

With its ‘access to services’ component, the “Brazil Without Extreme Poverty” Plan seeks to deliver more and better public services - especially health, education and social assistance - to the poorest places and people in Brazil. In keeping with the principles of universality and equity, the goal is to provide access to, and increase the supply and improve the quality of, services for the most vulnerable population, thereby improving the living conditions of the poorest people, promoting citizenship and breaking the intergenerational reproductive cycle of poverty.

SOCIAL ASSISTANCE

Public social assistance policy, operationalized through the network and services of the Unified Social Assistance System (Suas), is a core element of the “Brazil Without Extreme Poverty” Plan: first, because the Suas is a public service entrusted with delivering care services to the poorest and most vulnerable people in the population, who are precisely the target audience for the “Brazil Without Extreme Poverty” Plan; and second, because the social assistance network and services currently operate on a national scale and possess the necessary capillarity for undertaking actions to overcome extreme poverty. A total of 10,700 care centers existed country-wide in October 2014 due to a major expansion program following the launching in June 2011 of the “Brazil Without Extreme Poverty” Plan.

A crucial feature of the Plan is that the network and delivery of social assistance services are structured on the basis of a ‘federative pact’ which entails co-funding by the central government, the states and municipalities. While the Ministry of Social Development and Fight against Hunger (MDS), responsible for coordinating the “Brazil Without Extreme Poverty” Plan, represents the federal government in the Suas management, it is at the municipal level that the social assistance network comes into direct contact with the population, given that the local governments are responsible, with the support of the state governments, for enrolling families in the Unified Registry System for Social Programs.

Given the importance of social assistance in the “Brazil Without Extreme Poverty” Plan, a real increase of 30% between 2010 and 2014 was allocated to the area in the federal budget. As a result, the number of care centers and services increased throughout the national territory. Between the launching of the Plan in June 2011 and April 2014, proposals were approved for the building of 1117 new social assistance care centers to provide social protection services for families, including 294 centers specialized in delivering services to street people. During the same period, 1254 mobile teams were established to undertake ‘active searching’ for people, especially those living in remote rural areas. Meanwhile, 123 river motorboats and 15 ocean-going craft were made available to provide services for people in isolated parts of Amazonia and the Pantanal¹. This initiative endowed health professionals with greater mobility and facilitated their work, as well helping the public authorities to reach the places where poverty exists.

¹ When a municipality agrees to take delivery of a motorboat, it is also eligible to receive, among other expenses, R\$7000 a month for maintenance, fuel and wage, thus avoiding burdening the local government with additional costs.

In addition, the federal government substantially increased the amount of funds transferred to local governments for them to improving management aspects of the Unified Registry and *Bolsa Família* Program, including scaling up ‘active search’ efforts to ensure that all eligible families were enrolled in the Program. These funds, transferred by the federal government according to the quality of municipal management performance (coverage and updating of the Unified Registry, monitoring the *Bolsa Família* health and education conditionalities, etc.), increased from R\$300 million in 2011 to R\$503 million in 2013. With the introduction of the “Brazil Without Extreme Poverty” Plan, more resources were transferred to support social assistance actions overall, also based on evidence being provided of good quality local management.

A further innovation of the “Brazil Without Extreme Poverty” Plan was the creation of the National Program for Promoting Access to the World of Work (*Acessuas Trabalho*), which involved federal government funds being transferred to local governments to enable them to develop schemes for encouraging social assistance users to enter the world of work. Between 2012 and 2014, the municipal governments received R\$254.4 million from this program for carrying out productive inclusion initiatives targetted at low income people. The *Acessuas Trabalho* program also played an important role in mobilizing poor people to enroll in professional training courses offered under the National Program for Access to Technical Education and Employment (*Pronatec*) scheme.

HEALTH

Health is one of the most important drivers of poverty reduction. For this reason, the “Brazil Without Extreme Poverty” Plan, in partnership with the Ministry of Health, formulated a guideline for carrying out actions in places where extreme poverty is concentrated, and where people have the least access to health. This guideline served as a basis for defining the places where Primary Health Care Units would be built, and continues to be used for prioritizing the allocation of doctors under the *Mais Médicos* program to areas with the highest incidence of poverty and the lowest number of doctors.

