

HOW DOES IT WORK ?

The management of conditionalities comprises a set of actions to monitor commitments made by families and by the government in education and health. The main actions are:

- I. Generation of population groups (lists) for monitoring;
- II. Submission of population groups (lists) for monitoring by health and education partners;
- III. Monitoring period for Bolsa Família conditionalities;
- IV. Period for entering monitoring data into the systems;
- V. Consolidation of the results;
- VI. Effects upon benefits in cases of non-compliance with conditionalities;
- VII. Notifications to families;
- VIII. Filing an appeal;
- IX. Social work with non-compliant families

Generation of population groups for monitoring and sending to partners

Periodically, the Ministry of Social Development and Fight against Hunger (MDS) generates a database with the population to be monitored for health and education conditionalities, i.e., a database with information about children and adolescents aged 6-17 years whose school attendance should be verified and information about children aged 0-6 years whose vaccination schedule, weight and height should be monitored, as well as data about women of childbearing age, in order to identify pregnant women and monitor prenatal care.

Based on information about families in the Unified Registry and information from the Citizen's Benefit System (Sibec) about beneficiary households who receive transfers, the MDS Conditionalities System (Sicon) generates the population group with the right profile for conditionality monitoring.

Subsequently, MDS sends the lists to the Ministry of Education (MEC) and the Ministry of Health (MS), which, by using specific systems - Sistema Presença and the Bolsa Program Health Management System, respectively - make them available to municipalities so that they may collect and record information.

Monitoring period for Bolsa Família conditionalities

Annually, MDS, MEC and MS draw on specific regulations to agree upon an operational schedule that sets periods for collecting and recording information from conditionalities monitoring efforts in the health and education systems.

In education, monitoring of the school attendance of 6-17 year-old beneficiaries takes place five times a year. There are five monitoring periods, composed of five two-month periods; December and January are excluded because of school holidays. In health, there are two monitoring periods, each composed of one semester.

Period for entering monitoring data into the systems

This is the set of days during which the health and education systems are available for entering data about conditionality monitoring. The municipalities are responsible for entering the data into the systems, through their education and health sectors.

After the lists of people whose educational conditionalities will be monitored are made available to municipalities, school attendance information for each Bolsa Família beneficiary student is obtained from the schools and recorded into Sistema Presença in the month following the monitoring period. Below are the reference months used in school attendance monitoring and recording:

School attendance monitoring in the following months	Records for the month(s) of:
February and March	April
April and May	June
June and July	August
August and September	October
October and November	December

Source: Bolsa Família Program Management Guide, October 2013.

In the case of health conditionalities, after the lists of people to be monitored are sent to the municipalities, individual anthropometric data is collected and recorded on monitoring maps to assess the nutritional status (weight and height) of the population, data on whether or not the vaccination schedule recommended by the Ministry of Health has been followed, and prenatal information. These maps can be printed by municipal health management offices according to different parameters or by areas covered by primary health care services in each municipality. This way they support management actions to improve monitoring.

The Bolsa Família Program Health Management System is available for recording information collected during nearly the entire period of monitoring health conditionalities. Below are the reference months used in the monitoring and recording of health information:

Monitoring of the health schedule	Registration for the period of
January to June	February to June
July to December	August to December

Source: Bolsa Família Program Management Guide, October 2013.

Consolidation of results and effects on benefits

After the time set for recording data on conditionality monitoring has ended, MEC and MS consolidate the information recorded in the systems by the municipalities and send it to MDS.

Based on the information collected, MDS - through Sicon - identifies the families who fulfilled the conditionalities of the Bolsa Família Program, the families who did not comply with them and those who were not monitored by the education and health networks. The government is alerted of non-compliant or unmonitored families as, for some reason, they might be struggling to gain access to public education and health services.

Non-compliant families are subject to the effects laid out in the program regulations, including warnings and the blocking, suspending or cancellation of benefits. Effects on benefits resulting from failure to comply with conditionalities occur every odd month, except January, considering the recent education and health monitoring results. The table below shows the months when the effects are levied and the monitoring periods to which they refer:

Monitoring period(s)		Month when non-compliance effects are applied
Education	Health	
October and November	2nd semester	March
February and March	-	May
April and May	-	July
June and July	1st semester	September
August and September	-	November

It is important to point out that the monitoring of conditionalities allows us to identify and act on social risk and vulnerability situations faced by beneficiary families. As such, given that non-compliant families may be in serious vulnerability, identifying such families allows the government to map the main problems that they experience - in terms of service delivery, social, and familial dynamics - and put them on the state's action agenda.

