

CERESAN

Centro de referência em
segurança alimentar e nutricional

cpda
UFRRJ

MNS
uff

etinho
iBase

Poverty, Inequality and Social Policies in Brazil

Renato S. Maluf
Luciene Burlandy

Working papers, 1
September - 2007

CERESAN - O centro de segurança alimentar e nutricional é um núcleo de estudos, pesquisa e capacitação voltado para congregar pesquisadores, técnicos, estudantes e outros profissionais interessados nas questões relacionadas com a segurança alimentar e nutricional no Brasil e no mundo. Sua constituição é muito oportuna pelo destaque conferido à questão alimentar e nutricional na agenda nacional em face a gravidade do problema. Ela reflete, também, avançada compreensão já acumulada sobre o tema.

Coordenador Renato S. Maluf (UFRRJ)

Coordenadores Associados Luciane Burlandy (UFF)

Francisco Menezes (IBASE)

A **ACTIONAID** é uma organização não governamental que atua há mais de 30 anos. No Brasil desde 1999, a ActionAid busca a superação da pobreza através do empoderamento das pessoas pobres e de suas organizações. Sediada no Rio de Janeiro, participa em projetos de desenvolvimento local no Sudeste, Norte e Nordeste através de parcerias com ONGs e movimentos sociais. Paralelamente, participa de campanhas nacionais e internacionais que têm como objetivo a defesa do direito de acesso e controle das pessoas pobres a políticas públicas em temas fundamentais. O direito à segurança alimentar é um dos seus eixos prioritários. Em 2005, as iniciativas desenvolvidas pela ActionAid e seus parceiros alcançaram cerca de 13 milhões de pessoas em quase 50 países, incluindo o Brasil. (www.actionaid.org.br).

Poverty, Inequality and Social Policies in Brazil

*Luciene Burlandy¹
Renato S. Maluf²*

Working Paper for the ActionAid International Middle Income Countries Initiative

Rio de Janeiro, Brazil
May, 2007.

¹ Nutritionist, professor at the Federal Fluminense University (DNS/UFF), Associate Coordinator of CERESAN, member of the Brazilian Forum of Food and Nutritional Security and of the National Council on Food and Nutrition Security (CONSEA).

² Economist, professor at the Federal Rural University of Rio de Janeiro (CPDA/UFRRJ), Coordinator of CERESAN, member of the Brazilian Forum of Food and Nutritional Security and of the National Council on Food and Nutrition Security (CONSEA).

ÍNDICE

1. Introduction	1
2. A large, rich and unequal country	1
3. Poverty, equity and income transfer programs	8
2.1. Guaranteed income and conditional transfer	11
2.2. Advantages and challenges of conditional income transfer programs	13
4. Universal and focalised social programmes	17
3.1. Problems with focalization	21
5. Public institutionalality and equitable social policies	26
4.1. Social participation and equity	30
6. Final observations – challenges and recommendations	31
5.1. The policies advances and contradictions	32
5.2. Recommendations	35
7. Bibliography	36

1. Introduction

This text aims to analyze the use of social policies to confront inequality and poverty in Brazil. In recent years, indicators have revealed a significant reduction in the number and proportion of people in extreme poverty, as well as the degree of social inequality in the country. Social protection and welfare programs have played a prominent role in achieving these results in a context of low economic dynamism and modest growth in formal employment. The present document looks at these different social programs, especially conditional income transfer schemes, and closely examines them from the viewpoint of social equity and rights issues.

These aims in mind, the text starts by presenting an overview of Brazil's socioeconomic, demographic and epidemiological status, as well as a profile of the nutrition and food security of its population, looking to characterize Brazil as a 'large middle income country.' We then move on to examine the issues of poverty and social inequality and the public actions designed to combat them, particularly the potential and limits of the conditional income transfer programs, given the importance acquired by the Family Allowance Program (*Bolsa Família*) in the current context. The text also analyzes some of the general features of social policy in Brazil, highlighting advances and challenges, and concludes with a series of recommendations designed to increase the effectiveness of the programs and implement actions focused on guaranteeing rights.

2. A large, rich and unequal country

Brazil comprises a key example of what may be classified as a 'large middle income country.' This classification adopts the premise that the condition of being a 'large country' is an important differentiating factor with implications in terms of socioeconomic patterns, international relations and institutional capacities. Usually a country is considered large when it possesses a high population; from the economic viewpoint, this factor is expressed in the size of the domestic market which increases the possibility of diversification in the productive base (Perkins & Syrquin 1989). As well as population size, a second variable to be considered is the country's geographic scale, a feature that is receiving increasing attention not only because of issues related to spatial distribution of people and infrastructure, but also the implications in terms of the

availability of natural resources, regional diversity and the need for decentralized strategies, among other questions.

For its part, the classification ‘middle income’ differentiates economically those countries grouped under the euphemism of ‘developing countries,’ where the income level evinces an intermediary condition between the developed countries and the other nations making up the periphery of the global economic system. This differentiation possesses geopolitical ingredients by emphasizing the role played by these countries at regional and international levels, highlighting their performances, including the repercussions on their respective areas of influence. If we combine income level with the earlier criteria of demographic and geographic size, we arrive at South Africa, China, India and Brazil as the main examples of large middle income countries.

Finally, it may be presumed that large middle income countries possess (or have a greater potential to develop) a distinct institutional capacity across the various areas of public action, though it is essential to recognize the fairly distinct paths followed by the countries in this aspect. However, institutional capacity – which is manifested in the governmental structures and in the non-governmental sphere – is particularly important in terms of defining possibilities in the area of social policies, as we shall see in the analysis of these policies in Brazil.

Brazil is a federal republic with around 182 million inhabitants and a total land area of 8.5 million km², divided into 27 states and 5,564 municipalities. While recent statistics estimate that Brazilian GDP exceeded US\$ 1 trillion in 2006, signifying a capacity to generate monetary wealth that puts it among the world’s biggest economies, the country is also among the most socially unequal on the planet. Its history is not out of line with the majority of Latin American and Caribbean countries, which, as well as presenting high levels of inequality and poverty, face a historical problem of combining economic dynamism with an acceptable degree of social equity (Fajnzylber 1989, Salama 2006). The evolution of poverty, especially in Latin America, generally depends on three elements: the level of inequality, the variation in this level and the economy’s rate of growth. It is worth observing that even if the country displays a more pronounced economic dynamism (measured by the GDP growth rate), the conversion of the latter into greater social equity depends on the existing level of inequality and the adoption of measures to reduce it (Salama 2006). In Brazil, the persistence of absolute poverty is largely the result of the well-known inequality in the distribution of income –

poverty levels being more sensitive to alterations in levels of inequality than the variations in economic growth (Rocha 2005).

The parameter commonly used in Brazil to measure poverty is the official minimum wage (R\$ 380 or US\$ 188 per month as of April/07), where poor families are considered to be those with a per capita monthly income below ½ of the minimum wage (US\$ 94), and families in extreme poverty as those with a per capita monthly income below ¼ of the minimum wage (US\$ 48).³ The data in Table 1 reveal that significant reductions have been occurring in terms of both indicators over recent years.

Table 1 – Number of poor and extremely poor people and proportion of total population – 2001 to 2005*

Year	Poor		Extremely Poor	
	Millions	%	Millions	%
2001	60.9	36.5	27.5	16.5
2002	60.4	35.6	25.3	14.9
2003	64.0	37.2	27.6	16.1
2004	60.3	34.6	24.0	13.8
2005	53.9	30.1	20.3	11.3

Source: PNAD (Extrapolation: Disoc/Ipea).