The 96% increase in the equitable Primary Care Baseline² for the prioritized municipalities (those with a high concentration of extreme poverty and low health services coverage), followed the same logic, as did the expansion of the *Farmácia Popular* program, launched by the federal government to increase access to medicines to treat the most common ailments afflicting poor people. This program now covers over 12,000 pharmacies in 1503 priority municipalities,³ providing or facilitating access to the most vulnerable sectors of the population to the kind of services to which everyone is entitled⁴.

Community health workers and Family Health Teams have also made a substantial contribution. The effect of the *Bolsa Família* cash transfers, linked to BFP ‘health conditionality’ monitoring, and to the work done by health workers and the Family Health Teams, have led

2 Funds transferred by the federal government to municipalities for primary health activities.

3 The priority municipalities were defined by the Ministries of Health and Social Development based on local poverty % rates. This targeting strategy was employed in other programs such as the *Mais Médicos*, and the expansion of the Primary Health Units.

4 In order to give focus to the health initiatives in the “Brazil Without Extreme Poverty” Plan, the Ministry of Health uses a “poverty map” to define the most vulnerable areas (i.e. those with unequal access to healthcare and suffering social vulnerability).

to a reduction of almost 50%⁵ of cases of child mortality (children up to five years old) from diarrheal diseases and malnutrition. This was one of the reasons why, since the “Brazil Without Extreme Poverty” Plan was launched, the *Bolsa Família* was strengthened,⁶ and coverage by the Family Health Teams was expanded, resulting in over 4.88 million people being benefited in priority municipalities⁷.

Another important contribution made by the *Bolsa Família* Program to child health was the introduction, in 2011, of payments for families with pregnant women or nursing mothers. In the case of pregnant women, this payment was made possible thanks to close collaboration between the Ministry of Health and MDS which ensured that the benefit is only deposited after due notification of a potential claimant’s pregnancy by the Ministry of Health to the MDS. This benefit, payable over nine months from the date of notification, aims to improve maternal nutrition (and consequently that of the baby), to encourage pregnant women to undertake prenatal care and for her to make adequate preparations for the arrival of the child. The results were encouraging: according to the Ministry of Health, the rates of early identification of pregnancy (up to the 12th week of gestation) among *Bolsa Família* beneficiaries increased by 60%⁸ after the benefits began to be paid out. This was good news in health terms for both mothers and their babies.

In the case of the ‘nursing mother benefit’, for families with breast-feeding babies, the goal is to provide income reinforcement during the first months of the child’s life. The payment, made for up to six months, commences as soon as the family reports the birth to the municipal social assistance department.

EDUCATION

Education is unquestionably the best way to overcome poverty by breaking the intergenerational cycle that reproduces it. For this reason, it is one of the core components of the “Brazil Without Extreme Poverty” Plan. The Plan increased the supply of full-time basic education through the *Mais Educação* program⁹, run by the Ministry of Education in public schools that have a majority of students from families receiving assistance from the *Bolsa Família* Program. In 2011, 35% of the schools in the *Mais Educação* program operated on a full-time basis. Later, in 2014, after joint efforts by the Ministry of Education and the MDS to ensure that the program would first reach schools with a larger number of poor students, the percentage of full-time schools under the program rose to 61%. More than 58,000 schools currently participate in the *Mais Educação* program.

5 RASELLA, D. et al. *Effect of a conditional cash transfer program on childhood mortality: a nationwide analysis of Brazilian municipalities*. The Lancet, Vol. 382, No. 9886, July 2013.

6 Researchers also point out that the reduced incidence of other poverty-related diseases, such as tuberculosis, is related to enhanced BFP coverage.

7 Ibid.

8 The early identification rate increased from 14.3% to 22.9%, according to data sourced from the MoH’s BFP Health Management System.

