

**REDUCING INEQUALITY THROUGH SOCIAL POLICIES –
THE CASE OF THE “BOLSA FAMÍLIA” PROGRAM: A
SOCIAL DETERMINANTS VIEW**

Raquel Bergária de Oliveira

Master of Philosophy in Global Development Theory and Practice

Specialization in Health Promotion



Department of Health Promotion and Development

Faculty of Psychology

Supervisor: Professor Elisabeth Fosse

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ABSTRACT

Reducing Inequality through Social Policies - The Case of the “Bolsa Família” Program: A Social Determinants View

Background: In the past thirty years, poverty has been reduced significantly; however, its eradication is still a global challenge. Efforts have been made in the international context to tackle poverty and inequality. Conditional cash transfer programs (CCTs) have emerged as a new paradigm that has shifted the antipoverty policy agenda in Latin America and in the global South as a whole. The Bolsa Família Program (Family Grant, PBF) was created in Brazil in 2003, aiming to reach the most vulnerable people.

Research objective: The main objective of the present study is to analyze the PBF in the light of the Social Determinants of Health (SDH) as a public policy from a historic perspective. It is important to determine whether the policy to tackle poverty and inequality has been handled at the state or government level, and if and how different governors have influenced the PBF to reach its goals.

Methods: A qualitative case study was conducted in which ten policy makers from the Ministry of Social Development were interviewed (semi-structured interview guide). A thematic network analysis was the model chosen for this study.

Findings: The findings show that the PBF has been effective in reducing poverty and inequality in Brazil and has made a positive impact in education and health among beneficiaries. Conditionalities (with a focus on rights guarantee), a decentralized model with central-local management, and the effort of intersectoral action have been the instruments to achieve its goals. The program has a strongly technical management but has also received a government stamp and is still vulnerable to the influence of the political context.

Conclusion: Despite its effectiveness, the PBF alone is not enough to tackle poverty and inequality; structural changes are necessary to develop a welfare state in Brazil.

Keywords: poverty; inequality; conditional cash transfer (CCT); Programa Bolsa Família (PBF); the Social Determinants of Health (SDH).

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LIST OF ACRONYMS

BSP - Benefício de Superação da Extrema Pobreza (Benefit of Overcoming Extreme Poverty)

CCT - Conditional Cash Transfer

CSDH - The Commission on Social Determinants of Health

FAO - The Food and Agriculture Organization of the United Nations

GDP - Gross Domestic Product

HiAP – Health in All Policies

IGD - Índice de Gestão Descentralizada (Decentralized Management Index)

ISA – Intersectoral Action

LOAS - Lei Orgânica da Assistência Social (Social Welfare Guidelines)

MDGs - Millennium Development Goals

MDS - Ministério de Desenvolvimento Social

NSD - Norwegian Centre for Research Data

ONU - Organização das Nações Unidas (The United Nations)

PBF - Programa Bolsa Família (Family Grant Program)

SDGs - Sustainable Development Goals

SDH – The Social Determinants of Health

SENARC - Secretaria Nacional de Renda e Cidadania (National Citizen Income Secretary)

SESEC - Secretaria Especial para Erradicação da Pobreza (Special Secretariat for Eradication of Poverty)

SUAS – Sistema Único de Assistência Social (Unified Social Assistance System)

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Program: A Social Determinants View*

UN - The United Nations

WHO - The World Health Organization

1. Introduction

In the past thirty years, poverty has been reduced significantly; however, its eradication is still a global challenge. Around 750 million people lived below the extreme poverty line (US\$1.90 per day) in 2017 (UN, 2018). The Food and Agriculture Organization of the United Nations estimates that 815 million people were undernourished in 2016 (FAO, 2017). Extreme poverty has declined over the past three decades. In the 1980s and in the beginning of the 1990s, almost two billion people lived on less than US\$1.90 a day, which was 30 to 40% of the global population. In 2000, about a quarter of the world remained in extreme poverty. Moreover, poverty is not equally distributed; the richest 1% of the world's population has the same wealth as the other 99%, and only eight billionaires have the same as the population on the planet (Dawbor, 2017). Efforts have been made in the international context to tackle poverty and inequality. In 2015, most countries adopted the 2030 Agenda for Sustainable Development and its seventeen Sustainable Development Goals (SDG), the first of which is to eradicate poverty by 2030. By definition, poverty is more than a lack of income and enough resources to ensure a sustainable livelihood. Its manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination, and exclusion, as well as the lack of participation in decision-making (UN, 2018). One of the great advances in this agenda in relation to the Millennium Development Goals (MDGs) is the establishment of an objective to reduce economic inequalities (ONU Brasil).

Brazil's fight against poverty has also made significant progress. It has surpassed the target established by the MDGs to halve extreme poverty. However, because of the recent economic crisis, poverty and extreme poverty rates rose again in 2015, compared to 2014, with the percentage of poor people in Brazil fluctuating from 6.5% to 7.8% in this period, while the extremely poor went from 2.6% of the population to 4.0% (Brazil, 2017). Between 1988 and 2015, Brazil has reduced inequalities "from the bottom up," from 37% to less than 10% (Dawbor, 2017, p. 33) of the Brazilian population living below the poverty line (Dawbor, 2017, p. 35). In the last 15 years, Brazil has removed more than 28 million people from poverty (Dawbor, 2017, p. 38) while the high concentration of income at the top has remained stable (Dawbor, 2017, p. 44). The Gini index for Brazilian income—an indicator

that measures income distribution in the population and ranges from 0 to 1, being more unequal to the nearest 1—has decreased by 16%, falling from 0.616 to 0.51512 since 1988 (Dawbor, 2017, p. 45).

Promoting development along with the reduction of poverty and inequality is a crucial issue on the agenda of many countries today. Developing countries are struggling to find strategies that square poverty and inequality reduction with development. Social policies may be part of the development packages with this sort of commitment (Kerstenetzky, 2008). The growth of antipoverty transfer programs has been a feature of development policy and practice in the last decade. Programs providing direct transfers in cash to households in poverty have sprung up in all developing regions, first in middle-income countries but more recently spreading to low-income countries (Leisering, 2009). Combined with policies that enhance growth and support the provision of basic services, antipoverty transfer programs have the capacity to make a significant contribution to a global reduction in poverty and vulnerability (Barrientos & Villa, 2015). Cash transfers can be unconditional or conditional on children attending school and family members receiving preventative health care, e.g., programs such as Progresá (renamed Oportunidades) and, more recently, Prospera in Mexico and Bolsa Família in Brazil, or in-kind, e.g., food, sanitation, education, or health services provided free or at a subsidized rate to the poor (Ghatak, 2015). Conditional cash transfers (CCTs), have been defined by Fiszbein et al. (2009) as follows:

Conditional cash transfers (CCTs) are programs that transfer cash, generally to poor households, on the condition that those households make prespecified investments in the human capital of their children. Health and nutrition conditions generally require periodic checkups, (...). Education conditions usually include school enrollment, attendance on 80–85% of school days (...). Most CCT programs transfer the money to the mother of the household or to the student in some circumstances. (p.1)

At the turn of the century, CCT schemes emerged as a new paradigm that shifted the antipoverty policy agenda in Latin America and in the global South as a whole from conventional approaches to food aid, subsidies, and other forms of “safety-nets” to regular, reliable, and predictable forms of assistance (Nceiño-Zarazua, 2011; Hall, 2006; Hall, 2008). This new paradigm, described elsewhere as a “quiet revolution” (Barrientos & Hulme, 2009), has reached and changed the lives of more than 860 million people worldwide, 25% of whom live in Latin America and the Caribbean (Niño-Zarazua, 2011). Below is an overview of CCTs in Latin America and the Caribbean (Cecchini & Atuesta, 2017, p. 17):

Figure 1. *Conditional cash transfer in Latin America and Caribe, by country, 1996-2015*

Programmes in operation		
Country	Programme name	Year established
Argentina	Universal Child Allowance for Social Protection	2009
	Porteña Citizenship Programme	2005
Belize	Building Opportunities for Our Social Transformation	2011
Bolivia (Plurinational State of)	Juancito Pinto Grant	2006
	Juana Azurduy de Padilla Mother-and-Child Grant	2009
Brazil	<i>Bolsa Familia</i>	2003
	<i>Bolsa Verde</i>	2011
	Child Labour Eradication Programme	1996
Chile	Solidarity Chile ^a	2002
	Securities and Opportunities System (Ethical Family Income programme)	2012
Colombia	More Families in Action	2001
	<i>Unidos Network</i>	2007
Costa Rica	<i>Avancemos</i>	2006
Dominican Republic	<i>Progresando con Solidaridad</i>	2012
Ecuador	Human Development Grant	2003
	Zero Malnutrition programme	2011
El Salvador	Solidarity in Communities Support Programme in El Salvador	2005
Guatemala	<i>Mi Bono Seguro</i>	2012
Haiti	<i>Ti Manman Cheri tou nèf</i>	2012
Honduras	<i>Bono Vida Mejor</i>	2010
Jamaica	Programme of Advancement through Health and Education	2001
Mexico	<i>Prospera</i>	2014
Panama	Opportunities Network	2006
	Family food grant programme	2005
Paraguay	<i>Tekoporã</i>	2005
	<i>Abrazo</i>	2005
Peru	<i>Juntos</i>	2005
Trinidad and Tobago	Targeted Conditional Cash Transfer Program	2006
Uruguay	Family Allowance – Equity Plan	2008
	<i>Tarjeta Uruguay Social</i>	2006
Completed programmes		
Country	Programme name	Period of activity
Argentina	Families for Social Inclusion	2005-2010
	Unemployed Heads of Household Plan	2002-2005
Brazil	<i>Bolsa Alimentação</i>	2001-2003
	<i>Bolsa Escola</i>	2001-2003
	<i>Cartão Alimentação</i>	2003-2003
Colombia	Conditional Subsidies for School Attendance	2005-2012
Costa Rica	<i>Superémonos</i>	2000-2002
Dominican Republic	Solidarity	2005-2012
Ecuador	Solidarity Grant	1998-2003
Guatemala	<i>Mi Familia Progresá</i>	2008-2011
	Protection and Development of Child and Adolescent Workers	2007-2008
Honduras	Family Allowance Programme	1998-2009
Mexico	<i>Oportunidades</i> (formerly <i>Progresá</i>)	1997-2014
Nicaragua	Social Protection Network	2000-2006
	Crisis Response System	2005-2006
Uruguay	National Social Emergency Response Plan	2005-2007

Source: Database of non-contributory social protection programmes in Latin America and the Caribbean of the Economic Commission for Latin America and the Caribbean, Conditional cash transfer programmes [online] <http://dds.cepal.org/bdptc/>.

^a Since 2012, the main programme in Chile has been the Securities and Opportunities System (Ethical Family Income programme), but some families are still enrolled and continue to participate in Solidarity Chile.

The Bolsa Família Program (Family Grant, PBF) was created by the federal government of Brazil under President Lula's administration on October 20, 2003, by Provisional Measure no. 132 of 2003, which was converted into Law 10.836, dated January 9, 2004. The initiative was to unify the procedures for management and execution of federal income transfer actions. The unified programs that existed at that time were the Bolsa Escola (National Minimum Income Program), attached to the Ministry of Education; the Programa Nacional de Acesso a Alimentação (National Program of Access to Food, PNAA), linked to the Extraordinary Cabinet of Food Safety and Fight against Hunger; the Programa Nacional de Renda Mínima (National Minimum Income Program - Food Bag), linked to the Ministry of Health; and the Vale Gás (Gas Grant), linked to the Ministries of Mines and Energy (Brazil, Law no.10.836, 2004). The PBF is a nationwide CCT program for poor and extremely poor households under the supervision of the then newly created Ministry of Social Development and Fight Against Hunger (MDS), which aims to fight hunger and poverty (by income transfer), break the intergenerational cycle of poverty (through access to social services), and provide complementary actions, through intersectoral programs (Brazil, Law no.10.836, 2004).

When the program began in 2003, there were two types of benefits: basic and variable. Households in extreme poverty (with a monthly income per capita up to R\$50.00, or US\$14.00), received a monthly stipend of R\$50, independently of household characteristics. They could also receive an additional R\$15.00 (US\$4.00) per child below 15 years of age, with a maximum of three children per family. Households with a monthly income per capita between R\$50 and R\$100 could only benefit from the variable (Sánchez-Ancochea, 2011). The cut-off points and the amount received per child were changed multiple times between 2003 and 2018. According to the last adjustment, the cut-off point to receive benefits is R\$89.00 (US\$24.00) for extremely poor and R\$178.00 (US\$49.00) for poor households. The fixed transfer for extremely poor households is R\$89.00 (US\$24.00), while the cash transfer per child in school has increased to R\$41.00 (US\$11.00), Brazil, Decree no. 9.396 (2018).

There are also new variable benefits for registered households with children between fifteen and seventeen years old of R\$48.00 (US\$13.00) per child (with a maximum of two) to encourage continuation in secondary schooling; a pregnancy benefit of R\$41.00

(US\$11.00) is paid for nine months, regardless of the time of pregnancy, to encourage prenatal care; and a nursing benefit of R\$41.00 (US\$11.00) is paid for six months to encourage breastfeeding. The number of variable benefits per household cannot exceed five. (Brazil, Decree no.5.209, 2004). Lastly, there is still the Benefício de Superação da Extrema Pobreza (Overcoming Extreme Poverty, BSP), for which the value is calculated individually for each household. This is paid to households that live on a monthly income of less than R\$89.00 (US\$24.00) per person, even after receiving the other benefits of the program. The amount of this benefit is calculated on a case-by-case basis according to the income and number of people in the household to ensure that the household exceeds the floor of R\$89.00 (US\$24.00) per person (Brazil, Decree no.7.492, 2011).

In order to be a beneficiary of the PBF, households must be enrolled in the PBF database, which is the Cadastro Único para Programas Sociais (Single Registration, CadÚnico). Payments are made monthly through the public bank Caixa Econômica Federal, preferably to women (Brazil, Law no.10.836, 2004). Beneficiaries also need to meet conditionalities for prenatal examination, nutritional monitoring, health monitoring, and 85% school attendance for children up to fifteen years and 75% for children between sixteen and seventeen years old (Brazil, Law no.10.836, 2004). The MDS defines the rules of operation, establishes benefit levels, and promotes partnerships between the federal, state, and municipal governments through the Secretaria Nacional de Renda e Cidadania (National Citizen Income Secretary, SENARC). More than 5,500 municipalities operate the program at the local level. The management of the PBF also involves other institutions, including the Ministries of Education and Health, which are responsible for supervising the various conditions (Sánchez-Ancochea, 2011). In August 2018, the PBF provided an average benefit of R\$180.00 (US\$49.00) to about fourteen million households (25% of the Brazilian population). The annual cost of the program is R\$30 billion (US\$7.5 billion), about 0.5% of the Brazilian GDP (MDS, 2018).