*Minimum wage Sep/2005 (deflator: INPC-Geral)

*Does not include the rural population of the North region

We can observe a 31.5% reduction in the proportion of extremely poor people or a 26.2% fall in the number experiencing this condition, while the proportion of the population living in poverty fell by 17.5% and their absolute number by 11.5%. Indeed, there was a significant reduction in the number of poor and extremely poor from 2003 onwards, reversing an earlier upward trend. More precisely, there was a sizeable reduction in the most serious manifestation of social inequality, namely extreme poverty – with the proportion of extremely poor falling at a slightly higher rate than their absolute number – accompanied by a significant, although less intense, drop in the population considered to be poor. Although the fact both indicators have fallen is positively, the diminution in inequality should not conceal the equally complex

³ This indicator results in a proportion of people living in extreme poverty a little more than double that found using the World Bank's parameter (US\$ 1 ppc/day) which, in 2003, corresponded to a group of 9.8 million people (5.7% of the population).

challenges of reducing the number of people in extreme poverty and, more importantly, improving their living conditions.⁴

Since the start of the 1990s, there have been two moments when income inequalities were reduced significantly: between 1992 and 1994, and between 2003 and 2005. The first period was due to the immediate impact of the abrupt interruption of high inflation, while the more recent decrease reflected a modest growth in employment levels, readjustments to the real value of the minimum wage and the effect of pension and welfare programs described later. Nonetheless, Brazil's social profile is highly unfavourable in terms of any standard of distributive equity that could be applied, a fact that becomes evident when we compare the levels of poverty and inequality with countries analogous in terms of per capita income (Salama 2006). Although the figure has fallen, the share of total income held by the richest 10% remains at a very high level, having dropped slightly from 47.2% in 2001 to 45.1% in 2005. The reduction in inequality measured by the Gini coefficient reveals a slow pace of change if we look at the longer period, drifting from 0.58 (1992) to 0.56 (2005) (Néri et al. 2006). However, although in 2001 this coefficient was close to the average for the last thirty years, the fall that has occurred since then places the recent reduction in inequality in Brazil among the most vigorous in the world – of the 75 countries with information on the Gini coefficient during the 1990s, less than a ¼ reduced inequality at a rate faster than that achieved by Brazil (IPEA 2007b).

Recent studies indicate that income sources not derived from paid employment, including the conditional income transfer programs, have contributed to the reduction of inequality of 24% over the 1995-2004 period, particularly since these programs are directed precisely at the lowest income sectors of the population. As a result, they contribute to combining compensatory and structural components of social policy, alongside the expansion of networks of social protection that have generated a 'pro-poor' impact. The rapid expansion of income transfer programs over the recent period has meant the income from them has risen from 0.95% (2001) to 1.77% (2005) of the total per capita income of Brazilians (Néri *et al.* 2006), leading analysts to assert that the strengthening of income transfer programs seems to have a strong impact on the living conditions of these sectors (Kawani, Néri & Son 2006).

⁴ Evaluating absolute poverty means ascertaining the conditions in which poor people live, since it may worsen even in a context of decreasing inequality; the income indicator used here is insufficient to capture these conditions.

Equally, the reduction in income disparities should not be allowed to conceal the persistence of significant gender and ethnic inequalities, given that women, non-white people lack the same job opportunities and salaries, even when they possess a high level of education. However, inequalities are not determined by formal education alone, though the latter has an important influence on this situation, but also by factors such as the values and practices that reinforce discrimination and prejudice in everyday social relations, leading to difficulties in accessing goods, services and jobs.

In addition, along with the fall in the size of families, the context of high rates of unemployment and low wages provoked changes in the family dynamic that make it possible for men to remain the main providers of income, increase the time during which young people stay at home and augment the labour activity and household leadership of women. Among the reflections of these changes, we can highlight childcare activities, which in lower income families without ready access to crèches are fulfilled by other relatives or older siblings. Hence policies that allow the family and work to be reconciled are essential in this area (Goldani & Lazo 2004). The number of families headed by women has been growing, especially in urban areas and among families more exposed to poverty and problems related to social support. The poorest families are also typically exposed to a series health problems, unequal access to work, schools, health services and clean drinking water. In 2004, it was estimated that 6 million people in Brazil lived in favelas or other precarious kinds of settlements (Presidency of the Republic 2004).

In relation to health conditions, a positive finding was the reduction in the infant mortality rate from 48 (1990) to 27.8 per thousand live births (2002). Progress was also made in the control of problems such as AIDS, where the country guarantees free access to antiretroviral therapy (ART) and to treatment for the disease; however, the incidence of this disease among poor people is rising. The maternal mortality rate remains high (75.3 per 100,000 live births in 2002) and the access to prenatal care is still low. Diseases such as tuberculosis, leprosy and malaria still persist (Presidency of the Republic 2004).

Finally, in relation to nutrition and food security, we know that hunger and malnutrition have been joined by obesity as a manifestation of food insecurity that has also attained the status of a public health problem in Brazil, as in many other parts of the world. Chronic infant malnutrition (retarded growth) is the main problem, followed by acute malnutrition (weight deficit), neither of which, it must be stressed, are covered

by regular and up-to-date national surveys.⁵ By comparing the results of different research studies, we can observe a decline in the prevalence of chronic and acute infant malnutrition, albeit with significant variations among the regions and between the rural and urban populations (Burlandy *et al.* 2005). Considering only the population that makes use of the healthcare services (around 40% of the total), there has been a sharp fall in chronic malnutrition in children under one year old (3.6% in 2004, close to the rate expected for develop countries) and among those aged between 1 and 2 years (7.7% in 2004). These reductions were more pronounced in the regions that had already presented lower incidence rates.

A survey conducted in 2005 in the Semi-Arid region of the Brazilian Northeast, the area with the highest incidence of poverty in the country, showed a rate of chronic infant malnutrition of 6.6%, while acute malnutrition was recorded as 2.5%, a little above the acceptable limit of 2.3%. These rates vary substantially within the researched area, with chronic malnutrition affecting 10% in the lowest income stratum and 2.5% in the intermediate stratum, 14% among children of illiterate mothers and 3.2% among those whose mothers have nine or more years of education. Comparing this data survey with previous national studies, the pace of the reduction of chronic infant malnutrition in the Semi-Arid region seems to have accelerated, rising from annual rates of 3.06% (1975-1989), to 4.9% (1989-1996), and somewhere in the region of 7.0% between 1996-2005. It can be noted that the involvement of federal income transfer programs (35.3% of the studied families were registered) seems to have led to a reduction of almost 30% in the frequency of malnutrition (from 6.8% without the program to 4.8% with the program), reaching as much as 62.1% for children between 6 and 11 months old (from 5.3% to 2.0%) (Monteiro *et al.* 2006).

In relation to the adult and senior population, there was also a marked fall in the percentage of adults with a calorie deficit across the country's different regions and income strata, though this was matched by a significant increase in the proportion of obese and overweight adults with inequalities shown in relation to gender and income levels (Burlandy *et al.* 2005). Anthropometric data collected through the 2002-2003 Family Budget Survey revealed a fall in infant malnutrition accompanied by a rise in the number of overweight adolescents (18.0% among boys and 15.4% among girls). In

⁵ Equally importantly, the information for specific populations (quilombo communities, indigenous peoples, rural settlements, squatter camps, waste pickers and street dwellers) are non-existent, sporadic or not broken down by colour or ethnicity; infant malnutrition among the indigenous population, for example, may affect 55% of children.

terms of the adult population, the prevalence of weight deficiency was 4.0% (3.8 million people), with the highest rate found in the Northeast region and among young women, while excess weight affected 38.8 million adults and old people (40.6%), 10.5 million (11%) of whom are considered obese; excess weight and obesity among men was close to the proportion observed among women. The same study recorded that 47% of the interviewed mentioned a habitual or occasional lack of sufficient food, a percentage that varied between more than 60% in the North and Northeast and 20% in the South.