The effects enforced on the benefits are not intended to punish non-compliant families, but rather to make it clear that they are not exercising their rights, thus enabling the families and the government to mobilize to solve the problems that hinder access to education and health.

IMPORTANT: Families not monitored by the health system and children and adolescents not monitored by the education system are not prevented from receiving benefits, because, in these cases, it is the education and health services that are failing to reach them. Reasons for not monitoring may be failing to update the registry (change of household address, change in the school attended by children and adolescents, death) or the inadequacy of public services (low coverage of health services). In education, unmonitored cases are dealt with through specific monitoring actions that guide the municipalities in actively seeking families whose children and adolescents appear repeatedly as unmonitored, so that the reasons behind the lack of monitoring can be identified. These families receive a message on their bank statements notifying them to update their registry information, under penalty of having their benefits blocked. These actions are carried out by MDS (by Bolsa Família Program and Social Assistance managers) and by MEC and have been very effective in locating children and adolescents who are, mostly, undergoing transitions (changing schools) - a change not usually reflected automatically in the monitoring systems.

Notification to families and the filing of appeals

Families who do not fulfil the conditionalities are notified by MDS through letters and messages in their bank statements when they receive their benefits, recommending that they speak to the Bolsa Família Program municipal manager if they have any questions.

When failure to meet the conditionalities is justified, or when there has been an error in recording the monitoring data, the family can file an appeal in the municipal management office of the Bolsa Família Program to reverse the situation. There is a deadline for filing the appeal; it will then be recorded and assessed (granted or denied) by the municipal administration. If the appeal is found to be "reasonable," the non-compliance record is cancelled by the appeal.

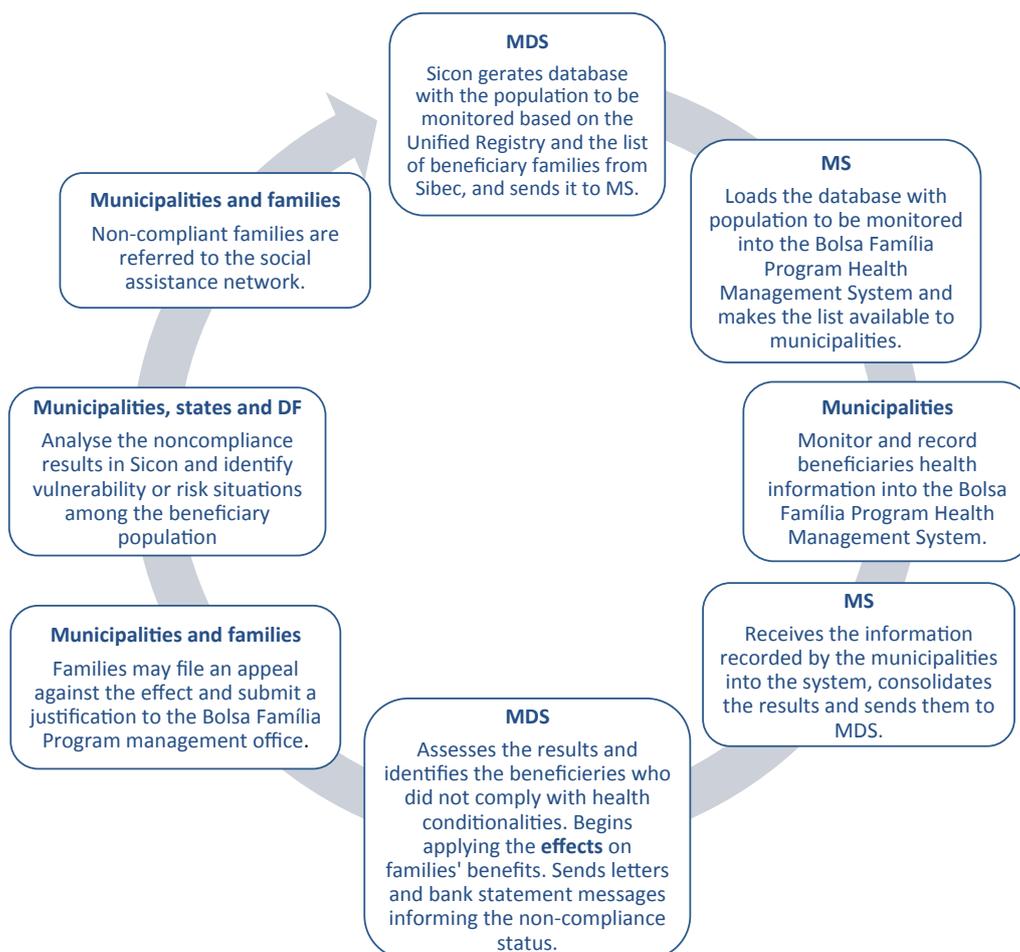
The families go back to normal status when they again start fulfilling the conditionalities, thus ensuring the regular flow of benefits from the program.