9 Brazil is in a transition period between part-time and full-time schooling (minimum of 7 hours per day). With the *Mais Educação* program, progress toward universal full-time schooling has been made in schools with the poorest and most vulnerable students.

Furthermore, in view of the *Bolsa Familia* 'education conditionality', the government monitors school attendance by around 17 million students in the program. Despite all the setbacks that the students have to face due to their situation of poverty, in effect they have lower dropout rates, and their performance in school is equivalent to the average performance of students in the Brazilian public education system overall. A survey on the educational outcomes of the *Bolsa Familia* Program carried out at Sussex University in England, suggests that the length of participation in the program, linked to the per capita value of the payments to families, is contributing to students from *Bolsa Familia* homes obtaining better results¹⁰.

Another important contribution to overcoming poverty is made by the *Pronatec* professional training courses. This scheme, run by the Ministry of Education, plays a vital role in encouraging youths and adults registered in the Unified Registry to join the world of work (more information can be found in the text on urban productive inclusion in this series).

BRASIL CARINHOSO PROGRAM

When the "Brazil Without Extreme Poverty" Plan was launched, one in four extremely poor Brazilians were aged under 14 years, concentrated especially among children under six years old. With this in mind, the Plan launched a series of initiatives targeted at this particular population segment, including the cycle of *Bolsa Familia* Program enhancements (further details in the text on the Guaranteed Income component).

The most important innovation of the "Brazil Without Extreme Poverty" Plan as regards early childhood is the *Brasil Carinhoso* program, conceived from the standpoint of comprehensive care involving aspects of child development linked to income, education and health. Given its intersectoral character, the *Brasil Carinhoso* program has involved, in addition to the MDS, the Ministries of Health and Education, with a substantial implementing role played by the municipalities and states.

The importance of public policies for early childhood

Early childhood is a crucial phase of physical, intellectual and emotional development, during which the foundation for every stage of a person's life is built. Recent studies highlight the importance of investment in public policies aimed at the comprehensive care of children in the early years of life.¹¹ It is during this period that the neural connections are formed – a process which can be substantially affected by environmental conditions and personal experiences. Possible adverse experiences during this phase may have irreversible consequences on physical and mental well-being in later life.¹² It is therefore vitally important to ensure that the child has not only the necessary nutritional care, but that he/she also grows up in a peaceful, healthy and safe environment.

10 SIMÕES, AA The contribution of the *Bolsa Familia* to the educational achievement of economically disadvantaged children in Brazil. Doctoral Thesis. University of Sussex, 2012.

11 See SHONKOFF, J. P. Building a new biodevelopmental framework to guide the future of early childhood policy. *Child development*, Volume 81, No. 1. Blackwell Publishing, 2010; and, from the same author: Investment in early childhood development lays the foundation for a prosperous and sustainable society. In: ENCICLOPEDIA on Early Childhood Development. Quebec: Centre of Excellence for Early Childhood Development, 2010.

12 NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD. *The length and quality of early childhood experiences combine to shape the architecture of the brain*. Working Paper No. 5. Harvard: 2007. Available at <<http://www.developingchild.net>>.

With regard to income, the *Brasil Carinhoso* program changed the method for calculating *Bolsa Familia* benefits. The program launched the extreme poverty benefit, which varies according to the level of poverty of each family. The new benefit closes the extreme poverty gap, representing the difference between the monthly income per person in a family and the extreme poverty line (currently R\$77 per capita per month). Each family receives the amount needed to cover this difference so as to allow all family members to surpass the extreme poverty line in monetary terms.

Health and the *Brasil Carinhoso* program

In the health area, the *Brasil Carinhoso* program aims to prevent and treat some of the problems that most undermine early childhood development (vitamin A and iron deficiency, anemia and asthma). The Ministry of Health has increased the distribution of vitamin A doses (given to more than 9 million children between 2012 and 2014). Furthermore, 1.2 million bottles of iron sulfate were distributed to the Primary Health Units, sufficient to meet the needs of 402,000 children. Asthma drugs began to be distributed free of charge in the *Farmácia Popular* program to over 1.9 million people.