The present study intends to first look at the PBF, its structure, how it was constructed to tackle poverty and inequality, the development of the program through different phases, and a general retrospective evaluation of the program after fifteen years of existence, also considering its future prospects. The second chapter, "Conceptual Framework – The Social

Determinants of Health (SDH)" will present the theoretical reference of the study, including the main concepts. Next, "Literature Review" will be a brief overview of literature relevant to my research topic. Following are the "Problem Statement and Research Questions" investigated in this study. The fifth chapter, "Methods and Ethical Considerations," begins with a brief presentation of the epistemological foundations of the study. In addition, the research design and research methods are presented and justified. Ethical aspects of the study are also described. Then, I present my "Findings," which is the exercise to answer the research questions. The seventh chapter, "Discussion," is the interpretation of my own findings in relation to relevant literature and theory. Finally, the "Conclusions" presents the main conclusions, implications of the study, and recommendations for future research and policy action.

2. Conceptual Framework – The Social Determinants of Health (SDH)

There are huge differences in life chances, depending on where people are born. Is that a “natural” fact? Complex health issues include an aging population, increased population density, under- and over-nutrition, rapid urbanization, political violence, environmental change, economic policy, new and re-emerging infectious diseases, and chronic diseases (Baum, 2008; McMichael & Butler, 2007; Mitelmark, 2007), as cited in Taylor et al. (2014). The literature on inequality addresses the issues of social class, gender, ethnicity, age, disability, and unemployment, some of them interrelated and mediated by poverty and social exclusion (Green et al., 2015). According to the Commission on Social Determinants of Health (CSDH) (2008), health inequities are avoidable inequalities in people’s health between or within countries. Social and economic conditions and their effects on people’s lives determine their risk of illness and the actions taken to prevent them from becoming ill or treat illness when it occurs. In other words, unfair living conditions lead to differences in the level of health.

Then, is it correct to assert that inequality in health is a problem of inequity in the distribution of health services and resources? Traditionally, health has been seen and treated as a biomedical issue, ironically focused on diseases. In that model, the health or “disease” services own a huge responsibility for the population’s health. However, health promotion goes beyond this. It represents a reorientation of public health from only approaching individual risk factors of health and behaviors to targeting determinants of health and empowering individuals and communities to be a part of this process and improve their health (Samdal & Wold, 2012). The principles of health promotion in the Ottawa Charter are to: a) provide the prerequisites of health, b) build healthy public policy, c) create supportive environments, d) strengthen community action, e) develop personal skills, and e) reorient health systems. From that perspective, population health is a shared responsibility between individuals and government, and this highlights the importance of developing supportive structures and environments for health, which represents a milestone in changing perspectives (World Health Organization, 2009). Indeed, maldistribution of health care is

one of the social determinants of health (SDH). Nevertheless, the conditions in which people are born, grow, live, work, and age are responsible in great part for the high disease rates and inequalities in health. The inequalities in the distribution of money and resources to guarantee good daily living conditions are, to a large extent, responsible for inequities in health (CSDH, 2008).

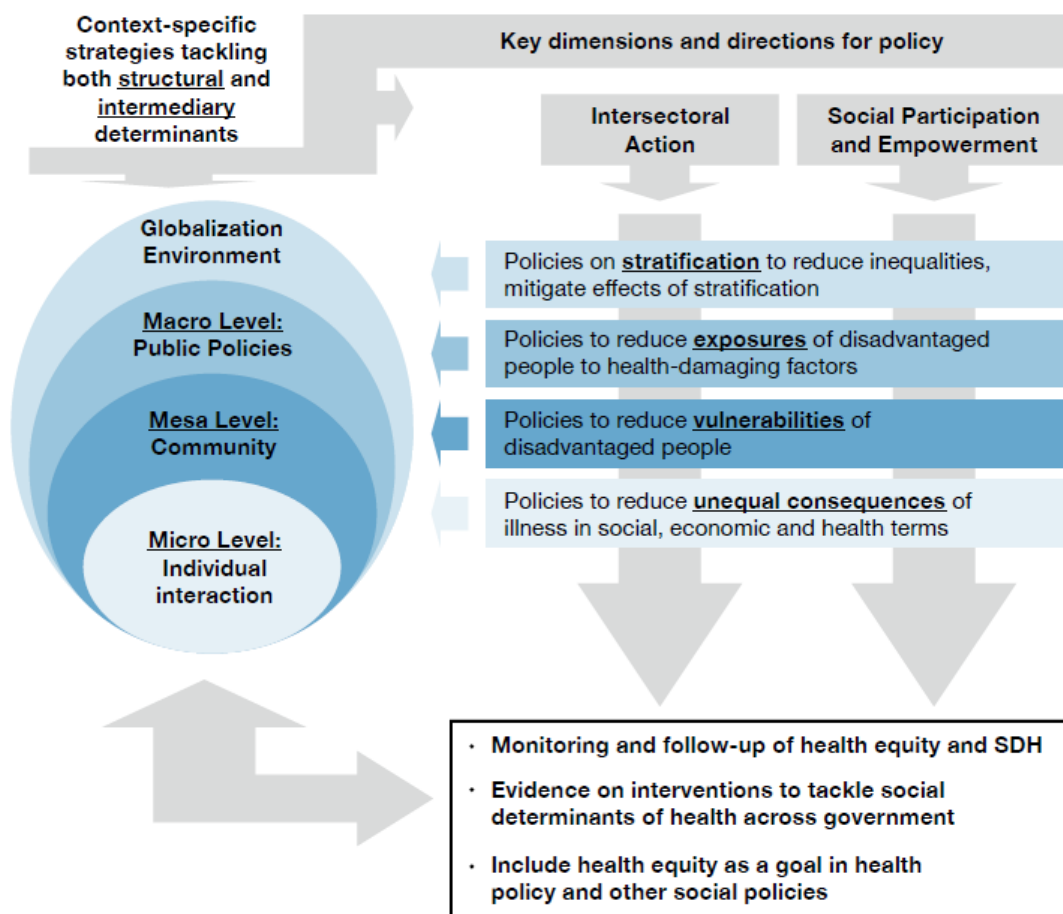
The combination of structural conditions that shape the way societies are organized (poor social policies and programs, unfair economic arrangements, bad politics) and poor and unequal lives (daily living conditions) constitute the SDH (CSDH, 2008). Income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food security, housing, social exclusion, social safety nets, and health services are identified as prerequisites for health by Mikonen and Raphael (2012), as cited in Raphael (2014).

Healthy public policies are the main strategy to overtake health problems. One central trait of health promotion has been its focus on the environmental determinants of health rather than individual behavior, and healthy public policies have been the tactic to create supportive environments that enable people to live healthy lives (Green et al., 2015). It is essential to understand the SDH inequalities when an effective policy response depends on facing the causes of inequality. The World Health Organization (WHO) has established three principles of action to achieve health equity: improve the conditions of daily life; tackle the inequitable distribution of power, money, and resources (structural drivers); and measure the problem (CSDH, 2008).

However, what is healthy public policy? Colebatch (1998), as cited in Green et al. (2015), identifies three key elements of policy: authority, expertise, and order. The first is about an official endorsement; the second applies to a problem area and specifies what the necessary measures are; the last concerns the structure. Decisions are not arbitrary but are organized and coherent. There are differences between "public health policy," which is focused only on health care and usually on illness management and "healthy public policy," which has an explicit concern for health in all policies (Green et al., 2015). Its key characteristics are commitment to social equity; recognition of the important influence of economic, social, and physical environments on health; facilitation of public participation;

and the cooperation between health and other sectors of government (Green et al., 2015). Draper (1988), as cited in Green et al., (2015, p. 263), offers a definition of healthy public policy: “to make government activity across the board contribute as much as possible to health development while recognizing the tradeoffs that are an inevitable and necessary part of the policy process.” Governments can create conditions for good and equitable health through good use of social and economic policy and regulation (CSDH, 2008). Health systems have an important role to play; they should work in partnership with other sectors of society. Health and health equity are important measures of the success of social policies, and action on the SDH is a route to achieve health equity (CSDH, 2008). Below is a framework for tackling SDH inequities (Solar & Irwin, 2010, p. 60):

Figure 2. Framework for tackling SDH inequities



Tackling health inequalities through policies demands a different focus and strategies. It is necessary to: 1) develop policies focusing on improving the situation of families in poverty: aimed at the poor; 2) reduce the health gap between the most and the least privileged: aimed at the whole population; and 3) reduce social inequalities through the entire population: structural conditions, political issues (WHO, 2008; Marmot, 2007). Another important approach concerning a public health policy committed to health equity is "Health in All Policies" (HiAP). This goes across sectors to systematically take into account the health implications of decisions, including an emphasis on the determinants of health and wellbeing. Policies made in all sectors can have a profound effect on the population's health (WHO, 2013).

3. Literature Review

As part of the present study, a literature review has been conducted for the last ten years using the terms “cash transfer programs” and “Bolsa Familia Program.” There was a vast number of articles, from which were selected those most related to the specific research questions. Snowball articles were also used, some of them outside the spectrum of the initial time period target, given their relevance.

There is considerable literature registering the contributions of the PBF to the reduction of inequality in Brazil from 2001 onwards (Hoffmann, 2005; Saboia, 2007; Soares, 2006;). However, according to Soares (2012), the numbers are variable because of the different methodologies used and how the benefit income has been identified. Another interesting find is that the PBF has had an important effect on inequality reduction in Brazil but is not the main reason behind it. Concerning poverty, the literature also suggests that the PBF may contribute to its gradual reduction (Hall, 2008). More emphasis is attributed to the non-contributory pensions (which are worth a full minimum salary, substantially more than PBF payments). However, the role of the PBF is relevant because it has boosted the household incomes of those on the lowest rung of the social ladder (Figueiredo et al., 2006).

The success of the BFP has contributed to reducing hunger, misery, and poverty in Brazil. It has reduced the proportion of Brazilians who live below the poverty line by 19.31% (Lindert, 2005; Fried, 2012). The institutional factors have provided incentives for successful central-local collaboration in the PBF’s social policy arena (Fenwick, 2009; Fried, 2012). In addition, a new rights-based approach to social protection has fortified a direct relationship between citizens and the government. The emphasis is on the ability of the program to deliver benefits to more than eleven million households (Lindert, 2005; Fried, 2012) in all municipalities and sustain this policy through two elections without demonstrating volatility, which is good evidence of stability (Fenwick , 2009), without replicating traditional clientelist patterns so that beneficiaries see it as a social right (Sanchez-Acochea & Mattei, 2011).

Haddad (2008) analyzes the current model of the PBF’s allocation of resources and its efficacy and concludes that there is no need for change once it contributes to greater social

equity based on the increase in public school enrollment. Glewwe and Kassouf (2012) add the PBF's contribution to higher grades and lower dropout rates among child beneficiaries. Reis (2010) presents evidence that children who benefit from cash transfer programs in Brazil have better health indicators than those who live in a no-benefit household and no-benefit children who live in households that receive cash transfers. Rasella et al. (2013) found that the mortality rate for children under the age of five, overall and resulting from poverty-related causes, decreases as the PBF coverage increases. From that, they assume that the CCT programs can greatly contribute to a decrease in childhood mortality overall and, in particular, for deaths attributable to poverty-related causes such as malnutrition and diarrhea in a large middle-income country such as Brazil. Nevertheless, in the long term, there should be an increase in the number and quality of educational and health services that are offered (Sanchez-Acochea & Mattei, 2011).

Hunter and Sugiyama (2014) defend that a social policy, when well designed and implemented, can be an important tool not only to reduce material poverty but also to build a sense of inclusion and efficacy among beneficiaries. Suarez and Libardon (2007) specifically investigated whether the PBF promotes social inclusion and "agency" (the notion that individuals can shape their own destiny). The PBF gives beneficiaries feelings of belonging and agency. Children can wear clothes that allow them to appear in public without shame; parents no longer have to beg to support their families. They concluded that there are positive outcomes from a strong, central, technocratic ministry, a standard that is more consistent, equitable, fair, and free of local political manipulation (Hunter & Sugiyama, 2014).

In Saad-Filho's (2015) view, despite the PBF's significant achievements, its effectiveness is likely to decline, and he emphasized that the program is under a limited neoliberal concept, being effective only at the margin because poverty cannot be eliminated nor can inequality reduced significantly by a social policy alone. Hall (2008) questioned the long-term sustainability of the PBF and concluded that there are dangers in using CCT programs to address deep-seated poverty and deprivation. In his opinion, the risks include operational problems of targeting and general effectiveness in reducing poverty. He defended that, in Brazil, income and cash transfers should be provided unconditionally as part of a

universal basic income for all Brazilian citizens and that the BFP can be a first step in that direction. There is a need for more research concerning the cash transfer programs in the long term. Other studies have recognized that the program has reached good results in the short-term; however, they have also agreed that understanding the long-term impacts would be beneficial to future planning and implementation of the PBF's designs (Salla, 2013; Sanches-Acochea & Mattei, 2011).

This short overview on literature demonstrates that most studies agree on the positive impacts of PBF, although there is still a need to deepen the knowledge of the ways in which they operate, of the role of the state/government in the program, and of its long-term effects and sustainability.

4. Problem Statement and Research Questions

4.1. Problem Statement

Traditionally, policies in Brazil are connected to political interests, and they are not seen as state policies but more as government policies (Fried, 2012). My interest is to find out how the PBF has impacted people's lives, especially among those who are most marginalized and have never been reached by the state before, for generations. I would like to investigate, in the light of the SDH, the characteristics of the PBF as a social policy to tackle poverty and inequality. Because of that, I do not want to deny the historic, social, economic, and political context influence since this is the reality in which the program goes on.

For that, I chose to listen to the policy makers, people who have been involved in the process of building the program, concerned with its design and management. I believe that they have a privileged knowledge and view about the PBF, which could help me to explore my research questions. I do not deny that they certainly have a bias from their experience. This is an asset but also a limitation, and both should be considered in the research.

The main objective of the present study is to analyze the PBF as a public policy in a historic perspective since its beginning in 2003 until 2018. It is important to determine whether the policy to tackle poverty and inequality has been handled at the state or government level, and if and how different governors and their ideologies have influenced the PBF to reach its goals.

4.2. Research Questions

- In the policy makers' view, how has the PBF contributed to reducing social inequality in Brazil between 2003 and 2018?
- What in the PBF's design, implementation, and management can be characterized as a policy able to reduce inequality?
- What important changes occurred from 2003 to 2018? What was their purpose and context?
- What are the relevant governmental influences in the program?

5. Methods and Ethical Considerations

5.1. Study design

Research is a process that involves collecting data in a systematic way for the purpose of answering a research question (Skovdal & Cornish, 2015, p. 4). This research design uses a qualitative case study.

