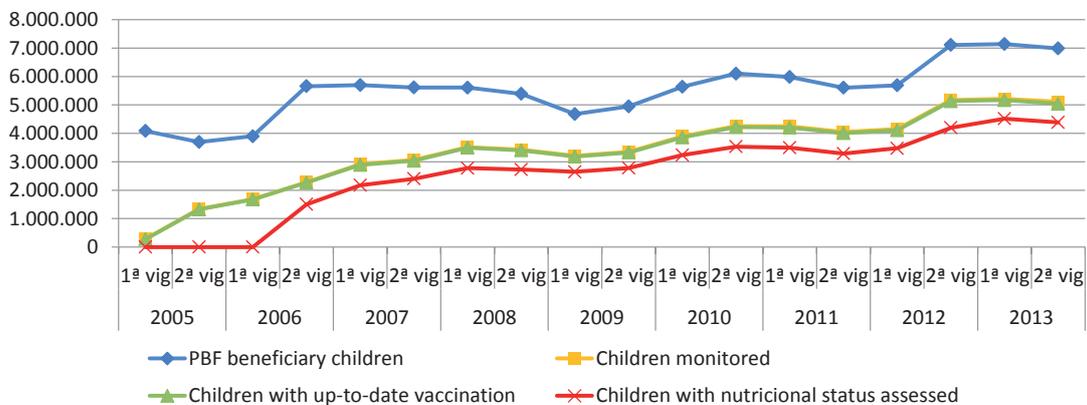


Health conditionality monitoring is done jointly by the Ministry of Health (MS) and the Ministry of Social Development and Fight against Hunger (MDS) using data generated by the **Bolsa Família Program Health Management System** which records information on over 8 million families in Brazil. Twice-yearly monitoring is managed jointly by the Union, states and municipalities.

Vaccination and Antenatal Care

» In the second half of 2013, health conditionality monitoring involved 5.1 million children: **98.7% had vaccination schedules up-to-date** and 85.9% had nutritional data collected.

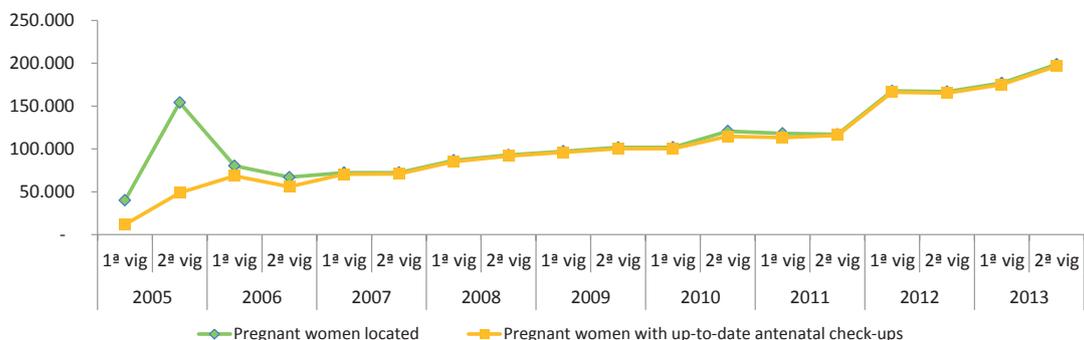
GRAPH 1 - NUMBER OF PBF BENEFICIARY CHILDREN MONITORED, WITH UP-TO-DATE VACCINATION AND NUTRITIONAL DATA COLLECTED (BRAZIL, 2005 TO 2013).



Source: Own elaboration from data available in Bolsa Família Program Health Management System between 2005 and 2013.

» Monitoring health conditionalities linked to pregnant women (second semester of 2013): 198,728 pregnant women were located, with **98.9% of them up-to-date with their antenatal check-ups** and 85.5% with nutritional data collected.

GRAPH 2 - NUMBER OF PBF PREGNANT WOMEN BENEFICIARIES MONITORED AND WITH ANTENATAL CHECK-UPS UP-TO-DATE (BRAZIL, 2005 TO 2013)



