

# THE CONSOLIDATION OF SOCIAL ASSISTANCE IN BRAZIL AND ITS CHALLENGES, 1988–2008

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The Institute for Applied Economic Research (IPEA) is a key partner in this regard. This paper which has been produced by IPEA is brought out jointly with the IPC-IG as part of an ongoing collaboration with a view to stimulating discussion on Brazil's experience and innovation in the area of social development strategies. The IBSA countries have not only demonstrated the potential for adopting and implementing large social assistance programmes effectively but they are also able to point to significant positive impacts of such policies on inequality and poverty as well as contributions to macroeconomic resilience—all of which may also be of interest to other developing countries.

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# THE CONSOLIDATION OF SOCIAL ASSISTANCE IN BRAZIL AND ITS CHALLENGES, 1988–2008

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## 1 INTRODUCTION

The federal constitution enacted on 5 October 1988 was a landmark for Brazilian citizens in that it reorganised the bases of the country's protection system. The new charter recognised social security as a guiding principle of social protection, as expressed in social insurance, social assistance, health and unemployment insurance policies. The constitution recognises a set of needs and provisions, previously restricted to the private sphere, as an object of public intervention and as social rights. Social protection for the elderly, the disabled, rural workers and people without access to social insurance began to be understood as the responsibility of the state, and as a civil right. Until then, the only options available to many socially vulnerable people were "family solidarity" strategies and, if they were absent or insufficient, philanthropic or charitable initiatives. This was the case for all those individuals not covered by social insurance, who were unable to continue working because of disability, illness or old age. That was why guaranteed access to social assistance was ensured to all those who needed it.

The new approach taken to social assistance is part of a broader movement to review the principles on which the Brazilian social protection system was organised. The constitution consolidated benefits and expanded the coverage of the pension system by introducing a differentiated and partially contributory regime for rural workers in a "family economy".<sup>1</sup> It also established a universal right to healthcare by creating the Unified Health System (*Sistema Único de Saúde, SUS*), which was both public and free. Social assistance became a public responsibility under the social security system, and was integrated with policies on health and contributory social insurance.

The 1988 constitution thus broadened the concept of social rights. Despite adverse circumstances arising from the economic difficulties of the 1990s and the opposition of political elites to the expansion of social protection, there was a gradual trend towards the consolidation of such rights. The focus on social vulnerabilities that were subject to guarantees of legal protection was broadened, thereby expanding public responsibility to address various problems that thereto were thought to be confined to the private sphere. In this process, state intervention began to refer to a broader aspect of social life, and its goals were to equalise access to opportunities, reduce inequalities, and tackle poverty and social risks. Its had important impacts on policy design and on the definition of beneficiaries and benefits.

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Despite the lack of an institutional framework ensuring the integration of all these policies as social security,<sup>2</sup> the progress made in the area of social protection was significant and could be described as a break with the past. Though substantial difficulties have arisen in the past two decades, three policies that form the central pillar of the Brazilian social security system were consolidated (social insurance, social assistance and healthcare), as was the unemployment insurance programme.

The universalisation of SUS is now a reality,<sup>3</sup> though it has serious quality problems related to the supply and comprehensiveness of its services. In 2009 the General Social Security Regime (*Regime Geral de Previdência Social*, RGPS)<sup>4</sup> had more than 55 million affiliated workers. In December of that year, RGPS paid benefits to more than 23 million people in urban and rural areas, while unemployment insurance benefitted over 6 million workers.

It was in this context that the movement to expand the scope of social assistance policy developed. Its universality is guaranteed by the 1988 constitution, which refers to it as a right of “all those who need it”. Recognising social assistance as a public responsibility, the text guarantees the right of needy populations to have access to such services, as well as the right of the elderly and the disabled in extreme poverty to a “solidarity income”. The constitution has opened up a new phase of policy development.

This paper analyses the major changes in social assistance policy after the enactment of the constitution. Besides the abovementioned changes to social security, the constitution also established the role of social assistance in providing services and guaranteeing income. It reaffirmed the participation of the private sector, specifically charitable institutions, and it allowed for social participation in policymaking and social accountability mechanisms to monitor the policy. Finally, it assured decentralised management with national coordination by the federal government and implementation by state and municipal governments.<sup>5</sup> These determinations, legitimised and supported by significant segments of society, form the basis of the reorganisation of social assistance, despite some opposition.<sup>6</sup>

The changes of the past 20 years in social assistance policy have again raised the question of the level of Brazil’s social protection and lack thereof. There has been some debate on how to fight poverty, whether it be understood as the alleviation of income insufficiency (monetary poverty) or as the provision of care services, opportunities and monitoring, and support to socially vulnerable families. Those changes have fostered progress in the debate about expanding and upgrading state intervention in the social arena. That in itself is part of a wider discussion about the ability of Brazilian society to live with almost unparalleled levels of inequality, as well as the potential for conflict brought about by that inequality.

This paper seeks to describe the development of Brazil’s social assistance policy over the two past decades. It covers the large expansion of non-contributory cash transfer programmes, including those that provide transfers to the poor, and its impact on the establishment of guaranteed income policy. The paper also considers the efforts involved in consolidating social assistance services (which required management reforms to strengthen public supply), and the integration of private provision so as to secure proper quality and coverage. This broad movement was followed by tensions and difficulties, which are also discussed.

The paper is divided into six sections, including this introduction. Section 2 briefly describes the 1988 constitution and its main contributions to the policies under discussion. Section 3 examines cash transfer programmes under social assistance: the Continuous Cash

Benefit (*Benefício de Prestação Continuada*, BPC) and the *Bolsa Família* programme (*Programa Bolsa Família*, PBF). Section 4 looks at the effort to reorganise the supply of social assistance services, with an emphasis on the establishment and improvement of the Unified Social Assistance System (*Sistema Único de Assistência Social*, SUAS). Section 5 addresses the policy's main challenges today. The final section offers concluding remarks.

## **2 RECOGNISING SOCIAL ASSISTANCE AS A PUBLIC POLICY: THE UNDERTAKING ESTABLISHED BY THE 1988 CONSTITUTION**

### 2.1 THE CHANGE IN THE MODEL

Brazil has had public policy on social assistance since 1938, when the National Social Service Council (*Conselho Nacional do Serviço Social*, CNSS) was created. Decree Law 525 of 1 July 1938, which established the CNSS, was the first item of national legislation on social assistance and it sought to lay the foundations for social service organisation. The decree defined social service as the set of public or private interventions geared to “lowering or removing the deficiencies or suffering caused by poverty or misery, or any form of social maladjustment”. The CNSS acted as a consultative body to provide feedback on grant applications sent to it by private social assistance organisations. Social assistance policies were institutionalised by providing financial subsidies to private social assistance bodies.

The CNSS was created at the same time as the labour laws were consolidated and the social security institutions were organised. The coverage of social risks was broad.<sup>7</sup> It aimed to promote the social integration of formal-sector workers and foster their political integration under the wing of state corporatism. Given the social needs of other parts of the population, social assistance was set up as a field with limited government participation.

In the following decades, therefore, social assistance was mainly under the purview of the private sector and was an area in which Catholic Church initiatives abounded. Initially inspired by the concept of Christian charity for the helpless and suffering, social assistance slowly moved closer to the state, given its responsibility for service provision. The private sector was predominant in service provision and the public sector played a supporting role in financing by means of subsidies, tax exemptions and transfers. Historically, therefore, state intervention in social assistance has not been a matter of providing services,<sup>8</sup> but of supporting private bodies and organisations.

In this context, social assistance in Brazil was a minor policy, supplemental in terms of resources, fragmented in terms of programmes and activities, and unclear about its goals and target audiences. Organised on the principle of the moral duty to provide aid (Sposati, 1989), social assistance consisted mainly of the provision of services by the charity sector, and was devoid of any regulations on social actions, service supply planning, demand estimates or quality standards. The vagueness of public and private social assistance activities, as well as the lack of an explicit policy for the sector, eventually led to a proliferation of interventions based not only on philanthropy but also on personal, populist and clientelistic interests. Monetary benefits were not identified as part of social assistance.

This was the legacy from which the 1988 constitution represented a real break. The new constitution recognises the public responsibility for social assistance and addresses that

responsibility in a broader context of social protection safeguards. It also establishes non-contributory income transfers as part of the assistance, substantially altering the state's role in this regard. The expansion of social assistance is closely linked to the weakening of the social-protection model in effect since the 1930s, whose foundations were undermined from the 1980s onwards.<sup>9</sup> Brazilian society, which thereto had refused to make the public sector accountable for tackling poverty, now recognises the importance of new means of intervention. The social assistance policy, based on new principles, has been continuously expanded over the past two decades.

## 2.2 THE BASES OF THE NEW SOCIAL ASSISTANCE POLICY

Four of the improvements introduced by the new constitution should be highlighted. The first is the integration of social assistance into a broader principle of social protection identified as social security. The second is ensuring care for those who need it, regardless of social security contributions. Social assistance is thus affirmed as a non-contributory policy, with right of access to services and benefits. The third matter is the institution of a non-contributory monetary benefit targeted at the elderly and the disabled in extreme poverty and, in the case of the disabled, those who cannot live an independent life due to disability. A fourth innovation concerns the institutional rules, whereby programme implementation is decentralised, the private sector helps provide social services, and there is social participation in policymaking and accountability.

As well as recognising the government's role in social protection, the constitution also reaffirmed the family's responsibility for its members, especially among the most vulnerable segments. The duty of the family is quoted before the duty of society and the state as regards ensuring the protection of children, adolescents and the elderly. The exception is for people with disabilities, since item II of Article 23 says that it is the joint responsibility of the federal government, the federal states, the federal district and the municipalities to "care for the health, public assistance, protection and security of people with disabilities". The emphasis on the family indicates Brazilian society's strong tradition of care provided by family members. The family is identified as a strategic space for the provision of care and social protection. The constitution also makes significant mention of the role of charities in social assistance services.<sup>10</sup> The guidelines emphasise the importance of the family and volunteer work in establishing the policy, with significant repercussions for the nature of the Brazilian model of social protection.

The constitution recognised the public, non-contributory, social assistance policy, as well as the guarantee of monetary benefits and access to services by anyone who needs them. This was a break with the previous system of social protection, which was characterised by the concepts of "regulated citizenship" (Santos, 1994) or the "employment-based welfare state" (Sposati, 1989). From 1988 onwards, therefore, social assistance came to be based on two complementary fields: the provision of services and monetary benefits; both will be addressed in the following sections. The implementation, however, has long been marked by various challenges, including those relating to the role of the family, the integration of the public and private spheres, the organization of a funding model, and the responsibilities of different levels of government for social protection.

### 3 THE CONSOLIDATION OF GUARANTEED INCOME IN SOCIAL ASSISTANCE POLICY

As mentioned earlier, non-contributory monetary benefits offered by the federal government have emerged in the past 20 years. This pillar of guaranteed income can now be considered an important part of the social protection system and social security. Despite powerful opposition decrying the expansion of state intervention and social spending that these programmes required, the initiatives are ever more consolidated. They have significant effects given the severity of social conditions in Brazil, and confirm the substantial role of social protection policies in bringing about a more equitable society.