Social work with beneficiary families

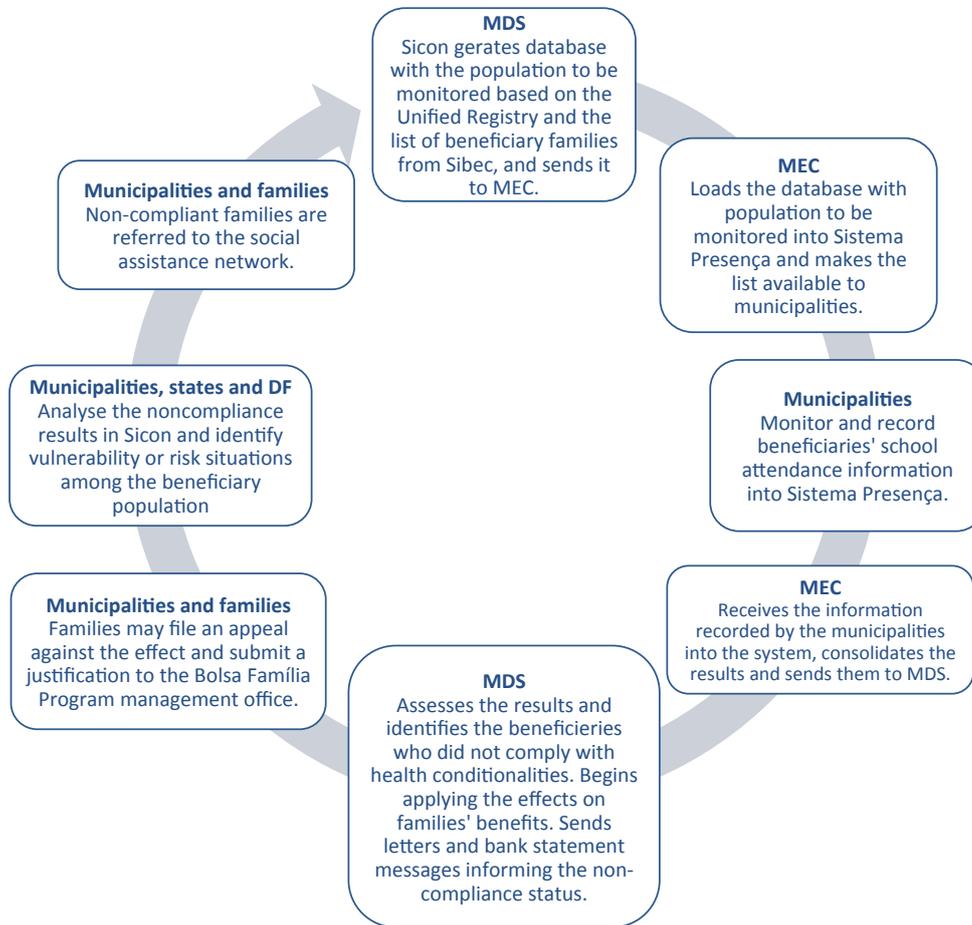
Based on the list of families who are unable to comply with the conditionalities, social assistance teams actively search for the families who find it most difficult to reach the government, in order to initiate social work with them and help them overcome the vulnerability and risk situations to which they are subjected. Importantly, families who fail to fulfil conditionalities are a priority of social assistance teams - no Bolsa Família Program beneficiary family has its benefit cancelled without first undergoing social work.

IMPORTANT: Social work with families is not a conditionality. It is a strategy that aims to strengthen the social safety net provided to families, so that children and adolescents can return to school and pregnant women and children can be up-to-date in their health care schedules.

Below is the management cycle for health conditionalities:



Below is the management cycle for education conditionalities:



The monitoring of conditionalities brings significant results on health and education. The latest education monitoring results show that **15.4 million** PBF beneficiary students had their school attendance monitored, and that over **96%** of them complied with the minimum attendance rate required. In health, the figures show that more than 8.8 million families were monitored - 98.7% of targeted children had their vaccination schedules up-to-date and 85.2% had nutritional data collected; 98.6% of pregnant women identified had complied with pre-natal care conditionalities.