

4 The selection of the municipalities was based on the following indicators: (i) Municipal Human Development Index; (ii) high percentage of non-whites in the population; (iii) high percentage of coverage of the *Bolsa Família* Program; and (iv) proportion of urban and rural population.

and socio-cultural standards, and measurable features, such as urbanization, education, labor, income, and housing. However, despite these major differences, all those municipalities, except for Belo Horizonte, are similar to each other because they have the strong characteristics of poor Brazil, non-white[5], and with few opportunities for social mobility.

Belo Horizonte was included to contrast strongly with the other municipalities/capitals in relation to the Program management, considered a benchmark, and the small proportion of excluded population and non-white population: 46%, in relation to Belém, 68.2%, São Luis, 68.5%, and Aracaju, 64.3%. This implies that the exclusion based on criteria of color/race affects a smaller number of the inhabitants of Belo Horizonte or, in more direct terms, there are less people to be discriminated in this capital[6]. Also with regard to this type of exclusion, it is worth noting that in all municipalities, whatever the proportion of the excluded population, the unemployment and informal employment rates are higher among women than men, and even higher among non-white women[7]. As a result, poor and black women live in the worst living conditions (SOARES, 2000).

The field work centered its attention on women who receive the benefits (who, in the case of all the interviewees, have children, grandchildren or even other children in their care) and on government agents directly or indirectly related to the Program's management (agents, local secretaries, employees of the Social Assistance Reference Centers – CRAS and other public servants). The information obtained from these people was collected in a semi-structured questionnaire applied to 145 beneficiaries and 54 government agents[8]. There were also 30 focus groups with beneficiaries, interviews with local political leaders and

5 The term non-white includes the census categories black, brown, indigenous and yellow. However, it is worth mentioning that it refers mostly to black and brown people, since they are more than 95% of the non-whites.

6 The association we make between social exclusion and the non-white population is backed by the findings of discrimination based on color/race being expressed in the worst living conditions of the Afro-Brazilians (PAIXÃO, 2003; HASENBALG, 2005) and in its fewer opportunities of social mobility (OSORIO, 2004; HASENBALG, 1988).

7 The literature that articulates gender and race shows that, although the discriminations based on gender, class and color/race are evaluated as different phenomena, in practice they are experienced by the person at the same time (SOUZA, 1990; CRENSHAW, 2002), producing the phenomenon of the triple discrimination of poor and black women. Nevertheless, the recognition of the status of black women is missing even in the sphere of human rights (AGENDE, 2006).

8 The questionnaire contains 52 questions: 15 specific for beneficiaries, 13 specific for government agents and 24 common for the two categories.

members of civil society organizations, and note was made of the housing and neighborhoods of the beneficiary families and government facilities available for administration.

Comparison of the socio-demographic and onsite data shows that the major differences between the municipalities in terms of urbanization/countryside, historic and cultural past, and educational, employment and living condition indices are not accompanied by equivalent differences between the beneficiaries and their families. Wherever they are, they seem alike due to the marginal social realms and the sharing of very similar living conditions. It is also understood that this homogeneity of families and very poor women is the result not only of the known social exclusion, but also of the increase at the heart of their neighborhoods of living habits and cultural trends that obey the "knowledge" coming from the very objective condition of living in extreme poverty[9].

When another's experience of reality is intolerable, it is impossible to describe it, and it is necessary to yield to the opinion of someone who lives it. For this reason, the following text is in Severina's words:

> "*Life's much better now. In the past there was nothing here for the poor. I had no help whatsoever. My kids would go hungry to school. The ones attending morning school would go without breakfast, because we hadn't anything to give them. In the afternoon, if we had food they would go with their stomachs full, otherwise they'd go hungry again. What I've got now the government gave us. It was a lot for me and for many people not only here in Barra but in many other places.*"

Given the crude realities observed and unmistakable attitude of approval of the *Bolsa Família* Program by all beneficiaries and most members of the management teams, it is understood that the transfer of income needs to become a right to citizenship to fix its continuity, since it responds to an ethical and moral urgency, it complies with basic demands of the national and international system to protect human rights and is an important step forward to affirming the Social Welfare State.

9 This know-how created by the objective conditions of existence is a central subject in the work by Pierre Bourdieu, who refers to it as the concept of praxis (BOURDIEU, 1990).

It is also understood that the Program's upgrade must by necessity strive to realize the full potential of the beneficiaries. This implies, among other things, the break in social isolation and lack of information that restricts their possibilities of contributing more effectively to achieving the objectives of the *Bolsa Família*.

2 Profile of Domestic Groups Visited and Isolation of Beneficiaries

Although the nuclear family model is preferential and most domestic groups (54%) are structured in this way[10], a very significant portion of these groups has in fact a different family structure from it. The spouse (husband or partner) is absent in 46% of all domestic groups, configuring a single-parent family structure, and other people besides father, mother and children also live in their homes. Table 1 shows that, of the total of 521 people who, besides the Program beneficiaries, comprise the domestic groups visited, 79.3% are spouses and their children and 20.7% are people with some other kinship with them or even some kind of relationship other than kinship, and that more than half are grandchildren and nephews and nieces who are in their care. The presence of these children in the domestic groups reveals the practice of the beneficiaries in substituting absent mothers, principally daughters and sisters.

10 Also called conjugal family, consists of a man, woman and their biological or adopted children living under the same roof.

Table 1: Composition of domestic groups according to the relation with the beneficiary

Relation with beneficiary	N.°	%
Spouse	79	15.2
Children	334	64.1
Subtotal	**413**	**79.3**
Grandchildren	44	8.4
Nieces/nephews	19	3.6
Father or father-in-law	3	0.6
Mother or mother-in-law	12	2.4
Brothers	5	1.0
Sisters	7	1.3
Other	18	3.4
Subtotal	**108**	**20.7**
Total	**521***	**100**

* The 145 female beneficiaries interviewed are not included in this total.

Source: Database of the study "*Bolsa Família* Program study and Facing Gender Inequalities" – MDS/AGENDE, 2006

The composition of the domestic groups in itself shows that fulfilling the conditionalities mainly involves the women who receive the benefit, since in many of them the figure of the husband or partner is absent. Moreover, the presence of the spouse in most domestic groups has little influence regarding the fulfillment of the conditions because the mother's attitude weighs more than that of the father when taking decisions on education, health and everything to do with children. Whether they are alone or accompanied, the femininity of the women interviewed is founded on child care, understood to care for the children as mother or surrogate mother. For this reason the preference given to women when formulating the Program was highly legitimate[11] and to strengthen the social status of whosoever, by cultural orientation and individual subjectivity, is in a more suitable position to care for new generations.

One of the characteristics associated with modernity is the construction of femininity as something essentially generous and, consequently, the attribution

11 Paragraph 14 of Law n.° 10.863, provides that "Benefits provided hereby will be paid preferentially to the woman, as regulated".

to women of the roles of caring for others, whether their own children and other members of their families, or invalids or any others needing support. But this modern construction of femininity does not seem to be fixed in the class to which the female beneficiaries of the Program belong. The dialogues with women during the onsite work suggest that the femininity is not based on "helping" others in a generalized way but in "being responsible" for their own children and for those of the mother than "cannot cope on her own". This ethos of limited responsibility with children is called "child care", to distinguish it from the more biological and restricted ethos of "maternity".

Many government agents working in the administration of the Program believe illegitimate or even illegal the fact that aunts and principally grandmothers took over the care of children to obtain the benefit. Disregarding or ignoring the social importance of this complicity between women and the cultural legitimacy of child care, many of them cannot perceive that it is precisely the opposite, in the sense that they do not seek to take care of children in order to obtain the benefit but seek the benefit to be able to care for children in risk situations.

The legitimacy of the preference given by the Program to women was evidenced by the fact that no female beneficiary and a negligible number of government agents (1,7%) have said that they should not receive the benefit. The more common argument among the female beneficiaries is that women care for and administrate better than men because, since they are mothers, they have more contact with the children. The government agents' argument also raises questions relating to maternity, but the accent is placed on the fact that women have closer contact with the everyday life of the home. Whether the emphasis is on children or the home, the most widespread understanding is that women must be entitled to the benefit because they are the ones who "know how to do it".

In addition to the benefit from the *Bolsa Família* and the remaining programs, the income of some of the domestic groups is incremented with benefits from the Child Labor Eradication Program, and from pensions of parents or parents-in-law of the female beneficiaries and continuous benefits. The importance of this kind of income in the survival of the family group is mentioned by every female interviewee, and underlying what they say are the ideas against having the right

or receiving a donation from the government. These differences in statements are linked to the degree of modernization of the municipality from where the beneficiary is talking, but primarily to her level of education. Illiterate or poorly educated female beneficiaries understand that it is a donation, whether they live in urban São Luis or in rural Riachão, but this understanding is much more common in Riachão than in São Luis, where there is a more fixed idea of right.

The domestic groups visited consist of people who suffer unemployment but principally people who, because they fight against inactivity, must face the uncertainty of employment each day, the temporary job that may appear tomorrow or the earnings their own activities can yield. The female beneficiaries do not escape these uncertainties. One third of all the 145 female beneficiaries interviewed have no remunerated work, eleven provide ongoing services with their signed workbook, 44 provide casual services in households or tilling the fields and 37 do free-lance work, most frequently as street vendors.

Although exclusion from the labor market is certainly of some concern, there is even more concern with the extreme isolation in which these women do their daily work, whether caring for reproducing life or even some paid jobs they do.

The residential segregation of Brazilian municipalities concentrates the poor in neighborhoods where there are very few opportunities, and at the same time they have restricted contact with the employment networks and also access to information on the roles they could play and opportunities they could find beyond their own immediate neighborhoods. Beyond the spatial segregation of the neighborhoods where they live, the female beneficiaries have their sociability restricted also by the fact of their daily lives happening within the home and immediate neighborhood and being very isolated when doing their work, preventing them from leading a life in political articulation with the others.

Table 2 shows that among the 1,290 activities of the group of women beneficiaries interviewed, only 7.3% are related to remunerated work. A little more than half of all activities mentioned are unpaid jobs for the domestic group itself (48.7%) or for other domestic groups (2.2%), generally in the homes of

their mothers or other relatives. The four most mentioned chores are cleaning the house, preparing meals, washing clothes and looking after the children.

Considerable mention was also given to sociable and recreational activities (26.5%). However, watching television at home and even in others' homes is the most mentioned recreational activity, followed by sleeping or resting. Visits to relatives and friends are by far the most common sociable activities, while playing with the children and strolling in the street, squares and parks are mentioned with much less frequency.

Outside the home, the most important space for interaction is the church. The most common religious activities are going to mass or church service or just going to church. Even so, participation in religious groups must be mentioned because, although numerically insignificant (9.3%), it is more frequent than the educational and political activities, which shows that the church is practically the only place where women meet and interact.

Table 2: Activities performed by female beneficiaries

Places of activity	N.°	%
Remunerated work	92	7.3
Unremunerated work for the domestic group	629	48.7
Unremunerated work outside the domestic group	29	2.2
Sociability/recreation	342	26.5
Religious	120	9.3
Educational	45	3.5
Political	13	1.0
Invalid answers	20	1.5
Total activities	**1,290**	**100**

Source: Database of the study: "The *Bolsa Família* Program and Facing Gender Inequalities" – MDS/AGENDE, 2006

Another indicator of social isolation is that the women do these activities in 60.5% of the cases, alone, without help, company or participation of anyone else. The children in their care (children, grandchildren and nephews and nieces) are most often mentioned as company, being responsible for almost half of all

companionship. The other half consists of mothers and spouses and with much less frequency, friends, colleagues or neighbors.

Social isolation is also patently obvious when realms where women beneficiaries circulate to do their work are examined. As can be appreciated from Table 3, the home and backyard are responsible for 63% of the 1,222 places recorded, and that is where they not only do their domestic chores but also some remunerated work. A large number of the activities that happen outside these two realms are accomplished in function of child care (such as taking the children to school and the public health dispensary) or in the role of housewife (such as buying in street markets and grocery stores and washing clothes in rivers or fountains). The employers' homes, tilling fields or beaches and mangroves are where they do paid work, being responsible for only 2.5% of the total areas. They seldom go to commercial establishments, where they may procure furniture and electrical appliances, and community, trade union and political party offices. Churches, on the other hand, appear as places of major visiting (9.8%) because they offer both the opportunity to worship and also to be in touch with others.

Table 3: Areas where the female beneficiaries do work

Working places	N.°	%
Homes/backyards of the female beneficiaries	762	63.0
Schools	77	6.3
Street markets or grocery stores	14	1.1
Health dispensaries or hospitals	10	0.8
Rivers or fountains	9	0.7
Employer's home, tilling field or beach/mangrove	30	2.5
Commercial establishment	6	0.5
Organization's office	10	0.8
Church	118	9.8
Elsewhere in her own neighborhood	117	9.6
Elsewhere in another neighborhood	49	4.0
Elsewhere in another municipality	11	0.9
Total spaces	**1,213**	**100**

Source: Database of the study:"The *Bolsa Família* Program and Facing Gender Inequalities" – MDS/AGENDE, 2006

Their visits to organization offices are very few and are associated with the fact that none of them are members of groups formed outside their home neighborhood. Moreover, very few of the 145 female beneficiaries interviewed are members of political parties (0.2%), trade unions (0.1%) or associations (0.5%). This item is potentialized by the fact that none of the women interviewees know that the council of the *Bolsa Família* Program exists, much less participate in it.

The reclusion in their own immediate neighborhood can also be deduced from the low percentages of activities undertaken elsewhere in their neighborhood, in other neighborhoods and other municipalities. Of these activities 9.6% occur somewhere in their own neighborhood, while activities undertaken in another neighborhood are responsible for 4% of all the spaces and those carried out in another municipality is only 0.9% including informal commerce.

Another indicator of social isolation is the time taken or travel required to do the activities. As can be seen from Table 4, most activities do not require travel (59.6%) because they occur at home or in the backyard. When activities require going out of the house, distances of less than 15 minutes in the neighborhood are always covered on foot, involving 13.3% of the total travel time. The distances between 15 and 30 minutes generally take the women beneficiaries beyond the immediate neighborhood, but still within the neighborhood where they live, and are responsible for 11% of all trips.

Table 4: Travel time required to do the activities

Travel time	N.°	%
None/travel	769	59.6
Less than 15 minutes	172	13.3
Between 15 and 30 minutes	142	11
More than 30 minutes and less than 1 hour	84	6.5
Between 1 hour and 1 hour 30 minutes	39	3
More than 1 hour 30 minutes and less than 2 hours	26	2
Between 2 and 3 hours	10	0.8
More than 3 hours	3	0.2
Total travel times	**1,245**	**96.5**

Source: Database of the study: "The *Bolsa Família* Program and Facing Gender Inequalities" – MDS/AGENDE, 2006

The trips lasting more than 30 minutes involve only 12.5% of all distances and are generally by bus or other type of vehicle to shop in street markets or grocery stores, street vending, any shopping in commercial establishments, hospitals, paying bills, receiving various benefits, including the *Bolsa Família*, and other not everyday diligences.

Also in relation to the social isolation, it is important to examine the role of the women beneficiaries when performing their activities. The roles of housewife, mother, grandmother, wife and daughter answer for almost 60% of all roles played in performing their activities. The remaining 40% are roles played while practicing some religion or type of sociability or leisure expressed, for example, in sleeping or visiting relatives. Also included here are feminine activities, such as beauty treatment, and the extremely few political acts, which involve only 0.6% of all roles performed.

Inasmuch as isolation is the outstanding fact of the female beneficiaries and their families, the central aspect of the actions designed to update the Unified Registry System is the outstanding fact of the role of the management teams.

3 Concentrated Efforts on the Unified Registry System for Social Programs of the Federal Government

The most remarkable fact registered during the onsite observations refers to the centrality of the Unified Registry System for Social Programs of the Federal Government[12] (*CadÚnico*), expressed in the almost exclusive attention given by the management teams to re-registering the families, identifying the poor families and selecting from among them those to be registered.

The centrality of the Unified Registry System, in almost complete detriment to any other activity, is explained partly by the casual fact of re-registering every

12 The Unified Registry System for Social Programs, generally known as *CadÚnico*, was instituted in 2001, consisting of the instrument by which the local governments collect the data on poor families for later processing by the *Caixa Econômica Federal* – CEF, in order to set up a database for providing benefits to the population under the poverty line.

family that has already received benefits from *Bolsa Família* or other remaining programs that was happening during the time when the onsite work was being done. Re-registration, which caused claims on the administrators and distress for the families, demanded the utmost. However, with the centrality of the Unified Registry System, there was also the fact that the implantation of local programs was still in progress and the management teams had not yet time to think of or much less set up partnerships and inter-sector actions to consolidate the complementary programs planned since May, 2005, but only specified in greater detail in April, 2006[13].

There is no room in this article to examine the institutionalization of the Program in the local sphere, but at least two facts need to be emphasized. The first refers to the existing consensus in the management teams that the implantation of the *Bolsa Família*, whose scope is unprecedented in local government, placed as first challenge the insufficiency of the existing infrastructure and the need for organizational conditions to be urgently created for putting it into practice, both with regard to personnel and physical space and to procuring equipment. Humorous expressions about the arrival of the *Bolsa Família*, such as "a train out of control, destroying everything in its way", or like *a* "Boeing in the small space of the Secretariat", reveal the efforts that the Program's implantation required and the good will of the management teams in meeting these requirements.

The second remarkable fact is that mostly women made these efforts. Women were the great majority (84.5%) of those involved directly or indirectly in the administrations, and mostly were social service graduates or sharing the ethos of that profession. This profession, traditionally associated with care and aid, seems to be identified as a woman's job, not so much because it employs a vast majority of women but because it is thought to be female in the sense of being willing, open to the interaction with others (RIVERA GARRETA, 2001). It is understood that the image of femininity attributed to the profession is now

13 The GM/MDS Rule n.° 246, dated April 27, 2006, provides that the Ministry of Social Development and the Fight Against Hunger will transfer resources to the local governments in support of a series of modalities of activities, such as, for example, those relating to providing complementary programs in five areas: a) literacy and education of young people and adults, b) professional capacity building, c) income and job generation, d) access to oriented productive micro-credit and e) community and territorial development.

incorporated by many of these administrators and, even more so, that a good part of the performance of the *Bolsa Família* Program relies on adopting this image by the women who are members of the management teams.

Returning to the centrality of the Unified Registry System for Social Programs, the four ways in which the various management teams have responded to this requirement set by the Program are examined below and referred herein as types of management. One of them is the administration solely occupied with the making of the Unified Registry System, represented by Candeias and Floriano, where this activity occupies the management teams full-time, so that the Program is summed up almost solely to updating the registration base. In Candeias, the scope of this activity is expressed in the fact that the abbreviation *CadÚnico* is synonymous with the *Bolsa Família* Program and an independent administrative unit was made from it, with its own physical space (LIBARDONI & MAIA, 2006). Also in Floriano the Program is reduced to only one activity: registration and keeping the database updated, consolidated in *CadÚnico*, with families to be attended (STEIN & TEIXEIRA, 2006).

Belém and Chapada do Norte have another type of administration, characterized by little progress beyond the formal act of signing the joining agreement. At the time when the field work was being done, the type of administration was configured to give total attention to *CadÚnico*, but no effort was made or action taken in comparison with those in Candeias and Floriano. The difference between these two administrations and the others is explained possibly by the fact that the teams or people in charge lacked the authority or prestige, since the Program had not yet been appropriated by the local authorities.

A third kind of administration is that which, although extremely occupied with setting up *CadÚnico*, still has time to idealize and program future actions. This category includes the administrations of São Luis, Ecoporanga and Passo de Camaragibe, where the requirements of *CadÚnico* occupy almost the entire Program team, but even so they plan to take actions for future expansion of the scope of the Program's activities. In São Luis, the intention is to organize groups of female beneficiaries to give professional training and thematic courses on citizenship and political participation. The enthusiasm with the same idea

leads to plans for home visits and meetings to promote the participative attitude among the female beneficiaries (FOLTRAN, 2006). In Ecoporanga, the idea is to work jointly with the members of the local council of the *Bolsa Família*, articulate similar areas, perform complementary activities and encourage home visits to the families of the female beneficiaries, in order to disseminate and follow up the local practice, progress and impacts of the Program (CLEAVER, 2006a). The Social Assistance Secretary in Passo de Camaragibe comments that the entire team has been busy with preparing the registration database, but that even so, information and capacity building activities are being programmed (SUÁREZ, 2006a).

Belo Horizonte, Aracaju and Riachão form the fourth type of administration, where *CadÚnico* is central, but the effort is also there to take actions beyond it, although the actions seen in Belo Horizonte and Aracaju are radically different from those observed in Riachão.

In Belo Horizonte, the intersectoral side is more developed and a number of actions are being taken, such as sending young people to the Child Labor Eradication Program, women and the young to job and income generating projects and to the Youth and Adult Education Program, which mostly attends women (RODRIGUES, 2006).

In Aracaju, professionals linked to the Social Assistance Reference Centers (CRAS) make home visits to send members of the families to the local social protection network, which includes actions practiced by civil society organizations, some of which worth mentioning are the professional training courses for youth and female beneficiaries, actions to fight violence against women and programs focusing on children. Literacy programs for the elderly, professional training courses and income generation programs are designed as a priority for the female beneficiaries of *Bolsa Família* (GARCIA, 2006).

In Riachão, a great deal of time is taken by the management team to update *CadÚnico*, but actions are taken toward strengthening family agriculture in conjunction with the National Program for Strengthening Family Agriculture (Pronaf) and the Local direct Purchase (CDLAF) mode of the food aquisition Program (PAA), run by the Secretariat of Agriculture. Actions are also taken

to mobilize the families. These actions, however, in total disagreement with the formulation of the *Bolsa Família* Program, adopt the appearance of the traditional practice of making personalized contacts with the members of the beneficiary families, for election purposes (SUÁREZ, 2006b).

Concentrating efforts on the Unified Registry System for Social Programs incurs a number of inconveniences, some of which are the delay in taking intersectoral actions and partnerships and, from the gender view, no time for the management teams of the Program to pay attention to realizing the full potential of the female beneficiaries as being genuinely jointly responsible for it.

The time seems to have come to assess to what extent the concentration of efforts on *CadÚnico* is detrimental to achieving the purpose of the Program. In other words, there would have to be a thorough examination of the balance of the local performance of the Program. As seen, the efforts by the management teams concentrated on this activity severely restricts the time to encourage the intersectoral side with the education and health departments and to sign partnerships with the various governmental and non-governmental agencies and institutions to help provide the complementary social programs.

In accordance with legislation and the regulations of the *Bolsa Família* Program, it is up to each municipality, as far as it can, to institute complementary federal, state and local programs to achieve full potential of the actions already taken. This guideline, open by being democratic, attributes responsibilities to the management teams leaving them free to conceive and implement actions adjusted to the specificities of each municipality. This democratic design, not always valued, even by the management teams themselves, must be maintained despite the many claims to the contrary. However, enhancing local administrations needs to include in the guidelines for specific attributes of the local governments, actions to be able to achieve full potential of the skills of the female beneficiaries, by the fact that they are mainly jointly responsible for achieving the objectives of *Bolsa Família*.

In fact, although attention is given to the female beneficiaries as a project or practice in the administrations in question, the purpose of most of the actions is to educate them, improve communication with them, and encourage

them in job and income generation. As an example of administrations that have in fact gone beyond setting up *CadÚnico*, Aracaju has created third-age literacy classes, professional training courses and income earning programs designed primarily for female beneficiaries or other members of their families. Also in Belo Horizonte, female beneficiaries and their families are sent to the employment generation and professional training programs, where the Youth and Adult Education sector attends mostly women and a large contingent of them are *Bolsa Família* beneficiaries.

The need to do away with the social isolation of women beneficiaries is considered in no way whatsoever in the municipalities visited, with the only exception of São Luis, where the management plans future actions for this purpose. This is partly because in the Program's design, and also in its regulations, nothing is planned to reach the full potential of the skills of the female beneficiaries to act as jointly responsible for fulfilling their objectives. In fact, the Program uses the child care culture without, however, considering the need to support the personal progress of the women so that they can participate in equal conditions in the social and political processes that affect their interests and, consequently, participate consciously and actively in the Program of which they are beneficiaries.

4 Local Knowledge about the Program

The participation of women beneficiaries is seen to be very restricted due to an almost total lack of information about the regulations and objectives of the Program that, in fact, does not only affect them but also the management teams. Since this is a technocratic type of program, based more on technical efficacy than on interactive practices, many of the more basic management actions are concentrated on the federal government. This technocratic approach has pros and cons, which will not be discussed herein, but it is necessary to underscore that, in the light of this, when transferring information to the local governments more attention must be given than it deserved so far. The lack of information is evidenced where, in addition to the measures that must be taken to receive the

benefit, the female beneficiaries know nothing about the nature of the Program and the knowledge of the government agents is restricted to the actions taken within their jurisdiction.

A set of questions was formulated for both the female beneficiaries and government agents, in order to understand the form of administration in each municipality visited and compare the knowledge that both categories had about it. Due to the lack of information and the many different answers, this strategy failed to convey the way in which the administration was done, but unexpectedly revealed that the female beneficiaries knew nothing about how the Program functions and much less about the principle of citizenship guiding it. It also revealed that the vast majority of those involved in the administration do not have an overall view of how it is run, perceiving specific parts and partial tasks. With rare exceptions, these government agents do not perceive or do not show that they perceive the notion of "policy of citizenship income" or, much less, the reason for its existence. The known part of the Program is its scope and local practice, but based on which it is impossible to capture the totality of its administration or the advanced principles on which it was designed. This contingency hinders communication between the local administrations, on one hand, the federal administration agency of the Program (MDS) and the operating agency (Caixa Econômica Federal[14] – CEF), and on the other, jeopardizes the joint forces made between the federal states as designed for the Program.

Except for Belo Horizonte, the lack of access to the information of decisions taken by MDS and CEF is a recurring complaint by the management teams. The situation of having to confront the demand for information by the female beneficiaries and the fact that it is impossible to give this information is indicated by everyone as a source of constant stress between the management teams and female beneficiaries. The following depositions illustrate this:

> *"Our greatest challenge, I think, lies in the federal sphere. Our biggest problem with this Program has to do with these registrations that are sent and don't come back. We don't know why the beneficiary's card doesn't arrive. Then come the accusation, complaint, dissatisfaction, claim. The beneficiary women themselves complain, put the blame on us. It's embarrassing; it gives the local government negative exposure." (STEIN TEIXEIRA, 2006)*

14 Federal Savings Bank

> *"Some families complain: 'but last month I got 95, this month I got 30'. When we go to analyze it's because there's a change in the family, but she doesn't understand it, what she understands is that she used to receive 90 and this month it was only 30, and it's our fault because we interfered in her records. This population needs to have much clearer information about this sum, about how this calculation is made."* (SUÁREZ, 2006a)

When performing the interviews and principally in the focus groups, it was clearly visible that in all municipalities visited, the women needed answers to many questions, such as:

> *"Why do I get R$45 and my neighbor gets R$95? Why did I get R$45 and now get R$30? Why was my neighbor taken off the list? Until when will I be receiving this benefit? Why isn't the benefit the same for every family? Why is it that some families are needy, but don't get the benefit?"* (FOLTRAN, 2006)

The management teams do not have answers to these questions or, at least, cannot answer at the moment when they are approached by the beneficiaries. There are problems in the flow of information between the different government spheres, between them and the *Caixa Econômica Federal* and between all government jurisdictions and the female beneficiaries. In general, not all the information disseminated by MDS and CEF reach the management teams, first appearing on television or in letters sent to the beneficiaries without further communication with the Program administrators. This creates confusion among the women beneficiaries and stress between them and the management teams, due to the diverging information between that given by the management teams and that broadcast on television or in letters from the federal sphere. According to many statements, the misunderstandings are frequent and cause situations where the local administration is target for arguments of the kind "oh, but the federal government said..." Added to the lack of information is, in most municipalities visited, the precarious training of the management teams in handling *CadÚnico*, particularly with regard to SIBEC[15] and the innovations introduced by creating the Benefit Management System.

15 SIBEC (Citizens Benefits System) is an online system run by the *Caixa Econômica Federal*, which was "designed to help decentralize the management of the *Bolsa Família* benefit". For more information see the website www.mds.gov.br/bolsafamilia.

Bolsa Família is a classic program of the Welfare State, its logic and principles are not, therefore, known in the sphere of local administrations, which causes local government agents to see faults in the Program, such as the fact that it fails to consider specific professional training activities and income generation. This repeated criticism suggests that the administrators fail to see the political concept of guaranteeing a "citizenship income" to generate human capital or for people to be able to do their best by fulfilling the conditionalities.

From this viewpoint, the obstacle to achieving the Program's objectives are the prevailing information and communication practices among the Federal Government, the states and municipalities and among them and the beneficiaries, plus no provision for good quality and effectively universalized health care and education, rather than the absence of specific professional training and income generation activities.

Since these issues are beyond the purpose of this article it is only registered here that, given the groundbreaking nature of the Program, the communication practices established during the action are not enough, which is why the creation of a more efficient and fluent information system would help in achieving the proposed objectives.

Communication problems are cause for the fact that the emphasis placed by the Program on strengthening the law and citizenship is not perceived, but adapted to the meanings that beneficiaries and government agents give it without making, for the purpose of this appropriation, the changes in meaning required in order to understand the idea of "citizenship income".

5 Forms of Appropriating the *Bolsa Família* Program

After the Program was set up it was eventually appropriated by the various local players, in tune with their mental codes and meanings, and with their

experiences of participation as administrators or beneficiaries, in other local or federal programs.

The appropriation of the Program by the beneficiaries is restricted to receiving a fixed sum of money, which helps them to meet their responsibility of looking after the children. They believe that receiving the benefit means they can take better care of the children and often care for more children, and therefore, reinforce their central role of child care and cohesion of the domestic group for which they are responsible.

Referring to the imperative of playing such roles, Garcia (2006) comments that, in ethical terms, there is no other possible choice given such a poor life, in which the presence or absence of child care can mean life or death. On this matter one of the women beneficiaries interviewed by the author said she believed that the great challenge in her life is never to let her grandchildren go hungry, to be able to give them "*at least some kind of bread: I'd never want these little ones to go hungry, naked or barefoot*".

Although the benefit is regarded by many government agents as an incentive for members of the families to "be laid back", the women beneficiaries believe that the certain receipt of a certain sum on a specific day of the month is generally seen as a *help* to procure goods necessary for survival. Translating numerous statements, what the women beneficiaries say is that the money was a very great help because the little money earned by the husband or themselves was not enough to "live off", so that there were times when they could not buy food, sandals for the kids to go to school.

Considering the uncertain remuneration from informal and unstable jobs, the benefit becomes the only "sure" protection of the family and, under these circumstances; the women prefer not to go to work so that they can look after the children and home. This is an option that can also be extended to other members of the domestic group that, uninformed or certain, they are afraid to increase the *per capita* income of the family with an uncertain job and then lose the job and the *Bolsa Família* benefit.

Concerning the government agents, the conditions of the Program appear as a possibility of being able to demand from the beneficiaries, at least a counterpart for receiving the benefit. This disciplinary control by the government agents is included in the logic of a traditional bureaucratic morality alien to the idea that the cash transfer policies express a citizen's right.

In the arguments of various government agents, the disciplinary control is based on the fact that the benefit is a donation and not a right, so that the concerns turn to the "fair use of the money" and subsequent vigilance of the destination of the money received by the beneficiaries.

When reporting on the CRAS meetings in Aracaju (GARCIA, 2006), and the Family Support Centers in Belo Horizonte (RODRIGUES, 2006), the women beneficiaries mentioned that the purpose of the meetings which they attended was always to discuss the good or ideal application of the benefit. This concern with the control of using the money received and, therefore, with the limited options of purchase, also occurs when filling in the registration form. At that moment, the assessment of the conditions of the household and assets (furniture, electrical appliances, etc.) owned by the family act as a discriminating parameter of who should and should not receive the benefit.

The arguments of many government agents, still alien to the idea of a right, convey a concern regarding the obligation of the beneficiaries to give a counterpart so that the payment does not look like charity. This attitude is clearly expressed by one of the members of the management team when asked how the Program could be improved (SUÁREZ, 2006a):

> *"Look, you give an amount just like that, money just like that, there's no sense. I think the benefit has to be bait for something bigger. Right? Like, for example, the kid attending school... Money for money is very little. Of course they think it's everything, which is what matters, but for us who have a broader outlook I think it's very little to stay just like that."*

This type of argument was sometimes articulated with the idea that, considering that the education of the children is not always a value among the beneficiary families, the condition of the children attending school is a means to establish citizenship among the beneficiary families. This articulation between

the benefit, school attendance and citizenship is not at all common and certainly needs to be fixed.

Given the difficulty of perceiving the Program's benefit as a right of poor Brazilians, many of the government agents discarded the question of the counterpart, to resort to the idea that the purpose of the benefit is to offer help for members of the families to achieve autonomy while it lasts. Based on this idea, worries arise about the need to create professional training courses and income earning projects. Two statements are very illustrative:

> *"...the priority is for someone in the Bolsa Família, to see if we can get rid of this story of receiving only benefits. This is a government decision, of bringing these families together, because our purpose as a program, as a secretariat is that these families become independent, that they do not wait around just for these benefits."* (GARCIA, 2006)

> *"We don't know how long it will last; it's a program with a beginning and could have an end. So the families have to be ready not to depend on this. So we're programming for this year quite a few income earning courses and I've already instructed both the social assistant and psychologist to work closely with these families that receive the benefit, to participate in these trainings, in order to set up production groups so that they can eventually withdraw from the Program."* (SUÁREZ, 2006a)

But the most striking attitude in this direction was found in the São Luis Program, which uses as a benchmark the Family Education Grant Program, a local program preceding the *Bolsa Família.* According to government agents and women beneficiaries, the Family Education Grant Program was able to give the due attention to the families because grants were offered to the women for professional training courses in order for them to assimilate enterprising ideas and so that they could earn their own income. According to some statements, such as the one below (FOLTRAN, 2006), the flaw in the *Bolsa Família* lies in not duly accompanying the beneficiaries in terms of capacity building:

> "*It's not only the transfer of income that helps the family take a leap up. This happens when it has a follow-up and in our Program the families received this follow-up.*"

The same attitude was found in the focus group with former beneficiaries of the Family Education Grant, expressed in their lack of faith in the ability of the

Bolsa Família to put a stop to hunger and poverty and in the need, in addition to income transfer, for the beneficiaries to receive professional training.

Based on the data examined above, the appropriation of the Program never goes through the idea of the benefit being a citizen's right. Some of the women beneficiaries come a little closer to this idea in that they understand the transfer of income as "help due to them" to look after the children and contribute to the home expenses. But the idea of a right does not even materialize in their arguments, since the justice of the benefit, although granted as it "should" be, is always justified or mediated by the role of child care that they have to play.

The Program's appropriation by the government agents is even farther from the idea of a citizen's right. As mentioned above, the benefit can be conceived in close association with fulfilling the conditionalities or the families' becoming independent. In the former concept, fulfilling the conditionalities is regarded as the mandatory counterpart for the received benefit, creating an attitude of control over its destination. In the latter, fulfilling the conditionalities gives way to training to gain financial autonomy, expressed in the President's metaphor that it is better to teach a man to fish rather than just give him a fish. In such cases, the emphasis is on the need to take complementary actions of professional training.

6 Impact of the Program on the Social Status of Female Beneficiaries

Three clear impacts of the Program were found when performing the field work, on the social status of the beneficiary women. The first consists of the visibility of the female beneficiaries as consumers. The fact that they carry a card and receive a fixed monthly income is commented by government agents and female beneficiaries as a great gain because it increased the purchasing power. In Belo Horizonte (RODRIGUES, 2006), one of the female beneficiaries said this:

> *"If I were to speak, it certainly happened, it helped me a lot. It helped in construction, food, medication, [...] we know that if we need we can, because we receive it on a fixed date, you know that it's an amount that you can do something with it. My house was falling down and I managed with the Bolsa Família."*

It is true that access to the market and consumption, albeit restricted, has given visibility to the women who receive the benefit, but without it having created a significant movement of social inclusion. Now they are seen by the traders as reliable customers, who can receive credit, but these commercial relations have not increased the social prestige of the women, because the sales are of low value, nor has it substantially contributed to putting a stop to the social isolation described earlier in this report, since most of the women beneficiaries still do their shopping near their home and in the neighborhood.

Viewed from this perspective, the Program's impact in the living condition of the women has occurred without a doubt and decisively in the sphere of survival, without however extending to the sphere of establishing citizenship. The answers to the questions about changes in the municipality and the women's life articulate the ideas that the Program is an incentive to the local economy and a key contribution to family survival. The long statement of an administrator is revealing in this sense:

> *"As soon as they earn some money, they are always buying, principally food, but not only food: clothes, footwear, school material. So I think that it greatly improved the local economy, the impact was very positive from the money circulating inside the municipality. I know that there's a lot of criticism that the government, by giving these benefits, isn't helping because people become laid back. It may even have happened to some families that they actually relaxed when they received the benefit, but I think that in the large, large majority it makes a tremendous difference to their lives to receive this benefit or not. Even more proof of this is that when they consider the possibility of being blocked, they arrive here in the early morning hours, line up, fight to be attended, want to update their registration, dead afraid and explain that they depend on this to eat. It's a small amount? Yes. But they don't want to lose it at all. Even when they get 15 reais, it still makes the difference. Even today I attended someone, before you arrived: there are six people in her home and the 95 reais benefit is the only family income. For that family this makes all the difference. There's no doubt about it."* (SUÁREZ, 2006a)

The second impact detected in the field work refers to the affirmation of these women's authority in the domestic space. It cannot be said that the Program changed the traditional gender relations, something that could never have happened in the short time since its implementation. In São Luis (FOLTRAN, 2006), one of the female interviewees refers to the limits of the change caused by the *Bolsa Família*:

"The women have become calmer. Because since the money is fixed, we're no longer afraid. We know that the money is there. But there's been no real change in women's lives."

Without detriment to this statement, but considering it as relative, in the argument of the female beneficiaries there are clear signs that the purchasing power of the women has been making changes in the family hierarchy by the mere fact that the women can now make choices and principally negotiate their authority in the domestic sphere.

To the question whether women now had more influence and are more respected by the family members after receiving the benefit, most of the answers point to very significant changes. In the more rural municipalities, the change is expressed in terms of the women now being more respected, because they no longer depend on their husbands or partners and because they can contribute to the family expenditure. In these statements (SUÁREZ, 2006a), the ability to make a choice is not perceived or commented:

"I think so because now she doesn't have to ask her husband."

"Yes, she is more respected. Because when someone needs something, she now won't ask him and cause a row."

"She has to be well respected because when something's lacking she now has this money to help out."

"Yes she is, because women who have buy something for one, some food for another. I mean they're able to do that. In the past we had no money at all."

In more urbanized municipalities, such as São Luis (FOLTRAN, 2006), the answers to the same question reveal that through the *Bolsa Família* not only are the women able to contribute to household expenses but they also appreciate the fact that they can make choices and can now negotiate with their husbands:

"Because now we can buy the things that are missing. I now decide where the money is going to be spent."

"They now have more autonomy. Before, when I didn't have the Bolsa I could only buy things if I did a job here and there. My husband gives nothing to the home. He thinks the money from the Bolsa is just to buy food, but I don't think so. I buy other things. I invest in the home. I decide."

"When I want to buy something, I decide because I can pay for it. It's even easier to talk to my husband. When he says that he wants to buy something, we talk about it and I tell him what I think. Now we can talk to each other because we both contribute."

The negotiation of authority in the domestic sphere can sometimes be expressed in relation to the children, but the emphasis is always on the higher authority before husbands or partners. In Aracaju (GARCIA, 2006), one of the interviewees said the following:

"If I don't have income I have to keep my mouth shut. It's given me more self esteem. Before, I used to live under my husband's feet. Now I can choose what to do."

In São Luis (FOLTRAN, 2006), four women mention their increased authority with their spouses:

"Now I have my own money, I can do things without asking my husband. He can't say yes or no to me any more."

"Because her husband speaks properly to his wife, because she can now leave home. She now has her own money."

"Yes, that's true. In the past he used to hit me."

"For sure. Because when she didn't have anything, they would throw it in her face. Now that she receives the benefit, they don't do that any more."

In Riachão (SUÁREZ, 2006b), the weakening of the hierarchy in the domestic sphere is underscored by two of the five women beneficiaries interviewed:

"They've improved because she has this money to help, because her kids see that their mother has and won't mistreat her. Her husband too cannot mistreat her."

"More or less, because very often it was better to agree with her husband and kids. Now there's less rowing because we get on better with each other."

"'Now we can do it', says the beneficiary to show the power acquired by the women to no longer depend on her husband or partner to supply the household necessities, generally associated with the children's needs. But behind this explicit purchasing power is the good performance of child care

and, consequently, reinforcing the female identity. 'I decide', says another to show the freedom of choice that the Program has given her, while another says that 'I now get on better with my husband and kids' to stress that her voice and opinion are now taken into consideration, making dialogue possible."

Reinforcing the female identity is indisputable, because, as mentioned in the introduction to this article, the *Bolsa Família* Program came to reinforce the social condition of someone who, by cultural orientation and individual subjectivity, is now in a better position to look after the children and who bases her prestige in the good performance of child care

Now it is not so clear that everywhere the Program has favored the ability of the women to make decisions and negotiate their status in the structure hierarchized by gender in the domestic sphere. The difficulty lies where, unlike the prestige granted to child care, there is no idea in the culture of these families that women must be free to make decisions and, even less, to alter the position in the gender hierarchy. However, as discussed above, there are strong signs that the benefit has been causing anxieties and new self-perceptions in the women and also, theoretically, in the men, since the change in a social player by necessity has repercussions on the others. This change in individual subjectivity, in oneself, is already a great benefit.

The third impact of the Program concerns the perception of the women as belonging to the Brazilian citizenship. Such a basic perception that many may not give it the value it actually has. It so happens that not all Brazilians and principally Brazilian women are aware of being a citizen. In an administrator's statement (SUÁREZ, 2006a), the need to obtain the identity cards caused major changes in the opinion that women had (or rather, did not have) of being citizens.

"Look, in order to get your card you have to have the ID document, which was then a radical change in the lives of these women. I think that 90 percent of them didn't have an ID document, only the men had ID cards. So, from the moment we began to explain that the priority was the woman, but that they would need a document for this, it was now a radical change, they began to become more citizen, to obtain their own documents. From the moment that they are the ones who receive the money, their self-esteem improved. They began to feel more valued, more important, because they are now more present in society, since in the past the man decided everything, the man would pay

for everything and receive. So, this has already made a big difference to them, a big improvement."

Since they were obliged to apply for their documents, such as birth certificate and identity card to register and apply for the *Bolsa Família*, many of them, principally those living in the rural zones, perceived that somehow they belong to a vast social space that goes beyond their home ground and neighborhood. In symbolic terms, this impact of the Program on the lives of the women beneficiaries is potentially more impressive that the two others described earlier. This is because their knowledge of belonging to a citizenship and the consciousness of not practicing it in fact, since they do not exist in the public sphere yet, causes in the administrator's words, a "drastic change" in the subjectivity of these women; a drastic change that the Program could utilize to increase its effectiveness.

Administrators and women beneficiaries were asked about changes caused by the Program in the women's lives, and they were giving the possibility of mentioning one or more of the nine changes presented or of saying that there were no changes[16]. The beneficiaries interviewed mentioned more frequently than the government agents all the changes suggested, except for further access by women to credit and specific women's health services. However, with regard to the changes on the economic level, there is a major convergence of opinions of the government agents and the women beneficiaries. With high percentages for the two categories, the increase in income appears in first place (70.7% among the agents and 74.5% among the women beneficiaries), followed by women's further access to credit (58.6% among agents and 64.8% among beneficiaries), and acquiring more goods (56.9% among agents and 57.9% among beneficiaries) in third place.

The arguments of the public agents and beneficiaries with regard to the increase in income concentrated on the increase in autonomy in the choice of purchases, more peace of mind to look after the children and less economic dependence on the husband or partner. Attention is called to more frequent

16 The changes presented were: increase in women's income, decreases in domestic violence, further women's access to credit, more chances of buying goods, more access to specific women's health services, more access to family planning programs, drop in teenage pregnancy rates, drop in maternal mortality rates and women going back to school.

mention of the return of women to school among the beneficiaries (63.4%) than government agents (44.8%). In urban zones, much was said by the women that doing courses has been helping their admission into the public sphere, as well as providing further access to information and, consequently, higher self-esteem.

The questions on health were mentioned with a certain frequency, but it is curious to note that, although greater access to family planning programs were mentioned as a change, the drop in pregnancy rates did not appear as a significant change. This item is justified to a great extent by the perception of the interviewees focusing much more on the question of teenage pregnancies than on adult women.

The drop in domestic violence was mentioned more by the women beneficiaries (42.8%) than by the administrators (32.8%) and in both cases, relatively less often in comparison to the other changes. On this matter it should be stressed that in the discussion of various focus groups, principally those held in the rural zones, it was found that the authors' concept of "domestic violence" did not communicate the content that they wanted to know. In fact, the first reaction to the questions on this violence was always something like "that doesn't happen in my home", but on going deeper into the conversation it was clear that the equivalent to the authors' abstract concept of *violence* were very concrete facts, such as the lack of women's independence, low self-esteem, and the impossibility of separating from their husband.

The preceding analysis leaves no doubt that the Program has been causing very positive changes for the survival of the families and for the woman's role in child care. Moreover, there were also major changes, albeit more restricted, in the sphere of education and health of women and their families. However, the change that calls most attention, because it is more widespread and is one of the most solid foundations for leaving the condition of poverty, is the fact that the women are now becoming aware, or beginning to become aware of the meaning of citizenship. The documentation required to obtain the card caused a radical change in the consciousness of themselves and the social space to which they can aspire to belong. These subjective questions, generally perceived as residual results of the Program, are a major advance in themselves, because their accumulation

over time may come to make the women beneficiaries truly jointly responsible for achieving the proposed objectives. The foundations have now been laid, and the specific complementary programs are still to be set up that, as the management team in São Luis believes, are able to see the importance of the organization based on common projects so that women beneficiaries become partners conscious of their role.

7 Potentializing Women Beneficiaries of the *Bolsa Família* Program

From the perspective of reducing gender inequalities, the major achievement of the Program lies in having transferred the income preferentially to the women. This is because they reproduce life and, even if has never been seen as fundamental, doing this means fulfilling the most crucial imperative of human existence. The mass assignment of resources to the life reproduction process is implicit in the transfer of income from public coffers to the female beneficiaries of the Program.

In the concept of Arendt (1992), the human condition is founded on three basic activities: labor, work and action. By "labor" the author understands it to be, among other things, tilling the land, weaving the thread, the birth of children and, figuratively, the unpaid devotion of women to the chores of their own homes. This term highlights the reproduction of life by material achievement. *Work* means being occupied in carrying out or producing something that will be awarded, and what the term emphasizes is the actual material achievement with resulting earnings. With the concept of "action" the author underscores the most essential element of the human condition, which is laboring and working actively, or in other words, in articulation with the others[17].

17 This report is privileged with Hannah Arendt's conceptualization because she raised several questions about the reproductive work of the women beneficiaries in a more comfortable manner than the more recent theorizings, which include the reproduction effort in the labor category.

The distinction between labor and work permits visualizing the great difference between these two efforts, especially between the beneficiaries of the Program who, motivated by urgency, which barely permits deliberation, labor to reproduce lives, as well as the female role of child care. Considering the fact that productive work has not substituted the effort of reproducing life anywhere in the world and that, therefore, no policy could eradicate it, the rational and, at the same time, advanced nature of the *Bolsa Família* Program is evident. Rational because, instead of proposing changes in the practices of survival efforts, what it strives for is to support them in order for them to guarantee more well-being. Advanced because, challenging the devaluation of the reproduction labors, particularly child care, firmly fixes the valorization of the reproduction efforts of whoever does so.

From an economic viewpoint, Picchio (1994:487) shows the relation between the inadequacies of public services and the huge amount of energy that women devote to caring for others, is in favor of adopting public policies that diversify this care, and concludes that:

> *"The radical nature of the contradiction between production and reproduction indicates that the domestic work load may only be substantially reduced by mass allocation of resources to the reproduction process."* (PICCHIO 1994:487)

Certainly, the income transfer of the *Bolsa Família* Program has the mass nature mentioned by the author and this is already in itself positive. But in the absence of public services that contribute effectively to achieving the reproduction process, especially concerning child care, the Program now concentrates on the women beneficiaries to accomplish the major part of this process. From this viewpoint, it is clear that the problem is not the income transfer as such, since the reproduction efforts of the beneficiaries must certainly be supported so that they can contribute by putting a stop to the perpetuation of poverty through the generations. The problem lies in what women beneficiaries can contribute, and they already contribute basically to the reproduction process, but they may never succeed in accomplishing it satisfactorily if there are no institutions that play the role corresponding to them in life reproduction, particularly in the areas of education and health care.

In the opinion of the female beneficiaries, the services provided in these areas leave much to be desired, especially the health services. Quite a high percentage (44%) assessed these services as bad or very bad, referring to the difficulty of being attended to in the public health dispensaries, procuring medication and doing medical tests. The education services deserved a better assessment by the beneficiaries, but even so, they pointed out the lack of places for school enrollment, difficult school access or transportation and having to pay for "boards" or private schools to guarantee their children's education. It is worth mentioning that, in the municipalities visited, the beneficiary families do not have priority in the health and education services because, as the secretaries of these areas argue, the universal nature of health care and education must be based on the relevant secretariats, and so prioritizing or supervising the use of the services is against this principle. Considering the indisputable legality of this argument, it is concluded that putting a reproduction process into effect that guarantees leaving behind marginality must, by necessity, goes through the universalization of providing good quality health care and education.

A persistent criticism of the *Bolsa Família* Program is that it eventually reproduces the roles traditionally attributed to women in Western modernity. The criticism is relevant, but must be questioned in two ways. One is that, in fact, the women beneficiaries use the money received to look after the home and, principally, the children because they have always done so and not because the Program establishes it. The other refers to the urgency to mitigate hunger, here and now, and it leaves little space to other considerations. In other words, the change in the traditional role attributed to women has not been considered as something dispensable, given the imperative need to reproduce life by mobilizing this role.

However, this criticism is quite pertinent when the question raised is the dynamics of the *Bolsa Família* and its enhancement over time. In this sense, we understand that, to establish its rational and advanced character and, mainly, to maximize its objectives, the formulators of the Program need to be aware that the actions toward consolidating gender equality are essential.

Also in relation to strengthening the role of caring for others, it is necessary to note that the problem is certainly not taking care of others but the fact that this care implies the difficulty for women to have access to the public realm that, as discussed, in the case of the beneficiary women, is almost none. On this matter, it is understood that, to dimension the problems that the Program has still to solve, it is not enough to focus on the labors and works done by the women beneficiaries and other members of their domestic groups, but to concentrate attention on the way in which the women perform their activities that, due to being solitary, extremely restricts the perception of the way in which they could act to best seize the opportunities or, as Velho (1994) put it, the perception of the "field of possibilities" that, although within bounds, always permits individuals to make choices and act in their own benefit.

The prejudices surrounding the productive and reproductive work dichotomy are a drawback to modifying current gender inequalities and to reversing the growing poverty among women, but assuredly do not cause them. As already discussed, their origin can be more clearly captured by visualizing the actions in which women are involved when they reproduce their lives and identities or when they produce some remunerable object. As Arendt (1993) says, of the three fundamental human actions (labor, work and action), only action requires interaction with others. Action, a condition of any political life, is the only one that is practiced among people without mediating things, the only one to make the subject conspicuous in its difference and the only one that can cause recognition of particularities in the sphere of social plurality. Isolated individuals can do both labor and work but action, which is the means of running one's own life, presumes to politically participate in the social realm where it is labored and worked.

As widely demonstrated earlier, all women related to the *Bolsa Família* Program are busy in domestic labors, few work and almost none do these two things constantly interacting with others, but do so isolated in their own homes, their immediate surroundings and in their neighborhoods. By articulating these facts with Arendt's perspective, it is clear that the central problem is not that the women beneficiaries labor more than they work, but rather that the performance

of their reproductive efforts is not valued and that their social isolation does not permit them to legalize it in the public realm, due to the fact that they do not act in this realm.

This situation considerably diminishes the impact on the living condition of the beneficiary women that the mass income transfer of the Program could come to create. This occurs because the maximization of the support received to leave poverty behind is obstructed by their own political inactivity, caused by their social isolation and certainly not by their practicing child care or being reproducers of life, as, by the way, the majority of women do.

The concept of "social isolation" describes the situation of social categories that, as Wilson (1987) defined it, are outside the networks of contact and sustained interaction with individuals and institutions that represent the main currents in society. Since it also occurs in Brazil, the author adds that the residential segregation of modern cities concentrates the poor in neighborhoods where the opportunities are very limited, while it restricts them from the contact with the networks of employment and information on the roles that they could perform and the opportunities that they could find beyond their immediate surroundings.

As discussed earlier, the families involved in the Program live in real extremely segregated socio-spatial enclaves, which means that the women beneficiaries are isolated, first by the structural fact of the enclave and second, because they are women and guarantee the reproduction process. The concept of "social isolation" is emphasized herein because it permits a clearer expression of the growing poverty among the women, whose opportunities for action are doubly limited: by the marginal status of their neighborhoods and because they perform their activities separately from each other and outside the realms where the different are found, information spreads, individualities connect and action articulates.