#### 3.1 THE CONTINUOUS CASH BENEFIT (BPC)

The BPC was established by the constitution (Brasil, 1988) and regulated in 1993 by the Social Assistance Law (*Lei Orgânica de Assistência Social, LOAS*) (Brasil, 1993). Budgetary and managerial difficulties delayed its implementation, however, and effectively it began only in 1996. The benefit, amounting to one minimum wage a month, is currently an unconditional and non-contributory income guarantee for the elderly aged 65 or older and for people with incapacitating disabilities that make them unable to live independently or work, whose per capita household income is less than one quarter of the minimum wage.<sup>11</sup> This income guarantee thus caters to parts of the population who are acutely vulnerable because of severe disability or old age and extreme poverty; when these conditions overlap, they further increase risks and lead to social and economic exclusion.

This is the first non-contributory social minimum benefit in Brazil, and it was designed for a group that hitherto had been largely excluded from any income guarantee mechanism. Its creation led to a change in the political climate that favoured a guaranteed income (non-contributory transfer) component in Brazil's social protection system; the latter has traditionally been identified with a narrower, social-insurance approach. Before discussing the BPC, including contemporary debates on eligibility criteria and benefit duration, as well as its scope and impact on beneficiaries, it makes sense to revisit the BPC's regulatory process following the enactment of the constitution. These rules not only set out the programme's path but also laid down its principles and defined its target group.

##### 3.1.1 Regulations

Determining the BPC's regulatory framework has been a process fraught with debate and controversy. Over time, the initial rules on receipt of the benefit underwent significant changes in at least three basic respects: (i) minimum age requirement for the elderly to access benefit; (ii) the conceptual framework concerning the characterisation and assessment of the disability; and (iii) the income criterion that grants access to the benefit.

The constitution defined the right to the BPC, characterising the beneficiary as elderly or disabled persons who have no means to provide for their own subsistence and who are in a situation where sustenance is not provided by their families. The constitution also sets the value of the benefit at one monthly minimum wage. The law regulating the constitutional text on social assistance, the Social Assistance Law (LOAS), was approved in 1993 and set the age limit for the elderly to access the benefit at 70. It also stated that this should be reviewed until the limit stood at 65. The limit was reduced to 67 in 1998 and, five years later, to 65.<sup>12</sup>

The LOAS defined a “disabled person” as one unable to live independently or to work. Over the years, it was felt that operational, technical and conceptual aspects of the BPC should be reconsidered. The most significant changes concerned the treatment of disability. In 2007, new legislation gave the programme a more integrated approach by viewing disability as a multidimensional phenomenon characterised by limitations in performing some tasks, as well as in the prospect of participation and integration. This concept, in line with the International Classification of Functioning, Disability and Health (ICF) proposed by the World Health Organisation (WHO), involves a broader view of disability, one that considers not only physical matters but also the environment and the social context. This new approach had an impact on assessments of disabilities and their degree for the purposes of receiving benefits. It thus replaced the exclusively medical approach taken in 1995 by a medical and social assessment of restrictions on performing activities.

The LOAS also determined the eligibility cut-off point of per-capita monthly family income below a quarter of the minimum wage. Thus the last of the basic parameters for the benefits was defined. This parameter remains in effect today but has been subject to discussion. Some sectors have maintained that this income threshold substantially restricts the BPC’s scope, since there are elderly and/or disabled people who, though poor and vulnerable, are excluded from the potential target group because their income is above that limit—for example, people whose vulnerability stems from the degree of their disability, as well as their dependency and need for care. To claim their right to social protection, ever more applicants who had been denied the benefit are resorting to the judicial system. They demand to be guaranteed access to the benefit that had been denied to them because their family income exceeds a quarter of the minimum wage. There have been several decisions favourable to these demands, since there is an understanding among judges that the rules for access should take account of the specifics of each case and that the particular conditions and needs of applicants should be assessed. One such case is currently before the Federal Supreme Court and a decision is pending. The court’s decision will have general repercussions and will be taken into account in all similar cases, which may have a significant impact on the programme’s coverage.<sup>13</sup>

### 3.1.2 Coverage

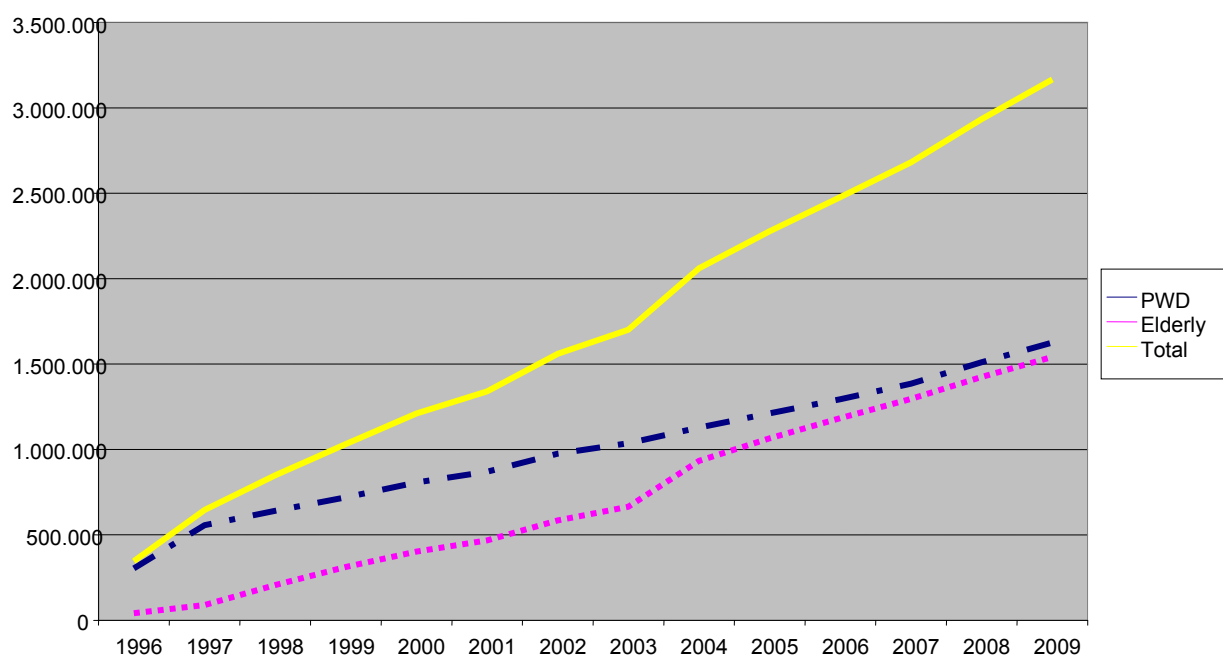
Since the BPC began in January 1996, its beneficiaries have increased significantly in number. At the end of that year, there were about 346,000 beneficiaries, of whom 304,000 were disabled and 42,000 were elderly. In December 2009, 3,166,845 people received the benefit. If we add to the BPC the number of people receiving Lifetime Monthly Income (*Renda Mensal Vitalícia*, RMV),<sup>14</sup> there were 3,489,242 elderly and disabled beneficiaries of social assistance policy in that month.

Figure 1 shows the distribution of benefits between the elderly and the disabled, as well as how benefits have developed in the period 1996–2009. In the latter year, 1,625,625 benefits were granted to people with disabilities and 1,541,220 to the elderly.

The low coverage rate for the elderly in BPC’s early years can be explained by the high minimum age requirement of 70. As the eligibility age has fallen, there has been a significant expansion of the benefits granted to the elderly segment. In conjunction with the RGPS and the Rural Social Pension Programme, the benefit has helped make poverty and destitution a marginal phenomenon among Brazil’s elderly. In 2007,<sup>15</sup> about 11.8 per cent of those aged over 65 in Brazil had a per capita income of less than half the minimum wage, and only 1.4 per cent had a per capita income of less than a quarter of the minimum wage.



FIGURE 1

**Evolution of BPC Benefits Granted Between 1996 and 2009**

Source: Ministry of Social Development (*Ministério do Desenvolvimento Social, MDS*). Created by Disoc/IPEA.

Also of note is the rapid expansion of coverage for the disabled between 1996 and 1997. Despite the yearly increase in the BPC's coverage of the disabled, however, there is very little data to assess what proportion of that population is being served.

Finally, it is worth noting the BPC's importance in offering social protection to groups facing several vulnerabilities. People with disabilities and the elderly in poor families now have income security, with positive impacts on their socioeconomic conditions. There is no doubt, however, that improvements in the wellbeing of these groups also depend on extending the supply of social and health services. These are important in promoting social integration, and are particularly significant when age and disability evolve into dependency, whereby the constraints on an individual's autonomy require the support of others to enable that individual to carry out everyday activities. Despite the importance of the BPC in lessening income vulnerability, its aim is solely to provide a minimum income. Access to a range of special goods and services needed by those who are severely dependent is a matter that is still waiting to be placed on the policy agenda.

### 3.2 INCOME TRANSFER: THE *BOLSA FAMÍLIA* PROGRAMME

#### 3.2.1 Brief Historical Overview

A second innovation in the area of monetary benefits allowed for the consolidation of the guaranteed income pillar as an effective social assistance policy. Until the *Bolsa Família* programme (PBF) was set up in 2003, transfers from the federal government to poor families were made through programmes with different and independent target groups and goals.

The *Bolsa Escola* (School Grant), *Cartão-Alimentação* (Food Stamp), *Auxílio-Gás* (Natural Gas Aid) and *Bolsa-Alimentação* (Food Grant) programmes, created between 2001 and 2003, were run by separate bodies, a circumstance that hampered or even precluded intersectoral coordination to fight poverty and generate opportunities. The lack of integration allowed benefits to accumulate without ensuring universal access. Hence the same family could be receiving benefits from two or three programmes while other families in similar situations and locations received no support.

The debate on income security programmes, however, took place before these programmes were set up. The issue first gained prominence in the 1980s as demand grew for state intervention to fight unemployment and poverty, with a more effective focus on the poor and on strengthening targeted social policies. Two income transfer programmes were implemented at the local level and then later inspired federal-level initiatives: *Bolsa Escola*, implemented in the Federal District; and the Guaranteed Minimum Income Programme (PGRM), implemented in Campinas, in São Paulo state.

*Bolsa Escola* in the Federal District and the PGRM in Campinas were soon followed by the Minimum Income Programme in Ribeirão Preto, also in 1995. These experiences were positively assessed in academic studies that showed progress in reducing rates of dropout and grade repetition among beneficiary children, improving the quality of life of beneficiary families, and increasing the level of economic activity in those regions. The impact of both programmes, together with the political and intellectual debates prompted in 1991 by a proposal by Senator Eduardo Suplicy (see Box 1), created a suitable environment for discussion of a national income transfer programme linked to education. These factors inspired other municipal experiences, and a broad range of bills were put forward by lawmakers in the National Congress.