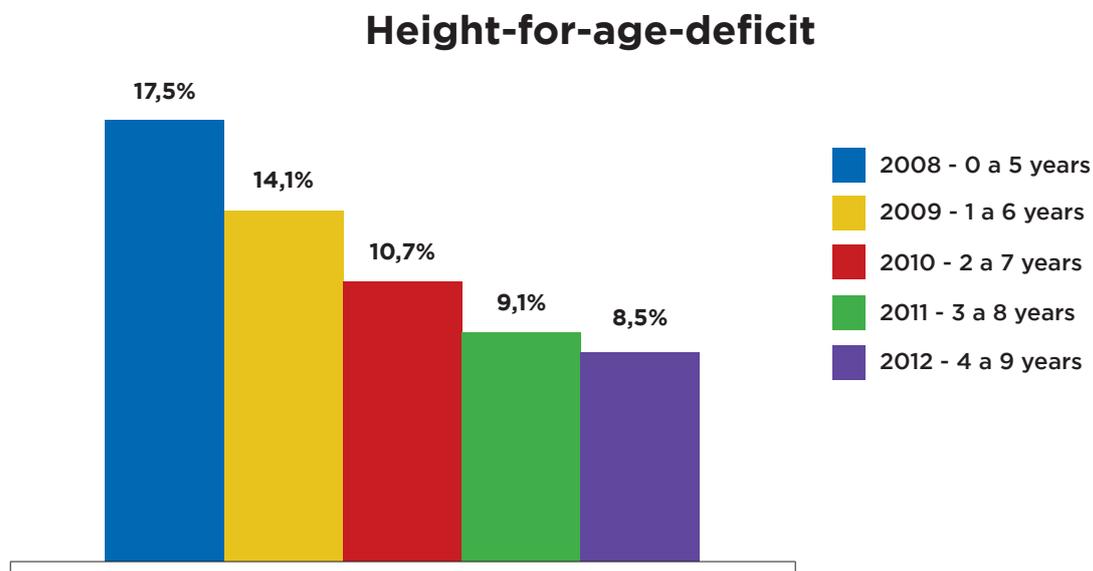
Source: Own elaboration from data available in Bolsa Família Program Health Management System between 2005 and 2013.

» The increased coverage of the *Bolsa Família* Program led to an increase in vaccination against measles and poliomyelitis, together with application of the tetravalent vaccine (DPT/Hib) and the reduction in the number of pregnant women giving birth without previously having received prenatal check-ups.

Nutritional Status

» Health conditionality monitoring between 2008 and 2012 of children included in the *Bolsa Família* Program revealed improvements in their nutritional status: **the prevalence of height-for-age deficit among these children declined by around 50% over this period.** The same downward trend can also be observed regarding the reduction of malnutrition in all Brazilian regions over the same period.

FIGURE 1: LONGITUDINAL ANALYSIS OF THE PREVALENCE OF HEIGHT-FOR-AGE DEFICIT AMONG PBF CHILDREN MONITORED FOR HEALTH CONDITIONALITIES (BRAZIL, 2008 TO 2012)



Note: Prevalence values of height-for-age deficit significantly different ($p < 0,001$) between 2008 and 2012, according to descriptive level of t-Student test.

» A strong link exists between child malnutrition and survival. In other words, increased child malnutrition increases the risk of death, especially from diarrhea and measles. The length of time of participation in the PBF tends to increase the possibility of improvements in the nutritional status of beneficiary children.

» Poor families enrolled in the *Bolsa Família* Program spend more on food, which results in improved food security. In general that has been a sharp reduction in child malnutrition in Brazil over the past decade, mainly among poorer families. Recent studies highlight the contribution of the PBF to this process: children in beneficiary families tend to have better nutritional outcomes than those in non-beneficiary families.

» Low birth weights of children born to women beneficiaries of the *Bolsa Família* Program classified as extremely poor are less prevalent than among babies of non-beneficiaries in the same income bracket: 5.5% in the beneficiary group against 6.3% in the non-beneficiary group.

Infant Mortality

» The *Bolsa Família* Program, in common with other conditional cash transfer programs, can contribute in different ways to child survival, e.g. larger family incomes can increase access to food and other health-related items, while the health conditionalities can generate improved uptake of health services.

» The effects of the *Bolsa Família* Program on child survival associated to health conditionalities include: antenatal check-ups, postnatal care and health and nutrition education activities for mothers, together with compliance with regular vaccination schedules and measuring the growth and development of children under seven years old. Maternal knowledge and education are some of the key determinants of child health, nutrition improvement, hygiene practices and enhanced uptake of health care services.

» The *Bolsa Família* Program has played a significant role in reducing poverty-related child mortality in general in Brazil's municipalities over the past few years: **between 2004 and 2009 the mortality rate of children under five years old declined by 19% in the municipalities surveyed** (i.e. those where the PBF is more extensive and consolidated) and among the selected outcomes the most substantial reduction was in the area of malnutrition (58%).

» *Bolsa Família* coverage was also linked to a reduction in the hospitalization rates of children under five years old, in line with the reduced mortality rates. The most substantial impact of the PBF was the alleviation of child malnutrition.

» Associated to other initiatives, the *Bolsa Família* Program is able to maximize its outcomes. For example, the Family Health Program (PSF) has been implemented nationwide in Brazil over recent years and, where possible, the health conditionalities must be complied with through the PSF units. A study has shown that synergistic collaboration between the *Bolsa Família* Program and the PSF has produced positive effects on the reduction of mortality among children of up to five years old.

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