In the light of these reflections, it is understood that the enhancement of the *Bolsa Família* Program necessarily and urgently undergoes the reinforcement of the action capacity of the women who receive the benefit, prioritized by

the Program precisely because they are, by cultural orientation and individual subjectivity, in the most suitable position to be able to accomplish their goals. From this viewpoint, the strongest recommendation arising from this study is that the actual Program, through its management teams, takes actions to potentialize these capacities, without delegating them in the event that the local governments may possibly accomplish them. In more direct terms, it is recommended that these actions are undertaken by the federal administration agency (MDS) in close interaction with the local administrations.

But how will the skills of the women beneficiaries of the Program realize their full potential? It is understood that the complementary programs of literacy, capacity building, professional training and earning income are of the utmost importance to potentialize the beneficiary families and must, therefore, be encouraged, as already done in a 2005 rule[18] and, more precisely, in GM/MDS Rule n.° 246 dated April 27, 2006, which establishes the role of the local governments to provide complementary programs in the areas of: a) literacy and education for youth and adults; b) professional training; c) generating work and income; d) access to oriented productive micro-credit, and e) community and territorial development.

Realizing the full potential of the skills of women beneficiaries is not provided in the latter Rule, but the mention of "community and territorial development" may open the way to doing so, inasmuch as it seems that there is potentialization of the subjects as social players, who by interacting with the others promote and define their objectives, wishes and interests.

Based on the long, very practical experience of the United Nations to eradicate gender inequalities and on Arendt's concept discussed herein above, it is understood that the time has come for the *Bolsa Família* to go beyond reinforcing the capacity to reproduce life and work of the women beneficiaries, and potentialize its capacity to participate politically in the social realms where they labor and work.

18 The GM/MDS Rule n.° 246, dated May 20, 2005, in its clause VII, determines the setting up of partnerships with local, state and federal governmental and non-governmental agencies and institutions to provide complementary programs to the beneficiaries of the Bolsa Família Program, especially actions of literacy, professional training and employment and income generation in its jurisdiction.

The disadvantages faced by the women in the processes of economic development and modernization have been recognized by UN since 1972, at least, when the General Assembly proclaimed 1974 as the International Women's Year. These are the moments when the so-called focus "women in development" (WID) appears, like a programmatic proposal to raise the prestige and social power of women by fortifying the productive work they do. In fact, to eradicate gender inequalities, it was encouraged to adopt projects that would promote the activities of the working and productive women. By failing to achieve the aspired objective, these projects were then regarded as activities of less value and contributed little to reinforcing women's capacity for action (RAZAVI & MILLER, 1995).

The "women in development" focus left its mark by institutionalizing the problem in the UN sphere, but its effectiveness proved limited not only because it exalted productive work and depreciated the efforts of life reproduction, but also because it lost sight of the interaction between women, between men and between men and women and, therefore, the social realm where the individual word becomes public and information creates action.

In response to this failure, and still in the scope of the UN, now arise the focus "gender and development" that, centering the attention on social relations and areas of interaction, idealizes projects that increase women's skill to mobilize cultural resources (such as the social prestige itself that they enjoy as reproducers of life) and access to the decision-making realms. This focus also advances when it perceives the real and immediate importance that women give to the activities of life reproduction that stamp their identities (YOUNG, 1993).

The Fourth World Conference on Women held in 1995 in Beijing, established the understanding that work and labor are inseparable from action, expressed in terms of "realizing the full potential of the role performed by women". In nine out of the 38 paragraphs of the Beijing Declaration, the consideration is that it is possible to realize the full potential of the performance of roles actually performed by women, such as the case of child care among the women beneficiaries of the *Bolsa Família*. However, this Declaration stresses that realizing the full potential of the various roles that women perform must be

accompanied by their advancement as subjects who, when interacting with the others, promote and defend their objective, wishes and interests[19].

Based on the preceding analysis, the authors' most secure recommendation for upgrading the *Bolsa Família* Program is the need to accomplish actions that strengthen the participation of the women beneficiaries in the public realms so that they can act in equal conditions with the others in the socio-political processes affecting their interests. As support to this recommendation it is worth mentioning the statements by many women beneficiaries in the cities of São Luis, Belo Horizonte and Aracaju (where the *Bolsa Escola*[20] Program operated before the *Bolsa Família*) on the importance of the meetings as realms where information was obtained and matters of rights and citizenship were discussed. They all understand that implementing the *Bolsa Família* Program was a loss, not so much in economic terms but with regard to the absence of these meetings where they met and discussed issues of mutual interest.

From our viewpoint, formed from the comments and discussions during the field work, the local administrations of the Program have a very suitable space in the Social Assistance Reference Centers to take actions that help the meeting and dialogue between the beneficiaries and between them and the administrators, as well as the dissemination of information about the purposes of the Program and the exchange of ideas on its living condition and the way in which they could act to best use the opportunities and make choices.

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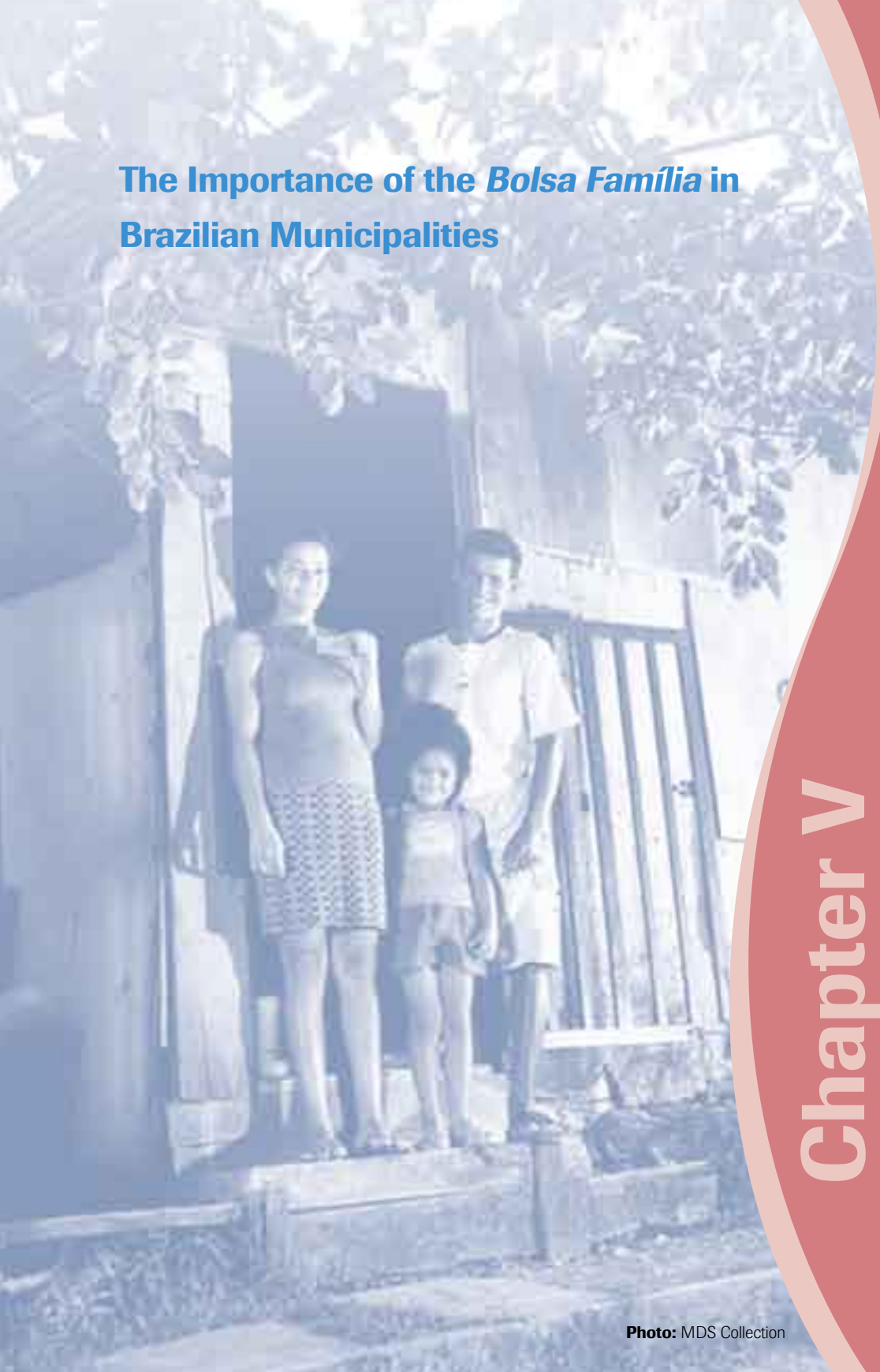
The Importance of the *Bolsa Família* in Brazilian Municipalities



Chapter V

Chapter V

Photo: MDS Collection

The Importance of the *Bolsa Família* in Brazilian Municipalities[1]

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1 Introduction

Brazil has one of the worst concentrations of income in the world, just behind countries such Sierra Leone, Central African Republic and Swaziland. The income of the wealthiest families (monthly family income in 2000, over R$ 10,982), totaling 1,162 million, corresponds to 75% of the total national income. Five thousand of those wealthiest families absorb 45% of the national income (POCHMANN, 2004).

This structural situation of Brazilian society has worsened in the past few decades for various reasons. In 1980, the average income of the wealthiest population was ten times more than the average income of the Brazilian population. Today, this ratio is 14 times more. Compared to the income of the 20% poorest, the ratio is 80 times higher.

1 Text originally published in the series Cadernos de Estudos – Desenvolvimento Social em Debate (nº 1), MDS, from a study developed by PUC-SP Department of Economy, coordinated by Professor Rosa Maria Marques.

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3 They also had participated of the research: Áquilas Mendes (FAAP and CEPAN) and Marcel Guedes Leite (PUC SP), as researchers seniores; and Ana Hutz (UNICAMP), as researcher junior.

If this situation of extreme inequality were not enough, added to it is a huge contingent of the Brazilian population below the poverty line. It is widely known that the definition of a poverty line is extremely controversial, producing quite different estimates. On examining the data of the 2000 Demographic Census and adopting the criterion of R$ 60 *per capita* a month to define the poverty line, the Brazilian Economics Institute (IBRE) of the Getulio Vargas Foundation says that 35% of the Brazilian population (equal to 57.7 million people) are living below the poverty line. This analysis identified the poorest regions in the country to be the North and Northeast, where 13.8 million people live in a situation of extreme poverty, and that 26% of Brazilians in this situation live in rural zones. In the rural zone of the North region, for example, the average income is R$ 19.67, the lowest in the country. This same study considers that the number of poor people in the country could be reduced to a third if they were to receive an additional monthly income of R$ 50.

Now in the Zero Hunger Program, a food security strategy for Brazil, when using the poverty line criterion of the World Bank (US$ 1.08 a day), adjusting to the different regional levels of the cost of living and the existence or not of self-consumption, the population below the poverty line would be 44.043 million people, involving 9.32 million families. This estimate corresponded to 21.9% of the families, 27.8% of the total Brazilian population, 19.1% of the population in the metropolitan regions, 25.5% of the population in the non-metropolitan urban areas and 46.1% of the rural population.

Today, in the fight against poverty and as an income transfer policy, one of the programs run by the federal government is the *Bolsa Família* Program. This program is under the aegis of the Ministry of Social Development and the Fight Against Hunger. In June 2004, the federal government recorded 4,103,016 families as beneficiaries of the *Bolsa Família* Program, absorbing in that month resources of R$ 288.2 million.

The keynesian economic theory advocates that the government and private sector spending creates, in the overall economy because of its multiplying effect, higher income than what has been spent. This is because government procurement results in more demands for the companies that, when increasing

their production, increase the orders to their suppliers, and one or two increase the number of hired workers. This process continues into the production chain both of companies that initially enjoyed the higher government demand, and of companies linked to the workers' consumption and other segments of the population that increased their income.

In the case of income transfer to families, the impact will be greater the higher the marginal propensity to consume, that is, the higher the portion allocated to consumption the higher the income in a unit. In the case of the target population of *Bolsa Família*, primarily families defined as extremely poor, the marginal propensity to consume is one of the highest when not "equal" to one. Thus, the increased income of the poorest population resulting from the public policy partly returns to the public coffers in the form of increased tax collection.

2 Methodology

2.1 Sampling

Since it is not possible to undertake a study of all Brazilian municipalities, it was decided to study a representative sample of the different situations in which they fit, considering the following criteria: geographic location, in terms of large regions; population size; poverty level; predominant economic activity and urban/rural population ratio.

The criteria used to stratify the Brazilian municipalities were specified as follows:

a) Geographic location: The five Major Regions established by Brazilian Institute of Geography and Statistics (IBGE) were adopted as reference: North, Northeast, Midwest, Southeast and South.

b) Population size: Since there is no standard classification for all work involving this characteristic and in an attempt to keep it with as few classes as possible, but even so obtain internal homogeneity, it was

decided to establish four quite comprehensive categories of population size but, in principle, differing from each other. The Brazilian municipalities were divided into small, midsize, large and very large. The first group includes those with less than 20,000 inhabitants, which generally consists of simpler administration structures, with the public administration and interests and requirements of its population very close to each other. The second includes those municipalities with a population of between 20,000 and 100,000, which already have a more complex but as yet not too large an administration. The third group consists of municipalities with a population of between 100,000 and 500,000 inhabitants, which have a considerably complex public administration structure. Finally, the last group comprises very large municipalities, with a population of over 500,000, including the large Brazilian urban centers that very often form their own spheres of public administration, which is hard to generalize.

c) Poverty level: This criterion was not restricted to the economic characteristic of *per capita* income. It was preferred to extend the concept to include the municipality's stage of development. So the HDI-M was chosen as the criterion; this is the Human Development Index for the municipality (city), and the municipalities were separated in two groups: those with HDI-M below the Brazilian average and those with above average HDI-M. In order to define the separation between the two categories, the average of all Brazilian municipalities was chosen, whose value was 0.699 in 2000. That same year the mean was 0.713.

d) Rural/urban population ratio: the municipalities were classified as urban or rural depending on the distribution of the population within their territorial boundaries. If the municipality had more than 50% of people living in the urban region (according to a criterion adopted by IBGE), it was considered to be urban, otherwise rural.

e) Predominant economic activity: In order to stratify within this criterion, it was decided to separate the economic activity in three large productive sectors: primary (extractivist, agricultural and fishing),

secondary (industrial) and tertiary (services). The classification of the municipalities in these three sectors considered the concentration of the production value generated by the municipality in each of them.

In 2000, the country had 5,507 municipalities. Complete information was available for 4,970 of these municipalities on the Institute for Applied Economic Research (IPEA) website[4] for the five criteria adopted. However, since 154 new municipalities were installed in January 2001 (last date until 2004 for installing new municipalities in Brazil), 74 that originated the new municipalities in 2001 were excluded from this sample. The remaining 4,896 municipalities were distributed in 119 different groups with at least one municipality, 21 of which consist of only one municipality, seven with two, and eight with only three municipalities; leaving therefore 83 strata with four or more municipalities:

a) Midwest

The 19 groups in the Midwest region cover 405 municipalities (in 2000, there were 468 in the region). Only 60 (15%) of the 405 municipalities in this region are classified as rural, and of these 90% are classified as having their economic activity concentrated predominantly in the primary sector.

Of the 265 municipalities with less than 20,000 inhabitants, characterized as urban, 182 (69%) are classified as income generators predominantly in the primary, 71 (27%) in the tertiary and only 12 (4%) in the secondary sector.

Most of the large municipalities in population terms are classified as tertiary and urban, and all 80 (20%) municipalities in the region with more than 20,000 inhabitants are classified as urban.

It is worth noting that of the ten municipalities with more than 100,000 inhabitants, nine concentrate production in the tertiary and only one in the secondary sector.

The vast majority of the municipalities (87%) have an HDI-M above average of the Brazilian municipalities, and the 13% with a low HDI-M (below

4 www.ipeadata.gov.br

average) are among the municipalities with less than 20,000 inhabitants (12%) or with a population of between 20,000 and 100,000 inhabitants (1%).

b) North

In the North region, the 398 municipalities (there were 427 in 2000) are distributed in 27 groups. The 14 (4%) large municipalities in the region, distributed in only three groups, are all classified as urban, income generators predominantly in the tertiary sector (except for Manaus, classified as secondary, due to the Free Trade Zone) and all with an HDI-M above the Brazilian average.

On the other hand, the 384 (96%) municipalities with less than 100,000 inhabitants, distributed in 24 groups, are homogeneously divided between rural and urban but their HDI-M is predominantly above national average (77%), 51% being classified as income generators concentrated in the primary, 45% in the tertiary and only 4% in the secondary sector.

c) Northeast

The 1,548 municipalities in the region (1,787 in 2000) are divided between 25 groups. Of the total, 1,503 municipalities (97%) have a population of under 100,000 and 1,472 (97%) of these have an HDI-M below the Brazilian average, equally distributed between rural and urban, 53% concentrating the income generation in the tertiary, 43% in the primary and only 4% in the secondary sector.

The 45 large municipalities[5] (3%) are distributed in six groups, all of them except São José do Ribamar (Maranhão) classified as urban; only seven (15%) concentrate income generation in the secondary sector and the remaining 38 (85%) in the tertiary sector; 14 (31%) have a low HDI-M.

It is interesting to observe that the 76 municipalities in the region (5%) with a higher HDI-M than the national average, except for three - Triunfo (Pernambuco), Paço do Lumiar (Maranhão) and São José de Ribamar (Maranhão), have their population concentrated in the urban zone.

5 With more than 100,000 inhabitants

d) South

The region has 22 groups, in which its 1,014 municipalities are distributed (there were 1,159 in 2000). Of the 802 small municipalities (79%) with a population of up to 20,000, 94% have an HDI-M above the Brazilian average, 51% of which are rural. The large majority of them (75%) have their main source of income generation in the primary sector, while 10% concentrate the income in the secondary and the remaining 15% in the tertiary.

The 212 municipalities with over 20,000 inhabitants are classified as essentially urban (95%), with only ten (5%) as rural. It should be mentioned that none of the latter have a population of more than 100,000 inhabitants. Moreover, only three (1%) have an HDI-M below the Brazilian average and, in terms of concentration of the production sector in income generation, 55% are classified as tertiary, 31% secondary and 14% primary (the last with a population with less than 100,000 inhabitants).

e) Southeast

Lastly, the Southeast region distributes its 1,531 municipalities (there were 1,666 installed municipalities in 2000) in 26 groups.

The 1,420 municipalities with less than 100,000 inhabitants (93%) are predominantly urban (82%), 76% of them with an HDI-M above national average, 45% have their main income generating source in the primary sector, 10% in the secondary and the remaining 45% in the tertiary.

The 111 municipalities (7%) with more than 100,000 inhabitants concentrate most of their population in the urban zone and have an HDI-M above the Brazilian average. None have their main source of income generation in the primary sector. This is concentrated mostly in the tertiary sector in 65% of them, and the remaining 35% are in the secondary sector.

For the final definition of the municipalities to be examined, the groups that had only one municipality were excluded, since they would be representative of themselves only. So, the total of municipalities was 98, each representing a different

group, with their own characteristics. However, the municipalities in groups 3 and 52 were excluded from the study sample due to lack of information.

It is interesting that, when analyzing all the Brazilian municipalities with over 100,000 inhabitants, not much difference is found between those with 100,000 to 500,000 and those above 500,000 since, according to the criteria adopted, with the exception of groups 39 and 40, they all have the characteristics of an HDI-M above the Brazilian average, the majority of the population in the urban zone, and the economic activity predominantly secondary (groups 42, 94, 96 and 117) or tertiary (groups 18, 19, 43, 44, 69, 95, 97, 118 and 119). Nevertheless, it was decided to keep the five groups according to population size.

2.2 *Bolsa Família* and Other Data

For the study the situation of July 2004 with regard to the quantity of beneficiary families and value of the funds transferred, was considered as the "reality" of the *Bolsa Família* in 2003; namely, as if the program had begun in January of that year, affecting the current beneficiary families.

In other words, the situation of July 2004 was adopted to reflect the situation that could have happened each month in 2003, with the *Bolsa Família* Program affecting the whole target population in the municipality in question. This is because, from December 2003, the number of families and monthly sum spent on the *Bolsa Família* in the chosen municipalities were kept constant or practically constant.

A comparison was therefore made of the total resources transferred to information such as the municipality's Available Revenue, comprising resources from taxation and constitutional transfers; total federal transfers to Unified Health System (SUS); total federal transfer, Municipality Participation Fund (FPM); and total state transfer in terms of the ICMS [VAT] tax[6].

6 Alternatively, the situation in December 2003 of the *Bolsa Família* Program could be considered, and compare it to the aforementioned information for the same December 2003. To do so, it would be considered that the FPM/ICMS/SUS taxation be collected or transferred continuously throughout the year, which is not actually correct. To solve this problem the calculations could be made in relation to the average for the year. This form of calculation would reach the same results obtained using the previous methodology.

To estimate the beneficiary population of the *Bolsa Família* Program, the average number of people per family per State was used, according to the 2002 PNAD (National Household Sample Survey).

If, on one hand, this figure might overestimate the quantity of beneficiaries in the capitals and large urban centers, it would on the other be underestimating the beneficiaries in the smaller towns and interior of the States. The estimate, therefore, is probably conservative, so that the quantity of beneficiaries must, in fact, be even greater.

3 Results

Table 1 shows the data of *Bolsa Família* and characteristics of the municipalities in the analysis, and Table 2 the indicators of the relative importance of the program. This importance is measured by comparing the resources received as *Bolsa Família* for the Available Revenue, for example.

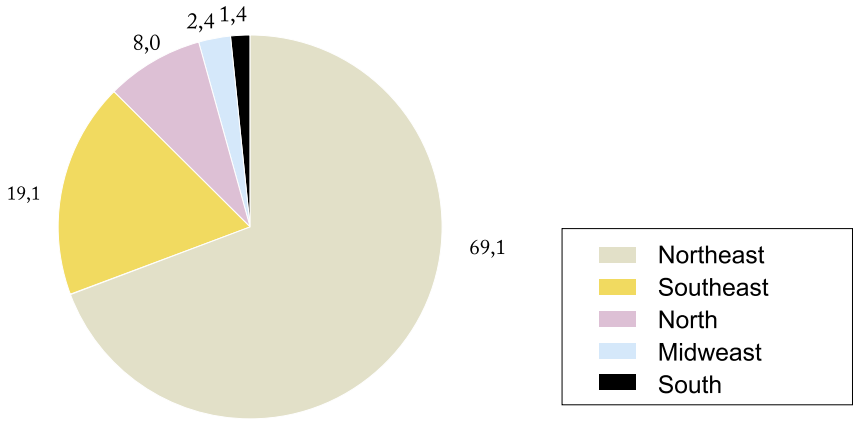
3.1 *Bolsa Família* and Population

Currently, the *Bolsa Família* Program is the largest cash transfer program in the social assistance area[7]. In December 2003, taking into account that each group surveyed is a set of homogeneous municipalities, the number of beneficiaries of the program is estimated at 16,512,000 Brazilians.

Between the Regions, the beneficiary population is distributed as follows: 69.1% in the Northeast, 2.4% in the Midwest, 8% in the North, 19.1% in the Southeast and 1.4% in the South (Graph 1):

7 From the viewpoint of literature, it is not feasible to compare it with other program, such as the minimum wage allowance to the rural areas, for example. The allowance paid to the rural beneficiaries is a right guaranteed by the Constitution in the social security realm, consisting of a substitute income. Brazil has other important income transfer programs. Bolsa Família is an income transfer program whose purpose is to complement the family income and encourage keeping the child and adolescent in school. These are, therefore, programs that integrate different branches of social protection, security and assistance.

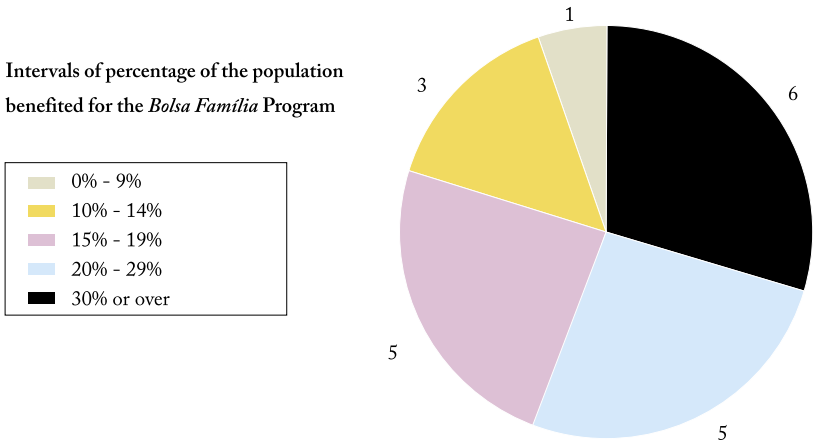
Graph 1: Percentual distribution of the number of *Bolsa Família* beneficiaries among Brazilian geographic Regions



In the Northeast, the first outstanding aspect is the fact that this Region is where the resources from the *Bolsa Família* Program are the highest percentage of the municipality populations.

Among the groups in this Region (20, 21, 22, 23, 24, 25, 29, 30, 31, 32, 33, 34, 35, 37, 38, 39, 40, 42, 43 and 44), this percentage varies from 13% to 45% – although in group 42, represented by Camaçari (Bahia), only 6% of the total population is beneficiary of the Program. The reason why group 42 has this percentage is due to the fact that the municipalities in this region (three) have 100,000 to 500,000 inhabitants, HDI-M above average, a population practically all urban (95%), economic activity prevailing in the secondary sector and, principally the fact that the reference municipality is a national petrochemical complex. The percentage of the population affected by the *Bolsa Família*, among the groups in the Northeast Region, can be more clearly seen in Graph 2.

Graph 2: Northeast – Number of groups of municipalities distributed between the percentage intervals of the *Bolsa Família* beneficiary population



Among the Northeast municipalities, there are situations where up to 45% of the population is beneficiary of the income transfer of the *Bolsa Família*. This occurs in Varzea (Paraíba) and Pedra Branca (Ceará). It is always good to repeat that, in this study, these two municipalities represent two different groups with different characteristics.

In group 25, to which Varzea belongs, there are another 288 municipalities, all urban and situated in the Northeast, with a population of up to 20,000, with an HDI-M below the national average and economic activity predominantly in the tertiary sector. Pedra Branca on the other hand belongs to group 32, with 57 municipalities in the Northeast, with a population of 20,000 to 100,000 mostly in the rural zone, with an HDI-M below the national average and whose economic activities are predominantly tertiary.

The result found for the Northeast Region is, first and foremost, a reflection of the poverty situation in which the inhabitants of these municipalities live, but also of the fact that this program began in that Region, considering a significant group of needy families.

Therefore, the importance of the *Bolsa Família* in the Northeast has not parallel in the other Regions. This does not mean, however, that in the others there are no groups of municipalities with a significant portion of the beneficiary

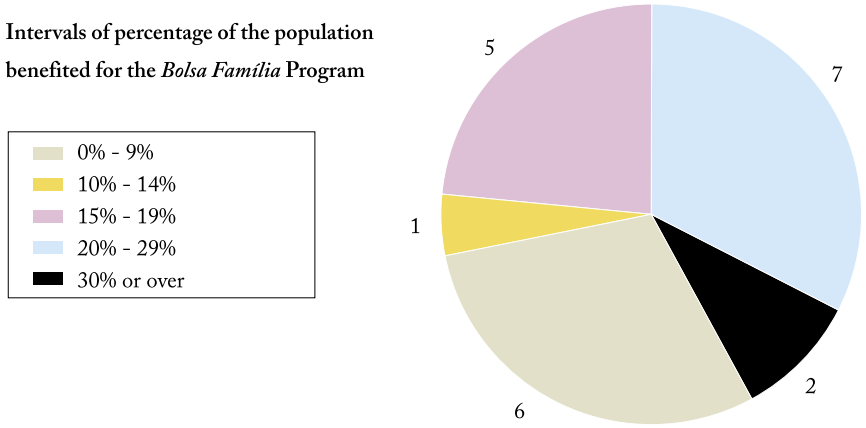
population of the program. Itaguatins (Tocantins) is an example of this, a municipality belonging to group 50 (in which there are grouped 56 municipalities in the North Region with up to 20,000 inhabitants, and with an HDI-M below average, a predominantly urban population and tertiary economic activity), in which 38% of the population is beneficiary of the *Bolsa Família*.

In the North, so many groups of municipalities can be found in which the percentage of the beneficiary population is extremely low, such as group 63 (five municipalities), represented in the study by São Felix do Xingu (Pará); or groups where this percentage is quite significant: close to or above 20%.

In the case of the municipality of São Felix do Xingu, perhaps the lowest registered percentage (1%) is partly indicating that the program has not yet reached its entire target population, but it is necessary to bear in mind that this is a municipality of 20,000 to 100,000 inhabitants, with an HDI-M above the national average, most of whose population lives in the rural zone and practices a predominantly primary activity.

Graph 3 shows the distribution of the sample municipalities, according to the importance of the proportion of the beneficiary population of the *Bolsa Família*, in the total population of the municipality. Two of the 21 groups in the region, represented by Itaguatins (group 50) and Esperantina (group 47), both in Tocantins, stand out because of the high number of beneficiaries in the total population, beyond the 30% mark. In addition, in seven groups (46, 56, 59, 62, 66, 67 and 69), the *Bolsa Família* benefits more than 20% of the population of the municipalities, but at the other end in six groups (45, 48, 51, 57, 63 and 68) the percentage is below 10%, showing that the program has still to reach the whole Region equally.

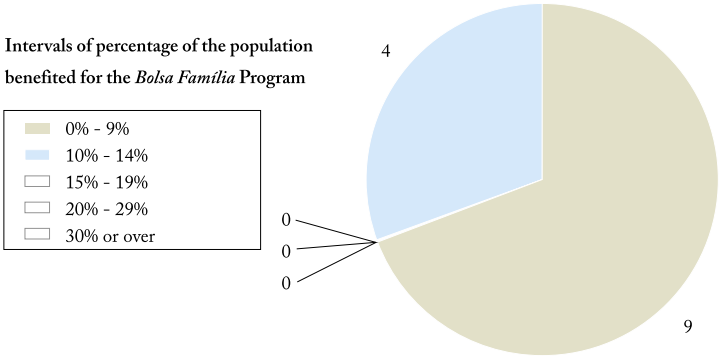
Graph 3: North – Number of groups of municipalities distributed between the percentage intervals of the beneficiary population of the *Bolsa Família*



Also with regard to the importance of the participation of the *Bolsa Família* beneficiary population in the total population of the municipality, in the Midwest Region, the groups to be mentioned are represented by: Divinópolis de Goiás (group 6, with 11 municipalities of up to 20,000 inhabitants, an HDI-M below national average, a population mostly living in the urban zone and practicing an economic activity mainly in the tertiary sector); Santa Rita do Pardo, in Mato Grosso do Sul (group 7, with 32 municipalities of up to 20,000 inhabitants, HDI-M above average, a population mostly living in the rural zone and doing a primary activity); Novo Horizonte do Norte, in Mato Grosso (group 8, with three municipalities of up to 20,000 inhabitants, an HDI-M above average, a population predominantly living in the rural zone and undertaking a tertiary activity); and Itupuranga, in Goiás (group 16, with 38 municipalities, a population between 20,000 and 100,000 inhabitants, an above average HDI-M, a population mostly living in the urban zone and undertaking a predominantly tertiary economic activity). In these municipalities, 10%, 11%, 14% and 10% of their total population is beneficiary of the *Bolsa Família*, respectively.

An overview can be obtained from graph 4, in which all the other municipalities present a percentage of less than 10%:

Graph 4: Midwest – Number of groups of municipalities distributed between the percentage intervals of the beneficiary population of *Bolsa Família*

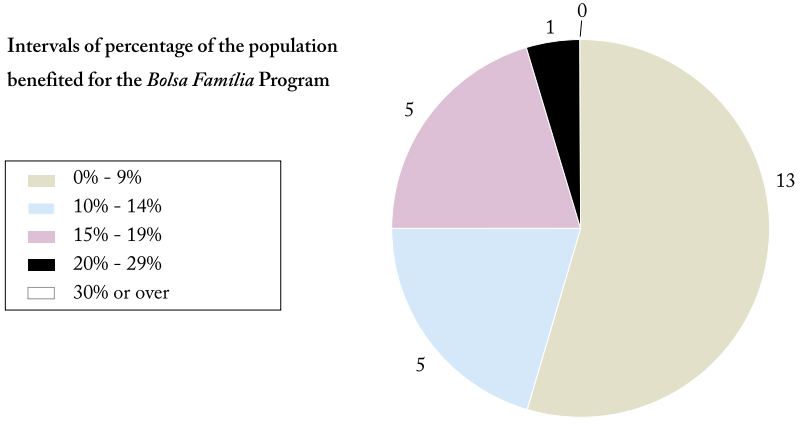


In the Southeast Region, the highest percentage found was in Medina (29%), in Minas Gerais (group 87, with 17 municipalities of a population between 20,000 and 100,000 inhabitants, below average HDI-M, a population mostly living in the urban zone and undertaking a tertiary activity).

By the order of size, some other groups worth mentioning are 77 and 86, represented in the study by Lontra and Itamarandiba, respectively, both in Minas Gerais, where 19% of the population is beneficiary.

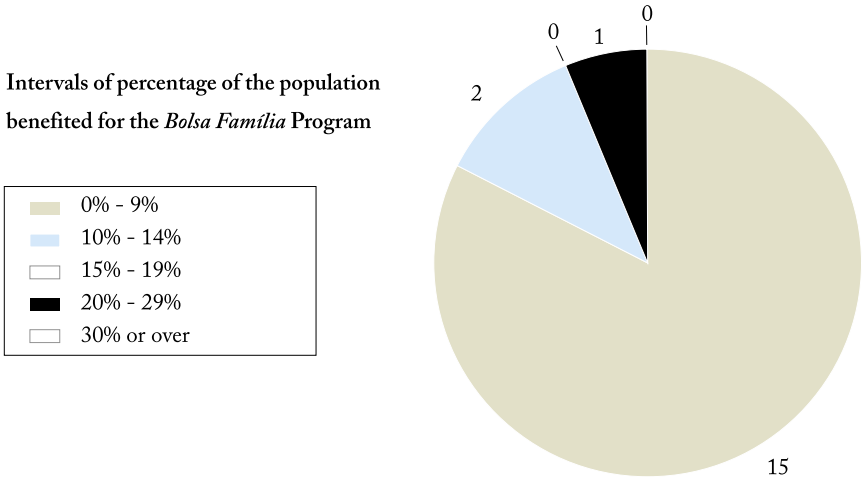
As can be seen in Graph 5, in 13 of the 24 groups in the Region the percentage does not come near the 10% and in another five is less than 15%.

Graph 5: Southeast – Number of groups of municipalities distributed between the percentage intervals of the beneficiary population of *Bolsa Família*



In the South, with rare exceptions, the percentage of the beneficiary population of the *Bolsa Família* Program is relatively low, reflecting the socioeconomic situation of its population, as shown in Graph 6**:**

Graph 6: South – Number of groups of municipalities distributed among the percentage intervals of the beneficiary population of *Bolsa Família*



In short, it was found that, comparing the Regions, the number of the *Bolsa Família* beneficiaries in relation to the total population is significantly higher in the Northeast than in the municipalities in the other Regions, especially the South. This result reflects, evidently, the inequality in the country, which is expressed, among other expressions, in the huge difference of income among the families in the different Regions, especially between the Northeast and South.

In the sample of the Northeast municipalities, only Camaçari, in Bahia, has a percentage of the beneficiary population compatible with the South (6%). However, in the South Region, diverging from the other municipalities are Turvo, Grandes Rios and Prudentópolis, all in the State of Paraná, with 23%, 12% and 10%, respectively, of the *Bolsa Família* beneficiary population. For a more thorough analysis on the differences between the two regions, it would be important to add the degree of the Program's coverage, so that differences arising from the implementation process do not influence the results.

It is worth noting that Camaçari belongs to group 42, in which only three municipalities in the Northeast, all with a population of 100,000 to 500,000, predominantly urban, with an HDI-M above the national average and most of its economic activities are in the secondary sector.

In the case of Turvo, belonging to group 99, in which there are also only three municipalities, the population of up to 20,000 is rural, has an HDI-M below the national average and whose activities are predominantly in the secondary sector.

The municipality of Grandes Rios, also in the South, representing group 100, which has six municipalities, has a population of 20,000 inhabitants or less, mostly living in the rural zone, an HDI-M below the national average and undertakes predominantly tertiary economic activities. Prudentópolis, in group 111, represents five rural municipalities with 20,000 to 100,000 inhabitants, an HDI-M above the national average and which undertake predominantly primary activities.

Also comparing extreme Regions, such as the Northeast and South, it is found that in the former, in the groups of up to 20,000 inhabitants (groups 20 to 29, including 1,016 municipalities), the percentage of the total population enjoying the program's income transfer is high.

In these groups, contrasting with the other municipalities, the lowest percentage of 13% is in Timbaúba dos Batistas, in Rio Grande do Norte, but this is the only one of the 1,016 with an HDI-M above national average, followed by Andorinha, in Bahia, with 18%. The highest percentage is achieved in Varzea (Paraíba), with 45%.

In the South, in the municipalities of up to 20,000 inhabitants, corresponding to groups 98 to 108 (group 102 was eliminated from the study) and covering 801 municipalities, the percentages found are quite low. Exceptions are groups 99 (three municipalities), 100 (six) and 111 (five), represented here by Turvo, Grandes Rios and Prudentópolis, all in Paraná, covering a population of 23%, 12% and 10%, respectively.

3.2 The *Bolsa Família* and Other Resources

The relative importance of the *Bolsa Família* is also evident when comparing the resources spent in it with other indicators. Let the analysis begin with the extreme Regions, namely, the Northeast and South, as seen above.

In Pedra Branca, in Ceará (group 32), for example, the resources transferred by the *Bolsa Família* total a value corresponding to 43% of the Available Revenue (own revenue plus constitutional transfers) of the municipality, and 40% in Vitória de Santo Antão, in Pernambuco (group 39).

In general, it is found that the smaller the Available Revenue of the municipality, the greater the importance given to the resources transferred by the *Bolsa Família* Program. In relation to the federal resources transferred to SUS (Single Health System), in the municipality of Vitória de Santo Antão, the *Bolsa Família* is 283% more.

It should again be recalled that the municipalities mentioned herein reflect the reality of a group de municipalities. Therefore, Pedra Branca (group 32) here is representing the situation of 57 municipalities, whose characteristics were listed above. Here Vitória de Santo Antão (group 39) represents four homogeneous municipalities in terms of the criteria defined by the study. In this specific case, all are municipalities in the Northeast, with a population of 100,000 to 500,000 inhabitants, most of them located in an urban zone, with a below average HDI-M and economic activity predominantly in the secondary sector.

In the South Region – where the situation of the population's income is generally quite different from that of the Northeast, both in level and distribution – important results can, nevertheless, be found. In Porto Alegre (group 119, to which Curitiba also belongs), 5% of the population is beneficiary, receiving resources of 2% of the Available Revenue, 6% of the federal transfers to SUS, 6% of the VAT (ICMS) collection and 31% of FPM resources (Municipality Participation Fund). Evidently, the more developed the municipality, the smaller the volume of resources received from the FPM in relation to its Available Revenue, which increases the relative importance of the *Bolsa Família* resources in percentage terms. For the same reason, the more developed the municipality, the greater its

VAT revenue, therefore, the smaller the ratio between the *Bolsa Família* resources and the revenue from this transfer.

In the Midwest Region, three groups of municipalities are worth mentioning: 6, 8 and 16, represented by Divinópolis de Goiás (Goiás), Novo Horizonte do Norte (Mato Grosso) and Itupuranga (Goiás). In the earlier part of the study on coverage of the *Bolsa Família*, *vis-à-vis* the total population, theses municipalities also called attention. In Divinópolis de Goiás, the resources transferred for the *Bolsa Família* Program correspond to 20% of ICMS, 7% of the resources received from FPM and 58% from federal transfers to SUS; in Novo Horizonte do Norte and Itupuranga, 15%, 5% and 26%, and 32%, 14% and 42%, respectively.

In the Southeast, various groups call attention, some examples of which are given below. In group 72 (here represented by Água Branca, Espírito Santo, with 88 municipalities of up to 20,000 inhabitants, below average HDI-M, with most of the population living in the rural zone and undertaking activities in the primary sector), the resources of the *Bolsa Família* represent 10% of the ICMS collection, also 10% of the FPM and they are 13 percentual points higher than the sum received by the federal government to be used in SUS. However, group 74 (27 municipalities with up to 20,000 inhabitants, an HDI-M below the national average and a population living predominantly in the rural zone, occupied in the tertiary sector of the economy), here represented by Gonzaga (Minas Gerais), the *Bolsa Família* transfers represent 38% of ICMS, 9% of FPM and are 102% more than the federal resources received for use in SUS.

The most significant case is in group 87, represented by Medina (Minas Gerais), where the *Bolsa Família* is 35% higher than the collection of the municipality with ICMS, represents 30% of that received by FPM, 25% of its Available Revenue, and 165% more than the federal resources for SUS.

In general, for the group of regions, the less developed the municipality – which is apparent in the low VAT transfer, the more the importance given to the *Bolsa Família* Program.

In some cases, without looking further, there is no doubt that the program is responsible for a good part of the economic activities undertaken in the

municipality. This happens in Medina, where the income of almost 30% of the population is guaranteed by the income transfer of the *Bolsa Família*.

4 Summary

4.1 The Beneficiary Population's Viewpoint

a) Because of its coverage, the *Bolsa Família* is the most important income transfer program existing today in the country. The survey estimated that, in December 2003, taking into account that each group in the study represents a group of homogeneous municipalities, the number of Brazilians beneficiaries of the program was 16,512,000.

b) The vast majority of the beneficiary population is found in the Northeast (69.1%) Region, followed by the Southeast (19.1%), North (8.0%), Midwest (2.4%) and South (1.4%).

c) As expected, the percentage of the total population in the Northeastern municipalities beneficiary of the *Bolsa Família* is shown to be quite high, varying from 13% to 45%. Only three municipalities, belonging to group 42 (three municipalities), represented in the study by Camaçari, Bahia, records a percentage outside this interval (6%), compatible with that found in the South. The municipalities in group 42 have 100,000 to 500,000 inhabitants, above average HDI-M, a population practically all living in the urban zone (95%) and an economic activity predominantly secondary. Moreover, Camaçari is a national petrochemical complex.

d) In two groups of municipalities in the Northeast the beneficiary population of the income transfer of the *Bolsa Família* is equal to 45% of the population. The first is group 25, to which Varzea (Paraíba) belongs, and which covers 288 municipalities, with a population of up to 20,000 and urban, an HDI-M below the national average and a predominantly tertiary economic activity. The second group is number 32, of which

Pedra Branca (Ceará) is the reference. It comprises 57 municipalities, with a population of 20,000 to 100,000, more in a rural zone, with an HDI-M below the national average and whose economic activities are predominantly in the tertiary sector.

e) The result found in the Northeast Region is, first and foremost, a reflection of the situation of poverty in which the inhabitants of it municipalities live, but also of the fact that the *Bolsa Família* began there – considering a significant group of needy families. Therefore, the importance of the *Bolsa Família* in the Northeast has no parallel in the other Regions. This does not mean, however, that in the others there are no groups of municipalities in which a significant portion of the population is beneficiary of the program. An example of this is Itaguatins (Tocantins), a municipality in group 50 (in which 56 municipalities are grouped, with up to 20,000 inhabitants in the North, below average HDI-M, a predominantly urban population and which undertakes a tertiary economic activity), in which 38% of the population is a *Bolsa Família* beneficiary.

f) In the North, groups of municipalities can be found with an extremely low or high beneficiary population. Examples of this are: group 63 (five municipalities), in the study represented by São Felix do Xingu (PA), where the beneficiary population is only 1% of the total population; and groups 50 and 47, in the study represented by Itaguatins and Esperantina, both in Tocantins, where the beneficiary population is more than 30% of the total population.

g) Also in the North, in seven groups (46, 56, 59, 62, 66, 67 and 69) the *Bolsa Família* benefits more than 20% of the population of the municipalities; but at the other end, in six groups (45, 48, 51, 57, 63 and 68), the percentage is lower than 10%, suggesting that the Program has not yet equally covered the whole region.

h) The low percentages also suggest that the program has not yet reached the target population, but in the case of São Felix do Xingú it is necessary

to take into account that this municipality has 20,000 to 100,000 inhabitants, an HDI-M above the national average, and where most of the population live in the rural zone and undertake a predominantly primary activity.

i) In the Southeast Region, the participation of the beneficiaries in the total population varies enormously. The highest percentage was recorded in Medina (29%) in Minas Gerais (group 87, with 17 municipalities with a population between 20,000 and 100,000 inhabitants, a below average HDI-M, most of the population living in the urban zone and undertaking a tertiary activity). In order of size, groups 77 and 86, in the study represented by Lontra and Itamarandiba, respectively, both in Minas Gerais, had 19% of the population is beneficiary. Thirteen of the 24 groups in the Region had a percentage that did not even reach 10% and in another five is less than 15%.

j) In the South, with rare exceptions, the percentage of the beneficiary population of the *Bolsa Família* Program is relatively low, reflecting the socioeconomic situation of its population.

k) In contrast to the other municipalities in the South Region are Turvo, Grandes Rios and Prudentópolis, all in the State of Paraná, with 23%, 12% and 10%, respectively, of the beneficiary population of *Bolsa Família*. Turvo (group 99, with three municipalities) has the following characteristics: population with 20,000 inhabitants or less, the majority living in the rural zone, with an HDI-M below the national average and which undertakes predominantly secondary activities. Grandes Rios (group 100, with six municipalities) had a population of 20,000 inhabitants or less who live mostly in the rural zone, with an HDI-M below the national average and which undertakes predominantly tertiary economic activities. Prudentópolis (group 111, with five municipalities, all rural) has a population of between 20,000 and 100,000 inhabitants, an HDI-M above the national average and its economic activity predominantly in the primary sector.

l) Comparing regions, the number of beneficiaries of the *Bolsa Família* in relation to the total population is significantly higher in the Northeast than in the municipalities in the other Regions, especially the South. This result clearly reflects the inequality existing in the country, which, among other expressions, is illustrated in the huge difference of income between the families in the different Regions, especially between the Northeast and the South. For a more thorough analysis on the differences between the two Regions, it would be important to add the degree of the program's coverage, so that differences arising from the implementation process do not influence the results.

m) Also comparing extreme Regions, such as the Northeast and South, it is found that in the Northeast, in the groups of up to 20,000 inhabitants (groups 20 to 29, covering 1,016 municipalities), there is a high percentage of the total population that benefit from the income transfer through the Program. The lowest percentage is 13% in Timbaúba dos Batistas, in Rio Grande do Norte, but this municipality is the only one of the 1,016 with an HDI-M above the national average; followed by Andorinha, in Bahia, with 18%. The highest percentage, on the other hand, is reached in Varzea, Paraíba, with 45%.

In the South, the percentages found are quite low in the municipalities with 20,000 inhabitants or less, corresponding to groups 98 to 108 (group 102 was eliminated from the study) and covering 801 municipalities. Exceptions are groups 99 (three municipalities), 100 (six municipalities) and 111 (five municipalities), represented here by Turvo, Grandes Rios and Prudentópolis, all in Paraná, covering a population of 23%, 12% and 10%, respectively.

4.2 On the Importance of the Transferred Income

a) Northeast**:** In general, it is found that the smaller the Available Revenue of the municipality, the more importance given to the resources transferred by the *Bolsa Família Program*. This is why there are cases such as Pedra Branca, in Ceará (group 32, with 57 municipalities) where the resources

of the *Bolsa Família* correspond to 43% of the Available Revenue of the municipality (own revenue plus constitutional transfers); and Vitória de Santo Antão, Pernambuco (group 39, with four municipalities), where this percentage reaches 40%. In relation to the federal resources transferred to the Single Health System (SUS), the *Bolsa Família* is 283% more in the municipality of Vitória de Santo Antão.

b) South**:** Although the situation of the population's income is generally quite different from that of the Northeast – both in level and distribution – important results can, nevertheless, be found. In Porto Alegre (group 119, to which Curitiba also belongs), 5% of the population is beneficiary, receiving resources of 2% of the Available Revenue, 6% of the federal transfers to SUS, 6% of the VAT (ICMS) collection, and 31% of FPM resources (Municipality Participation Fund). Clearly, the more developed the municipality, the smaller the volume of resources received from the FPM in relation to its Available Revenue, which increases the relative importance of the *Bolsa Família* resources in percentage terms. For the same reason, the more developed the municipality, the greater its VAT revenue, therefore, the smaller the ratio between the *Bolsa Família* resources and the revenue from this transfer.

c) Midwest**:** Three groups of municipalities are worth mentioning: 6, 8 and 16, represented by Divinópolis de Goiás (Goiás), Novo Horizonte do Norte (Mato Grosso) and Itupuranga (Goiás). As mentioned earlier, the percentage of the *Bolsa Família* beneficiary population in these municipalities is high. It is therefore to be expected that in Divinópolis de Goiás these resources correspond to 20% of ICMS, 7% of the resources received from FPM and 58% from federal transfers to SUS; in Novo Horizonte do Norte and Itupuranga, 15%, 5% and 26%, and 32%, 14% and 42%, respectively.

d) Southeast**:** A number of groups call attention. Examples: in Água Branca, Espírito Santo (group 72, with 88 municipalities of 20,000 inhabitants or less, a below average HDI-M, most of the population

living in the rural zone and working in primary activities), the resources of the *Bolsa Família* are 10% of the ICMS collection, 10% also of the FPM and 13 percentual points higher than the federal transfer for use in SUS. In Gonzaga, Minas Gerais, however, (group 74, with 27 municipalities of 20,000 inhabitants or less, HDI-M below the national average and a population living predominantly in the rural zone and occupied in the tertiary sector of the economy), the *Bolsa Família* transfers represent 38% of the ICMS, 9% of the FPM and are 102% more than the federal resources received for use in SUS. And also in Medina, Minas Gerais (group 87), the *Bolsa Família* is 35% higher than the municipality's collection with ICMS tax, and 30% of what it receives for FPM, 25% of its Available Revenue, and 165% more than the federal resources for SUS.

e) In general, for the Regions as a whole, the less developed the municipality – which is apparent in the low VAT transfer –, the more importance given to the *Bolsa Família* Program. In some cases, such as Medina, for example, without looking further, since the income of almost 30% of the population is guaranteed by the income transfer of this program, there is no doubt that the *Bolsa Família* is responsible for a good part of the economic activities undertaken in the municipality.