The *NutriSUS*, another *Brasil Carinhoso* initiative, aims to prevent and control childhood mineral and vitamin deficiencies. The scheme involves distributing nutritional sachets, on request, to pre-schools belonging to the School Health Program. The sachets are for adding to children's school meals, once a day for two months a year.

Education in the *Brasil Carinhoso* program

In terms of education, Brazil has achieved universal care for children of more than six years old, but early child education is still lagging behind, especially for children of up to four years old (see box below). The goal of the *Brasil Carinhoso* program is to encourage places to be made available for children aged between 0 to 48 months, in public daycare centers or private kindergartens that have partnership agreements with the government. This applies especially to places for children of families receiving *Bolsa Familia* benefits.

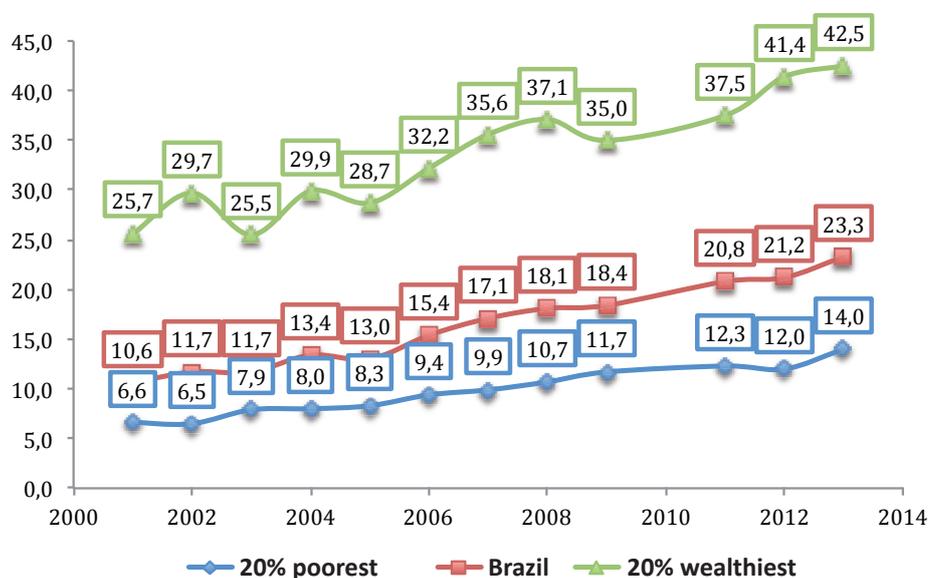
To achieve this, the "Brazil Without Extreme Poverty" Plan has provided a supplement of 50% of the funds transferred by the federal government to the local authorities, for each daycare place occupied by *Bolsa Familia* children. This additional sum can be used to provide children with food and personal care items such as diapers and diaper rash ointments. The latter items cannot be purchased with education funds but can be bought with the 50% supplement provided under the *Brasil Carinhoso* scheme.

Between 2012 and 2014, R\$1.48 billion was transferred under this program from the federal government to the municipalities, aimed at encouraging them to scale up their efforts to care for poor children and improve the quality of education in general. The results of the 2014 Education Census were very positive: 3.1 million children aged 0-48 months were attending child daycare centers, of which 707,000 were from *Bolsa Familia* beneficiary families (representing 19.6% of all *Bolsa Familia* child beneficiaries in this age group). The number of BFP children enrolled in daycare centers increased by 33% between 2011 and 2014.

Reducing inequality in access to childcare

In 2012, 41.4% of the children of the wealthiest 20% of the population had access to daycare centers (42.5% in 2013), while the parents in the poorest 20% of the population secured places in early childhood education for only 12% of children less than three years old in 2012 (the year the *Brasil Carinhoso* program was launched. In 2013, there was a significant increase in the numbers of children from the poorest families attending daycare centers (14%).