In February 2001 the first federal cash transfer initiative was created, the National School Grant programme. It began to be implemented in June under the auspices of the Ministry of Education. The programme targeted families that had a monthly per capita income of up to 90 reais (R\$) and children aged 6–15 enrolled in school. A minimum school attendance of 85 per cent was the criterion (conditionality) for staying in the programme. Once selected, the family received R\$15 a month per child, up to a maximum of three children per family. That same year also saw the creation of *Bolsa Alimentação*, a conditional cash transfer (CCT) programme targeted at families that had a monthly per capita income of up to R\$90 and children aged 0–6, under the auspices of the Ministry of Health; and an unconditional cash transfer, *Auxílio Gás*, which along with *Bolsa Escola* comprised the federal government's set of social programmes geared to tackling poverty. In December 2002, the *Bolsa Escola* programme had 5.1 million beneficiaries. A year after it was set up, *Bolsa Alimentação* benefited over 900,000 families. *Auxílio Gás* initially catered to the beneficiaries of *Bolsa Escola* and *Bolsa Alimentação*, but by October 2002 it reached 8.5 million families (IPEA, 2007).

In 2003, the new administration accorded priority to tackling hunger and extreme poverty, creating the Ministry of Food Security and Fight against Hunger, and launching a new programme entitled "Zero Hunger". Part of this latter initiative was a new cash transfer programme, *Cartão Alimentação* ("Food Card"). In October 2003, however, the federal government changed its transfer policy with the creation of the CCT *Bolsa Família* (PBF),<sup>16</sup> which was set up in the framework of the policy on hunger. When it was set up, it signalled that cash transfers would be important on the Lula administration's social agenda.

The programme began to unify existing income transfer initiatives instituted by the federal government. The migration of beneficiaries from finished programmes to *Bolsa Família* happened gradually between 2004 and October 2006. In December 2006, the PBF covered 11 million families enrolled in the Single Registry of Federal Government Social Programmes (*Cadastro Único para Programas Sociais do Governo Federal, CadÚnico*).<sup>17</sup>

BOX 1

### Basic Citizenship Income

As the first senator elected by the Worker's Party (PT), on 17 April 1991 Eduardo Suplicy presented a bill establishing the Guaranteed Minimum Income programme. The idea had been in development since the 1980s, when Suplicy and other politicians and scholars advocated a guaranteed minimum income for all Brazilians (Suplicy, 2002).

Initially, Senate Bill 80 of 1991 stated that all persons in the country above 25 years of age and earning a monthly gross income below 45,000 cruzeiros (CR\$) (2.5 times the minimum wage at the time) would receive the benefit. The negative income tax would amount to 50 per cent of the difference between that level and the person's income, should the individual be working, and 30 per cent if the individual had no income or no employment. An alternative text presented at the Economic Affairs Committee proposed:

- i. that the rate be changed to 30 per cent, with a possible change by the executive to 50 per cent, depending on the availability of resources and the results of the programme; and
- ii. that the programme be developed over eight years, starting in 1993 for those over 60 years, in 1994 for those 55 years or older and so on until 2000, when it would benefit everybody aged 25 or more. The new text led to a broader support for the project (Suplicy, 2002).

On 16 December 1991 the Federal Senate unanimously approved the bill instituting the Guaranteed Minimum Income programme. In the Chamber of Deputies, the bill received assent in 1992. In 1996, an alternative text was presented providing for the gradual introduction of the programme, starting with the states that had the lowest per capita incomes and moving towards those with the highest, and also including the conditionality of school attendance by school-aged children. The bill was approved in the Chamber in 2003 and was subsequently sent to the president for sanction.

The basic citizenship income was established by Law 10.835/2004. The legal text states that the income is "a right of all Brazilians living in the country and foreign residents who have lived in Brazil for at least five years, regardless of their socioeconomic status, to receive an annual monetary benefit". It also determines that the full scope of the benefit will be achieved in stages, at the discretion of the executive branch, prioritising the neediest among the population. The benefit should be of equal value to everyone, and enough to cover each person's minimum expenses for food, education and health, based on the country's degree of development and the budgetary possibilities. According to the senator, the PBF was may be seen as the first step in implementing the basic citizenship income, until such time as it is paid "to any person".\*

In 2007, the Third Conference on Food Security and Nutrition in Fortaleza approved Directive 25, which advocates the replacement of the PBF by the Basic Citizenship Income: "Ensure the continuity of the *Bolsa Família* Programme, under a transitional programme towards the basic citizenship income guaranteed by Law 10.835/2004 (Zimmermann, 2008).

\* Source: Senate web portal:

<<http://www.senado.gov.br/Agencia/verNoticia.aspx?codNoticia=78479&codAplicativo=2>>.

As with previous federal-level cash transfer programmes, the PBF kept the mandatory conditionalities. These are commitments in the fields of education and health that families must abide by in order to continue receiving the benefit.<sup>18</sup>

The PBF has also entailed growth in the number of beneficiaries of CCT programmes and an increase in the average value of the benefit, aimed at ensuring a minimum income for all extremely poor families and those identified as poor families with children. Its gradual expansion over the past five years has consolidated non-contributory cash transfers as effective pillars of social protection in Brazil. As will be seen later, although it is not officially recognised as part of social assistance and has a separate and independent management, the PBF can be considered an integral part of the social assistance policy. On one hand it is a non-contributory benefit that focuses on income security, which is one of the entitlements guaranteed by the social assistance policy. On the other hand its goal is universal coverage of the target group and its regulation does not conflict with other constitutional principles providing for social security. Though is it an assistance benefit, however, *Bolsa Família* cannot be identified as a social right.<sup>19</sup> It is currently managed within the Ministry of Social Development (MDS) by the National Secretariat of Citizenship Income (*Secretaria Nacional de Renda de Cidadania*, SENARC). Established in January 2004 alongside the ministry, SENARC's mission is to implement the national citizenship income policy.

### 3.2.2 Benefits and Beneficiaries

Law 10.836/2004, which created *Bolsa Família*, classified potential beneficiaries in two income groups. Families were considered to be in extreme poverty and poverty, respectively, when they had a per capita monthly income of up to R\$50, and between R\$50.01 and R\$100. In defining such parameters as eligibility criteria for the PBF, the authorities also established that these amounts could be altered by decree in the event of socioeconomic changes in the country and on the basis of technical studies. These amounts have changed in recent years.<sup>20</sup> In July 2009, Decree 6.917, which is currently in effect, changed the amounts. Currently, families with a per capita monthly income of up to R\$70 are deemed to be in extreme poverty, and those with an income of R\$70.01–R\$140 are considered to be in poverty.

Members of these two groups have access to different benefits under the PBF. Initially, the programme provided two types of benefits: (i) the basic benefit, given only to families in extreme poverty, regardless of family composition—R\$50 when the programme was set up; and (ii) the variable benefit, provided to both groups as long as they had children up to 14 years of age, up to a maximum of three children. The amount of the variable benefit in 2004 was R\$15 per child, with a maximum of R\$45 per beneficiary family.

Hence the amounts paid by *Bolsa Família* vary according to a family's per capita income and number of children. The average benefit amount before the 2003 unification was R\$24.75; in mid 2006 this amount was raised to R\$64.67.

The initial benefit amounts were also altered. The last adjustment was in the first half of 2009, when the benefit increased by about 10 per cent. Some 6 per cent of that is compensation for inflationary losses since the last update in 2008; the other 4 per cent is a real gain to consolidate the MDS's strategy of reducing regional and individual inequalities. Thus the basic benefit to families with incomes up to R\$70 per person rose to R\$68. The variable benefit (paid according to the number of children) was raised to R\$22.

BOX 2

**Adjustments in *Bolsa Família* Programme Benefit Amounts**

In 2009, the PBF benefit amounts were adjusted for the third time in the six years since its inception. The first adjustment, by 18.25 per cent, was in August 2007. In 2008, the adjustment was 8 per cent. Benefits were reconfigured to compensate for inflationary losses in the period, given *Bolsa Família*'s important role in beneficiary families' food purchases. Studies by MDS and other institutions show that programme resources are mainly used to buy food.

Source: <<http://www.fomezero.gov.br/noticias/mds-destina-r-33-bilhoes-aos-programas-e-acoes-sociais-em-2009>>.

**3.2.3 Annual Benefits**

PBF benefits currently range from R\$22 to R\$200, depending on the family's monthly per capita income, the number of children and adolescents up to 15 years of age, and the number of youths aged 16–17. The PBF currently has three types of benefits: basic, variable, and the variable youth benefit (*Benefício Variável Jovem*, BVJ). The basic benefit of R\$68 is paid to families considered extremely poor, those with monthly incomes of up to R\$70 per person (paid to families even if they do not have children, teenagers or youths). The variable benefit of R\$22 is paid to poor families whose monthly income lies between R\$70.01 and R\$140 per person, provided that the family has children and adolescents up to 15 years of age. Each family can receive up to three variable benefits. The BVJ<sup>21</sup> of R\$33 is paid to all families in the programme with 16 and 17 year-old teenagers attending school. Each family can receive up to two variable benefits linked to adolescents.<sup>22</sup> Table 1 summarises the types of PBF benefits and their transfer amounts.

TABLE 1

**Types of Benefits Provided by *Bolsa Família*** (March 2010)

	<b>Extremely poor families</b> (per capita income up to R\$70)	<b>Poor families</b> (per capita income between R\$70.01 and R\$140)
Basic level	Fixed benefit set at R\$68	-
Variable level	Benefit of R\$22 per child and/or adolescent up to 15 years of age (maximum of three benefits)	Benefit of R\$22 per child and/or adolescent up to 15 years of age (maximum of three benefits)
Variable Benefit Linked to Youths (BVJ)	Benefit of R\$33 per adolescent aged 16 and 17 years (maximum of two benefits)	Benefit of R\$33 per adolescent aged 16 and 17 years (maximum of two benefits)
<b>Maximum benefit amount per family</b>	<b>R\$200</b>	<b>R\$132</b>

Source: <[http://www.mds.gov.br/bolsafamilia/o\\_programa\\_bolsa\\_familia/beneficios-e-contrapartidas](http://www.mds.gov.br/bolsafamilia/o_programa_bolsa_familia/beneficios-e-contrapartidas)>.

*Bolsa Família* is an innovation in Brazilian social protection because it recognises the relevance and legitimacy of providing an income benefit to all those below a minimal income threshold irrespective of, for example, whether they have a formal job, have children, or are in urban or rural areas.<sup>23</sup> Despite the constraints imposed by the limited amount of the benefit and the lack of a permanent rule for indexing it, the programme's positive effects have been documented in several papers and research reports.<sup>24</sup>

### 3.2.4 Conditionalities

Conditionalities are commitments that beneficiary families make in the areas of education, health and social assistance, and that must be met in order for them to receive the benefit.

BOX 3

#### PBF Conditionalities

- Education: at least 85 per cent school attendance for children and adolescents aged 6 to 15 and a minimum of 75 per cent for adolescents aged 16 and 17.
- Health: monitoring of the vaccine immunisation schedule and growth and development for children under 7, and prenatal monitoring of pregnant women and nursing mothers aged 14 to 44.
- Social assistance: at least 85 per cent workload attendance of socio-educational services provided to children and adolescents up to 15 years of age who are at risk or who have been rescued from child labour.