As well as the direct indicators of nutritional status, there is also the focus on 'vulnerability to hunger' or 'exposure to nutrition and food insecurity' based on indirect indicators (income level, age range, ethnicity, and so on). Earlier we presented statistical data showing a significant reduction in the number and percentage of people living in extreme poverty over recent years. As this condition is defined by a level of financial income insufficient to guarantee the purchase of even a basic supply of staple foods, it is the indirect measure most frequently used to estimate the population most vulnerable to hunger. It is also known that extreme poverty is more frequent among those people declaring themselves to be *pretos* (black) and *pardos* (brown) than among whites (the black and brown populations correspond to roughly half of the Brazilian population and 67.8% of the poorest segment).

It should be pointed out straight away that although hunger and poverty always go together, the focus on poverty and the actions resulting from this policy strategy are unable to respond effectively to the dimensions involved in eradicating hunger and promoting NFS among those sectors of the population living in poverty. Overcoming these problems demands universal actions rather than programs focused solely on the poorest, confronting the inequalities inherent in the economic system, including the production of food, in order to move beyond measures that merely compensate for a problem constantly generated by an excluding model of development. Eradicating hunger should be seen as the promotion of a right, part of universal policies that guarantee not only access to healthy and nutritious foods, but also decent living conditions, health, education and work for everyone. In addition, it must be stressed that NFS concerns society as a whole and not just the lower income sectors vulnerable to hunger (Maluf 2007).

An important contribution towards this understanding was given by the introduction into the official Brazilian statistics of the Brazilian Food Insecurity Scale

(EBIA),⁶ designed to evaluate the capacity of families to access daily meals in quantitative and qualitative terms, including the perception of their members on their capacity to ensure this access in the near future.

The research in question revealed that food security existed in 65.2% of Brazilian households (33.7 million households with 109.2 million people), while the remaining 34.8% of households (18 million households with 72.2 million people) living in food insecurity were distributed as follows: 16% in mild insecurity (8.3 million), 12.3% in moderate insecurity (6.4 million) and 6.5% in serious insecurity (3.4 million). The association between poverty and more intense levels of food insecurity becomes evident in the fact that food security is present in only 17.5% of households in extreme poverty, while 61.2% of them are affected by moderate or serious food insecurity. The incidence of moderate or serious food insecurity was higher among rural households (26.0% compared to 17.4% in urban areas), and three times higher on the Northeast and North regions than in the South of the country. Last but not least, the survey showed that government social programs mainly affect those households living in the worst conditions: among those in which one resident or more received money from a government social program, 34% were living in a situation of food security, while this figure was 71.2% among those families receiving no money.

3. Poverty, equity and income transfer programs

In a context like Brazil's – and, to a large extent, that of Latin America – dominated by iniquitous economic and social processes that produce or reproduce social inequalities, social policies tend to attain a higher profile at the same time as their roles are magnified. More exactly, the hegemonic rhetoric of recent years champions the pursuit of economic dynamism within the limits of an 'economic discipline' (sic) that will supposedly ensure monetary stability and the payment of domestic and foreign debts, while simultaneously adopting 'daring' (sic) social policies designed to confront social inequalities and, above all, poverty. Examples are cited of the success of this type

⁶ An adaptation developed by Brazilian researchers of the methodology created at Cornell University and adopted by the USDA. The households are classified in four categories: those with food security (assured access to regular meals of sufficient quantity and quality), mild food insecurity (poorer diet without limits on quantity), moderate (quantitative limits on food intake without experiencing hunger) and serious (limited access with hunger).

of strategy in various Latin American countries, including Brazil itself (V. Santiso 2006).

There is no space here to discuss all the dimensions involved in the above economic model, although some of them are broached during the text. On the socioeconomic side, monetary stability is undeniably important in avoiding the deterioration of purchasing power among the lower income groups. However, the question remains over the pattern of growth that can be obtained by focusing on monetary stability, the generation of budget surpluses and trade liberalization, given the limited potential for reversing inequality and poverty – that is, when the model itself is not responsible for generating iniquities. We have also seen that it is important to qualify the economicist bias of measuring inequality and poverty via income indicators alone, as though either phenomenon could be fully captured by evaluating only its monetary dimension.

On the social policy side, we need to take into account the evolution of the system of social protection in Brazil from the 1990s onwards. The expanded coverage and revalorization of pension and welfare programs had a significant impact on reducing social inequality and on improving the nutrition and food security of families, as well as a slight recovery in the level of employment and adjustments to the real value of the minimum wage to which pension and welfare benefits are linked. The importance of the social protection system implanted in Brazil during the 1990s is shown by the fact that, in 2005, almost eight of ten of the country's senior citizens were receiving some kind of pension or welfare benefit (IPEA 2007a).

Among the universal income transfer programs, we can highlight the rural pension scheme for family farmers: created in 1988, it provides a monthly benefit equivalent to the minimum wage to all women over 55 years old and all men over 60 years old, irrespective of their past social security contributions. After an extraordinary extension to its coverage between 1992 and 1994, the rural pension program began to suffer funding problems and the pressure affecting the public pension system as a whole. Nonetheless, research revealed its positive impact on the living conditions of rural families, including their capacity to invest in agricultural activity, making this the best policy for combating rural poverty of recent decades. An estimate of the expenditure in 2005 on benefits for the rural pension system was R\$ 18.2 billion (around US\$ 9.75 billion at present rates) (Delgado & Castro 2003).

We can also highlight the 'continuous benefit provision' (BPC) program, another important innovation in Brazilian social policy implanted in 1996, which was the first

minimum social benefit to be guaranteed constitutionally, designed to reach a public until then excluded from any government income transfer scheme. The program provides a monthly payment of one minimum wage to people certified as unable to work and senior citizens over 56 years old with an income below $\frac{1}{4}$ of the set minimum wage. In October 2006, the program reached 2.4 million beneficiaries, comprising 1.3 million people with disabilities and 1.1 million senior citizens, with a transference of around R\$ 8 billion (US\$ 3.9 billion). The universal income transfer programs such as the rural pension and the BPC express the maintenance of constitutional social rights and involve a volume of funds many times the amount transferred in supplementary benefit programs such as the Family Allowance, despite the equally pronounced expansion of the latter.

Overcoming poverty involves a series of measures that implicate government policy as a whole. The persistence in Brazil of strong inequalities, not only in terms of income, but also access to public goods and services, means dealing with different types of vulnerability through various modes of intervention, combining more immediate measures for alleviating poverty, focused on the more vulnerable groups, with measures that alter the distribution of goods and services in a more equitable direction, aiming to guarantee universal social rights (Cohn 1995). Likewise, it is useful to differentiate the strategies according to their structural, distributive or compensatory nature. Strategies of a structural type include those that raise the level of human skills or the value of human productivity by intervening in the factors responsible for poverty linked to the social and economic structure, such as education and loan programs for workers. Distributive measures, for their part, alter the distribution of goods and services – for example, the reduction in the market value of certain products, increasing the buying power of consumers. Finally, compensatory interventions aim to attenuate the negative effects of a particular socioeconomic context (unemployment benefit, distribution of food, etc.) (Barros & Camargo 1993).

Another type of measure capable of interacting closely with the former has been described by Castel: according to the author, ‘integration policies’ typically attempt to introduce large-scale equilibratory effects such as reducing inequalities and providing more equal opportunities in society. These are widespread policies affecting everyone and, compared to the previous typology, concern the more structural aspects of society. ‘Inclusion policies,’ on the other hand, follow a logic of positive discrimination; they define particular sectors of people and zones of social space and develop specific

strategies for them – a set of equilibratory measures designed to move closer towards full integration (Castel 1998).