Table 1: Characteristics of municipalities

Group	Municipality	Beneficiaries		Transfer per annum (R$)	Population			IDH-M[2]	Economic activity[3]	People/ family[4]
		N.º Families in 07/2004	N.º of People[1]		Total	Rural %	Urban %			
Midwest										
1	Porto Esperidião - MT	129	535	116,880	9,996	65	35	Below	Primary	4.15
4	Tacuru - MS	148	564	135,360	8,717	50	50	Below	Primary	3.81
6	Divinópolis de Goiás - GO	140	535	130,200	5,172	42	58	Below	Tertiary	3.82
7	Santa Rita do Pardo - MS	183	697	127,740	6,640	51	49	Above	Primary	3.81
8	Novo Horizonte do North - MT	117	486	96,480	3,511	58	42	Above	Tertiary	4.15
9	Edéia - GO	132	504	101,880	10,223	21	79	Above	Primary	3.82
10	Juruena - MT	104	432	94,980	5,448	31	69	Above	Secondary	4.15
11	Mundo Novo - MS	212	808	158,280	15,669	13	87	Above	Tertiary	3.81
14	Ivinhema - MS	390	1,486	262,260	21,643	30	70	Above	Primary	3.81
15	Senador Canedo - GO	174	665	154,320	53,105	5	95	Above	Secondary	3.82
16	Itapuranga - GO	726	2,773	626,100	26,740	26	74	Above	Tertiary	3.82
18	Rio Verde - GO	1,963	7,498,66	1,495,320	116,552	9	91	Above	Tertiary	3.82
19	Brasília - DF	2,057	8,002	1,726,620	2,051,146	4	96	Above	Tertiary	3.89

1 - Number of beneficiary families x average family size
2 - Above or below the national average
3 - Predominant economic activity
4 - Average number of the State to which the municipality belongs

Table 1: Characteristics of municipalities - continuation

Group	Municipality	Beneficiaries		Transfer per annum (R$)	Population			IDH-M[2]	Economic activity[3]	People/family[4]
		N.º Families in 07/2004	N.º of People[1]		Total	Rural %	Urban %			
Northeast										
20	Ibirajuba - PE	413	1,755	356,100	7,438	67	33	Below	Primary	4.25
21	Pacatuba - SE	764	3,362	724,620	11,536	78	22	Below	Secondary	4.40
22	Andorinha - BA	638	2,833	458,028	15,774	73	27	Below	Tertiary	4.44
23	Itarantim - BA	1,130	5,017	934,740	16,923	23	77	Below	Primary	4.44
24	Acarapé - CE	922	4,112	839,100	12,927	46	54	Below	Secondary	4.46
25	Várzea - PB	206	921	160,800	2,051	32	68	Below	Tertiary	4.47
29	Timbaúba dos Batistas - RN	67	283	54,240	2,189	24	76	Above	Tertiary	4.22
30	Esperantinópolis - MA	1,470	6,894	1,317,600	21,224	54	46	Below	Primary	4.69
31	Lagarto - SE	3,117	13,715	2,974,020	83,334	51	49	Below	Secondary	4.40
32	Pedra Branca - CE	4,088	18,232	3,504,600	40,742	57	43	Below	Tertiary	4.46
33	Entre Rios - BA	1,079	4,791	979,020	37,513	39	61	Below	Primary	4.44
34	Ribeirão - PE	2,328	9,894	1,981,500	41,449	28	72	Below	Secondary	4.25
35	Iaçu - BA	1,983	8,805	1,793,340	28,501	24	76	Below	Tertiary	4.44
37	Catu - BA	1,651	7,330	1,391,760	46,731	19	81	Above	Secondary	4.44
38	Santo Antônio de Jesus - BA	2,481	11,016	2,180,640	77,368	14	86	Above	Tertiary	4.44
39	Vitória de Santo Antão - PE	4,187	17,795	3,654,660	117,609	16	84	Below	Secondary	4.25
40	Caxias - MA	6,648	31,179	6,290,940	139,756	26	74	Below	Tertiary	4.69
42	Camaçari - BA	2,342	10,398	1,729,920	161,727	5	95	Above	Secondary	4.44
43	Caucaia - CE	12,940	57,712	10,186,020	250,479	10	90	Above	Tertiary	4.46
44	Salvador - BA	81,769	363,054	60,764,700	2,443,107	0	100	Above	Tertiary	4.44

1 - Number of beneficiary families x average family size
2 - Above or below the national average
3 - Predominant economic activity
4 - Average number of the State to which the municipality belongs

Table 1: Characteristics of municipalities - continuation

Group	Municipality	Beneficiaries		Transfer per annum (R$)	Population			IDH-M[2]	Economic activity[3]	People/ family[4]
		N.º Families in 07/2004	N.º of People[1]		Total	Rural %	Urban %			
North										
45	Trairão - PA	287	1,231	255,240	14,042	79	21	Below	Primary	4.29
46	Santa Bárbara do Pará - PA	632	2,711	551,640	11,378	65	35	Below	Secondary	4.29
47	Esperantina - TO	562	2,450	554,160	7,623	53	47	Below	Tertiary	4.36
48	Ananás - TO	65	283	55,920	10,512	20	80	Below	Primary	4.36
49	Almas - TO	373	1,626	351,600	8,474	34	66	Below	Secondary	4.36
50	Itaguatins - TO	562	2,450	507,600	6,386	49	51	Below	Tertiary	4.36
51	Vale do Paraíso - RO	86	347	83,580	9,863	81	19	Above	Primary	4.03
53	Senador Guiomard - AC	469	2,054	390,960	19,761	56	44	Above	Tertiary	4.38
54	Itaporã do Tocantins - TO	112	488	97,500	2,522	38	62	Above	Primary	4.36
56	Alvorada - TO	426	1,857	391,680	8,508	8	92	Above	Tertiary	4.36
57	Iranduba - AM	331	1,513	329,460	32,303	69	31	Below	Primary	4.57
58	Breu Branco - PA	1,349	5,787	1,373,340	32,446	51	49	Below	Secondary	4.29
59	Tapauá - AM	987	4,511	970,200	20,595	54	46	Below	Tertiary	4.57
60	Santana do Araguaia - PA	1,307	5,607	1,066,740	31,218	44	56	Below	Primary	4.29
62	Cruzeiro do South - AC	3,262	14,288	2,929,260	67,441	42	58	Below	Tertiary	4.38
63	São Félix do Xingu - PA	111	476	102,780	34,621	64	36	Above	Primary	4.29
65	Curuçá - PA	1,016	4,359	962,820	26,160	62	38	Above	Tertiary	4.29
66	Tucumã - PA	1,181	5,066	1,087,620	25,309	35	65	Above	Primary	4.29
67	Parauapebas - PA	3,309	14,196	2,954,460	71,568	17	83	Above	Secondary	4.29
68	Pimenta Bueno - RO	532	2,144	462,060	31,752	17	83	Above	Tertiary	4.03
69	Abaetetuba - PA	6,406	27,482	6,372,480	119,152	41	59	Above	Tertiary	4.29

1 - Number of beneficiary families x average family size
2 - Above or below the national average
3 - Predominant economic activity
4 - Average number of the State to which the municipality belongs

Table 1: Characteristics of municipalities - continuation

Group	Municipality	Beneficiaries		Transfer per annum (R$)	Population			IDH-M[2]	Economic activity[3]	People/ family[4]
		N.º Families in 07/2004	N.º of People[1]		Total	Rural %	Urban %			
Southeast										
72	Águia Branca - ES	279	1,102	262,380	9,599	76	24	Below	Primary	3.95
74	Gonzaga - MG	180	716	180,300	5,713	53	47	Below	Tertiary	3.98
75	Carmésia - MG	92	366	89,520	2,246	49	51	Below	Primary	3.98
76	Belo Oriente - MG	741	2,949	634,680	19,516	17	83	Below	Secondary	3.98
77	Lontra - MG	371	1,477	327,960	7,640	35	65	Below	Tertiary	3.98
78	Claraval - MG	48	191	39,000	4,242	51	49	Above	Primary	3.98
79	São Bento do Sapucaí - SP	129	494	98,820	10,355	55	45	Above	Secondary	3.83
80	Wenceslau Braz - MG	69	275	59,940	2,596	54	46	Above	Tertiary	3.98
81	Guarani d'Oeste - SP	31	119	26,460	2,006	14	86	Above	Primary	3.83
82	Roseira - SP	114	437	106,620	8,577	7	93	Above	Secondary	3.83
83	Bom Jesus dos Perdões - SP	60	230	54,060	13,313	16	84	Above	Tertiary	3.83
84	Minas Novas - MG	910	3,622	866,820	30,646	75	25	Below	Primary	3.98
85	Monte Azul - MG	973	3,873	882,060	23,832	52	48	Below	Tertiary	3.98
86	Itamarandiba - MG	1,422	5,660	1,350,480	29,400	40	60	Below	Primary	3.98
87	Medina - MG	1,552	6,177	1,351,080	21,641	33	67	Below	Tertiary	3.98
88	Domingos Martins - ES	178	703	145,200	30,559	81	19	Above	Primary	3.95
90	Piedade - SP	585	2,241	503,580	50,131	56	44	Above	Tertiary	3.83
91	Patrocínio - MG	1,175	4,677	905,640	73,130	14	86	Above	Primary	3.98
92	Cajati - SP	932	3,570	931,980	29,227	28	72	Above	Secondary	3.83
93	Nanuque - MG	748	2,977	652,380	41,619	9	91	Above	Tertiary	3.98
94	Indaiatuba - SP	323	1,237	234,720	147,050	2	98	Above	Secondary	3.83
95	Ribeirão das Neves - MG	4,404	17,528	3,333,600	246,846	1	99	Above	Tertiary	3.98
96	São Bernardo do Campo - SP	6,996	26,795	5,672,400	703,177	2	98	Above	Secondary	3.83
97	Santo André - SP	5,141	19,690	4,349,400	649,331	0	100	Above	Tertiary	3.83

1 - Number of beneficiary families x average family size
2 - Above or below the national average
3 - Predominant economic activity
4 - Average number of the State to which the municipality belongs

Table 1: Characteristics of municipalities - continuation

Group	Municipality	Beneficiaries		Transfer per annum (R$)	Population			IDH-M[2]	Economic activity[3]	People/ family[4]
		N.º Families in 07/2004	N.º of People[1]		Total	Rural %	Urban %			
South										
98	Ramilândia - PR	29	110	25,320	3,868	55	45	Below	Primary	3.81
99	Turvo - PR	883	3,364	765,600	14,530	71	29	Below	Secondary	3.81
100	Grandes Rios - PR	251	956	229,860	7,868	52	48	Below	Tertiary	3.81
101	Campo do Tenente - PR	128	488	99,000	6,335	46	54	Below	Primary	3.81
103	São Valério do Sul - RS	38	139	35,520	2,625	82	18	Above	Primary	3.65
104	Presidente Lucena - RS	4	15	3,420	2,069	53	47	Above	Secondary	3.65
105	Gravatal - SC	74	277	56,460	10,799	64	36	Above	Tertiary	3.74
106	Florestópolis - PR	96	366	49,860	12,190	16	84	Above	Primary	3.81
107	Siderópolis - SC	104	389	78,000	12,082	25	75	Above	Secondary	3.74
108	Jardim Olinda - PR	31	118	28,020	1,523	35	65	Above	Tertiary	3.81
109	Reserva - PR	63	240	66,240	23,977	60	40	Below	Primary	3.81
111	Prudentópolis - PR	1,169	4,454	987,420	46,346	61	39	Above	Primary	3.81
114	Fraiburgo - SC	545	2,038	503,460	32,948	16	84	Above	Primary	3.74
115	Indaial - SC	362	1,354	276,540	40,194	5	95	Above	Secondary	3.74
116	Rosário do Sul - RS	237	865	205,500	41,058	12	88	Above	Tertiary	3.65
117	Jaraguá do Sul - SC	639	2,390	422,700	108,489	11	89	Above	Secondary	3.74
118	Bagé - RS	2,624	9,578	2,074,740	118,767	18	82	Above	Tertiary	3.65
119	Porto Alegre - RS	20,433	74,580	16,586,160	1,360,590	3	97	Above	Tertiary	3.65

1 - Number of beneficiary families x average family size
2 - Above or below the national average
3 - Predominant economic activity
4 - Average number of the State to which the municipality belongs

Table 2: The relative importance of the *Bolsa Família*

Group	Municipality	Available Revenue[1]	SUS - Federal Transfers[2]	FPM[1]	ICMS[1]	BF/ Available Revenue %	BF/SUS Federal Transfers %	BF/ ICMS %	BF/ FPM %	Beneficiaries/ Total Population %
Midwest										
1	Porto Esperidião - MT	6,483,994	438,909	2,309,010	3,044,833	2	27	4	5	5
4	Tacuru - MS	4,747,811	553,814	2,569,403	1,580,641	3	24	9	5	6
6	Divinópolis de Goiás - GO	2,780,753	226,128	1,916,514	641,166	5	58	20	7	10
7	Santa Rita do Pardo - MS	8,939,711	146,989	2,188,284	3,922,064	1	87	3	6	11
8	Novo Horizonte do Norte - MT	3,138,838	366,049	2,128,727	641,328	3	26	15	5	14
9	Edéia - GO	6,749,885	484,185	2,555,410	3,152,733	2	21	3	4	5
10	Juruena - MT	3,480,431	953,377	1,732,087	1,171,006	3	10	8	5	8
11	Mundo Novo - MS	7,864,042	535,273	5,138,909	1,878,181	2	30	8	3	5
14	Ivinhema - MS	9,247,850	1,783,822	5,138,689	2,875,170	3	15	9	5	7
15	Senador Canedo - GO	38,931,609	4,111,675	7,026,763	28,932,175	0.4	4	1	2	1
16	Itapuranga - GO	7,739,425	1,499,406	4,549,322	1,983,701	8	42	32	14	10
18	Rio Verde - GO	67,252,521	12,445,777	10,859,791	34,448,100	2	12	4	14	6
19	Brasília - DF	4,449,578,172	685,580,335	149,876,593	2,219,995,936	0.04	0.3	0.1	1	0.4

1 - STN (National Treasury Secretariat) - 2003
2 - SIOPS (Information System on Public Budget for Heath Care) - 2003

Table 2: The relative importance of the *Bolsa Família* - Continuation

Group	Municipality	Available Revenue[1]	SUS - Federal Transfers[2]	FPM[1]	ICMS[1]	BF/ Available Revenue %	BF/SUS Federal Transfers %	BF/ ICMS %	BF/ FPM %	Beneficiaries/ Total Population %
Notheast										
20	Ibirajuba - PE	2,772,001	392,153	2,350,532	307,603	13	91	116	15	24
21	Pacatuba - SE	4,774,116	553,651	7,996,084	5,808,348	15	131	12	9	29
22	Andorinha - BA	5,543,360	279,018	3,599,922	1,558,408	8	164	29	13	18
23	Itarantim - BA	5,309,418	1,184,353	3,599,545	1,401,288	18	79	67	26	30
24	Acarapé - CE	4,881,860	529,491	2,907,776	1,781,898	17	158	47	29	32
25	Várzea - PB	2,382,104	122,042	2,012,508	286,208	7	132	56	8	45
29	Timbaúba dos Batistas - RN	2,306,607	115,833	2,052,689	221,369	2	47	25	3	13
30	Esperantinópolis - MA	5,839,549	1,547,168	6,727,171	128,658	23	85	1.024	20	32
31	Lagarto - SE	14,879,859	5,690,500	9,543,750	3,706,662	20	52	80	31	16
32	Pedra Branca - CE	8,092,003	3,101,097	6,542,394	1,126,327	43	113	311	54	45
33	Entre Rios - BA	15,343,795	889,155	6,359,701	7,193,181	6	110	14	15	13
34	Ribeirão - PE	9,113,108	953,401	6,379,046	2,215,840	22	208	89	31	24
35	Iaçu - BA	7,164,500	929,409	4,908,432	1,565,483	25	193	115	37	31
37	Catu - BA	14,436,082	4,298,773	6,871,763	3,758,065	10	32	37	20	16
38	Santo Antônio de Jesus - BA	17,988,779	3,344,161	9,186,944	4,912,483	12	65	44	24	14
39	Vitória de Santo Antão - PE	9,113,108	953,401	11,752,046	8,386,491	40	383	44	31	15
40	Caxias - MA	21,319,750	16,332,770	14,426,422	1,576,161	30	39	399	44	22
42	Camaçari - BA	217,119,188	12,541,675	24,673,457	139,345,540	1	14	1	7	6
43	Caucaia - CE	52,730,467	10,554,665	29,175,887	12,634,599	19	97	81	35	23
44	Salvador - BA	836,366,189	51,733,039	164,857,883	234,501,793	7	117	26	37	15

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Table 2: The relative importance of the *Bolsa Família* - Continuation

Group	Municipality	Available Revenue[1]	SUS - Federal Transfers[2]	FPM[1]	ICMS[1]	BF/ Available Revenue %	BF/SUS Federal Transfers %	BF/ ICMS %	BF/ FPM %	Beneficiaries/ Total Population %
North										
45	Trairão - PA	4,456,520	309,368	3,005,627	1,067,815	6	83	24	8	9
46	Santa Bárbara do Pará - PA	3,458,465	667,053	2,405,742	802,069	16	83	69	23	24
47	Esperantina - TO	1,749,731	628,112	1,522,857	146,441	32	88	378	36	32
48	Ananás - TO	2,330,228	285,224	2,030,475	1,488,365	2	20	4	3	3
49	Almas - TO	2,194,744	518,588	1,522,857	381,286	16	68	92	23	19
50	Itaguatins - TO	2,353,306	260,891	1,912,652	237,849	22	195	213	27	38
51	Vale do Paraíso - RO	2,899,340	495,358	1,524,079	1,190,075	3	17	7	5	4
53	Senador Guiomard - AC	5,247,908	619,012	3,127,571	1,818,128	7	63	22	13	10
54	Itaporã do Tocantins - TO	2,130,086	204,408	1,522,857	502,577	5	48	19	6	19
56	Alvorada - TO	3,640,281	369,580	1,673,514	1,557,728	11	106	25	23	22
57	Iranduba - AM	7,980,178	1,205,308	4,359,933	3,277,190	4	27	10	8	5
58	Breu Branco - PA	8,398,368	993,424	4,808,799	2,563,642	16	138	54	29	18
59	Tapauá - AM	8,011,990	1,240,394	4,926,620	3,780,829	12	78	26	20	22
60	Santana do Araguaia - PA	8,854,232	2,318,770	4,811,609	3,035,449	12	46	35	22	18
62	Cruzeiro do Sul - AC	13,359,053	2,096,548	6,777,790	5,193,296	22	140	56	43	21
63	São Félix do Xingu - PA	13,037,322	3,387,237	6,613,439	4,582,168	1	3	2	2	1
65	Curuçá - PA	5,221,444	648,167	4,212,078	801,552	18	149	120	23	17
66	Tucumã - PA	21,874,763	2,711,141	8,266,147	10,610,468	5	40	10	13	20
67	Parauapebas - PA	83,876,129	6,278,930	7,820,077	48,443,606	4	47	6	38	20
68	Pimenta Bueno - RO	11,515,072	3,214,408	4,930,413	4,720,561	4	14	10	9	7
69	Abaetetuba - PA	83,876,129	6,278,930	10,221,008	2,349,196	8	101	271	62	23

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Table 2: The relative importance of the *Bolsa Família* - Continuation

Group	Municipality	Available Revenue[1]	SUS - Federal Transfers[2]	FPM[1]	ICMS[1]	BF/ Available Revenue %	BF/SUS Federal Transfers %	BF/ ICMS %	BF/ FPM %	Beneficiaries/ Total Population %
Southeast										
72	Águia Branca - ES	5,605,957	231,676	2,512,739	2,679,052	5	113	10	10	11
74	Gonzaga - MG	2,617,346	176,053	1,963,937	470,476	7	102	38	9	13
75	Carmésia - MG	3,047,036	208,710	2,037,597	705,085	3	43	13	4	16
76	Belo Oriente - MG	31,532,400	585,193	4,075,307	20,941,360	2	108	3	16	15
77	Lontra - MG	2,518,560	211,300	2,036,783	393,415	13	155	83	16	19
78	Claraval - MG	3,778,631	117,855	2,036,783	1,350,825	1	33	3	2	5
79	São Bento do Sapucaí - SP	4,913,291	193,578	2,638,372	1,340,535	2	51	7	4	5
80	Wenceslau Braz - MG	2,433,088	43,365	2,037,637	333,306	2	138	18	3	11
81	Guarani d'Oeste - SP	2,728,893	163,466	1,931,560	670,485	1	16	4	1	6
82	Roseira - SP	4,117,390	153,120	1,950,065	1,230,000	3	70	9	5	5
83	Bom Jesus dos Perdões - SP	7,904,442	544,359	3,297,633	1,871,293	1	10	3	2	2
84	Minas Novas - MG	7,503,912	725,854	5,431,091	1,437,108	12	119	60	16	12
85	Monte Azul - MG	6,445,265	878,163	5,214,769	817,186	14	100	108	17	16
86	Itamarandiba - MG	7,250,383	1,154,024	4,888,481	1,624,001	19	117	83	28	19
87	Medina - MG	5,954,675	509,834	4,562,692	997,838	23	265	135	30	29
88	Domingos Martins - ES	14,591,469	1,268,503	5,324,276	7,200,812	1	11	2	3	2
90	Piedade - SP	19,151,120	823,566	7,256,089	5,845,998	3	61	9	7	4
91	Patrocínio - MG	26,621,077	6,040,274	8,835,373	10,653,820	3	15	9	10	6
92	Cajati - SP	18,605,479	609,537	4,683,690	11,287,656	5	153	8	20	12
93	Nanuque - MG	12,279,963	2,908,244	6,192,369	3,176,842	5	22	21	11	7
94	Indaiatuba - SP	109,911,656	10,036,140	16,705,288	38,571,473	0.2	2	1	1	1
95	Ribeirão das Neves - MG	33,244,950	11,530,249	19,434,215	7,643,151	10	29	44	17	7
96	São Bernardo do Campo - SP	711,315,791	32,703,134	16,705,780	331,292,559	1	17	2	34	4
97	Santo André - SP	404,850,898	33,647,161	16,844,914	151,950,401	1	13	3	26	3

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Table 2: The relative importance of the *Bolsa Família* - Continuation

Group	Municipality	Available Revenue[1]	SUS - Federal Transfers[2]	FPM[1]	ICMS[1]	BF/ Available Revenue %	BF/SUS Federal Transfers %	BF/ ICMS %	BF/ FPM %	Beneficiaries/ Total Population %
South										
98	Ramilândia - PR	3,186,510	155,007	2,150,431	849,702	1	16	3	1	3
99	Turvo - PR	7,231,541	560,898	3,455,500	2,948,816	11	136	26	22	23
100	Grandes Rios - PR	3,808,557	260,431	2,827,392	709,217	6	88	32	8	12
101	Campo do Tenente - PR	3,778,545	324,798	2,150,431	1,176,673	3	30	8	5	8
103	São Valério do Sul - RS	2,490,723	360,316	1,815,042	561,481	1	10	6	2	5
104	Presidente Lucena - RS	2,726,760	23,952	1,814,910	729,326	0	14	0,5	0,2	1
105	Gravatal - SC	4,086,753	496,805	2,381,986	1,046,860	1	11	5	2	3
106	Florestópolis - PR	4,551,359	394,245	2,827,193	1,248,120	1	13	4	2	3
107	Siderópolis - SC	7,690,440	492,706	2,571,578	4,167,905	1	16	2	3	3
108	Jardim Olinda - PR	2,793,501	104,613	2,150,431	447,247	1	27	6	1	8
109	Reserva - PR	8,878,510	813,379	5,017,269	2,527,986	1	8	3	1	1
111	Prudentópolis - PR	15,160,355	790,621	6,596,649	5,456,170	7	125	18	15	10
114	Fraiburgo - SC	16,814,870	754,679	5,031,931	9,067,223	3	67	6	10	6
115	Indaial - SC	21,783,894	1,378,435	5,360,214	10,528,473	1	20	3	5	3
116	Rosário do Sul - RS	14,838,054	726,045	5,512,366	7,085,518	1	28	3	4	2
117	Jaraguá do Sul - SC	82,916,316	9,656,508	9,528,578	48,449,680	1	4	0,9	4	2
118	Bagé - RS	36,240,557	2,592,325	10,286,287	13,207,859	6	80	16	20	8
119	Porto Alegre - RS	983,402,414	267,452,694	53,138,410	276,036,406	2	6	6	31	5

1 - STN (National Treasury Secretariat) - 2003
2 - SIOPS (Information System on Public Budget for Heath Care) - 2003

Source: Prepared by the researcher

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Opinion Survey with Beneficiaries of the *Bolsa Família* Program

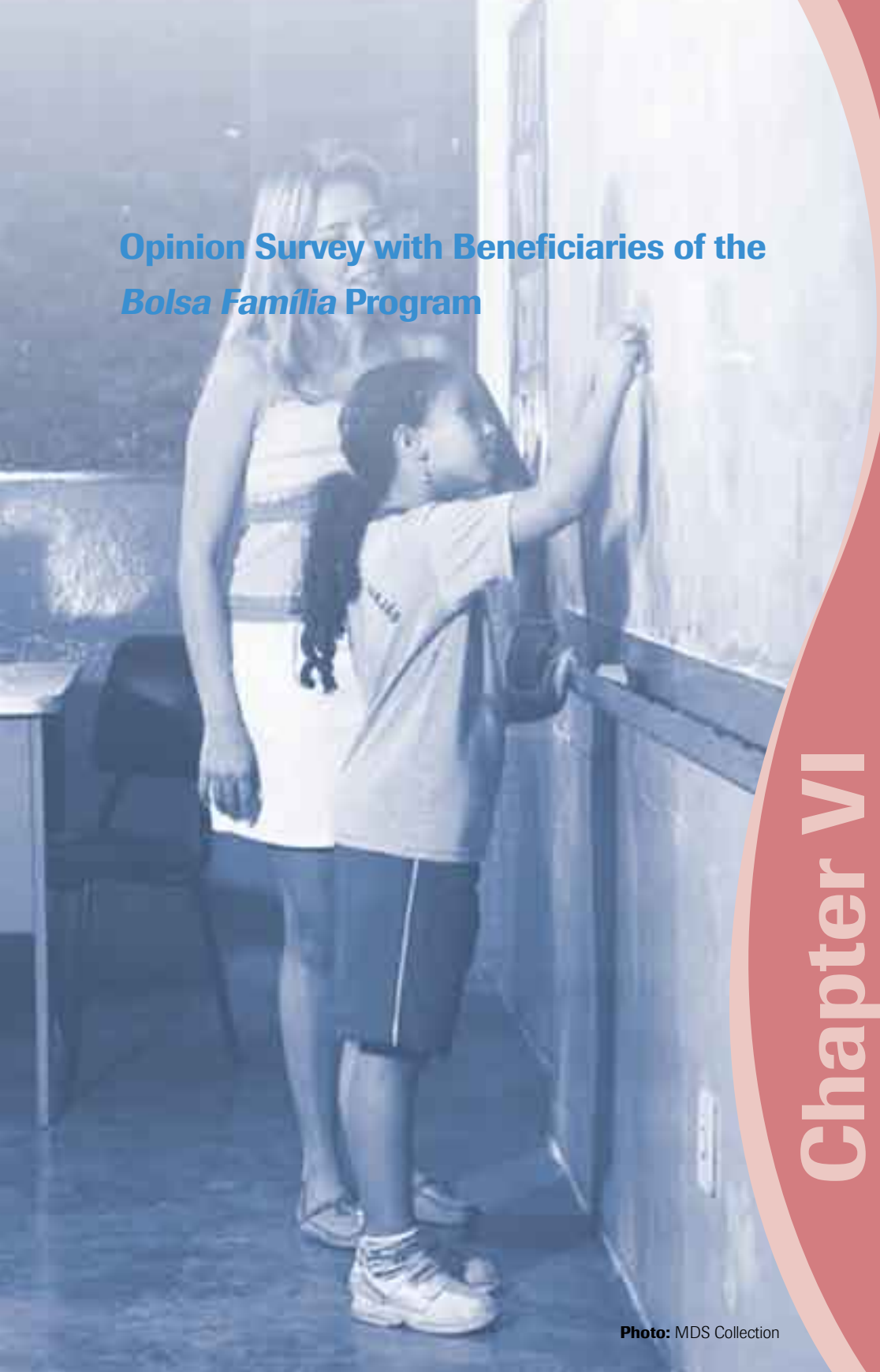


Photo: MDS Collection

Chapter VI

Chapter VI

Opinion Survey with Beneficiaries of the *Bolsa Família* Program

Polis Institute[1]

1 Introduction

This article discusses the results of the opinion survey held in 2004 with more than 2,300 beneficiary families of the *Bolsa Família* Program. First of all, however, it is important to point out some methodological elements so that the reader can place in context the results of this study obtained from the answers by the interviewees to more than eighty questions in a questionnaire applied throughout Brazil.

The opinion survey with the users of the *Bolsa Família* Program was performed in the field between September 10 and October 4, 2004. The analytical unit of the survey consisted of the beneficiary family and, based on the sphere of beneficiaries, a probability sample was defined, with an almost equal allocation per Region in Brazil and, within the Regions, the sample was stratified according to size of the municipality.

The allocation of the sample to the Regions in the country was the same: 400 interviews in each Region - South, Southeast, Midwest and North - to guarantee in each estimate for the parameters under study within a maximum margin of error of five percentual points either way. In the Northeast Region, where there are more beneficiaries, 717 interviews were performed to guarantee

1 Private research institution from Belo Horizonte, Minas Gerais, that develops social and opinion surveys and market researches for governmental and non governmental organisms

within the Region estimates for the parameters under study within a maximum margin of error of approximately 3.8 percentual points. For the analysis of the data for the whole of Brazil, the information was weighted by region, with weight in proportion to the number of the Program's beneficiaries.

The observation units (beneficiary families) were selected in multiple stages. In the first stage, 86 municipalities were selected at random, stratified by region in Brazil and size. Based on the reference list of the Program's beneficiary families provided by the Ministry of Social Development and the Fight Against Hunger (MDS), the random selection was made of the families of beneficiaries in these municipalities. The selection of the families considered substitution lists where the selected beneficiary family was not located at the informed address, or in the case of refusal, death of the beneficiary and other situations, in addition to cases where, after two returns to the household at different times, the legally responsible person was not found.

In the South Region 400 interviews were carried out (17.26% of the total), the same number and proportion of interviews as those in the Southeast, Midwest and North Regions. While the estimated error within the stratum was 3.8 percentual points either way in the case of the Northeast, in the other regions the highest estimated error in the stratum was five percentual points. Totaling the 1,600 interviews in the four Regions that have fewer beneficiary families than the 717 in the Northeast (30.95% of the total), a total of 2,317 interviews were performed. The weighting of the data by region was in proportion to the families of the beneficiaries in the *Bolsa Família* Program in the actual population.

Within the five Regions of Brazil, the sample was stratified by size of municipality on a scale of 1 to 6, according to the number of beneficiary families. Size 1 municipalities were rated as those with up to 1,000 beneficiaries, representing up to 20.9% of the population of that municipality. So, 18 municipalities of that size were included in the sample group[2]. Size 2 municipalities were rated as those

2 Acorizal (MT), Jaraguari (MS), Jussari (BA), Granjeiro (CE), Lago do Junco (MA), Salgadinho (PE), Bom Jesus (RN), Dom Expedito Lopez (PI), Presidente Figueiredo (AM), Inhangapi (PA), Capitão Andradas (MG), Carmo do Cajuru (MG), Vassouras (RJ), Anhumas (SP), Cravinhos (SP), Corbélia (PR), São Martinho (RS) and Luiz Alves (SC).

between 1,001 and 3,000 beneficiaries, representing up to 32.2% of the local population. Twenty-one municipalities of this size were included in the study[3]. Size 3 municipalities were rated as those with a number of beneficiaries between 3,001 and 8,000 to 23.1% of the local population. Eighteen countries of this size were included in the survey[4]. Size 4 municipalities were rated with a number of beneficiaries between 8,001 and 16,000, up to 8% of the local population. Eleven municipalities of this size were included in the study[5]. Size 5 municipalities were rated with a number of beneficiaries between 16,001 and 40,000, representing up to 7.2% of the local population. Ten municipalities of this size were included in the study[6]. Lastly, size 6 municipalities were rated with a number of beneficiaries over 40,000, representing up to 8.5% of the local population. Eight municipalities of this size were included in the study[7].

After having defined these methodological parameters of the study some of its most important results now follow. These results will be presented in sections corresponding to the main questions, beginning with the general opinion of the beneficiary public.

2 Opinion of the Beneficiary Public and Income and Expenses Parameters

In general, it is important to stress that even in 2004 the *Bolsa Família* Program was very highly regarded by the beneficiary legal heads of the family:

3 Pocone (MT), Inhumas (GO), Itumbiara (GO), Corumbá (MS), Quebrângulo (AL), Camaçari (BA), Guaiuba (CE), Alcântara (MA), Bonito (PE), Jardim das Piranhas (RN), Inhuma (PI), Iranduba (AM), Bujaru (PA), Guajará Mirim (RO), Cataguases (MG), Mariana (MG), Barra Mansa (RJ), Jacareí (SP), Rio Branco do Sul (PR), Lageado (RS) and Blumenau (SC).

4 Várzea Grande (MT), Candeias (BA), Barbalha (CE), Palmeira dos Índios (AL), Picos (PI), Bacabal (MA), Araripina (PE), Parnamirim (RN), Parintins (AM), Altamira (PA), Cacoal (RO), Divinópolis (MG), Petrópolis (RJ), Presidente Prudente (SP), Ribeirão Preto (SP), Cascavel (PR), Santa Maria (RS) and Florianópolis (SC).

5 Anápolis (GO), Campo Grande (MS), Cuiabá (MT), Itabuna (BA), Vitória do Santo Antão (PE), Porto Velho (RO), Boa Vista (RR), Governador Valadares (MG), Belfort Roxo (RJ), Campinas (SP) and Londrina (PR).

6 Goiânia (GO), Brasília (DF), Maceió (AL), Caruaru (PE), Belém (PA), Duque de Caxias (RJ), Guarulhos (SP), Natal (RN), Porto Alegre (RS) and Curitiba (PR).

7 Salvador (BA), Fortaleza (CE), São Luís (MA), Recife (PE), Manaus (AM), Belo Horizonte (MG), Rio de Janeiro (RJ) and São Paulo (SP).

85.3% considered it excellent or good, 13.7% as regular and less than 1% of the interviewees in the national sample assessed it negatively, with bad and/or very bad mentions.

The average rating attributed by the legal heads to the *Bolsa Família* Program was 8.47. Half of those heads of the family rated the Program 0 to 9 (mean) and the other half from 9 to 10, which shows a large concentration of high ratings. Ten (10) was the rating that was most repeated in the study (mode). Although the high average rating attributed to the Program in all sizes of towns and regions of the country, considering the margin of error of the survey of five percentual points either way, statistically relevant differences were found between the average ratings in the stratum of Size 2 municipalities and in the Midwest Region stratum, in which were found the lowest average ratings - 8.28 and 7.67, respectively - but even so still quite high.

Considering the margin of error of the survey, the average ratings by size of municipality were distributed as follows: Size 1 (8.7), Size 2 (8.28), Size 3 (8.45), Size 4 (8.74), Size 5 (8.31) and lastly, Size 6 (8.58). In the case of the Regions, considering the same margin of error of the survey, statistically relevant differences were found between the averages of the "Midwest Region" stratum and the other Regions in the country, whose average ratings were as follows: North (8.86), Northeast (8.58), Southeast (8.29), South (8.48) and Midwest (7.67).

The Program was considered very important or important by almost 97% of those who were legally responsible for receiving the benefit. Only 3.2% maintained that the Program was "of little importance" or "not important at all".

On average, the Program beneficiaries said that they received a benefit of R$ 64.19. While half the beneficiaries received between R$ 15 and R$ 65 (mean), the other half received between R$ 65 and R$ 95. Considering the margin of error of the survey, it is estimated that the parameters of the average benefits of the Program by Region in the following intervals are: a) North, between R$ 66.86 and R$ 71.89; b) Northeast, between R$ 66.29 and R$ 69.00; c) Southeast, between R$ 56.99 and R$ 62.09; d) South, between R$ 55.38 and R$ 60.96; and e) Midwest, between R$ 56.49 and R$ 61.11.

The interviewees were asked what the income was of the people living in their household last month, adding the income of the actual interviewee and all other dwellers, considering all sources, such as wages, overtime, rent, casual earnings, alimony, pensions, *Bolsa Família* Program benefit, and so on.

According to the answers obtained for this question, the families of the beneficiaries of the Program earned in 2004 an average income of R$ 367.03 including the value of the benefit. Half the interviewees had a family income of between R$ 50.00 (minimum value) and R$ 375.00 (mean). The other half between R$ 375.00 (mean) and R$ 2,000.00 (maximum value). Considering the margin of error of the survey, the family income parameter was estimated in the different Regions in the following ranges: a) North, between R$ 328.06 and R$ 354.79; b) Northeast, between R$ 330.22 and R$ 349.62; c) Southeast, between R$ 405.19 and R$ 440.07; d) South, between R$ 360.17 and R$ 386.66; and e) Midwest, between R$ 359.60 and R$ 375.62.

The *Bolsa Família* benefit at the time of the survey was a positive average percentual variation of the family income of 30.81%. Without the benefit, the participants in the Program would have an average family income of R$ 302.47 and a mean family income of R$ 305.00.

From the viewpoint of spending and expenses, food was at the top of the list of the items most consumed with the Program benefit in 2004, being mentioned by 48.7% of those legally responsible. The food item was followed by school material (18%), clothes/footwear (14.3%), medicaments (10.1%), water/electricity/gas (5.2%) and cleaning materials (1.5%).

It is worth noting that this expenditure profile was obtained from one stimulated question about typical items of family expenditure:

> "*I'd like to remind you that people can spend the Program's money however they think best. Considering this, I'm going to read a list of things with which families generally have expenses. I would like to know on which of these things you normally spend the money you receive from the Program.*"

Items other than those mentioned in the preceding paragraph were mentioned by less than 1% of the interviewees.

On average, the beneficiary families of the *Bolsa Família* Program would spend R$ 144.60 on food and cleaning products for their homes. Half the Program beneficiaries would spend between R$ 0.00 (minimum value) and R$ 120.00 (mean) on food and cleaning products for the home. The other half would consume on these two items (food and cleaning products) something between R$ 120.00 (mean) and R$ 700.00 (maximum value). The beneficiary families of the *Bolsa Família* Program would spend an average of 39.64% of the family budget on food and cleaning products in 2004. Half the families would consume between 0% (minimum value) and 35.71% (mean) of the family budget on food and cleaning products. The other half consumed between 35.71% (mean) up to 3.5 times more than the family income (maximum value) on the same items. The frequency that was most often repeated was the 50% (mode) of the family income spent on food and cleaning products.

On average, the Program's beneficiary families consumed R$ 24.86 on medicaments. Half the beneficiary families would spend between R$ 0.00 (minimum value) and R$ 15.00 (mean). The other half would consume between R$ 15.00 (mean) and up to R$ 400.00 (maximum value). Another way of finding how much they spent on medication was to find that on average the Program families would spend 7.12% of the family income on medicaments. Half of them would spend up to 3.95% (mean) of the budget on medicaments. The other half would spend between 3.95% (mean) and 80% of the family income on medicaments.

In the case of expenses with electricity, the families would spend an average of R$ 32.66 on this item. Half of them spent between R$ 0.00 (minimum value) and R$ 27.00 (mean). The other half paid between R$ 27.00 (mean) and R$ 186.00 (maximum value) on the light bill. The most repeated frequency of expense with electricity was R$ 20.00.

After specifying the general evaluation parameters of the *Bolsa Família* Program at the time of the survey, and the income and expense parameters of the beneficiaries, the data obtained from the survey on the evaluation of the type before/after was quite consistent with the data obtained in the previous questions.

For 87.8% of the legally responsible beneficiaries of the *Bolsa Família* Program, family life improved a lot (25.9%) or improved (62%) after including

the family in the Program. A small portion believed that family life had not changed (11.9%), while only 0.3% said that family life had got worse or much worse. Between the Regions in the country, there was no statistical relevance in relation to the family perception of quality of life after joining the Program (the variable is distributed equally between the Regions). Except for the Southeast Region, in which there was, in fact, a higher rate of "life's just the same" answers without, however, supplanting the prevailing perception that life had improved.

Although the prevailing opinion among most interviewees was that life had improved, 52.7% of the participants in the Program believed that the value of the benefit was "average", while 8.7% considered it "high" and a large portion of the interviewees (37.2%) considered it "low".

Concerning the opinion of potential improvement, in 2004 the majority of the legally responsible *Bolsa Família* beneficiary had positive expectations for the future. Family life, for 60.6% of them, would be better within five years, while 36.7% believed that it would be the same and 2.3% said that life would become worse. Attenuating this moderate degree of optimism slightly more, it was found that 37.1% of the interviewees believed that the family would still need the benefit in the next five years, while another 37.4% said that they "hoped not". Only 4.6% categorically said that they would not need the benefit, while 20.9% said they did not know how to foresee what would happen in the next five years.

3 Social Conditions of Beneficiaries of the *Bolsa Família* Program

With regard to the essential aspect of food and the fight against hunger, a scale of food access by the beneficiary families of the *Bolsa Família* Program was created involving five levels (very good/ good/ medium/ poor/ very poor)[8].

8 Food access scale: linear transformation of the variables in a continuum from 0 to 10 (where zero means very poor access and 10 very good access), followed by transformation of the continuum in five categories. Categories of the scale: 1) very good access to food; 2) good access to food; 3) medium access to food; 4) poor access to food; 5) very poor access to food. Scale built from the variables: "Thinking of the quantity of food consumed by your family, you would say that that": 1) it is very often not enough for everyone to eat well; 2) sometimes it is not enough for everyone to eat well; 3) it is always enough for everyone to eat well.

It was found that food access by the beneficiary family of the Program was considered very good by 43.4% of the interviewees, good by 24.9%, medium by 20.9%, poor by 9.7% and very poor by 1.2% of the those legally responsible for the benefit in the beneficiary families.

Adults had three meals or more a day in 61.7% of the households under study, and in 29.8% of the households they had three meals or more almost every day. In 6.8% this occurred a few days a week and in only 1.8% of the household the adults had no access to three meals or more a day any day of the week.

In the case of children, in 66% of the homes of the Program's beneficiary families they had three meals or more every day of the week; in 21.9% they had access to three meals or more almost every day of the week; in 4.8%, access to three meals or more a few days in the week and in 1.2% of the households, the children never had three meals or more a day.

For 67.4% of the beneficiary families in the Program, the quality of the food they ate was very good or good, while 30.7% considered it regular and 1.9% said that the quality of the food was bad or very bad. However, in 82.4% of the households of those participating in the Program, those legally responsible believed that the family's food had improved after they began to receive the benefit. Of the total number of interviewees, 17.4% said that the food "was still the same" and in only 0.2% of the households did the interviewees say that the food had worsened.

It should be borne in mind that the *Bolsa Família* Program was set up in socially given contexts and one of the objectives of this study was precisely to discover the opinion of the interviewees about these earlier social conditions. By examining the results of a series of questions on the local infrastructure and family structure, it was possible to have a clearer understanding of the expectations and attitudes of the interviewees toward the Program.

The first series of questions aimed to assess the opinion on access to school and health programs. When asked, for example, about the proximity from the interviewee's home to the school attended by the children, 15.5% answered that it was very close and 61.3% answered that it was close. On the other hand, 11.6%

said that it was far and 0.6%, said that it was very far. Other answers explained situations where there were no children in the families, or that they had not reached school age, or they were of school age but did not attend school. Also, when asked about the degree of difficulty in finding places in the public schools, 13.3% of the respondents said that it was very easy, 67.5% considered it easy, 13.8% difficult and 1.7% of the interviewees though it very difficult, while 3.7% did not know or did not want to answer.

In the case of greater or lesser proximity to public health dispensaries, 9.7% of the interviewees said that some dispensaries were very close to their home, while 67.1% answered "close", 20.9% "far", 1.5% "very far" and 0.7% did not know or did not want to answer. According to 53% of the interviewees there were branches or agents of the Family Health Care Program (PSF) in the interviewees' home neighborhood; 32% said there were none and 14.9% did not know. Only 2.5% of the interviewees considered it very easy to be attended in the public health services, while 38.4% considered it easy, 39.5% thought it difficult, 17.8% said it was very difficult and 1.9% did not know or did not want to answer.

Besides commenting that it was harder to be attended by the health services than having access to public schools, interviewees reported less use of the available services. For example, the families of the interviewees used the Family Health Care Program (PSF) frequently in 19.2% of the cases, occasionally in 19.9% of the cases, seldom in 16.5% and 44.4% had never been attended by the PSF. In a sphere of 8.6% of the families that had woman become pregnant during the year of the survey, 51% of these women had more than five pre-natal consultations, 18% had four to five consultations, 25.7% of the pregnant mothers had between one and three consultations and only 5.3% had none.

The data obtained from the survey on the dynamism of the social structure of the beneficiary families in the *Bolsa Família* Program helped greatly toward understanding its impact.

First, 89.8% of the beneficiary heads of the family were women and only 10.2% were men. When asked about the head of the family's marital status, the survey found that 72.6% were married or living together, while 15.2% were

separated or divorced, 6.4% were single and 5.8% widowed. Considering all household dwellers, the gender proportion is altered to 54.7% women and 45.3% men.

On average, 4.38 people live in the households of the beneficiary families in the Program. Half the households had between one (minimum value) and four dwellers (mean). The other half had between four (mean) and 13 (maximum value) dwellers. Considering all Program beneficiary dwellers, the average age was 24.4 years old. Half the dwellers were between 0 (minimum value) and 21 years old (mean). The other half were between 21 (mean) and 98 years old (maximum value). The most repeated age was 13 years old among the dwellers. In the case of the heads of the family, 86% were in the 25-49 age group, 8.5% in the 50-64 age group, 3.2% in the 17-24 age group and 2.3% of the legally responsible were over 65 years old.

Among children between 0 and 6 years old (representing 9.6% of the total sample of dwellers in households receiving the benefit from the Program), the age distribution was found to be as follows: 10.5% of children under one year old, 7.7% of children one year old, 8.8% two years old, 16.7% three years old, 19.1% four years old, 15.5% five years old and at the top end of this scale 21.7% are six year olds.

In turn, 31.6% of dwellers in households with the Program benefit are in the 7-16 age group, distributed as follows: 6.8% seven years old, 9.3% eight years old, 10.2% nine years old, 14% ten years old, 10.7% 11 years old, 12% 12 years old, 14.2% 13 years old, 8.1% 14 years old, 8% 15 years old, and at the top end of this scale, 6.6% were 16 year olds.

On being asked about changes in the family structure after becoming enrolled in the *Bolsa Família*, the interviewees said, for example, that in 36.8% of the cases someone in the family who had been working and contributed to the family income had lost their job (that is, in 63.2% of the cases, no one in the family who was employed and contributed to the family income lost their job that month). The opposite situation was even less direct: only 8.1% of the unemployed in the beneficiary families found a job after enrollment.

In 91.5% of the households no child was born after registration (that is, in 8.5% of the homes a child was born after enrollment in the *Bolsa Família* Program). Other major changes in the family structure involved the death of someone at home in 4.7% of the households; the arrival of a new dweller in 12.1% of the households; the departure of some dweller in 9.7% of the households; change of school for a child in the household (19% of the cases) or the arrival of a child of school age in 21.2% of the beneficiary families in the Program.

Other important characteristics of the family profile of the sample were obtained by asking about the education of the head of the family, occupation of the beneficiaries in general, looking for a job, health, documentation and color/race (self-attributed).

Thus, it was learned for example that 6.7% of those legally responsible for the *Bolsa Família* benefit had never attended school, 67.8% had primary education, 24.6% secondary education and 0.9% attended special literacy classes. From the viewpoint of the occupational structure, the situation was distributed as shown in Table 1 below:

Table 1: Occupational status of beneficiaries of the Bolsa Família Program

Type of Occupation	All beneficiaries %	Legally responsible %
Employer	0.1	0.2
Wage earner with signed workbook	7.9	8.4
Wage earner with no workbook signed	4.2	7.1
Self-employed with Social Security	0.7	1.3
Self-employed without Social Security	17.2	34.7
Retired / pensioner	2.7	5.1
Rural worker	1.9	2.4
Rural employer	0.2	0.4
Unemployed	14.1	21.5
Does not work	51.0	19.0

Source: Opinion survey with users of the *Bolsa Família* Program/Polis Institute/MDS, 2004

Given the high unemployment and absenteeism rates, it is worth mentioning that 19.3% of the beneficiaries had looked for a job in the previous thirty

days, a proportion that increases to 33.2% in the case of the legally responsible. Considering all beneficiaries and not just the legally responsible, 52.9% had not been examined by a health professional in the last three months, 41.9% had been examined at a health service unit, and 5.2% had been examined at home.

In terms of legal citizenship, 98.3% of the Program's beneficiaries had a birth or marriage certificate, 61.3% an identity card, 55.9% had a CPF number of the taxpayers' roll, and 55.9% had voter cards. Color/race, according to the interviewees, was white in 32.8% of the cases, black in 19.5%, yellow in 2.5%, brown in 40.4% of the answers and indigenous in 4.8% of the cases.

Lastly, this survey collected a series of data on the living conditions of the Program's beneficiaries. In 63% of the cases the house where the person responsible for the family benefit lived belonged to them, and was already paid for; in 5.6% of the cases, the house was their own and still being paid for; and in 15.8% of the cases, the home was on loan; 9.1%, rented; 6.1% occupied/invaded and 0.4% of the dwellings applied to other situations. In the cases of rent or house finance, the interviewees on average would spend R$ 116.71, varying the values between a minimum of R$ 4.16 and maximum of R$ 500.00 (mode equal to R$ 100.00). When asked if they had any deed of ownership (title deed, real-estate record or deed of tenure), 51.3% of the interviewees said yes and 38.5% said that they had no document.

Two-bedroom homes were 61.1% of the answers, while 2.7% of the homes had four bedrooms, 13.7% three, 21.3% one and 1.2% of the interviewees said that their homes had no bedroom at all. Homes with no toilet were 2.3% of the dwellings, while the rest had one (97.2%) or two toilets (0.5%). The water supply to the homes was primarily through the public supply network (93.8%) or by other means (artesian wells, springs, water truck), but only 0.1% of the homes had no water supply. In 68.4% of the homes, sewage disposal went into the public sewage system; in 27.8% of the cases, into a septic tank and 1.9% of the homes disposed of their sewage directly into the rivers, lakes or sea. In turn, the garbage was collected from 81.1% of the households, burned in 15.3% of the cases, buried in 0.5% and 3% of the homes dumped it on a plot of land, in a river or lake.

In the case of electricity, the supply percentages through the public network are a little worse, but between the prevailing (79.9% of homes with their own meter) and rarest situation (0.7% of homes with no electricity) the same range of possibilities was found as in the case of the water supply (e.g. community meters, shared meters, generators, no meter and so on). A landline phone was found in only 15.8% of the homes of beneficiary families in 2004, but 18.2% of the interviewees had a mobile.

Having presented the results of the survey considering the social characteristics of the beneficiaries, it is now necessary to submit some of the results on how the *Bolsa Família* Program functions.

4 Registration and Running of the *Bolsa Família* Program

The children's school was the means by which 37.3% of the participating families learned about registering in the *Bolsa Família* Program. Among the other interviewees, 16.9% said that they learned about the registration through "neighbors, friends or relatives", 13.1% learned from radio, newspaper or television announcements, 12.3% named a charity institution or non-governmental organization, 8.5% learned about it at the public health dispensary, 3.4% through the bank or other financial institution, 2.5% of the interviewees were informed about enrollment by a loudspeaker van, 1.9% through the neighborhood association and 1.4% through some church.

In 45.9% of the households of the Program's participants, registration was done at school and in 15% of the cases in their own homes. The others were 11.2% who said that they had enrolled in some local government agency, 10.6% in the city or town hall and 7.2% at a public health dispensary. In 5.1% of the households, they registered in the neighborhood association, and at a church in 3.4% of the cases.

Two data items obtained from the survey were very important for examining the mechanisms of how the Program functions. First, 68.2% of the families were registered in their own neighborhood and this gives an idea of the distribution spread of the Program. In second place, no more than 15.2% of the beneficiary families were approached by politicians to register in the Program. Since 31.2% of the breadwinners said that the family enrollment was up-to-date at the time of the interview and, on the contrary, 54.5% said that they had not updated their registration, this was confirmation that it is necessary for the Ministry of Social Development and the Fight Against Hunger (MDS) to undertake a very close follow-up regarding the registration and update processes (14.3% did not know whether the family registration had been updated or not).

Spontaneously, 40.2% stated that they would go to *Caixa Econômica Federal* (CEF - Federal Savings Bank) if they had any problem in receiving the benefit, while 24.9% resorted to local government offices or a regional public agency, and 9.7% would try to resolve it where they receive the benefit. Other places mentioned for solving this kind of problem were the MDS (4.2%), Secretariat of Education (3.1%), committee or council that controls the benefit (2.1%), the "school where they registered" (0.4%), the "Ministry's 0800" phone (0.4%), Ministry of Education (0.3%) and the "Social Assistance Bureau" (0.2%).

When asked whether they knew people who were in need of the *Bola Família* benefit and were not receiving it, 58.9% of the interviewees said yes and 41.1% said no. The opposite question ("*do you know people who are receiving the Bolsa Família, but who don't need it*?") had even more significant answers, necessarily inverted, in the negative (72.1%) and in the positive (27.9%). However, since the percentage of affirmative answers to this question could be considered very high, it would be important to note how two other questions are answered. In the first, 31.1% of the interviewees said that they knew who to approach to inform about people who were receiving the benefit but did not need it, while 7.3% said that they knew, but would not contact the authorities, and 61.6% of the interviewees said they did not know who to approach. Those who said they knew who they should approach were then asked which department it would be: 19.6% said the town or city hall; 10.3%, the *Caixa Econômica Federal* (CEF); 2.9%, MDS; committee or council

for the benefit control (2.2%) and other alternatives, but only 3.2% admitted that they did not know or did not answer.

In operational terms, in order to receive the benefit it was found that families had no difficulty in using the card: 18.6% of the interviewees said it was "very easy" to use it and 77.7% said it was "easy". Only 2.9% said it was "difficult" and 7% said it was "very difficult". In 74.9% of the households, it was the legally responsible person who withdrew the benefit at the time of the survey, and that in 19.9% of the cases it was the spouse or partner. In 3% of the households, the children would withdraw the benefit and in 1.1% of households it was someone else who did not live in the household.

In 75.6% of the households, it was the person legally responsible who administrated the benefit, and that in 22.1% of the households it was the partner or spouse of the person legally responsible, and in 1.4% of the households the child of the legally responsible person managed the benefit. The other situations of managing the benefit were less than 1% of the answers obtained in the survey.

Access to the place for withdrawing the benefit was considered "difficult" by 76% of the Program's beneficiaries, and 4% of them considered that this access was "very difficult". On the other hand, 13.7% of the interviewees said that it was "easy" to access the place to withdraw the benefit and only 6.2% said that the access was "very easy". Considering that 64.7% of the interviewees received the benefit in lottery houses and 30% withdrew it from banking institutions (5.4% make the withdrawal elsewhere), the high rate of "difficult" and "very difficult" answers to the question on access to the place showed at that time a still incipient operational routine process of receiving the benefit. Among those who made a bank withdrawal, 28.3% already said that they used the card and only 1.7% used a bank form in 2004.

Although they considered access to the place of withdrawal difficult, when asked about how they were treated where they received the benefit, 83.1% of the beneficiaries considered the service positive, while 15.8% considered it regular, and less than 1% were negative about the service.

For this reason, 65.2% of the participants in the Program considered that the benefit withdrawal was fast and 30.9% thought it slow. The average time for withdrawing the benefit was 21.64 minutes at the time of the survey. For half the beneficiaries who had a faster operation, the maximum time taken to withdraw the benefit was 15 minutes (mean). The other half of the beneficiaries took from 15 to 240 minutes (four hours).

An indirect and relevant indicator of the importance of the *Bolsa Família* Program for beneficiary families was the fact that 73.5% of the beneficiaries of the Program said that they always knew the right day to withdraw the benefit, while 23.5% said that sometimes they would not know the right day and only 2.2% said that they never knew the right day.

5 Conditioning Factors and Opportunities of the *Bolsa Família* Program

In one of the questions in the survey asked in 2004, the interviewees were informed that, according to the regulations of the *Bolsa Família* Program, families were obliged to keep all children in school, with at least 85% classroom attendance. Moreover, the regulations also state that the children must be vaccinated and the pregnant women do pre-natal care.