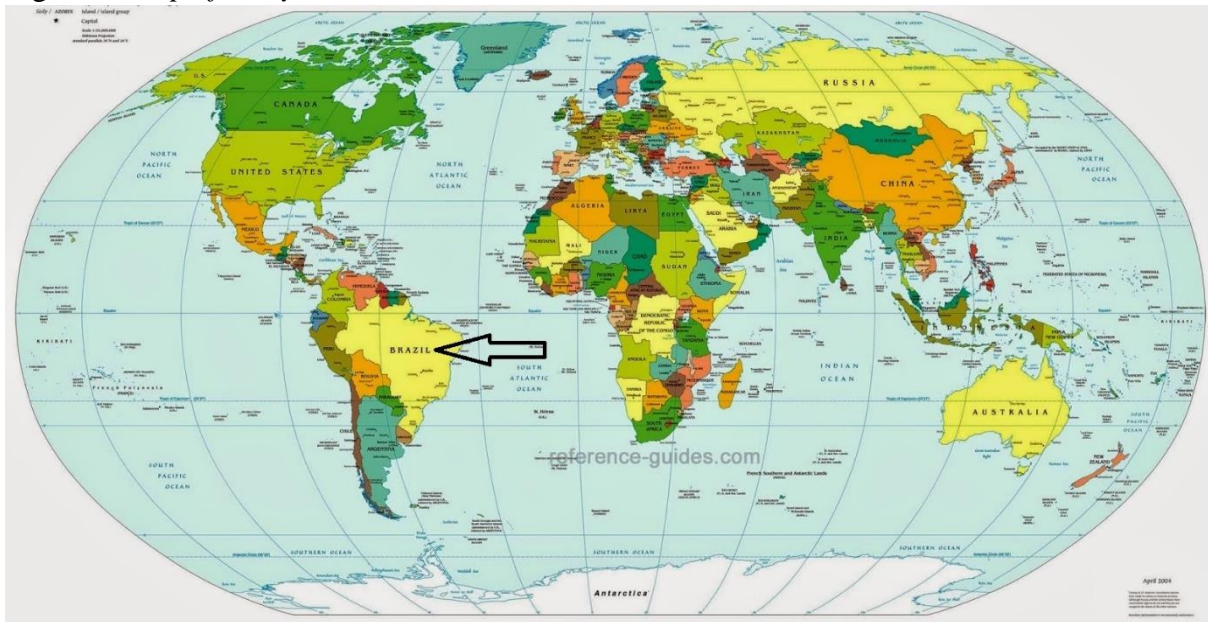
A qualitative approach is about social research in which text data is used rather than numerical data, and it aims to understand the meaning of human action (Carter & Little, 2007, p. 2). Creswell (2014, p. 4) points out that qualitative research is an approach to discover and understand the meaning of individuals or groups related to a social or human problem. The focus is on individuals' or groups' complexity and meaning. Qualitative research can give voice to marginalized people in society and can help to explain “how,” “why,” and “under what circumstances” something happens (Skovdal & Cornish, 2015, p. 4).

My choice for the “case study” was based on the purpose of this study, which is to analyze a specific policy during a limited period. Skovdal and Cornish (2015, p. 38) describe a case study “as an approach where you study a case, which could be an individual, a community, a school, a hospital, or a development program”. Its uses make it possible to have a clear picture of how the topic under study shows itself within the case. It is especially useful for evaluating a case, often a program, in which the researcher conducts an in-depth analysis delimited by time and collects detailed information (Creswell, 2014, p. 14). It seems to be the most appropriated research design considering the objectives of my study, the analysis of the PBF between 2003 and 2018 concerning its design, changes over time, and its contributions and limitations in tackling poverty and inequality in Brazil.

5.2. Study site

The most part of the study (seven interviews) was conducted in Brasilia, the capital of Brazil, in the office of the Ministry of Social Development (MDS), which manages the PBF, the objective of my study. One interview took place at the Chamber of Deputies and the other two via Skype.

Figure 3: *Map of study site*



5.3. Recruiting and contacting participants

As mentioned before, the main objective of the present study is to analyze the PBF as a public policy in a historic perspective from its beginning in 2003 until May 2018 to determine whether the policy to tackle poverty and inequality has been handled at the state or government level and if and how different governors have influenced the PBF to reach its goals.

The strategy was then to identify participants who could help me to produce rich and meaningful data.

The primary data was collected from a few key people who have concrete knowledge about the program, policy makers and politicians who have been directly involved with the PBF at different levels during different periods. The intention was to access official and personal information about the PBF from policy makers who have been involved in the operation of the PBF, to access their knowledge, experience, and view about the program, its challenges, changes, and impact over time.

The participants were identified through the official web site of the MDS, where there is a list of the staff in the department responsible for the management of the PBF, specified by area of program coordination. All of them were contacted by email, informed about this

study, and invited to be part of it. Those who answered positively were asked when they had been involved with PBF to guarantee that I could gather information that covered the period between 2003 and 2018.

I also considered it important to collect information from the secretaries of MDS who have been working with the PBF in a position of political power in decision making between 2003 and May 2018. During the existence of the program, there have been five ministries. Three were invited to participate, and only one accepted.

5.4. Data gathering and accumulation

The case study normally demands multiple methods of data collection to offer conditions to examine the objective from different perspectives (Skovdal & Cornish, 2015, p. 38). There are several instruments for the collection procedure in a qualitative case study research. This study used the interview.

An interview is a method of data collection in qualitative research that offers the possibility to gather information from people. It can be used to access their views, understanding, experiences, and beliefs. It is a personal conversation between the interviewer and the interviewee, guided by the first. There is an interview guide, and questions are pre-prepared to cover the specific research topic. It differs from a questionnaire in that it gives the interviewee an opportunity to give open answers and explain situations and experiences (Skovdal & Cornish, 2015, p. 56).

I opted for a key informant interview with the intention to gather important information from the professionals who are responsible for running the PBF at the national level since my interest is in objective facts and concrete answers. However, we should take into consideration that everybody speaks from a specific place, from their point of view, and are influenced by their backgrounds or may have a limited knowledge or a particular interest to protect, which means that the information is never completely objective. Hence, it is important to cross the information obtained in the different interviews (Skovdal & Cornish, 2015, p. 58).

Table 1. *Design of data collection*

	Phase 1	Phase 2	Phase 3
Period	2003-2008	2009-2013	2014-May 2018
Interviewee	3	4	4

The period between 2003 and May 2018 was divided into three phases to characterize possible changes over time. Phase 1 includes the initial years and the challenges of implementation. The second phase is a period of stabilization and possible course corrections. The last phase is based on the knowledge built about the program, how effective it has been, and its prospects for the future. A total of ten interviews were conducted, three of which were with people who have worked in at least one of the phases of the project. Among the 10 interviewees, nine are policy makers and involved in the central level management of PBF and one of them was at the political level, a former minister of MDS.

Initially, the plan was to conduct the individual interviews via Skype; however, some of the people who had agreed to participate had problems with the Internet connection. After many attempts, it was possible to carry out only two interviews via Skype. I then decided to go to Brazil and conduct the individual interviews in person, which showed a gain in quality related to contact with the interviewee and in the opportunity to be in loco at MDS, observing its physical structure and team atmosphere.

A semi-structured interview guide was prepared based on previous research about the PBF and on the objectives of the study to collect data that could produce information to answer the research questions. The interview guide can be found in the appendices (Appendix 2).

Nevertheless, considering that the interview is a conversation between two people and guided by the interviewer, to obtain the maximum relevant information, the interview guide was not always followed exactly. Sometimes, questions were added based on facts reported by the interviewee; other times, the respondent was asked to explain his statement better or to justify his references. In this way, the interview guide was followed but with flexibility.

The interviews lasted between forty-five and ninety minutes, depending on the availability and the involvement of the interviewee. All ten interviews were audio recorded using an audio device, and all the files were protected by a password to which only I had access. In addition to audio recording, notes were also made during the interviews to register information that seemed central to me, drew my attention, or connected me to previous information obtained through research and reading on the topic.

I gave the participants pseudonyms, assigning to them other Brazilian names, specified their gender, the period during which they worked in the program, and the department area in which they are/were working. The table 2, “*Characteristics of interviewees included in the study*” presents this distribution. I was quite impressed by their knowledge, reflexivity, and commitment to the issues addressed during the interview.

Table 2. *Characteristics of interviewees included in the study*

Participant	Period working with PBF	Gender	Sector
1 - Mariana	2006-2018	Female	SENARC's office – SENARC – MDS
2 – Lucia	2004-2018	Female	Monitoring and Inspection Coordination – SENARC – MDS
3 – Mario	2008-2018	Male	General Coordination of Management of Contracts Tracking with the Operator – SENARC – MDS
4 - Roberto	2008-2018	Male	Customer Service Coordinator – SENARC – MDS
5 – Pedro	2004-2010	Male	Former Ministry – MDS
6 – Rebeca	2009-2018	Female	SAGIE’s office – SAGI – MDS
7 - Marcelo	2015-2018	Male	Department of Conditionalities Directorate – SENARC – MDS
8 – Ana	2013-2018	Female	General Coordination of Conditionalities Monitoring – SENARC – MDS
9 – Luisa	2013-2017	Female	General Coordination of Information Integration and Analysis – SENARC – MDS
10 - Cristina	2010-2018	Female	General Coordination of Intersectoral Articulation – SENARC – MDS

5.4.1. Data management plan and analysis

Thematic network analysis was the model chosen for this study. This is a way of organizing a thematic analysis of qualitative data. The tool “offers a web-like network as an organizing principle and a representational means, and it makes explicit the procedures that may be employed in going from text to interpretation.” It provides a technique for putting the text in small pieces and then finding the explicit and the implicit meaning (Attride-Stirling, 2001, p. 388). The “basic themes” are organized into clusters, from which a group of organized themes were generated to illustrate a conclusion meaning (Attride-Stirling, 2001, p. 389). Thematic network analysis is widely used in qualitative analyses (Corbin & Strauss, 1990).

The management plan for this study involved the following steps:

(1) Transcribing the interviews. All interviews were transcribed in Portuguese, the language in which they were conducted, using Microsoft Word processing software. The second step was to translate them into English. The data was stored on my personal electronic device and protected by a password, to which only I had access. The data was shared with my supervisor through the university’s email account.

(2) Understanding the transcriptions. After performing the raw data transcription, I continued to listen to the audio record and read the material. Alongside this, I went back to the notes I had made during the interviews. This process helped to give me an overall understanding of the content before coding the data.

(3) Coding the data. Once I was familiar with the interview data, I started the process of coding, which means categorizing the results into significant fragments of text. For this stage, I used NVivo 11 software. This is a data management tool for organizing data generated from a variety of sources including video, documents, questionnaires, and interviews in the logistics of thematic network analyses. The program is easy to use and helped me to sort the raw data from the interviews, which made the analysis process easier.

(4) Identifying themes and constructing the network. After coding the data, I identified relevant concepts. I started by extracting basic ideas out of the coded data. Once I had the fundamental issues, I grouped concepts that had been mentioned repeatedly into basic themes. For that, I grouped similar topics that emerged in the basic concepts under a theme

that condenses the ideas into a systematized procedure. This was important to obtain an advanced level of information by establishing pieces of assumptions found in the fundamental notions. The final process in identifying themes involved classifying the organized ideas into global ones.

I listed and organized them in a table for the next step, the analysis of the data. (See the table 3. *Thematic analysis: Basic, organizing, and global themes* in Appendix 4)

(5) *Analyzing the data itself*. Starting from the table where the raw data were organized into basic themes, organized themes, and global themes, I described and explored the networks between them and the original text, the transcription of the interviews. Through that process, connecting the data to my research questions, I produced my findings, which are presented ahead.

All the steps followed for the data management plan and analysis were based on the process of thematic network analysis proposed in Attride-Stirling (2001).

5.5. Ethical considerations

Ethical issues should be considered in all phases of the research, from the beginning when writing a proposal, anticipating possible ethical situations, to conducting the data collection, analyses, and writing the report (Creswell, 2014, p. 92).

The participants of this study were professionals who were or still are directly involved in running the PBF and could possibly be identified by their job titles. To ensure that no harm is done, they were informed about the scope of the project when invited to be part of it by email. They all freely agreed to collaborate by positively answering the email and signing the informed consent form (Appendix 1), which reaffirms the terms of the study and makes explicit the use of their information.

The proposal for this study was presented to the Norwegian Centre for Research Data (NSD); clearance was sought and confirmed after small adjustments were made to the informed consent form (Appendix 3).

5.5.1. Trustworthiness of research

Credibility was tackled through purpose sampling (identifying the right informants for the research) and triangulation (to cross-check the information against other sources).

Triangulation means to explore different data sources of information by examining evidence from them and using it to make a coherent justification for themes (Creswell 2014, p.201).

Credibility was addressed in this study by having frequent supervision and discussion with my supervisor. Informal discussions with fellow colleagues have also contributed to this process.

5.5.2. Role of researcher and challenges

Reality is multiple, constructed, and holistic (Ylmas, 2013). The context where the phenomena occurs is an important part since it is built in a social and historical environment and molds the individual's identity, thoughts, and beliefs. The process of researching includes the researcher, considering his background, which will influence the issue to be investigated and the data collections and analyses since he will interpret the meaning of the data. He brings personal values into the study. The focus is on the individual's complexity and meaning.

I am a Brazilian woman studying development issues, concerned with understanding and finding ways to contribute to building a more equitable world. I strongly believe that action research and evidence-based programs that focus on vulnerable people can be a means for this.

The PBF was created and implemented by the Labor Party in Brazil in 2003 in a context of political change when, for the first time in history, a workman, Luiz Inácio Lula da Silva, was elected to the most important political position in the executive government. He implemented deep social changes concerning the central government's focus and investment in the poorest classes of the Brazilian population. One of them was the PBF. However, this was not without criticism, especially among the upper classes. The PBF has been a source of hot discussion among Brazilian citizens, stimulated by media, and there seem to be diverse perceptions about its effectiveness.

My personal motivation for this study was to objectively analyze the PBF through research rules and methods and contribute to the answer for whether this social policy has been able to reach the most vulnerable people in Brazil and if it has helped to improve their lives. Doing research can be an instrument to identify the conceptual practices of power and how they shape daily social relations. Can be a process of understanding how our lives are governed more powerfully by institutions, conceptual schemes, and their “texts,” which are seemingly far removed from our everyday lives, is essential for designing effective projects of social transformation (Harding & Kathryn, 2005).

I should mention that I am aware that my background influences my role in conducting this project as well as my position which was an active exercise in being open, reflexive, and critical during the whole process of the research, seeking out answers to the research questions by learning from the people I interviewed, the documents I analyzed, and the literature review I conducted. Besides the technical problems in conducting interviews by Skype in the beginning of the data collection (as mentioned before), my role as researcher was the biggest challenge I faced.

This awareness plays a key role in demonstrating how the researcher complements the value of the study and addresses his/her limits of knowledge. Therefore, clear communication of personal roles improves the quality of research (Guillemin & Gillam, 2004).

6. Findings

Based on the data collected by the interviews conducted, which follows the program's presentation from the viewpoint of the PBF policy makers, the findings are divided into three parts. The first part focuses on the structure of the program; the second part examines the different phases over the course of its fifteen years of existence; and the third part is the evaluation. Although a specific session was intended for evaluation, all other topics have an evaluative bias, a reflection on the effectiveness of the program, that is, a critical look at its structure and history by those who have been responsible for the design, central management, monitoring, and evaluation of the program.