Whatever the case, the debates have made progress in terms of moving beyond the traditional compensatory social welfare policies based on the distribution of foods and consumers goods, which present various limits associated with their implementation, such as the incapacity to improve the living conditions of the more economically vulnerable populations, the low cost-benefit ratio and the traditional clientelist use of programs (Ramos 1994). As an alternative, social investment funds directed towards more vulnerable groups and income transfer programs targeted directly at beneficiaries have been implemented in a number of countries. Indeed, income transfer programs have dominated the recent debate on social policies – in the case of Brazil, in light of the implantation and accelerated expansion of the Family Allowance Program, whose impact in terms of reducing the poverty rate justifies the discussion of the specific challenges they involve.

2.1. Guaranteed income and conditional transfer

Among the different possible mechanisms of income transfer, the guaranteed minimum income programs rose to prominence in Europe and the United States in the 1970s, proposing the institution of a basic universal income for everyone, independent of work. The more recent discussions of these programs have been marked by the impacts of the changes in the social security systems, strongly dependent on the income derived from formal work, while transformations in the work market fomenting the heterogeneity, instability and deregulation of forms of employment have posed considerable challenges to the sustainability of these mechanisms. In this context, the minimum income programs appear as an alternative form of social security not based on job security (Godoy 2004).

The prerogative of guaranteeing a minimum income for all citizens is an integral part of strategies that aim to reconciling the conflicts between *freedom* (free choice of employment and the form of meeting needs), *equality* (a reduction of unacceptable contrasts in wealth distribution) and *efficiency* in the use of resources (produce the next standard of living technically possible). These proposals also include a greater flexibility in prices and wages through venture capital projects combining investments and work, looking to ensure full employment and stability (Suplicy *et al.* 1996; 1999).

In Brazil, negative income tax proposals also date back to the 1970s, but it is only from 1991 onwards that the debate concerning the theme became more prominent with the presentation of a law bill aiming to ensure a minimum income for adults over 25 years old whose monthly income was less than 2.6 minimum wages (ibid).

In 2005 Law 10,835 was issued, which institutes the basic citizen income in stages, based on giving priority to poorer sectors. Hence, the Family Allowance Program is part of the process of gradually making this right a concrete reality. The Family Allowance is without doubt the main example of conditional income transfer (CIT) in Brazil, implemented by the Lula Government in 2004 by combining and re-directing four other programs that transferred income to families under various rubrics (School Allowance, Meal Allowance, Gas Coupons and Meal Cards). Those qualified to benefit from the program are families with a per capita monthly income of up to R\$ 60.00 (US\$ 29), irrespective of their composition, or those with a per capita income between R\$ 60.01 and R\$ 120.00 with pregnant or breastfeeding women, or children and adolescents between 0 and 15 years old.

The benefits are of two types: a basic amount of R\$ 50.00 (US\$ 24) and another variable amount of R\$ 15.00 (US\$ 7) per child or adolescent up to the limit of R\$ 45.00 (US\$ 22). In June 2006, the program attained 11.1 million families, around half of which residing in the Northeast region and a quarter in the Southeast with a total annual outlay of over R\$ 8 billion (US\$ 4.2 billion). The program is present in all the 5,564 Brazilian municipalities, where its submission to local forms of social control is compulsory.

The return contributions agreed by the families, called ‘conditionalities,’ involve commitments from them to keep their school-age children and teenagers in school education and ensure they receive basic preventative healthcare (vaccination schedules for children between 0 and 6 years old, and a pre and post-natal agenda for pregnant women and breastfeeding mothers). The conditionalities are applied in order to extend the network in support of citizenship rights. Nonetheless, the program still faces challenges in terms of including specific populations (street dwellers, more isolated rural communities, indigenous and quilombola populations, and so on), universalizing complementary actions for promoting emancipation and implementing food education activities among the target families.

2.2. Advantages and challenges of conditional income transfer programs

The CIT programs combine social protection and poverty reduction policies in different countries around the world, including Brazil, and present various potential advantages when compared with other types of action, such as transfer in the form of foods. CITs affect the access to market goods and, consequently, family consumption, as well as enabling independence in the use of resources by families in accordance with criteria established within each one. Programs of this type help strengthen the local municipal economy, generating jobs and income reverted into municipal taxes. As well as the low operational costs (in general, 5 to 10% of their total costs), these programs allow a more direct relationship to be established between the State and the citizen, reducing, though not eliminating, the possibilities of clientelist abuse in their distribution. The impact on the demand for healthcare and education services has also been made evident. However, this is greater when there are investments in the provision of services or in regions where these services are more readily available (Ramos 1994; Suplicy *et al.* 1996; Deveraux 2002. Deveraux & Macauslan 2006; IDS 2005).

In terms of the impacts on diets, health and nutrition, studies on programs implemented in Nicaragua, Colombia, Mexico and various African countries indicate following main findings: reinforcement of the demand for health services, particularly on the part of women and children; a medium increase in expenditure on food; a reduction in illnesses such as anaemia in children and iodine deficiencies (especially when combined with actions for dealing with a lack of micronutrients, as in Mexico) and a reduction in the number of work days lost due to sickness among adults; an increase in the number of calories consumed and the diversification of the family diet through a higher intake of fruit, vegetables, meat and animal-derived products (Attanasio *et al.* 2005; Attanasio & Mesnard 2005; Harvey *et al.* 2006; IDS 2005; Nigenda *et al.* 2005; and Hoddinot & Skoufias 2005).

As limits to the CIT programs, the studies indicated that the impact on poverty is very light due to the reduced amount of funds transferred to the families (Godoy 2004). Furthermore, any evaluation has to consider possible declines in the real value of the transfers due to losses caused by inflation. Thus the amount transferred to the families is fundamental to the program's impact, including in terms of the costs of sending children to school and even the use of health services, usually established as conditionalities (Villatoro 2004). The costs of accessing schools and health services (transport, medications, uniforms and books) may be high and, in general, are felt more by poorer

families. The cost of important consumer items such as food varies according to the region and place of residence and may be proportionally more onerous for poor families. In other words, the vulnerabilities of families are different from one group to the next, while the amount transferred is the same throughout the country.

As is known, CIT programs are not by themselves sufficient to ensure a more equitable distribution of public goods and services and for providing them with the necessary quality. Brazil faces serious problems, for example, in relation to access to drinking water and sanitation, as well as adequate housing and high quality public services. School attendance is practically universal up to the age of 14 in Brazil; the main problems are related to youngsters over 15 years (not included in the Family Allowance program) and the quality of education, much more than merely school attendance. Hence, public investments are needed in the provision of services and in resolving problems related to the quality of the latter.

In addition, the funds transferred in monetary form may lose their value due to inflation, and the differences between the cost of living and the sales price of foods (such as the small establishments that finance sales over the medium and long-term and charge higher prices). The characteristics of the families – including the number of people in the household, the presence of sick people or dependents requiring special care, the place of residence, and the availability of transport to regions that provide most of the goods and services – also affect the possibilities for using the transferred income. Income transfer in regions where the local economy is unable to respond to increased demand can also cause a rise in the price of products (Beales & German 2006; DIFD 2005, 2006; IFPRI 2006; Deveraux & Macauslan 2006; and IDS 2005).

The implementation of return contributions from those receiving the income, such as school attendance and health services, in theory also aims to strengthen processes of social integration and combine compensatory projects with structural policies (education and healthcare), balancing universal and focused policy strategies (Junior 2000). One of the positive aspects would be, therefore, a more holistic approach to dealing with income deficits and, simultaneously, other dimensions of poverty such as the educational deficit (reducing non-attendance and repeated years), reinforcing the importance of education for the families themselves and strengthening the protection against child labour (Godoy 2004). However, other studies reveal that in some contexts the impact of schooling in the reduction of child labour is small (around 25%) and that strengthening the demand for educational services may generate negative external

effects if not accompanied by a greater supply and better quality of services (Villatoro 2004).

The impact of the conditionalities therefore depends to a large extent on the supply of these services in each locality, the quality of their provision and the cost paid by the families in order to access them (financial costs, transport, physical wear caused by the travelling and waiting time). These factors precede the implementation of the CIT programs, reflecting structural issues that limit the supply and use of these services and compromise their quality.