According to the MDS approach, the PBF conditionalities aim to ensure citizens' access to basic social rights, especially those related to health and education. To receive the benefit, therefore, families must assume certain commitments. The ministry sees those commitments as responsibilities shared between families and the government. Hence the conditionalities are a way of supporting beneficiary families that are significantly exposed to vulnerability, so as to ensure their access to public facilities and services.

Since it was established in 2004, the MDS has been making significant efforts to improve the monitoring of beneficiaries' compliance with the conditionalities. But as the government strives to expand the monitoring of conditionalities, they have become subject to debate among scholars and analysts. Studies have suggested that these mechanisms have only a limited influence on the families' behaviour. They also stress that the debate on tackling the intergenerational cycle of poverty should pursue better quality in the provision of social services and policies, particularly with regards to education.

Interested in evaluating the impact of PBF and its other programmes, the MDS conducted a series of studies that were published in 2007 by the Secretariat of Information Management and Evaluation (*Secretaria de Avaliação e Gestão da Informação, SAGI*) (Brasil, 2007). The latter publication gave the results of a preliminary PBF impact assessment<sup>25</sup> in 2005 (Oliveira, 2007).<sup>26</sup> Though it is preliminary, some of the findings are worth mentioning. On health, the evaluation sought to assess, among other things, the PBF's impact on the immunisation of children aged 0 to 6. The programme does not seem to alter the vaccination of children, since "the vaccination programme has been a priority of the Brazilian Ministry of Health and vaccination coverage has been expanded considerably, and one does not expect a sizeable difference among households with similar conditions of access to public health." The conditionalities do have positive effects on education. Among beneficiary families, school attendance by children aged 7–14 is 3.6 percentage points higher than among children from poor families that do not receive the benefit. The study, which analysed 15,000 households in 269 municipalities, showed that the dropout rate is lower among children in households receiving the PBF benefit than among those in non-beneficiary households.

Another survey, whose results were also made available by MDS, sought to investigate the PBF's impact from the standpoint of change and continuity in the social circumstances of beneficiary women (Suarez and Libardoni, 2007). It shows that programme-driven changes in family behaviour go far beyond the matters linked to conditionalities.<sup>27</sup> Assessing the opinions of beneficiary women relative to the services provided in health and education, the research shows that 40 per cent of the women interviewed believe health services to be poor or terrible because of difficulties in obtaining care, buying medication, and undergoing the requested examinations. Education services were more favourably assessed but some problems were mentioned, such as the lack of school places, difficulties in reaching the school and problems using suitable transport to school.

Conditionalities have been examined by other bodies. A statement by the National Rapporteur on the Right to Adequate Food and Rural Lands<sup>28</sup> in October 2007 made valid points about the programme, such as the fact that it helps improve nutrition among poor families, boosts the economy of municipalities, and is able to reduce poverty. But compliance with conditionalities has been controversial. Entities in SAN argue that the programme should help build a culture of rights but that it fails to do so because it is based on the central pillar of conditionalities.

The debate on conditionalities remains open. Analysts are divided as to the ability of this instrument to enhance access to social rights recognised by Brazil in the areas of education and health, and to break the intergenerational cycle of poverty by expanding social investment in new generations and in the development of human capital. For many scholars it is not about the demand for education and health services, but rather the state's capacity to offer quality services in those areas. But the existing studies on the subject are provisional and based on limited and/or specific samples. Advances in research and assessments may shed new light on the matter.

### 3.2.5 Coverage

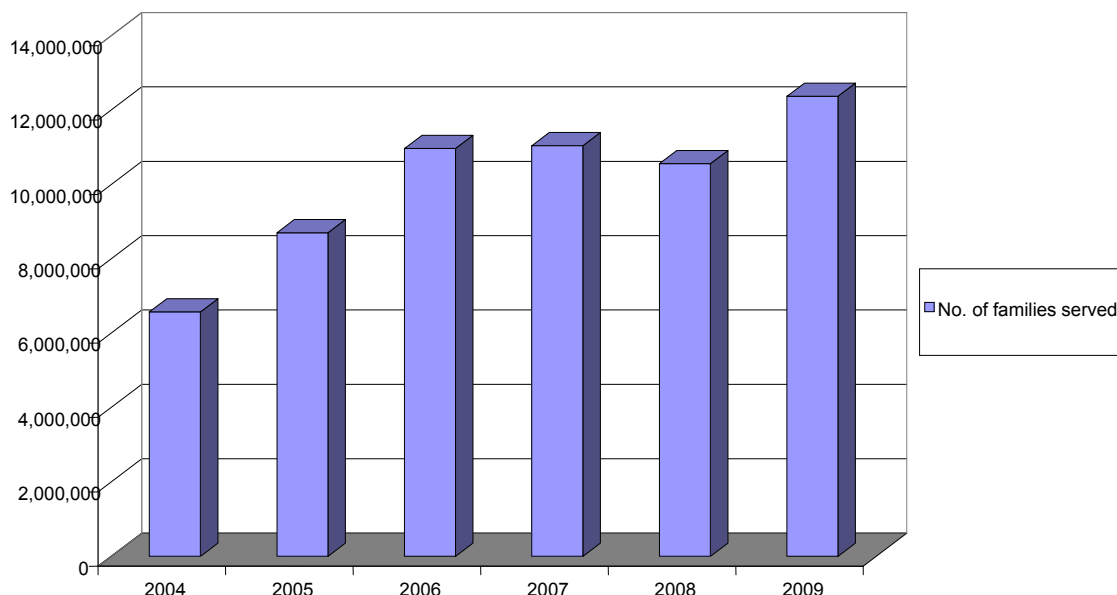
*Bolsa Família's* current coverage is significant. In 2009, the PBF served about 12 million households.<sup>29</sup> Figure 2 shows the evolution of coverage in the period 2004–2009.

There was a significant growth in the number of beneficiary families between 2004 and 2006, a period when the programme expanded: about 4.4 million new families benefited between December 2004 and December 2006 (Soares et al., 2009).<sup>30</sup> In 2008 there was a fall in the total number of beneficiary families. This is because, between October 2008 and February 2009, MDS cancelled about 450,000 benefits to families outside the programme's profile and to families that had failed to update their registration information.

PBF coverage increased significantly in 2009 as the programme itself expanded. That expansion was effected in three stages and began in May 2009 with the inclusion of 300,000 new families.<sup>31</sup> The second stage was between August and September, when about 500,000 families were included.<sup>32</sup> The third stage, which ended in October 2009, also included about 500,000 new families.

*Bolsa Família* benefits are temporary and do not represent a vested right. A family's eligibility to receive the benefit is subject to mandatory review every two years.<sup>33</sup> According to MDS,<sup>34</sup> between 2004 and 2008 the ministry cancelled over 2.6 million PBF benefits for various reasons, either because the family's income had improved and exceeded the income eligibility criterion, or because it failed to comply with education and health conditionalities for five consecutive periods.

FIGURE 2  
**PBF Coverage, 2004–2009**



Source: MDS. Created by Disoc/IPEA.

Even considering the PBF's high coverage and its redistributive effects, it is important to discuss the role of monetary benefit programmes in fighting poverty and inequality. Improving such programmes and integrating them into the contributory system for protection against social risks is currently a subject of in-depth discussion on the role of national solidarity policies in ensuring a guaranteed minimum income to those facing social vulnerability and poverty.

As mentioned earlier, 1988 was a landmark in the evolution of social protection in Brazil. Since the enactment of new constitution, guaranteed income in the area of social security has operated through social insurance policies and through non-contributory and selective assistance programmes that target a population generally defined by income. These policies have clear goals. While social insurance is designed to address situations in which people lack income because of an incapacity to work, social assistance programmes are meant to tackle situations in which poverty is already present. The establishment of PBF introduces a further distinction into income-security activities. Social security and the BPC serve a population unable to participate in the labour market, while the PBF mainly caters to the active segments; hence there is a clear distinction between the two (Jaccoud, 2008).

Thus it can be said that the consolidation of a pillar of income security after the enactment of the constitution led to the creation of the PBF. The programme also introduces an important innovation. The first federal income transfer programmes were intended to benefit poor families with children, thus revisiting the idea of age-based vulnerability as a condition for the legitimacy of transfers to the poor. Conversely, the PBF has a range of protection that can be given to any family, regardless of its composition.



### 3.2.6 The Consolidation of PBF and the Role of Federative Entities

*Bolsa Família*, though centrally coordinated by the federal government, relies on the effective participation of the three levels of government (federal level, the states and the municipalities) as being jointly responsible for implementing, managing and monitoring the programme. Since the constitution defines joint responsibilities for the federal government, the states and the municipalities in the field of public actions, the fact that the PBF was created by ordinary law rather than by the constitution makes it more difficult to carry out the necessary processes of federative coordination and negotiation, such as voluntary adhesion and agreement mechanisms.<sup>35</sup>

This decentralised management effort has yielded gains in the deployment and management of the programme. The municipalities are responsible for registering beneficiaries and monitoring conditionalities, among other things. This process is being consolidated with continuous efforts to provide institutional density to the programme, through the strategic organisation of duties and responsibilities applicable not only to MDS functions but also to states and municipalities.

An important point about the implementation of *Bolsa Família* at the federal level is the complexity of its management. This complexity creates a permanent demand for tools to increase efficiency in sharing responsibilities and competencies among federal entities regarding the registration process and the management of benefits and conditionalities. It also homogenises state and municipal management, thus allowing programme implementation to be monitored and tracked.

An example is the implementation of the Decentralised Management Index (*Índice de Gestão Descentralizada*, IGD), whose goal is to improve PBF management at the local level by supporting its decentralisation. The IGD is a synthetic indicator, created to provide financial assistance to PBF municipalities based on the quality of programme management.<sup>36</sup> The higher the IGD value, the greater the resources transferred to the municipality in order to support activities related to programme management.

Finally, note that the PBF's evolution in recent years has demonstrated not only the density of post-1988 institutional policies on income security but also their expansion through the creation of new programmes. These were successfully consolidated as complementary to existing initiatives. Consolidation of this model, however, depends on its impact relative to the challenges posed by Brazil's social conditions, and also on a more in-depth debate about the role of social protection policies in the creation of a more equitable society.

### 3.3 THE IMPACTS OF BPC AND PBF

The magnitude and significance of Brazil's two largest transfer programmes, the BPC and PBF, demand assessments that can measure their impact on poverty and inequality. The extensive literature on the PBF and BPC highlights their contribution to fighting poverty and inequality.<sup>37</sup> Soares and Sátyro (IPEA, 2009), for example, show that between 2004 and 2006, the Gini coefficient fell by almost one point. The PBF and BPC, which account for about 1 per cent of total income, accounted for a third of the fall in inequality. The PBF alone brought about 20 per cent of this decline. As for labour income, retirement income and pensions, which account for 76.5 per cent and 18 per cent of total income respectively, these programmes were responsible for about a third each. The PBF and BPC transfers effectively reduce inequality because the benefits are progressive, which has favoured the poorest social segments.