6.1. The program's structure: How the PBF was built to tackle poverty and inequality

6.1.1. The program's origin

According to the respondents, when the Lula government started in 2003, one of its focuses was ensuring food security for the Brazilian population. This was one of Lula's strongest political platforms before his election, the promise that all Brazilians would have at least three meals a day. In February 2003, there was already the Programa Fome Zero, but policy makers quickly perceived that the program would not be able to achieve its goals in that format. By June 2003, they had started the PBF consolidation discussion. In their view, the PBF did not come simply as a compilation of the previous programs. It went beyond, supported by the context of its origin—a newly elected government with strong social characteristics. The focus was to understand how the other programs functioned, what the audiences were, where the intersections were, and how to better manage it.

(...) The idea of conditional income was already an older idea that came from the World Bank of the 90s. Then, it was created, taking advantage of the structure that already existed from the remaining programs.

Marcelo, MDS

Then, the government decided to create a ministry for its social agenda. The MDS came into existence in January 2004, integrating the existing Ministry of Social Assistance and the Extraordinary Ministry of Food Security and Zero Hunger. This new ministry

incorporated the PBF. In the view of the respondents, its identity was strongly emphasized that it was a duty of the state to guarantee poor households access to education, health, and social policies.

In early January 2004, President Lula invited me to implement the Ministry of Social Development and Fight against Hunger because it did not exist (...). So we had the responsibility of implanting, consolidating, and taking the PBF to the whole of Brazil. I always point out that it was very important that the PBF be contextualized in the ministry that also had other social policies.

Pedro, MDS

6.1.2. The program's design

The objectives of the program, according to some of the respondents (especially the ones who had worked in the beginning of it), show a strong connection with the context of their origin, that is, the existence of a social program capable of responding to the miserable conditions of a significant part of the Brazilian population, with a main focus in the matter of hunger.

The first objective, I would say the most immediate, was to eradicate hunger and ensure people that the basic attention was that food is a right, a fundamental condition for people to live. So, when the food issue was answered, we sought other rights.

Pedro, MDS

Most of the respondents said that the agenda was strongly focused on the view of the PBF as a welfare program in the field of public policies. One respondent emphasized the enormous social debt that Brazil had accumulated throughout its history. Then it was a fundamental question to guarantee the inclusion of poor families, recalling therein that it is a generational poverty. The program should reach the inequality that had been historically built in Brazil and encompass a broader social economic context. It is the responsibility of the state to provide a response to people excluded by the very system of capitalist production, and in fact, this should be a concern of social justice.

And then there is a clear idea that it is a capitalist society, in addition to historical inequalities, as was the case in Brazil, with the inheritance of slavery, the concentration of land, the concentration of income, and today we still have slave

labor, so ... we still have a very great social inequality. ... A program like the PBF comes as an instrument of social inclusion, social justice. We still have a very savage capitalism ... It is to consider the PBF as a program of income transfer, a minimum income of citizenship for poor families but included in the field of public policies, in the field of rights and duties.

Pedro, MDS

Despite that, the program from the outset had a much broader scope, a three-axis structure that included immediate poverty alleviation, intergenerational poverty cycle breakdown, and complementary intersectoral actions, as other respondents pointed out. This perception was shared by most of the respondents.

Summarizing its goals in three, the first is the immediate relief of poverty through income transfer. The second is to think about the intertemporal development of these families. They have the right to a stable income associated with conditionalities. The program creates a mechanism for the intertemporal development of families. And the third is also associated with intertemporal development that would have an association with other programs so that development would be given in a broader, more structured, and more stable way. It would be associated with training programs and family development. This is where the program's intersectorality management, in addition to conditionalities, comes in. In the third point, there would also be a great intersectorality so that this development of the families would be more complete.

Luísa, MDS

With regard to the second axis, breaking the intergenerational cycle of poverty, the focus is for the program to offer, facilitate, and encourage access to public services of health, education, and social assistance that enable the development of the family. This is a central issue in the PBF for the respondents.

It is a reinforcement of access to rights. Do not just give the money; you have to create the conditions so that the family can structurally overcome poverty over time. It means that we work with the children under the concept of human capital. If the children attend school more, have more access to health care, have more support from social assistance, they will achieve more throughout time. They fit better into the labor market, into society, and then succeed in overcoming the poverty situation of their original family. It is an intertemporal dimension of the program, right?

Marcelo, MDS

The respondents mentioned the third major objective of the program as broad actions that extrapolate development by the MDS. These should be carried out by different sectors

of the government so that they can contribute to the improvement of conditions in the families' lives.

I usually say that complementary action goes to the Department of the Treasury because the interest rate involves and has effects on the labor market, has effects on wages. So, there is another dynamic, right, that is far beyond the MDS. But that contemplates training, ... manpower for local organizations, economic insertion, productive insertion. So, several other dimensions ...

Marcelo, MDS

The concepts on which the program is sustained are not very explicit in the documentation itself about the PBF in the law and other official publications. As mentioned by the respondents before, the concept of social justice is present in the program. Even in the most developed countries, a small margin of unemployment is unavoidable. The society must be aware of this, that a part of the population must necessarily be attended to by historical injustices and by conditions inherent to the capitalist mode of production, where conditions of unemployment and periods of crisis are part of the process.

People, families, poor communities have the right to receive support from the state ... So, make it clear that this is not a favor, a grace of the state. It is a public policy to serve people, families that have been historically unassisted. It is the beginning of the inclusive correction.

Pedro, MDS

It was unanimous among the respondents that the PBF is still a very low minimum but is already a very big step forward, giving families a right to income.

Income means food security, a relief in the daily obligations of the family so the people can focus on their development—what is important when you no longer have to worry about what you are going to eat every day.

Luisa, MDS

One of the respondents draws attention to the fact that the program plays a role in offering a complement of income, considering that the poor are exposed to great income volatility. Therefore, the benefit offered by the program would aim to offer a certain income stability.

The PBF is not considered to be a substitute for income. Studies show that 75% of the beneficiaries work ... So, if you work on income supplementation for immediate

relief, that gives security to families, right, because it is an income that is there every month. There are studies that show the volatility of these families in the entrance and exit of the situation of poverty in the cut that we have.

Cristina, MDS

The other respondents pointed to the concept of the multidimensionality of poverty.

I think there is this background of multidimensionality of poverty, of an international multidimensional discussion of poverty. I think there is the discussion of social security, non-contributory social protection. Then it goes into a range of benefits, and it comes to fill the gaps that we had. It is based on in the discussion of inequality/poverty.

Cristina, MDS

One of the respondents mentioned a concept of social assistance that is little talked about in that the program ends up being a facilitator to guarantee other rights, that beneficiaries had more difficulty in accessing before they were in the program.

The concept of social welfare, of development, is to get out of poverty. We have income transfer, health, and education that are the big areas, but social assistance is very present in all PBF follow-up, so social security is a very important concept. At least in the conditionalities, we try always to have this in mind because we do not follow conditionality simply. The view of the PBF is not that conditionalities are an obligation, a response from the beneficiary for receiving the benefit; it is not. For us, it is a guarantee of rights. And when this right is not guaranteed, it means that the family does not have adequate social security. So, social assistance participates in this; social welfare is the great promoter of this policy precisely because it is a policy that seeks to promote social security.

Luisa, MDS

6.1.3. The program's management

The program's management is based on direct cash transfer to the households. It aims to reach the total of the population under the poverty line, for that is present in all 5,700 Brazilian municipalities, and this requires a decentralized execution. The households have to comply with the conditionalities related to school attendance and health monitoring. Conditionalities were pointed out by the respondents to be instruments of intersectoral action, especially with health and education sectors, which is another fundamental aspect since it promotes access to rights.

...payment direct to the families ...; privilege the women beneficiaries as the head of household. This gives autonomy to beneficiaries on gender issues.... The autonomy is that the beneficiary has to spend the benefit. This contributes to the social inclusion of families.

Ana, MDS

The PBF is a national central policy; however, implementing it to effectively reach the poorest population in Brazil, both in terms of its identification and in executing the program itself, requires a partnership with municipalities, which are responsible for running the program at the local level.

Federation, decentralized management for municipalities, which receive funds for execution—it generates a virtuous circle. The municipality joins the PBF; if it does the work, its population will be served, and the poverty of its territory will be relieved. And it still gets the resources to do that job.

Mariana, MDS

The respondents recognized that the rules related to the conditionalities are very complex, but they do not necessarily lead to cancellation of the benefit in case of noncompliance, just a residual dimension. Some respondents questioned whether there should be conditionalities or not because education and health are universal rights. In addition, it would not make sense to punish poor and vulnerable families to do something that is their right.

I talked about the discussion of the concept of conditionality, if it should or not have conditionalities, if it should have a repercussion in the household benefit. Health and education are rights, we always say. What we are looking for here is to stimulate the exercise of law. We assume that noncompliance with cross compliance is indicative of social vulnerability. If the family is not fulfilling it, it is because something is happening with the family.

Marcelo, MDS

Most of the respondents regarded intersectorality as crucial. Given the complexity of intersectoral work, they think the PBF is an excellent example of being able to work with other sectors, other ministries, other policies, and to promote the development of those families in a way that understands all the determinants of a situation of greater vulnerability.

There should be intersectorality with health and education because it is important for the development of the households and from the viewpoint of the evolution of health and education policies in the territories, as mechanisms of induction.

Mariana, MDS

The intersectorality at the PBF is central because poverty is intersectoral. It is not simply solving a problem; there is no way you can tackle exactly one problem and end poverty.

Luísa, MDS

6.2. The development of the program through its different phases

The program created in 2003 completes in October 2018 fifteen years of existence. In a historical retrospective view, the respondents divided the PBF into different phases according to the main facts, changes, and characteristics that marked each moment. The division presented was not unanimous but represents the understanding of most respondents. There is, however, a lot of agreement regarding the characterization of the phases, although sometimes there was some divergence in the definition of the periods.

- **2003-2008: Challenges of Implementation/Deployment:** The initial years and the challenge of building the PBF as an effective social policy
- **2009-2010: Stabilization/Consolidation:** After the initial five years, marked by intense development and growth, the program seemed to experience a period of stabilization.
- **2011-2013: Innovation/Growth:** The most important period of PBF, due its qualitative growth
- **2014-2018: Operational/Maintenance Challenge:** After a phase of significant growth and expansion between 2011 and 2013, in 2014, the first signs of a new external political context were emerging and would strongly influence the program in the following years.

I have organized this section including the four different periods into two themes: "Challenges of implementation/deployment" and "The influence of the external context (social, economic, and political)," which, from my perspective, encompass all the PBF's phases mentioned by the respondents.

Although there have been successive changes, the initial goals for which the program was created seem to hold.

I believe that the program, since it emerged, has never had a change that significantly changed what the program is. The objective that made the program come up, I think, has never been changed. However, there have always been some improvement changes.

Luisa, MDS

6.2.1. The challenges of implementation/deployment

The respondents mentioned that reaching the target population for the PBF was a mark of the first phase.

I think the initial challenge was to reach all possible beneficiaries, to reach those who should arrive and get a good registration, which was also possible thanks to our banking system. I think it is a great differential; if we did not have a banking system with this capillarization of lotteries, it would be very difficult.

Cristina, MDS

Concerning the implementation, the first challenge pointed out by the respondents was the registration—identifying households and ensuring that resources effectively reached families that met the criteria established by law.

We had some very fragile previous registrations. So, we did a very important job with powerful tools. We did an integrated work with Caixa Econômica Federal Bank, which operated the payment for us. We also signed a study agreement with the World Bank, as you know, to find an instrument that would allow us to reach these households and monitor them through technological resources, thus also making comparisons with other existing databases.

Pedro, MDS

We needed to have a single register as a database for the formulation of public policy in the social area—how many, who they are, where they are, and how the low-income populations live in Brazil.

Lucia, MDS

Some respondents thought that another challenge was to think of a model for the PBF that the municipalities could execute that would be different from Mexico's CCT (with central management), which was the program researched when the PBF was created. Moreover, in their perception, the municipalities in Brazil were very structured in relation to

health and education networks but not in social assistance. The CadÚnico and the PBF have contributed to define, structure, and empower social assistance at the local level.

We used the networks that already existed; no new network was created. There were only staff coordinators. The PBF uses the universal health and education networks. We unified preexisting sprayed programs that had a unique look for the same households.

Ana

Another fact, exhaustively quoted by the respondents, was the creation of the Índice de Gestão Descentralizada (Decentralized Management Index, IGD), a baseline of indicators that enabled another strategic partnership with the more than five thousand Brazilian municipalities that were, and still are, responsible for the decentralized execution of the program. The better the municipality performs, the greater the features it receives, which forces the municipal management reach their maximum rates. In addition, it affects the management of the PBF as a whole. That is why there is constant monitoring, not only of the policy, but also of the program's focus.

The IGD institution in 2006 was strategic. Because it is a program in which, despite the design being centralized, all the execution is decentralized, you depend 100% on the municipalities to do it. So, it's no use having the CadÚnico system, forms, and such, if the data collection does not happen, or happens in the wrong way, or if you do not have professionals to do it. I think IGD was fundamental in this shared management process.

Cristina, MDS

The compliance monitoring system was also implemented during the end of the first phase in 2008, which, according to the respondents, meant a significant improvement in the program.

There were challenges, thinking about the implementation of the conditionalities system, for example; that change was radical. It was in 2008 that the conditionalities monitoring system, SICON, began to function.

Mario, MDS

According to the respondents, after the initial five years, marked by intense development and growth, the program seemed to experience a period of stabilization.

Perhaps it stabilized in relation to those deployment challenges. I joined the PBF in 2010, and I do not think there have been any radical changes from the way it was before. When I entered, I realized exactly this stabilization without radical changes.

Cristina, MDS

The focus was the consolidation of the changes implemented in the previous period.

During 2009 and 2010, the focus was other improvements such as the review cycle of the quality of cadastral information previously included. It closes the cycle of being able to insert the families, to follow the health and education services, and to make the cadastral revision.

Mariana, MDS

It is worth mentioning that some respondents point out as an important fact the approximation and integration of the PBF in 2009 with the social assistance system as a whole, of which the program is a part.

In 2009, there was a gain related to the social assistance for recognizing households in non-compliance as a priority for follow-up within the Sistema Único de Assistência Social (Unified Social Assistance System, SUAS). I see this integration between the services as important and as a strategy to help families get out of vulnerability.

Mariana, MDS

6.2.2. The influence of the external context (social, economic, and political)

During the first phase of the program, the respondents emphasized that the political context was very favorable to its development.

This was a program that was a flagship program of the government of the Workers' Party. So, it was a program with a lot of visibility, a program that had space on the agenda; the minister spoke very close to the president. So, it had a status, and it had very great visibility.

Marcelo, MDS

Favorable context was expressed even in budgetary matters.

Historically, we never had a budget problem because it was a political decision in this sense.

Lucia, MDS

Under favorable political and financial conditions, with management improvements, it was possible to grow the program in the number of beneficiaries.