Considering a scale of acquiescence that ranges from full agreement to total disagreement with the regulations presented, 85.6% of the Program's beneficiaries said that they fully agreed with its conditions and 11.7% said that they agreed in part. At the opposite end 0.3% said that they fully disagreed and 2% disagreed in part.

Before this question on agreeing with the specified regulations, however, the interviewees were asked about how much they knew about the conditions for receiving the benefit. Of the beneficiary's responsibilities quoted spontaneously by the interviewees, 70.2% of them mentioned "*keeping the children at school*", 15.7% said that it was necessary "*keeping the children's vaccinations up-to-date*",

5.4% mentioned the need for "*pregnant mothers to do pre-natal care*" and 0.2% mentioned something that is an "*obligation to buy school material*". There were some miscellaneous comments (2.6%) and 5.9% of the interviewees did not know or refused to answer.

Similarly, when asked about what the government took into account when selecting the families to receive the *Bolsa Família* benefit in money, the spontaneous answers of the interviewees included mention of low income (38.4%), the fact that the family "*is poor*" (22.2%), that there are children in the family (17.2%) or even references to a *per capita* income lower than R$ 100.00 (8.0%) and "*earning little*" (1.3% of the answers). It is worth mentioning that 11.7% of the interviewees did not know or did not want to answer this question, while only 0.3% of the sample mentioned "*political recommendation*" as a criterion.

From these three questions it was possible to find quite a conscious and significant acceptance of the principle of conditioning factors among the legally responsible for the benefit in the households visited during the field survey.

On the item of school attendance, one of the most important conditioning factors of the *Bolsa Família* from the interviews, in the sphere of the Program beneficiaries in 2004, only 0.9% studied at a private school (not necessarily paying monthly fees or charges). The majority who attended school studied in the public school system (41.6% of the beneficiaries). Nevertheless, at that time and always according to the statements of those legally responsible for the benefit, 47.4% of the beneficiaries did not attend school, although they had already attended school, while 10% had never attended school (here including children in the 0-6 age group).

Therefore 42.5% of the beneficiaries of the Program attended school in 2004 and it is worth noting the different age groups. In the case of those legally responsible for the benefit, 4.5% of them were attending school at the time of the survey, while 88.7% were not at school but had already attended school at some time in their lives, and 6.8% had never been to school at all.

Among the children in the 0-6 age group, 34.4% of the four year olds, 72.2% of the five year olds and 90.5% of the six or almost six year olds attended preschool.

Among the children between 7 and 16 years old in the beneficiary families, 1.8% were studying at private schools and 95.4% in the public educational system (in this age group, it is useful to point out that 2.5% did not attend school, although they had already been at school at some time, while 0.2% never attended school at all). In the other age groups, 0.5% of the beneficiaries in the 17-24 age group had never been to school, a percentage that increases significantly in the 25-49 (5.8%), 50-64 (20.8%) age groups and over 65 years old (40.2%).

Of those 42.5% of the Program's beneficiaries who attended school, they were asked how many days they had attended school in the last week. In general, according to the interviewees, attendance was quite high with 87.7% of those who were at school attending classes five days in the week, 7.6% four days, 3.1% three days, 1% two days and 0.3% one day in the week (another 0.3% had not been at school any day of that last week).

In the 7-16 age group, 88.9% of the pupils attended school every day of the previous week, 6.9% attended four days, 2.7% three days, 0.8% two days and 0.3% attended classes only one day in the school week (0.4% of the beneficiaries in this age group had not been to class any day of the week prior to the field study).

In addition to schooling, another purpose of the survey was to know of any opportunities created by the *Bolsa Família* to include the beneficiaries in other capacity building programs and actions. However, when asked whether in the past year someone in the family had attended some training or capacity building course for a job, from the interviewees' answers it was found that in 91.4% of the families no one had attended any course of this kind, while 8.6% answered yes, someone had attended such a course. Moreover, the answers were predominantly negative to similar questions on literacy of young people and adults (only 5.8% said that at least one person in the family who did not know how to read and write had started going school in the past year), micro-credit programs (97.7% said they had no access) and participation in work cooperatives (only 1.8% of the interviewees said that someone in the family was a member of a work cooperative).

Despite the poor participation in parallel income and job generation programs, even in 2004 the beneficiaries of the *Bolsa Família* Program did not

feel stigmatized because they received the benefit and 87.6% of the interviewees said that no one in their family had ever suffered any embarrassment or prejudice. The 12.4% who said that someone in their family had already suffered prejudice or discrimination as a beneficiary of the *Bolsa Família* mentioned where this would have occurred ranging from the community where they live to the school, workplace, place where the benefit is received and other unspecified places.

6 Final Comments

In further consideration of the results of the survey, some data should be mentioned on the degree of general knowledge regarding the *Bolsa Família* Program.

Since the integration process between the various social programs of the federal government was still underway in 2004, one of the concerns of the survey at that time was to discover how much the interviewees knew about the *Bolsa Família* Program.

So, when asked what the social program was called by which their family received a money benefit every month, 70.5% of the interviewees (the legally responsible beneficiaries) spontaneously answered that they received the benefit from the *Bolsa Família* Program, while 17.4% said they received the benefit from the *Bolsa Escola* Program, 5% mentioned the *Cartão Alimentação* Program, 3% the Citizen Card, 2.8% the Cooking Gas Grant, 0.7% the Minimum Income Program and 0.6% of the interviewees did not answer.

When asked about whether the *Bolsa Família* Program was part of the Zero Hunger strategy, 69.7% of the interviewees answered in the affirmative while 8.5% said no and 21.9% did not answer.

In consistency with the data in the preceding paragraph, when asked who was responsible for this social program that transfers the money benefit to the interviewee's family each month (whether it was the local, state or federal government), the interviewees' answers permitted a considered organization of

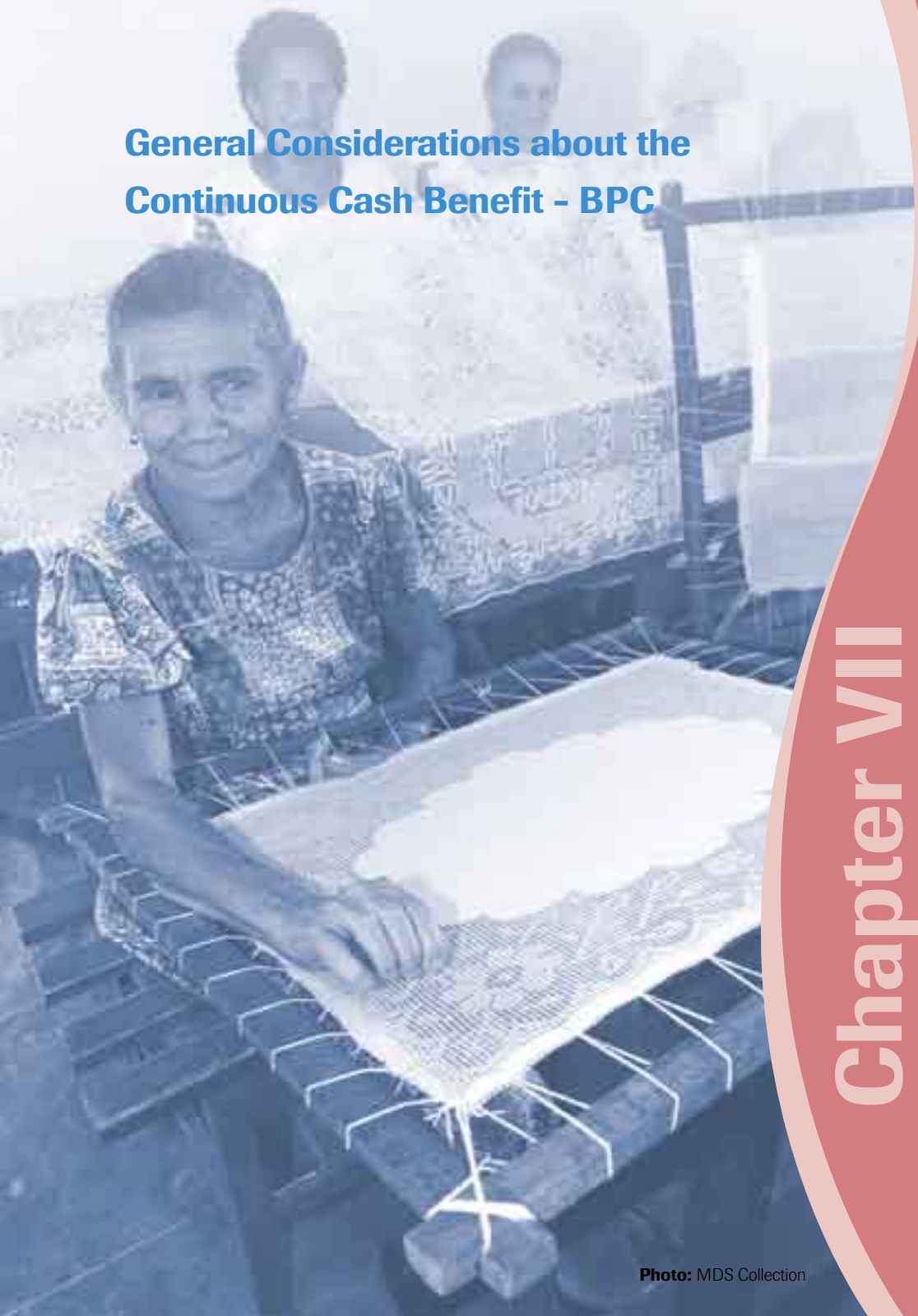
their comments: 47.8% said it was the federal government, 22.1% said it was state governments, 16.2% said that local governments were responsible, and 13.9% said they did not know or refused to answer.

In the spontaneous answers to the question about the name of the ministry of the federal government responsible for the *Bolsa Família* Program 82.8% said that they "did not know or did not answer", while 4.6% of the interviewees said it was the federal government itself or president Lula, 2.4% said that the Ministry was called Zero Hunger, and 2.2% mentioned the Ministry of Education (MEC). Only 1.9% of the answers referred to the Ministry of Social Development and the Fight Against Hunger, and almost the same percentage of answers identified the agency as being the Social Assistance (1%), *Bolsa Família* (1.6%) or called it by the name of Minister Patrus Ananias (1.5%). When added together the other alternatives mentioned did not achieve two percentual points.

Despite expressing a certain lack of knowledge about the Ministry responsible, Lula government projects for social programs against hunger and poverty were assessed as excellent by 21.4% of the interviewees, good by 57.8%, regular by 15.2%, bad by 0.6% and very bad by 0.9% of the interviewees. Those legally responsible for the benefit of the *Bolsa Família* Program interviewed in this survey also said that the Lula government was more committed to fighting against hunger and poverty (52.9% of the interviewees) and that they believed that the Lula government programs were succeeding to reduce hunger in Brazilian society (64.6% of the interviewees).

Those legally responsible for the *Bolsa Família* benefit, treated in the past as more or less passive subjects of social assistance policies, selected at random to comprise this stratified sample, provided important information to assess the public policies through expressing the opinion of the actual political subjects in this survey.

General Considerations about the Continuous Cash Benefit – BPC



Chapter VII

Chapter VII

Photo: MDS Collection

General Considerations about the Continuous Cash Benefit – BPC

The Continuous Cash Benefit was implemented in January 1996 as a right provided in article 203 of the 1988 Constitution, regulated by the Organic Act of Social Assistance (LOAS), Law n.° 8,742 in 1993, and by Decree n.° 1,744 in 1995.

Pursuant to article 20 of LOAS, the BPC was the guarantee of one monthly minimum wage to the disabled and elderly over 70 (seventy) years old and who have evidence that they have no means of providing for their own maintenance or to have it provided by their family. A family whose monthly *per capita* income is below ¼ (one quarter) of the minimum wage is deemed unfit to provide maintenance for the elderly or disabled. Moreover, Decree n.° 1,744 stated that a family is a single-nuclear unit living under the same roof, whose economy is maintained by the contribution of its members.

In the years after its creation, these rules and initial definitions underwent changes in two major aspects: concerning the minimum age for access to the benefit by the elderly, and concerning the concept of a family adopted to calculate the *per capita* income of a household. The first change, already provided in Decree n.° 1,744, consisted of lowering the minimum age for the BPC allowance from 70 to 67 years old from January 1st, 1998, and in the terms of the decree, a second reduction from 67 to 65 years old from 2000 on. The latter reduction, however, only occurred in 2003 when the Statute of the Elderly - Law n.° 10,741 - was published. The second modification was made under Law n.° 9,720 in 1998, which defined a family as a group of people, stated in article 16 of Law n.° 8,213 dated

June 24th, 1991, provided that they live under the same roof. The aforementioned article states the following:

The following are beneficiaries of the General Social Security System, as dependents of the insured party:

I – the spouse, partner and non-emancipated child, in any condition, under 21 (twenty-one) years or invalid; (Text given by Law n.° 9,032, dated 04/28/1995).

II – the parents;

III – a non-emancipated sibling in any condition under 21 (twenty-one) years old or invalid (Text given by Law n.° 9,032, dated 04/28/1995).

Therefore, the current concept of a family used to calculate the monthly *per capita* family income for granting BPC is based on a list similar to that of the dependents of the insured party in the General Social Security System, and no longer includes some potential income-earning members, such as emancipated children and siblings or those over 21 years old.

A third innovation is added to the aforementioned amendments in October 2003 with the Statute of the Elderly, in which the sole paragraph of its article 34 states: the exclusion of the calculation of monthly *per capita* income for granting the BPC of the same benefit granted to any elderly member of the family.

Through this set of changes and innovations, the BPC can be conceived as a non-contributory social benefit of a temporary nature, to the value of one minimum wage, allocated to the disabled with proven incapacity to work and to have an independent life, and to the elderly over 65 years old, whose families earn a monthly *per capita* income of less than one quarter of the minimum wage, excluding from the calculation emancipated children and siblings or those over 21 years old and, in the case of the benefit for the elderly, another elderly member of the family who benefits from the same Program.

As an assistance benefit, the purpose of the BPC is to guarantee support for the socially unprotected elderly and disabled, with a view to assuring the minimum living conditions of support and maintenance. Hence its temporary nature and the need to review the process of its concession every two years, based on the principle that the benefit must stop should the underprivileged status providing for its concession change.

With regard to sharing responsibilities in the administration of the Program, article 32 of Decree n.° 1,744/95 determines that the coordinating agency of the National Social Assistance Policy, namely, the Ministry of Social Development and the Fight Against Hunger (MDS), by means of the National Social Assistance Secretariat (SNAS), is held responsible for the general coordination, follow-up and assessment of the BPC, while the sole paragraph of the same article defines the National Social Security Institute (INSS) as the entity responsible for its operationalization.

With the purpose of meeting its responsibilities, MDS has annual conventions with INSS and the state and local social assistance secretariats or corresponding agencies, under which it transfers funds through a National Social Assistance Fund (FNAS) – and decentralizes part of its authority to state and local governments, sharing with the state and local social assistance administrators the follow-up and assessment of the benefit delivery in its relevant spheres of government, pursuant to the LOAS guidelines of the National Social Assistance Policy (PNAS), the Unified Social Assistance System (SUAS) and complementary instructions.

Lastly, it should be stressed that the BPC has given a major contribution to fight the phenomenon of hunger and social exclusion among the elderly and disabled. In October 2006, for example, the program attended 2,445,602 beneficiaries, of which 1,278,877 were disabled and 1,166,725 elderly, investing a sum of approximately eight billion reais in benefit payments.

Evaluation of the Effect of Change in the BPC Family Concept

Chapter VIII

Chapter VIII

Photo: MDS Collection

Evaluation of the Effect of Change in the BPC Family Concept

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1 Introduction

The purpose of this study is to assess the effect of change in the family concept adopted by Law n.° 9,720 on the number of people eligible for BPC but not attended, and to assess the impact of the adoption of this concept of family on the Social Assistance budget with the BPC (Continuous Cash Benefit).

Three different "family" concepts were considered to calculate the monthly *per capita* family income: the IBGE Household, which is a concept that contains the largest number of family members and is similar to that used for the BPC benefit prior to Law n.° 9,720; the IBGE Family, which in general is similar to the above concept but in specific cases they constitute sub-groups of a household;

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and the BPC Family, which is the current family concept in the BPC benefit, provided by Law n.° 9,720. These concepts are described in more detail in the section on methodology. Different income criteria are also considered for BPC eligibility, including the current criterion of *per capita* family income of less than one quarter of the minimum wage and the criterion of *per capita* family income of one minimum wage or less.

2 Material and Methods

The 2000 Census public use midrodata sample provided nationwide relevant information to estimate the number of elderly and disabled who are eligible but not attended by BPC. The estimates relied on information on kinship between the family members, income, receiving pensions, social security contributions, and presence of physical and mental disabilities.

In the microdata base, information is organized according to households, which are the sample units of the 2000 Demographic Census. IBGE households are classified as private or collective. The private household is a structurally separate and independent, considered a home for one person or more. In the private household, the relationship of its occupiers is dictated by family ties, domestic dependence or rules of cohabitation[7] inside each household.

The collective household, in turn, is the dwelling where the relationship between its occupiers is restricted to rules of administrative subordination and compliance with rules of coexistence[8]. In the latter households, only those living there that have family ties or domestic dependence belong to the same family. In the absence of such ties between the dwellers, each dweller is a single-person family in a collective household. Just as in private households, information on

7 *Household dependence* is the status of subordination of domestic employees and aggregates in relation to the person responsible for the family. *Rules of coexistence* are understood to be the rules fixed for a private household; the information about all dwellers was collected to permit identification of the kinship of its members with the head of the household (IBGE, 2002).

8 Examples of rules of administrative subordination and compliance with rules of coexistence in hotels, boarding houses, prisons, barracks, military posts, schools, asylums, orphanages, convents, monasteries, hospitals, clinics (with admission), workers' accommodation, camping sites, etc. (IBGE, 2002).

every dweller in collective households was collected in the 2000 Census and kinship relations established with the head of the family, if any. It was considered in this article that the IBGE Household is similar to the family concept adopted when granting the BPC prior to Law n.° 9,720.

The families identified in the particular and collective households, according to the census criteria, will be referenced in this work as IBGE Families. In private households, the person living alone, a group of people related by kinship, and domestic dependence, and people linked by rules of coexistence are considered a family. More than one family can live within each private household - the so-called coexisting families. In such cases, the IBGE Family composition will differ from the IBGE Household. One example is the situation where a man and his wife and son and daughter-in-law live in the same private household. In this case, husband and wife, and son and daughter-in-law form two different IBGE Families, but only one IBGE Household. The information gathered about private household dwellers permits the identification of cohabiting families and establishing the kinship of their members with the head of each family. The definition of IBGE Family in the collective household is the same as that applied to the collective IBGE Household, namely, only residents who have kinship or domestic dependence belong to the same family. If there are no ties between the dwellers, each dweller is a single-person family in a collective household.

For the BPC Family concept the members are provided by Law n.° 9,720 in 1998, which states that the members of the family of the applicant for the benefit are the spouse or people living together in the same household and do not have ties of kinship or domestic dependence (IBGE, 2002).

For the purpose of this study, which is to compare the BPC eligibility of the elderly and disabled according to the family concept adopted for its allowance, it was considered that the prevailing definition of family prior to Law n.° 9,720 is reasonably close to the concept of an IBGE Household. Therefore, in 2000 the eligibility of the potential elderly and disabled BPC beneficiaries, according to the prevailing family concept prior to Law n.° 9,720, was verified considering the family composition and total income of the dwellers in the IBGE Household. On the other hand, to check the eligibility of each potential beneficiary according to

the current family concept provided by Law n.° 9,720, it is necessary to identify which is the applicant's BPC Family. To do so, an attempt to identify the BPC Family was made based on the kinship relations of its members with the head of the IBGE Family, which relations were supplied by the Census. However, this identification is by no means trivial, since the important point in the BPC Families is the kinship of its members with the applicant for the benefit. In this context it was considered that the BPC Family is for most of the time a sub-group of the IBGE Family.

This study considered the elderly who were 65 years old or older in 2000. Since there is no objective and universal criterion of disability adopted by the INSS to assess BPC applicants it was decided to use the same criterion to identify the disabled based on the information available in the Census on the physically and mentally disabled, guaranteeing the comparison between the different family concepts analyzed herein. Accordingly, based on the 2000 Demographic Census data, the disabled were considered to be under 65 years old, with a permanent mental problem; disability or major permanent impairment of seeing, hearing, walking or climbing stairs; total permanent paralysis; permanent paralysis of the legs; permanent paralysis of one side of the body; or missing a leg, arm, hand, foot or thumb.

2.1 Identifying Family Members According to Different Family Concepts

When the IBGE Household and IBGE Family concepts are considered, it is easy to identify members of the family of the elderly and disabled based on the 2000 Census micro data. However, identifying members of the BPC Family who are elderly and disabled requires further methodological effort.

To identify the BPC Family of the elderly, the first to be selected were IBGE Families with at least one elderly member (65 years old or over), here called Elderly-IBGE Families, based on which the Elderly-BPC Families were identified. The Elderly-BPC Families, within Elderly-IBGE Families, were identified based on the type of family arrangement present in each IBGE Family.

These arrangements, in turn, were obtained from the variable *relation with the head of the family*. In order to construct it, individuals classified as grandchildren, other relatives, pensioners, aggregates, domestic employees and relatives of domestic employees were grouped in a single category called *others*. This grouping is justified by the fact that it is not possible to know the family relations of the individuals belonging to these categories with the other members of the family. Family arrangements consist of all possible combinations between the categories of head of family, spouse, children, parents, siblings and others.

Some premises were required to identify the Elderly-BPC Families based on the information of the Elderly-IBGE Families. They are: within an Elderly-IBGE Family, where the elderly are head of the family and parent, it is considered that each belongs to a different BPC Family; if, in the same Elderly-IBGE Family, there are elderly who are head of the family and offspring, it is considered that each belongs to a different BPC Family; any elderly individual living in a collective household, or as a grandchild, another relative, pensioner, aggregate, domestic employee and relative of a domestic employee, was individually considered a family; in the Census, there is no distinction between father and father-in-law and between mother and mother-in-law.

When identifying the BPC Family of the disabled, IBGE Families were first selected with at least one disabled person (under 65 years old), herein called Disabled-IBGE Families, on which were based the Disabled-BPC Families. The disabled of over 65 years old belong to the target public of the Elderly-BPC. There may be more than one disabled person in the same IBGE Family.

To check their BPC eligibility, the BPC Families of each of them were identified using the information of kinship relations of the family members with its head. For 4,307 disabled people (corresponding to 0.08% of all disabled people in 2000), belonging to IBGE Families with six or more people in that condition, instead of identifying the BPC Family of each, it was presumed that the composition of the BPC Family was equal to that of the IBGE Family.

When identifying the BPC Family of the disabled, it was considered that: each disabled individual living in a collective household was considered individually

to be a family; wherever the disabled person has the status of grandchild, pensioner, aggregate, another relative, domestic employee or relative of a domestic employee, it is not possible to identify whether he or she has BPC family relationship within the IBGE Family and each disabled individual belonging to those categories was considered to be a potential Disabled-BPC Family; for the disabled belonging to other categories of relationship with the head of the household, the composition of their BPC Families was obtained as described in Table 1. For example, members of the BPC Family of the disabled spouse were also considered to be head of the household and dependent children.

Table 1: Members of the BPC Family of the disabled according to their relation with the person in charge of the IBGE Family

Relationship of applicant with head of IBGE Family	Members of the BPC Family				
Head	Head	Spouse	Dependent children	Dependent siblings	Parents
Spouse	Head	Spouse	Dependent children		
Children	Head	Spouse	Child	Dependent siblings (children of head)	
Siblings				Dependent siblings (siblings of head)	Parents (parents of head of family)
Parents				Dependent children (siblings of head)	Parents (parents of head of family)

Source: Own preparation

2.2 Calculating Monthly *Per Capita* Income for Different Family Concepts and Assessment of Benefit Eligibility

After identifying the potential Elderly-BPC and Disabled-BPC Families, their monthly *per capita* incomes were calculated to determine eligibility for the benefit. The same was done for the IBGE Families and IBGE Household.

The 2000 Demographic Census has a variable indicating the total income in minimum wages of every 10 year old or over in the month before the Census reference date. On the 2000 Census reference date, the minimum wage was R$ 151.00 (one hundred and fifty-one *reais*). The monthly *per capita* family incomes for the IBGE Household, IBGE Family and BPC Family with at least one elderly member were calculated based on this variable. The same was done for families with at least one disabled person. In this calculation the income of under-ten year olds was considered zero, although this is not always true.

When calculating the monthly *per capita* family income, it should be considered that, before the Statute of the Elderly prevailed in October 2003, the income from assistential support for the elderly (Elderly-BPC) or assistential support for the disabled (Disabled-BPC) granted to a member of the family was considered in the calculation of the monthly *per capita* family income, for granting the BPC to another family member. After that date, the Elderly-BPC income was no longer accounted for in the calculation of the monthly *per capita* family income for granting another BPC to the elderly person. In the case of the Disabled-BPC, the BPC income already granted to an elderly or disabled member is currently considered when calculating the *per capita* family income for purposes of granting the BPC to another disabled member of the family.

In this study, when analyzing the eligibility for BPC, every elderly or disabled person who fulfilled the income criterion under analysis was selected for the same family or household. Accordingly, it is considered that the BPC benefit received by a member is not considered in the calculation of the monthly *per capita* family income for granting the benefit to another member of the same family (household). This is in accordance with the current criterion of an allowance to the elderly, but is against the current criterion of an allowance to the disabled, overestimating the number of disabled eligible but not attended.

This criterion was used to assess the three family concepts, thereby keeping a uniform analysis of the family concept. Once ascertained that a considerable part of BPC beneficiaries is stated as retirees and pensioners, another restriction is found: in families where there are BPC beneficiaries established as retirees and pensioners, the income of the benefit is considered when calculating the monthly

income, a situation that is contrary to the current criterion of an allowance to the elderly (underestimating the number of the eligible unattended) and coherent with the current criterion of an allowance to the disabled.

Having defined the IBGE Household and the IBGE and BPC Families with at least one elderly or at least one disabled person, and having calculated their monthly *per capita* incomes, those eligible for but not attended by the BPC were obtained, considering various income criteria, as follows:

a) monthly *per capita* family income under 0.25 minimum wage (MW);

b) monthly *per capita* family income under 0.5 MW;

c) monthly *per capita* family income under 0.75 MW;

d) monthly *per capita* family income under 1.00 MW

e) monthly *per capita* family income of 1.00 MW or less.

The BPC eligibility was analyzed separately for the elderly and disabled, not considering the possibility of the existence of the elderly or disabled eligible for the BPC in the same IBGE Household, IBGE Family or BPC Family.

Having fulfilled the income criteria, the following eligible people but unattended were considered:

a) for the Elderly-BPC – 65 year olds or over, who do not benefit from a retirement (of any sum) or pension (of a sum equal to a minimum wage or more), from official social security institutes or from a minimum income benefit (worth a minimum wage or more), not contributing to official social security institutes;

b) for the Disabled-BPC – people classified as disabled, under 65 years old, not benefiting from a retirement (of any sum) or of a pension (of a sum equal to a minimum wage or more), from official social security institutes or from a minimum income benefit (worth a minimum wage or more), not contributing to official social security institutes.

The eligible obtained in this way correspond to those eligible but not attended on the 2000 Census reference date, given the premise that all BPC

beneficiaries, elderly or disabled, were declared in the 2000 Census as retired or beneficiaries of minimum income programs.

3 Results

3.1 Descriptive Analysis

In Brazil in 2000, 5.84% of the almost 170 million inhabitants were elderly (65 years old or older), which corresponded to almost ten million inhabitants. The percentual distribution of the elderly population by sex and relationship with the head of the family is shown in Table 2.

Categories responsible for family, spouse and parents add up to more than 90% of the elderly. There are, however, differences between the sexes. The highlight is the higher percentage of women as spouse or parent and among the men, a large percentage as heads of the family.

Table 2: Brazil –Percentual distribution of the elderly population (65 years old or over) of each sex, according to the relationship with head of the family, 2000

Relationship with head of family	Sex		Total
	Male	Female	
Absolute number	**4,371,663**	**5,555,364**	**9,927,027**
Head of family	86.40	44.62	63.02
Spouse	3.91	32.17	19.73
Child	0.42	0.40	0.41
Parents	5.34	16.41	11.53
Grandchildren	0.02	0.01	0.02
Siblings	1.09	2.07	1.64
Another relative	1.42	2.62	2.09
Pensioner	0.45	0.48	0.46
Aggregate	0.07	0.05	0.06
Domestic employee	0.02	0.14	0.09
Relative of domestic employee	0.00	0.00	0.00
Individual in collective household	0.87	1.02	0.95
Total	**100**	**100**	**100**

Source: IBGE, 2000 Demographic Census

The disabled population under 65 years old corresponded to 3.3% of the Brazilian population in 2000, comprising around 5.5 million people. The percentual distribution of the disabled population of each sex, according to the relationship with the head of the family is shown in Table 3. The categories responsible for the family, spouse and child add more than 90% to the disabled. For the differences between sexes, the highest percentage worth mentioning is of men as heads of the family and sons.

Table 3: Brazil – Percentual distribution of the disabled population (under 65 years old) of each sex, according to the relationship with the head of the family, 2000

Relationship with head of family	Sex		Total
	Male	Female	
Absolute number	**2,925,000**	**2,656,515**	**5,581,515**
Head of family	45.48	22.10	34.35
Spouse	3.59	38.02	19.98
Child	40.97	30.52	35.99
Parents	0.45	1.85	1.12
Grandchildren	1.92	1.48	1.71
Siblings	3.11	2.45	2.80
Another relative	2.55	2.12	2.35
Pensioner	0.56	0.47	0.52
Aggregate	0.08	0.05	0.07
Domestic employee	0.03	0.18	0.10
Relative of domestic employee	0.00	0.00	0.00
Individual in collective household	1.26	0.76	1.02
Total	**100**	**100**	**100**

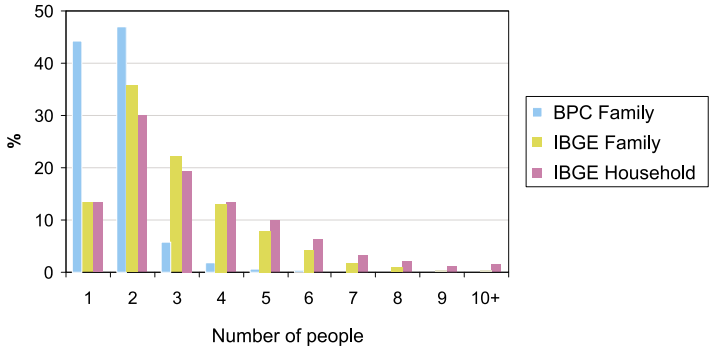
Source: IBGE, 2000 Demographic Census

There were 48,746,873 families in Brazil on the 2000 Census reference date. Of these, 434,617 (0.89%) were single-person families in collective households. Of the individual dwellers in collective households, 94,691 (21.79%) were 65 years old or older and 56,949 (13.1%) were disabled under 65 years old.

The IBGE Families, excluding single-person families in collective households, are around 48.3 million, 16% of which have at least one elderly member 65 years old or more, and almost 10% have at least one disabled person.

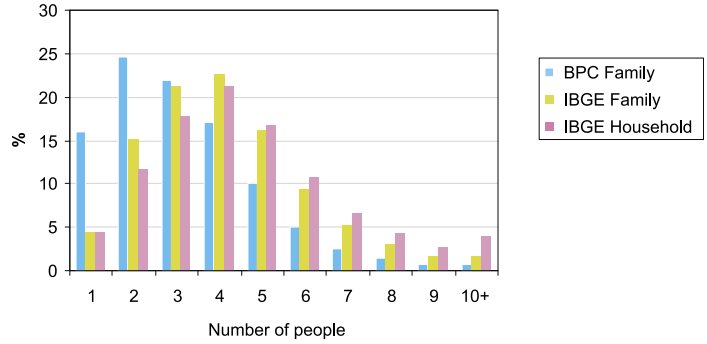
The average size of BPC Families, both elderly and disabled, is much smaller than that of the IBGE Families and IBGE Households. This may be seen in Graphs 1 and 2, where the distributions of the families of the elderly and disabled are compared to the sizes of the IBGE and BPC Families and IBGE Household. When drawing up Graph 2, only the disabled whose families have less than six people in this condition were considered, since it is presumed that BPC Families were equal to IBGE Families in cases where in the latter there were six or more disabled persons. It may also be found that the families of the disabled are on average smaller than the families of the elderly.

Graph 1: Brazil – Distribution of the families of the elderly (65 years old or older) according to the size of the IBGE Household, 2000



Source: IBGE, 2000 Demographic Census

Graph 2: Brazil – Distribution of families of the disabled (under 65 years old) according to size of the IBGE Household, IBGE and BPC Families, 2000



Source: IBGE, 2000 Demographic Census

3.2 Estimate of the Eligible, Considering Different Family Concepts

Table 4 shows for Brazil the estimated number of elderly (65 years old and over) eligible for the BPC but not attended, according to the family concept used when calculating the family income, by sex and income criterion, as well as comparison of the family concepts for the year 2000. It is found that the difference between the three family concepts is more significant for the criterion of monthly *per capita* income "< 0.25 MW". For the other income criteria, there is less impact of the family definition adopted, diminishing with the increase in the income cutting point. One of the possible explanations for this is the variations in composition and size of the IBGE Household and IBGE and BPC Families with an increase in family income. To confirm this, a deeper analysis would be required of the family composition for each family concept used, considering mainly the income of its members. For the *per capita* income criterion "< 0.25 MW", it is estimated that the expenditure required to attend those eligible for the Elderly-BPC but not attended is 106% higher when using the current family concept (BPC Family) in relation to the IBGE Household concept.

Table 4: Brazil – Comparison of the estimated number of elderly (65 years old or older) eligible for BPC but not attended, according to the family concept used when calculating the family income, by sex and income criterion, 2000

Criterion	Sex	BPC Family	IBGE Family	IBGE Household	BPC Family/ IBGE Household	BPC Family/ IBGE Family
< 0.25 MW	Men	114,894	72,790	70,760	1.62	1.58
	Women	184,662	77,264	74,760	2.47	2.39
	Total	299,556	150,054	145,520	2.06	2.00
< 0.5 MW	Men	153,649	124,335	128,729	1.19	1.24
	Women	227,864	154,647	163,419	1.39	1.47
	Total	381,513	278,982	292,148	1.31	1.37
< 0.75 MW	Men	211,608	184,688	187,932	1.13	1.15
	Women	412,369	308,875	305,466	1.35	1.34
	Total	623,977	493,563	493,398	1.26	1.26
< 1 MW	Men	234,353	217,174	220,339	1.06	1.08
	Women	465,991	374,519	374,996	1.24	1.24
	Total	700,344	591,693	595,335	1.18	1.18
<= 1 MW	Men	260,192	235,763	236,028	1.10	1.10
	Women	516,612	409,452	405,318	1.27	1.26
	Total	776,804	645,215	641,346	1.21	1.20

Source: IBGE, 2000 Demographic Census

Table 5 shows the estimates of the number of disabled (under 65 years old) eligible for the BPC but not attended, according to the family concept used when calculating the family income, by sex and income criterion, and also the comparison between the family concepts for Brazil in 2000. When assessing the impacts of the change in family concept, the results show that, for the criterion of a lower income than 0.25 MW, the number of those eligible but not attended using the BPC Family concept (prevailing concept) is greater than the value estimated using the IBGE Household concept (earlier concept), with a 32% increase for the disabled. With the other income criteria, there is less impact of the family definition used, diminishing with the increase in the income cutting point, as was found for the elderly.

Table 5: Brazil – Comparison of the estimated number of disabled (under 65 years old) eligible for the BPC but not attended, according to the family concept used when calculating the family income, by sex and income criterion, 2000

Criterion	Sex	BPC Family	IBGE Family
< 0.25 MW	Men	578,227	483,906
	Women	535,944	431,999
	Total	1,114,171	915,905
< 0.5 MW	Men	926,386	883,132
	Women	852,642	798,398
	Total	1,779,028	1,681,530
< 0.75 MW	Men	1,238,642	1,202,939
	Women	1,149,550	1,101,797
	Total	2,388,192	2,304,736
< 1 MW	Men	1,417,772	1,373,519
	Women	1,317,790	1,264,256
	Total	2,735,562	2,637,775
<= 1 MW	Men	1,443,182	1,422,179
	Women	1,342,847	1,309,121
	Total	2,786,029	2,731,300

Source: IBGE, 2000 Demographic Census

4 Final Comments

The purpose of this study was to evaluate the effect of the change in family concept provided by Law n.° 9,720 on the number of people eligible for the BPC but not attended, considering three different "family" concepts: the IBGE Household (definition close to the family concept used when granting the BPC, prevailing prior to Law n.° 9,720), IBGE Family and BPC Family (concept prevailing with Law n.° 9,720).

When assessing the impacts of the change in family concept, the estimates of those eligible but not attended by the BPC Program in 2000 were considered, analyzing the scenario in which the BPC income already received by a member of the family is excluded from the calculation of the monthly *per capita* family income for granting the BPC to another member of the same family, which assures uniformity of comparisons.

The approximation of the family concept prevailing before Law n.° 9,720 was made using the IBGE Household concept. The results show that, with the criterion of income of less than 0.25 MW, the number of those eligible but not attended, using the IBGE Household concept (previous concept), is considerably less than the number estimated using the BPC Family concept (prevailing concept), principally in the case of the elderly. For the other income criteria, there is less impact of the family definition used, diminishing as the income cutting point increases.

The results presented suggest that the family criterion influences the inclusion of new beneficiaries and, consequently greatly impacts on expenditure with the Elderly-BPC and Disabled-BPC. However, it is necessary to point out that the intention is not to argue that one family concept is less or more appropriate than the other. To reach a conclusion of this magnitude, a more complex and in-depth study would be required. The intention is, first and foremost, to subsidize and suggest elements for future discussions on the suitability and sustainability of the family concept adopted.

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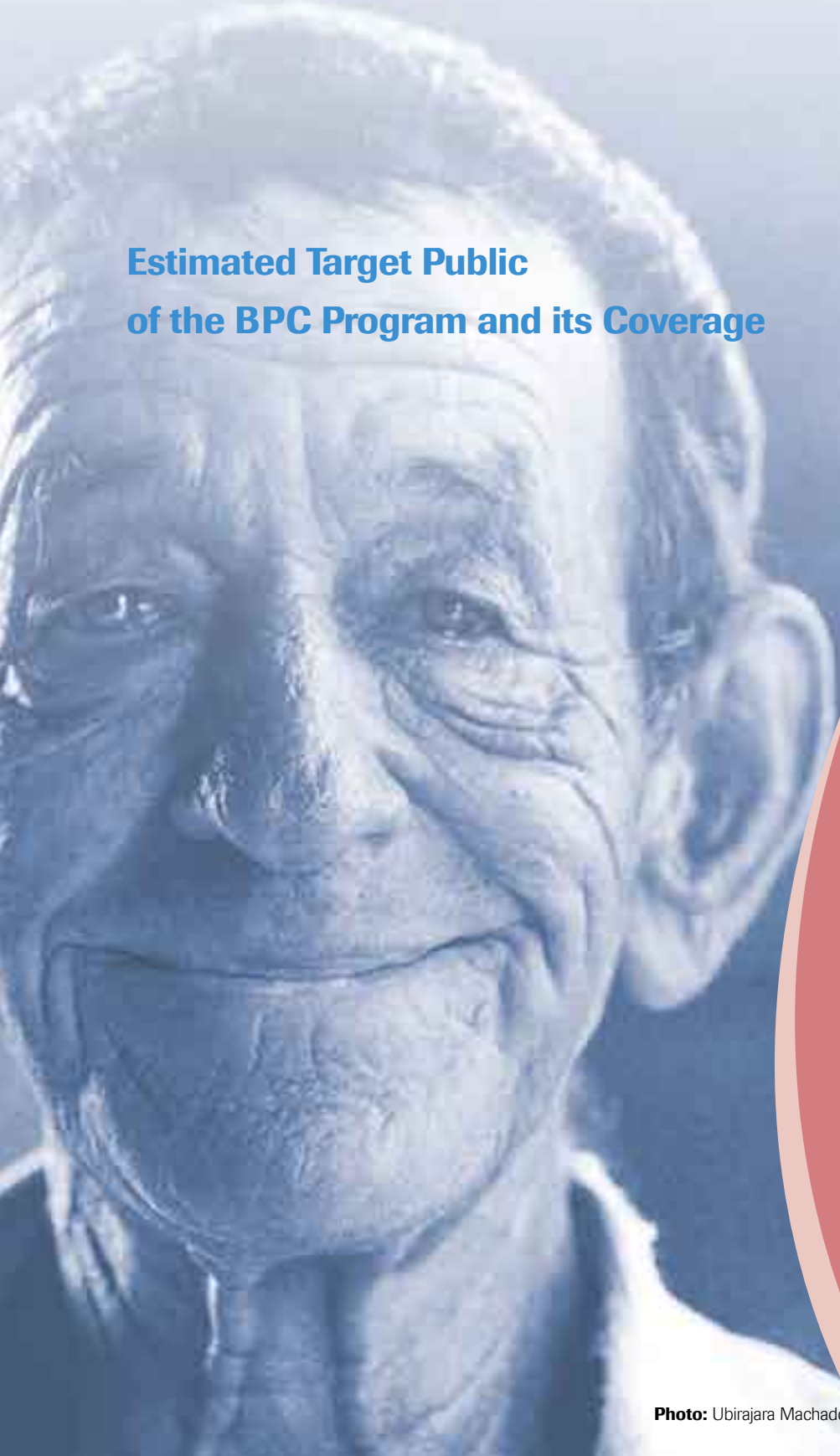

Estimated Target Public of the BPC Program and its Coverage

Chapter IX

Chapter IX

Photo: Ubirajara Machado

Estimated Target Public of the BPC Program and its Coverage

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1 Introduction[7]

The purpose of this study is to estimate the potential demand of the elderly eligible for the Continuous Cash Benefit (Elderly-BPC) between 2004 and 2010, and of the disabled public (Disabled-BPC) between 1999 and 2010. The program coverage is also estimated in 2004 and 2005 for the elderly and between 1999 and 2005 for the disabled.

The projection of the demand of the Continuous Cash Benefit (BPC) for the period under analysis first involved the population projection by five-year age

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groups and sex[8]. The population projection made by IBGE (OLIVEIRA *et al.*, 2004) is also presented in order to compare the results of the elderly population (65 years old or over) for Brazil. To estimate the total demand of the BPC program by the elderly and disabled, the eligibility factors were calculated, separated by the type of public, to be applied to the estimated population in order to produce the number of elderly and disabled that would be eligible for the Program.

Calculating the eligibility factors of the elderly public to project potential demand involves estimating the elderly public who comply with the BPC eligibility criteria, using data from 2000 but considering the concession criteria prevailing after the Statute of the Elderly in 2003. The estimate of the eligibility factors of the disabled public for projecting the potential demand involves estimated disabled public in accordance with a concept of disability defined by the 2000 Census data, which adopts the criteria of BPC eligibility. For the disabled public, the only alteration made in the concession criteria was in 1998 with the change in the family concept.

2 Material and Methods

The potential demand of the BPC Program is formed by the total number of people complying with the criteria of eligibility for the Program. Therefore, the potential demand can be divided between the people already attended by the Program (attended eligible) and those who are still to be attended by the Program (unattended eligible). The micro-data of the 2000 Census was used to estimate the eligible public not attended by the BPC. The number of eligible people attended by BPC was obtained from the administrative data provided by DATAPREV / MDS.

A requirement in the 2000 Census refers to receiving a minimum income, including school allowance, Elderly-BPC, Disabled-BPC and unemployment allowance. However, this requirement did not capture the actual number of BPC beneficiaries. The number of 65 year olds or over who replied that in 2000

8 The methodology used to project the population by sex and five-year age groups in 2005 and 2010, was the method of the components. Between 2005 and 2010 an interpolation was made of the result obtained. For further details on the population projection undertaken, see MDS/CEDEPLAR/UFMG (2006).

they received a minimum income program of minimum wage value or more was around 10,000, while the number of people attended by the Elderly-BPC[9] was around 415,000 on the reference date of the 2000 Census[10]. In this paper, it is presumed that in the 2000 Census the BPC beneficiaries who did not say that they receive a minimum income program are included among the old-age and retirement pensioners due to mistaken information.

The 2000 Census public use midrodata sample provided nationwide relevant information to estimate the number of elderly and disabled who are eligible but not attended by BPC. The estimates relied on information on kinship between the family members, income, receiving pensions, social security contributions, presence of physical and mental disabilities.

In this study, the elderly considered were those who are 65 years old or more in 2000. It should be mentioned that in 2000 the age for the BPC allowance of the elderly was still 67. However, after the Statute of the Elderly, this age is now 65 years old or over. Thus, to estimate the eligibility factors to be used in the projections, the age considered for the allowance is in accordance with current criteria.

A key question in this study is the definition of the disabled person. LOAS defines a disabled person as someone who cannot work nor have an independent life. The applicant for the Disabled-BPC with regard to the presence of a disability is examined by an National Social Security Institute (INSS) specialist, who decides if the applicant is eligible or not.

Information about the presence of physical and mental disabilities in the 2000 Census is restricted to questions relating to the ability to see, hear, walk, presence of a mental deficiency and disability of members, described in Chart 1. In this study, the disabled person is considered to be someone who answered in the affirmative at least one of the categories marked in bold in the following chart.

9 In this study, it was considered that the Disabled-BPC beneficiaries 65 years old or over would be grouped with the beneficiaries of the Elderly-BPC. Thus, in August 2000, around 11% of the 415,000 elderly beneficiaries corresponded to the Disabled-BPC public of 65 years old or over. The justification for including the Disabled-BPC beneficiaries as Elderly-BPC is that, based on the Statute of the Elderly, the benefit requested by the elderly has relevant changes in the criterion of the concession.

10 To obtain the estimate of the BPC beneficiaries, on the reference date of the 2000 Census (August 1, 2000), an interpolation was made between the number of beneficiaries attended on December 31, 1999 and December 31, 2000.

Chart 1: Description of variables of the 2000 Census relating to the status of disability

Variable	Categories	
	Used for identification	Not used for identification
Permanent mental problem	**Yes**	No
Seeing ability	**Disabled**	Major permanent difficulty; Some permanent difficulty; No difficulty; Unknown
Hearing ability	**Disabled**	Major permanent difficulty; Some permanent difficulty; No difficulty; Unknown
Ability to walk/climb stairs	**Disabled**	Major permanent difficulty; Some permanent difficulty; No difficulty; Unknown
Disabilities	**Total permanent paralysis; Permanent paralysis of legs; Permanent paralysis of one side of body; Missing a leg, arm, hand, foot or thumb**	None on list; Unknown

Source: Own preparation

The BPC eligibility of everyone in the microdata base of the 2000 Census, classified as disabled, will be assessed. Thus, the analysis of the results must be very carefully considered, since there is no way in which to assess how close the disability indicating variable (1, if there is at least one of the categories in bold in Chart 1; 0 otherwise) is to the criterion adopted by the INSS specialist.

The first step to estimate those who are eligible but not attended by the BPC, using the 2000 Census microdata base, was to identify their families, which correspond to the units of analysis for granting the allowance, in accordance with the family criterion prevailing since 1998. A description is given below on how the 2000 Census database is provided concerning the family requirement.

The information in the microdata base is organized according to households, which are the sampling units of the 2000 Demographic Census. The IBGE Households are classified as private or collective. The private household is the place structurally separate and independent that is designed as housing for one or more people. The private household is the place where the relationship of its occupiers is dictated by kinship, domestic dependence or standards of

cohabitation[11]. The collective household, in turn, is the dwelling where relationship between its occupiers is restricted to standards of administrative subordination and compliance with standards of cohabitation[12]. Only people living in these households who have kinship or domestic dependence belong to the same family. In the absence of such ties between dwellers, each dweller is a single-person family in a collective household. Within each household, private or collective, the information was collected about all dwellers in order to identify the kinship of its members with the head of the household.

The families identified in private and collective households, according to census guidelines, will be referred to in this paper as IBGE Families. In private households, a family is considered to be a person who lives alone; the group of people related by kinship or domestic dependence; people linked by standards of cohabitation. More than one family may live in each private household, so-called cohabiting families. An example is the situation where the head of the family, his wife, son and daughter-in-law live in the same private household. In this case, the husband and wife, son and daughter-in-law form two different IBGE Families, but only one IBGE Household. The information gathered about private household dwellers allows the identification of cohabiting families and establishes the kinship of its members with the head of each family. Only people living in a collective household who have kinship or domestic dependence belong to the same IBGE Family. In the absence of such ties between dwellers, each dweller forms a single-person family in a collective household.

The prevailing concept of a family for the purpose of granting the BPC, referred to herein as a BPC Family, includes the members stated by Law n.° 9,720 of 1998, which provides that the following are family members of the applicant of the allowance: spouse or partner; their parents; their children and non-emancipated siblings, under 21 year olds or disabled.

11 The domestic dependence is the situation of subordination of domestic servants and aggregates in relation to the head of the family. Standards of cohabitation are understood to be the rules established for cohabiting with people living in the same household and without kinship or domestic dependence (IBGE, 2002).

12 Examples of standards of administrative subordination and compliance with standards of cohabitation in hotels, boarding houses, prisons, penitentiaries, barracks, military posts, schools, homes, orphanages, convents, monasteries, hospitals, clinics (with admission), workers' accommodation, camping sites, etc. (IBGE, 2002).

In order to check the eligibility of each potential elderly or disabled beneficiary, as provided by Law n.° 9,720 in 1998, it is necessary to identify which is their BPC Family. Considering that this is most often a sub-group of the IBGE Family, an attempt was made to identify the BPC Family based on the kinship of its members with the head of the IBGE Family, relations provided by the Census. However, this identification is not at all trivial, since what is important in BPC Families is the kinship of its members with the applicant of the benefit. This person is not always the head of the IBGE Family.

The way to identify members of the BPC family separately for the elderly and disabled is the following, based on the data of the 2000 Census: calculation of the monthly *per capita* family income, with an estimate of those who are eligible but not attended; and an estimate of eligibility factors for projection.

2.1 Elderly

2.1.1 Identifying Members of the BPC Family

To identify the BPC Family of the elderly, the IBGE Families first selected had at least one elderly member (65 years old or more), called herein Elderly-IBGE Families, from which were identified the Elderly-BPC Families. The Elderly-BPC Families among the Elderly-IBGE Families were identified from the kind of family arrangement present in each IBGE Family. These arrangements, in turn, were obtained from the *relation with the head of the family* variable. Family arrangements comprise all possible combinations between the categories of head of family, spouse, children/stepchildren, parents/parents-in-law, siblings, and so on. Individuals classified as grandchildren, other relatives, pensioners, aggregates, domestic servants and relatives of the domestic servants were grouped in a single category called *other*. The justification for such grouping is the fact that it is impossible to know, or even infer the family relationship of individuals belonging to these categories with the other members of the family.

Some premises were necessary to identify the Elderly-BPC Families, based on information of the Elderly-IBGE Families. These are: within an Elderly-IBGE Family, a single BPC Family was considered to be where the elderly are spouses; if the elderly are the head (parent) and also child, it was considered that each is part of different BPC Families; if there are, in the same Elderly-IBGE Family, an elderly person as head (child) and also parent, it was considered that they are belong to different BPC Families; in the situation of an elderly head and sibling it was considered that each belongs to a different BPC Family; any elderly individual living in a collective household or in private households as grandchild, another relative, pensioner, aggregate, domestic servant and relative of a domestic servant, he or she was individually considered to be a family; in the Census there was no distinction between father and father-in-law and mother and mother-in-law. Individuals classified in this category were considered parents.

2.1.2 Calculating Monthly *Per Capita* Family Income and Estimate of the Eligible but not Attended

Having identified the Elderly-BPC Family, the next step was to estimate its monthly *per capita* income to determine the eligibility for the benefit. The 2000 Demographic Census has a variable that indicates the total income in minimum wages of each person ten years old or over, in the month prior to the reference date of the Census. On the reference data of the 2000 Census, the minimum wage was R$ 151 (one hundred and fifty-one reais). The monthly *per capita* family income was calculated for the Elderly-BPC Families based on that variable. In this calculation the income of ten-year olds or younger was considered zero, although this is not always true. However, this is a rare phenomenon and the proportion of Elderly-BPC Families with ten-year olds or younger is, for obvious reasons, very small.

Having satisfied the criterion of monthly *per capita* family income of less than one quarter of the minimum wage, people of 65 years old or over were considered eligible for the Elderly-BPC but not attended, not receiving a retirement (of any value) or pension (equal to or more than a minimum wage) from an official social security institute, or a minimum income allowance (minimum

wage or more), as well as non-contributors to the official social security institute. These eligible individuals belonged to Elderly-BPC Families not considered by the Program in 2000.

When calculating the monthly *per capita* family income, it should be considered that, before the Statute of the Elderly came into force in October 2003, the income from welfare aid for the elderly (Elderly-BPC) or welfare aid to the disabled (Disabled-BPC) granted to a family member was computed in the monthly *per capita* family income calculations for granting the BPC to another member of the family. After that date, the income of the Elderly-BPC was no long computed in the monthly *per capita* family income calculations to grant a BPC to another elderly member.

In this study, when examining the eligibility for BPC among those not attended by the Program, all elderly members in the same BPC Family were selected who fulfilled the criterion of eligibility, namely, with monthly *per capita*l family income of less than a quarter of a minimum wage. In this way, it is considered that the BPC benefit, when received by an elderly and unattended member, is not considered when calculating the monthly *per capita* family income for granting the benefit to another elderly member of the same family. This is in accordance with the current criterion of an allowance to the elderly, prevailing after the Statute of the Elderly.