Studies have shown, however, that the PBF has had little impact on poverty measured in terms of the percentage of people living below the R\$120 poverty line (Jaccoud, 2006). This is to be expected, since the amounts transferred are substantially lower than the R\$120 per capita. But there is a greater impact on the poverty gap and poverty severity, measures that place greater weight on what happens at the lower end of the income distribution curve.

As for the BPC, in recent years it has had a significant impact on poverty reduction among beneficiaries because of its much higher value. It reduces the vulnerability of its beneficiaries. Disabled people in poor families today benefit from a guaranteed income policy, leading to a significant improvement in their social circumstances. Poverty is now marginal among the country's elderly because of the BPC. The programme's insufficient coverage among the rural elderly shows the effectiveness of rural pensions and that the BPC is guaranteeing social protection to groups with no previous work history or whose history, mainly in urban areas, was one of unstable labour and low income. Thus, both the BPC and PBF deliver social protection in the context of social security, not social insurance.

## **4 THE NATIONAL SOCIAL ASSISTANCE POLICY AND THE CONSOLIDATION OF PUBLIC SOCIAL ASSISTANCE SERVICES**

This section analyses the national social assistance policy from the perspective of service provision. We focus on service provision, the role of federal entities, co-financing, and the construction and improvement of the Unified Social Assistance System (*Sistema Único de Assistência Social, SUAS*).

### **4.1 REGULATION OF THE SOCIAL ASSISTANCE POLICY**

The 1988 constitution's recognition of social assistance as a responsibility of the state marked a significant shift in the historical development of social assistance policy. It not only altered the state's role in this area but also defined different responsibilities for the three federal entities: the federal government, the states and the municipalities. While assistance benefits (BPC or PBF) are the legal responsibility of the federal government, assistance services are a responsibility shared by the three levels of government. These levels should help fund services and should engage in coordination and technical cooperation, but actual service provision is a responsibility of municipal governments. Hence the challenges are significant. On the one hand, an intervention that is a social-protection right calls for national-level guarantees, uniformly given to all entitled citizens. On the other hand, the management is decentralised, anchored in the autonomy of federal entities and their different responsibilities. The private sector is also part of the decentralisation of service provision.

Advances in implementing a new model of social service provision have been slower than in the case of monetary benefits. In 1993, the Social Assistance Law (LOAS) regulated the constitution, reaffirming the concept of state responsibility in the provision of services. In the 1990s, however, social service provision changed very little in terms of planning, coverage or funding guarantees. Nor was progress made on monitoring and evaluating services offered by charities, or establishing and enforcing quality standards relative to the previous period.

While there were no institutional changes to social assistance services in the second half of the 1990s, since the early 2000s the debate on the topic has intensified. But it was only with the approval of the National Social Assistance Plan (*Política Nacional de Assistência Social*, PNAS) in 2004 that the country adopted a new framework to implement the new model of social assistance services structured by the SUAS. PNAS was approved by the National Social Assistance Council and laid the groundwork for the consolidation of social assistance services by: (i) establishing and standardising activities under its purview; (ii) introducing the supply of social assistance services by territory and by complexity; and (iii) providing for the integration of private entities in the network of public social assistance services.

PNAS sought to define more clearly the principles and purposes of public social assistance policy. It also sought to organise services by territories, and made it mandatory to establish public infrastructure at the municipal level that would act as "gateway" for policy users. It also organised a new financing system, establishing rules for resource transfers and shared responsibility for the funding of the policy by all three levels of government. It sought to replace the transfer system that had been in effect until then, which was based on the transfer of resources through agreements and was linked to programmes designed by the federal government.

The regulatory process of the decentralised system was expanded in 2005 with the approval of the new Basic Operational Norm (Nob-Suas). This document was the federative pact on the policy, detailing the responsibilities of each federal body in the provision and financing of services. It also set out guidelines for the standardisation of services and the integration of the network of social assistance services offered by public and private bodies.

With the approval of PNAS and Nob-Suas, the debate about services changed significantly. As mentioned earlier, by 2005 the federal government's participation in the provision of social assistance services was effected through the signing of agreements with local governments to transfer funds for certain services. The municipalities signed agreements and became responsible for transferring the funds to public and private service providers. This funded a network of primary care in day-care centres, nursing homes, shelters, and institutions for the elderly and people with disabilities, among others. This old model had a similar resource-distribution pattern: it focused not on service provision needs but on giving support to existing service institutions. There was a lack of integration between this funding model and municipalities' planning capabilities. An often inadequate service was being maintained, one that was frequently fragmented and lacked clear coverage goals.

The new regulations sought to meet broad and varied demands. PNAS states that social assistance should ensure the following securities: assistance, income, family, community and social life, autonomy and circumstantial risks.<sup>38</sup> Its goals are thus expanded into the field of income security and the provision of services for socialisation, integration, and protection in the event of violations of rights—as in cases of violence, neglect or child labour. To implement these goals, a strategy was adopted and SUAS was set up.

#### 4.2 THE UNIFIED SOCIAL ASSISTANCE SYSTEM AND SERVICE PROVISION

SUAS is a strategy for integrating the efforts of the three levels of government. Its first assumption is that social work must rely on public facilities responsible for providing services directly to the population. Such facilities—known as Social Service Reference Centres

(*Centros de Referência em Assistência Social, CRAS*) and Specialised Social Assistance Reference Centres (*Centros de Referência Especializada de Assistência Social, CREAS*)—should also coordinate the public and private services network in their territory.

Under the guidelines of PNAS and Nob-Suas, the implementation of social protection under the unified system was arranged in two levels of complexity: Basic Social Protection (*Proteção Social Básica, PSB*) and Special Social Protection (*Proteção Social Especial, PSE*). The first aims to prevent people from entering into poverty and social vulnerability, and has a range of activities focused on families. The second is for more serious and complex cases.

PSB seeks to provide opportunities for socialisation, coexistence, community integration and the development of potential. It offers services for specific groups such as children, youths, women, the elderly and the disabled. According to PNAS, the following are considered basic social assistance protection systems: the Integral Family Care Programme (*Programa de Atenção Integral às Famílias, PAIF*); inclusive production programmes and projects to fight poverty; social centres for the elderly; services for children between the ages of 0 and 6; and socio-educational services for children, teenagers and young adults aged between 6 and 24, including initiatives to encourage youth leadership. PSB services should be implemented at the CRAS and at private social assistance bodies in the catchment area of the centres. PSB also gives support to BPC and PBF beneficiaries. For the latter, it should also work with the families in the event of non-compliance with conditionalities.

PSE is for critical situations such as neglect, physical and/or psychological abuse, sexual abuse, child labour and homelessness. It is offered through services that require individual follow-up and more effective solutions with regard to protective measures, attention and care. These include services provided at the CREAS,<sup>39</sup> as well as the full institutional care offered, for example, by nursing homes, specialised temporary homes, hostels or foster families.

Table 2 shows the main types of actions involved in PSB and PSE.

TABLE 2

**Organisation of Basic and Special Protection. Main Services**

<b>Basic Social Protection</b>	Integral Family Care Programme (PAIF) Continued services for children, families and the elderly. Youth Human Development Agent Programme <b>→ Main Service Unit: Social Service Reference Centres (CRAS)</b>
<b>Special Social Protection</b>	Programme for the Eradication of Child Labour (PETI) Fight against Abuse and the Sexual Exploitation of Children and Adolescents Specific special social protection services for the elderly and the disabled—Services for individuals requiring integral care. Housing centres: hostels, shelters, temporary homes, long-term institutions <b>→ Main Service Unit: Specialised Social Assistance Reference Centres (CREAS)</b>

Source: Ministry of Social Development and the Fight against Hunger. Created by DISOC/IPEA.

Social assistance services are the responsibility of municipal governments. But though the public sector does provide some of these services (especially in the context of CRAS and CREAS), they are largely supplied by private entities of varying origin, nature and size. Because of the lack of a national information system on social assistance services supplied

by either public or private institutions, the field of social protection is somewhat unknown. A few studies have been conducted, but much effort is needed to expand knowledge on service provision, existing demand, the quality provided and the resources involved.

Some information, however, is available. In 2008, a census conducted by MDS concluded that there are 5,127 CRAS and 1,454 CREAS throughout the country. The main social assistance programme, PAIF, is meant to provide basic services for socially vulnerable families. Its activities have reached about 8.4 million people according to ministry statistics, and are geared to providing guidance, referrals to the CadÚnico, home visits, socialisation workshops or groups, socio-educational training and productive inclusion.

As regards the assistance provided under PSB in 2008, some activities have progressed relative to previous years. For example, among the services that can be accessed by young people, the discontinued *Agente Jovem* (“Young Agent”)<sup>40</sup> programme failed to exceed 110,000 participants. In 2008, the actions of *Projovem Adolescente* covered over 431,000 teenagers aged between 15 and 17. *Projovem Adolescente* offers participants educational and professional training, as well as activities in the fields of culture, sport, leisure, the environment, digital inclusion and citizen participation to develop their potential and their inclusion in community life.<sup>41</sup>

With respect to PSB, the MDS has an initiative called the Programme for Monitoring and Following up on Access to and Permanence in School of Disabled Individuals Who Are Beneficiaries of the Continuing Social Assistance Benefits—the *BPC na Escola* (“BPC in School”) Programme. Aimed mainly at those aged between 0 and 18,<sup>42</sup> it is an intersectoral programme under the Ministries of Education, Social Development and Fight against Hunger, and Health, as well as the President’s Special Secretariat for Human Rights. All the states had joined the programme by July 2009 and some 2,659 municipalities by August 2008. *BPC na Escola* includes interventions that seek to identify barriers to regular education, and requires the training of state and municipal teachers, technical specialists and managers.

As regards PSE, the main service data refer to the Programme for the Eradication of Child Labour (*Programa de Erradicação do Trabalho Infantil*, PETI) and the Service for Fighting Violence, Abuse and Sexual Exploitation of Children and Adolescents. It is worth remembering that while PETI is considered a PSE action, the socio-educational activities offered to children are conducted within CRAS. Actions targeted at young people and families victimised by violence, abuse and sexual exploitation are offered by the CREAS. PETI, which has been integrated into *Bolsa Família* since December 2005, takes action within what is known as the extra school shift (*jornada ampliada*), as well as benefit transfers to families with children and adolescents below the age of 16 who have been rescued from adverse labour conditions. These are social-educational actions in the non-school period (in the afternoon for children who study in the morning and in the morning for children who study in the afternoon), and they benefited 875,000 children in 2008. It should be added, however, that data from the System for Controlling and Monitoring Actions Provided by the Socio-Educational Service of the Programme for the Eradication of Child Labour (SisPETI) show that about 322,000 children who were withdrawn from labour and who benefit from the programme did not benefit from the socio-educational system in that year. Among the possible causes for this failure may be lack of interest and shortage of municipal resources to invest in such activities.