In this sense, it is worth mentioning two questions related to rights. From the outset, entry onto the program requires families to meet certain qualifying criteria, undoubtedly a necessary procedure whose implementation may, however, compromise the families' understanding of access to the program as a right. The second question relates to the understanding of the 'conditionalities,' that is, whether they should be comprehended as a right of the benefited families or merely as an obligation to be fulfilled by them. It is worth mentioning that these conditionalities may fulfil three important roles: make evident the State's obligation to universalize the provision of education and healthcare services, commit the targeted families and serve as an instrument to identify other factors determining the inability to access these requirements of citizenship (Maluf 2006). It remains to ask, though, whether they contribute to the building of skills over the long-term and whether they are really necessary in order to improve uptake in the use of public services, comprising more than a simple tool for punishing families that fail to comply with the rules. Underlying these demands may be the supposition that people are poor as a result of their own behaviour, rather than considering the structural factors generating poverty. Hence, where CIT programs respond to these challenges, including access to high quality public services, and mobilize public authorities in search of solutions, the effect on this scenario will be positive. On the other hand, if the conditionalities serve to disconnect users from the programs, the effect will be negative.

The old suspicion of encouraging dependency and non-work hovers over the CIT programs,⁷ although it is well-known that the lowest income families are subject to often inhuman working conditions. On the contrary, the monetary transfer provided by

⁷ Mais do que isso, há valores sociais e interesses que reforçam iniquidades de renda, de gênero e étnico-raciais. Cabe observar que as resistências das classes médias e das elites a iniciativas de distribuição de renda desconhecem os vários tipos de transferências governamentais e esses segmentos sociais.

these programs may enable other resources potentially available to such families, also providing support towards more qualified inclusion in the job market. On this point, we can highlight the results of a study on beneficiaries of the Family Allowance Program in Brazil, which revealed that the program's users were more likely to find work than non-users (Néri *et al.* 2007). It is worth pointing out that these programs signify an alternative for the families receiving the income in terms of meeting fixed expenses that compromise essential needs (such as food), as well as support towards the search for other more dignified forms of income generation for families facing a precarious job market with low wages and structural problems in generating employment and income.

We should also underline the fact that the criteria for identifying families may produce an excluding effect within the context of the impoverished population. There are problems in verifying the income declarations of workers; controlling fraudulent information is always a challenge whenever income is used as a selection criterion, significantly raising the costs and the operational complexity of implementing the project. Programs of this type also make self-focalization difficult, in contrast to the distribution of food supplies, for example, since they are more subject to pressures for inclusion from less vulnerable groups of people. It should be taken into account that the most vulnerable population groups may experience find it difficult to get to the localities used for making applications for the programs, as well as sometimes lacking the necessary documents for registration (Ramos 1994; Lavinás & Versano 1997; Junior 2000, Deveraux 2002).

The preference for transferring funds from the programs to women, in the Brazilian case and that of other countries, is seen to have proven positive insofar as women make more effective use of the financial income than men (IFPRI 2006), and because it strengthens women's autonomy and independence within the families in question and can be taken as an indicator of the empowering of women (Villatoro 2004). Although evident in the research, these dynamics vary according to the gender relations established in each family context – relations not necessarily altered in any essential way by programs of this type, although in some cases women may acquire more autonomy in the use of funds. Income transfer may worsen pre-existing conflicts concerning the intra-family rules for using resources in cases where gender relations remain unequal.

Finally, though no less importantly, we return to the question of the connection between social protection and confronting the causes of poverty and inequalities, in

order to make evident the challenge of establishing close and strong links between the income transfer programs and the actions designed to expand access to the job market or other activities capable of generating income. The social protection programs should also include information on citizenship, human rights and social justice that contribute to the emancipation of the benefited families and the legitimating of the programs themselves as a means of ensuring rights. In this sense, the weak interconnection between the CIT initiatives and other social programs hinders the integrated confrontation of the different forms of vulnerability experienced by the poorest families (Godoy 2004; Lavinás & Barbosa 2000). In addition, the positive effects of income transfer schemes may themselves be limited by the conditions of extreme vulnerability of the families, which affect their use of the available income, such as health problems, the distance between the place where they live and public infrastructure (the health service and schools), transport costs and so on (Villatoro 2004).

4. Universal and focalised social programmes

A key controversy in the debate on social policies is undoubtedly found in the contrast between universal and focalized approaches to such programs. Focalization can be defined as a method of providing goods and services to particular groups, individuals or households that possess specific characteristics that make them in need of these actions (FAO 2001). Among the benefits of highly focused programs are the channelling of available resources to the sectors of the population recognized to be most at need, promoting a form of positive discrimination. The identification of these sectors increases the impact and potential per capita benefit, avoiding the dispersal of resources and helping combat the clientelism that siphons resources to groups other than those that really need the benefits. Careful selection means avoiding a homogenous view of the populations to be helped, enabling adequate planning in response to their particular demands and distinct conditions of vulnerability (Lacabana & Maingnon 1997; FAO 2001; Cohen & Franco 1995).

However, we need to contextualize the emergence of this type of approach within the wider political setting involving a redefinition of the State's functions in response to the fiscal crisis of the 1980s, as well as considering the logistical challenges posed by the implementation of focused programs. Although it is crucial we take into the full

range of conditions faced by different social groups, if these groups are not included within a set of policies that guarantee universal rights, segmentation will simply be reinforced.

Neoliberal proposals, designed by international agencies and backed by different Latin America countries since the 1980s, recommend that the State's action is restricted to a minimum set of issues given the existing budgetary constraints. These limits define a field of basic functions aimed to compensate for 'market failures' and, on occasion, to promote equity. These include: defending law and order; property rights, macroeconomic management; public healthcare; protecting the poor; and aid in the event of catastrophe (World Bank 1997). The idea is that the concentration of welfare assistance on the poorest sectors and on particular actions will induce the other segments of the population to meet their needs via the private sector, while the social initiatives of the State are primarily designed to compensate for the harmful effects of the economic sphere, without the prospect of combining economic and social development (Lacabana & Maingnon 1997).

In these terms, focalization was re-introduced from a different perspective to the models dominating the area of social policies until then. In the 1970s, the concept of focalization referred to selectivity in the State's functions as a strategy for overcoming poverty; in other words, state actions were supposed to be concentrated (directing their focus) on enabling the access of the poorest groups to a set of social policies formulated to 'attack' the root causes of poverty. In the context of the reforms implemented in the 1980s, focalization came to be understood as a form of directing social expenditure towards the poorest segment of the population, in detriment to the other functions that should be fulfilled by the State (Tapia 1996).

The focalization of public funds is intended to help resolve the problem of inefficiency and the lack of equity in social expenditure, widely diagnosed in developing countries. Selectivity should be accompanied by administrative and institutional restructuring since, irrespective of the polemic surrounding the scarcity or sufficiency of the existing resources, the inefficient use seems to be a point of agreement. The results of this new approach were already felt at the end of the 1980s in the context of worsening poverty and inequalities, the shrinking of the job market and public expenditure and the increase in the price of basic foods. By highlighting the condition of vulnerability of particular sectors of the population, programs such as the

food supplements targeted at children and pregnant and breastfeeding women rose to prominence (Tapia 1996).

The deterioration in the social scenario provoked a change of course in the 1990s, meaning that the term **focalization** acquired a specific connotation, referring to the *strategic selection of the collective actions that should be promoted by the State* (World Bank 1997:1) and not merely the concentration on the poorest groups. Recognition is given to the importance of the State in overcoming the scenario of poverty and inequality, shifting the emphasis to new administrative and institutional models. The scale and growth of social demands, however, tend to overload state policies and make welfare provisions via the existing institutional and budgetary framework impossible, imposing the need for new models of intervention.