If you look at the program, it started with three million households, and by the end of the decade, it was nine million households, more or less. So, it's also a period of expansion, right? (...) It's an expansion of coverage. So, the rules are the same; you're just putting more people in because I have more of a budget; I'm increasing my ability to execute.

Marcelo, MDS

As stated before, the PBF is a program that is designed with three axes. The first is the immediate relief of poverty, related to the monthly income transfer; it is an aid that the state gives. The second dimension is the reinforcement of access to rights, related to the conditionalities. The idea is to create the conditions that help the family to structurally overcome poverty over time. Both axes are executed by SENARC. In addition, there is a third dimension, which is not at SENARC, of complementary actions. These are the actions of social and productive inclusion of the family. According to the respondents, this third axis has been relegated over time. The Brazil Without Misery Program was created in 2011, and the current head of SENARC was then appointed to a new position called Secretaria Especial para Erradicação da Pobreza (Special Secretariat for Eradication of Poverty, SESEC), specially designed to work with the third axis.

We tried to coordinate some policies along this line of productive inclusion. It was very coordinated, not to do nothing, but to try to mobilize partners and put the public beneficiary of the PBF as a public priority through many actions.

Marcelo, MDS

After a period of stabilization, the PBF spent the next two years in a phase of qualitative changes. Respondents stated, unanimously, that this was certainly the best phase of the program, as a quality leap occurred. They associated this significant change with the Brasil Sem Miséria Program.

In 2011, you had an expansion by rule change. It changed the benefits, and then included more people within the program in a new benefit design ... And then, it associated with the Brasil Sem Miséria Program, which is the third axis of the PBF, that goes to a new department created specifically for it. So, I think it's an important moment like that, for a more significant change within the program.

Marcelo, MDS

Thus, in the context of the Brasil Sem Miséria Program, in addition to the intersectoral actions linked to the third axis, the PBF was encouraged to expand its initial design,

especially related to the two first axes, and better cover the reality of its beneficiaries. Below are some important changes mentioned by the respondents.

The Benefício de Superação da Extrema Pobreza (Benefit of Overcoming Extreme Poverty, BSP) meant having no household below the poverty line, at least monetarily.

It makes a difference, so that the household leaves the situation of extreme poverty. The composition of the household and the income are analyzed to see who still remains in extreme poverty even though they were already a PBF beneficiary and who will receive an income complement without any other conditionality or requirement. That was a gain, an evolution.

Ana, MDS

Strengthening the active search, it went to families mainly for registration purposes. This has greatly improved the inclusion of groups of specific traditional populations.

The active search was a big breakthrough, but there are still many families that are not accessed. These are specific traditional groups that require special care and respect for their culture, religious, and ethnic issues.

Ana, MDS

A range of new benefits was created with the primary goal of impacting maternal and child health and extending the school years of adolescents at a time when school dropout rates are extremely high.

The benefit of the young went to adolescents between seventeen and eighteen years old, conditional on school attendance. The benefit to the pregnant women was conditional on prenatal follow-up to encourage the early follow-up of prenatal care. The benefit to the nursing mothers was for six months. It encourages the family to provide the child's birth documentation before six months of age in order to get her registered in the PBF.

Ana, MDS

There is a possibility of income variation when the beneficiaries are already in the program. The entry rule is R\$170.00 (US\$ 46.00). Then it can vary up to half minimum wage, R\$980.00 (US\$ 133.00) without program shutdown.

It incorporates the reality that households' incomes vary and brings this information to the CadÚnico. Since the beneficiaries are not under risk to lose the benefit, they are not afraid to declare their actual income.

Lucia, MDS

The variable benefit for children between zero and sixteen had its limit extended from three to five. Thus, each household was able to receive up to five variable benefits.

It had a low impact on the budget since among the households' beneficiaries of the PBF, the average number of children per family is 1.7. On the other hand, it could reach the large households that were significantly benefited.

Lucia, MDS

The respondents pointed to an improvement, a change in the legislation regarding conditionality with respect to noncompliance, punishment with conditionality, and the linking of the program with the conditionalities, which is something very subtle, but that makes sense when looking at the PBF and its objectives as a whole.

By 2012, the conditionalities of the program had a compliance process that could lead to cancellation very fast. If there was a family that had once failed and received a warning, then came a suspension, then a blockade, then cancellation. If they had three suspensions in a row, they could have the benefit canceled. This was the old legislation. In the new legislation, we have placed a condition that they can only have the benefit canceled if the family is accompanied by a social work staff because it's no use taking a family in a situation of vulnerability, simply taking them from the program, cutting the income, not following up, and taking them completely from the government's vision. It is a very strong disposal of a family from the protection system. So, we put conditionality, a condition that they have to be monitored for at least twelve months by a social work team to be disconnected from the program. This is in case of failure to comply with conditionality.

Luisa, MDS

Additionally, there is a possibility to stop the application of the effects of noncompliance with conditionalities. If the accompanying team concludes that even with the follow-up, the family will not be able to meet the conditionalities again within the established period, it can suspend the effects and protect the family.

It was very positive, a gain for the program. No benefit is canceled without the accompaniment of social assistance. There are many households in suspension, the step prior to cancellation, that are not being accompanied. But there is the gain of not losing them from the radar.

Ana, MDS

In the respondents' view, those changes have added even more to the original concept of the PBF and, perhaps, even expanded it a bit more into a concept of greater social security because the PBF, as mentioned before, did not initially have social security among its main concepts. It had the security of income and the right to the development of human capital.

Within the conditionalities has always been the specification of education, health, and social assistance work, but I do not think it had, before, a very strong point that speaks of the right to social assistance for these families, which has changed now.

Luisa, MDS

Therefore, in addition to the conditionalities, *stricto sensu*, that are given, prenatal care, vaccination schedule, weight, nutritional monitoring, school attendance, and other universal services policies, in the densification logic, were integrated into the conditionalities in this logic of equity within universal policies.

We work with the concept of equity and take advantage of the information and the footprint of conditionalities. We had a very big link with the Brasil Sem Miséria Program, so we were articulating with other already existing programs, for example, "More Education," a federal program of integral education, and "Health in the School." We developed the concept of majority PBF schools, placing a focus on the territories where the children are beneficiaries of the program and are the most socially vulnerable.

Cristina, MDS

After a phase of significant growth and expansion between 2011 and 2013, the respondents pointed out that in 2014, the first signs of a new external political context were emerging and that it would strongly influence the program in the following years.

Then it started being a bit of a challenge to maintain the program. Maintenance of the program with the quality already achieved, I would say, is what we have been going through from 2015 to now."

Cristina, MDS

However, it was from 2016 that, in fact, a change of course occurred in the program. The size of the program was kept the same; there was not much change. Nevertheless, there was a change in the perspective and approach to the program. In the respondents' perception,

there was a certain emptying of the program in the symbolic vision, in the way the program entered the discourse.

The PBF suffers ... from the perspective of political vision. In the new government, as it is a government that comes through the process of impeachment against the Workers' Party, they want to submerge the program. So, the PBF loses all its references.

Marcelo, MDS

In the respondents' view, what contributes to the maintenance of the program, even in an unfavorable context, is its technicality.

At that time, from 2016 to now, there was no initiative to end the program but also no investment. Leave it as it is. The program is very technical, so it is protected, even with several attempts of destabilization by supervisory bodies.

Lucia, MDS

It was unanimous among the respondents that, despite the maintenance of the program, including the budget and number of beneficiaries, two new frameworks are presented: an excessive focus on the control and audit processes and the difficulty of intersectoral work. The issue of excessive focus on surveillance becomes central to the program, more as an end to itself than a way to fulfill its goals.

Nobody can say that the PBF will end because of the political effect of the vote, because it is a lot of people. But at the same time, they say that the program has problems that they have to correct in order to satisfy the people who are against the program. But, this is it; if you turn the focus to the mistakes of inclusion, instead of looking at the errors of exclusion, it becomes an end in itself. You lose the notion of the whole, and the goal lost

Marcelo, MDS

In the evaluation of the respondents, this is a form of indirect political intervention with the objective of questioning the management and, consequently, a justification of the existence of the PBF.

The focus on auditing was a footprint at that time. In the logic of the auditor versus the public policy manager, there is this shading. But I think, for sure, surveillance is hyper-sized. We had a great setback for that look because, back there, we have already had this social tension in relation to the program, to exist or not exist, so in the current context, all myths come back. If you do not have the macro, political, supportive narrative, you easily fall into this process of disinformation. In that tension, you fall again into the discourse of meritocracy.

Cristina, MDS

As indicated by the respondents, in this period, one of the pillars of the program, the intersectorality that touches all areas, has been strongly affected.

I think part of the channels we had with health and education were a bit shaken. Partner ministries are no longer partners as before because the program has other commands. As for conditionalities, it continues; it is normal. But other dimensions of the program that we tried to articulate, other health policies and education for the beneficiaries, were a bit compromised ... the program loses visibility and that protagonism that it had. We are only in operation.

Marcelo, MDS

The vision about poverty, about the poor, and about how these concepts are operationalized in the program in this new political context is another aspect pointed out by the respondents.

There is a prejudice against the very large poor, including official bodies. The assumption is that beneficiaries are always committing irregularities.

Lucia, MDS

However, some respondents emphasized that there are still spaces for action and partnerships, although they are no longer guaranteed by interinstitutional agreements. The average bureaucracy, the staff actors involved, in this context, signifies possibilities for intersectoral action.

I think that in moments of crisis like this, the intersectoral articulation, the agent, is in a very difficult moment of articulation, where the great differential is half bureaucracy. It depends on who's there; that makes all the difference.

Cristina, MDS.

6.3. An overview retrospective evaluation of the program after 15 years of existence

6.3.1 The program's effectiveness

In the respondents' view, the program has generated positive impacts directly on the lives of beneficiaries, in the local economy, and in Brazilian society as a whole.

The program has helped many households in distress and misery through direct income transfer, which provides security and economic and emotional stability to people who had never been helped by the state before.

PBF reaches out to people who need to think about what they are going to eat tomorrow.

Luísa, MDS

And indeed, it was an effective achievement because we managed to eradicate hunger in Brazil. Brazil was withdrawn from the hunger map according to the UN Food and Agriculture Organization (FAO) for the first time in history.

Pedro, MDS

In the respondents' view, the program has certainly met the goal of income transfer and food security. The beneficiaries themselves are linked to the issue of income security since this is important for households to start thinking about the next step. Once they have food to eat, they can think about whether their children can go to school or not, about working, and about having another source of income.

But it's not just those who are hungry; there are people who are in the line of income of the PBF and who really need the money to pay an account, pay for a place to live. So, these are basic rights—housing, food, clothing. It offers a little dignity, so they do not need to expose themselves to certain types of violence so that their child has food to eat.

Luisa, MDS

For the respondents, it is undeniable that the objective of the PBF has been effective in terms of the goal of human development via health and education. It is a way to break the intergenerational cycle of poverty through health and education. Income facilitates access to these rights.

... There are three or four articles here that go along this line of evaluating the effects of the grant on specific health issues. And there is an interesting work that says the beneficiaries of the PBF, through the conditionality in health, see that the child is vaccinated, weighed, and measured to assess malnutrition and prenatal care of the pregnant woman. This is not a lot, but the effect is not on conditionality only; the effect is on the households' access to the health service.

Marcelo, MDS

According to the respondents, the beneficiaries used to say that they liked the conditionalities because they felt obliged to take the children to school. They did not have this awareness before—how important it is for the children to be in school.

...School attendance increased compared to those who are not beneficiaries of the PBF. The data about their trajectory show ... that the same children were identified from 2008 to 2013... They abandoned school less often than the others; they approved more, after they passed the hard start.

Cristina, MDS

For most of the respondents, the PBF has contributed to reducing poverty and inequality. However, it alone will not reduce structural inequalities. There have been significant advances; however, it is necessary for other policies to walk along, considering the objectives and the limits of the program.

We have to remember that poverty is multifactorial, so I think it has contributed to reducing poverty, for the reduction of inequality is much more complex. Anyway, based on the study I read, until 2012, 2013, the PBF had effectively contributed to reducing inequality. But I think that a significant reduction of inequality requires a policy much greater than the PBF.

Luisa, MDS

One respondent with an economic background explained that it is noteworthy that, from the social security point of view, what reduces poverty and inequality in Brazil are the social security benefits and the policy of raising the minimum wage. For the amount that is paid, financial volumes are much higher in forecast, both in the rural benefit and in the retirement of a minimum wage. Therefore, the increase in social security coverage and the increase in the minimum wage would have been the main factors responsible for reducing poverty and inequality in Brazil. However, they still feel that the PBF has a fundamental contribution because, although the appeal is around 1/25 of social security spending, it is very focused on the heat of the distribution of poverty. The PBF is much more targeted to those who are really in poverty. In addition, this has an effect because it goes well to the extreme and ends up having a more than proportional impact on the distribution, although the volume is, in monetary terms, much smaller than that of social security.

I evaluate the PBF as a successful policy that hit its goals. One of the reasons is that there is an impact disproportionate to spending in relation to the reduction of inequality and poverty. By targeting, it has a very important impact in reducing inequality. It's a good program to work on for the effects it has. You see, you work on something that has a direct effect on people's lives. It has a relevant social impact.

Marcelo, MDS

Another respondent pointed out that there is an accessory gain in the PBF that the value of the total benefit payment in some municipalities is higher than the municipality's GDP. By strengthening the local economy, people have access to the consumption of basic goods.

First is the fundamental right to food. After the family began to have access to basic goods and services, refrigerators, blenders, washing machines, stoves ... these things that constitute the basics of family dignity and are fundamental to ensure family cohesion, ... And from that, something else, research also showed that households started to invest as well, to buy school materials.

Pedro, MDS

Some respondents posed that the program does not supervise the use of the resources by the households, which is seen as a way to break prejudices. The family has the right to access and spend resources on the assets that they deem important and necessary. Consequently, the beneficiaries are empowered, especially women, by privileging them as the heads of the households. This occurs in more than 90% of the cases.

Currently, the CadÚnico, developed and used as prioritization for the PBF, have more than forty other policies aimed primarily at PBF beneficiaries. The objective is to promote the integration of new and existing policies in different areas for the public served by the PBF, in the sense of disentangling the third axis of complementary actions, according to some respondents.

One reason for the successes of the PBF, in my estimation, in my reflections, is that it is not an isolated program ...at least when we stated it, this intersectorality, this integration of policies, in my view, was one of the causes of the success of the PBF.

Pedro, MDS

The average value of the benefit in the program is R\$170.00 (US\$48.00) per month per household, which has four people on average. Even though it can be considered a very

low amount, the respondents believe that it still makes real difference in the beneficiaries' lives. They point out that the official minimum wage in Brazil of R\$980.00 (US\$ 265.00) is not used in all of the country. Therefore, in truth, there are scales of what the minimum wage is in different states, especially in the north and northeast regions.

As the country is very unequal, poverty is very great, I understand that part of the population looks and speaks. I do not see change, that's it, but it's change for who is there, and every day they do not know if they will be able to buy even the flour mixed with beans to give to the children.

Cristina, MDS

Then, the impact that the PBF's benefits have on these households is significant, including the dynamics on the local economy, considering that more than 80% of the counties of the country are small.