Concerning the Service for Fighting Violence, Abuse and the Sexual Exploitation of Children and Adolescents, according to the MDS, in 2008 about 65,700 children and

adolescents received services in about 1,054 CREAS. The centres, consisting of multidisciplinary teams, provide specialised psychosocial and legal services for victims and their families. The following, also part of the network of services, work jointly to realise what is termed the System of Rights Guarantees: the public prosecution service, guardian council, childhood and youth court system, public defender's office and others.

#### 4.3 THE ROLE OF FEDERATIVE ENTITIES AND CO-FINANCING

Although the new national social assistance policy established a “nationally integrated” set of protections, the system cannot currently be regarded as operational, providing a minimum of social assistance services to the Brazilian population. Different social groups still receive different levels of care in different areas; these services are also provided to differing degrees and with different quality levels. They are not interlinked and thus are ineffective in offering social protection to those in conditions of vulnerability and poverty.

Previously centralised, Brazil's social security services—whether in health or social assistance—are being built on a new pattern of relationship among different levels of government. Consolidation depends on the development of negotiated and cooperative standards, as well as of incentive and coordination mechanisms, in order to tackle the great challenges in this area.

In an effort to organise the supply of social assistance services, dialogue and integration among different levels of government have assumed fundamental significance, and arrangements have been made to ensure this happens. New institutions have been created, with an emphasis on intergovernmental commissions. These are forums for negotiation and agreement on the operational aspects of managing the unified social assistance system. They are divided into Tripartite Inter-Managerial Committees (*Comissões Intergestoras Tripartites*, CITs) at the federal level with representatives of federal, state and municipal governments; they hold monthly meetings and have deliberative powers in their fields of action. In each of the 26 states and in the Federal District, Bipartite Inter-Managerial Committees (*Comissões Intergestoras Bipartites*, CIBs) were established, comprising representatives of state and municipal governments.

Among the issues discussed and analysed by the CITs is the allocation of federal resources for service provision, either in terms of the PSB or PSE. Although PNAS and Nob-Suas foresee joint responsibility by the three levels of government through the co-financing of services, progress has only been made in the pact on federal funds. Here, the regularity of federal transfers has been anchored on resource-sharing criteria. Nonetheless, the co-funding system for services by the three levels of government can still be considered incipient.

There is a lack of effective data to clarify the actual levels of resource allocation with which the social assistance system has been operating in different states and municipalities. At the same time, the absence of a law establishing the minimum services to be offered to the population and earmarking parts of state and municipal budgets for the social assistance policy has given rise to wide disparities in the investments in this area.

Although the pact on the criteria for resource allocation (especially federal resources) has been consolidated as the main topic of deliberation by the CITs, the expansion of protection and promotion of convergence in the priorities between different management levels has also been an ever more strategic point in the committee's agenda, as well as at the CIBs. Thus, in

late 2006, CIT Resolution 5 stipulated the need to sign pacts to improve management on the part of the states and the Federal District, so as to adjust the “state and Federal District executive bodies to fully manage social assistance within their areas of competence”.<sup>43</sup> In other words, through these pacts, states and the Federal District are committed to improving the management of social and assistance programmes, working jointly with the federal government on national priorities and focusing on the improvement of SUAS. By 2007 all states, including the Federal District, had signed pacts to improve management, which was an important step towards system consolidation.

## **5 CHALLENGES FACED BY THE CURRENT NATIONAL SOCIAL ASSISTANCE POLICY**

This section discusses some of the challenges faced by the national social assistance policy in terms of the supply, management and financing of income security programmes, as well as social assistance services. First, we comment on the guarantee of access to social assistance benefits and services. Then we address the monetary value of assistance benefits. Later we briefly discuss the federative aspect of the policy, focusing on shared funding. Finally, we comment on the challenge of integrating social assistance services and benefits, which is probably one of the greatest difficulties facing that policy.

### **5.1 ASSISTANCE BENEFITS AND SERVICES AS A SOCIAL RIGHT**

Expansion of the supply of social assistance benefits and services has been based on the view that they are social rights, as stated in the constitution and in LOAS. Indeed, as Regules states,<sup>44</sup> “social assistance is a constitutional right to social security”, part of the set of social rights, granting citizens the “right to use certain services or benefits provided as non-contributory social protection”.

The consolidation and effective implementation of social rights, however, raises several issues with regard to state action. These rights seek to provide guaranteed protection against the uncertainties that modern societies face in the field of labour, in lifecycles and in various conditions of vulnerability. They also seek to respond to the demand for greater social justice by establishing certain prerogatives to compensate for economic and social inequalities. In this sense, the organisation and guarantee of social rights in a structurally heterogeneous society, one marked by wide gaps in access to stable labour (as is the case in Brazil), is even more difficult than elsewhere. These difficulties include the fact that the extensive provision of rights to a population characterised by poverty and income instability requires acknowledgement of the need to expand public funding and supply quality services to the whole population.

These are classical issues on this matter: how much inequality is ethically and socially tolerable in a society; what government-supplied opportunities and assistance would help break such inequality; what is the prospect of ensuring those provisions. In response to these issues, social rights are intended to form an “inclusive institutional framework, which affords everyone the same opportunities to participate in the benefits of collective life and in the decisions made about it” (CEPAL, 2006). A pact on a list of rights does not imply a guarantee of their immediate availability. But it does organise society to move forward in a given direction, improving institutions and expanding the supply of various kinds of resources in order to uphold those rights. According to CEPAL, social rights not only extend the political legitimacy

of political democracy but also lead to “greater governability and political stability, a lower level of social conflict and, with it, a better institutional foundation for investment and development” (CEPAL, 2006).

At first, this debate demands acknowledgement that the assertion of social rights implies the immediate or progressive establishment of certain guarantees. Rights must be guaranteed by law, making it a duty of the state to offer them. Social rights must be legally binding—that is, they must be monitored by legal and institutional mechanisms that can be mobilised to uphold them. Social rights should be uniform in provision, guaranteed in supply, and have a minimum level of quality throughout the country. Finally, access must be granted to all those to whom they are addressed.

With regard to social assistance rights, the state’s responsibilities for providing them are stated in LOAS. It is the federal government’s responsibility to grant and maintain the BPC and to help the federal states and municipalities to provide services, programmes and projects. The municipalities are responsible for providing social assistance services, relying on the support of the federal government and the states. As for the substance of the rights guaranteed, this is a continuing debate, both for services and benefits. With respect to services, a number of questions arise from the federal arrangement (stemming from the constitution) and because of the very nature of the guarantees in this type of public provision.

Recognition of states and municipalities as autonomous federative entities led to a model of decentralised social policies with specific characteristics: it created common and competing competencies in what is termed “cooperative federalism”, whereby attributions are shared between different spheres of government. In this system, states and municipalities also have political and fiscal autonomy. They are independent in managing social policies; integration of initiatives among government levels is effected either by law or by adherence to a proposal submitted by another level of government (Almeida, 2000; Arretche, 2000).

Regarding the minimum and continuing supply of services and benefits to the population throughout Brazil, consolidating a solidarity pact with effective distributive impacts remains a huge problem. This challenge is also present in the process of strengthening SUAS, where the pact should become federal. Municipal autonomy, strengthened by SUAS as the new funding standard and by the commitment of federal entities to participate in resource allocation (co-financing) also extends to the choice of priorities and methods of service supply. But because of the access and protection guarantees related to social rights, this autonomy does not obviate the need for a national pact on the substance of the supply, as well as quality standards and funding.<sup>45</sup>

There are also challenges in ensuring the rights of beneficiaries to monetary benefits. If BPC is fully identified as a right, recognised by the various administrative levels and by the legal framework (as apparent in the discussion on legal matters), there is still debate as to how the PBF can be turned into a guaranteed protection. The law that created the programme (Law 10.836 of 2004) establishes the provision of direct benefits to families that fit certain income criteria. But there is no mention of guaranteed access to the benefit or of this benefit being a right, as stipulated by Law 10.835/04, which established the basic citizenship income. Thus it appears that federal efforts geared to universal PBF coverage are hampered by the municipalities’ necessary endeavours to identify the poor, register them and monitor them. They are also hampered by the fact that universalisation depends on the availability of budgetary resources, which are not guaranteed as mandatory allocations by the federal



government. The PBF could be viewed as a first step in implementing the basic citizenship income, but this alternative has not been deemed feasible in the public debate.

Given these limitations, it is no surprise that there are difficulties in recognising the right to the PBF. Research in Recife and in towns in rural areas of Bahia and Alagoas asked PBF beneficiaries if the programme was a right or an aid (Sant'Ana, 2008). Of the 50 participants, less than 20 per cent in 2006 believed that PBF was a right. One factor blocking recognition of the programme as a right was that participants knew people in the same situation as their own who were not receiving the benefit. But most of those who regarded PBF as government aid believed that it should be made into a right, largely because of the obstacles these families face in ensuring a minimum earned income. Unemployment, lack of stable job opportunities and engagement in low-paid occupations are common features of this group's labour history. When they speak about such conditions, they express their indignation at the suggestion that they do not work because they do not want to, or that they choose to rely on benefits rather than striving for a better position in the labour market. Beneficiaries consider that they should have access to the benefit because of their right to survival.

Studies of beneficiaries have raised other questions about the ideal nature of an extensive right to income security. One of them is related to the perception that families with different living conditions should receive different amounts of benefit. Families in the same income range have significantly different living standards. The research mentioned above, for example, indicates that beneficiaries have a widespread tolerance for people who lie during registration because they support families that might have severely ill or dependent members—that is, those who rely on help from third parties to carry out the activities of daily life (Sant'Ana, 2008). They believe that the burden on a family with a disabled or ill member justifies access to the benefit, even if they are not entitled to it from the viewpoint of specific income criteria. Hence we observe situations of risk or vulnerability (such as the need for medication or special care) that should be included in the scope of the right to income or goods and services.

Thus it can be concluded that, despite the progress already made towards recognition of a social right in the field of social assistance, there are still significant challenges. Considering the different facets of social vulnerability, there is a need for a continued national discussion of the provision and quality of social assistance services, access to them, and the consolidation and expansion of income security.

## 5.2 THE AMOUNT OF SOCIAL ASSISTANCE BENEFITS

The BPC amount has spurred a debate in the area of social assistance benefits. The amount, linked to the minimum wage by the constitution, is being challenged by analysts who argue for a substantial reform of the programme's rules. They argue that the existence of the benefit, unrelated to the need for any contribution to social security, creates a disincentive to pension contributions, especially for younger and less-skilled workers whose wages are near the minimum. This argument rests on the assumption that a group of workers could spend a significant period of their productive lives away from the formal economy because they anticipate receipt of a social assistance benefit in the future. It is also argued that, given the pressure on public spending, no non-contributory benefit should be at the level of a minimum wage. Accordingly, it is said that these people should be assisted by the *Bolsa Família* programme, which is targeted at the poorest social groups.