A degree of consensus was achieved for abandoning the idea of the minimal State advocated by the more radical current of neoliberalism, and developing a strategic function of regulating public policies, coordinating public and private actors and different levels of government (Santos 1997). In this model, the State ideally concentrates its activities on what it can and should execute, making efforts to reduce the burden imposed on it by stimulating the involvement of citizens and communities in providing essential collective goods. In this approach, focalization is directly linked to institutional innovations directed towards forging partnerships for joint implementation of actions. The State is considered *essential for social and economic development, though not as a direct promoter of growth, but as a partner, catalyser and facilitator* (World Bank 1997).

Adopting a viewpoint in opposition to the neoliberal approach, the Economic Commission for Latin America and the Caribbean (CEPAL) proposed in the 1990s a new agenda for social policies in developing countries (Tapia 1996). The diagnosis produced at the time was that the limits to incorporating the new technological advances in the productive base made equitable economic growth impossible. The need to transform production therefore became a central issue in the face of the heterogeneity of the existing structure and the pronounced social inequalities. The strategic objective, it was proposed, should be the building of a new productive base capable of harmonizing economic growth, technical progress, increases in productivity and equity, in which social policies would play an active role in reducing inequalities.

The redistributive function of public finances was seen here as a fundamental requirement for sustainable economic growth and for developing the capacity for these

countries to function within the global economy. Equity was not taken as a goal exclusive to social policy, but an aspect of state planning as whole, where the poorest sectors of the population would shift from the status of 'vulnerable groups' to becoming 'economic agents' (Tapia 1996). From this viewpoint, focalization refers to the process of defining and selecting target groups for government programs and not cut backs on social expenditure. Initiatives focused on specific groups formed part of a wider strategy for the area of social policies, combined with universal programs.

This conception of focalization implies processes that form the basis of social planning: the identification of characteristics that differentiate segments of the population according to their specific needs; the formulation and implementation of forms of intervention capable of meeting these needs; the identification of target groups and the implantation of mechanisms that avoid the appropriation of resources by sectors that do not comprise the target group of the programs.

As can be seen, **focalization** has been associated with different types of selectivity: determining **selective functions** of the State (which may or may not be accompanied by selective target groups); **selective public expenditure** and directing of these funds towards specific demographic sectors, and finally, the recognition that certain forms of intervention are necessarily selective in relation to the target group – that is, the identification of **selective vulnerabilities** and the adoption of positive discrimination.

When it signifies shrinking of the State, the concept of focalization is very often used in opposition to the concept of universalization. However, the demographic characteristics differ according to the age group, gender and specific vulnerabilities to be considered in the selection of target groups for the programs. This information allows the design of interventions suited to the different demands that exist. Furthermore, even though sometimes directed towards specific sectors, these actions can be complemented by universal policies.

One of the factors favouring the diversion of funds away from economically vulnerable groups is their low capacity to influence the decision making process. The demands of sectors that possess fewer resources, including power, tend to be met insofar as they coincide with the interests of more influential groups in the decision making process (Tanzi 2002; Medeiros 1999; World Bank 2000). This dynamic determines, for example, whether the priority for resources directed towards education and healthcare will be to allocate them to higher education and specialized hospitals or

to primary level schooling and basic healthcare. In the Latin American context and particularly in Brazil, social policies were developed within the context of an authoritarian State, financially and politically centralized at federal level. The system of social protection that was formed had a strongly clientelist and anti-democratic profile. It was also institutionally fragmented, composed of multiple implementing agencies that lacked any real interconnection or coordination.

Moreover, part of the resources allocated to social programs goes to service providers (public sector employees or contracted third parties) and the activities enabling the programs (such as food distribution, which demands transportation, storage, purchases, etc). As a result, social expenditure may rise without there necessarily being an impact on inequality (Tanzi 2002).

In lower incomes countries, the actual cost of tax collection is sometimes so high that it constitutes a limit to the effects of redistribution. This happens because in various cases the fiscal base is limited, the tax rates are high and distorted, the fiscal administration weak and management inefficient. In addition, more than a fifth of public funds in these countries is used to pay off debts (World Bank 2000).

This institutional profile presents significant limits in terms of its capacity to respond, on one hand, to the enormous challenges posed by the transformations at the international economic level, under way since the 1980s, and, on the other, to the persistence of a social scenario of poverty, inequality and growing fiscal imbalance. The processes of reform result from pressures to adjust to a new international economic order and simultaneously respond to a series of transformations in the inter-relations between State and civil society in different countries, including Brazil.

3.1. Problems with focalization

A number of negative effects of focused programs have been increasingly highlighted, such as: the high cost of administrating the focalization mechanisms, which require high-quality information and administrative capacity; resentment among groups excluded from the programs, as well as the tendency to stigmatize the beneficiaries. One of the paradoxes of focused programs resides in the fact that a better focused policy - that is, the most precise possible in terms of identifying the most vulnerable groups within the vulnerable - may generate a loss of political support from higher income

groups (Conning & Kevane 2001; Gelbach & Pritchett 1997; Devereaux 2000; FAO 2001; Davis 2002).

Some excessively focused programs have undesired effects. In Chile, in the case of food supplement programs to maternal-infant groups, the mothers did not consider the food received as an incentive, since inclusion in the programs was not an advantage from a cost-benefit analysis (Raczynski 1991).

Although they may present a better cost-benefit ratio, focused programs demand additional resources in order to be implemented insofar as they require the elaboration of methods and eligibility criteria appropriate to each local reality (data collection, construction of indicators, etc.) and effective monitoring. The cost and time spent on each process vary according to the focalization mechanism adopted and the availability of information existing in each context, as explained later. Some cases may require implicit costs such as, for example, food education programs in Bangladesh, where better focalization was achieved through an amplification of the food ration that was offered. As a result, the potential beneficiaries considered inclusion in the program advantageous (FAO 2001).

Moreover, the difference between those included and the excluded from the programs may not be significant, since an arbitrary cut off point does not radically differentiate the groups situated at the borders of the dividing line. Finally, it should be recognized that decisions of this type, although supported by technical information, are political in kind: response to conflicts of interest between actors (Lindblom 1980; Abranches 1994).

Programs that use the income of beneficiaries as a criterion pose a heavy administrative burden, but, on the other hand, those that offer broader subsidies (residence and infrastructure) end up benefiting higher income families. In response to this scenario, some countries have been increasingly adopting self-directed approaches; that is, directed to the use of resources based on pre-defined criteria such as the concentration of the provision in urban and rural locations where the number of poor people is high, or the inclusion of some kind of return contribution from the beneficiary, fixing a low level of benefits (World Bank 1997).

Other forms of focalization, distinct from mere concentration on places and groups situated below the poverty line, have also been adopted. On this point, Hurtado (1991) highlights the importance of the notion of territorial equity in terms of the allocation of

financial and human resources, without which decentralization tends to reinforce the unequal distribution rather than resolve it.

Focused programs necessarily involve drawing a dividing line between beneficiaries and non-beneficiaries based on a specific criterion. This means establishing cut off points (indicators) relevant to the intervention that the program aims to implement and to its objectives. These indicators may be defined either on the basis of international recommendations, or by analyzing the characteristics of the target population in each context. However, irrespective of the indicator used, conflicts are common within the communities containing people who are included and excluded from the programs. These conflicts may be more evident among groups such as indigenous populations that are traditionally organized in community form and resent differentiations based on individual criteria. In the Mexican case, the implementation of the Education, Health and Food Program (PROGRESSA), in 1996, indicated that while previously the community as a whole participated in public works, afterwards only the beneficiaries of PROGRESSA remained engaged in these types of activities since they were related to the process of implementing the program (Davis 2002). Similar indices on the discouragement of practices based on solidarity and citizenship caused by the form and logic of such programs have also been detected in the context of the CS strategy in Brazil (Santos 2001).