For a long time, it was believed that economic growth alone would produce a more just society. This is not true. You have to produce, yes, you have to have economic growth, but you need public inclusion policies. And there it was proved that inclusion, in turn, helps to run the economy.

Pedro, MDS

The respondents point out some reasons that, according to their view, contribute to the effectiveness of the program.

The program is relatively inexpensive for the effects it has. It covers about a quarter of the population of Brazil, with a half percent of the GDP, and has important economic effects in terms of income distribution and social stability.

The PBF is cheap. The management structure in relation to the magnitude of the program, the number of households it serves, the gigantic operationalization that is made, and the mobilization of all entities is what affects many people and changes people's lives.

Ana, MDS

The program has been maintained with a very technical management, without political influences, which is emphasized as an important aspect. It is a different model from what there is in the Brazilian Public Administration.

If you put the PBF in the hands of politicians, it will not work. It's extremely complex; it has this intersectoral relationship and this interfederative relationship, which is complicated. So, the great program of great political appeal of the government, in fact, is played in a very technical way. And so, it is without political interference in management.

Marcelo, MDS

6.3.2. The program's challenges and limitations

Although the respondents pointed out a range of reasons that, according to their view, show the effectiveness of the program, they also mentioned several limitations, challenges to be addressed and overcome.

One of the respondents pointed out that the PBF has a very complex design, which, in his view, makes it possible to reach the target population, still considering their differences and life course changes. However, there is a variability in the value of the benefit paid each month due to the possible suspensions for noncompliance with conditionalities and the increase or decrease of variable benefits, which somehow keeps the income insecurity for the beneficiaries.

The important issue is to guarantee a steady income, which, I think, is one of the most important things because income of the poor is unpredictable. The household enters and leaves poverty all the time, and this is very destructive to them.

Marcelo, MDS

The complexity of the PBF's design also makes it difficult for the beneficiaries' understanding and for management action. Very complex rules hinder the empowerment of beneficiaries to exercise their rights, even in the face of the illegal actions of local managers.

On the negative side, beyond what we are living today, we may have failed to develop more of a citizen conscience, to have worked a little more with the beneficiaries of the program so that they became a little more subject to these actions and holders of the process.

Pedro, MDS

After overcoming the more structural challenges of the early years, the respondents pointed to intersectoral work still as a major difficulty.

I would say that the biggest challenge today is the issue of intersectorality to deal with the various policies.

Luísa, MDS

In the view of one of the respondents, one of the reasons that it is difficult to accomplish intersectoral work is the way the Brazilian state is organized. The possibility of implementing a quality intersectoral public policy will depend more on the responsible public agent than on the organization of institutional relations.

What I said in the beginning, how the policy relates to the administration? So the ministries are fiefs, the feudal ministers. In this structure, it is difficult to do intersectoral work, very difficult. We can have a good federal talk, but when it goes down to the states and municipalities, the thing is more complicated. There are places where it works well, and you have good examples of intersectoral work, and there are places that do not work at all.

Marcelo, MDS

The dimension of conditionality has an effect on access to health and education. However, the poor quality of the school is limiting for the development of the children, according to some respondents.

It was not a goal made 100% effective by external issues to the ministry, which is not to offer a quality education and health. Obviously, that development will not be made in the best way possible. You can put the child inside the school, which is already a huge step forward, but the results will be limited.

Cristina, MDS

There is a consensus among the respondents that in the last two years, the government has not given much attention to social policies as a whole—neither health nor education and much less the social area. It is related to the general context of Brazil, not exactly to the PBF, but it directly affects the capacity of intersectoral articulation.

What has happened politically in Brazil in the last two years did not favor politics, much less the PBF. The unfavorable context favored the PBF in the sense that he was overpowered because he rocked, rocked, and did not fall.

Luisa, MDS

Some respondents mention the bias to the program as a challenge that is still present in since its implementation, mainly from the middle and upper classes in Brazil. This is a perception that the government would be giving money to people who do not want to work, and not as a public social policy of state responsibility. Additionally, the understanding in

the decentralized networks that the PBF is an extra job, accompanied by prejudice for the beneficiaries from the social area servers in the management of the program, is a punitive view.

The prejudice of the other classes... is much less today. If you are going to interview people outside the MDS, you will identify people who actually recognize the program as necessary, but there is still this prejudice, especially in the middle and upper classes ... and today, hardly any public manager will doubt the PBF, given its strengthening as a public policy of transfer of income. We're overcoming this, but it still exists.

Mario, MDS

The respondents pose that because the program was created by a federal law, it does not give the right to the target Brazilian population to have access to the income transfer guarantee. This is instability in the context of constant budget disputes. Nowadays, the respondents consider that the non-maintenance of the PBF would be political suicide, but it is a possibility, as is the political use of the program. They see as still necessary a legislative security for the PBF as a right.

Just because the program is a law, it is already a state program. But really, if we think about the political context from the creation of the PBF until today, this placement, this discussion can really have relevance if it is a state or government program. I think, with these changes of government, that it will strengthen itself as a state program.

Cristina, MDS

As consequence, progress has not been made to have periodic, systemic, linked, and predicted readjustments of the poverty line, extreme poverty, and benefit values. Readjustments are made eventually but not systematically.

The non-periodic readjustment of the poverty line drains the purchasing power of the beneficiaries. Also, it causes us to have an under-sized poverty line, and this generates a series of difficulties in reading the population served, which compares with other demographic data where the number of poor people is much higher than what you have today in the PBF.

Mariana, MDS

Some respondents feel that there is an expectation that the PBF will solve the social problems of Brazil. However, poverty cannot end without investing in various other development mechanisms such as education, health, job generation, infrastructure, research

and development. In the respondent's view, the program is still a palliative to a more structural solution for the inclusion of the poor. That is why the PBF is also criticized—it does not end poverty. However, the goal of the program is not to end poverty, which is in another dimension. The program supports households to deal better with the poverty situation.

The PBF does not have to be the redemption of poverty in Brazil. I find it very difficult to have a single policy like this, to eliminate forever a problem as chronic, as great as in Brazil.

Luisa, MDS

Brazilian capitalism is still a savage capitalism that demands deeper structural changes in order to tackle poverty and inequality.

To effectively reduce inequality, I think that we need to carry out in Brazil three basic reforms that are related to the property issue: agrarian reform, urban reform, and tax reform. In our perspective, we transform into reality a constitutional principle of the social function of property and wealth, of the social function of the earth.

Pedro, MDS

6.3.3. The program's future prospects

Considering the history of the program, its achievements, limitations, and challenges, most of the respondents understand that their perspective is of continuity, albeit in an unfavorable political context.

Because of the magnitude of the PBF, there are many people to defend the program. Today, it has greater stability because of that. It ceased to be the program of one government and persevered even in changes of government, without major changes.

Ana, MDS

Even with a sudden change of government, the PBF's design was not affected. There was no change in the number of households served, which shows that it is based on strong structures. However, this is a moment of stagnation with an overemphasis on focus and oversight.

Also, because of its formulation, people have already understood what is needed for the population of Brazil to have this type of program, which has a relatively low cost.

Luisa, MDS

According to most of the respondents, however, the direction the program is going to take depends a lot on who is in power in Brazil. It could become a program that will focus on social care, or it could focus more on job training, depending on the approach and the dimension of the program.

Future prospects are very uncertain. It is still a program that depends on political decisions to be kept. We live in a time of extreme political instability. Then everything is open.

Lucia, MDS

However, there is also a more pessimistic view regarding the future, given the strong neoliberal economic policy context with a minimal state.

Unfortunately, in this rightist wave that we are living now in Brazil and in the world, I fear that the PBF, as well as other programs aimed at the poorest, social inclusion, the perspective of social justice, the common good they bring, is losing supporters. At the moment, we are living like this, very marked by individualism, consumerism, neo liberalism, so that each one has to take care of itself, the idea of the minimal state ... So, I think that maybe we are losing, at least a part, of what we have built.

Pedro, MDS

7. Discussion

The objective of this chapter is to interpret my findings in the light of the relevant literature and the conceptual framework of the SDH. Limitations of the study are also explained. I will structure the discussion on Figure 2, Framework for tackling SDH inequities (Solar & Irwin, 2010, p. 60), presented in Chapter 2, “Conceptual Framework – The Social Determinants of Health (SDH).” The model will not be exhaustively analyzed but will be used to guide the discussion as a tool to understand and make implications from the findings.

The SDH’s aim is to promote context-specific strategies to address both structural and intermediary determinants. Such strategies will necessarily include intersectoral policies through which structural determinants can be most effectively addressed and will aim to ensure that policies are designed to engage and empower civil society and affected communities. There are different levels on which strategies can be developed into policy actions: the “micro” level of individual interactions, the “meso” level of community conditions, and the “macro” level of universal public policies and the global environment. The different levels are the *loci* where dimensions and directions for policies on stratification can be integrated downstream into structural approaches, including: *seeking to palliative consequences of illness; seeking to reduce differential vulnerabilities and exposures for disadvantaged groups, and ultimately, altering the patterns of social stratification* (Solar & Irwin, 2010, p. 60).

The findings show that the PBF has been effective in reducing poverty and inequality in Brazil and has had a positive impact in education and health among beneficiaries. The role of the conditionalities (with a focus on rights guarantee), the decentralized model with central-local management, and the effort of intersectoral action have been instruments to achieve its goals. The PBF has a strongly technical management, but it also has received a government stamp and is still vulnerable to the influence of political context. Despite its effectiveness, the program is not enough to tackle poverty and inequality by itself; structural measures are necessary to develop a welfare state in Brazil. I will discuss those findings in the dimensions of “*context-specific strategies tackling both structural and intermediary determinants,*” “*intersectoral action,*” and “*social participation and empowerment,*” as well as their connections to the different levels of *loci* and scope (Solar & Irwin, 2010, p. 60).

7.1. Context-specific strategies tackling both structural and intermediary determinants

The right to the conditions necessary to achieve the highest possible standard of health is universal (UN, 1948). However, the risk of having that right violated is not the same for everybody when comparing countries and places within countries. The inequity in risk of violation results from rooted structural inequities, manifesting across a range of connecting social categories—class, education, gender, age, ethnicity, disability, and geography. Social inequity reflects deep and entrenched inequities in the wealth, power, and prestige of different people and communities (CSDH, 2008).

The context of globalization makes it difficult to guarantee the state of social welfare, maintaining and even increasing social and health inequalities. All states, regardless of their compositions and national differences, have embraced neoliberal policies to maintain international competitiveness in a globalized world (Hall, 2013). Strong welfare benefits are not well viewed by the labor, resulting in pressures on labor costs, and the dampening effects on work incentives are claimed to adversely affect export competitiveness (Duffield, 2010). With increasing global competition, governments find it more difficult to protect citizens from market-generated risks and inequalities (Rudra, 2002). Neoliberal globalization presents a challenge to welfare in industrialized countries and to the prospects for equitable social development in developing countries (Raphael, 2014). This challenge comes partly from the unregulated nature of the emerging global economy and partly from intellectual currents that are dominant in the global discourse concerning social policy and social development (Deacon, 2000).

CCTs have spread globally with neoliberalism. Neoliberalism has created its own social policies, which result from the substitution of universal social rights for *welfare* policies that target extreme poverty. These policies provide limited compensation for inequality and fail in changing the structural features of social injustice (Coraggio, 2007; Bastagli, 2009). CCTs are a way to compensate the poor for the asymmetric impact of neoliberal economic reforms, especially unemployment and loss of property, income, marketable skills, and public services. Governors can address urgent needs while avoiding confrontations with the rich that follow attempts to raise taxes, reform the financial system, or redistribute land (Saad-Filho, 2015).

In my findings, some respondents emphasized the enormous social debt that Brazil has accumulated throughout its history in the inheritance of slavery, the concentration of income and land, and coronelism. Therefore, the program should address the inequality historically built in Brazil and encompass a broader social economic context. It is the state's responsibility to provide a response to the excluded people by the very system of capitalist production, which should be a concern of social justice. The findings also show that, in the respondents' view, there is still a savage capitalism in Brazil where inequalities are large, and part of the society will always need assistance. Even in the most developed countries, a small margin of unemployment is unavoidable by the conditions inherent to the capitalist mode of production, where the forecast of unemployment and periods of crisis is part of the process. The PBF should be the beginning of the inclusive correction (Hall, 2006).

According to Saad-Filho (2015), the reason that CCTs have been used so much is because they work, cutting poverty and improving income distribution for a very low cost. Moreover, international organisms such as the World Bank have supported CCTs. My findings confirm the effectiveness of the PBF in tackling poverty and inequality in the intermediary level of determinants (decreasing vulnerability and exposure), which is corroborated by the literature (Fried, 2012; Hoffmann, 2005; Lindert, 2005; Saboia, 2007; Soares, 2006; Soares, 2012). The program covers fourteen million households, using 0.5% of the Brazilian GDP (MDS, 2018). One of the respondents posed that the increase in social security coverage and the increase in the minimum wage could have been the main factors responsible for reducing poverty and inequality in Brazil; because of the amount that is paid, financial volumes are much higher in forecast (in the level of structural determinants). However, in his view, the PBF has a fundamental contribution. Although the appeal is around 1/25 of social security spending, it is targeted to the heat of the distribution of poverty. The PBF is much more targeted to those who are really in poverty. In addition, this has an effect because it goes well to the extreme and ends up having a more than proportional impact on the distribution while the volume is, in monetary terms, much smaller than that of social security, as confirmed by Figueiredo et al. (2006). After studying several CCT schemes, Coady (2000) concluded that 81% of benefits go to the poorest 40% of families. Soares et al. (2009) estimated the effect of CCT schemes on the Gini coefficients of Brazil and found

that, on average, about 60% of resources went to the poorest 20% of the population. Between the mid-1990s and the mid-2000s, the schemes accounted for 21% of the inequality reduction in Brazil. Such figures are surprisingly high considering that CCT scheme transfers are tiny in comparison with other social welfare programs (Forde, Bell & Marmot, 2011).

Some respondents pointed out that there is an expectation by part of the Brazilian society that PBF will solve Brazil's social problems, and it has been much criticized for not ending poverty. However, in the respondents' view, a single policy (intermediate level determinant) cannot end poverty without investing in various other development mechanisms (structural level determinants). Besides its effectiveness, the program is still a palliative to a structural solution for the inclusion of the poor. There is no doubt that the social context in Brazil demands deeper structural changes to tackle poverty and inequality and build a strong social welfare state (Bastagli, 2009). Strategies based on tackling health disadvantages, health gaps, and gradients are not mutually exclusive. The approaches are complementary and can build on each other. Health programs (including SDH programs) targeted at the poor have a constructive role in responding to acute human suffering. Yet the appeal to such strategies must not be blind to the need for addressing the structured social inequalities that create health inequities in the first place. Interventions and policies that address structural determinants of health constitute singular initiatives in the determinants field. More work has been done on intermediary determinants (decreasing vulnerability and exposure), but interventions at this level frequently target only one determinant, without relation to other intermediary factors or to the deeper structural factors (Solar & Irwin, 2010).