However, since it was ascertained that probably a large number of BPC beneficiaries said they were retired or received a pension, another restriction arises: in families where there are BPC beneficiaries that claim to be retired or receive a pension, the income from the benefit is being considered when calculating the monthly income to identify the existence of other elderly members of the same BPC Family, a situation that is contrary to the current criterion of an allowance for the elderly (over estimating the relevant family income and under-estimating the number of eligible not attended) as in the Statute of the Elderly.

To correctly calculate the income of those families where an elderly member received a BPC benefit, it would be necessary to identify these beneficiaries in the 2000 Census micro-database. Although the 2000 Census does have a question

about receiving a minimum income, which includes a school allowance, Elderly-BPC, Disabled-BPC and unemployment allowance, this requirement failed to capture, as already mentioned, the actual number of BPC beneficiaries.

Since it was impossible to identify the Elderly-BPC beneficiaries in the 2000 Census micro-database, to correctly calculate the potential demand for the Elderly-BPC, bearing in mind the benefit received by other elderly members of the same BPC Family if the Statute of the Elderly was in force in 2000, adjustment factors were estimated by sex and age group. The estimated adjustment factor corresponds to the ratio between the number of elderly beneficiaries attended in December 2004 and number of elderly beneficiaries attended in December 2003. Now that the Statute of the Elderly is in force, it must be more possible to grant the Elderly-BPC benefit in families already with some Elderly-BPC beneficiary, compared to families where there is more than one eligible elderly member for the BPC Program and not one of them has yet been attended. Accordingly, the estimated adjustment factor was multiplied by the eligible attended in 2000.

In this way, in 2000 the eligible attended, modified by the adjustment factor, related to the Statute of the Elderly, were added to the eligible non-attended, obtained using the above described methodology, obtaining the total number of elderly eligible for the BPC, according to the prevailing concession criteria since 2004.

2.1.3 Estimate of Eligibility Factors for Projection

To calculate the eligibility factors for projection, the quotient by sex and age group was adopted between the total number of elderly eligible for the BPC in 2000, estimated according to the prevailing concession criteria after the Statute of the Elderly, and the elderly population (65 years old or more) in 2000. The estimated eligibility factors were applied to the elderly population projection between 2004 and 2010 to estimate the total number of elderly eligible for the BPC, considering the following criteria of concession: 65 year old or over, BPC family concept and exclusion of the Elderly-BPC in the calculation of the monthly *per capita* family income.

In the methodology used here to estimate the potential public for BPC between 2004 and 2010 the family composition of the elderly, as well as the level and distribution of income within the families were presumed to be constant, both in relation to 2000; and it was presumed to be no alteration in the criteria for granting BPC to the elderly.

2.2 The Disabled

2.2.1 Identifying Members of the BPC Family

To identify the BPC Family of the disabled (under 65 years old), the IBGE Families were first selected with at least one disabled member, here called Disabled-IBGE Families, used as a basis for identifying the Disabled-BPC Families. The disabled over 65 years old were considered in this study, as seen as part of the target-public of the Elderly-BPC. The BPC families of the 4,307 disabled (0.08% of all disabled) belonging to IBGE Families, with six or more people in this condition, were presumed to be Disabled-BPC Families.

The Disabled-BPC Families were identified from among the Disabled-IBGE Families using the variable *relation with head of family*. In IBGE Families with more than one disabled member, the BPC Families of each were identified from information about the kinship of the family members with its head. When the kinship of the disabled member with the head of the family was a spouse, child, sibling or parent, in addition to the situation where the disabled member is head of the family, the composition of their BPC Families was obtained as described (see Chart 2). For example, the head of the family, dependent children and disabled spouse were considered members of the BPC Family in the case where the disabled is the spouse.

Chart 2: Family members of the disabled, according to the latter's relationship with head of the IBGE Family

Relationship of disabled applicant with head of IBGE Family	Members of the BPC Family				
Head	**Head**	Spouse	Dependent children	Dependent siblings	Parents
Spouse	Head	**Spouse**	Dependent children		
Children	Head	Spouse	**Child**	Dependent siblings (children of head)	
Siblings				**Dependent siblings (siblings of head)**	Parents (parents of head of family)
Parents				Dependent children (siblings of head)	**Parents (parents of head of family)**

Source: Own preparation

In the case where the disabled member was a grandchild, retired, pensioner, aggregate, other relative, domestic servant and relative of domestic servant, it was not possible to identify other members of its BPC Family. All the disabled belonging to these categories were considered as forming a single-person Disabled-BPC Family. These individuals represent 5.77% of all the disabled under 65 years old. Again, since it is impossible to distinguish between father/father-in-law and between mother/mother-in-law, all were considered parents. Moreover, in collective households each disabled member was considered as a single-person BPC Family.

2.2.2 Calculating the Monthly *Per Capita* Family Income and Estimating the Eligible Unattended

Having identified the Disabled-BPC Family, the next step was to estimate its monthly *per capita* family income to determine eligibility for the benefit. The 2000 Census has a variable that indicates total earnings in minimum wages of

anyone ten years old or over in the month before the reference date of the Census. On the 2000 Census reference date, the minimum wage was R$ 151 (one hundred and fifty-one reais). The monthly *per capita* family income used this variable to calculate for the Disabled-BPC Families. In this calculation the income of the under-tens was considered to be zero.

Having fulfilled the criterion of monthly *per capita* family income of less than one quarter of the minimum wage, people under 65 years old who were not attended, not beneficiaries of a retirement (of any value) or pension (value of a minimum wage or more) from an official social security institute, or a minimum income allowance (value of a minimum wage or more), as well as non-contributors to an official social security institute, were considered eligible for the Disabled-BPC. The eligible belonged to Disabled-BPC Families not considered in the Program in 2000.

In the case of the disabled, when calculating the monthly *per capita* income of a BPC Family, the BPC benefit(s) received by Elderly-BPC member(s) and disabled of this Disabled-BPC Family must be included.

To estimate the total of those eligible for the Disabled-BPC in 2000, the number of eligible attended obtained from administration records was added to the number of unattended eligible obtained from the aforementioned methodology, reaching the total number of disabled eligible for the BPC, according to the concession criteria prevailing since 1999.

2.2.3 Estimate of eligibility factors for Projections

To calculate the eligibility factors for projections, the quotient was adopted by sex and age group between the total number of disabled eligible for the BPC in 2000, estimated by the concession criteria prevailing since 1999, and the population by age group (under 65 years old) in 2000. The estimated eligibility factors were applied to the projected population by age group for the years 1999 to 2010 to estimate the total number of disabled eligible for the BPC, considering the following concession criteria: the under 65s, BPC Family concept and inclusion of the Disabled-BPC when calculating the monthly *per capita* family income.

In the methodology used to estimate the potential demand for the BPC in the 1999-2010 period a constant was presumed at the level and distribution of income within the families, as well as in the family composition of the disabled in relation to 2000, and no alteration was presumed to the criteria for granting the BPC to the disabled.

3 Results

3.1 The Elderly

3.1.1 Comparing Estimated Number of Elderly in Projections

According to the 2000 Census, 5.84% of almost 170 million brazilians were elderly (65 years or over), corresponding to almost ten million inhabitants. In 2004, in the population projected by Cedeplar (MDS/Cedeplar/UFMG, 2006), 6.17% of the total population would be elderly, while in the IBGE projection (OLIVEIRA *et al.*, 2004), this percentage would be almost 6%. In 2010, for both projections the percentage of elderly of 65 years old or more should be 6.7%.

Table 1 shows the estimates for the elderly population in Brazil by sex, the result of two independent projections, for the years from 2004 to 2010. It can be seen that there is no great difference between the projections presented; by 2005 the projection made by Cedeplar is slightly higher than that of IBGE; since then Cedeplar projections for the elderly population are slightly lower. For most of the projection years the number of elderly women projected by Cedeplar was higher in relation to the population estimates of IBGE than it was for men.

Table 1: Estimated elderly population (65 years old or over), by sex and institution responsible for projection – Brazil, 2004-2010

	Cedeplar			IBGE		
Year	Men	Women	Total	Men	Women	Total
2004	4,813,701	6,204,982	11,018,683	4,802,858	6,052,627	10,855,485
2005	4,932,173	6,383,807	11,315,980	4,963,082	6,279,550	11,242,632
2006	5,049,931	6,559,297	11,609,227	5,116,349	6,504,855	11,621,204
2007	5,171,158	6,740,414	11,911,572	5,265,948	6,731,209	11,997,157
2008	5,295,968	6,927,361	12,223,328	5,416,147	6,961,703	12,377,850
2009	5,424,478	7,120,346	12,544,823	5,573,021	7,200,859	12,773,880
2010	5,556,809	7,319,587	12,876,395	5,741,211	7,452,495	13,193,706

Source: MDS/Cedeplar/UFMG, 2006; OLIVEIRA *et al.*, 2004

Table 2 shows the estimate of the elderly population (65 years old or over) in Brazil and the Major Regions for the years 2004 to 2010. Since the IBGE projections only provide information for the total population of the regions, comparisons could not be made. It can be seen that almost half the elderly population lives in the Southeast Region in any year of the period under study. On the other hand, the fastest proportional growth of the elderly population would occur in the North and Midwest regions between 2004 and 2010.

Table 2: Estimated elderly population (65 years old or over) using Cedeplar projection by year of projection – Brazil and Major Regions, 2004-2010

Region	2004	2005	2006	2007	2008	2009	2010
Brazil	11,018,683	11,315,980	11,609,227	11,911,572	12,223,328	12,544,823	12,876,395
North	530,778	547,867	566,606	586,024	606,148	627,005	648,623
Northeast	2,998,895	3,055,721	3,114,871	3,175,706	3,238,280	3,302,649	3,368,869
Southeast	5,137,165	5,279,758	5,414,978	5,554,078	5,697,182	5,844,419	5,995,922
South	1,758,081	1,824,554	1,881,324	1,939,965	2,000,543	2,063,127	2,127,785
Midwest	583,764	608,080	631,449	655,798	681,174	707,623	735,195

Source: MDS/Cedeplar/UFMG, 2006

3.1.2 Estimate of Total Number of Elderly Eligible for BPC Between 2004 and 2010

Table 3 provides estimates of the population eligible for the Elderly-BPC for Brazil, considering the current criteria for granting the benefit, in accordance with the institution responsible for the population projection between 2004 and 2010. Since it was presumed that the eligibility factors by sex and age applied to the population projections are fixed in time, the growth of the total population eligible for the Elderly-BPC is practically the same as the growth of the population of 65 years old or over. Therefore, the differences found between the projections with regard to the total elderly population presented earlier are basically valid for the analysis of the estimated total population eligible for the Elderly-BPC[13].

Table 3: Estimate of the total population eligible for the Elderly-BPC (65 years old or more), by sex and institution responsible for the population projection– Brazil, 2004-2010

	Cedeplar			IBGE		
Year	Men	Women	Total	Men	Women	Total
2004	412,186	596,853	1,009,039	409,267	581,947	991,214
2005	422,713	614,600	1,037,313	421,731	602,398	1,024,129
2006	432,621	631,347	1,063,967	433,213	622,483	1,055,697
2007	442,805	648,627	1,091,432	444,087	642,515	1,086,602
2008	453,275	666,461	1,119,735	454,897	662,881	1,117,778
2009	464,038	684,868	1,148,906	466,410	684,136	1,150,546
2010	475,105	703,870	1,178,975	479,205	706,736	1,185,941

Source: IBGE, 2000 Census; MDS/Cedeplar/UFMG, 2006; OLIVEIRA *et al.*, 2004

Table 4 shows the estimates of the total population eligible for the Elderly-BPC in Brazil and the Major Regions from 2004 to 2010. Since almost half the elderly population lives in the Southeast Region in any year of the period under study, a similar proportion of the total population eligible for the Elderly-BPC

13 Since the sex ration and internal age structure of the elderly population are not exactly the same in the two projections and the eligibility factors vary with sex and age group, the proportional differential of eligible between the two projections is not exactly equal to the differential between the two estimates of the elderly population.

lives in this region. It is worth mentioning also that a considerable portion of the total of eligible people lives in the Northeast, but it is estimated that the relative growth of the total population eligible for the Elderly-BPC will be greater in the North and Midwest Regions between 2004 and 2010.

Table 4: Estimate of total population eligible for the Elderly-BPC (65 years old or more) using Cedeplar projection, by year of projection – Brazil and Major Regions, 2004-2010

Year	Brazil	North	Northeast	Southeast	South	Midwest
2004	1,009,039	85,614	307,585	424,162	92,903	98,775
2005	1,037,313	88,529	314,737	435,403	95,674	102,970
2006	1,063,967	91,535	321,232	446,004	98,460	106,737
2007	1,091,432	94,649	327,906	456,891	101,330	110,656
2008	1,119,735	97,876	334,764	468,072	104,289	114,735
2009	1,148,906	101,220	341,813	479,556	107,337	118,980
2010	1,178,975	104,686	349,058	491,353	110,480	123,399

Source: IBGE, 2000 Census; MDS/Cedeplar/UFMG, 2006

3.1.3 Estimated Coverage of the Elderly-BPC in 2004 and 2005

The coverage of the BPC Program for the elderly public was calculated by dividing the population attended by the Elderly-BPC (administration records), adjusted for mid-year, for the projected elderly population eligible for the BPC. Again the Cedeplar (MDS/CEDEPLAR/UFMG, 2006) and IBGE (OLIVEIRA, 2004) projections were considered in the analysis. Just as in the estimate of the eligibility factors of the elderly, the estimated population attended by the Elderly-BPC incorporated not only the elderly public actually attended but also 65-year olds or over attended by the Disabled-BPC.

Table 5 shows the number of elderly attended by the BPC and the estimated coverage of the Elderly-BPC for Brazil, considering the current criteria for granting the elderly the benefit by the institution responsible for the population

projection, in 2004 and 2005. It is noticeable that there are no significant changes in the estimated coverage of the Elderly-BPC in relation to the two population estimates presented.

On the other hand, it is worth noting that in 2004 it was estimated that the total coverage of the Elderly-BPC was 86%; in other words, around 86% of the elderly eligible for the Elderly-BPC in 2004 would already be receiving the benefit. The estimates point out that for women the coverage was smaller than for men, who would already be having practically total coverage in 2004. In 2005, there was an increase in total coverage of the eligible for the Elderly-BPC, which was 104%, with the men again showing a wider coverage than the women. Accordingly, it is evident that in 2005 there was excess coverage of the BPC among the men, and practically full coverage among the women.

Table 5: Number of elderly attended in BPC and estimated coverage of the Elderly-BPC (65 years old or over), by sex and institution responsible for population projection – Brazil, 2004 and 2005

Year	Attended			Cedeplar			IBGE		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
2004	395,378	470,839	866,208	0.96	079	0.86	0.97	0.81	0.87
2005	487,020	596,936	1,083,956	1.15	0.97	1.04	1.15	0.99	1.06

Source: IBGE, 2000 Census; MDS/Cedeplar/UFMG, 2006; OLIVEIRA *et al.*, 2004; DATAPREV/MDS, 2005

Table 6 shows the number of elderly attended by the BPC and the estimated coverage of the Elderly-BPC (65 year-olds and over) for Brazil and the Major Regions in 2005. For the Southeast, the estimated coverage is less than the national average, while in the other regions the estimates for coverage are above this average. In the case of men, the Southeast shows an estimate of excess coverage below the value of the national average, unlike the other regions. Total coverage among women in the North, Northeast and South Regions has already been achieved.

Table 6: Number of elderly attended by BPC and estimated coverage of Elderly-BPC (65 years old or over) using Cedeplar projection, by sex – Brazil and Major Regions, 2005

Region	Attended			Coverage		
	Men	Women	Total	Men	Women	Total
Brazil	487,020	596,936	1,083,956	1.15	0.97	1.04
North	54,151	43,124	97,275	1.20	1.00	1.10
Northeast	154,042	190,401	344,443	1.20	1.02	1.09
Southeast	167,023	254,159	421,182	1.07	0.91	0.97
South	50,327	57,388	107,715	1.19	1.07	1.13
Midwest	61,477	51,864	113,341	1.220	0.99	1.10

Source: IBGE, 2000 Census; MDS/Cedeplar/UFMG, 2006; OLIVEIRA *et al.*, 2004; DATAPREV/MDS, 2005

3.2 The Disabled

3.2.1 Estimate of the Number of Disabled in 2000

Using the micro-data from the 2000 Census and in accordance with the disabled concept described in Chart 1, 3.29% of almost 170 million brazilians were elderly (under 65 years old), corresponding to 5.6 million inhabitants. The number of disabled in 2000 was slightly higher among men than women.

It was estimated that around one million (18%) of the disabled under 65 years old were not attended by the BPC Program, considering the following eligibility criteria: concept of BPC Family and inclusion of the Disabled-BPC in calculating the monthly *per capita* family income.

3.2.2 Estimated Total Number of Disabled Eligible for BPC Between 1999 and 2010

Table 7 shows the estimates of the total population eligible for the Disabled-BPC in Brazil and Major Regions between 1999 and 2010 by sex. Over 40% of the total population eligible for the Disabled-BPC is in the Northeast, while the Southeast also had a considerable number of estimated eligible for the BPC Program. A little more than half the potential demand for the Disabled-BPC

consists of men, while the differential between men and women is wider in North, Northeast and South Brazil.

Table 7: Estimated total population eligible for the Disabled-BPC (under 65) using Cedeplar projection by year of projection, according to sex – Brazil and Major Regions, 1999-2010.

Region/ State	Gender	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Brazil	Man	928.742	947.366	962.921	979.091	995.898	1.013.364	1.031.513	1.049.030	1.067.262	1.086.235	1.105.975	1.126.512
North		92.279	95.233	97.633	100.119	102.695	105.363	108.129	110.721	113.416	116.217	119.127	122151
Northeast		425.244	433.140	440.593	448.354	456.434	464.844	473.595	482.880	492.520	502.532	512.929	523.725
Southeast		267.428	272.233	275.600	279.104	282.748	286.537	290.477	293.709	297.099	300.652	304.374	308.270
South		88.014	89.443	90.599	91.798	93.042	94.331	95.669	96.837	98.051	99.314	100.626	101.990
Midweast		55.778	57.317	58.496	59.716	60.980	62.288	63.643	64.883	66.175	67.520	68.919	70.375
Brazil	Female	815.092	832.228	847.002	862.350	878.292	894.848	912.040	928.553	945.726	963.582	982.146	1.001.442
North		75.346	77.882	79.979	82.158	84.423	86.777	89.224	91.487	93.841	96.290	98.838	101.490
Northeast		368.946	375.605	382.046	388.729	395.660	402.846	410.297	418.240	426.466	434.985	443.806	452.941
Southeast		246.247	251.227	255.049	259.025	263.158	267.455	271.921	275.723	279.700	283.858	288.203	292.743
South		74.145	75.481	76.584	77729	78.920	80.156	81.440	82.536	83.677	84.863	86.096	87.378
Midweast		50.408	52.034	53.344	54.710	56.132	5.7615	59.159	60.568	62.043	63.587	65.202	66.891
Brazil	Total	1.743.834	1.779.594	1.809.923	1.841.441	1.874.190	1.908.213	1.943.553	1.977.583	2.012.988	2.049.817	2.088.121	2.127955
North		167.625	173.114	177.611	182.277	187.117	192.140	197.353	202.208	207.257	212.506	217.965	223.642
Northeast		794.190	808.744	822.639	837.083	852.094	867.690	883.892	901.120	918.987	937.517	956.735	976.666
Southeast		513.675	523.460	530.650	538.128	545.906	553.992	562.398	569.432	576.799	584.510	592.577	601.013
South		162.158	164.924	167182	169.527	171.961	174.487	177.109	179.373	181.728	184.177	186.722	189.368
Midweast		106.186	109.351	111.840	114.426	117.112	119.903	122.802	125.451	128.218	131.106	134.121	137.267

Source: IBGE, 2000 Census; MDS/Cedeplar/UFMG, 2006; DATAPREV/MDS, 2005

3.2.3 Estimate of BPC Coverage Between 1999 and 2005

Table 8 shows the number of disabled attended by the BPC and results of the estimated total coverage of the Disabled-BPC (under 65 years old) for Brazil and the Major Regions between 1999 and 2005. It is found that the number of disabled attended by the BPC has increased substantially in the period under study, principally in the Southern and Northern Regions.

It is concluded that there was an increase in the estimated coverage of the Disabled-BPC Program between 1999 and 2004 in all geographic units presented. For Brazil, the estimate for 2005 is that the total coverage of the Disabled-BPC would be 57%, in other words, around 57% of the disabled eligible for the Disabled-BPC would receive the benefit that year. However, it is worth mentioning that this result must be interpreted with caution, since the concept of disabled adopted to estimate the number of eligible not attended was based on information about physical and mental impairments provided in the Census, and may have over-estimated the number of eligible. Among the regions, the Midwest presented the largest overall coverage for the Disabled-BPC public (72% in 2005).

Table 8: Number of disabled attended by BPC and estimated Disabled-BPC coverage (under 65 years old) using Cedeplar projection, per year – Brazil and Major Regions, 1999-2005

Attended							
Region/State	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**
Brazil	676,723	750,268	816,712	895,277	977,667	104,6792	1,100,372
North	60,933	69,520	77,228	86,882	97,623	108,349	117,181
Northeast	315,150	339,044	360,209	384,582	409,035	429,583	445,769
Southeast	192,529	219,330	242,310	268,683	296,202	317,871	333,489
South	57,242	65,863	74,272	85,218	97,846	108,203	115,995
Midwest	50,869	56,511	62,693	69,913	76,962	82,787	87,938
Coverage							
Region/State	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**
Brazil	0.388	0.422	0.451	0.486	0.522	0.549	0.566
North	0.364	0.402	0.435	0.477	0.522	0.564	0.594
Northeast	0.397	0.419	0.438	0.459	0.480	0.495	0.504
Southeast	0.375	0.419	0.457	0.499	0.543	0.574	0.593
South	0.353	0.399	0.444	0.503	0.569	0.620	0.655
Midwest	0.479	0.517	0.561	0.611	0.657	0.690	0.716

Source: IBGE, 2000 Census; MDS/Cedeplar/UFMG, 2006; DATAPREV/MDS, 2005

4 Final Comments

The purpose of this study was to estimate the potential demand for the Continuous Cash Benefit of the elderly (Elderly-BPC) between 2004 and 2010, and of the disabled public (Disabled-BPC) between 1999 and 2010. The coverage of the Program was also estimated in 2004 and 2005 for the elderly and from 1999 to 2005 for the disabled. The projection of potential demand for BPC in the period under study involved the population projection by five-year age groups, sex and Brazilian states. The population projection made by IBGE (OLIVEIRA *et al.*, 2004) was also presented to compare the results obtained for Brazil on the elderly population (65 years old or over).

The potential demand of the BPC Program consists of the total number of people who fulfill the eligibility criteria of the Program. Potential demand may be divided between those already attended by the Program (eligible attended) and those who are still to be attended by the Program (eligible, unattended). Micro-data from the 2000 Census was used to estimate the eligible public unattended by the BPC. The number of those eligible attended by the BPC was obtained from the administrative data provided by DATAPREV / MDS.

Some difficulties arose at the stage of estimating the unattended eligible elderly: identity of the BPC Family, considering the current criterion by Law n.° 9,720 of 1998, through the Census information; exclusion of the Elderly-BPC income when calculating the monthly *per capita* family income of the elderly in families where there were beneficiaries of the Program who mistakenly said they are retirees or pensioners; a variation in the number of unattended eligible caused by changes in the concession criteria for the elderly, after approval of the Statute of the Elderly. In the case of the eligible unattended by the Disabled-BPC, the problem was centered on identifying the BPC Family, considering the current criterion by Law n.° 9,720 of 1998, based on the Census information.

When estimating the total demand for the BPC Program and the elderly and disabled publics, the eligibility factors were calculated separated by type of public, and which were applied to the projected populations to obtain the number

of elderly and disabled that would fulfill the conditions of eligibility for the Program. The calculation of eligibility factors of the elderly public, for projecting the potential demand, involved the estimate of the elderly public that would meet the criteria of BPC eligibility using 2000 data, but considering the concession criteria prevailing after the 2003 Statute of the Elderly. The estimate of eligibility factors of the disabled for projecting the potential demand involved the estimate of the disabled public, according to a disabled concept defined from the 2000 Census data, which attends the BPC eligibility criteria. For the disabled public the only alteration made to the concession criteria was in 1998, with the change in family concept.

The projected figures of those eligible for the Elderly-BPC and Disabled-BPC were obtained after estimating the potential eligible in 2000 and calculating the eligibility factors. Next, the coverage of the BPC Program was estimated by type of benefit.

Considering the uncertainties inherent in the projections, the results presented suggest that BPC coverage, for the elderly public in 2005 was already complete or nearly completed. For the disabled public, the results show that the total coverage of the Disabled-BPC would be 57% in 2005. However, it is important to point out that this result must be interpreted with caution, since the disabled concept adopted can overestimate the unattended eligible. It is also important to mention that the methodology used adopts various premises, such as no substantial changes in the level and distribution of income among families; in the family composition of the elderly and disabled, in the period under analysis, in relation to 2000; as well as no alterations to the BPC concession criteria between 2005 and 2010. It should be stressed that the prime objective of this study was to support and suggest elements for reflection and discussion on the currently adopted criteria for granting and assigning benefits of the Elderly-BPC and Disabled-BPC.

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Evaluation of the Continuous Cash Benefit (BPC)

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Chapter X

Chapter X

Evaluation of the Continuous Cash Benefit (BPC)

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1 Introduction

This article presents the results of the study "Evaluation of the Continuous Cash Benefit – BPC", undertaken by the Policies Evaluation Center (NAP) of the Federal Fluminense University[6], with the support of the Ministry of Social Development and the Fight Against Hunger and the UN Development Programme (UNDP).

The Continuous Cash Benefit (BPC) is a temporary social benefit for the disabled (PCDs) with proven disability to work and to have an independent life and for the elderly over 65 years old. Both the elderly and disabled must prove a

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per capita family income of less than 25% of the prevailing minimum wage. Every citizen who proves these conditions is entitled to receive one monthly minimum wage while those conditions last, and the conditions for granting the benefit are revised every two years.

The BPC was instituted by the 1988 Federal Constitution, regulated by Law 8,742 dated December 7, 1993 (Organic Act of Social Assistance – LOAS) and adopted effectively on January 2, 1996.

This evaluation focuses on two points: on one hand, it seeks to discover the problems and challenges in administrating the benefit; on the other, the effects of the benefit for the beneficiaries. Therefore, a sample was chosen in Southeast Brazil and different segments relating to the administration and social control of the benefit were investigated, besides current beneficiaries and applicants for the benefit who were refused.

The article is divided into five parts. This first discusses the problem and object of the study. The second deals with methodology and sampling. The results referring to beneficiaries are found in the third part. In the fourth are the results referring to problems and solutions in BPC administration. And the main comments on the results are given in the conclusion.

2 Problem and Object of Study

The Brazilian social protection system was based until recently on the assurance of social rights by including the citizens in the labor market. The population's needs and segments outside this standard were met by specific policies, programs or social assistance benefits, without continuity, and permeated by traditional mechanisms of intermediating interests, especially obtaining votes by promises of public positions. In addition to little impact of this model on diminishing the problems and social needs, a political culture was consolidated in Brazil where social assistance was the actual inversion of citizenship (FLEURY, 1994): benefits granted and received as a favor or handout.

This model began to change in the 1980s when the traditionally constructed public apparatus of social policies was re-democratized and criticized. And, in fact, it changed, at least in the regulations, with the advent of the 1988 Federal Constitution, which defines social assistance as a public policy belonging to the social security system, together with health and pension system.

Based on the construction process and approval of the Organic Social Assistance Act (LOAS) – which regulates the constitutional precepts on the social assistance policy (Law n.° 8742, dated December 7, 1993) – the debate on this social policy and its role within social security was extended. This discussion produced an unprecedented organizational and political gain for social security, when it furthered the concept of the policy towards extending social rights and guaranteeing its bylaws.

The principle of the Continuous Cash Benefit (BPC) – the first Brazilian social minimum benefit guaranteed constitutionally – included in LOAS, is to strengthen the outlook of a social provision to guarantee citizen rights, regardless of the relationship with labor, thus imposing a change in the traditional pattern of Brazilian social assistance protection.

This is the most general purpose of the proposed evaluation, to discover whether the BPC has succeeded in altering this traditional standard and thereby the actual conditions in which it is being implemented. So, despite assistential benefit, which must follow the concept and guidelines of the national assistance policy, the BPC is run by Social Security, which is the agency that grants and authorizes its permanence and, ultimately, manages the benefit. And Social Security, as we know, is shaped by the notion of social protection dependent on the relation with past contributions. This could lead the BPC to being addressed as a state benevolence considered secondary in the institutional strategies and, consequently, its claimants are treated as "second class" citizens.

Therefore it is worth investigating whether the BPC was in fact an extension of the notion of citizenship of the traditionally social segments excluded from access to social rights, or whether it eventually reinforces stigmatizing and embarrassing concepts about the poor and very poor.

Social assistance has been making a considerable effort through a complex process of negotiation and agreement of administrative rules and procedures to imprint its concept and guidelines on the BPC, even when continuing to operate with the Social Security through the National Social Security Institute (INSS). This process has hypothetically produced positive results for the BPC to actually achieve the legal status and alter the traditional pattern of addressing assistential benefits. This can be identified by the perception and opinion of the administrators of the institutional sectors involved – social security and assistance – on conducting the actions about BPC and on who are its beneficiaries and claimants. Also by the position taken by the actual beneficiaries and users on the BPC and on the benefit applicants' own course.

Another key factor to identifying the achievement of any social benefit is the access and permanence criteria. Although it is a benefit guaranteed by the Constitution and providing a full minimum wage, the rules of access to the BPC still have restrictions (SPOSATI, 2004; GOMES, 2004). The *per capita* family income cut-off of less than 25% of the minimum wage is the lowest of the income transfer programs that, on average, are in the range of half a minimum wage. The maximum income for BPC corresponds today to around one dollar a day, the international standard of abject poverty.

Also with regard to the low level, the literature questions the income as a prevailing mechanism of access. On one hand, it argues that poverty is a multifaceted phenomenon, beyond material needs and relating to various weaknesses also covering a specific social status, a feeling of inferiority and exclusion (PAUGAM, 2003; ESCOREL, 1999). On the other, even to identify material needs, consumption – and not income – should be the key criterion, given the diversity in the needs, structure of family support and local access to goods and services (MEDEIROS, 2006; ROCHA, 2003). On this matter the study attempted to investigate not only how much BPC impacts the life of beneficiaries but also who the users are who had their benefit refused by the income criterion, in order to discover how they differ from the beneficiaries who keep the benefit.

With regard to the disabled, another criterion of access and permanence of the benefit is the ban on working, which may restrict the social inclusion of

the individuals. The BPC is designed for the disabled that prove their inability to have an independent life and work, but the benefit administrators themselves acknowledge the problem in applying the criteria of disability (MDS/SNAS, 2004). On the other hand, the assessment criteria prioritize the degree of independence rather than the incapacity for work, which are not necessarily associated with the severity of the impairment, and which is why they do not consider the impact of the disability on the quality of life of the people and their families (MEDEIROS, 2006).

Another element of evaluation addresses the purpose of the social assistance policy that includes the BPC with regard to decentralization factors, namely the role of the local social assistance bureaus; the inter-sector nature between the policies and government structures, and social control. These are elements that guide the social assistance policy, particularly now with the implementation of the Unified Social Assistance System (SUAS), whose objective, like the health area, is to implement a national social assistance policy under the responsibility of the three government levels, decentralized to take action, based on participation and social control of the different social segments and included in the other social policies.

At this point an attempt was made to first identify the scope and characteristics of the relations between the different government sectors responsible for the BPC. With quite different institutional logics and structures, the relations between Social Security and Assistance with regard both to the national and local spheres, are known to be conflicting and directly affect the administration of BPC. On the other hand, the cooperation projects can cause promising mechanisms for beneficiary access and improvement of the administrative elements.

At a local level, the scope of integration between the institutional structures interferes in the greater or lesser participation of social assistance in BPC administration, as well as in possibly taking inter-sector actions between different sectors of the social policy. Now social control indicates the possibility of building up substantive citizenship, where the State-society relationship is not restricted to the supply and receipt of social benefits. The literature has shown the limits of

social control and instances under its responsibility in the social policy. But it also points to the importance of this control in the furthering of State democratization (SANTOS JUNIOR *et al.*, 2004).

The BPC is expected to resolve the conditions of destitution suffered by specific segments of the population – the elderly and disabled – by supplying an income transfer to the very poor portions of these segments. And it also seeks to acknowledge them as full citizens and guarantee them status. At this point, the BPC evaluation cannot be restricted to identifying the benefits arising from the income transferred by it.

Poverty, the result of the excluding and segmented development pattern of the country, cannot be related solely or with priority to conditions of access to material goods, given the unequal sharing of social wealth. It produces and/or corroborates complex processes of generating weaknesses ranging from the possibility of access to those goods to the conditions of individual and social inclusion of whoever is affected by it. Namely, it affects the conditions of sociability, family inclusion and autonomous practice in the collective life, that is, in citizen practice.

Thus, the evaluation must identify the scope of the BPC in generating ongoing well-being for its beneficiaries, which presumes the capacity of the benefit to: 1) reduce poverty conditions; 2) be recognized as a social right; 3) create and/or encourage possibilities of reducing general conditions of the beneficiaries' vulnerability; 4) help create conditions to improve the situation of a future life for its beneficiaries, and 5) help change self-excluding conditions or social non-recognition of the beneficiaries.

The combination of these two focal points in the evaluation – the focus on BPC administration and the focus on its effects on the beneficiaries – is therefore based on the premise that achieving the expected objectives for the benefit depends concomitantly on its capacity to create long term wellbeing for its beneficiaries and that, to do so, its concept, design and implementation must produce and maintain compatible administrative mechanisms.

3 Methodology

To achieve the proposed objectives, two priority dimensions were defined related to each other and which were investigated between administrators and beneficiaries alike: the scope of administration and dimension of the results. The scope of administration concerns the concept of the benefit and process inherent therein, both concerning bottlenecks and disputes, as well as innovations. It included aspects such as stages and flows in the process; the characteristics of the decision-making process; the relation between the different instances of administration and government spheres; capacity building and organizational learning in relation to the benefit process; the transparency of the decisions; concept of the administrators on poverty, the poor and beneficiaries; the mechanisms of beneficiary relations; the degree of involvement/commitment with the objectives of the benefit and strategies of administration for incorporating the new social assistance guidelines based on the Unified Social Assistance System (SUAS).

The scope of results concerns the direct and indirect effects of the benefit on the benefit-targeted population. It included the aspects of coverage, access and use, as well as criteria and mechanisms of the beneficiary's eligibility; the perception of the users concerning their access to the benefit; perception of connections of the benefit as rights; perception of the reasons why they are chosen for the benefit; the aspects referring to the use of the benefit and the user's degree of satisfaction. It also included characteristics not always addressed and which are fundamental in the evaluation, such as the effects of the benefit on living conditions and sociability of the beneficiaries; their self-esteem and expectations for the future and on security regarding the continuity of the benefit.

To attend these dimensions, administrators from the local social assistance bureaus and main agencies responsible for the BPC were interviewed. In the Social Security agencies the employee in charge of the agency, a senior employee and a medical expert were selected, areas and functions representing the contact of the beneficiaries with the granting agency.

To accompany local government actions and possible specificities of the benefit, it was decided to approach the local social assistance councils and Collegiate

of Local Government Social Assistance Administrators (CONGEMAS). Representatives from the National Social Assistance Council (CNAS) and National Council for Disability Rights (CONADE) were included also in the scope of social control.

Beneficiaries were selected from the elderly and the physically and mentally disabled (PCDs) in the municipalities and agencies to which they belong, adopting the criterion of at least three years of relationship with the benefit and at least one mandatory review. The criterion was adopted out of the need for a reasonable time with the benefit – in order to evaluate its effects – and, in the case of the review, because it is easier to locate the beneficiaries, since this was the major problem found in the review processes until then. Users whose application was refused were also investigated in order to identify possible effects of the absence and refusal of the benefit. These beneficiaries were selected from those whose request had been refused because they earned an income between 25% and 50% of the minimum wage. The income criterion is justifiable because it represents the highest number of refusals. And the half-minimum wage ceiling, because it is still a very low income and its applicants would very possible live in quite precarious social conditions.

A representative sample of the municipalities in Southeast Brazil (shown below) was chosen, based on the ratio between the volume of benefits granted and the eligible population (number of the elderly and disabled with a monthly income under 25% of the *per capita* minimum wage). This region was chosen because of the biggest absolute presence of beneficiaries; the largest administrative structure and because it concentrates a large part of the problems and expectations of the benefit's effect on individuals. Based on the municipalities, the sample selected the agencies and beneficiaries.

Different data collecting techniques and instruments were adopted, depending on the segment under study. For federal administrators and national agencies, script-based open interviews were used. In the case of the segments selected from the sample (beneficiaries, unattended users, INSS administrators, and social assistance councils), questionnaires were prepared with open and closed questions containing both regular and specific questions for each segment.

3.1 Sampling

The investigation adopted qualitative research techniques, especially in-depth interviewing combined with the usual investigation methods, particularly the use of probability sampling. To facilitate interconnecting the collected information, it was decided that the municipality would be the primary sampling unit. In the selected municipalities, agents involved in the BPC-target population's social protection (representatives of bureaus and local social assistance councils or similar) and Social Security Agencies (APS,) were selected.

In APS the following were selected: 1) administrators and agents involved in granting the BPC (responsible for the APS, medical specialist, administration officer and head of the executive management responsible for the selected APS); 2) families with at least one beneficiary per benefit category (PCDM[7], PCDF[8] and the Elderly) and 3) families with users not attended because of the legal income limit.

Accordingly, the target population of the survey consists of various segments of the Southeast macro-region, described in the following table.

Segment	Target Population
Beneficiaries	BPC users receiving the benefit for more than 3 years and who have undergone at least one assessment in the last three years.
Unattended users	Those who applied for the benefit in the last three years and were refused due to the legal income criterion with a *per capita* family income of between 25% and 50% of the minimum wage.
Social protection administrators	Members of the local councils and secretariats responsible for social protection.
Benefit granting and administration agents	Heads of the executive managements, responsible for the APS, medical specialists and administration officers.

Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

7 PCDM: Person with mental disability
8 PCDF: Person with physical disability

However, the target population is not always affected by operational restrictions of the rolls used to select the samples, limiting the inference to the population under study, namely, the set of units of the target population contained in the selection roll. For the first two segments of the target population shown in the above table, the registers kept by DATAPREV/MDS were used, while in the other segments the units were selected during the data collection stage.

As mentioned, the sample was conglomerated by municipalities and APS, both selected with probability in proportion to their size, defined as the number of beneficiaries in the selection roll. For operational and cost reasons, the size of the sample was pre-fixed at 60 municipalities (of the 341 municipalities with APS and beneficiaries) and 100 APS (in the 60 selected municipalities).

After selecting (or certainly including in the sample) the 60 municipalities and 100 APS comprising the sample, the beneficiaries and unattended users were selected from those who appeared in the relevant rolls, with equal probability.

The heads of APS and managers of the executive offices were selected based on the sampled APS. For medical experts and administrative officers, the instruction was to list those existing in each APS and use a previously prepared numerical sequence to select the physician or officer who should be interviewed at the time of collection. The person in charge or another member was chosen in the case of members of local assistance councils and local secretariats responsible for social assistance.

The methods shown above resulted in the size provided for the sample shown in Chart 1. However, due to various motives inherent in the data collection work, namely the problem of finding beneficiaries and unattended users at the addresses in the selection roll and the refusal of other units (some excuses including no time available, or need for senior authorization, official letter, etc.), the actual size of the sample was smaller than planned, as shown in Chart 1.

Chart 1: Size of the planned and actual population and sizes of the sample

Types of informing units	Size of population	Size in sample		
		Planned	Actual	
			Absolute number	% of planned
Beneficiaries	92,092	300	294	98.0
Person with mental disability	19,662	100	107	107.0
Person with physical disability	22,291	100	83	83.0
Elderly person	50,139	100	104	104.0
Users refused attendance due to income criterion	41,781	100	97	97.0
APS heads	398	100	100	100.0
Medical experts	n.d.*	100	99	99.0
Administrative officers	n.d.*	100	94	94.0
Managers of executive offices	49	49	30	61.2
Local council members	n.d.*	60	60	100.0
Local secretariat members	n.d.*	60	60	100.0
* n.d. means non-determined value				

Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

The natural weights of the design were calculated by the inverse of the probability of including each unit, bearing in mind that the selection at the various stages of the sample (municipalities, APS and information unit) was made with probabilities known *a priori* or calculable using information obtained during the collection, as in the case of the number of selected experts and APS officers.

To obtain the 294 interviews with beneficiaries, 925 addresses were visited, 631 of which had no replies, slightly more than two non-replies for each interview made, as shown in Chart 2. In the case of users who were refused attendance due to income criterion, 279 addresses were visited to make 97 interviews, a little less than two visits for every successful interview.

Chart 2: Total addresses visited per type of unit, according to visit results

Visit results	Total	Beneficiaries	Unattended users
Total	**1,204**	**925**	**279**
Interview undertaken	**391**	**294**	**97**
Non-interviews	**813**	**631**	**182**
Person not located	210	158	52
Person unknown at address	119	97	22
Person moved home	170	132	38
Person died	24	22	2
Address duplicated in the roll	2	2	-
Address of receiving bank	1	1	-
Address of work place	3	3	-
Address of someone else (lawyer)	1	1	-
Non-existent address	80	61	19
Incomplete, insufficient address with missing data	99	75	24
Person temporarily absent (traveling, in hospital, etc.)	87	66	21
Person refused to provide information	17	13	4

Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

Non-answers led to correcting the natural weights of the design, using calibration of the weights to recover the known population totals, by a ratio between the known population total for each selection stratum and the value of the estimate obtained by using the natural weight of the design for each stratum. Nevertheless, administrative officers and medical experts of APS, whose population totals for the Southeast selected strata were not known at the time of the sample selection, were not calibrated in the sample weight.

After gauging the natural weights of the design, they were recorded in the data records of the different information units of the study to be able to obtain the estimates of the quantitative part of the survey.

4 BPC Beneficiaries: Profile, Access to Benefit, Social Control, Social Capital and Social Protection

4.1 Beneficiary Profiles

When undertaking the study, an attempt was made to learn more about the BPC-beneficiary population. It was found in relation to the dwelling place that beneficiaries in the urban zones - 93.2% - predominate over only 6.8% of beneficiaries in the rural zones. This item is consistent with the characteristics of population zoning of the states under study[9], but may also indicate the existence of problems relating to more diffuse information about the BPC and the fragility of the institutional presence of INSS in the rural environment. Whether in the rural or urban zone, it is found that almost all beneficiaries (96.3%) live in households and the rest dwell in institutions – shelters for children, adolescents and the elderly, for example.

It is found that 88.4% of those living in a household do not pay housing expenses. Of these, 69.3% live in their own property, showing that, although they are poor, the beneficiaries or those who care for them have an important asset to prevent a worse level of vulnerability than that in which they already are. It is also worth mentioning that 17.3% of the beneficiaries live in borrowed housing, which reinforces the hypothesis that their living conditions are to some extent associated with the capacity to mobilize the resources of their social networks. The quality of these dwellings is, at least in one dimension, satisfactory: 99.4% are brick built; 0.6% in timber and none in adobe. Nevertheless, care should be taken with what these figures indicate, since the field work reports mention that many dwellings, even those brick-built, are in a terrible state of repair and habitability.

Concerning gender, more women are to be found among the beneficiaries: 52.7% against 47.3% men, diverging very little from the relative presence of

9 According to IBGE, in Southeast Brazil, 90.5% of the population lives in the urban zone and 9.5% in the rural zone.

men and women in the population in general.[10] This balance, however, varies considerably between the three strata studied. There are more women among the elderly (but well above the average female presence in the general population), possibly reflecting the greater longevity already found in different studies. Men are in the majority of the physical and mental PCDs, although the difference in the distribution by gender here and the population in general is more discreet.

With regard to race, significant differences are noted between the three segments. There are more white people among the elderly: 55.8% against 42.3% black people[11], possibly reflecting their greater longevity in relation to the other racial groups. Among the physical PCDs however there is a balance between white (49.4%) and black (50.6%) and among the mental PCDs the proportion of black people is larger. According to IBGE, white and black in the Southeast Region correspond to 62.35% and 36.06% of the population, respectively. So it may be concluded that black people are over-represented between the three segments of beneficiaries. Considering that the beneficiaries are extremely poor, the findings here confirm different studies relating to the widespread negritude of brazilian poverty.

When analyzing the marital status of the beneficiaries, there was a predominance of single people (62.9%) and widow(er)s (20.1%), stressing that most of the elderly (54%) are widowed and most of the disabled (88%) are single. From the hypothesis that marriage may be a positive factor in the life of extremely poor populations, it seems that the marital status of the group of beneficiaries is yet another element to include in the table of social non-protection.

Now in relation to education of the beneficiary population it was found that the majority (54.4%) does not have even one year of schooling. An intermediary group in terms of education comprises those who have 4-7 years (18.4%) of schooling. This education, compatible with average school years of the Brazilians,

10 According IBGE, the population in the Southeast consists of 51% women and 48.9% men.
11 In this paper, adopting criteria defended by a large part of literature on race relations in Brazil, the word "black" comprises both black and brown.

possibly loses a lot of its functionality inasmuch as it is added to a series of other handicaps that prevent greater social inclusion of the beneficiaries.

With regard to the professional career of the beneficiaries, the differences between the three strata must be highlighted, since 85% of the mental PCDs and 69.9% of the physical PCDs have never worked while most of the elderly (75%) have worked but no longer do so. The differences between these frequencies may be credited to the moment in the life cycle when it was impossible to work: while a large part of the PCDs may be in this state since birth, for the elderly the incapacity was possibly the result of aging. More than half the 41.2% of beneficiaries who have already worked or are still working do so as "employees", and it is plausible to presume that, as a result of education, this occurred in poorly paid activities and unsuitable working conditions. A more precise understanding of the ways in which the beneficiary population was included in the labor world can be obtained by looking at its inclusion in the social security system. The available data shows that only 19.7% of them contributed at any one time to social security, reinforcing the perception that their inclusion in the labor market is/was predominantly precarious from the viewpoint of the working conditions and employment relations.

Another component in the beneficiary profile is that of having a legal representative. It should be stressed that only 26.9% of the elderly have one against 67.5% of the physical PCDs and 90.7% of the mental PCDS, and that the majority of the latter are tutors followed by attorneys and guardians. As expected, the family members are almost all their attorneys (92.3%) and this reaffirms the importance of the role of the family in establishing links between the beneficiaries and the outside world. As we will see below, this role will be crucial in the efforts of the beneficiaries to access the BPC.

4.2 Access to Benefit

Access to the social programs in Brazil is still quite complex. Not only the questions relating to eligibility and focalization but the quantity and quality of the information provided for the segments for which the programs are designed also

contribute to such complexity. In the case of the BPC beneficiaries studied herein, the restrictions on disclosing information were only overcome to a large extent by the contribution of family members (36.2%), neighbors (4.8%) and friends (6.3%). Public agencies were also important in this process, since 14.2% obtained this information from the INSS or other government agencies. Also worth mentioning is the role of the press, reflecting its involvement in diffusing social rights or even its use by government bodies as an instrument for announcing socio-assistance programs. A unique situation occurs in relation to the community associations and councils that seem to play a secondary role in disclosing information about the BPC, something confirmed in the interviews with the administrators and representatives of civil society relating to the benefit.

Once information of the existence of BPC was obtained, contrary to the early perception, only a small number of interviewees (13.6%) reported problems in submitting their application or accompanying the process. Attention is called in this study to the few respondents (3%) who said they had problems with making an appointment with the medical specialist, since the problems of the INSS expert structure have been indicated as one of the major obstacles to the granting process.

As in information access, the problems encountered were overcome mostly through support of family members, friends and neighbors. In this case, however, it has been found that further support is also provided by public service agents (24.8%) to the population applying for the benefit. This further support may reflect the major role of the APS in the benefit granting process or difficulties that have been gradually appearing for beneficiaries and their primary network on their own overcoming the red tape associated with the benefit given the different and also mental limitations. This phenomenon suggests the importance of reflecting on the limits on paper of the primary networks in helping the beneficiaries while it indicates the need to strengthen the role of the public service – in this case the INSS – in this process. It should also be pointed out here that some beneficiaries have had no help, which could also be a sign of their autonomy, or inversely of their total helplessness at a crucial moment in the effort to access the benefit.

An investigation was also made among the beneficiaries on how, after each stage in the effort to achieve the benefit (learning of its existence, first application,

process follow-up, waiting for the result and receiving the benefit) and considering the drawbacks to achieve it, they assessed the service provided by INSS agencies. According to 17.3% of the beneficiaries, the service provided was excellent, while 60.9% of them considered it good – contrary to current opinions on the existence of a dual standard of treating social security and BPC beneficiaries, where the latter were poorly and rudely attended –, against 8.2% and 2.7% of those who consider it regular or bad, respectively.

4.3 Use of Resources

There are quite frequent stories about undue appropriation of social assistance and security resources of the elderly and PCDs. In order to verify the existence of this phenomenon among BPC beneficiaries, they were asked who withdraws the benefit. The portion 32.3% are the beneficiaries who personally receive it, a percentage that cannot be considered by any means small when considering the health limitations of most of them, and the large number of children and adolescents in the study, mainly among the mental PCDs. In addition to the actual beneficiaries and their attorneys, the benefit is received by 8.2% of people classified as "other". This figure cannot be considered high but does indicate the existence of informal receiving mechanisms which may be an indication of fraud and misappropriation. Nevertheless, when examining who the "others" are, it is found that most of them are from the family environment, which perhaps minimizes the rate of misappropriations[12].

It is worth mentioning that there is no direct relationship between who receives and who decides on its expenditure, since the percentage of beneficiaries who receive it in the three segments is always smaller than the percentage of beneficiaries who decide how to use the resources. This seems a positive phenomenon to the extent that the help given to the beneficiaries for receipt does not imply restricting their right to choose. It is, therefore, not surprising that 97.3% of the respondents consider that the form in which the BPC is spent is appropriate, revealing yet another important area of their satisfaction with the benefit.

12 It is worth pointing out the privileged position of the elderly in this discussion, since 62.5% receive the benefit directly, a difference that is explicable by the greater physical limitations of the PCDs.

The high rate of agreement with the quality of the way in which BPC resources are spent can be more clearly understood when taking into account the consumer items most mentioned by the interviewees. Considering the physical and mental conditions of the PCDs and the tendency of elderly beneficiaries to contract various ailments, it is clear why expenditure on health is one of the most often mentioned (82.0%). Similar reasoning can be applied to the observed position occupied by the food item, most mentioned by the respondents (85.7%). Nevertheless, it is necessary to inquire to what extent these data suggest a high degree of domestic segregation, inhibiting them from interacting with relatives or attending social groups in other neighborhoods, since travel expenses, for example, are very low.

Bearing in mind the considerations about the propriety and type of expense, it is not surprising that around 83.7% of respondents said that the BPC improved their quality of life and increased their self-esteem. The perception on the general improvement in the quality of life possibly reflects the acquisition of material goods and subjective gains associated with the possibility of contributing financially toward the upkeep of the family nucleus and other relatives. Later studies could go further into this affirmation. But the hypothesis is not implausible that the wellbeing of the beneficiaries increases as they feel more useful and that, by contributing toward the household maintenance, they can also feel more authorized to demand more attention to their needs. It is important to ask to what extent this empowerment contributes toward a better relationship of the beneficiaries with their social environment and society as a whole. In the next section an attempt is made to advance in this discussion by analyzing their complaints and how they interact with instances of social control.

4.4 Complaints and Relationship with Instances of Social Control

The practice of social control is today considered a key component for the good performance of social policies and, at the same time, an important pointer, on one hand, to the rate of democratization of its administration and, on the other, the practice of citizenship of its direct beneficiaries and their representatives.

Considering this discussion, the respondents were asked a set of questions on their complaints about BPC; how these complaints were submitted by them and received by the agencies involved with a benefit; and on their knowledge regarding the existence and role of the councils in the benefit's implementation.

A first relevant item on this is the fact that only a very low percentage of respondents (6.5%) now had complaints about BPC. After having identified the presumed violation of their right, they identified and approached the jurisdictions that they considered able to provide the restitution, in most cases (3.8%) some of the INSS managers or ombudsmen. This item certainly derives from their past relationship with this institute – which was seen to be not necessarily bad – as well as the fact that the assistance agencies still have little participation in implementing the benefit, which explains why only 0.3% of interviewees with a complaint approached a local government secretariat or equivalent body. The item that calls attention is that the institutions closest to the beneficiaries (community association, local policies, councils, etc.) are precisely those that they seldom or do not approach at all. This cannot be used to suggest failure of the presumed role of the organizations and local agents in people's lives, but indicates that they still need to play a fuller role in the sphere of the benefit.

A percentage of 81.8% of all complaints made by BPC beneficiaries were attended to – 63.6% fully and 18.2% partially. Now, with regard to the attendance given to the beneficiaries when making the complaint, there is a strong tendency for them to be very satisfied with it, since most beneficiaries (63.6%) consider the attendance excellent (9.1%) or good (54.5%). These data are used again to question the recurring statements about the poor service given in INSS branches, where almost all complaints are made.

Another element considered important when analyzing the question of social control concerns the ways in which beneficiaries perceive the existence, legitimacy and intervention of the councils.