A second point made in public debate, however, stresses the importance of BPC in ensuring the principle of income security in social protection. From this perspective, monetary benefit assistance to populations in poverty aligns Brazil with other countries with higher levels of wellbeing, ensuring an effective level of social protection to sectors that are vulnerable because of age or disability. In defence of the BPC, we note, on the one hand, that it does not replace the coverage offered by social security policy. This provision offers coverage for a broad set of social risks, not only old age or disability-related dependency, many of them in place even during a worker's economically active life.<sup>46</sup> Moreover, the new programme does not seem to have affected the high degree to which Brazilians are unaffiliated to social security. On the contrary, changes in the labour market—especially unemployment and labour market precariousness—are what explain the history of non-affiliation to social security and its recent recovery.<sup>47</sup>

An issue in this debate is the ability of Brazilian society to live with a significant level of social non-protection arising from the fact that a large percentage of workers are only precariously inserted into the labour market. But the BPC target group is not confined to that segment of the population. It also includes segments that, for many reasons, have remained removed from the labour market or that participated in it only marginally or without pay. Both groups are unable to participate actively, and those who remained unable to join a contributory programme (either because of instability or low labour incomes) are recognised as having a right to income maintenance when they cannot work and earn survival-ensuring wages as a result of age or disability. Once again, note that the nature of the coverage cannot be mistaken for supplementary income made available by the PBF. Unlike BPC, the PBF is not associated with the need to prove a particular constraint on labour-market participation, only the absence of what is considered a minimum income. The challenge is to strengthen the income security system in Brazil's social protection system, involving contributory and non-contributory benefits.

### 5.3 FEDERALISM AND SOCIAL SPENDING

According to Arretche (2002), "in the early 1990s in Brazil, the federal political institutions were already fully operational while the management of public policies (particularly in the social area) remained centralised; that is, the federal government, because of the legacy of military rule, was still responsible for the management and financing of health, housing, school meals, textbooks and social assistance policies, among other things". The decentralisation of social policies in Brazil began in the past two decades and has faced significant challenges related to differences in financial, technical and operational skills among the various municipalities and regions. Decentralisation also brings new challenges concerning the need to establish spheres of consultation and decision making, bringing together managers from the three levels to work jointly and to reach agreement on priorities and strategies.

Decentralisation is being implemented progressively in social assistance; the process is long and complex. On the one hand it is hampered by the heritage of paternalism and clientelism, which is still present in the practical activities of organising social assistance in many municipalities. There are difficulties not only in the assertion of public responsibility in this area, but also in the recognition of the concept of social protection guarantees. On the other hand, decentralisation requires a significant effort to allocate resources

either to the strengthening of management tools or investing in end-user policies. Efforts in both areas are being made slowly and at an insufficient scale in most states and municipalities.

In the past 20 years, one of the most important aspects of the decentralisation of social assistance policy, including income transfer, is a commitment to the allocation of public resources on the part of various spheres of government. There has been significant growth in federal public spending. Between 1995 and 2005, federal spending on social assistance policy rose from R\$1.3 million to R\$18.8 million, a thirteen-fold increase. These are payments to the BPC, RMV, PBF and PETI. In 1995, federal spending on social assistance amounted to 0.08 per cent of GDP; by 2005, that share had grown ten-fold to 0.83 per cent of GDP (Castro et al., 2008).

As Castro et al. point out, in the past two decades the growth of assistance-related federal services has exceeded growth in all other social areas. This is explained by the creation and continued growth of BPC, and by the creation of the PBF and its expansion during that period. As mentioned earlier, this has given rise to a guaranteed non-contributory income. It is worth mentioning, however, that this growth in federal spending does not touch the field of services, where resources allocated by the federal sphere have not grown significantly during the period.

The federal government is responsible for financing the country's main income security programmes but this is not true of services, where the federal government has a co-financing role. According to the decree establishing national social assistance, federal resources to the fund aim to "finance the continued provision of benefits and support social assistance services, programmes and projects". Federal participation in the financing of services was not clearly spelled out in PNAS, which stipulates the joint responsibility of the three levels of government, as well as contributions from charities.

The difficulties in consolidating co-financing are particularly acute in social assistance policy because of the lack of laws regulating the allocation of resources among different levels of government.<sup>48</sup> Contributions are a voluntary decision by each state and municipality, leading to significant differences in available resources among municipalities of similar size and manageability. No data are yet available to form a clear picture of the co-financing of social assistance. The existing information is marked by methodological constraints that hinder comparisons. There is no doubt, however, that Brazilian municipalities have very different profiles with regard to available spending in this area, either because of a lack of specific legislation or because of differences in financial capacity. These differences have a particular impact on the ability to finance services, and thus pose a real challenge to broadening their coverage and improving their quality.

#### 5.4 THE INTEGRATION OF SOCIAL ASSISTANCE BENEFITS AND SERVICES

In recent years the importance of integrating benefits and services has often been acknowledged as one of the greatest challenges in consolidating social assistance. There is also a need to recognise the limitations of minimum guaranteed income as a driving force of human and social wellbeing and development, while simultaneously establishing the provision of essential services as a weapon in the fight against inequality and in promoting opportunities.

If an income guarantee is one of the guarantees that make up social assistance, and if it must be effected by means of monetary transfers, the other protections under this policy must

be provided through services. Services recapture social assistance as a field of intervention that explores potentials, builds social assets, and faces up to social isolation and situations where rights are violated. It is in the area of services that the broad spectrum of interventions and protections, not limited to fighting poverty or coping with material needs, becomes clear. This operates in the face of vulnerabilities that could affect any citizen, given overall lifecycle characteristics, the possibility of suffering violence or abandonment, or the need to rebuild familial or social networks (Sposati, 2009).

The demand for the integration of benefits and services, however, often involves various interests and concerns that should be highlighted in this debate—by pointing out risks that should be avoided and identifying the main difficulties in undertaking such integration. One point to keep in mind is the risk that the demand for integration may narrow the interpretation of the social-protection effects of income security policies as agents of social protection and impact. A second point is the risk of excessively and punitively linking BPC and PBF beneficiaries to social services. These services offer an opportunity to improve the living standards and wellbeing of the beneficiary population; they are not a condition to guarantee or legitimise their access to monetary benefits.

The existence of non-contributory cash transfer programmes has led to a huge demand for services that seek to create what are known as “exits” for users. This is because of a concern to overcome vulnerabilities and increase autonomy. To some analysts, it also expresses apprehensions about a beneficiary’s dependence on federal benefits and the reduction in public spending, reflecting the frequent call for a limit on the period in which the benefits may be received. These concerns are fuelled further by a restrictive interpretation of the state’s responsibility for promoting greater equality and wellbeing. In this regard it is worth recalling the issues related to the behaviour of those who benefit from non-contributory income security programmes, as well as their alleged poor motivation to work and tendency to idleness.<sup>49</sup> Such suggestions are not backed by any of the studies on this subject in Brazil, but they highlight the need for further debate on the role of non-contributory cash transfer programmes and their impact on beneficiaries.

The capacity to integrate public and private initiatives determines not only the integration of benefits and services, but also the very consolidation of assistance services as a relevant field of Brazil’s social protection system. The importance of charities in providing social services can be strengthened by improving their integration with national policy, thereby ensuring access to and the quality of services.

## **6 FINAL CONSIDERATIONS**

Taking as an analytical reference point the changes made to social assistance policy in constitutional provisions, this paper has sought to describe the evolution of that policy in the past 20 years. The changes have been significant and are continuing. The constitution recognised social assistance as a public, non-contributory, social security policy, guaranteeing the right of people in need to access services, as well as the right to a “solidarity income” for the elderly and disabled people in extreme poverty. It thus broadened social rights in the field of public social protection, and the impacts were relevant to policy design and to the definition of beneficiaries and benefits. Changes in the period under analysis, however, go beyond the social security provisions of the 1988 constitution. The new social programmes reveal the commitment of the state and society to combating poverty, reducing inequalities and promoting social wellbeing.

As Bercovici notes, therefore, the federal constitution is what is known in constitutional law as a “managing constitution” (Bercovici, 2008). That is, it provides for a means of organising the state and society through effective dialogue with a national project. In this sense, the creation of *Bolsa Família* responds to the initiatives of society and governments in expanding public action so as to tackle specific situations of social vulnerability. It also conforms to a more inclusive project of developing a society upheld by the constitution, as well as the goals of promoting wellbeing, eradicating poverty and reducing social inequalities.

In the two decades under analysis, the constitution made a great contribution to changing the nature of Brazil’s social protection system. The policy was very inexpressive within the country’s social policies. Now it has goals, a target population, financing and management of its own. Its social impact is easily assessed in terms of poverty and destitution indicators, as well as the expansion of the coverage of social protection programmes and services. This effort is reflected in the gradual increase in federal spending on the policy, even though the increase does not affect all programmes and though courses of action are sometimes discontinued. The progress made has fostered acknowledgement that social protection will not be consolidated without a social assistance policy, one that works under the principles of public accountability, decentralisation and social participation.

Though significant progress has been made, the difficulties and challenges presented here are equally important. Indeed, progress has encountered substantial resistance. There are mixed views of the idea of income security as part of social assistance in the context of security, as well as of the expansion of service coverage. The provision of services has faced many difficulties, especially as regards the need to integrate charities into social assistance policy and to ensure greater transparency and efficiency in the tax exemptions given to those bodies. The paper mentioned efforts to consolidate decentralisation, as well as attempts to improve the management and co-financing of actions undertaken by the three spheres of government. Largely because of the problems mentioned here, the proper means of organising the provision of services also faces difficulties concerning knowledge of the installed network and its potential, as well as establishing quality standards for service provision.

Given the seriousness of the social situation in Brazil, and despite the progress already made, the challenges are many and significant. The biggest challenge, however, is to expand knowledge and improve strategies to address the range of social situations that are the object of the social protection policy examined herein. The characteristics of poverty and vulnerability that social policies must address are distinct. They require not only specific mechanisms, but also specific instruments for management and financing. The lack of income that triggers access to income-security programmes—BCP and PBF—can stem from very different conditions: from specific cases of unemployment after unemployment insurance has expired to permanent situations of insecure insertion into the labour market or non-inclusion because of disability. Similarly, demand for services may be associated with particular situations (related, for example, to recent migration or temporary unemployment), to other contexts stemming from a not easily reversible loss of autonomy and the onset of high levels of dependency, or even to serious rights violations. Working with such different situations of vulnerability and demands for social protection requires that the public sector’s skills be permanently maintained: expanding knowledge and improving management while at the same time reaffirming the public commitment to the fight against poverty and inequality, promoting opportunities and increasing social wellbeing.