Irrespective of the focalization criteria adopted, various mechanisms for capturing and selecting beneficiaries may be adopted in accordance with the operational design of the programs. Among these we can highlight those of administrative and community types. In the administrative-based mechanisms, the decisions concerning the eligibility of beneficiaries are mostly made by the government administrators of the programs. Since it is commonly based on technical and objective criteria, this type of focalization is considered a more 'impartial' selection tool. However, if the decision-making processes are not transparent, there is a risk of corruption and private appropriation by sectors of the bureaucratic structure according to their own interests (FAO 2001).

In addition, as the criteria are defined by agents from outside the communities where the programs will be applied, both information on the problem in question and its understanding may be limited. The use of standardized criteria by central levels of

government may also be a limiting factor, since the determining causes of poverty differ between the various population groups and local contexts.⁸

Finally, when the population is required to go to a central governmental agency to supply information that will be analyzed in the selection process - a demand implemented as a way of reducing costs (passive identification) - this may incur a large margin of error if efforts are not made to locate potentially eligible households or individuals. In this case, when an attempt to locate potential beneficiaries is made by the teams responsible for the selective process (active identification), focalization is improved, although the cost involved may be higher (FAO 2001).

Another mechanism of focalization to have acquired prominence is the community base, where members of the community, or their representatives, are responsible for selecting the beneficiaries. Experiences of involving the community in social programs through local commissions have suggested that this mechanism is capable of enhancing the results of the focalization process because: the members of the commissions know the local reality, which helps in the identification of the beneficiaries and the strategies for overcoming the problems, as well as the definition of eligibility criteria suited to each context; social control is strengthened, while costs are reduced (Subbarao *et al.* 1997; Deveraux 2000; Conning & Kevane 2001; FAO 2001).

Nonetheless, even when the community agents possess better information on the local population, it is not always clear how this type of knowledge can be used effectively, bearing in mind a series of issues capable of compromising the selective process. This mechanism of focalization may divide the community by provoking resentment towards members of the commission among people who are not selected. In some localities where this process has been implanted, the community refused to divide the population into the 'needy' and the not 'needy,' arguing that everyone was equally poor. In other situations, the local informants may be reluctant to provide information to outside agents or even local preferences may not favour the poorest community members (Conning & Kevane 2001; Devereux 2000; Raczynski 1991:144; Lacabana & Maingnon 1997:7).

The search for consensus on the fairest criteria for eligibility may become an arduous task demanding a long period of time to be completed. In addition, some

⁸ In countries where the decision-making processes occur at multiple levels of government (national, regional and local), locally determined eligibility criteria may be more valid than criteria defined at federal level and applied nationally.

programs, such as those targeted at people at nutritional risk, demand the application of technical criteria for selection, which are difficult to put into practice with the human and technological resources available in the community (FAO 2001).

The nature of the community's participation will influence the form of focalization: that is, whether or not the more marginalized groups are included in the decision-making process, how conflicts are resolved, or to what extent members of the communities are pressurized by local power groups, distorting selection in detriment to the most vulnerable sectors of the population. Deciding who best represents the community and should take part in the selection process is also a far from trivial challenge.

A number of procedures have been suggested towards increasing the potential of community-based focalization and which in reality can be extended to other forms, such as: ensuring the transparency of the decision-making process; informing the community about the rules of focalization and resource allocation (criteria for the eligibility and disconnecting of target groups) and involving it as much as possible in the planning process from its earliest stage; enabling decisions to be checked and members of the commissions to be replaced when necessary; and implementing external participatory audits as a regular procedure (FAO 2001).

In summary, the questions raised indicate points that should be considered in the analysis of the focalization process: determining the criteria for allocating funds on the basis of decentralization, as a form of dispersing power and geographic redistribution; a discussion of the theme based on the specific nature of each program and the matching of the type of objective, the proposed intervention and the target group involved.

The possibilities and difficulties associated with the process of focalization must be considered. The positive aspects relate to the definition and channelling of resources to priority groups, matching them to the demands. The challenges concern the economic, social and political costs related to defining the beneficiaries, which increase in proportion to the increase in the levels of differentiation of the demands; the technical-institutional capacity available; the scale of vulnerability in relation to existing resources; the availability of methodological tools needed for adequate focalization; the non-stigmatization of beneficiaries; the nature of the decision-making processes and the split between those who need the benefits and those who do not.

Other factors that aggravate these problems relate to the fact that the actual procedures for requesting resources favour groups that already have experience in

formulating and executing projects, frequently possessing more resources. Parallel to this issue, bureaucratic inertia can lead to an application of resources in easily accessed regions whose populations are not the most needy and benefits may be extended to people who are not included in the target group as a strategy for mitigating a crisis situation (Lacabana & Maingnon 1997; Cohen & Franco 1995; Ramos 1984).

A number of factors are essential for the quality of the focalization process, namely: transparency in the decision-making process; information for all those involved on the resource allocation criteria and processes; accountability – decisions should be challenged and representatives should be replaced where necessary, while audits should be undertaken by authorities external to each context (Sharp 1997 *apud* Devereux 2000:11).

In summary, the main problems related to focalization are:

- ✓ Municipal governments, when responsible for the process of focalization, may be influenced by the networks of local power, as well as facing difficulties in reaching the most vulnerable sectors due to lack of staff, transportation and resources for carrying out household surveys;
- ✓ The poorest sectors living in urban outskirts and rural areas face greater difficulties in getting to the registration localities situated in the urban centre of the municipalities, as well as meeting some of the rules of eligibility due to the required documentation or the need to inform a place of residence (excluding street dwellers, for example);
- ✓ Focalization is not culturally accepted in many cases; the families redistribute the resources; the process generates stigma among the beneficiaries, fails to contribute to strengthening the notion of rights and provokes conflicts among those included and excluded from the programs, especially when the criteria are neither clear or transparent.

These factors can make focalization expensive and mean it has negative effects, generating the exclusion of those who most need the programs.

5. Public institutionality and equitable social policies

One factor that seriously impedes equity is the actual structure on which public institutionality is organized. Social expenditure is frequently; in other words, it reaches

sectors of the population that possess more resources. The different essential public services, such as water supply, electricity and sanitation proportionally reach the sectors that possess more financial resources, and resources are concentrated on workers with higher levels of education (Cohn 1995; Cohen & Franco 1995; World Bank 2000; Peliano 1990; Guilhon 2001; Londoño & Székely 1998). As a result, public policies have a paradoxical effect on the social scenario, given their incapacity to reduce existing inequalities.

There are various factors determining this lack of equity in access: programs that depend on institutional frameworks to be put into operation tend to assist groups living in localities where the provision of public services is greater (urban areas and more wealthy regions), municipalities with greater technical and political capacity find it easier to capture resources along with the sectors of the population in better socioeconomic situations, while the lack of connections between sectors contributes to the inefficient use of resources. The implementation of school meal programs is hindered precisely in localities where the poorest groups live, since it is mainly in rural schools (in the poorest regions) that infrastructural limitations are found (lack of electricity, equipments, etc) as well as the fact that a significant proportion of children fail to attend school regularly.

The principal features characterizing the structure of social protection in Brazil during the 1960s and 70s were: federal centralization, the cooperative, clientelist and anti-democratic nature of the processes of intermediating interests, and inefficiency in the use of resources; fragmentation (a variety of institutions functioning in disconnected form); and welfare segmented by categories of workers, depending on the bargaining power of the different groups (Fleury 1998). In this context, Barros and Carvalho point to the following as the main weaknesses of Brazilian social policy: **(a)** the low level of focalization on the poorest sector of the population, determined by a set of factors that includes the part of this sector being unaware of the existence of social programs, weaknesses in the social support networks for accessing these programs, difficulties in obtaining political representation and vocalizing their demands, and the inequalities in the distribution of federal resources between states and regions; **(b)** the lack of integration between programs since the beneficiaries are selected for each program independently and, therefore, there is no combined enhancement of their effects for the poorest families: in other words, the impact of one program could enhance the impact of another program if they were directed in integrated form to the same families, in

accordance with their specific needs; (c) the lack of coordination between programs in the three spheres of government (federal, state and municipal), as well as the fact that federal programs are applied in homogenous form across the different regions of the country, regardless of the enormous differences between them.