The councils are a key agent in controlling the various social policies. Since the 1990s in different areas such as health, education, childhood and adolescence, etc. they have spread through the Brazilian states. Despite the optimism with

which they were first received, many have failed even today to fulfill the functions that justified their creation. There are several reasons for this process, two of which are the political apparatus and personal limitations of the councilors. Moreover, the councils' problems in a country with the educational characteristics and geographic size of Brazil seem to considerably restrict their relationship with the population. This restriction may reach a point where the population is not even aware of their existence. This seems to be the case with BPC beneficiaries. The data collected evidenced very little awareness by the respondents of the existence of the councils that, in theory, represent the population under study – that of assistance, the elderly and PCDs – since only 16.3% are aware of the local assistance councils, 15.3% are aware of the PCD council and only 6.7% know about the elderly council. Those who do know of their existence however are very misinformed about the level of participation of these councils in issues affecting BPC, stressing that 57.14% and 31.3% know nothing about the elderly and assistance councils' involvement respectively in such questions. All this is compatible with other research data that show that the councils are not key references for the beneficiaries in terms of information about and support during the BPC application efforts.

4.5 Social Capital: Civic Engagement and Autonomy

Participation in community groups, trade unions and political parties has been considered a key pointer to social cohesion and democracy. Considering the characteristics of BPC beneficiaries and general trends of Brazilian society, very high levels of participation were not expected, which was confirmed by the study. In the case of community associations, it is found that 23.1% of the interviewees have already participated in them and the majority of them participated in religious associations.

The time spent in these associations is another important aspect to understand the forms of the beneficiaries' civic engagement. Among those who participate, 70.6% do so for more than two years, which can be considered a stable engagement.

Even less participation was found with regard to trade unions and political parties. Just as in community associations, most of the participants participate or have participated for more than two years, but most of them sporadically.

In order to discover the incentive ratio of social participation and BPC, the interviewees were asked to what extent this benefit contributed to further participation in community associations, trade unions and political parties. This contribution could not be assessed by 53.1% of the beneficiaries and only 7.5% think that they contributed toward participation in community associations, with similar results to those found regarding trade union and party participation. These data are consistent with other information obtained in the study, which shows that the BPC plays a minor role in increasing the possibilities of the beneficiaries to participate in social activities (2.3%) and in councils and community associations (0.0 %).

Another relevant aspect refers to how the BPC positively affected the capacity of the beneficiaries to take day-to-day decisions. This is one of the most important data in the analysis of the benefit, since it shows whether the BPC has not only been able to affect the desired increase in people's autonomy, but also to satisfy material requirements. Data on this are encouraging: 80.5% of respondents allude to an increase in such capacity; 13.8% refer to no change and 5.7% say they do not know.

The analysis on the BPC role in generating social capital indicates its low impact on improving a more gregarious standard of living, while suggesting a strong impact on making the beneficiaries more autonomous.

4.6 Social Protection

The Brazilian public social protection system has progressed considerably over the past twenty years, extending its structure and diversification of its services. In addition, it should be said that the financial resources allocated to it are by no means negligible. At the same time, many of the social protection practices are developed outside the public institutions particularly by community organizations,

non-government organizations and so on. Access to this protection, however, cannot at all be taken as something fluid and reliable. To be well attended in those public or private services involves some stages, as discussed below. The first of them is to know that they exist.

In relation to community organizations, it is found that only 33% of the interviewees acknowledge their presence in the places where they live, against 67% of those who deny or do not know that they exist. Among the associations whose existence is acknowledged, those of a religious nature are again mentioned more often, confirming what was commented earlier about their role in the Brazilian social protection system. It is also worth noting that neighborhood associations take second place among the help associations (10.3%), taking into account the more demanding political character that is generally attributed to them. This feature is not confirmed here, but it could be said that the political-assistential mix is a reality in the social environment of the elderly and PCDs.

The respondents' perception that community organizations do exist does not mean that they play a key role in the lives of the beneficiaries. Only 52.6% out of the 33% who referred to their existence answered positively when asked if they often attend or have attended them. Of those who attend, 68.6% receive some kind of aid and those who receive include 43% mental PCDs, 37% physical PCDs and 20% elderly. Also concerning community aid, an encouraging factor should be mentioned: 71.4% of the respondents consider the help received excellent or good against only 28.6% who consider it regular or poor. However, this data does not lend itself to further generalizations on the quality of aid provided by these organizations, since very few people are helped, indicating the existence of a process of exclusion from community aid to that of the range from learning that the associations exist to actually receiving some kind of support.

Now concerning public services that exist in the community, it is found that 49.3% of the beneficiaries do not use them, which could be considered a high rate. The existence of likely barriers against the use of these services should be examined further from at least two angles: on one hand, with regard to the quantity of the supply which, in itself, may be insufficient to attend BPC beneficiaries and non-beneficiaries; on the other, further investigations should

be made of cultural factors and occasional discriminatory practices that could be prevailing in this situation.

Among the services used, the most frequently mentioned are those relating to health, which possibly reflects both the greater needs of the elderly and PCDs and a more frequent presence of such community services. Schools come second, indicating some degree of opening up the school network to attend this population, but still very incipient, considering the average years of schooling of the elderly and PCD beneficiaries. It is found with regard to the quality of the service and taking the example of the health services, that the beneficiaries tend to be more satisfied than dissatisfied with the service received. Despite this certainly encouraging data, it is worth recalling yet again that only a very small number of beneficiaries are able to express their opinion on the quality of the service, since most of them failed for various reasons to achieve the status of user. Likewise, it should be underscored that the percentage of dissatisfied beneficiaries is not negligible, which illustrates that there is plenty of room for improving the services offered with regard to access and quality.

Within this limited table of community and public social protection, the family plays a leading role in meeting the requirements of 65.6% of the beneficiaries. The help received comes from different relatives, but those that comprise the nuclear family are in the vast majority. A balanced distribution between different items is found with regard to the kind of support received. Financial support (37.8%) is the most frequent and, considering the *per capita* income of the beneficiaries, it may be said that it meets a pressing and real demand.

At the same time, although no data is available on the magnitude of this aid, it is possible to suggest that it is very small given the probable poverty affecting the family members of beneficiaries. Travel aid for health treatment comes in second place among those most mentioned and certainly reflects, on one hand, the need for periodical medical care of the beneficiaries and, on the other, the physical limitations of their group. Comments are often made, with approximate values, to "personal cleanliness and hygiene", "domestic chores" and "day-to-day problem solving" as a result of these same limitations.

The third kind of help most mentioned is "companionship", also compatible with the general characteristics of the beneficiary population, adaptable to the other supports received and consistent with the statements in current literature about family, namely with regard to the idea that emotional support – expressed elsewhere in companionship – is a major component of family dynamics in particular and social networks in general.

Beneficiaries were asked if changes had occurred in the support given by family members after they began receiving the BPC. Only 4.7% of them mentioned that some changes had occurred against 93.8% who said that no changes occurred. This data shows that the help provided is of a more constant nature and is ruled by a logic of obligations that is not broken by further financial resources being received by the beneficiary. At the same time, it may simply suggest that the improvements that the BPC can cause in the life of the beneficiaries are not enough for them, who are generally in poor health, to be able to forego any kind of outside aid.

Neighbors also play a key role in the social protection system used by the beneficiaries (30.3%), although they give less support than the family members. With regard to the kind of support received, it is found that financial aid no longer ranks first, possibly because of the neighbors' own poverty and their responsibility of financial support toward their own family members. Here the offer of "companionship" (33%) comes before financial support, followed by support with "transport for health care" (18.7%).

Despite the quantity, neighbor and family help is undoubtedly compatible with what the beneficiaries indicate as their main requirements. Some of those requirements worth mentioning are support for transport (going out, shopping, moving around the house), managing their daily lives (having a bath, meals, taking medication, etc.) and companionship.

On completing the questionnaire, the respondents were able to mention questions that they considered relevant regarding their everyday problems. There was considerable repetition of those already mentioned earlier. Once again, major emphasis was given to their day-to-day problems, especially those relating to

personal hygiene, proper use of medication, completing household routines, being able to dress themselves, and so on. At the same time, they also very often referred to problems relating with transport. This field also includes impediments in terms of getting to the health care services and moving around the neighborhoods where they live. This impossibility of transport may give rise to another kind of complaint: the socializing problems of beneficiaries who feel very isolated.

Many respondents alluded to health problems in the open questions, although less than expected. Perhaps, to some extent, because of their long history of living with disease, many of them have now accepted them as part of their daily lives. The same can be said about the so-called emotional problems. It is worth mentioning the significant number of references to situations of discrimination occurring in both the private – by family members – and public sphere – by neighbors, schoolmates or bus drivers. Lastly, importance is also given to complaints about the fact that the beneficiary him/herself is caring for another person in the family or the situation in which the beneficiary's carer also has serious health problems.

The problems mentioned by them are consistent with the proposals presented in relation to implementing policies and programs for the area where they live. Most of these proposals address the improvement and creation of public services, particularly specialized education and health services for the elderly and PCDs. Another sector of public policies in which beneficiaries make suggestions is culture and leisure. This is clearly associated with what was said in another section about the requirements of the beneficiaries for "companionship". Suggestions on this matter are, for example, the creation of community and occupational therapy centers.

Since locomotion difficulties were considerably emphasized by the respondents, it is not surprising that many of them have offered proposals to upgrade public transport and create free hospital transport services. Moreover, mention was made on the need to extend free public transport to the carers of the elderly and PCDs. There is also no lack of suggestions regarding BPC itself. On one hand changes were suggested in the eligibility criteria (lowering the age and increasing the *per capita* income) to include a larger number of beneficiaries.

On the other hand, the beneficiaries insisted on the need to increase the value of the benefit and introduce the Christmas bonus. It is also worth highlighting the suggestion of creating an extra benefit for the "parents living in function of the beneficiary".

The social security-social-assistance system deals daily with people with the profile and type of support detailed above. What kind of system is this? What problems are encountered in the BPC implementation process? How are the beneficiaries perceived in it? The following sections discuss these and other issues.

5 BPC Implementation Process: Access, Between Government Level-Sector Relations, Administration and Operation of the Benefit, Social Control and Perception about the BPC

5.1 Access to the Benefit

It is well known that one of the main problems of social assistance programs in Brazil lies in the process of focusing; now it is considered too restrictive, and at others not reaching the social segments for which these programs are designed.

As will be seen, in the BPC case, the criteria of access to the benefit have been a target of widespread criticism by scholars and professionals in the social assistance field, especially with regard to the low value of the income cut-off, which would cover only the social strata in abject poverty. In order to discover the opinion of those directly involved in the administration, implementation and operation of the BPC on the matter, the study addressed some issues relating to the criteria and mechanisms of selecting the benefit.

It was found that all segments mostly agree that the income cut-off for granting the BPC is low. Whether among social security agents (responsible for APS, administrative servants, medical experts, executive managers), or among local secretariats and councils for social assistance, the rate of respondents that

agreed fully or partly that the value of the income stipulated by the BPC is low was more than 80%.

A second aspect to be considered in this discussion concerns confirmation, in the case of the disabled, of their incapacity to have an independent life and to work, by a medical expert examination within the Social Security. Two questions are highlighted in this process. The first is the difficulty in defining the concepts of disability and incapacity, which gives rise to subjective interpretations by medical experts, given the lack of clarity of the criteria for assessing the incapacity to have an independent life and work.

Here, the various segments were also very much in agreement regarding the perception that medical expert criteria are not clear (around 50%) when assessing the incapacity for an independent life and work. Attention is called to the higher rates of disagreement among medical experts (52%) and the significant percentage of respondents in almost all segments who did not know how to answer this item (10% among the GEX – Executive Managers of INSS – to 33% among administrative servants).

Another point in the discussion on the criteria of the medical experts refers to their being limited to clinical aspects without considering the social condition of the BPC applicant.

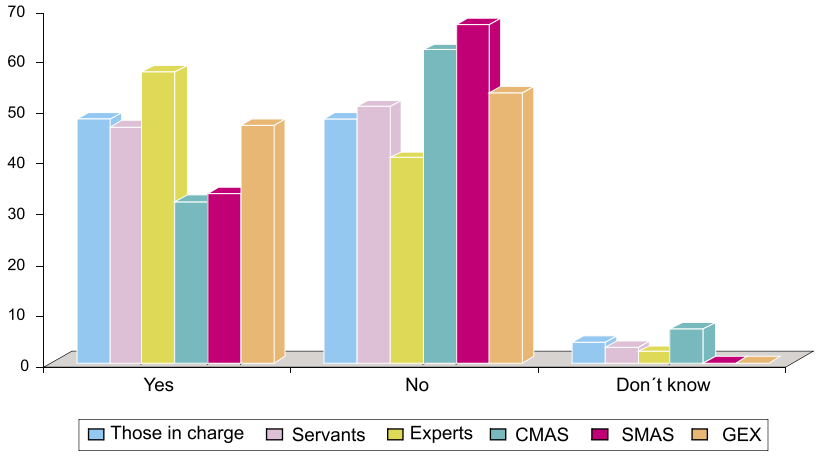
Every segment involved with administration and operationalization of the benefit mostly agree that the medical expert's report does not consider the social status of the applicants when making the medical evaluation (variation between 60% among those responsible for the APS and 88% among the local social assistance secretariats). Again, attention here is called to the high percentage of those who did not know how to answer the question (between 13% of the GEX and 30% of the administrative servants), which suggests that the criteria relating to the medical expert evaluation almost solely belong to the medical expert.

The fact should be stressed that these answers do not necessarily mean that the respondents consider that the applicant's social status should not be considered in analyses for granting the BPC. During the field work – and as can be seen in other questions – the notion was common among the various

segments that the PCDs have a range of social weaknesses that would need to be taken into consideration when analyzing their application. Nor can it be said that the medical experts should be held responsible for social evaluation. What seems relevant here is the fact that the evaluation of the social status is considered in the analyses for granting the benefit.

Also in relation to the criterion that only the disabled that cannot work should receive the BPC, it is necessary to acknowledge that the opinions of the various segments on this criterion were quite divided. If most of the respondents tend not to agree with this criterion, as shown in Graph 1, the percentage is significant for those who agree that only those who cannot work must receive the benefit.

Graph 1: Agreement with the criterion that only the disabled incapacitated for work must receive the BPC; Southeast Brazil, 2006



Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

Although these opinions express a prevailing tendency to consider BPC criteria restrictive, there is a somewhat generalized idea that it is relatively easy to receive the benefit. It should be mentioned that all segments tend to assess that the elderly are more easily granted the benefit than the disabled. In the case of granting the BPC for the elderly, around 85% of those responsible for APS consider that the granting of the benefit is easy or very easy, an opinion shared

by 86% of the administrative servants, 80% GEX and 83% local social assistance secretariats. The smallest percentage of respondents that considered easy or very easy for the elderly to be granted their application was among the local social assistance councils, with 48%.

In the case of the BPC allowance, however, for the disabled (PCD), the percentages of answers considering that it is easy or very easy to be granted the benefit were much smaller: 56% among those responsible for the APS, 46.5% among the administrative servants, 73% among the GEX, 18% among the local social assistance secretariats and 20% of the local social assistance councils.

This notion seems to be confirmed partly by the experiences of the beneficiaries in the study sample: most respondents said that they had found no difficulty in applying for the BPC (86.4%) or receiving it (90.5%). Those who say they had difficulties were people with a disability, especially mental, who had found it hardest (around 13% of this segment).

Another key aspect in terms of BPC access concerns compliance with the legal deadline for granting the benefit (45 days). BPC access seems to be relatively simple, and may in many cases be obtained unusually quickly when granting social benefits. In the opinion of social security agents, the legal deadline is generally closely met. However, evaluations show that this deadline is met more often in the case of the elderly (around 90%) than the disabled (on average 75%), which suggests that the formalities of the process are slower in the case of PCD, possibly because of the bureaucratic procedures involving the medical expert's report.

The beneficiaries also answered that they could observe that the legal deadlines for granting the BPC is more often met for the elderly: although most of them mentioned having received the answer by the legal deadline, less than half the PCDs failed to receive by the deadline (around 54% and 41.6%, respectively). Around 15% of the disabled said that there was a delay in scheduling the medical expert's appointment. Attention here is called to a high percentage of beneficiaries who said that they had to wait more than six months before being granted the BPC (23%), which indicates that this is also an area to be improved.

In addition to the criteria and mechanisms of eligibility, the various segments under study assessed other BPC access problems, some of them relating to the support structure for applying for the benefit, others directly linked to the accessibility of the INSS branches as well as others referring to the formalities of the process. All segments linked to BPC administration and operationalization agreed that the existence of intermediaries is an aspect that hinders access to the benefit (on average 85% of the respondents fully or partly agree).

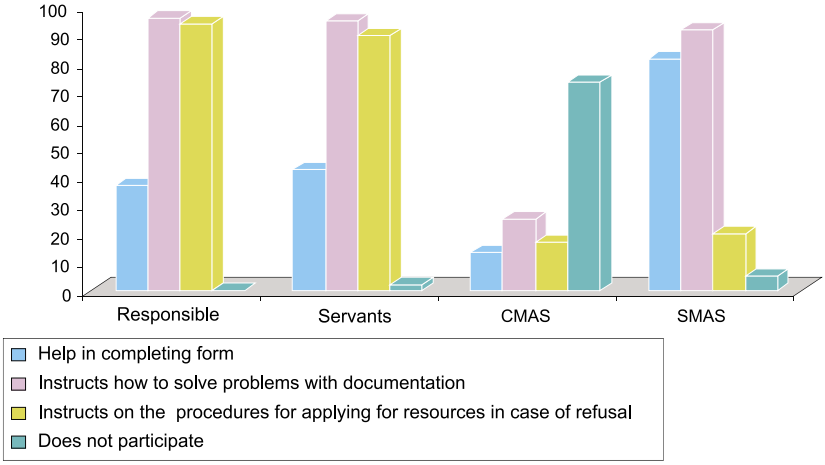
However, this does not seem to be a problem among the beneficiaries, if it is considered that, as seen earlier, the family members, followed by neighbors and friends are those first and foremost who support these segments when applying for the allowance and keeping track of the process. Also in relation to whoever receives the benefit and whoever decides how to spend it, the answers of the beneficiaries indicate few possible intermediaries, since they or their natural born guardians are those who receive the benefit and decide how to spend it.

Insufficient information available to the applicants was another problem mentioned very frequently by every segment (around 78% of all respondents). Among the beneficiaries who mentioned difficulties in applying for the BPC, the scarce available information (including not knowing how to complete the form and who could ask for the benefit), problems with access were very often mentioned (86%), showing that this is an aspect to be improved when implementing the BPC.

It is also convenient to analyze how the different institutions involved with BPC administration and operation support potential beneficiaries in the application process of the benefit.

In most INSS branches, instructions are given on how to solve problems relating to documentation when applying for the benefit and, on a smaller scale, instructions about the procedures for applying for resources should they be refused. Attention is called to the relatively small percentage of APS that help complete forms. It should be said that all branches participate in some way in the BPC application process (Graph 2). Here it must be recalled, as mentioned above, that a high percentage of beneficiaries and users mentioned support given by INSS employees in the BPC application and follow-up process.

Graph 2: Form of participation of institutions in the BPC application process; Southeast Brazil, 2006



Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

Among the local social assistance councils, a remarkably high percentage of respondents said that councils do not participate in the BPC application process. Among those who said that they participate, many provide instructions on how to solve documentation problems and, to a lesser degree, on procedures to apply for resources in the case of refusal. An even smaller percentage help complete the BPC application form. Another aspect to be stressed is the aforementioned fact that no beneficiaries mentioned council support. This causes some concern, therefore, that a social control agency, which, at least in theory, should safeguard the rights of the beneficiaries, plays such a small role in supporting BPC applicants.

In the local social assistance secretariats, only 5% of the respondents said that this body does not participate in the BPC application process. Among those who mentioned SMAS participation, almost all said that the secretariats instruct on how to solve problems with documentation and, to a slightly lesser extent, help complete the form. However, this perception contrasts with that of the social security agents and with what beneficiaries have said from their own experience. In fact, a large number of respondents linked to the INSS (68% of those responsible for APS, 60% of the administrative servants and 70% of the GEX) agree fully or

partially that the lack of support from social assistance agencies raises problems in accessing the BPC.

As previously mentioned, it is noticeable that the possible support of local social assistance agencies was mentioned by very few beneficiaries, which indicates the fragility of this support mechanism in the BPC application process.

5.2 Relationship Between Government Sectors

The design and operation of BPC involve a complex chain of institutions and agents, including areas that traditionally operate according to very different organizational logics, as in the case of the Social Security and Social Assistance. There is quite a widespread view that, precisely because of this tradition, the INSS-related agents would not agree to operate a non-contributory benefit such as the BPC, causing repercussions in the quality of the service provided to beneficiaries and access to the benefit. A very real topic on the discussion agenda about BPC nowadays is on who should administrate and actually operate the benefit. There is also a recurring trend considering that the integration problems between Social Security and Social Assistance occur mainly due to refusal by the INSS to work together, considering its past isolation, and also because it does not consider this integration important and necessary. The study attempted to discover the opinion of the sectors involved with the BPC on these matters.

Various segments were asked what their opinion was about the degree of acceptance of the INSS to operate the BPC. Most segments related to the Social Security tended to consider that the degree is medium or high (the rate varies from 67% among the medical experts to 83% among the GEX). It is interesting to note that this same opinion was expressed by 67% of the local social assistance secretariats. Opinions varied only among the local social assistance councils between low (35%) and average (33%).

Although the BPC operation has degrees of positive acceptance, it could be considered a problem by social security agents. Nevertheless, the opinions expressed by these sectors were generally positive. Most of the APS-related

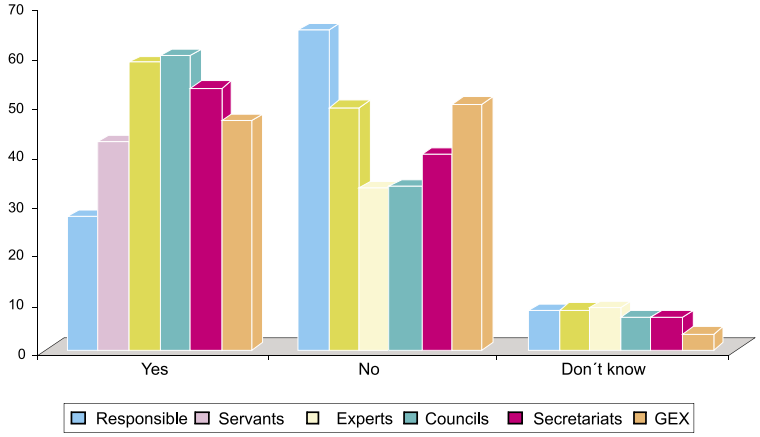
segments informed that operating the BPC is not a problem for the agencies (57% of those responsible for APS, 65% of the administrative servants, 71% of the medical experts and 67% of executive managers), although the number of answers stating that it is a problem is by no means negligible.

Despite these positive answers, lively discussion ensues on whether this operation must continue or not under INSS responsibility. Arguments in favor of the BPC leaving the Social Security sphere show that the BPC working model, almost solely under INSS responsibility, eventually reinforces the notion among the beneficiary population that it is a social security benefit. Similarly, they presume that in the INSS branches priority and even privilege is given to Social Security pensioners in detriment to BPC beneficiaries, with repercussions in reception and treatment of the latter. There are those even among the Social Security sectors that point out that since it is an assistential benefit the BPC should be operated and administrated solely in the area of Social Assistance.

On the other hand, the arguments of those in favor of INSS continuing as responsible for operating the BPC, weigh that the municipalities and local social assistance secretariats do not have the proper infrastructure to assume this task, while the INSS has a technical-managerial and operative capacity to do so. Some opinions are also that the local social assistance secretariats are considerably influenced by partisan and clientelistic interests and are willing to state that interferences of this kind are less likely in the INSS sphere.

In the study sample, opinions were very much divided. Experts, local social assistance secretariats and councils showed mostly that INSS should continue to be responsible for operating BPC, while most of those responsible for the APS, administrative servants and executive managers do not agree that the INSS continues responsible for the BPC operation (Graph 3). It is interesting to note, therefore, that those who most express the opinion that the BPC must leave the Social Security sphere are the segments linked to the INSS, except for the experts, while the social assistance-related segments are in favor of the BPC operation remaining with the INSS.

Graph 3: Opinion on INSS continuing as responsible for the BPC operation; Southeast Brazil, 2006



Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

It is necessary to consider that, since the BPC implementation in 1996 the social assistance area has never effectively assumed the administration of the benefit, reinforcing the population's impression that it is a social security benefit. In fact, the participation of local social assistance secretariats – and even local councils – throughout the BPC operating process is apparently summarized in the review stage, a more recent process. Although many local secretariat representatives said they participated in supporting the BPC application (around 95% mentioned offering some kind of support), this participation is much smaller with regard to the follow-up of the benefit granting process (only 43%). At the same time, as mentioned above, most beneficiaries and users said that the support in the BPC application and granting process is obtained mainly from family members, neighbors and friends, followed by INSS employees. It is therefore presumed that the local social assistance councils and secretariats play only a minor role in this process.

When asked what the role of the local social assistance secretariats should be, the different segments mentioned a series of tasks. It seems consensual between these various segments that the secretariats must instruct the beneficiary population in the BPC application process and send possible beneficiaries to the INSS. In other words, it is generally acceptable that the secretariats participate in

supporting beneficiaries in the BPC application process. Also, undertaking studies on the vulnerable conditions of the beneficiaries and the supply of social actions and services directed at these segments are attributes that many respondents attribute to the local social assistance secretariats.

The actions linked to the BPC granting process (participation in analyses/evaluation of the application processes and follow-up of the BPC granting process) had proportionally the smallest number of answers from the various segments, including also the local social assistance secretariats and councils.

Another fact that calls attention to the coordination of the BPC review process, an attribution officially under the responsibility of local social assistance secretariats, there were few answers from the INSS-related segments. Also, the option with the least number of mentions by representatives from the local social assistance councils and secretariats was the coordination of the BPC review process (Table 1).

Table 1: Opinion on the role of the local social assistance secretariats in BPC operation; Southeast Brazil, 2006 (in percentages)

Role of SMAS – agreement in relation to the role of SMAS to:	Segment					
	Responsible APS	Servants	Experts	Councils	Secretariats	GEX
Instruct the beneficiary population	91.0	60.6	86.2	100.0	100.0	100.0
Send possible beneficiaries to INSS	77.0	85.9	74.5	98.3	93.3	90.0
Participate in analysis/evaluation of the application processes	54.0	52.5	42.6	78.3	83.3	66.7
Undertake studies on vulnerable conditions	76.0	74.8	63.8	85.0	93.3	96.7
Follow up the BPC granting process	37.0	34.3	40.4	73.3	80.0	56.7
Coordinating the BPC review process	55.0	50.5	28.7	78.3	86.7	70.0
Offer beneficiaries various social actions and services	69.0	76.8	67.0	78.3	88.3	90.0
Other	7.0	7.1	3.2	8.3	10.0	6.7
Should not interfere	2.0	0.0	2.1	0.0	0.0	0.0
Doesn't know	2.0	2.0	8.5	0.0	0.0	2.0

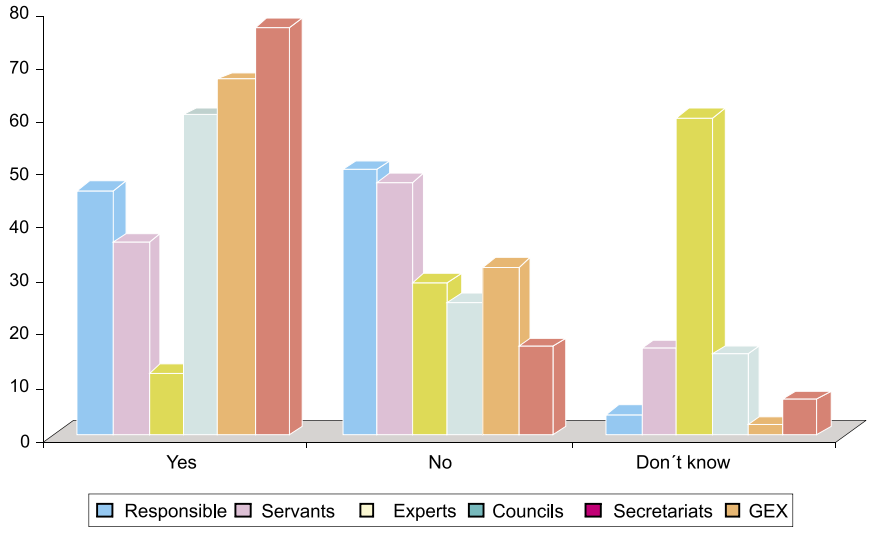
Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

It could be said concerning the integration between INSS and social assistance secretariats that it continues to be quite a major problem, except for groundbreaking experiences in some municipalities. It is worth mentioning that it was only with the start of the BPC review process in late 1999 that a movement was found toward further integration between the INSS and local social assistance secretariats. In the concept of the federal BPC administrators and from the viewpoint defended by the Unified Social Assistance System (SUAS) the integration between INSS and local social assistance secretariats should adopt the characteristic of shared administration.

When asked about their opinion on the need for joint work between APS and local social assistance secretariats, the different segments presented a positive percentage of answers in favor joint work (88% of those responsible for APS, 83% medical experts, 97% executive managers and all local secretariats).

Nevertheless, the percentage of answers indicating that there was joint work between APS and local social assistance secretariats confirms that initiatives in that direction are still in the early stages, as can be seen from Graph 4.

Graph 4: Existence of joint work between APS and SMAS; Southeast Brazil, 2006



Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

Most answers that said there was joint work between APS and SMAS (Municipal Social Assistance Secretariats) stated that this work is ongoing and cooperative (around 65%), followed by those that suggest it was occasional and cooperative (around 15%). The existence of disputes seemed relatively minor in the respondents' opinion, except in GEX, which stated in almost 35% of the answers that the APS-SMAS relations are marked by disputes.

There were several kinds of problem for this integration identified by the different segments. Among those responsible for APS, experts and GEX, the following sequence of answers appeared most frequently: a) difference of objectives between the INSS and SMAS (47%, 46.8% and 50%, respectively); b) lack of interest of local social assistance secretariats (22%, 22.3% and 33%), and c) concentration of decision-making power in the INSS, which has the smallest percentage (18%, 14% and 23%). On the other hand, among local social assistance secretariats and councils, first came the concentration of decision-making power in the INSS (50% and 52% respectively), followed by the item "*differences in objectives between INSS and SMAS*" (45% and 47%). Also a significant number of answers from these two segments mentioned the resistance of INSS professionals (32% and 27%) and lack of INSS interest (28% for both segments).

It is noticeable that SMAS had the largest percentage of answers stating that there were no problems involving INSS and SMAS integration (18%), while the GEX segments had the lowest percentage of answers on this matter (only 3%).

It should also be noted that, among other problems in undertaking joint work between INSS and SMAS mentioned by the respondents, the shortage of human resources – whether in the INSS sphere or local social assistance secretariats – was an item raised by all segments, showing that this is a crucial question in the BPC operation. Among the INSS-related segments, problems regarding political interference in the operation of assistential programs were mentioned. The absence of professional capacity building to work with the BPC and of the consideration of social analysis by INSS when granting the benefit were most often mentioned by the segments relating to the social assistance area (local social assistance councils and secretariats).

5.3 BPC Administration, Working and Operational Process

One sphere assessed in the study refers to the running and day-to-day implementation of the BPC, in order not only to find problems faced by the implementing agents but also to capture the opinion of these players in relation to the actions taken.

One of the first aspects is to use information about the benefit for planning the actions. As mentioned above, the BPC produces a considerable amount of data on beneficiaries and their families, when granting the benefit or in the review process. This information could effectively contribute to decision-making with regard not only to the operation of BPC but also and mainly to the supply of social goods and services designed to meet the beneficiary requirements.

When the different segments of the study sample were asked how often they used BPC information to planning their actions, it was found that the data produced is not yet included routinely in the benefit administration by INSS or local social assistance secretariats. Only SMAS and GEX say, in most cases, that the information is used always or almost always (57% and 93%, respectively), contrasting with the answers from the segments directly linked to the APS (45% of those responsible for the APS, 45.5% of the administrative servants and 26% of the medical specialists).

The little use of the information produced by BPC is certainly a factor that inhibits the beneficiaries from achieving the proposed objectives, with repercussions in the quality of assistance provided and potential use of the financial resource.

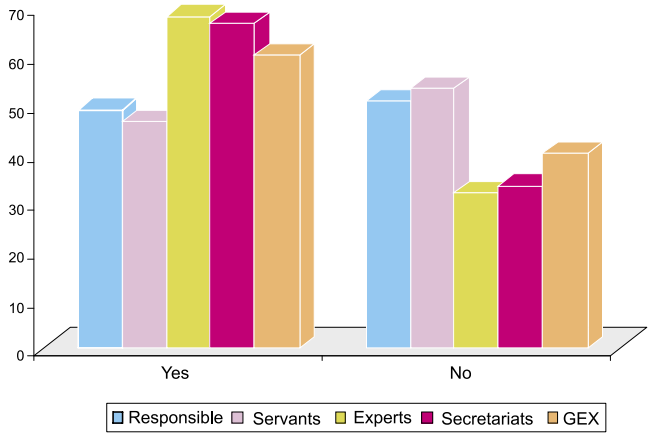
The study also discovered that the BPC evaluation and follow-up mechanisms are not yet effectively incorporated in the benefit's administration. When asked about the existence of BPC evaluation or follow-up mechanisms, almost half the respondents in each segment said that there were no such mechanisms (48% of those responsible for APS, 50% of the administrative servants and 42% of the medical experts, with the exception of those who didn't know).

The exception here again is found in the executive managers, most of them mentioning the existence of BPC evaluation and follow-up mechanisms. In this case, they said that this information is used mainly for evaluation purposes (83% of respondents), monitoring (53%) and auditing (50%).

It should be indicated that, among the APS-related segments referring to mechanisms for BPC evaluation and follow-up, more than half said they participated in such. Those responsible for APS were those who presented the highest percentage of affirmative answers (71%), while the medical experts had the lowest rate (53.5%).

Evaluations on social programs and policies normally show that capacity building of professionals who run such programs is fundamental for success in achieving the proposed objectives. In the study sample, a major percentage of professionals and administrators said that they did not receive capacity building for BPC administration. This percentage is higher among APS administrative servants, which implies concern if considering that this segment is generally the "gateway" to the BPC application process (Graph 5). On the other hand, the experts are those who mostly say they received capacity building for BPC administration, which can be associated with a more serious problem in the legal definition of the criteria for granting the BPC to the disabled.

Graph 5: Existence of capacity building for BPC administration; Southeast Brazil, 2006



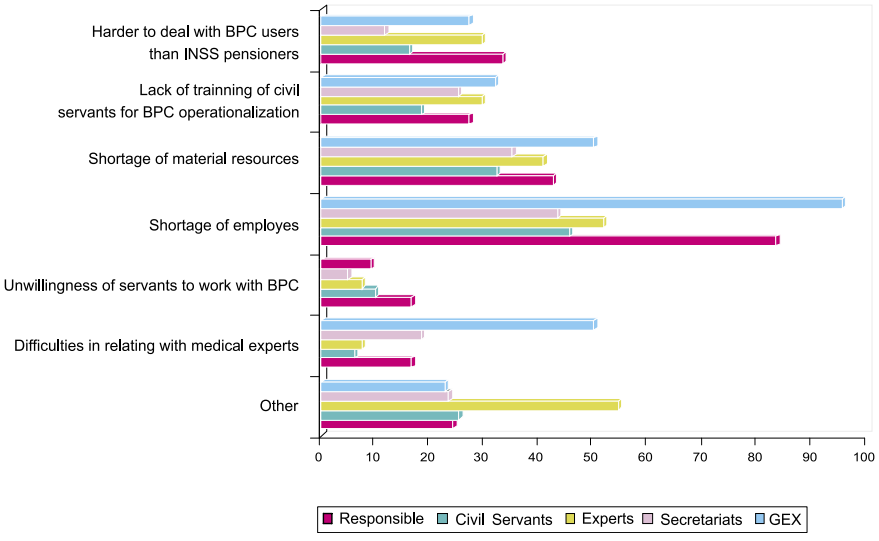
Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

Most respondents in each segment of the study sample mentioned difficulties in BPC administration (66% of those responsible for APS, 63% of administrative servants, 73% of GEX and 65% of the local social assistance secretariats). The only exception was among the medical experts, more than half of which said there were no difficulties in operating the BPC. It is only possible to speculate the reasons why the experts had different results from the other segments: perhaps the autonomy they enjoy in their work process is a factor that contributes to this segment's more positive answers in comparison with the other interviewees.

One setback mentioned by most of the segments was the shortage of employees. Then the second setback mentioned by the respondents was the shortage of material resources. Another matter that had considerable mention was the lack of training of professionals to operate the benefit, as shown in Graph 6.

The INSS-related segments expressly stated that it is harder to deal with BPC users than INSS pensioners. This demonstrates that the differentiation between the two kinds of beneficiary is a concrete fact and it remains to be seen to what extent it is also reproduced by means of a differentiated service to both these segments.

Graph 6: Main drawbacks in BPC operation; Southeast Brazil, 2006



Source: Study "Evaluation of the Continuous Cash Benefit (BPC)", 2006

Despite the difficulties encountered, most respondents in all segments said that the degree of satisfaction in working with the BPC is medium to high (81% of those responsible for the APS, 78% administrative servants, 63% medical experts, 87% GEX and 97% local social assistance secretariats). The experts especially, followed by the administrative servants and those responsible for APS, were those who gave the highest percentage of answers with little or no satisfaction in working with the BPC (34%, 22% and 18%, respectively), albeit to a much smaller proportion than those who assessed a medium to high degree of satisfaction. The local social assistance secretariats, however, are the segment that showed the highest percentage of answers indicating that they are very satisfied working with the BPC (97%).

This SMAS assessment should be relativized, considering that this segment with regard to BPC shows a still minor performance, except for experiences considered successful in some municipalities. In these experiments, normally the work involves ongoing and cooperative coordination between INSS and SMAS.

The study's findings also show the need to consider the recurring theory that the INSS is resistant or intractable to the BPC operation, which would be translated in a dual service, prioritizing Social Security pensioners and giving poor service to the BPC beneficiaries. In fact, it seems that among the social security agents there is a predominant tendency (albeit not exclusive) to criticize the existence of assistential and non-contributory benefits, such as the BPC, as well as its being operated through the INSS, a structure linked to the idea of social security. However, this concept does not seem to be expressed in significant differences in the quality of the service between pensioners and non-pensioners, the BPC beneficiaries. Here, it is worth pointing out the fact that the beneficiaries themselves of the study sample assessed the service received in the INSS branches as satisfactory: 61% considered it a good service and 17% excellent, while 8% assessed it as regular, 3% bad and 11% did not know.

Likewise, the vast majority of beneficiaries do not complain about the BPC (93.5%). Some of those who submitted complaints referred to suspended payment (six mentions), followed by those who referred to late payment (four mentions). Only one respondent said he was badly attended.

In terms of formal mechanisms in the Social Security for forwarding complaints or formal accusations from the population about the BPC, the segments relating to the INSS showed that they were very aware of the INSS Ombudsman: 95% of those responsible for APS, 88% administrative servants, 70% medical experts and all GEX answered that they were aware of this institutional mechanism. However, it should be taken into account that the Social Security Appeals Council, the body that theoretically would play a leading role in reviewing the refused applications, received a small proportion of answers (56% of those responsible for APS, 45.5% dos administrative servants, 58.5% medical experts and half the GEX).

In the field work, reference to mechanisms for forwarding complaints within the actual APS was recurrent in all Social Security segments, whether official, such as letters and filing proceedings, or informal, such as verbal communication with those responsible for the APS.

Among the beneficiaries, half of those who submitted formal complaints regarding the BPC did not protest. The other half said they had gone mainly to the GEX and INSS Ombudsman's office, ratifying the minor role of other institutions when implementing the BPC. It is noted that no beneficiary referred to the INSS Appeals Council, possibly because their complaints did not involve the appeal requirement.

In the opinion of most respondents in all segments, Social Security takes the necessary steps to answer the complaints or dissatisfactions of the beneficiaries. Here, the highest percentage of positive answers was given by those responsible for the APS and GEX (94% and 93%, respectively), while the segments that gave the most answers indicating that the Social Security does not take the necessary steps to respond to the complaints or dissatisfactions of the beneficiaries were the local social assistance councils and secretariats, each with 25%.

Nevertheless, when asked to assess the steps taken by Social Security to settle BPC complaints or formal accusations, many of the respondents considered that they are partially settled (54% of those responsible for the APS and GEX, 58% local social assistance councils and 48% local social assistance secretariats), which indicates the need to improve existing mechanisms.

With regard to complaints submitted by BPC beneficiaries, the opinions expressed by the different segments showed a sharp division between the social security agents and the segments relating to the social assistance area, as follows:

The majority of those responsible for APS (84%), administrative servants (79%), experts (66%) and GEX (60%) do not agree that the INSS service is dehumanized. But much of the CMAS and SMAS fully or partly agree with this complaint: 58% and 52%, respectively.

Also, the majority of INSS-related segments do not agree that the one minimum wage paid by the BPC is low (63% of those responsible for the APS, 58% of administrative servants and half the GEX). For the CMAS and SMAS, this percentage is much smaller (28% and 42%, respectively) since a large part of them agrees fully with this complaint (38% of the councils and 40% of the local social assistance secretariats).

Likewise, most of the SMAS (72%) and CMAS (73%) agree fully or partly with the complaint that there is too much red tape in the BPC granting process, a fact contested by the segments relating to Social Security (65% of those responsible for the APS, 52.5% administrative servants and 60% GEX). Here, the medical experts are the exception: while 47% does not agree that there is excess red tape, 32% agrees fully or partly that there is excess bureaucracy and 21% does not know, the last being the highest percentage of don't knows among the segments.

Delay in scheduling the medical examination is a complaint with which a large number of social security agents does not agree (59% of those responsible for APS and medical experts, 65% administrative servants and 47% GEX), but it did have a high degree of full or partial agreement among the CMAS (65%) and SMAS (52%).

Similarly, the delay in receiving the benefit was a complaint with a high degree of concordance among the local social assistance secretariats (43%) and councils (60%), but with disagreement from a large portion of the INSS-related segments (71% of those responsible for APS, 73% administrative servants and 53% GEX). The experts acted differently and their answers were divided: while

almost half of the respondents do not agree that there is a delay in receiving the benefit, 22% fully or partly agree and 29% don't know.

The opinions of the different segments were divided in relation to complaints, such as lack of proper guidance for BPC applicants, long waiting lines in INSS and complaints about the result of the medical report.

In relation to the lack of proper guidance for BPC applicants, many of the experts (61%), local social assistance councils (72%), local social assistance secretariats (77%) and GEX (73%) fully or partly agree with the complaint of no proper guidance, while a large part of those responsible for the APS (45%) and administrative servants (31%) do not agree with this complaint.

The complaint that there are long waiting lines in the INSS had a significant degree of full or partial agreement among the local social assistance councils (63%), local social assistance secretariats (65%) and GEX (77%), but those responsible for APS (44%), administrative servants (35%) and medical experts (37%) strongly disagreed.

Concerning the complaints about the result of the medical report, the respondents' behavior is similar to that of the complaint mentioned in the preceding paragraph: while the local social assistance councils (68%), local social assistance secretariats (58%) and GEX (60%) strongly agreed with the complaints about the results of the medical report, the APS-related segments strongly disagreed with this complaint (51% of those responsible for the APS, 46.5% administrative servants and 48% medical experts).

Lastly, it is common to have among the various segments strong disagreement regarding complaints that there is a delay in the benefit's payment and that the INSS branches are far from the applicant's home.

5.4 Social Control

Public policy councils in the social security field were instituted by the 1988 Federal Constitution and, in the case of social assistance, regulated by the

Organic Act on Social Assistance in 1993. Since then these councils have been institutional mechanisms to guarantee participation of civil society in the acts and decisions of the State through a joint administration process of the social assistance policy. The study attempted to analyze how social control occurred over the BPC, taking as reference the local social assistance councils.

The notion of social control considered by the study was not restricted to the institutional mechanisms of participation in the social policies. Gaps were also visible in civil society that would give rise to discussion and explanation of interests of the BPC participating segments – the elderly and the disabled – and interlocution, which they might establish with this Program.

From this viewpoint, the study sought to discover the opinion of the different agents involved with BPC – Social Security and Social Assistance sectors, social assistance councilors, beneficiaries and users – on the existence and vitality of social control mechanisms on the Program.

One of the points under analysis was the existence of associations of the elderly and disabled in the municipalities under study and their possible relations with BPC. In fact, a strong presence of such organizations was found in the local realities, mainly elderly associations. However, the high number did not have a repercussion to the same extent on their coordination with the BPC. Although associations for the disabled had a slightly more active standard of coordination in relation to BPC than elderly organizations, it was found that this relationship is still very weak.

It was the same with the councils for the elderly and disabled, which are almost unknown to the users and beneficiaries of the Program: 93.3% users and 98.4% BPC beneficiaries are not aware of the existence of the Council for the Elderly; and 94.6% users and 84.7% beneficiaries do not know about the councils for the disabled. This lack of knowledge is repeated when users and beneficiaries assess the involvement of the councils with the BPC. Anyhow, it was evident that the disabled knew more about the existence of the council representing this segment and, principally, of its involvement with the BPC, which certainly indicates the existence of more active PCD organizations in the municipalities under study on protection and extension of rights.

In fact, this reflects to what extent the autonomous representations of civil society and social movements relating to these segments interact with the social assistance policy and, to a certain extent, with the councils.

Concerning Local Social Assistance Councils (CMAS), the study found that the fact persisted that the BPC beneficiaries (83.7%) and users (90.7%) knew almost nothing about their existence, but nonetheless to a slightly lesser degree than seen in the aforementioned councils. Similarly, the perception of such social segments on the CMAS coordination with the BPC is practically non-existent for the users, where 55.5% consider that it is very little or none at all, and 44.4% did not know. The beneficiaries however assessed that it is mostly at mid (37.5%) level, and another expressive group were the "don't knows" (31.3%).

However, evaluation of the degree of involvement of local social assistance councils with BPC made by representatives of the social assistance secretariats and councils themselves showed that, for CMAS representatives (76.6%) and social assistance secretariats (65%), this coordination is still very weak and both agencies consider it at mid and low levels.

In fact, what these evaluations show is that local social assistance councils are playing a very secondary role in BPC-related issues, which is acknowledged, in fact, by its own representatives. Moreover, what is done in this direction has little repercussion on beneficiaries and especially users of the Program.

In conclusion, it is interesting to note that when the councilors participating in the study were asked about the elements by which the councils could encourage to have a more consistent role in relation to the BPC, they showed that they are aware of some of the requirements and weaknesses presented by the councils. Thus, among the suggestions that were welcomed by some of them, it is worth mentioning the need for further knowledge of the BPC by the councilors (78.3%) and further participation of the Program used in CMAS (56.6%).

It is found that the first proposal actually deals with the root of the problem, namely, it is necessary, first and foremost, for councilors to in fact know about the BPC, its problems and potential as a social right. Concerning further participation

of BPC users in CMAS, this is certainly the element that could steer the council in another direction to open up to discussion and performance with BPC.

5.5 Perceptions about the BPC

At this point, the study attempted to get to know the opinions of the segments involved with the Program in the sphere of INSS and social assistance secretariats and councils about the BPC and its beneficiaries.

The first aspect under study attempted to ask about the "*possibility of the BPC to provide a dignified life to the elderly and disabled*". It was found that most respondents mentioned that the benefit was unable to give this assurance.

The low value of the benefit was one of the main aspects strongly emphasized by medical experts (70.8%), council representatives (68.3%), administrative servants (59.3%) and representatives of the social assistance secretariats (58.3%).

However, the idea of "dignified living conditions" does not just entail fulfilling material requirements, although this is essential. Hence all segments also mentioned as one of the causes of the incapacity in question the fact that "*despite the value of the benefit, there is no support from the public authority to the other requirements of the elderly and PCDs*". In this case, three segments representing INSS were underscored in the emphasis given to this factor: responsible for APS (40.8%), administrative servants (31.4%) and medical experts (30.3%). The social assistance secretariats and councils came next with 23.3% and 21.7%, respectively.

Another point under study has to do with the reasons that make current beneficiaries apply for the BPC. Bearing in mind the condition of abject poverty of the beneficiaries and impossibility of many of them to be included in the job market, it is no surprise that the idea that "*there is an effective financial need*" has been indicated by all segments as the strongest reason for applying for the benefit. Here are mentioned the representatives of social assistance secretariats (100%), councils (93.3%) and medical experts (92.6%), as those who have the highest percentage of mentions on this matter.

The second reason most indicated by the respondents for the beneficiaries to apply for the BPC was the "tendency of families not to take responsibility for their dependent and elderly members". The three INSS segments – administrative servants (62.6%), responsible for the APS (60%) and medical experts (51.1%) – are those who most allude to this explanation.

It should be noted that this opinion seems to clash with what the beneficiaries themselves say about the role of the family and their lives. They say that both close and distant relatives are who most help materially and in day-to-day management.

The purpose of the study was also to find the opinions of the aforementioned segments about the beneficiaries. Therefore, respondents were asked to compare them with INSS pensioners. They all identified some degree of difference between the two. The most mentioned point, mainly by those responsible for the APS (87.5%), administrative servants (85.1%) and executive managers (78.9%), is "*the difficulty of beneficiaries to understand how BPC functions*". The second difference most often mentioned referred to the fact that "*the beneficiary is much poorer than the pensioner*". Medical experts (74.5%), administrative servants (66%) and executive managers (63.2%) are some who most refer to this issue.

Another difference between BPC beneficiaries and INSS pensioners highlighted by the respondents concerns the formers' higher capacity to criticize and tendency to question. The experts are the vast majority among the segments when mentioning this point (13.7%), which possibly has to do with the fact that situations of dispute between them and those who ask for access to the benefit are more severe because of their defining role in the granting process for the disabled. Next come the administrative servants (8.5%) and executive managers (5.3%).

Also about the profile of BPC beneficiaries, the segments interviewed tend to describe them as "*less aware of their rights than the pensioners*". The experts once again stand out in reference to this question (51%), followed by administrative servants (31.9%) and representatives of the social assistance secretariats (30%).

Considering that the medical experts most state that beneficiaries are more critical and questioning than the pensioners, it was to be expected that here they

would be less prominent. This, however, cannot be considered a contradiction, since being more questioning than the pensioner does not necessarily mean essentially having citizen awareness. At the same time, the type of critical questions of the beneficiaries may very possibly be characterized as an action of momentary revolt, which does not go beyond the expert examination.

Another point raised was how the different segments perceive the beneficiary from the viewpoint of his presence in the social security structure, which only very recently, and by law, is now dealing with an assistential benefit such as the BPC.

Some of the respondents who believe that the BPC beneficiary does not contribute to Social Security and, therefore, should not be attended by the INSS, are those responsible for APS, who most nurture this opinion (41.7%), followed by administrative servants (29.8%) and medical experts (23.5%). It is no coincidence that these three segments are also those who probably consider themselves most affected by the heavier volume of work to be faced as a result of the actions associated with the BPC allowance.

Lastly, with regard to the importance given to the BPC, all segments say that it is "very important". Those who agree most on this policy are the representatives of the social assistance secretariats (91.7%) and councils (83%). In the INSS sphere, the response was milder, mentioning executive managers (66.7%) and those responsible for the APS (63%).

6 Final Considerations

In addition to the results already presented, some considerations should also be stressed. First, it is necessary to reiterate the capacity of BPC as an assistential benefit. The study enabled us to identify its importance for maintaining the minimum living conditions for extremely vulnerabilized segments - the elderly and the disabled. The benefit is clearly focused on populations to which it is allocated, since other factors besides the very low family income show this focus on the poorest; among the beneficiaries there are more women, blacks and single people, segments well known to be more affected by poverty.

Although there were restrictions to the benefit, both beneficiaries and sectors relating to administration and social control recognize that the benefit is important and necessary and that the beneficiary population has access to it principally out of necessity. This shows a change in relation to assistential benefits, generally considered as charity, favor or handout of the State. This viewpoint, therefore, is not exclusive and appears together with traditional moral concepts, especially those that hold individuals and their families responsible for their poor living conditions. More than any doubt, the presence of supposedly contradictory viewpoints indicates the complexity of the social question and how much the State's direction can shape these concepts. In this sense, it is worth calling attention to the importance of the benefit as a central components of the social assistance policy in recent years, a fact that has required major effort by the institutional structure of social assistance in order to place it within the field of social justice, even through the complex organizational structure in which it is inserted, where it is known that the logic of the right linked to past contributions prevails. Even if this logic still prevails, the BPC today has a place as a state assistential benefit that is not ruled principally by the criterion of favor or clientele. If it is possible to see in the BPC a change in pattern in relation to the assistential benefits, then daily disputes imposed on administrators and citizens with regard to mechanisms for the concession and maintenance of the benefit are not eliminated. INSS agents still look askance at the operationalization of the benefit and prefer that they are not held responsible for it. However, the INSS is still the main source of support of beneficiaries and users for access to the benefit, only exceeded by the family support networks and ahead of social assistance, councils, politicians, and so on.

Administrative problems are reasonably identified by the agents and each party's responsibilities in the benefit are fairly clear, even if the evaluation on its compliance is not always good. The agents' willingness for joint work between the assistance and social security sectors should be stressed, certainly already influenced by the efforts of both in the negotiated work to implement the benefit in recent years.

The beneficiaries do not have major access problems but attention is called to the disparity in positions between them and the agents regarding the delay in granting it, which is a crucial factor for the BPC segments.