GRAPH 2 - EVOLUTION OF THE PERCENTAGE OF CHILDREN AGED 0-48 MONTHS ENROLLED IN DAYCARE CENTERS, BY INCOME RANGE



Source: PNAD / IBGE. Prepared by SAGI / MDS

Although enrollment rates in general increased, the situation among the wealthiest 20% remains better (starting from a high level in 2001 – four times more than the poorest 20%).

The Ministry of Education, based on photographic and other evidence of new entrants being admitted to daycare centers, also began to anticipate resource transfers to the municipalities that created places in these facilities. Before the advent of the *Brasil Carinhoso* program, the municipalities had to wait for the next School Census to begin receiving funds for new places created between one census and the next.

Children's access to daycare is essential for releasing parents to work or study in the knowledge that their young children will be well looked after and given proper stimulation in their absence.

Linking education, food and health in the *Brasil Carinhoso* program

The *Brasil Carinhoso* program also included a 66% increase in the per capita value transferred by the Ministry of Education for school meals for all the children enrolled in public daycare centers and private kindergartens with partnership agreements with the government. The transfers are made, in monthly installments, directly to the states and municipalities, based on the previous year's school census. The actual amounts are calculated according to the number of students and school days confirmed by the Census.

Furthermore, the MDS, jointly with the National Fund for Education Development (ENDF), commenced allocation of funds for purchasing equipment and kits for use in the kitchens of daycare facilities. Any interested local authority must inform the Ministry of Education of its requirements (refrigerators, freezers, cooking utensils, etc), after which the federal government makes a direct transfer to municipalities of around R\$25.000 per daycare center. In the event of requests exceeding the equipment budget, the federal government selects the centers to be supplied on the basis of available social and economic vulnerability indicators. This initiative enhances healthy eating in public daycare centers by promoting the use of fresh ingredients in the preparation of childrens' meals¹³.

Finally, the School Health Program run by the Ministry of Health, which previously only dealt with students attending elementary schools and above, was extended to daycare centers and pre-schools. At present 20,000 child daycare centers belong to the School Health Program, meeting the needs of 1.13 million children, and over 2 million children attend pre-schools in 4,787 municipalities. The School Health Program undertakes health promotion and care, disease and health risk prevention, by seeking to reduce the vulnerabilities that can prevent children, adolescents and youth in public schools from developing their full potential.

HOUSING

Access to adequate housing is another important way of guaranteeing the availability of goods and services to overcome extreme poverty. The *Minha Casa Minha Vida* program aims to increase access to home ownership for low-income families, by increasing investment in the construction sector and providing incentives for building and purchasing new homes.

In order to bring mortgage payments into line with families' ability to pay, the *Minha Casa Minha Vida*: a) subsidizes housing purchase for families with a monthly income of up to R\$ 1,600¹⁴; b) provides subsidies¹⁵ and reduced interest rates for families with monthly incomes of up to R\$3,275; and c) improves the conditions for families with monthly incomes of up to R\$ 5,000 to acquire a home. By 2014, housing units had been provided under this program for 724,500 low-income families.

13 Each kit, consisting of up to 22 devices, is intended to adapt daycare center kitchens to receive and process products from family farms (mainly fresh food items), in accordance with the School Food Law which determined that at least 30% of the content of school meals should come from family farms. Each municipality has identified the equipment needed for upgrading the kitchens according to the Ministry of Education's *Linked Actions Plan*.

14 The subsidy varies according to the income of the applicant family, the condition and characteristics of the property, the region of location, etc.

15 Ibid.

CONCLUSION

The achievements described above are the outcome of the unparalleled intersectoral and federal coordination that has been the hallmark of the Brazil Without Extreme Poverty Plan. Improving existing programs, making ongoing activities more effective and efficient, creating new programs after identifying bottlenecks and hitherto neglected target audiences, were the keys to success. Most importantly, the results were heavily influenced by the intensive use of unbureaucratic tools, by scaled-up incentive structures, and by the rapid pace of implementation of the various actions.

This text is based on the following article:

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