It is not reasonable to expect CCTs to solve all social problems in developing countries. Nevertheless, it will be very important for these programs to balance the simultaneous demands to eradicate extreme poverty and improve the population's health condition (Fernald, 2013). Policies to reduce health inequities should not be limited to the intermediary determinants but must include measures to tackle the structural determinants as well (Fosse, 2011). A broad suite of social protection policies is required to address the disadvantages associated with chronic poverty in a coordinated and inclusive manner. At the same time, wider macroeconomic policies must foster distribution within national growth that benefits the poor, sets decent labor standards, and acts to secure basic rights and sociopolitical stability (Forde et al., 2011).

7.2. Intersectoral action

Every aspect of government and the economy—finance, education, housing, employment, transport, and health, just to name a few—has the potential to affect health and health equity (Marmot, 2007; Collins & Koplan, 2009), and the health equity is greater than the health sector can handle alone. Intersectoral action (ISA) for health, coordinated policies, and action among health and non-health sectors can be a key strategy to achieve policy coherence and to address, at the structural level, the SDH and health equity (Sectors, 2007). The global evidence base and strategic call for integrated action on societal-level factors have been mounting; it is still not systematically translated into policy approaches and even less so into integrated pro-equity policy. Not all countries are resourced to embrace such a policy response to health equity. Coherent action on SDH equity, HiAP, is needed within and between sectors at all levels of governance from global to local (CSDH, 2008). The use of HiAP approaches has been registered mainly for more developed economies and systems of government. HiAP tends to refer to societies with a strong health sector, a high capacity for multisectoral work, strong societal involvement and political commitment to health and well-being, and available financial and human resources. Such conditions are often weak or absent in developing settings (Cook, Zhang, & Yi, 2013).

My findings show that the PBF is a policy with a high level of ISA in both scope (social assistance, health, and education) and *locus* (in central and local government levels). The first dimension of the PBF, poverty alleviation through cash transfer, is certainly the most visible feature of the program, both for the beneficiaries and for the society. However, its scope is much more in the intermediate level of social policy action. The second and the third axes offer the possibility of initial actions towards structural conditions and have intersectorality as their strongest tool.

The conditionalities in the PBF are an example of ISA, especially in health and education sectors, a fundamental aspect of the program since it stimulates access to basic rights and aims to break the intergenerational cycle of poverty and promote equity. According to the respondents, the PBF uses the universal networks of health and education that already exist, and despite the challenges, it has been possible through the years to build a solid partnership,

which makes it possible to monitor the fulfillment of the conditionalities. More than that, it has been feasible to observe its positive results and move on to other programs and joint initiatives.

According to Fernald (2013), CCTs try to go deeper than other approaches and get at the root causes of poverty, using cash to help households deal with their most pressing financial needs and as an incentive to promote certain behaviors. However, conditionality has always provoked controversy. Some critics claim that conditional welfare is deplorable when essential to a family's livelihood. They state that conditions are drawn up by professionals who have little understanding of the reality of poverty, and the conditions can be demeaning, stigmatizing, or irrelevant as a result. Others have suggested that conditions are only necessary because of a particular attitude toward poverty, namely, that it results from individual failure rather than a lack of opportunity from social assistance for decent employment and training with appropriate risk protection (Forde et al., 2010). In Saad-Filho's (2015) view, the conditionalities' purpose is to reassure taxpayers that money is not given to the beneficiaries too easily or indefinitely, to exclude "undeserving" applicants, and to reward expected social behaviors; that is, it builds human capital and curtails the inter-generational transmission of poverty.

Few evaluations have sought to quantify any additional benefit (or cost) of conditionality. They find that the imposition of conditions generally improves service uptake compared with non-conditional cash transfers. Indeed, nothing is known about beneficiaries' views on conditionality itself (Forde et al., 2010). The findings show that there is a discussion also among the policy makers about whether the PBF should use the conditionalities of health and education to reverberate the household benefit. It was clear to the respondents that the concept of the conditionalities is to stimulate the access of rights and is not meant to be a response to receiving the benefit as an obligation. Noncompliance with conditionalities by the beneficiaries is understood to be indicative of social vulnerability. The monitoring of conditionalities seems to play a central role, linked directly to the objectives, design, and concepts of the program, the understanding that poverty is caused by different factors and not only insufficient income. By monitoring the conditionalities through partnerships with the areas of health and education at both central and local levels, a large amount of data can

be collected for monitoring and actions including other policies, not only within the PBF. However, by the rules, even in remaining conditions, the beneficiaries can be punished for noncompliance because it does not access a right and is not an obligation, which can be seen as contradiction. Soares (2012) defends that if the PBF wants to generate opportunities, it should be closely linked to the services offered, including work training programs and insertion in the labor market.

For Fernald (2013), there are good reasons to be somewhat skeptical about the promise of these programs. CCTs have been criticized because the provision of incentives for individuals to change their behavior might not work without supply side investments. In Brazil, for example, part of the reason that the PBF has had positive effects is because of the availability of primary health care services through the country's Family Health Programme. He states that transfer programs in countries without nationalized health care might not be as effective. Nevertheless, the respondents pointed out that the quality of the services in education and health could be a limitation for the expected results to break the intergenerational cycle of poverty, which is corroborated by Sánchez-Ancochea and Mattei (2011). There are some key dimensions of a development context to make the HiAP possible, specific *conditions* (such as poverty rates, level of income and resources) and the *processes* of transformation, the institutions and actors that shape policies and their implementation. A number of such dimensions and factors is likely to be critical in shaping strategic approaches to population health (Cook et al., 2013). The CCTs have proven effective in stimulating service uptake, but the effect on their deeper aim of promoting social mobility is much less clear (Forde et al., 2011).

In addition to the conditionalities, the findings show the intersectoral action through the third axis of the PBF, the complementary actions, also related to the intertemporal development. It should be associated with other programs and policies so that development is given in a broader, more structured, and more stable manner. Therefore, the development of the social capital of families would be more complete. The complementary action goes to the treasury department because it involves the interest rate, affects the labor market and wages, and includes training, a workforce for local organizations, and economic and productive insertion. The objective is to promote the integration of new and existing policies

in different areas for the public served by the PBF. In the view of one of the interviewees, the reason for the success of the PBF is that it is not an isolated program; instead, it is marked by intersectorality and integration of policies. However, for another respondent, this third axis has not been effectively worked over time, as confirmed by Hall (2008). All agree that, in the context of the Brazil without Misery program, the PBF was encouraged to expand its initial design and better cover the reality of its beneficiaries, as well as create a strong integration with wide-ranging policies.

The findings show intersectorality to be central in PBF. The respondents pointed out that the PBF is an excellent example of being able to work with other sectors, ministries, and policies in local and central levels of governance, and it promotes the development of those families in a way that understands various determinants of a situation of great vulnerability. Fenwick (2009) found that the central government's ability to collaborate with local government has facilitated the process to build effective welfare policies for the poor in Brazil. The intersectorality in PBF is crucial because poverty, inequality, and exclusion are present in different spheres of social reality and should be tackled in the same way.

However, the respondents pointed to intersectoral work as complex and challenging. In the last few years, the PBF has been under unfavorable political conditions despite the maintenance of the program, including the number of beneficiaries and budget, two new frameworks that were presented, an excessive focus on the control (audit processes), and the difficulty of intersectoral work. However, there is still room for action and partnerships, although they are no longer guaranteed by interinstitutional agreements. During moments of crisis like now, the possibilities for intersectoral action rely much more on the average bureaucracy through the staff actors involved. The literature confirms that complex intersectoral initiatives place high demands on any political system that has to negotiate among competing interests. Even where the consensus around political priorities is forged and decisions are made by the government, implementation requires technocratic capacities in addition to continued political leadership (Cook et al., 2013).

7.3. Social participation and empowerment

Being included in the society is fundamental to the material, psychosocial, and political aspects of empowerment that underpin social well-being and equitable health. Any

serious effort to reduce inequities will involve political empowerment, changing the distribution of power within society and global regions, especially in favor of excluded groups and countries (CSDH, 2008). The participation of civil society and affected communities in the design and implementation of policies to address SDH are essential to its success. Empowering social participation provides both ethical legitimacy and a sustainable base to take the SDH agenda forward (Solar & Irwin, 2010). Social policy, when well designed and executed, can be effective not only to reduce material poverty but also to build a sense of social inclusion and efficacy among beneficiaries (Hunter & Sugiyama, 2014).

As the findings show, the PBF is a top-down program with a complex design, which makes understanding, participation, and empowerment difficult for beneficiaries. However, the concepts of social participation and empowerment are broad, and even in a program with those characteristics, there is room for achievements in that way. Empowerment is linked to marginalized communities gaining control over the political and economic processes that affect their well-being. The participation itself cannot be considered genuinely empowering without considering the outcomes, the redistribution of resources, and power over political processes (Solar & Irwin, 2010). For example, in the PBF, the beneficiaries are required to comply with health and education conditionalities. The literature confirms that the PBF has generated a positive impact in both areas (Glewwe & Kassouf, 2012; Haddad, 2008; Rasella, 2013; Reis, 2010). In the view of some respondents, the obligation to comply with the conditionalities means also that the program has facilitated access to rights. Before, the beneficiaries may not have seen the need, have not had the conditions, or have been limited in seeking these rights because they were concerned with more basic needs such as being able to feed themselves. Once they achieved the first step, which was food security, they were then able to see the necessity and the benefits of exercising the right to basic health and education. One respondent made another important point that some health indicators that go beyond the program health monitoring, for example, the TB cure rate, have also improved among beneficiaries when compared to non-beneficiaries (Torrens et al., 2016). This should be a secondary gain due to the improvement in access to health services and may show that compliance with conditionalities has helped to develop beneficiaries' agency.

Forde et al. (2011) claim that CCTs have successfully transferred resources to their beneficiaries. Meanwhile, it is questioned whether they do as well at transferring power. In

their view, this distinction is critical because social exclusion will persist unless imbalances in both are tackled since social exclusion is driven and perpetuated by *resource dependency* or *power dependency*. Both manifest a relationship in which one party is subordinate to the other. Resource dependency results from imbalances in money, goods, skills, or knowledge. Other forms of resource dependency, however, are excluding, whether preferable to the dominant party (as characterized by abusive relationships) or to the subordinate party (as characterized by freeloader relationships). Similarly, in power dependency, weaker parties often do not choose to be in a subordinate position, but power structures keep them there.

In the findings, one of the respondents pointed out that the cash benefit, although it is a small value, offers some dignity to the beneficiaries, freeing them from the need to expose themselves to certain types of violence to secure food for their families. The work conditions in Brazil are still extremely unequal, with low wages for the majority of the population, a vestige of slave labor, and a great deal of informality and precariousness in job contracts, especially among those with lower qualifications (Dias et al., 2011). In that context, the PBF seems to fulfill its role in resource and power dependency when it guarantees food security (resource transference) and offers beneficiaries the chance to avoid abusive job relations (power transference), albeit in a limited way, considering the low amounts paid as benefit. Sustained empowerment for workers comes from action at the structural level, state and national legislation, and access to credit (Marmot, 2007). Yet according to the findings, the program also allows the beneficiaries to purchase goods such as clothes and school supplies, which enables the children to go to school with some dignity, putting them in a stronger position in the school environment, and this is confirmed by the literature (Hunter & Sugiyama, 2014). The increase in public school enrollment (Haddad, 2008), higher grades, and lower dropout rates (Glewwe & Kassouf, 2012) among child beneficiaries can contribute to their empowerment.

In my findings, it is recurrent in the respondents' speech that prejudice still exists against the PBF. It is still a challenge to deal with part of Brazil's upper and middle classes' perceptions of the policy. In their view, the government is giving money to people who do not want to work, which should not be a state responsibility. However, according to the literature reviewed, CCT schemes do not induce financial dependence or lassitude among

recipient communities (Brauw, Gilligan, Hoddinott & Roy, 2015; Forde et al., 2011; Saad-Filho, 2015; Teixeira, 2010). According to the respondents, there is a pejorative view about poverty, the poor, and about how these concepts are operationalized in the program, even among social workers in the PBF's local level management. Still related to the power transfer, perhaps the expression of prejudice by the middle and upper classes can be understood as a reaction to the loss of power and domination, also related to abusive relationships. In addition, from the part of local program management partners (who are perhaps only a little less poor than the beneficiaries themselves), maybe there is a denial of their own condition of poverty and marginalization, or maybe it is about the chance to exert domination over, and eventually abuse, someone in a lower social position, replicating what they experience in other social interaction *loci*, where they are the marginalized.

In the view of Solar and Irwin (2010), the empowerment of marginalized communities cannot be seen separately from the principles of state responsibility. This aspect has fundamental implications for policy-making in SDH. The findings show that the PBF has helped many households in distress and misery, even in starvation, through direct income transfers that provide economic security and emotional stability to people who have never been helped by the state before, and this is confirmed by the literature (Hunter & Sugiyama, 2014; Fenwick, 2009). Strengthening the active search for PBF registration, there was a movement from the state to the excluded communities, including specific traditional populations such as indigenous, quilombolas (descendants of slaves), gypsies, respecting their cultures. In the framework of the SDH is a relevant strengthening of the political and legal systems by the government to ensure they promote the equal inclusion of all. The government's acknowledgement to legitimize and support marginalized groups (indigenous people in particular) in policy, legislation, and programs empowers people to represent their needs, claims, and rights. Moreover, the government ensures fair representation of all groups and communities in decision-making that affects health and in programs, service delivery, and evaluation (CSDH, 2008).

Empowerment involves a progressive nature of processes and can be divided into different levels. The process of gaining control over decisions and resources that determine

the quality of people's lives suggests that "lower" degrees of empowerment are a prerequisite for achieving higher ones (Solar & Irwin, 2010, p. 59):

1. *The welfare level: where basic needs are satisfied. This does not necessarily require structural causes to be addressed and tends to assume that those involved are passive recipients.*
2. *The access level: where equal access to education, land, and credit is assured.*
3. *The conscientisation and awareness-raising level: where structural and institutional discrimination is addressed.*
4. *The participation and mobilisation level: where the equal taking of decisions is enabled.*
5. *The control level: where individuals can make decisions and are fully recognized and rewarded. This framework stresses the importance of gaining control over decisions and resources that determine the quality of one's life and suggests that "lower" degrees of empowerment are a prerequisite for achieving higher ones .*

We cannot consider inclusion in the PBF for marginalized people and traditional groups previously neglected by the state as a high level of empowerment; however, there is some empowerment. Moreover, there is a starting point in the process of achieving power. Perhaps empowerment is not the most developed feature of the program, but it certainly is present at different levels and in different dimensions. In addition, as one respondent pointed out, agency development is one of the limitations of the PBF and should be on its agenda. Solar and Irwin (2010) assert that the CCTs' effect on power dependency is not clear. Although, in their view, the CCTs' specific elements (such as nominating the female head of household as the recipient for cash transfers) were designed to transfer power. There is little evidence on whether CCTs can reduce or promote this driver of social exclusion. Specifically regarding the issue of designating the female head of household as the recipient for cash transfers, Brauw, Gilligan, Hoddinott & Roy (2014) have found that in urban areas, the CCTs give women more of a voice in household decisions. Saad-Filho (2015), however, questions the positive effect on promoting gender equality since it reinforces women's care-giving role, as they are expected to fulfill government conditionalities while continuing to serve the

household; in contrast, their partners' time and income are sheltered. Women's roles may also make it harder to maintain stable jobs, contradicting the emancipatory goals of the program.