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## NOTES

1. In the pension system, the extension of retirement and pension rights also included the establishment of the minimum wage as a floor, the irreducibility of benefits, and the inclusion of rural workers in the system regardless of past contributions. The latter was introduced jointly with a reduction in the age limit for claiming the benefit, as well as the inclusion of women agriculture workers as potential claimants of a rural pension—something that was denied by the previous rural retirement scheme, FUNRURAL.
2. Brazil has not had a Ministry of Social Security or general legislation on the matter. The infra-constitutional legislation separately regulated each of those policies, and there are few operational links between the different social security components. The exception is the National Social Security Council, created in 1991 and discontinued in 1999, through a provisional executive order (MP 1.799-5 of 1999).
3. Each year SUS conducts over 2.3 billion outpatient procedures and over 11 million admissions.
4. RGPS is based on contributions from employers and employees, and receives additional public contributions from specific revenues, which go to financing social security.
5. The constitution says that Brazil is a federative republic in which both the federal government and the states and municipalities have political and fiscal autonomy.
6. Opposition to constitutional guidelines was voiced as early as the beginning of the 1990s, resting particularly on the pressures on public spending and the excessive role of the state.
7. Gradually it began to take action in the fields of health, social assistance, housing and nutrition.
8. The service was limited to the specific actions by the municipalities and, on the federal level, by the Brazilian Assistance Legion, established in 1942, and the Assistance Service to Minors, established in 1941 and replaced in 1964 by the National Foundation for the Wellbeing of Minors.
9. The model established in the 1930s had shown the impossibility of attaining universal coverage in a system organised strictly on the basis of social insurance. There were also signs of exhaustion in the developmental project operating on the promise of the gradual inclusion of all workers in the modern and protected labour market, which legitimised the exclusion of significant segments of workers based on their expected future inclusion (Jaccoud, 2008).
10. The federal constitution grants social assistance charities exemption from taxes and social contributions.
11. In January 2010, Brazil's minimum wage was equivalent to R\$510 (US\$289.12). A quarter of the minimum wage was equivalent to R\$127.50 (US\$72.28). Date used for the exchange rate: 17 March 2010. Rate: R\$1.764 = US\$1.
12. In 2003, the Statute of the Elderly (Law 10.741 of 1 October 2003) reduced the minimum age for the elderly to 65 years. The statute also says that BPC can be received by two elderly persons in the same family. This expansion, however, did not extend to people with disabilities. This resulted in a significant difference in the treatment of the two groups of beneficiaries, which remains to this day.
13. Some authors argue that the resort to the courts is a new trend in Brazilian democracy, where the judiciary approaches the public agenda and the social and political actors, becoming a central institution of democracy. From this perspective, one could say that the system is failing by not providing BPC access to the elderly and the disabled in poverty, and that the judicial branch is intervening on the issue to uphold constitutional rights. For the less enthusiastic, the increasing use of the courts in the field of social policies should be considered with caution, since it shows a crisis of political representation and points to the limitations of a modern democracy by weakening the legislative and executive branches. The judiciary would take a leading role in the implementation of public policy, leading to further budget and management problems (Motta, 2007).
14. The RMV was established in 1974 and ended in 1995. It consisted of a benefit tied to social security for disabled people of at least 70 years of age who were unable to support themselves or to be supported by their families. Potential beneficiaries should have made at least 12 contributions to social security throughout their working life. This meant that only people who had already worked were entitled to the benefit, which blocked access to the programme for most people with serious disabilities and/or those who never entered the formal labour market. No new RMVs have been granted since 1 January 1996, and the benefit is only paid today to those who were beneficiaries at the time—which, in December 2009, amounted to 322,397 benefits.
15. Data from PNAD (2007).
16. The *Bolsa Família* programme was created by Provisional Executive Order 132 of 20 October 2003, later converted into Law 10,836 of 9 January 2004.
17. The CadÚnico was established by Decree 3.877 of 24 July 2001 as a means of identifying poor families, so as to manage federal income transfer programmes created between 2001 and 2002. That registry was retained when the programmes were merged into *Bolsa Família*, and was substantially validated, updated and improved. Currently, CadÚnico is governed by Decree 6.135 of 26 June 2007. It provides a means of identifying the socioeconomic level of low-income families, to be used to select the beneficiaries of social programmes and integrate the federal government's social programmes for members of that group. Its relevance is not only that it serves as reference for the various social programmes that grant benefits, but mainly that it offers states and municipalities a better picture of the risks and vulnerabilities afflicting their populations through socioeconomic diagnostics of enrolled families. Those diagnostics can support the formulation and implementation of public policies for low-income families.

18. PBF conditionalities are: (i) education—school attendance of at least 85 per cent for children and adolescents aged 6 to 15 years and a minimum of 75 per cent for adolescents aged 16 and 17; (ii) health—monitoring of the vaccine immunisation schedule, and of growth and development for children under 7 and prenatal monitoring of pregnant women and nursing mothers aged 14 to 44. With PETI's inclusion in the PBF, a new social assistance condition was included: at least 85 per cent workload attendance of socio-educational services provided to children and adolescents up to 15 years of age who are at risk or who have been rescued from child labour (Brasil, 2009b).

19. Lavinás (2008) and Zimmermann (2008) argue that, unlike the Basic Citizenship Income, *Bolsa Família* is not a right because not all the poor receive the benefit, though they might meet the eligibility criteria.

20. In 2006, MDS made the first update to the reference amounts required for admission to the PBF. Now, extremely poor families are considered to be those with a per capita monthly income of up to R\$60; poor families are those with a per capita monthly income of between R\$60.01 and R\$120. In April 2009, the figures were again revised. The criterion defining poverty rose from \$120 to \$137, and that for extreme poverty from R\$60 to R\$69.

21. The Variable Benefit Linked to Youths was created in December 2007. It is a new kind of PBF benefit, linked to adolescents aged 16 and 17 who are members of PBF beneficiary families (IPEA, 2009).

22. Reference date: March 2010. Source: <[http://www.mds.gov.br/bolsafamilia/o\\_programa\\_bolsa\\_familia/beneficios-e-contrapartidas](http://www.mds.gov.br/bolsafamilia/o_programa_bolsa_familia/beneficios-e-contrapartidas)>.

23. Although the benefit amount varies depending on family composition, as mentioned the basic floor is independent of family composition.

24. On this, see IPEA, *Textos para discussão* 1228, 1248, 1283, 1293, 1372 and 1396. Available at <[www.ipea.gov.br](http://www.ipea.gov.br)>. See also: Cedeplar/UFMG, SAGI and MDS (2007).

25. It is considered preliminary in the sense that, methodologically, an impact assessment requires a comparison of indicators in two periods, which did not occur. Moreover, in some situations it was not possible to infer whether the findings were indeed caused by the programme. In other cases, the time elapsed since the implementation of *Bolsa Família* is still insufficient for an analysis of the changes in health, for example.

26. Research by the Center for Planning and Regional Development at the Federal University of Minas Gerais (Cedeplar/UFMG), with the support of MDS.

27. Three major transformations caused by *Bolsa Família* were detected. First, there was an increase in the purchasing power of programme beneficiaries. Second, there is an "affirmation of the authority of women in the household". A third impact relates to the perception of citizenship by beneficiary women. Many of them, given the need to provide documentation such as an identity card and birth certificate to sign up for *Bolsa Família*, realised for the first time that they were "part of a wider social space that goes beyond their block and neighbourhood".

28. This text is part of National Rapporteurs Project on Economic, Social, Cultural and Environmental Human Rights, which is an initiative of the DhESCA Platform, a national network for liaison among civil society organisations that monitors, evaluates and disseminates information about human rights in Brazil. The project began in 2004 and is inspired and supported by the United Nations Rapporteurs on Human Rights.

29. Source: Brasil, MDS (2007b).

30. In 2004 the PBF was in full expansion, and its coverage had not yet reached the target of 11 million families. According to the programme's administrative records, this goal was reached in 2006. Between 2006 and early 2009 the programme no longer grew; it just swapped beneficiary families. It is worth noting that, in early 2009, the president authorised the expansion of the programme to 12.4 million families. See Soares, Ribas and Soares (2009).

31. Source: <<http://www.fomezero.gov.br/noticias/mds-inicia-expansao-do-bolsa-familia-para-atender-populacao-vulneravel/?searchterm=atendida>>.

32. Source: <<http://www.mds.gov.br/bolsafamilia/noticias/bolsa-familia-chega-a-573-mil-municipios>>.

33. See Decree 6.392, of 12 March 2008.

34. Source: Ministry of Social Development and Fight against Hunger website: <<http://www.mds.gov.br/noticias/governo-federal-cancela-400-mil-beneficios-do-bolsa-familia>>.

35. This division occurs through integration processes between the PBF and income-transfer initiatives in states and municipalities. Adherence can be seen in almost all Brazilian municipalities and represents the formalisation of relations and responsibilities in the joint implementation of the PBF.

36. The index, created by GM/MDS Administrative Rule 148 of 2006, varies on the basis of the percentage of valid and updated registrations in the municipality, as well as the percentage of school attendance-related information and the share of families following the health agenda among beneficiary households.

37. A broad array of studies are focusing on the distributive impact of these programmes. Note, among other studies produced by IPEA, the bulletin *Políticas Sociais* and certain *Textos para discussão* (1228, 1248, 1283, 1293 and 1396). All these studies are available at <[www.ipea.gov.br](http://www.ipea.gov.br)>.

38. Income security is designed to protect families without financial resources to ensure their survival. Other types of securities refer to the right to food, shelter and care, and should be offered to those who, for various reasons, are (or need to be) separated from their families or lack the capacity to provide those items for themselves. The safety of coexistence

and the development of autonomy are about isolation, loss of relationships, or difficulties in developing skills, which can be mitigated by a diverse set of services.

39. The CREAS provide such services as the Service for Fighting Violence, Abuse and Sexual Exploitation of Children and Adolescents; Guidance and Support Service for Individuals and Families Victimized by Violence; and the Monitoring Service for Adolescents on Parole.

40. For further details about the ending of the Young Agent Programme and its replacement by *ProJovem Adolescente*, see IPEA (2008).

41. Unlike the old Youth Agent Programme, *ProJovem Adolescente* includes the payment of a grant. But if the recipient's family meets the eligibility requirements for *Bolsa Família*, it may indeed receive a benefit (the Variable Benefit for Adolescents). This change sparked different reactions: on the one hand, the government argues that this change sought to avoid criticism for transferring resources to an age group that might be characterised by "new voters"; on the other hand, the role of this benefit is brought into question because now, when paid, it is given directly to the PBF cardholder, usually the adolescent's mother, thus curtailing the proposed extended autonomy of the adolescent.

42. The programme was conceived after a survey was released showing that most children and adolescents receiving the BPC were out of school.

43. CIT Resolution 5 of 15 September 2006.

44. Luís Regules, quoted by Sposati (2009), p. 27.

45. Particularly impressive is the low involvement of state governments in the current federal policy arrangement, highlighting the need for this level of government to agree to a more expressive role.

46. Social security aims not only to protect against risks related to age and disability. Its benefits apply to a wider range of social risks, protected by the following benefits: retirement due to contribution time, special retirement, illness assistance, accident assistance, imprisonment assistance, death pension, maternity leave salaries and family wages.

47. Since 2003, with the improvement in the performance of the Brazilian labour market, there has been a gradual increase in the number of contributors to social security. Between 2007 and 2008, there was an increase of over 2 million taxpayers.

48. This is different from the areas of education and health, where the legislation defines the participation of different government levels in financing policies.

49. This view is shared even by some local programme managers, as a 2006 study identified in the case of PBF (Santos, 2008).



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