The most serious problems refer to the medical report and its refusals. Here is one of the Gordian knots of the BPC, namely the granting criteria. There is reasonable agreement between the agents that the maximum income permitted for the allowance is very low. Concerning the criteria of incapacity, even among the experts, it is important to agree that it lacks clarity, which leaves room for all kinds of inequality. This indicates the coexistence of these agents in everyday life with what has already been extensively indicated by studies, which is the need to link the incapacity with social conditions and needs of the disabled. However, the BPC is still restricted to an undefined condition, since the expression of disabled for an independent life and work corroborates a symbolic value of definitive inadaptability of individuals to social life, including many children.

At this point, it is worth mentioning that, from the research results, it is very important that the two BPC segments – the elderly and the disabled – are addressed separately. They are very different segments, and with different requirements and weaknesses. And emphasizing this distinction is to give visibility to these groups and their individuals. The results point to a number of specific needs for each of these segments which must be met, and some of them to be much better known.

The data still shows the still minor role of social assistance in local governments, of both the secretariats and councils, when attending BPC beneficiaries. The family continues to be the main support; but it has concrete limitations when attending the very poor segments with many health and assistance requirements. Family and community support, although positive, is not enough as a strategy to overcome poverty since, on the edge, it continues to share uncertainties, reproducing this same poverty and restricting income transfer.

In order to fulfill BPC requirements its beneficiaries must be included in a comprehensive network of social protection, and this task is provided in the design of the Unified Social Assistance System (SUAS).

The study also showed reasonable willingness of social security and social assistance agents to cooperate through inter-sector actions. And there is a record of successful experiments on this matter, especially after the benefit review. Yet, as

in other assistential areas, particularly health, these innovations depend heavily on the willingness of local governments, which generates very different standards of access and use with each other, which is a factor of inequality.

The social policies in Brazil today lack daring integration projects. And social assistance, although still with the most fragile institutional structure, has the greatest potential to do so. It is still heavily dependent on other social sectors precisely because of its quite comprehensive concept on the so-called social question. The BPC may be a route for creating integrated social protection systems, considering the local level as an organizational focus and territory as an element for defining needs and planning actions. And therefore, it could achieve its objective of actually integrating the populations which it addresses.

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Population Aging and Public Support Systems for the Elderly: The Brazilian Case

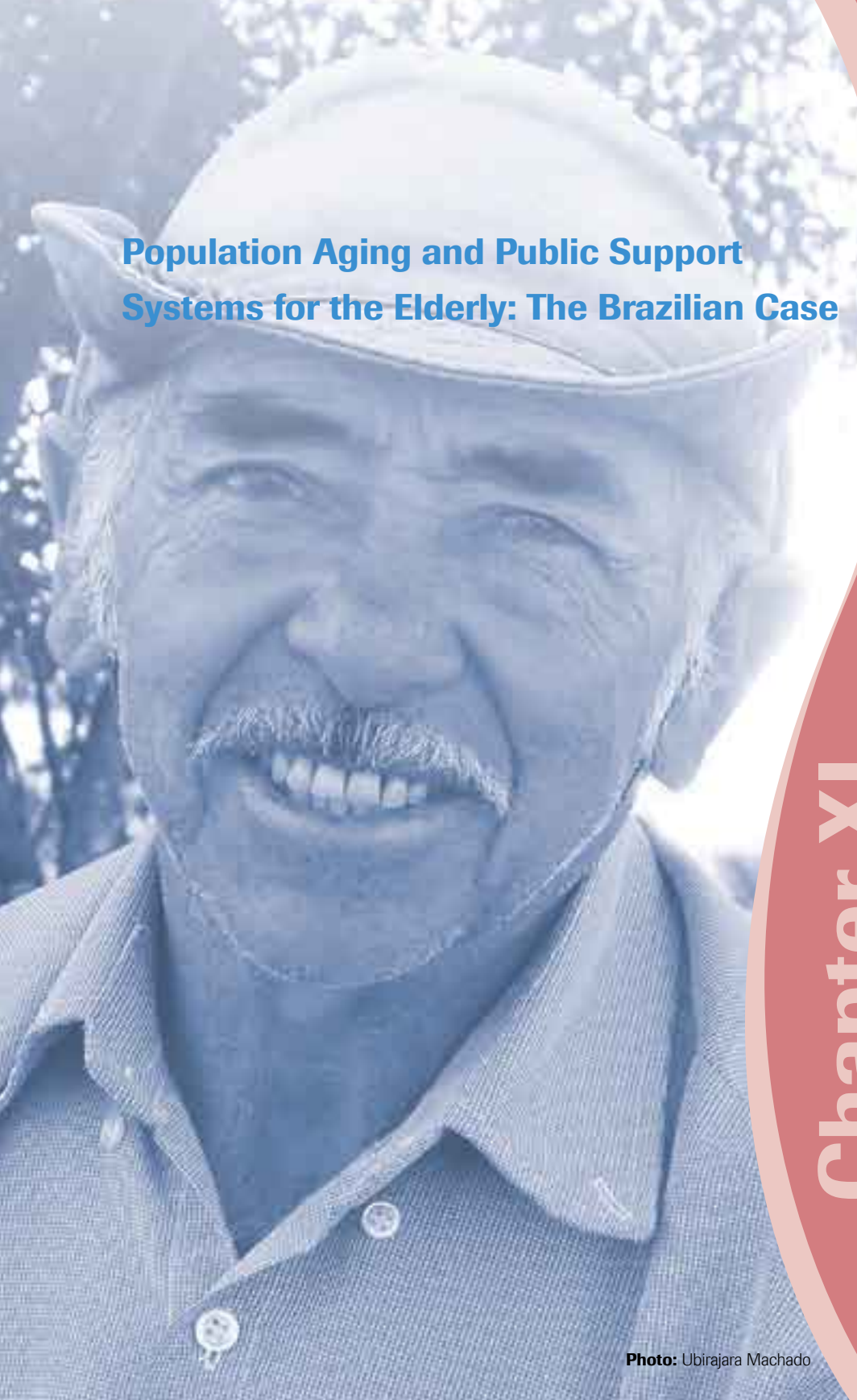

Photo: Ubirajara Machado

Chapter XI

Chapter X

Population Aging and Public Support Systems for the Elderly: The Brazilian Case

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1 Introduction

This article discusses some of the results of the study "Evaluation of the Continuous Cash Benefit– BPC", developed by the Demography Center of Cedeplar – Center for Development and Regional Planning –, at the request of the Ministry of Social Development and the Fight Against Hunger and with the support of the United Nations Development Programme (UNDP).

The world population has been showing signs of major changes in the past few decades. The average age of the population, a summary measure for this process, should be 45 years old by 2050 in developed countries, according to the United Nations. The aging in the developing countries is slower, and the average

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age by 2050 will be 36 years old, but given the fast decline in fertility and mortality, the aging process will be faster than observed in the developed countries.

The aging of the population increased the concern in relation to the sustainability of the public social security systems (WISE, 2004). If in the past a large part of the support for the elderly was provided by the family, today this support comes from systems created by the public sector and, in some countries, also by the private sector (COSTA, 1998). In general, these systems are very important in order to reduce the income differences between the elderly and workers and to reduce the poverty rates of the elderly population (GRUBER & WISE, 2001).

However, recently the vast majority of systems have come up against serious tax problems. Most of them function on the Pay-As-You-Go (PAYGO) basis, namely, the retirement pension benefits of the elderly today are financed by today's workers' contributions. The balance of the systems is getting more difficult with the increase in the ratio of dependence, population aging and a faster process of reducing the average retirement age (BONGAARTS, 2004). In this way, it is crucial to draft public policies that consider the impact of social assistance programs for the social security system and on the job supply and retirement decision of individuals.

This article follows the analysis of Turra and Queiroz (2005) and investigates the Continued Cash Benefit for the social security system in Brazil. In this study we estimate the impact of the inclusion of BPC beneficiaries on the support ratio of the Brazilian social security system. Turra and Queiroz (2005) project the ratio of dependence of the Brazilian system in different scenarios and show how the combination of change in the age structure and absence of proper policies make the situation of the Brazilian situation worse than could be expected.

The first part of the article gives a brief account of the Brazilian social security system, with the description only of the INSS, since the BPC is described at the beginning of this publication. The second part examines the evolution of the population and the levels of age dependence in Brazil. In the third part, based on the model by Turra and Queiroz (2005), we project the support ratio

of the social security benefits in Brazil, considering scenarios involving changes in the job market and pension benefits and in the BPC. The key objective is to show that given the current trend of the population and size of the benefits, their sustainability in the near future may be endangered. The conclusion gives some proposals for public policies and important topics for future studies.

2 The Social Security System in Brazil

The social security system in Brazil consists of three main segments: the general system (workers in the private sector), the system of public servants, and various systems of private capitalization. The country also has a widespread non-contributory system, with eligibility determined by individuals' income level (means-tested), which provides benefits for the low-income population.

Public servants in Brazil have their own defined-benefit PAYGO social security system. Although it is small in absolute figures compared to the single system (general), the expenditure of the public servants' social security is relatively high at around 4.7% of the GDP in 2002 (MÉDICI, 2004). According to Médici (2004), the program is a complex chain of federal, state and local systems including special programs for different civil servant categories. The benefits are more generous than those in the general system (workers in private enterprise): the replacement rate is higher and the contribution period to receive 100% of the benefits is shorter. The program's deficit is high and has been growing in recent years to around 3.6% of the GDP in 2004 (GIAMBIAGI, 2004).

2.1 The National Social Security System (INSS)

The public social security system for private sector workers in Brazil (general system) is based on the Pay-As-You-Go (PAYGO) scheme, namely, it is a non-capitalized system of defined benefits. In the literature, there is some discussion about the start of the system in Brazil. In 1888, some steps were taken to provide social security benefits for the post office and official press workers. In

the following years, new categories were included: employers in the federal railway network, the Ministry of Finance, the Mint and Armed Forces. In 1923, the Eloi Chaves Act was approved and proposed regulating the social security system for public servants and workers in private enterprise. This act decentralized the system, holding each company responsible for running the benefit for its employees.

The first major reform of the Brazilian system was in 1933, when the subsystems were unified according to professional categories (LEITE, 1983). The general system was unified only in 1966 with the approval of the Organic Act of National Social Security. The National Social Security Institute (INSS) incorporated all revenue and expenses of the specific benefits by professional categories, as well as their debts and assets. Another major change during the same period was the move from the old system of capitalization to the PAYGO scheme (LEITE, 1983).

The last major reform of the system was made in the 1988 Constitution. This reform extended social security coverage to most groups previously excluded, including rural workers. Nevertheless, the reform did not cause an equivalent increase in the contribution revenue. Other measures made the system more generous than before: setting the minimum wage as the basis, indexing all benefits to the minimum wage and reducing the minimum retirement age in some cases (STEPHANES, 1998).

The total benefits were paid until 1998 to all workers that had contributed for at least ten years to the system, had reached the normal retirement age to receive the benefit based on age (65 for men and 60 for women), or could prove that they had been working for a certain number of years within the retirement program for length of service (35 years for men and 30 for women). Also, proportional benefits were granted to male and female workers with 30 and 25 years of service, respectively. The benefits were calculated based on the contribution wages over the last 36 months (BRAZIL, 2002). The level of retirement benefits is relatively high, old-age retirement beneficiaries receive an average of three times the minimum wage and the beneficiaries for length of service receive 2.5 times more than those with age retirement (QUEIROZ, 2005).

In 1998, after long discussion, a major reform was approved to help reduce the fiscal imbalance of the program. The main change was the introduction of a new calculation methodology based on actuarial rules. The new formula was based on the Swedish notional social security system. The formulae takes into account the earnings history, life expectancy at retirement age, thus introducing a coefficient that reduces early retirement incentives. However, a minimum retirement age is still to be approved for workers in the private sector (BRAZIL, 2002).

The general system was created when the fast population growth and low life expectancy helped the sustainability of the system. In recent years, however, the system has been facing fiscal problems, and the deficit has been gradually increasing since reforms in the later 1980s. According to Giambiagi (2004), in 1996 the deficit of the system was 0.1% of the GDP but rose to 1.7% in 2004. The implicit debit of the system, a measure of long-term fiscal balance, is very high and twice the GDP value (BRAVO, 2001).

3 Data and Methodology

The primary aim of this section is to forecast the support ratios of the social security system in Brazil by adopting the model proposed by Turra and Queiroz (2005). The support ratios of the social security system (contributor x beneficiary ratio) for Brazil between 1996 and 2010 are estimated by forecasting the Brazilian population using the cohort component method. This method was used to forecast the population of the federal states by gender and age group every five years for the year 2005 and 2010. An interpolation was made to estimate the population between 2005 and 2010 (MDS/CEDEPLAR/UFMG, 2006).

Based on population projections for Brazil, the support ratio is estimated by using age and sex specific rates for labor force participation, contribution rates to the social security system and beneficiaries' rates in the social security system and BPC. The data of retirement and pension beneficiaries was obtained directly from

the Social Security Agency[7] and BPC beneficiaries were obtained from the data of the Ministry of Social Development and the Fight Against Hunger. The rate of beneficiaries was calculated as the ratio between the numbers of beneficiaries in relation to the total population. The number of contributors was calculated based on the National Household Sample Survey (PNAD). The rate of contributors is defined as the number of people who state that they contribute to social security in PNAD in relation to the economically active population. The evolution of those rates will be shown in the following sections.

The simulation model includes the effect of changes in the rates of contribution and beneficiaries in the system. In the steps of Turra & Queiroz (2005), these will be called the evasion effect and generosity effect. An important premise of the model, according to Turra and Queiroz (2005), is that demographic and economic changes are independent, namely, in this model they are not considered possible feedback effects. This means that what are not considered demographic changes may affect the economic behavior and vice-versa.

4 Evolution of Simulation Components

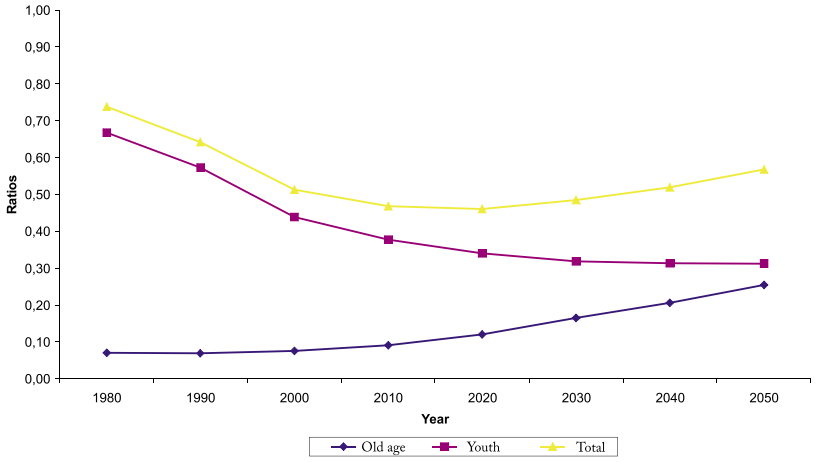
4.1 Demographic Dynamics

The dependency ratio is the most common form of showing the weight of the dependent population to the prime age population. The old-age dependency ratio (ODR) is found by using the ratio between the population over 65 years old in relation to the population between 15 and 64 years old. The inverse of the dependency ratio is the support ratio. In Brazil, in 2000, the support ratio (population in the 15-64 age group in relation to the population of 65 years old or more) is 11.6, that is, there are 11.6 working age individuals for each elderly person in the population. Due to the fast population aging process, the support ratio in Brazil will be 3.32 by 2050.

7 Social security benefits considered in this analysis were: 42-Ret. Contrib. Length LOPS; 46-Ret. Special Contrib. Length; 54-Special Perennial Pension (Law 9793/1999); Age retirement; Ret. Ignored Det. Contr. Length; Retirement for Invalidity; Retirement after Accident; Accident Pensions; Death Pensions Death).

Figure 1 shows the evolution of the dependency ratio in Brazil between 1980 and 2050. At the end of the 20th century a drop was already seen in the dependency ratio as a result of the sharp drop in fertility in Brazil. Between 2000 and 2020, the dependency ratio plummeted, creating favorable conditions for correcting problems in the social security system and economic growth – this occurs due to the drop in the youth dependency ratio. In 2020, the dependency ratio will again rise but from this period on the increase in the dependency of the elderly becomes more important.

Figure 1: Age dependency ratio of the total population, Brazil, 1980-2050



Source: IBGE

The dependency ratio and support ratio are normally used to study population aging, since they are easy measures to calculate and interpret. However, to study the impact of population aging on the social security systems requires a more appropriate measure.

There are two problems of the traditional dependency ratio: a) the number of beneficiaries is normally higher than the population over 65 years old – this occurs since some people retire earlier due to incentives provided by law or for other reasons – and b) the size of the workforce is smaller than the population in the 15-64 age group, since not all at this age are employed. In the Brazilian case,

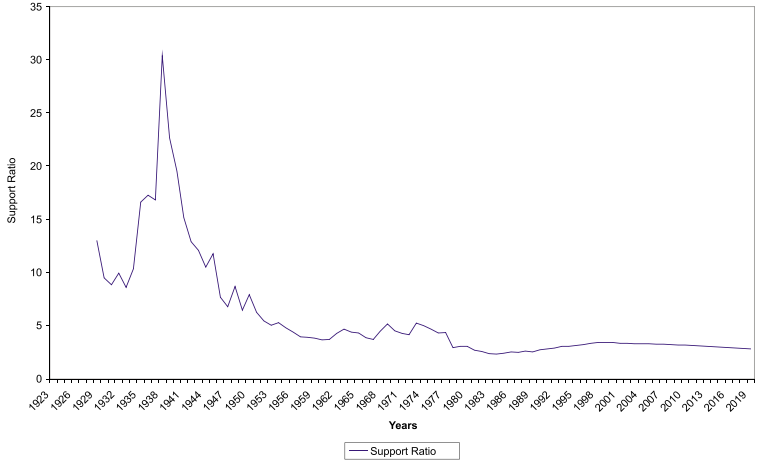
this problem is even more serious since a large part of the workforce is in the informal market and does not contribute to the social security system.

A more suitable indicator used by Turra and Queiroz (2005) is the ratio between the number of contributors to the welfare system and number of beneficiaries in that same system. This ratio is one of the main determining factors of the equilibrium of the social security system in Brazil and will be discussed in a little more detail below.

4.2 Beneficiaries and Contributors to the Social Security System

The combination of population aging with a decline in participation in the job market causes serious problems to social security systems at home and abroad. The National Social Security System data is shown in Figure 2. In this figure it is possible to see the growth rate of the program in Brazil and the growth of benefits moving faster than the contributions. The support ratio calculated by IPEA is nearly two contributors for every one beneficiary in the 1990s, even when the demographic dependency ratio shows a slightly better status.

Figure 2: Evolution of the support ratio of the social security system in Brazil, 1920-2020

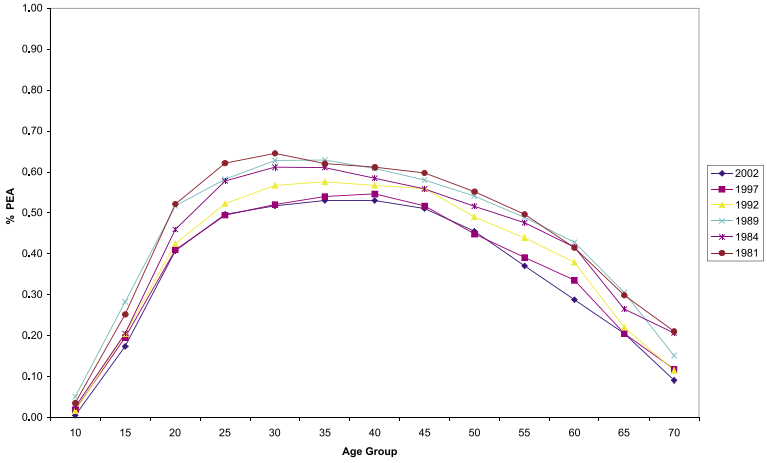


Source: IPEADATA, 2006

In the Brazilian case, the problem is even more serious when investigating the age profile of contributors and beneficiaries of the social security system. The data in this section was estimated by Turra and Queiroz (2005) and Queiroz (2005) using information from the PNADs. The PNADs contain a series of questions about the participation of workers in the system but have some major limitations (TURRA & QUEIROZ, 2006). The study asks every worker if they contribute and/or receive social security benefits, but it is not possible to identify the different types of benefits existing in the system. For example, it may be found that someone receives retirement from work or a pension for a death, but it is not possible to identify whether the pension is for length of service, age or is part of another program in the social security system (TURRA & QUEIROZ, 2006; QUEIROZ, 2005).

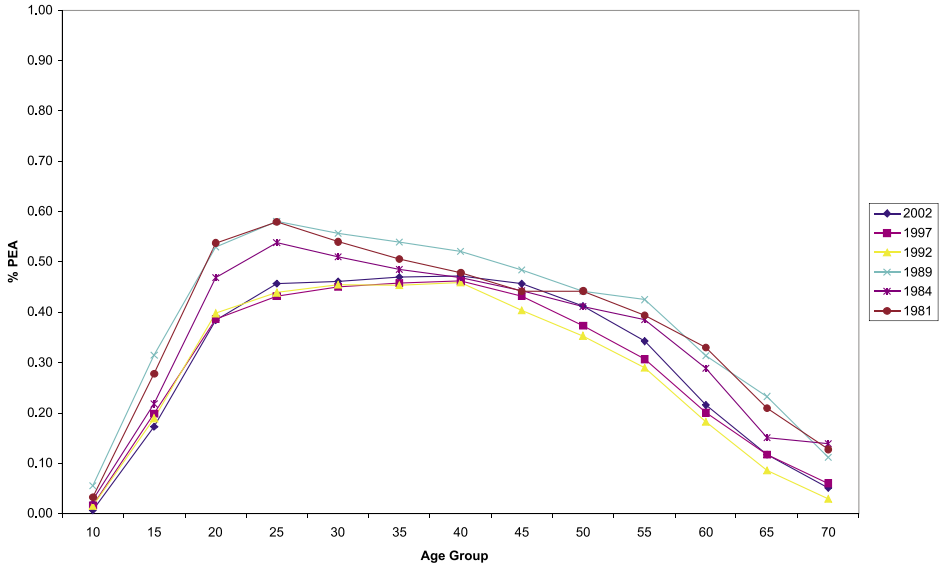
The following figures (3 to 6) show the profile of contributors and beneficiaries of the social security system in Brazil between the early 1980s and the beginning of 2000, for men and women separately. As mentioned previously, in the PNAD it is not possible to identify what kind of benefit the person is receiving and being stated as retirement and pension. The analysis of administrative data suggests that a large part of the population that receives BPC states that it receives a retirement and/or pension in the PNAD.

Figure 3: Contributors to social security system in Brazil, men, 1981-2002



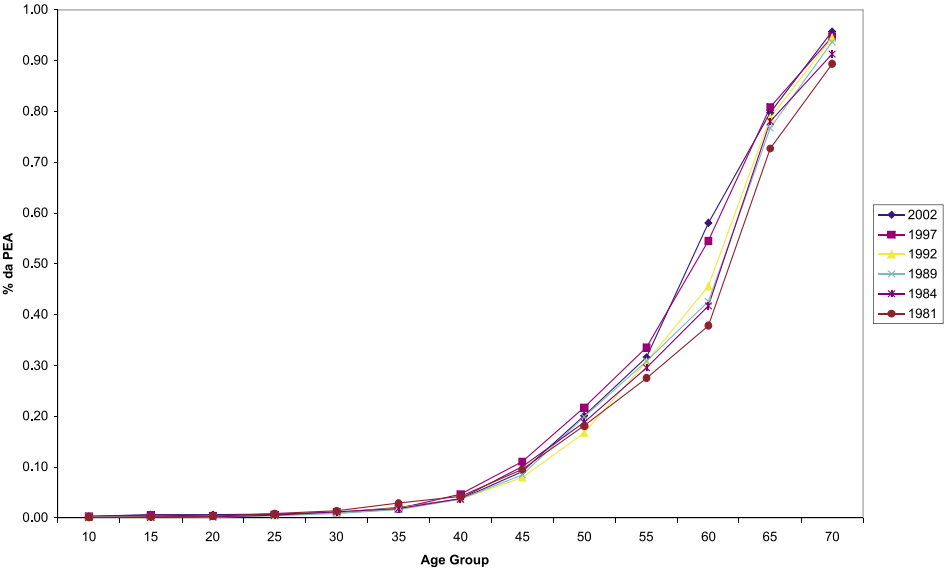
Source: PNAD, various years

Figure 4: Beneficiaries of the social security system in Brazil, women 1981-2002



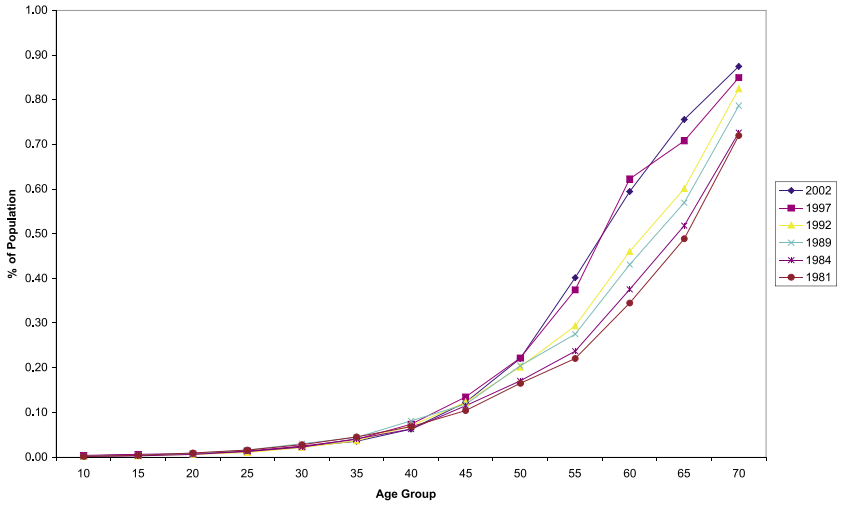
Source: PNAD, various years

Figure 5: Beneficiaries of the social security system in Brazil, men 1981-2002



Source: PNAD, various years

Figure 6: Beneficiaries of the social security system in Brazil, women – 1981-2002



Source: PNAD, various years

Results show that in 2002, according to PNAD data, almost 80% of the population over 60 years old received some kind of benefit. The above figures also show an interesting dynamic in recent decades. On one hand, the percentage of beneficiaries of all ages increased. Around 20% of the 50-year old population received some benefit in 2002, compared with less than 17% in 1980. On the other, the rate of contributors has been gradually dropping since 1980. Only 50% of the economically active male population contributed to social security in 2002, compared to more than 60% in the early 1980s.

4.3 Increase in BPC Beneficiaries

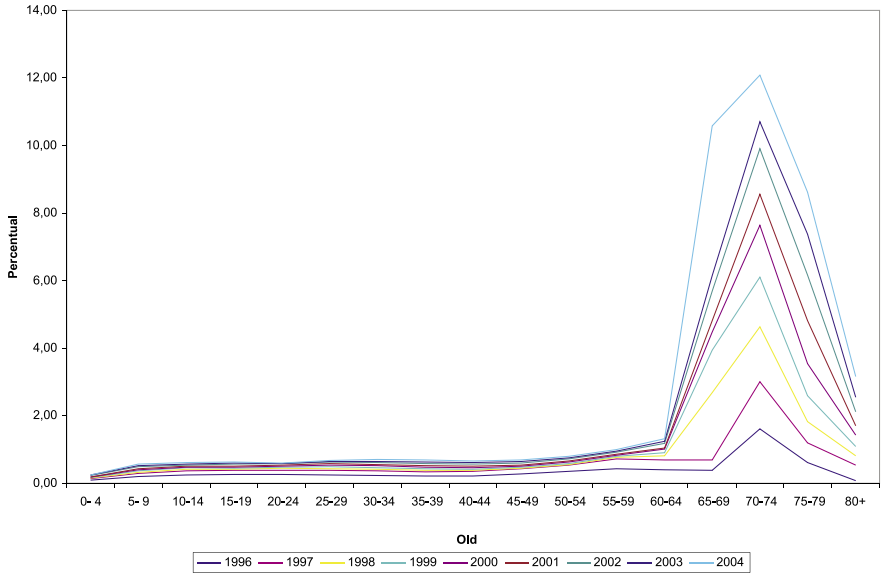
The BPC had significant growth in the past ten years. By the end of 2004, the number of beneficiaries was six times greater than the number of people receiving the benefit in 1996 when the program was introduced. The increase in the number of beneficiaries is due mainly to lowering the minimum age for eligibility. At the beginning of the program the minimum age was 70 years old, dropping to 67 in 1998 and to 65 in 2004 with the approval of the

Statute of the Elderly. Another major change occurred in 2004: the Statute of the Elderly now permitted that, when calculating the *per capita* family income, the value of the benefit already granted to another elderly member of the same family is not considered.

Figure 7 shows the progress by age of the BPC beneficiaries in relation to the total population per age group. It is noted that in 2004 more than 10% of the 65-74 year old population received the benefit. It is evident from the figure that the program has increased since its creation, mainly for groups of a more advanced age. It is worth mentioning that, among the number of BPC beneficiaries, around half are disabled but their participation in relation to the total population is relatively smaller than the participation of the elderly.

It is easier to measure the coverage of the system in relation to the elderly who are eligible due to the income level. The coverage of the disabled is more complicated since it is difficult to measure their number in the population as well as those who could be eligible for the benefit.

Figure 7: Beneficiaries of Continuous Cash Benefit, Brazil, 1996-2004



Source: Ministry of Social Development and the Fight Against Hunger

5 Results

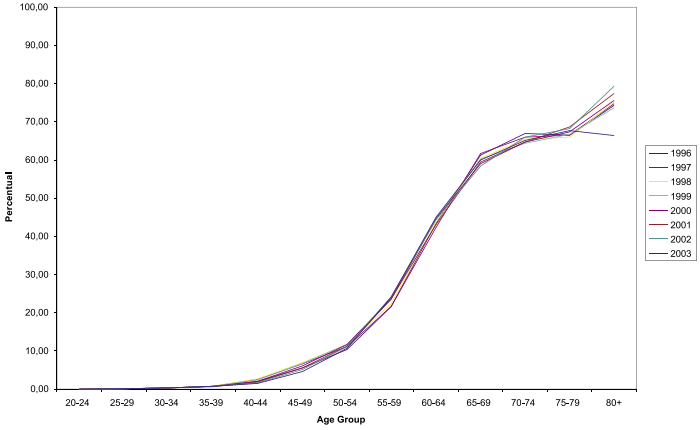
5.1 Effect of the BPC on Coverage of the National Social Security System (1996-2003)

Our first question is about the impact of BPC beneficiaries on the coverage of the social security system. This calculation is made by adding the number of individuals receiving BPC to the beneficiaries (retirees and pensioners) in the overall social security system. In this way it is possible to see the effects of the increase in the elderly-support system for administrating the social security system.

The following figures show the coverage rate of the overall social security system and the rate including the BPC beneficiaries (the disabled and elderly). The coverage rates are presented for the 1996-2004 period separately for the general system and including the BPC beneficiaries, comparing the year 1996 and 2003 (the last year of available data of the general social security system).

Figure 8 shows the rate of coverage of retirements and pensions in Brazil between 1996 and 2003. The coverage rate is calculated as the ratio between the number of people receiving any kind of retirement and pension benefits from the INSS in relation to the total population. The figure shows an interesting dynamics in recent years: the percentage of beneficiaries increased at all ages. Between 55 and 60 years old around 25% of the population were receiving some benefit in 2003, compared to less than 20% in 1996 and almost half the population in the 60-65 age group was receiving a retirement or pension in Brazil.

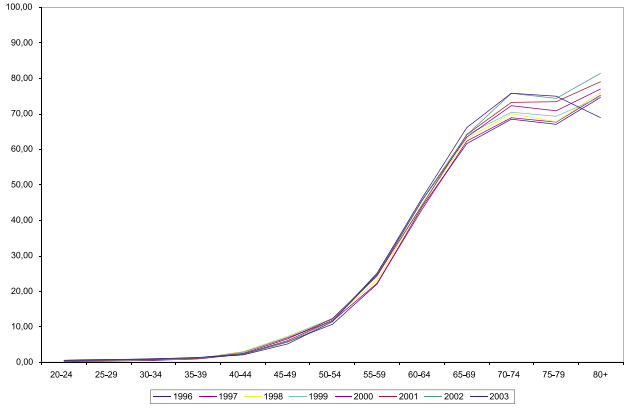
Figure 8: Rate of social security coverage, Brazil 1996-2003



Source: Ministry of Social Security and Social Assistance (DATAPREV)

Figure 9 shows the performance of the coverage rate by adding those who received the BPC to the social security beneficiaries (retirement and pensions). The main effect of the coverage rate by age is found in the elderly population, since the coverage and percentage of the disabled are low in relation to the total population to impact the ratio. When including BPC beneficiaries there is a sharp rise in the degree of coverage of the system. Since 1998, with the drop in the minimum age to be eligible for the BPC (from 70 to 67 years old), the coverage of the elderly over 65 years old increases five percentual points, which is equal to an increase of almost 10%.

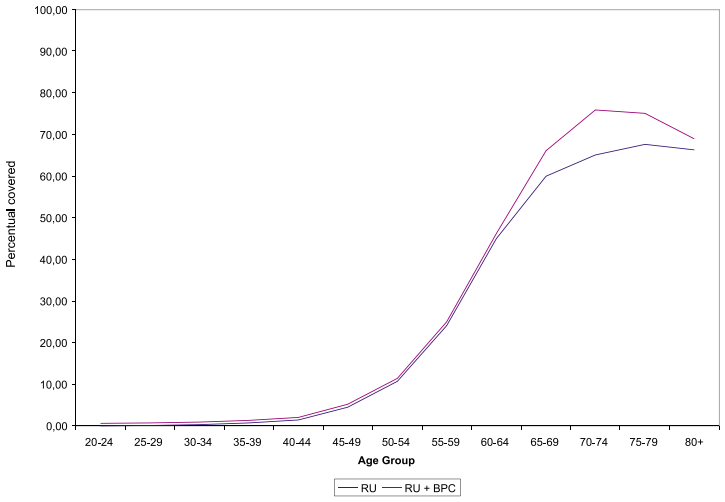
Figure 9: Social security system coverage rate including BPC beneficiaries, Brazil, 1996-2003



Source: Ministry of Social Development and the Fight Against Hunger and DATAPREV

Figure 10 shows a clearer comparison of the results discussed earlier. The figure shows the coverage rate with and without BPC for 2003. The figure clearly shows a sharp rise in the degree of coverage of the elderly in Brazil by some kind of benefit, and that for people over 65 years old the degree of coverage increases around ten percentage points. The effect of the increase in coverage in the support ratio, if the contributors to the social security system were to be held responsible for the costs of the program, is significant and will be discussed below in more detail.

Figure 10: Comparison of social security system coverage rates with and without inclusion of BPC beneficiaries, Brazil, 2003



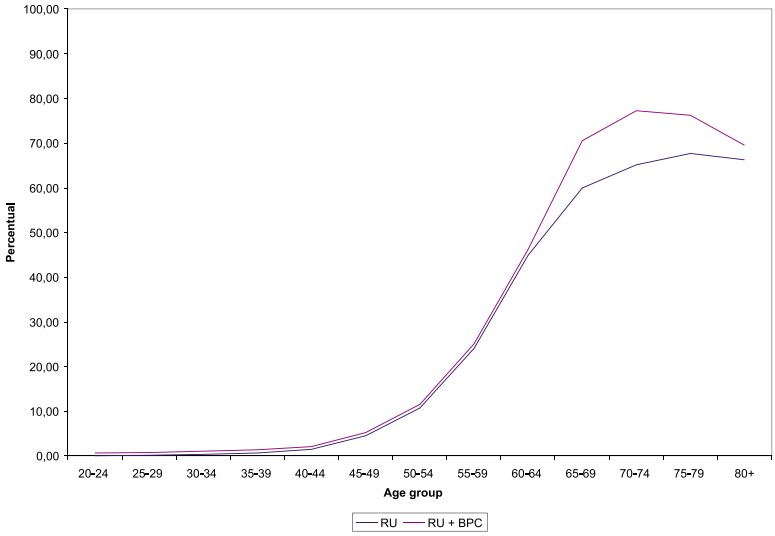
Source: Ministry of Social Development and the Fight Against Hunger and DATAPREV

5.2 The Effect of Reducing the Eligible Age

The second step is to assess how the extension of the program, occurring with the approval of the Statute of the Elderly, the drop in minimum eligible age, exclusion of people receiving BPC from the calculation of *per capita* income and the change in family concept, affected the degree of coverage by age group (MDS/CEDEPLAR/UFMG, 2006a). Just as before, the degree of coverage is measured by the ratio between the number of beneficiaries and the total population in each age group.

Figure 11 shows the 2004 results. The 2005 data for social security coverage and BPC coverage were not yet available when this paper was written. The most outstanding difference in relation to 2003 is in the 65-69 age group. The coverage in this group leaps from around 60% to slightly over 70% in 2003, but the increase was only five percentage points.

Figure 11: Comparison of Social Security coverage rates, with and without inclusion of BPC beneficiaries, Brazil, 2004



Source: Ministry of Social Development and the Fight Against Hunger and DATAPREV.

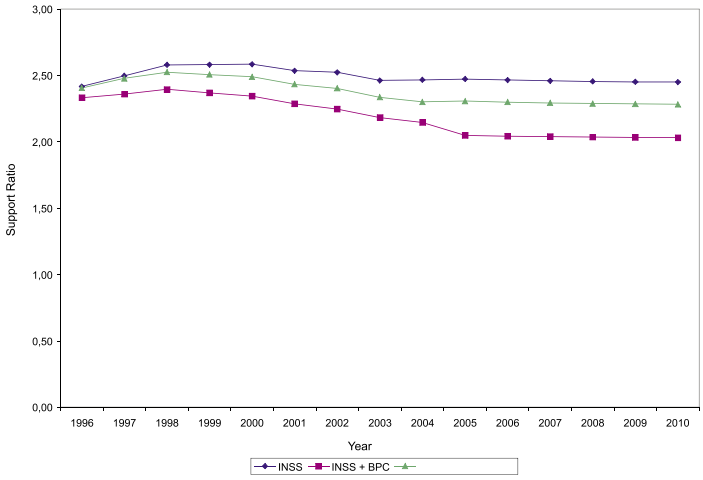
The advance of the BPC coverage in relation to the coverage of social security benefits can be seen when comparing the number of people receiving BPC in relation to the number of people receiving the social security benefits considered herein. The percentual rises from around 3% in 1996 when BPC was introduced to 15% in 2004. This means that for every 100 people receiving social security benefits in Brazil, 15 are receiving the continuous cash benefit. The sharp rise in the ratio between BPC and social security beneficiaries was around 20% between 2003 and 2004. Between 1999 and 2003 the average increase was 10%.

5.3 Effect of the Continuous Cash Benefit on the Support Ratio of the Social Security System in Brazil (1996-2010)

The second and key question of the analysis herein is how the continuous cash benefit affects – and will affect – the support ratio of the social security system in Brazil. This paper considers the support ratio as the number of people contributing to the social security compared to the people receiving its benefits.

The data of beneficiaries was obtained directly from the Social Security Agency and the Ministry of Social Development and the Fight Against Hunger. The beneficiary rate was calculated as the ratio between the number of beneficiaries and the total population. The number of contributors was calculated based on the PNAD data. The contributor rate is defined as the number of people who say they contribute to the social security in the PNAD compared to the economically active population.

Figure 12: Support Ratio of the Social Security, with and without inclusion of BPC beneficiaries, Brazil, 1996-2010



Source: Ministry of Social Development and the Fight Against Hunger and DATAPREV

Figure 12 shows the performance of the dependency ratio between 1996 and 2004 in the two scenarios above. The support ratio declines over time due to a series of factors: a drop in the number of social security contributors, a rising

number of social security beneficiaries and growth of the BPC. There has been a considerable increase in the BPC coverage over the ratio of social security support. In 1996, the difference between the support ratios was only 3.6%, soaring to almost 20% in 2004.

The same figure also shows the projection of the support ratio for 2005-2010 and the support ratio includes only the projection of elderly beneficiaries and that which includes all possible beneficiaries (MDS/CEDEPLAR/UFMG, 2006). The contributor forecasts adopted in the projections of support ratios were obtained from PNAD data, and the social security beneficiary data was obtained from the Social Security administrative records. The number of BPC beneficiaries was projected by Cedeplar (MDS/CEDEPLAR/UFMG, 2006). It is acknowledged that problems do arise when using data from different sources, but there are no administrative records of social security contributors for the length of time required. On the other hand, the construction of the number of beneficiaries using PNAD data has restrictions since it is not possible to identify the type of benefit received by each person.

The projection of the target public for the Continuous Cash Benefit (BPC) for the period 2005-2010 first involves the estimated population per five-year age groups and gender. To estimate the total demand for the BPC program, factors to be applied to these population estimates were calculated to reach the number of elderly (65 years old or more) and disabled who are eligible for the program (MDS/CEDEPLAR/UFMG, 2006).

The potential demand of the BPC program comprises everyone who meets the eligibility criteria of the program. Accordingly, the potential demand among people already attended by the program (attended eligible) can be separated from those who are not yet attended by the program (unattended eligible). The 2000 Census microdata was used to estimate the eligible unattended by the BPC. Since this database proved to be unsatisfactory[8] to capture the eligible attended by BPC, the data was obtained from the administrative data provided by DATAPREV/MDS.

8 One question in the 2000 Census refers to earning a minimum income, which includes Bolsa Escola Program, elderly-BPC, disabled-BPC, and unemployment allowance. However, this requisite does not take into account the effective number of BPC beneficiaries. The number of people over 65 years old that answered received in 2000 a minimum income program with a sum of a minimum wage or more were around 10,000, while the number of people effectively attended by the elderly-BPC was around 400,000

Some problems appeared at this stage: identifying the BPC Family, considering the current criterion provided by Law n.° 9720 in 1998, based on the Census information; exclusion of BPC income when calculating the monthly *per capita* family income in families where there were beneficiaries of the Program stated as retirees/ pensioners; collect variations in the number of those eligible not attended provided by the changes in granting criteria between 2000 and 2004.

Figure 12 also shows the projection of the support ratio between 2005 and 2010. The falling rate of the support ratio is small by no means. The results show a drop in the total support ratio, including INSS and BPC, from 2.33 in 1996 to 2.03 in 2010. In other words, a 12% drop in the number of contributors in relation to the number of beneficiaries. Meanwhile, the support ratio of INSS insured parties would remain stable around 2.4. The effect of the drop in the support ratio could be slower or faster depending on the rate of change in the contribution rate. The results presented earlier reveal that the situation is worsening, since the percentual of contributors has been dropping in Brazil as time goes by. Moreover, the effects of the increase in the BPC on the behavior of the contributors to the low income system are unknown. It is not unrealistic to expect that a significant part of these people cease to contribute to the system since they can be eligible for the BPC when they are 65 years old.

The downward trend in the support ratio continues over time due to a series of factors. The main factor is the increase in the number of BPC beneficiaries since 2005, including those in the 65-67 age group, and due to the changes in the eligibility guidelines after introducing the Statute of the Elderly. The growth in BPC coverage has a significant increase over the social security support ratio. Since 2005, the difference between the support, social security ratios and that which includes the BPC beneficiaries is around 20%.

6 Conclusion and Discussion

The survey confirms a series of studies for developed (BONGAARTS, 2004) and developing (TURRA & QUEIROZ, 2005) countries that state that

the population-aging process and structure of social security benefits will cause problems of sustainability in the near future.

Increase in general social security spending is mostly in relation to the increase in number of beneficiaries. In Brazil, the study has shown that the support ratio of the system dropped from 2.33 contributors per beneficiary in 1996 to 2.03 in 2010. The ratio is pretty much the same as that found in developing countries that are more advanced in the population-aging process and have mature social security systems than in Brazil.

Deterioration of the support ratio in Brazil may be explained by population aging, further generosity of the system, a drop in the number of contributors and the creation of non-contributory benefit programs. In the last case, it is worth mentioning the Continuous Cash Benefit. The BPC coverage for both the elderly and disabled has been growing considerably in recent years. If in 1996 there were only three BPC beneficiaries for every 100 INSS beneficiaries, in 2004 this figure has now risen to 15. Between 2003 and 2004 this ratio increased 20% and, according to the Cedeplar projections, it is expected that this figure rises even further.

Preventing the demographic effect – population aging – on the social security system is more difficult given the recent dynamics observed in Brazil. Furthermore, the income transfer programs for the elderly and disabled are welcomed and have meant major improvements in the life of these groups. Therefore, the alternative to reduce or reverse the deterioration of the support ratio of the Brazilian program may be to increase the number of contributors in the next few years (TURRA & QUEIROZ, 2005). However, the BPC may affect the contribution rate, which is hard to measure. It is fair to expect that a portion of low-income contributors leave the formal system (INSS) in the hope (realistic) of being able to become BPC beneficiaries. In the literature, there is evidence of the effects of the social security, unemployment and disabled allowance programs in the supply of jobs for people in developed and developing countries (QUEIROZ, 2005). Should this behavior be observed in the case of BPC, and it deserves a special study, the effect on the support ratio will be even greater than that presented in this paper.

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Evaluation of the *Sentinela* Program – Social Protection for Children, Adolescents and Families who are Affected by Sexual Violence, Abuse and Exploitation

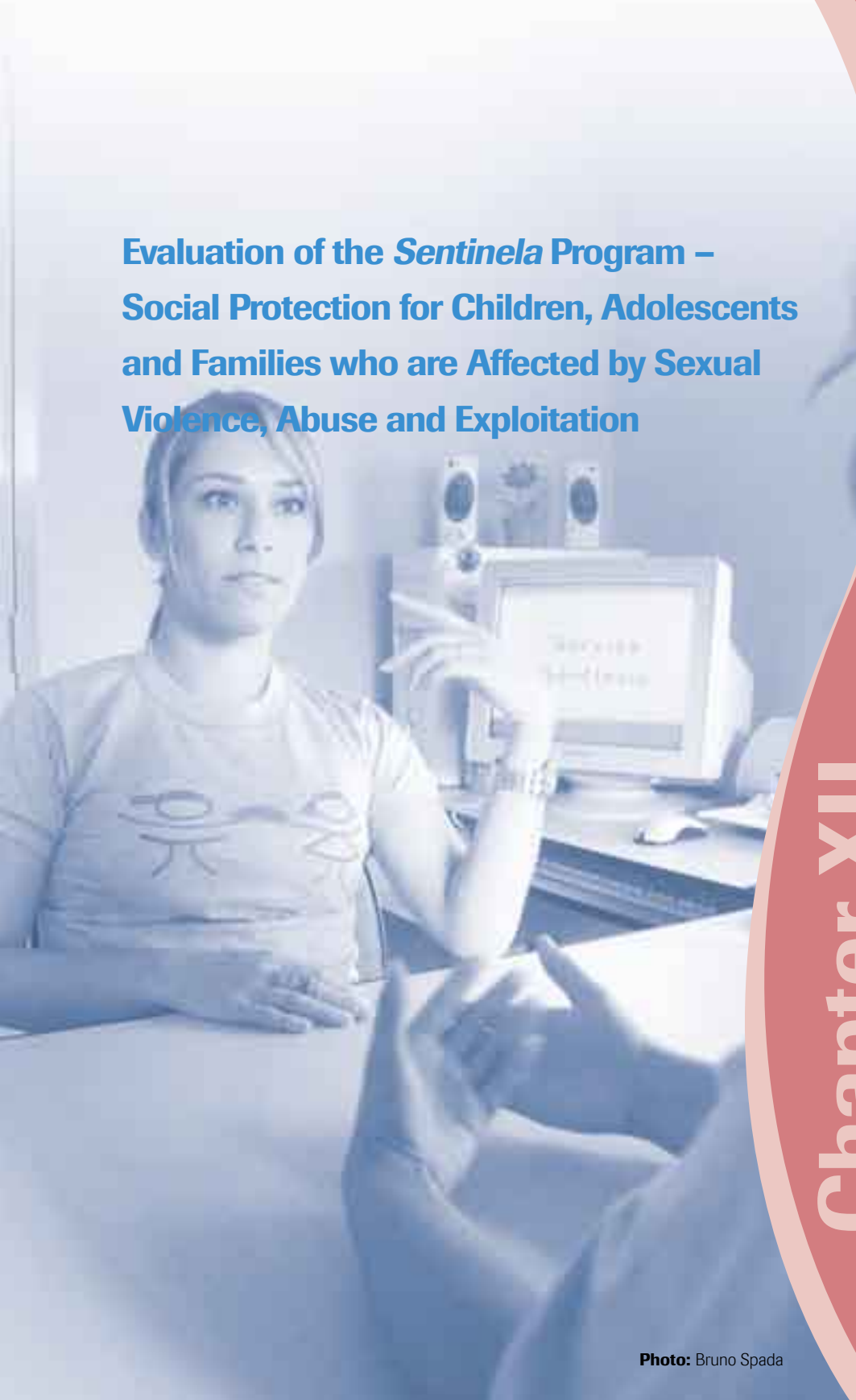

Photo: Bruno Spada

Chapter XII

Chapter XII

Evaluation of the *Sentinela* Program – Social Protection for Children, Adolescents and Families who are Affected by Sexual Violence, Abuse and Exploitation

Marlise Matos
Fátima Anastasia
Magna Inácio
Daniela Leandro Rezende
Mauro Lúcio Jeronymo[1]

1 Introduction

What is the actual dimension of the problems of commercial sexual exploitation and abuse of children and adolescents (ESCCA) in some Brazilian municipalities? How have they been tackled by the Brazilian State? What are the results of the *Sentinela* (Watch) Program of the Ministry of Social Development and the Fight Against Hunger, whose actions aim to fight sexual exploitation and abuse of children and adolescents?

Children and adolescents in Brazil represent around 34% of the population, which in absolute figures means a contingent of more or less 57.1 million. Around half the children and adolescents in Brazil – 48.8% and 40%, respectively – are considered poor or very poor, since they are born and bred in households where the *per capita* income is no more than half a minimum wage (IBGE/PNAD, 2002).

1 In addition to this coordination team for the *Sentinela* evaluation work, DCP and NEPEM thank other graduate and post-graduate students from UFMG for their participation as interns or volunteers, relating to fully performing this study, namely: Ana Amelia de Paula Laborne, André Drumond Mello Silva, Fabricio Mendes Fialho, Fernanda Pereira Mendes Motta, Keli Rodrigues de Andrade, Luciana Santana, Marina Guimarães Paes de Barros, Murillo Marschner Alves Brito and Raquel Vilela Cecilio.

According to Hüning & Guareschi (2002)[2],

> "**One of the product-problems of our time has been childhood and adolescence, or perhaps, more specifically, the minor as the other identity of childhood**. As Larrosa (1998) recalls, psychology and pedagogy are concerned with constituting and capturing an essence of childhood, translating their fears, satisfactions, needs, and how they feel and think. Parallel to this constitution of so-called normal childhood, was the constitution of other childhoods, such as 'marginal' childhood or 'risk childhood'" (p. 44, our emphasis).

In this way, the so-called "risk childhood", a phenomenon that has emerged in recent decades, is now a subject of numerous social programs and assistance institutions, and a focus of major concern of our schools and State, occupied in assuring education, especially based on the focal point of a certain "normalization of childhood". Children and adolescents "in a social risk situation" now challenged the traditional education programs such as those in Brazilian schools and were immediately sent to special programs.

The mobilization of society and the demand for specific policies against violence to children are now opening open up state bureaucracy until they acquire institutional specificity. In 1996, the Action Plan of the Ministry of Justice, proposed by the Citizen Rights Secretariat, adopted the guidelines of the National Council for Children and Adolescent Rights (CONANDA) to promote and protect children's rights, and held the Department of the Child and Adolescent (DCA) responsible for putting into practice the policy on a nationwide basis to protect human rights of the child-juvenile population. Item 12 in the guidelines of that policy highlights the objective of "supporting campaigns, actions and programs that attend to sexually exploited children and adolescents".

Aware of the seriousness and extent of the problem, and in compliance with the objectives and goals of the DCA of the State Human Rights Secretariat/MJ, on August 26 and 27, 1999, its board supported the meeting of representatives of the Brazilian regional groups of ECPAT (End Child Prostitution, Child Pornography

2 See HÜNING, Simone Maria & GUARESCHI, Neuza Maria de Fatima, 2002.

and Trafficking of Children for Sexual Purposes)[3], to discuss the draft National Plan to Fight Sexual Violence Against Children and Adolescents, an occasion when it agreed to coordinate the process of preparing the aforementioned Plan. Between June 15 and 17, 2000, in Natal, Rio Grande do Norte, the Department for the Child and Adolescent of the Ministry of Justice, joined by the executive secretariat of *Casa Renascer*, held a meeting to discuss and approve the National Plan. One of the results of this negotiation process of civil society with the Brazilian State was the creation of the *Sentinela* Program. It was then implemented in 2001, basically designed to tackle and fight sexual exploitation and abuse against Brazilian children.

In 2005, DCP-UFMG and NEPEM-UFMG were contracted by the Secretariat for Evaluation and Information Management (SAGI) to carry out an evaluation study of the *Sentinela* Program, in order to learn about and analyze its performance and results and, accordingly, propose reformulations and improvements to the program.

This study was designed and executed based on two focal points: one quantitative, the result of which was the *Sentinela* Program Index of Municipal Elegibility (IEMS, 2005) and the other qualitative, organized by investigating all stages of development in the program from a sample of 14 Brazilian municipalities (Chart 1).