Considering my findings, in the light of the SDH framework, I tend to understand that there are both effective resources and power transference and promotion in different aspects of the PBF, which is corroborated by Hunter and Sugiyama (2014), albeit in a limited way.

7.4. Limitations

I made the choice in the study design to conduct interviews to explore the policy makers' knowledge, experience, and views, as a way to get target information to answer my research questions related to the PBF's technical issues and history. Yet, during the research process, I felt the need to hear the program's beneficiaries. Since the study is in the field of development, having the SDH as theoretical reference, it would be coherent to be able to hear the recipients as well as useful to go deeper and understand better the implications of the PBF's actions in the lives of the people for whom the policy was designed. However, because this was a 30-credit master thesis project limited by time and financial resources, it forced me to make difficult choices in the study design. For my recommendations, I will suggest further research to explore the recipients' views.

8. Conclusions

Both the findings and the literature confirm the undeniable positive impact of the PBF. First, the program has satisfactorily fulfilled the objective of its first axis of immediate poverty alleviation, especially with regard to food security. Brazil has left the UN's map of hunger for the first time in history. Second, there was a decrease in extreme poverty. The literature pointed out that twenty-eight million Brazilians have left this situation, at least by the measure of income level. Finally, there has been a decrease in the level of inequality, with advances in the areas of education and health, especially among the poorest. Despite the effectiveness, however, the analyses present a public policy of context-specific strategies tackling especially intermediate determinants; as such, it cannot have the impact of measures that focus on structural determinants. It is unreasonable to expect that a single policy, however efficient, can solve the problem of poverty and inequality alone. Brazil still has markedly unequal social characteristics that have developed throughout its history and have been aggravated by the global political economy of neoliberalism that accentuates inequality. The context requires the development of comprehensive universal measures (minimum wage valorization, protective labor laws, fair taxation, a more egalitarian social security system, quality health and education systems) that could tackle the root causes of the problem and effectively constrain the development of a welfare state.

As for the second and third axes of the program, focusing on the human capital development of beneficiary households, there is no doubt that progress has been made, however, with limitations. The actions developed through intersectoral work, at a decentralized level in the central-local government, over the years has caused improvement in the indicators of health and education of the beneficiary population. Particularly with regard to the conditionalities of the program, with a focus on access to rights, there are important outcomes in relation to the transfer of resources. There is controversy, however, as to whether there is an effective transfer of power to the beneficiaries that will be, which is sustainable over time, or even whether conditionalities would be a good tool to encourage the exercise of basic rights. Although my findings show that the answer is yes, there seems to be no consensus in the literature. The complementary actions related to the third axis of the program experienced great progress during the third phase of the PBF when it developed a successful partnership with the program Brazil without Poverty under a favorable political

context. Despite this, it has been relegated over time, which represents a limitation of the PBF since it could be the gateway to other broader structural policies.

According to the respondents, despite the effectiveness of the PBF, its size, reach, and extremely technical management, the institutional fragility may inhibit stability and growth. The existence of the program is still subject to budgetary disputes executed by political decisions. Although a federal law created the program, it does not give the right to the target the Brazilian population to have access to the income transfer guarantee. Nowadays, even under unfavorable conditions, the respondents consider that non-maintenance of the PBF would be a political suicide, but this is a possibility as well as the political use of the program. The respondents see legislative security for the PBF as a right as still necessary, a way to ensure its long-term sustainability. The literature confirms that the program is weakly grounded in law, which limits the number of beneficiaries by budget, exposing it to macroeconomic performance and political interests.

8.1 Recommendations

Based on the conclusions, I would like to present some recommendations for policy improvement and further research:

Recommendation 1: Strengthening of complementary actions related to the third axis of the program through intersectoral work. There is evidence that both structural and intermediate measures are necessary to efficiently tackle poverty and inequality. This may ensure that the PBF can enhance effective poverty alleviation actions by combining them with structural actions that have effects on the causes of poverty and inequality.

Recommendation 2: Investigate the meaning of the PBF's conditionalities for beneficiaries. This may help to understand the beneficiaries' views and their relationship with the PBF's conditionalities. Is it just a mechanistic fulfillment of the obligation? Is the use of basic health and education services by beneficiaries sustainable over time, even if they are no longer in the program? Have conditionalities transferred power to beneficiaries as well by developing agency? What other alternatives could there be to the conditionalities model within the program?

Recommendation 3: The guarantee of the minimum basic income entitlement for the PBF's target population. This may ensure that every Brazilian citizen has minimum income security and access to basic rights, secured by the state, independent of the government and influences from the macroeconomic and political context.

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10. Appendices

10.1 Interview guide in English

INTERVIEW GUIDE – Policy Makers

Section 1: Introduction

Thank you for taking part in this study. As I told you before, I want to investigate if the PBF has contribute to reduce inequality in Brazil. Please, feel free to speak openly about your knowledge and experience in working with this program. I believe you have a lot to contribute and I am here to hear and to learn from your experience. I have the compromise in respecting the confidentiality of all information you will give me. It is important also that you have voluntarily agreed in participate, for that I will ask you to carefully read this informed consent term and sign it in the end. If you have any question about it, please, do not hesitate to ask.

Section 2: Understanding of the PBF

- What is your position?
- What have you been working with?
- What is the period that have been working with the program? Always in the same position and area?
- How did the PBF come about? What is its background?
- What are the PBS's aims?
- What are the most important aspects of the PBF's design?
- What are the most important aspects of the PBF's implementation? (Was it difficult/easy?)
- What are the most important aspects of the PBF's monitoring?
- What are the concepts those the program are sustained in?

Section 3: Different Periods of the PBF

For research reasons I have divided the program in 3 different phases:

1. 2004-2008: initial years (challenges of implementation)
 2. 2009-2013: stabilization (possible course corrections)
 3. 2014-2018: effectiveness and future prospects
- Has been any changes in the program during the time which you have been working on it?
 - What have been the main changes in the program?
 - What are the reasons, the background of those changes?
 - How has been the process to build, come up with those changes?
 - Do you think were there positive and negative aspects?
 - What are the positive and negative impacts of those changes?
 - Can you relate (or characterize?) any important change to each period?

- How do you see the role of the program in each period?

Section 4: Evaluation of the PBF

Now the program exists for fifteen years. Looking back:

- In your view, what are the strengths and the weaknesses of the program?
- Do you think the program has reach its goals? How?
- Has the program been evaluated before?
- Who did the evaluation?
- Is there any official government and/or international organization's evaluation of the program? Can I have it?
- Do you think the program has contributed to reduce poverty and inequality in Brazil? How? (Do you use any indicator? Is there any document?)
- Do you think the program has been useful to improve beneficiaries' lives? How?
- In your view, what are the needs to improve the program?
- How is the situation now?
- How are the prospects for future?

Section 5: Closing

- Thank you for sharing your knowledge with me. The impression I have gained is that....Does that sound accurate? Is there anything you would like to add or change? Is there any important document you thing could be useful for me to use on my research?
- After finish the data collection process, I will analyze and then write my report. I will be happy to share with you the final version of it.

10.2 Informed consent in English

Informed Consent Form

Information and Purpose: The interview, for which you are being asked to participate, is a part of a case study research about the Bolsa Família Program (PBF). The main purpose of this study is to analyze the PBF in the light of the Social Determinants of Health (SDH) as a public policy from a historic perspective. It is important to determine whether the policy to tackle poverty and inequality has been handled at the state or government level, and if and how different governors have influenced the PBF to reach its goals.

Your Participation: Your participation in this study is voluntary. It will consist of an interview lasting approximately one hour. You will be asked questions about your knowledge and experience working in the PBF. At any time, you may notify the researcher that you would like to stop the interview and your participation in the study.

Confidentiality: All personal data will be treated confidentially. The interview will be tape-recorded; however, your name will not be recorded on the tape, only your position. Your name will not be associated with any part of the written report of the research. The researcher will not share your individual responses with anyone other than the research supervisor.

End of Project and Anonymization: the estimated end date of this project is 25.11.2018 and all the data collected will be anonymized by this date.

The study has been submitted and approved by the Norwegian Centre for Research Data (NSD), in Bergen, Norway.

If you have any questions or concerns, please contact the researcher or her supervisor at the University of Bergen.

Researcher: Raquel Bergária de Oliveira (Raquel.Oliveira@student.uib.no)

Supervisor: Professor Elisabeth Fosse (Elisabeth.Fosse@uib.no)

By signing below, I acknowledge that I have read and understood the above information. I am aware that I can discontinue my participation in the study at any time.

Signature _____ Date _____

10.3 Ethical clearance from the Norwegian Social Science Data Services (NSD)



Elisabeth Fosse
Christiesgt. 13
5015 BERGEN

Vår dato: 04.05.2018

Vår ref: 60297 / 3 / LH

Deres dato:

Deres ref:

Vurdering fra NSD Personvernombudet for forskning § 31

Personvernombudet for forskning viser til meldeskjema mottatt 12.04.2018 for prosjektet:

60297	<i>Reducing Inequality through Social Policies - The Case of "Bolsa Familia" Program</i>
Behandlingsansvarlig	Universitetet i Bergen, ved institusjonens øverste leder
Daglig ansvarlig	Elisabeth Fosse
Student	Raquel Bergaria de Oliveira

Vurdering

Etter gjennomgang av opplysningene i meldeskjemaet og øvrig dokumentasjon finner vi at prosjektet er meldepliktig og at personopplysningene som blir samlet inn i dette prosjektet er regulert av personopplysningsloven § 31. På den neste siden er vår vurdering av prosjektopplegget slik det er meldt til oss. Du kan nå gå i gang med å behandle personopplysninger.

Vilkår for vår anbefaling

Vår anbefaling forutsetter at du gjennomfører prosjektet i tråd med:

- opplysningene gitt i meldeskjemaet og øvrig dokumentasjon
- vår prosjektvurdering, se side 2
- eventuell korrespondanse med oss

Vi forutsetter at du ikke innhenter sensitive personopplysninger.

Meld fra hvis du gjør vesentlige endringer i prosjektet

Dersom prosjektet endrer seg, kan det være nødvendig å sende inn endringsmelding. På våre nettsider finner du svar på hvilke [endringer](#) du må melde, samt endringskjema.

Opplysninger om prosjektet blir lagt ut på våre nettsider og i Meldingsarkivet

Vi har lagt ut opplysninger om prosjektet på nettsidene våre. Alle våre institusjoner har også tilgang til egne prosjekter i [Meldingsarkivet](#).

Vi tar kontakt om status for behandling av personopplysninger ved prosjektslutt

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

*Reducing Inequality through Social Policies - The Case of "Bolsa Familia"
Program: A Social Determinants View*

Ved prosjektslutt 15.11.2018 vil vi ta kontakt for å avklare status for behandlingen av personopplysninger.

Se våre nettsider eller ta kontakt dersom du har spørsmål. Vi ønsker lykke til med prosjektet!

Marianne Høgetveit Myhren

Lise Aasen Haveraaen

Kontaktperson: Lise Aasen Haveraaen tlf: 55 58 21 19 / Lise.Haveraaen@nsd.no

Vedlegg: Prosjektvurdering

Kopi: Raquel Bergaria de Oliveira, Raquel.Oliveira@student.uib.no

Personvernombudet for forskning



Prosjektvurdering - Kommentar

Prosjektnr: 60297

SAMPLE AND RECRUITMENT

According to the notification form the participants will be recruited by the student using the snowball approach. We recommend that persons already participating in the project will recruit new members by forwarding the students enquiry and ask interested persons to get in contact with the student, or that the person in question gives his/hers permission to forward their contact information to the student. The Data Protection Official presupposes that the recruitment process is done in a way that fulfils the requirement of voluntarily participation and confidentiality.

INFORMATION AND CONSENT

According to your notification form the sample will receive written information and will give their consent to participate. The information letter we have received is well formulated, but we ask that you add the project end date (15.11.2018) to the letter and information that the data will be anonymized by this date.

We ask that you send a revised information letter and consent form to personvernombudet@nsd.no When the information letter has been revised in accordance with our comments (and sent to us), you can get started with the project.

INFORMATION SECURITY

The Data Protection Official presupposes that you will process all data according to the University of Bergen's internal guidelines/routines for information security. We presuppose that the use of a mobile storage device is in accordance with these guidelines.

PUBLICATION

According to your notification form you intend to publish personal data. The Data Protection Official presupposes that you will gain explicit consent from each participant to publish their personal data. Furthermore, we recommend that participants are given the opportunity to read through their own information and give their approval before publication.

END OF PROJECT AND ANONYMIZATION

The estimated end date of the project is 15.11.2018. According to your notification form you intend to anonymize the collected data by this date. Making the data anonymous entails processing it in such a way that no individuals can be identified. This is done by:

- deleting all direct personal data (such as names/lists of reference numbers)
- deleting/rewriting indirectly identifiable personal data (i.e. an identifying combination of background variables, such as residence/work place, age and gender)
- deleting digital audio

10.4 Table 3: Thematic analysis: Basic, organizing, and global themes

Basic themes	Organizing themes	Global themes
1. The Programa Fome Zero (Hunger Zero Program)	The program’s origin	The program’s structure, how it has been built to tackle poverty and inequality
2. The Programa Bolsa Familia (Family Grant, PBF) as a social policy		
3. The objectives of poverty alleviation, breaking the intergenerational cycle of poverty and complementary actions	The program’s design	
4. The concepts of social justice and multidimensionality of poverty		
5. Decentralized model with the execution of the program by the municipalities	The program’s management	
6. The role of the conditionalities		
7. The effort of intersectoral action with health and education areas		
8. Reaching the program target population	The challenges of implementation/ deployment	The development of the program through its different phases
9. The IGD (Decentralized Management Index)		
10. Monitoring compliance with program conditionalities of health and education		
11. The partnership with the program Brasil Sem Miséria (Brazil Without Misery)	The influence of external context (social, economic, and political)	
12. The change of the central government in 2016		
13. Focus on monitoring and surveillance		
14. The program has contributed to decreasing poverty and inequality in Brazil	The program’s effectiveness	An overview retrospective evaluation of the program after 15 years of existence
15. The program alone cannot end poverty and inequality in Brazil		
16. The program’s design is very complex	The program’s challenges and limitations	
17. The difficulties of intersectoral work		
18. The prejudice against the poor		
19. The program has gotten a government stamp		
20. The program is still not a right		
21. The lack of quality education and health services		

22. Structural changes in Brazil are necessary to tackle poverty and inequality		
23. The program should continue independent of the future government	The program's future prospects	
24. The focus of the program in the future depends on the characteristics of the next government		