The purpose of this article is qualitative evaluation (second focal point of the study) of the Program, recently promoted to the status of "service" or "ongoing action"[4] of medium to high complex special protection, determined by the Basic Op-

3 ECPAT International is an international network in Thailand that fights for children's rights. It is in charge of monitoring and recording progress in implementing the Stockholm Agenda for Action against commercial sexual exploitation of children and adolescents, signed by the governments of 161 countries. Members of the network meet every three years to analyze progress and plan global strategies to fight the problem (see <http://www.ecpat.net>).

4 According to NOB/SUAS (p. 94), the "services" are "ongoing activities", defined in art. 23 of LOAS, with a view to improving the life of the population and whose actions focus on the basic needs of the population, complying with objectives, principles and guidelines established in that law. The PNAS plans to organize it into a network, according to social protection levels: basic and special, medium and high complexity"; and that "Programs", in turn, comprise: "integrated and complementary actions, addressed in art. 24 of LOAS, with objectives, time, and coverage area defined to qualify, encourage, potentialize and improve benefits and assistential services, not being characterized as ongoing actions".

erational Standard of the Unified Social Assistance System (NOB/SUAS)[5] in 2005. In its new format, *Sentinela* was changed to an ongoing action against sexual exploitation and abuse of children and adolescents, performed through joint ventures or regional reference services, in which there are specific forecasts of sharing and allocation of the distribution of funds for joint financing this level of social protection.

The evaluation presented herein, however, refers to the earlier formatting of the Program and relates to its contextualization, implantation, social assistance surveillance, administration, articulation and institutional transversality in each municipality under study, based on information and opinions of some of the main stakeholders – public administrators, specialists and family members of the users.

Bearing in mind restructuring of the social assistance policy in Brazil and, within its sphere, the reformulation of the *Sentinela* Program, it is expected that some results discussed briefly herein – and in much more detail in the four research reports submitted to MDS[6] – will contribute to subsidize the changes in progress, and to review and modify procedures, rules, routine, customs and actions.

This article is structured as follows: the first section describes the methodology and design for evaluation used in the study in question; the second section comments on the general operating conditions of the network of players in the *Sentinela* Program and specifies some set challenges; the third section provides the main results from evaluating the four analytical angles investigated and examines not only the local contextual factors studied[7] but also the components implemented, social assistance surveillance, administration, articulation and institutional transversality of the *Sentinela* Program. In the conclusions, the

5 NOB/SUAS, in July 2005, "disciplines the public social assistance administration in Brazil, practiced systemically by the federal agencies, in accordance with the 1988 Constitution of the Republic, LOAS and the complementary laws applicable thereto" (NOB/SUAS, 2005:85).

6 In addition to the evaluation results, such reports contain three sets of proposals focusing on enhancing the policy, as follows: a) a "Practices Bank", from the field work experience in the 14 municipalities, where "good practices" and "non-recommendable practices" are described based on the aspects of implantation, social assistance surveillance, administration and evaluation and monitoring; b) the proposal of an Evaluation and Monitoring Module of *Sentinela*, based on the goals and objectives of the "new" *Sentinela* service, proposing a kit containing basic indicators of: base line, structure and input, process and results, and lastly, c) the proposed "minimum standards" for implantation, social assistance surveillance, administration and evaluation and monitoring that, in turn, could subsidize the actions of the new *Sentinela* service. Obviously not all those elements will be presented herein.

7 The contextual factors were described and analyzed at this stage in the study, solely based on opinions expressed by the interviewees, with emphasis on those referring to patterns of socioeconomic inequalities.

aspects and recommendations from this evaluation process are resumed, always based on the opinions of interviewees and our field observations.

2 The Evaluation Design

The qualitative evaluation was carried out between November 2005 and February 2006, and covered the 14 Brazilian municipalities described in the following chart[8]. The selection strategy of the municipalities was based on the combination of three criteria: a) year of adopting the *Sentinela* Program in the municipality; b) the municipality's eligibility level for the Program, and c) size of population. By using these criteria the idea was to include in the field of analysis municipalities with different risk matrices and that were at different stages of implementing the national policy of fighting commercial and sexual exploitation and abuse against children and adolescents.

Chart 1: Municipalities evaluated according to the sample's selection criteria

Range of eligibility (IEMS, 2005)	Implantation in 2001	Implantation in 2003	Level of eligibility (IEMS 2005)	Population Size
High	Manaus (Amazonas)	Fortaleza (Ceará)	10	Metropolitan
	Ilhéus (Bahia)	Maceió (Alagoas)	10	Large
	Corumbá (Mato Grosso do Sul)	Formosa (Goiás)	10	Medium
	Laguna (Santa Catarina)	Guajará-Mirim (Rondonia)	10	Small
Medium	Nova Andradina (Mato Grosso do Sul)	Porto Nacional (Tocantins)	6	Small
Low	Guarujá (São Paulo)	Petropolis (Rio de Janeiro)	4	Large
Implantation in 2002		**Implantation in 2004**		
SENTINELA municipalities with "ZERO RISK" (IEMS, 2005)		Santana (Amapá)	-	Medium
	Godoy Moreira (Paraná)		-	Small

Source: Evaluation Study of the *Sentinela* Program (DCP/NEPEM, UFMG and SAGI-MDS, 2005)

8 This sample was the result of preparing the actual research team and was discussed in the First Progress Report in October 2005. It adopted the following choice criteria for the municipalities: I – Implementation time of the program in the municipality; II – Status of local eligibility measured by the position occupied by the municipality in the order provided by IEMS – (high, medium and low eligibilities); III – The municipality's population size, according to PNAS 2004. For the municipalities participating in the *Sentinela* Program and classified as "zero risk" IEMS 2005, the criterion used was the largest numerical inclusion of social programs in the municipality. The final sample, therefore, consisted of 14 municipalities totaling 4.5% of the 314 municipalities that were at that time part of the *Sentinela* Program in Brazil.

Two procedures to produce *ex post* information were used: semi-structured interviews (based on pre-defined scripts) and analyses of administrative data and documents produced in the local sphere of the program. The evaluation design was based on the *triangulation method* that jointly involved: 1) *comparative studies of multiples cases* (each municipality being one case, submitted in a specific field report, in turn, from the field logs prepared by the teams making the visits), 2) *face-to-face and semi-structured interviews* for validation and *field observation*, and 3) *documentary analysis* (whether from collecting in the municipalities or on the *Sentinela* program that was previously sent to us by the MDS). A mixed method was adopted to analyze the material, in accordance with the analytical logic swinging between adopting categories and pre-fixed indicators of administration and implementation and a grounded theory, a theoretical-methodological procedure where the data itself guides the researcher in the choice of categories for analysis. The production of primary information included the group of agents involved in carrying out the *Sentinela* program at a local level, totaling 301 interviews separated into segments[9]:

9 1) Local and state public administrators, when possible: Local Secretaries of Action or Social Assistance or Social Development; managers or under-secretaries for special social protection and/or protection of the child and adolescent; local coordinator of the *Sentinela* Program; 2) presidents and/or representatives of guardianship councils, local councils of children's and adolescents' rights and of social assistance; 3) other representatives of the Rights Assurance System, according to the specificity of each municipality, as follows: judges or district attorneys; specialized delegates (for Protection of the Child and Adolescent and of Women); childhood and juvenile commissioners, and so on; 4) NGO representatives for the topic of children and adolescents in their own counties; 5) in some cases health representatives were also interviewed; 6) the entire technical team and some employees from the Center and/or Services, as follows: in addition to the coordinator of the program, social assistants, psychologists, educationalists and/or social educators, assistants/receptionists, drivers and other employees; 7) Family representatives and/or those responsible for children and adolescents benefiting from the program.

Chart 2: Quantitative of Interviewees in the 14 municipalities sampled by type and population size

Interviewees - Categories	Type	Small	Midsize	Large	Metropolitan	Total
Mayors, state secretaries, coordinators and ex-coordinators of *Sentinela*, district attorneys, district chiefs of Police, juvenile court judges, local councilors (exceptionally Consul, and Immigration Director)	Public Administrators	19	15	23	26	**83**
Psychologists, social assistants, social educators, educationalists, assistants/ receptionist, drivers	Technical Teams	18	11	18	27	**74**
Representatives of guardianship council, for Child and Adolescent Rights, social assistance, shelter representative, correlated NGOs	Representatives of Civil Society	21	15	30	36	**102**
Family members and/or those responsible for the users	Family Members	11	7	10	14	**42**
TOTAL		**69**	**48**	**81**	**103**	**301**

Source: Evaluation Study of the *Sentinela* Program (DCP/NEPEM, UFMG and SAGI-MDS, 2006)

In addition to face-to-face interviews, information from secondary sources in the municipalities was collected, such as: implementation plans/projects containing the diagnosis of the areas of vulnerability and social risk, a description of the Social Assistance Reference Centers (CRAS) operating in the municipality, and the prevailing human resources policy; the local social assistance plan; annual social assistance action plan; a follow-up, monitoring and evaluation plan of social protection actions; the Local Annual Budget Act (LOA); and Annual Management Report. Other material was also collected from campaigns and announcements made to the general public.

The process of analyzing the material collected involved coding the interviews, using the N6 version of QSR NUD*IST software for addressing qualitative data (RICHARDS & RICHARDS, 1991)[10]. After collection and due

10 The QSR Nud*ist N6 is a program that facilitates data organization, processing and presentation. The definition of indicators/codes that, in turn, guide comparative and analytical procedures is the result of the coordination team's own work in this evaluation.

transcription of the interviews, the data was then analyzed based on the strategy of breaking down the information into smaller units from the coding stages using the above software. These coding stages were the following:

a) Stage 1, which compiled and categorized all interviews based on their key questions in accordance with a categorizing strategy that followed the sequence of questions formulated by the Interview Script, obviously taking into account the different type of interviewees. During this coding stage an average 95% of all information in the interviews was included in the previous categorizations. For Stage 2, the categorizations are described in Charts 2 and 3:

Chart 3: Description of categorizations in first stage interviews – administrators and technical staff

	Category	Questions Referring to
Script I – Administrators	Local problems	1
	Determining factores & scope of sexual violence problem	2 - 6
	Operation areas	7
	Implementation	8 - 17 / 22 - 25
	Administration	18 - 20 / 26 - 28
	Organization of working process	29 - 36
	Drawbacks	37 & 38
	Good practices	39
	Relation between program stakeholders	40
	Intersectorality	41 & 42
	Performance of social indicators	43 - 45
	Absortion of demand	46 & 47
	Relation of program & its effects on dynamics of sexual violence in Municipality	48 - 54
	Monitoring	55
	Detachment	56 & 57
	Suggestions	58 & 59
Script II – Technical staff	Administration	1 - 7 & 21
	Profissional role	8 - 13
	Work conditions & capacity building	14 - 17
	Attendance procedures	18 - 20 / 35
	Working methodology	22 - 24 / 38
	Activities undertaken	26 - 32
	Suggestions	33 / 36
	Relationship with families	34
	Dropout/Discontinuation	37
	Follow-up of atendees	38 & 40 / 46 & 47 / 50 - 55
	Administrative instruments & data organization	41 - 45
	Monitoring	48 & 49
	Drawbacks	56 - 58
	Good practices	59
	Relation between program stakeholders	60
	Perception of results	61
	Discontinuation	62

Source: Evaluation Study of the *Sentinela* Program (DCP/NEPEM, UFMG and SAGI-MDS, 2006)

Chart 4: Description of categorizations of the first stage interviews – families and representatives from civil society

	Category	Questions Referring to
Script III – Families attended	Admission to program	1 - 3
	Technical attendance	4 - 6
	Oppinions on child care	7 - 10
	Sentinela/Family interaction	11 - 13
	Forwarding	14 - 18
	School follow-up	19 - 21
	Household visits	22 & 23
	Suggestions	24 / 33 & 34
	Results	25 - 32
Script IV – Councilors and representatives from civil society	Problems	1
	Determining factors & scope of sexual violence problem	2 - 7
	Implementation	8 - 18
	Administration	19 - 25
	Perception about working process of program	26 & 27
	Good practices	30
	Drawbacks	28 / 29
	Relation between program stakeholders	31
	Intersectorality	32 & 33
	Performance of social indicators	34 - 37
	Absorption of demand	38 & 39
	Relation of program and its effects on dynamics of sexual violence in municipality	40 - 46
	Monitoring	47
	Suggestions	48 & 49

Source: Evaluation Study of the *Sentinela* Program (DCP/NEPEM, UFMG and SAGI-MDS, 2006)

b) Stage 2: The categories were next grouped into six components in the implantation and administration process of the *Sentinela* Program under evaluation: 1) Contextualization; 2) Implantation; 3) Social Assistance Surveillance; 4) Administration; 5) Articulation and Institutional Transversality, and 6) Perceptions of Beneficiaries[11].

11 In Annex 1 an organization chart is presented to provide a better view of the various sub-indicators evaluated for each component in the sampled counties.

By using such methodological strategies it was possible to find results that permit evaluate the implantation, administration and perception of the care, the overall and specific context of the current situation of the *Sentinela* program in the 14 municipalities. One aspect to be emphasized is that such strategies permitted evaluation of the dynamics of interaction between the stakeholders in the "social assistance network to confront and fight commercial and sexual abuse and exploitation against children and adolescents". This scope becomes crucial when considering the kind of intervention in question, focusing on a wicked problem that must be confronted by coordinating intersectoral and inter-institutional actions.

It should be stressed that, among the criteria supporting the choice of the sample, as already mentioned, the criterion of population size was the most discriminating in relation to both the generalizable and particular elements of the *Sentinela* evaluation process. In our opinion, this was due to some factors, as follows:

a) The size of the population of the municipalities seems to have a strong influence, either on the scope and complexity acquired by the ESCCA phenomenon (configuring the "exploitation network"), or on the size and capacity of the State and other stakeholders in the organized civil society to fight it (configuring the then so-called "network for social protection, confrontation and combat"). The population size also seems to be a key factor in distinctly affecting the scope and size of the problems and facilities of contextualization to be faced by the municipalities (in the case herein, the economic, political and social problems), and;

b) This criterion is considered relevant for reducing the potential capacities and skills of different stakeholders relating to the elements of social assistance surveillance and administration in order to confront and combat the problem.

It should also be insisted again that the evaluation be configured in an *ex post* strategy and was done without being forecast in the actual scope or design of the policy in question. In other words, the evaluation process was not part

of the initial design of the program as a constituent component. Therefore, the conditions required for an evaluation of impacts or results based on the inter-temporal comparison were not present as the definition of a baseline and an *ex ante* evaluation. Thus, the analyses of perceptions of the beneficiary family members will not be included as results and impacts promoted by *Sentinela* in these municipalities, but only as a set of more detailed descriptions regarding the perceptions of the users on formats and dynamics of the service received.

3 Evaluation of General Conditions of Action Perceived and Found in The *Sentinela* Agent Network in the 14 Municipalities: A Brief Backcloth

In order for the design of the *Sentinela* Program to be performed on proper grounds, it presumes the articulation of a network of implementing agents involved in different organizational environments. The attention given to victims of sexual abuse and exploitation – including the front doors and care flow in the social protection network – presumes, therefore, practicing the policy based on cross actions over a complex of institutions.

Promoting such conditions requires, however, building administrative skills focusing on coordinating and agreeing with full attention to the program's target public. Building these capacities assumes major specificities in the case of the *Sentinela* program that must be considered in the evaluating task: a) the program was implemented in a context of restructuring the institutional layout of the social assistance policy, which raised considerable uncertainties to the administration process in this transition stage; b) the presence of different levels of attributions and responsibilities within the network against sexual exploitation makes the articulation of the agents involved in different organizational environments more complex – local government agencies, councils and agencies of the Rights Assurance System (SGD) and non-government organizations.

Before submitting results for evaluating the prioritized analytical zones/components, some overall key elements are discussed with regard to the configuration of the agents' network involved in performing the policy at a local level. It would be impossible, however, in the narrow scope of this article, to specify for each group of stakeholders (administrators, technical teams, agents from the rights assurance system and other members of civil society and beneficiaries) the views and ideas within each prioritized analytical aspect under study.

A very heterogeneous status of operating was found in relation to *public administrators*. There were frequently more skilled administrators in the large towns and cities, but very good administrative work was also found in small and midsize towns. However, it is possible to say that there is a certain lack of preparation by administrators regarding the specific aspects of the sexual violence issue: commercial exploitation and sexual abuse against children and adolescents. Some of them, especially those from a higher hierarchical level, felt at least uncomfortable when addressing and discussing the program, and this perception became diluted down the administration hierarchy, diminishing considerably when the informants came from a specific area of special social protection and worked directly with children and adolescents.

As implementers of the policy, the technical teams showed major asymmetries concerning policy learning. The high turnover of technical staff and systematic capacity differences among the professionals relating to "sexual violence" was translated into sporadic, selective and fragmented perceptions about how the program is run. Here emphasis should be given to the gender bias: in no municipality in this sample did males perform the three functions – social assistance, psychology and coordination. Men were present only in the specialized position of social educator, evidencing the female predominance in the staff with the issue, common to the actual operating area. Who are at the head of the technical teams performing the *Sentinela* service are women, and it is evident that they are the maternal figures (mothers and grandmothers of victimized children) who look for and stay in the service, and that fathers or other male figures are conspicuous by their absence in this context, or worse, appear as aggressors/offenders.

In relation to the other agents forming the system of guaranteeing children's and adolescents' rights – protection councils, rights councils, social assistance councils, special police precincts (women and victimized children), special courts, district attorney and childhood commissioner's office – and members of the organized civil society, it was clear that, in addition to the almost total absence of articulation and dialogue between them, there was in some cases and on specific aspects a certain confusion and/or overlapping of roles. Such problems of interaction between agents in many cases make it unfeasible to continue with articulated and effective actions toward protecting and guaranteeing the rights of the victimized children.

The councils, whether for protection, rights guarantee, or social assistance, and the shelter institutions visited certainly deserve a separate study and evaluation. Most shelter institutions, regardless of the population size of their municipality seats, were working in poor infrastructural conditions, some of them, in fact, violating the children's own fundamental rights of and becoming almost "depositories".

In three municipalities in the sample a situation was found where children (attended or not by *Sentinela*) and especially adolescents were in a situation in fact where they were deprived of freedom and unable to attend school. The perception was recurring, presented by several agents in the network, of authoritarian and police-like biases of the protection councils. Such representations occupy space in the social imagination of our municipalities, wrongly repeating social representations and actions in which coercive forces and compulsion to discipline the minds and bodies of these children and adolescents are uppermost. Sometimes this effort of representing the "power of authority", noticeable partially in these jurisdictions, intends to substitute (and, in the case of shelters, they actually are the substitute) for the parents' and relatives' own authority. The appeal perceptible in the field work is that of a strategy to substitute what is vaguely detected as a "moral void" left by families by the coercive power of the State itself. These hybrid forms of political participation and control are moving away from their true roles as protectors, mediators or even guarantors of child-juvenile rights.

The interviewed families of children and adolescents who use the program, all directly indicated by the coordination of the relevant municipalities, are unanimous in defending and in attempting to stress the importance of the program in their lives. As can already be observed, as a result of the recruitment strategy, the discourses were quite similar: what was most often mentioned in them was the evident status of fragility and social vulnerability of these families, most of them very poor and neglected by the public authorities.

Of the three powers in our democratic configuration, the Legislative appeared as almost absent in articulations with the program. There were few municipalities where the participation of legislative representatives was positively mentioned against sexual violence. In general, the role of the political representatives at local government level is not prominent in the implementing, administrating or following up/monitoring of the *Sentinela* program actions.

Another discussion deserving detailed study is the precariousness of the procedures of data and information collection, processing, storage and treatment. Many municipalities do not have computer support and resort to physical files, minutes and folders to record relevant information, very much hindering the inter-communicability of the information required for giving the victims full attention.

Specific social actions as fundamental as *Sentinela* need to operate as an eminently open system, but especially integrated, requiring constant negotiation with people, groups and institutions for those necessary actions and resources (not only financial) for their own continuity and efficacy. Accordingly, technical capacity building of their administrators at all government levels, and also of the teams operating locally was deemed urgent so that the work does not dissipate in an environment, including an institutional[12] one, where actions are fragmented, scattered and sometimes even carried out in parallel, disconnected or worse, not taken at all in some cases, despite the huge good will, perseverance, commitment and courage of their stakeholders.

12 Meyer & Rowan (1991) also argue that formal organizations - in this case the institutional face of the actual public policy of confrontation and attendance to children who are victims of abuse and/or sexual exploitation - "are complex networks of technical relations and organizations are driven to incorporate the practices and procedures defined by prevailing rationalized concepts of organizational work and institutionalized in society" (p. 41). Therefore, we are considering here that the pressures and urgent need for articulation between the numerous stakeholders in the policy will say directly about their capacity to adapt and, consequently, their own survival. (Hannan & Freeman, 1977).

4 Main Results from Evaluation Zones

4.1 Context, Implantation and Social Assistance Surveillance

During the evaluation period the 14 municipalities under study were at different stages of implementing the policy to fight violence against children and adolescents: six of them adopted the policy right away in its first year of operation (2001), six others implemented the program in 2003, one implemented the program in 2002 and another in 2004.

With regard to specific items found in a number of counties, it could be said that, on the basis of interviewee opinions and data that could not be discussed in this article[13], they all repeat the situation of marked socioeconomic inequalities throughout Brazilian society: high rates of family vulnerability, with many female breadwinners, high rates of adolescents (15 to 17 years old) with no schooling, and substantial presence of the phenomenon of child labor.

Interviewees recurrently mentioned the deep socioeconomic cleavages, weak economic dynamism, especially in the small and midsize towns, unemployment and poverty, factors associated by the respondents with signs of abuse and sexual exploitation against children and adolescents.

Other topics stressed by the respondents were: unskilled family members for the formal job market; migrations; high rate of teenage pregnancies in the municipality; drugs; serious information deficits in the population; lack of cultural and recreational options especially for young people; serious housing problems and high rates of violence, with emphasis on domestic and intra-family violence, which would tend, in the opinion of some of the interviewees, to cause what is defined as "breaking up family relations".

13 For each of the 14 municipalities evaluated herein a widespread survey of socio-demographic indicators was performed with variables that included both the economic and social vulnerability of the municipality (using the variables in the local HDI), concerning the vulnerabilities of households therein. This data is included in the reports submitted to MDS.

The political problems mentioned by many of the interviewees were the local power disputes, fluctuating administration and constant changes in public department staff. These aspects were considered to be disconnecting and negative elements in putting policies into practice, especially the social ones. Some interviewees also mention the perverse effects of political party or other private interests taking over and instrumentalizing the institutions, agencies and services of the social assistance network. They consider major political problems to be the inability of citizens to intervene in determining the routes of local policy and directing the actions of elected governors, as well as the citizens' lack of information and consciousness of their rights.

Some interviewees negatively assess the fact that the city is a "hostage" to local government structures and dynamics, with their traditional policy of bargaining and clientelism. In the words of a non-government organization representative in a midsize municipality: *"for a long period we were administrated by two groups, in that rotation: one would leave and the other would come in*". A serious consequence of constant change is undoubtedly the rotation in staff, which follows the rotation of government echelons.

In this aspect of contextualization, regional risk indicators (border areas, riverside zones, with tourism, road junctions, etc.) were confirmed as powerful in relation to the forecast of an increase in cases of sexual exploitation (but not sexual abuse). Worth mentioning in this aspect of exploitation was that the IEMS rating of the municipalities was high, medium and low eligibility (except for Santana, Amapá, which was wrongly rated in IEMS with zero eligibility, but which has a large river and sea port already in operation) for the *Sentinela* Program, confirmed by visits and evaluation of the municipalities in the sample.

Another element included in IEMS (2005) confirmed to be relevant in the field evaluation was the actual situation of family vulnerability. In almost all municipalities, the interviewees gave considerable emphasis to the issue: the expression "breaking up families" appears repeatedly and refers to the dilution of family bonds or their threat by strong socially vulnerable conditions.

The respondents from all municipalities also refer to the lack of coordination between federal agencies – central, state and local governments – in developing social policies, a situation worsened by the shortage of budget resources for providing basic social services.

Sexual violence against children and adolescents has different expressions in the municipalities under study as a result of the variations in the economic, political and social indicators. Attention is called to the fact that commercial sexual exploitation is a much more widespread phenomenon in the municipalities in North and Northeast Brazil, which combine tourism with more pronounced standards of poverty and social inequality. In some of these municipalities, the result of this equation (as in Manaus, Fortaleza, Ilhéus and Maceió) is the flourishing sexual tourism and all the resulting implications.

Sexual abuse, on the other hand, according to the majority of statements gathered seems to be a widespread phenomenon in Brazilian society, in all social classes and regional borders, although several mention its cultivation by the "macho culture" ingredient. The general situation of abuse portrayed by the interviewees in these municipalities is disheartening: this would most often occur within the home and may be characterized as an intra-family phenomenon. The aggressor is often a relative – stepfather, father, grandfather – or neighbor. The victims are generally children and adolescents of the female gender, very often very young: there have been registrations of three and four-year old victims and even babies. Although to a lesser extent, there were also registrations of male victims, especially among the child-juvenile "street" population. A frequently raised hypothesis is that sexual abuse is an under-dimensioned phenomenon due to the "wall of silence". The major determining factors of sexual abuse mentioned by the interviewees would be: "promiscuity" resulting from still conservative values regarding gender domination, "misinformation" from family contexts where the tendency would be to naturalize and vulgarize domination and situations of sexual violence and "family breakdown" experienced through more frequent separations and new marriages.

Along quite general lines, these are the perceptions of the contextual characteristics presented by the interviewees in the municipalities under study. It was in such conditions that the program was implemented and later developed.

It was quite hard to obtain accurate data on the implantation of *Sentinela*, since most municipalities did not have systematic information on this process. In some cases, this memory was recovered by interviewing former members of the teams or administrators. The hypothesis may be raised that frequent staff changes contribute especially to this loss of information and records.

It should be mentioned that the information on implantation and criteria that helped choose the 315 municipalities initially considered for the program would be very valuable for analyzing their development, problems and potential. It could be considered that the following preconditions could be found to implement the program in a certain municipality: a) earlier existence of the phenomenon (its identification and location in the municipality); b) motivated local administration; c) existence of a steering committee to articulate interests and mobilize players, including the positive participation of a municipal deputy that encouraged the work to implement the program; and d) proactive participation of councilors and other members of the organized civil society.

However, the interviewees, when asked why the municipality was chosen for the program, only vaguely mentioned the existence of sexual violence against children and adolescents, which is apparently not a discriminating factor, since such practice, especially in the form of sexual abuse, seems to be present all over Brazil in every social class. Moreover, very often the reports were contradictory or cut short, attributing to different institutions, administrators and politicians the initiative to implant the program in that place.

One of the components of the National Social Assistance Policy and one of the guidelines of *Sentinela* is to territorialize actions and services based on mapping the risks and populations in a situation of social vulnerability. The program's regulations predefine the applicant's diagnosis of the occurrence of ESCCA and sexual abuse in that geographic area as a condition for joining. This condition marks the strategic importance of information as a basic component of the public policy, either as a guide to the program's implementation or to follow up its actions.

A factor that could intervene in this field concerns the government's administration skills. Territorializing risks and weaknesses requires skills relating to production, storage and use of information by the administrators (state or local), with differing degrees of difficulty depending on the policy sector. In the case of child-juvenile violence, particularly sexual violence, diagnosis requires specific strategies to raise this information. On this matter, the focus should be on moving to conditions that impact the administrators' skill to build or mobilize the sparse skills in the network of stakeholders to fight violence against the child and adolescent in order to create a suitable database for carrying out the program. This directionality was not evident in the field since such prior diagnoses were found in only three counties.

In relation to the main elements of social assistance surveillance, the situations were also found to differ between the municipalities. Where the local Committee was already constituted before implementing the program there were certain prior strategies to "map" the concrete situations of sexual violence. Although noticeable in a number of reports, identification (including spatial, geographic) of the "focal points" of the occurrences, especially in terms of sexual exploitation, did not appear systematically; in other words, it is important to have a routine to map and frequently update this information as a support for the program's actions.

Failure to detect "development of strategies of socio-anthropological and demographic mapping of the areas where children and adolescents were in a situation of commercial sexual exploitation and characterization of the profile of those involved" (MDS, 2003:02) was, therefore, more commonly found. This evidence shows no proactive actions of state or national administrators on this matter. This fact has been contributing toward the negative impact caused by the relative incapacity of the municipalities since they do not feel obliged to adopt diagnoses arising from mapping strategies and update of the occurrences.

It should be pointed out, however, that five of the sampled municipalities did keep "dossiers, with the background of all services rendered, updated to guarantee privacy, secrecy and inviolability of the records" (Op. Cit. 3). However, these dossiers act more as support for the teams' assessment meetings, with discussions and case studies, than as evaluating or monitoring instruments. There was also repeated

absence of early projects to implement the program. It is known that building the capacity to produce and access information about the territories to which the program actions should be directed during the cycle of adopting the policy in the municipality is related to the focus and strategies adopted. These procedures are almost non-existent in relation to *Sentinela* in the municipalities in the sample, and the teams are now overwhelmed by the demand that reaches the Centers (in no condition, then, to act more actively in search of such occurrences).

In terms of surveillance, scattered or focused preventive actions were strategies repeatedly adopted in almost all counties. There was clear evidence that *Sentinela* publicity campaigns against sexual violence were frequently held on commemoration dates (Carnival, "Eighteenth of May", "Seventh of September", regional exhibitions and trade shows, etc.), and in partnerships with public agencies and the media (especially local radios), non-government organizations and, to a lesser extent, with local storekeepers (who normally contribute by donating resources to prepare campaign materials).

In general, it was found that the program was in partnership with other public agencies and non-government organizations to hold demonstrations and pamphleteering with the population, backed by protection councilors, while less often, by councilors of the rights of the child and adolescent, and even more seldom in partnership with the social assistance council. Other strategies included visits, debates and talks in the communities, mobilizations through mass media (such as radio and the press, and television to a lesser extent), disclosure of the "dial denouncement" number, pamphleteering, talks and theater plays in schools, meetings with health agents and in hospitals, and even holding local seminars on the subject.

Some municipalities were still hesitantly taking "active search" actions in cases of exploitation (carried out in company with other agents in the net, such as police, juvenile chapter, protection council, etc.). It seems, however, that there is a convergence in the perception that preventive work is also fundamental and must run "parallel" to the service offered, but difficulty in doing so is also acknowledged as well as the need to have didactic material and skilled personnel available for this purpose (in only one municipality was there mention of a School Guide, produced

by SEDH, which was used by the specialists in the talks on consciousness). In addition to campaigns, some other also early projects were identified in contact and partnership with hospital and dispensary agents.

The focus prevention in turn seemed to be a strategy less adopted by local governments but is gaining space. They are aware that the attitude of "waiting for the children to come" to the program may have negative effects with regard to the sexual exploitation phenomenon, since it is well known that only exceptional cases spontaneously reach the public agencies.

With regard to the preventive aspect of the role of the *Sentinela* Program, it has developed more in metropolitan and large urban centers that obviously tend to have a more organized civil society and with more constant presence of forums that play a substantial role in preventing and disseminating activities, but always in partnership with members of *Sentinela* technical staff.

4.2 Administration, Articulation and Institutional Transversality

The first aspect to consider in these topics refers to the type and level of administration for which the municipality was eligible in the sphere of the Unified Social Assistance System (SUAS). The administration status of the local government defines the different skills and responsibilities of the administrators in carrying out the Social Assistance policy particularly in relation to the levels of social protection in each municipality, with focus on the characteristics of the social assistance network existing in the municipality and on its impacts on the process of implementing and administrating the *Sentinela* program.

The regulations of the *Sentinela* Program provide for the constitution of Reference Centers/Services against sexual abuse and ESCCA as the organizational mode of the program. For evaluation objectives, the degree of centralization or decentralization of the services and actions consisted of a criterion to differentiate the organizing and operating modes of the program in the municipalities. The three modes were: a) centralized (a.1. Services and actions performed in the

Sentinela Reference Center solely by *Sentinela* staff; or a.2. Services and actions performed in the Social Assistance Reference Centers solely by *Sentinela* staff), and b) decentralized (services and actions undertaken by the local government social assistance service network).

The configuration of these modes was evaluated bearing in mind: a) the conditions for implanting and running the *Sentinela* in the municipalities, and b) the effects of change in the social assistance policy and institutional arrangements in Brazil. With regard to the former, the configuration of the organizational mode in question was the result of different ways of implanting the program in these counties.

Nine of the 14 municipalities have full local administration in social assistance and in five the administration level is the basic for guaranteed protections. The fact should be mentioned that in some of these municipalities the administration is being done by foundations and/or NGOs, and the consequences of this format would also need another separate study. The program administration in four of the five small towns is centralized, consisting of Reference Centers where *Sentinela* actions are integrated with other local government actions. In one of them, this is rather a "service" (decentralized mode, type "b" above) as part of the social assistance actions. In most midsize counties, the *Sentinela* program is run on the basis of centralized modes of the program's organization and administration. On the other hand, in one midsize municipality, the program moved from this mode to being integrated with CRAS (Social Assistance Reference Center), where the team of professionals would attend the public.

In the municipalities under study, the presence of federal programs is significant, particularly more widespread social programs such as *Bolsa Família* Program, Integral Family Care Program (PAIF), Child Labor Eradication Program (PETI), and PAC. The focus of such programs and benefits in the family and/or child and adolescent group provides, therefore, the potential basis for articulating integral actions at a local government level. The *Agente Jovem* Program still exists in some, and only two were found to be working together with PAIR, the integrated program against child-juvenile sexual violence.

Articulation of protection and restructuring actions in the family group in situations of violation of rights was strongly emphasized by the technical teams, principally in relation to the interfaces between the *Sentinela*, PETI and PAIF programs. Concerning the special social protection, the proximity to PETI is very common and a large part of the *Sentinela* clients are attended during the socio-educational component of PETI named *jornada ampliada*. Forwarding *Sentinela* beneficiaries and including the eligible in this program were reported by administrators and professionals in the municipalities as important but not enough to meet the heavy demand. In fact, it was reported in two municipalities that *Sentinela* beneficiaries do not always have priority in attendance in other programs.

In relation to the services and infrastructure to guarantee full protection (reception and shelter), the social assistance net of almost all municipalities offers local shelters and a few services provided by charitable welfare organizations, but are in quite precarious conditions (especially the shelters). This was one of the few negative points mentioned in the interviews with the beneficiaries: the bottleneck in relation to allocation to other services and its results.

The municipalities offer other kinds of social programs in ongoing partnerships with the *Pastoral da Criança* and NGOs whose aim is to protect the child and adolescent. In general, the social protection network in these counties, as usual, is relative to the population size of the counties, being smaller in small towns and larger in large towns.

It is worth mentioning here the frequently "disciplinary" and "corrective" character adopted by some local programs for children and adolescents (especially anti-drug and the STD/Aids), principally because they are very often linked to religious and military institutions: in some there is the already foreseeable articulation between poverty, minority, and "risk", so that being "a poor minor" is already presumably a deviation from the norm, occasionally mistaking the notions of *at risk* and *of risk*.

No uniformity could be found (and even some divergences) in the municipalities under evaluation with regard to the methodology established by the

Sentinela Program: the process and procedures involving the flow of this policy also need to be reviewed, which inevitably includes making not only the administrators and technical staff conscious but also civil society stakeholders about the fact that what must "circulate" in the sphere of this flow are information and case studies (referring to the services rendered), and not the actual child victims. This aspect is absolute priority in order to prevent children and adolescents from being continuously re-victimized, and are even "punished" again by new violent acts overlapping those already perpetrated and painfully experienced (some mothers attended and interviewed emphasized this point as a weak link in the service).

It should be stressed with regard to the formats of psychosocial and psychotherapeutic care that the administrative agencies should also more strictly and more discerningly prioritize or establish the formats and techniques involved. It was possible to identify that in municipalities closer to the large knowledge-disseminating centers (such as proximity to the *Sentinelas* in Corumbá, Petropolis and Fortaleza with large urban centers and their universities) the program succeeds in setting more coherent and systematic standards of intervention, in recruitment and capacity building of their teams or upgrading the techniques involved in the care. There were very few municipalities that reported knowledge of clinical intervention and attendance techniques for cases of sexual violence (as in the "revelation interviews", used in Corumbá and Petropolis). Although it is felt that the administrative agency should not have the task of determining which technique should be adopted for attendance (especially clinical), it is understood that its basic role (including that of the state and national administrator), is to present possibilities and offer training and qualifying opportunities.

Also in relation to the working methodology, specialized care was identified with a certain predominance of individualized psychotherapeutic care, which seems much more focused on cases of sexual abuse, in detriment to other possibilities and possible formats: therapeutic groups, various family consultations, and so on. What this seems to reveal is that diversified consultations by a multi-professional team are not so frequent, and the *Sentinelas* are occasionally concentrated on cases of sexual abuse and other violent acts (moving toward their dynamics

of individualization and sometime pathologization), in detriment to cases of exploitation and their attributed sociopolitical and cultural scope.

It was found that working conditions and results achieved by *Sentinela* are directly related to articulation and integrality of the possible actions to be taken by the social assistance protection network. In interviews, users show that they perceive and resent this absence. In smaller towns it is found that *Sentinela* is almost totally dependent on the presence of this network: where the program operates almost on its own and/or without articulation of other social programs, interviewees report that there are many problems to develop and further alternative "ways out", both for families and essentially for children and adolescents (an aspect widely mentioned by the users). Where there is more articulation and integration between the programs, the working conditions are much easier. It was possible to also see that the physical presence of *Sentinela* within an area or Center where other programs coexist increases the potential of this articulation, and minimizes the stigmatization by the community of children who are attended by it. Stigmatization seems to be fueled more when users visit a specific physical area of exploitation or sexual abuse that can "mark" them.

In three of these municipalities the process of restructuring the administration of the programs is underway, so as to adapt the municipality's reality to the rules of the new NOB/SUAS, as the following report by a member of the technical staff vouches: "*In terms of actions I notice that there is a perspective of change. Now the major perspective is that we are creating CREAS (Social Assistance Specialized Reference Centers), creating this and that, articulating all the social programs in order to mobilize and be able to do good work.*" (a technician from a small municipality). However in the other 11 municipalities visited, no administrator, specialist or representative of the civil society commented or demonstrated concern with changes made by adopting the new social assistance administration format: some of them because they knew nothing about such changes and others because, even if they knew, they still had no information about what was happening and had nothing to say about the matter.

Thus, the social assistance networks in these municipalities reflect not only the levels of local administration but also the different rates of the

process to implement the current guidelines of the social assistance policy. The Social Assistance Reference Centers (CRAS) have been set up in three of the municipalities under study and another is in progress with typical CRAS actions being taken on an "itinerant" basis in the local community centers. In one of the large municipalities, according to interviewees, CRAS are molded to the structure of the five Reference Centers attending their own communities. The municipality also has a reference center with temporary shelter (24 hours), also for migrants. A metropolitan administrator insisted on pointing out that there is a plan to create six CRAS (also with the attempt to include in PPA), which "*would operate like six regionalized centers to attend Sentinela, with actions and local resources, independent of federal government funding*". Only in two other municipalities did administrators also mention implanting the Card for Notifying Maltreatment and Domestic Violence in schools and dispensaries and hospitals. In the other municipalities these changes are still in progress.

5 Final Comments

In the light of the above, *Sentinela* will need to build, in fact, strategic instruments to articulate, mobilize, organize, maintain and stabilize its network of confrontation and struggle in order to be able to control and tackle the adversities in the context that, as mentioned herein, is one of fragmentation, poor integration and low transversality and intersectorality in the actions, for reasons that very often escape the federal government's responsibility.

With regard to the context in which the program operates, despite the identified regional particularities and confirming the socio-demographic data, it is apparent that it is in accordance with characteristics that define the more sociopolitical and economic conditions throughout Brazil. They are precisely the characteristics that jointly have seriously perpetuated the problem of sexual violence against Brazilian children and adolescents. From this viewpoint, it is worth emphasizing a relevant conclusion that directly concerns this context: in all municipalities visited (except for one, but this actually is used as a counter

example) the regional risk indicators (tourist center, riverside, border, etc.) are actually determining factors in the situation of risk and exposure to ESCCA.

It is also worth mentioning the recurring topic of "family breakdown", which was almost unanimous among the interviewees during the evaluation. This topic leads to another basic conclusion in the evaluation and concerns the specific conditions of implanting and administrating *Sentinela*: the failure to consider control/inspection instruments and methodologies and even storage and logging of information produced by the program. Besides the fact that there is no follow-up and supervision culture of public policies in Brazil, it can be concluded from the visits to these municipalities that in such cases the problem extrapolates these really cultural dynamics, in many directions. One conclusion is that the supervision and follow-up of the actions taken by the *Sentinela* program are topical and sparse.

Therefore, municipalities were found operating in relative isolation (not only geographic) from any greater jurisdiction of control: starting with the deficiency of some infrastructural conditions and also inadequacy of physical space (in 11 of the 14 municipalities no computer whatsoever was available for the program), then on to instability and lack of articulation of the members of the "net", due to the adversities in the clientelistic and bargaining logic of the local government, the dearth of links and forms of recruiting the teams, lack of skills and technical upgrade of professionals and omission and/or slowness of the main agents held responsible, which is felt to be a very serious situation.

With regard to the outstanding and almost "privileged" situations of some of the municipalities under study, it seems clear that monitoring tools must be reformulated and reviewed.

The hypothesis that the program would be more present in places where higher rates of commercial sexual exploitation are found was not corroborated: the program was found to be present in at least one municipality with almost zero eligibility while, according to the analysis understood by IEMS (2005), some municipalities in the highly eligible range are still without access to the program.

Regarding the main implantation conditions when they were prone to be reconstituted in the evaluation process, it was revealed that in a large number of these municipalities *Sentinela* "arrives" with no explanation or clear demarcation of the guidelines supporting the choice of the municipality for receiving the program, and reasonable criteria are also missing to define the size and number of teams, with little advance planning (local or state administration) and not much concern for setting basic conditions for its operation (infrastructure for capacity building and advance training of its professionals).

It was also rare to find advance articulation of the necessary "network" and that its main stakeholders seem to act in a more fragmented manner, and very often when they do articulate, the movement is more spasmodic, episodic and not integrated and traversal. Only the city of Fortaleza demonstrated, through a strong presence of its State Confrontation to Sexual Violence Forum, determination and availability to act in a joint, continuous and concerted manner (despite the context of some dispute between the city's two Centers – state and local).

Repeating the words of one administrator: "*look, unfortunately social assistance is the poor cousin of the policies and governments*", and it was possible to evidence in the field, especially when comparing the three groups of players interviewed, the many difficulties in implementing government actions in the social assistance area. As already mentioned, some of the administrators, especially those at a higher hierarchic level (except for some smaller towns), had real difficulty in analyzing and assessing the program, precisely as a result of their specificities. In addition to the relative lack of information and the recognition by the stakeholders themselves that there is no technical skill compatible with the professional work, in some cases, *Sentinela* seems to work "*on perseverance*" and moral commitment of its technical staff. And these are precisely the elements immediately identified by the families of beneficiaries who recognize in the program a privileged doorway to the public policies and the beginning of leaving behind their status of social exclusion.

In relation to the differences that could be seen regarding the size of the municipalities, the most prominent was the need to take into account differentiated criteria in addressing municipalities of different sizes, especially with regard

to hiring specialists for the teams, which is evidently clear that they should be compatible in number with the size of the local population (especially of children and adolescents). This would be one of the definitions that could, in a relatively short space of time, give more sustainability and continuity to the service. Another complaint in unison by the interviewees referred to scarce job relationships and recurrent delays in transfer of funds. It is hoped that the transformation of the *Sentinela* into an "ongoing action" could have a positive effect on this aspect, already so well known and negatively emphasized in the field. A good strategy for continuity would be assurance that the term of these contracts would be at least two years, so that technical teams have enough time and necessary encouragement to really invest in their own work.

There was also evidence of insufficient structure and instruments to carry out "active searches" of the cases of sexual exploitation in the municipalities: a large part of the centers interviewed here had neither enough operational (such as teams, cars, etc.) or methodological (techniques of approach, capacitated teams, etc.) to carry out the work, which partly explains the low levels of attendance to cases of this type of violence; namely, it was found that there is no effective fight against sexual exploration due also to the scarcity of methodologies, capacity building and proper working tools.

Despite disparities in the implantation cycles of the *Sentinela* Program, unfortunately it was not possible to say from the collected data that more implementation time would necessarily mean better administration conditions. The main reason is because some local administrations were still undergoing government changes and transitions, and especially very much "hostages" to clientelistic practices. The conditions of improved administration in many of these cases could be more open to personal involvement, particular to some stakeholders, and to the context favorable to further articulation, than to stabilization and the longer time spent in performing the services and activities relating to *Sentinela*.

On this last matter, restrictions should be mentioned here to send beneficiaries to the service network: especially in those municipalities where there is a very small net of social programs, whether public or provided by non-government organizations (especially those focusing on the vulnerability of family

groups), there are only a few options to send the victims to the service network and there is no real systematic follow-up. It is also found that priority in this service is rarely given to cases from *Sentinela* and that a major obstacle lies in the field of legal counsel to attended families (only two municipalities had a lawyer as a member of the team, hired by the municipality to provide such counsel).

As already mentioned, projects focusing on basic protection, preventing risk situations and strengthening family ties, and projects to potentialize "strategies for socio-family care with a view to restructuring the family group" (PNAS, 2004:30) were reported. It is therefore finally worth mentioning the relevance of the articulation of *Sentinela* with PAIF (or other programs whose main purpose is systematic family support), since children and adolescents "at risk" have reported, as mentioned above, families in equally underprivileged conditions.

Several interviewees in the evaluation gave their opinion about the effects of little or no intersectorality in the performance of the *Sentinela* Program. Even when the stakeholders participated in more integrated social assistance networks (as in Fortaleza and Corumbá), the major challenge still to be faced was actually that of the real and effective integration of actions, and the transversal role of the policy to fight sexual violence against children and adolescents. This is still one of the major problems in every municipality visited, since, as discussed in depth in the article, the network holds different gravitational centers, with impacts on the perceptions about the role of each player and especially on mobilization, which is apparently more sporadic than ongoing.

Finally, it is believed that again it should be pointed out that there is an urgent need to build up specific instruments for following the flow of inter-institutional actions by the different agents in the confrontation networks at the current stage of the program/programming and even more so by state and federal governments. At this point it is felt that there is major urgency in preparing and widely discussing Local Plans against Sexual Violence with the various local secretariats and all stakeholders in the network (including, where applicable, drafting the town's Code of Attitudes as one of the ways to combat sexual tourism).

A number of interviewees acknowledged that, in order to take integral and transversal actions in the local government sphere and in the federal arrangement of the social assistance policy, these instruments must be prepared, created and consolidated. In this respect, an integrating force of solidarity is found present especially within the teams and in some Confrontation Forums (namely Fortaleza), but consideration should be given to the fact this "force", free from concrete actions of the state, may fail to achieve the desired results of transversalization and integration. It is indisputable that there is a very important role to be played by a "politically influential" public sphere on the issue of sexual violence against children and adolescents (and in most of these municipalities this "sphere" is still to be constituted or consolidated). Nevertheless, it is worth stressing that it is a necessary but not sufficient condition for balancing the efforts; the government, whether federal, state or local, cannot and must not shirk this role.

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Annex 1

Component 1 - Contextualization

1) Main social problems

2) Main economic problems

3) Main political problems

4) Determining factors and dimensions of sexual abuse and exploitation

Component 2 - Implantation

5) Reasons why the municipality was chosen to participate in *Sentinela*

6) Reconstitution of the decision-making process for implanting *Sentinela*

Component 3 – Social Assistance Surveillance

7) Territorializing risks and vulnerability: advance mapping, update mode and routines

:: Advance mapping of risks and vulnerability to child-juvenile violence;

:: Mapping risks and vulnerability to child-juvenile violence as an ongoing surveillance instrument:

a) Existence of update routines for mapping of risks and vulnerabilities;

b) Periodicity of routine updates;

c) Modes: "active search"; survey with agencies that register occurrences and responsibility; other.

8) Preventive Actions: Widespread Prevention: Classification = campaigns, demonstrations, other, with the local population

a) Periodicity;

b) Agents involved.

Focus Prevention: Classification = consciousness campaigns with potential publics

a) Periodicity;

b) Agents involved.

Component 4 – Administration

9) Type and Level of Social Assistance Administration and Infrastructure (number of CRAS in operation in the municipality; PAIF Program; *Agente Jovem*; PETI; existence of a State Reference Center for the *Sentinela* Program; existence of other local programs against child-juvenile violence; existence of reception and shelter institutions)

10) Organizational Mode and Integrality of Actions:

:: Centralized:

(a) Services and actions taken in the *Sentinela* Reference Center solely by *Sentinela* staff;

(b) Services and actions undertaken in the Social Assistance Reference Center(s) solely by *Sentinela* staff.

:: Decentralized: Services and actions by the local social assistance service network.

11) Integrality of Actions

:: Presence of procedures and routines for transferring beneficiaries in the *Sentinela* Program to:

a) Medical-hospital care services;

b) Educational services;

c) Federal and/or local income transfer programs (describe): namely PETI and the *Agente Jovem*;

d) Family Attention Program – PAIF;

e) Other social assistance programs and services;

f) Programs for professional capacity building;

:: Quality of procedures and routines designed to take integral actions;

:: Existence in the sphere of local social assistance secretariats of institutionalized procedures to send, register and follow up service to beneficiaries in the various services and programs;

g) Existence in the sphere of the Sentinela Program of institutionalized procedures to send, register and follow up service to beneficiaries in the various services and programs;

h) Existence of specific and sporadic projects for transferring Sentinela beneficiaries to services and programs.

12) Target public

:: Victim of any type of child-juvenile violence;

:: Victim of any type of child-juvenile violence with priority care for victims of sexual violence;

:: Victim only of sexual violence.

13) Physical goals of attendance authorized by MDS and physical and material infrastructure

:: Adaptation of physical space for service;

:: Day and night, according to the local implemented mode;

a) Specify in accordance with MDS Guidelines (see *Sentinela* Guide);

b) Availability of equipment and material resources (see *Sentinela* Guide);

c) Available means of transportation or resources to assure mobility of team and beneficiaries (see *Sentinela* Guide).

14) Human Resources: Team Composition, Forms of Recruitment, Types of Employment Relationship

:: Composition of the *Sentinela* Program staff by professional skills and position occupied (indicate changes in relation to number and profile of the professionals involved since the start of the Program).

:: Procedures for recruiting professionals:

a) Person responsible for recruitment;

b) Selection procedures;

c) Training and initial capacity building of recruited professionals,

:: Categories: public servant by public examination; professional hired by local government for a certain period; outsourced professional; other.

15) Human Resources: Team Monitoring, Turnover and Capacity Building Actions

:: Monitoring and evaluation of actions taken by team:

d) Person responsible for monitoring and evaluation;

e) Procedures used.

:: Turnover of professionals in the *Sentinela* Program team:

f) How often professionals are substituted;

g) Categorize turnover: global (the entire team) or individual;

h) Reasons given.

:: Capacity building of team:

i) Periodicity of capacity building;

j) Responsible for providing capacity building (federal, state, local government; agencies of rights assurance system, etc.);

k) Capacity building modes (classroom or not; public or private supply).

:: Coverage:

a) whether covers all professionals in the Sentinela Program;

b) whether covers only specialists.

16) Service: Frequency, Mode, Methodology

:: Frequency of socio-psychological care to beneficiaries in the program (weekly; fortnightly; monthly);

:: Service mode - Individual or group;

:: Existence of specific methodology for attending cases of sexual abuse and sexual exploitation.

17) Service: Flows and Service Routines

:: Existence of a defined/certain flow for attending child/adolescent victims;

:: Socio-psychological care offered to family group of beneficiary: the entire family group living with beneficiary; only parents; only mother/guardian (weekly, fortnightly, monthly frequency);

:: Socio-educational activities offered to those directly involved (beneficiary);

a) Focus on beneficiary (individuals/group).

18) Service: Attending to the Family Group and Type of Activities performed

:: Offer of socio-educational activities for those directly involved (beneficiary);

b) Focus on beneficiary (individuals/group);

c) Focus on family group of beneficiary (individuals/group).

:: Modes of socio-educational activities:

a) Educational and recreational activities;

b) Professional capacity building activities.

:: Space for performing social assistance activities:

a) *Sentinela* Program Reference Center (CRS);

b) Social Assistance Reference Center (CRAS);

c) Shelter institutions;

d) Educational institutions;

e) More than one of the above.

Component 5: Articulation and Institutional Transversality

19) Confrontation Network: Component agencies, interactive standard and action modes adopted

20) Confrontation Network: Evaluation routines and action distribution

21) Confrontation Network: Performance, good practices, problems and resistances

22) Institutional Transversality: Involvement of agents, decision-making processes and evaluation of interdisciplinary actions

23) Institutional Transversality: Inter-institutional joint actions, resistances and obstacles

24) Monitoring actions: Types (processes and results) and results of monitoring actions

Component 6: Opinion of Beneficiaries

25) Admission to program

26) Technical services

27) Perceptions about child care

28) *Sentinela*/family interaction

29) Transfer

30) School follow-up

31) Home visits

32) Results and suggestions

This book was printed by *Cromos Editora e Gráfica Ltda*. for the Ministery of Social Development and the Fight Against Hunger in May, 2007. We used offset paper 90 g/m^2 and duo design 250 g/m^2 (for the cover). Fonts are Caslon Pro e Imago Medium.

Evaluation of MDS Policies and Programs – Results
Volume 2 – *Bolsa Família* Program and Social Assistance

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Ministry of Social Development and Fight against Hunger

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ISBN: 978-85-60700-10-3

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