Despite the State's significant financial investment in the social area and the institutional network, the system of social protection in the 1980s presented a low capacity for promoting equity and reaching the poorest sectors of the population. The panorama of social inequality and poverty was much more positively affected by economic growth, wage labour and social mobility than by social programs, even the universal kinds. The most vulnerable groups were least benefited by the programs, and large sectors of rural workers and the poorest were excluded from the system (Draibe 1998).

While on one hand Brazilian social policy has been ineffective in terms of reducing income inequalities, significant progress has been made in the supply of healthcare and education services in the country, highlighted by the recent advances indicated in the latest PNADs (Barros & Carvalho 2003).

Questions concerning the possibilities of sustaining the social protection structures in developed countries in the face of the neoliberal reforms that took place in the 1990s, resonated in Latin America too. However, although constraints have been imposed by this new economic order, there are no indications of the dismantling of these structures in either context (Vianna 1997; Possas 1996). On the other hand, although there has been no dismantling as such, a significant restructuring in terms of principle and institutional frameworks did occur, leading to a new configuration of organizational structures and practices that involve the interaction of components from a wider international dynamic and elements particular to national contexts.

The reforms in Brazil took their inspiration from international ideas, but simultaneously went in the opposite direction to neoliberal orthodoxy. The transformations in the structure of social protection were guided by the principles set out in the 1988 Constitution, including: the formalization and universalization of social rights as citizenship rights; the democratization of decision-making processes, based on principles of participation, social control and decentralization.

The Constitution paid special attention to the question of citizenship, covering civil, political and social rights, predicting the implementation of a Social Security System, understood as 'an integrated set of actions originating from public authorities

and society, designed to ensure rights relating to health, pensions and social welfare.’ Social welfare is thereby instituted as a non-contributive social policy, based on principles of universality of access, selection and distribution in the provision of benefits and services (Draibe 1998).

In the area of healthcare, the implementation of the Single Health System (Sistema Único de Saúde/SUS) comprised one of the most important reform projects in the social area, guided by the principles of a single command structure in the Ministry of Health; universal and equal access; equity; social control; decentralization; and the integration and hierarchization of healthcare. In this sector, municipal autonomy in the use of resources has been strengthened, although local governments have a very diverse range of institutional and technical capacities.

Innovative forms of management have emerged and a greater involvement of local actions in the decision-making process has been enabled through social control councils. Access to services, though, is limited by a poor distribution of supply and the system’s incapacity to respond to demands. Implementation has been slow and constantly threatened by funding problems. A small section of the population (20%) with the necessary financial resources has been included in the private system, while the remainder depend on public healthcare services. Hence, while, on one hand, the constitutional guarantee of universal access has ran in a contrary direction to the international currents of focalization, it may also be tending towards a segmented form of inclusion (Fleury 1998).

The course of reform is taking place in the wake of re-democratization after a long period of military dictatorship, in which a series of channels for voicing demands have re-emerged after a period of repression, accompanied by the creation of new channels. The installation of these spaces signals the democratization of decision-making processes with potential repercussions on the reduction of inequalities in access to public resources.

These two questions - focalization/universalization and social participation in public policies - therefore deserve to be highlighted in terms of analyzing and comprehending the extent of their impact on equity. These topics will be more deeply examined later.

4.1. Social participation and equity

In the setting of the neoliberal reforms of the 1980s and 1990s, a new form of institutional structure was proposed for Latin American states, reflected in the diagnoses of crisis in the model then dominant. Innovations in the traditional forms of representing interests were introduced, processes of social re-democratization emerged, and more decentralized administrative models were implemented: in sum, an institutional metamorphosis took place. This restructuring altered the relations between State and society, and social sectors and levels of government, and had significant impacts on the mechanisms and criteria for the existing redistribution of financial and political resources (Santos 1997).

Although contemporary political regimes, such as the democratic systems, are based on an ideal of equality and universality, it is impossible to ignore the effective marginalization of large sectors of society, incapable of corresponding to the premises of the institutional model of political participation. Democratic models of management have been constructed as strategies for reducing inequalities in the access to the public sphere; however, they apply in contexts where the most vulnerable sectors face enormous obstacles in channelling their demands and ensuring representation.

The councils for social representation, which became part of the state institutional structure in different sectors of politics (health, welfare, etc.) emerged in the 1990s as a contrast to the strong decision-making autonomy of the technical-bureaucratic structure and as spaces for democratizing the decision-making process. However, we need to ask under what conditions does the incorporation of new actors in this process – particularly sectors of civil society – contribute to a redistribution of public resources in favour of the more vulnerable groups, and to the diffusion of a more cooperative decision-making logic.

Brazil's political-institutional system is characterized by a kind of decision-making hyperactivity – that is, a rapidity in the formulation of proposals that is not translated, however, in the process of implementation due to the State's operational failures and the inability to meet established targets (Diniz 1997). This failure in implementation can render the councils meaningless and demobilize political participation.

Another question that is raised is that the uncontrolled multiplication of sector-based social control councils may accentuate the fragmentation of the decision-making process by compartmentalizing the intervention agenda of public authorities. In

addition, the limited supply of political leadership at local level has mainly led to the council members participating on various councils simultaneously. Given that these leaders sometimes represent different interest groups on each sector council, they can end up competing with themselves over priorities in allocating resources (Neves & Marinho 1999). When the councils perform a more deliberative role, there may also be an overlapping of the role performed by the legislative power (the representative authority par excellence) and by other specialized bodies of the government. If these actors are ignored, there is a risk of the decisions of the councils becoming meaningless.

Despite these challenges, special attention should be given to these arenas insofar as they constitute institutional innovations that may have a significant impact on the relations between the State and social organizations. The success of public policies depends not only on institutional and financial mechanisms and resources, but also on the mobilization of the political means for their execution.

6. Final observations – challenges and recommendations

We have seen that the strategy of confronting poverty and inequality in Brazil over recent years has involved a combination of ‘economic discipline’ inherited from the structural adjustment period with the implementation of various types of social policies, including the prominent role performed in income transfer schemes for the poorest sectors of the country’s population. The recent fall in indicators for income inequality and poverty, in an overall context of maintaining conservative features in the implementation of economic policy and low growth in GDP, poses two questions for discussion. The first refers precisely to the relation between economic dynamism, social inequality and poverty – a topic whose full consideration would exceed the limits of this text. This is because it requires discussing that range from the suitability of the income indicators currently in use, given the high level of informality in the Brazilian economy, and the monetary and non-monetary dimensions of poverty and in equality, to the traditional – indeed, almost mythic – correlation between ‘more economic growth and less poverty.’ This amounts to a timely debate at a moment when the acceleration in growth, occurring in questionable form in terms of social and environmental aspects, seems to summarize the objectives of the Lula Government’s second term of office (2007-2010).

This brings us to the second question: namely, the degree to which public policies in Brazil have altered course since the beginning of the Lula government in 2003. The relevance of this point is not restricted to the analysis of the limitations and possible contradictions of this government in particular: instead, it means discussing the possibilities of the combination mentioned above, which has now become hegemonic. The Brazilian case is significant given the social priorities announced by the Lula Government and the possibilities available in this direction in terms of the economic and institutional resources of a 'large middle income country.' However, we may be faced by a phenomenon in which quantity reflects quality: that is, the slow evolution of favourable social indicators may express the low or poor quality of the processes behind it. This quality is primarily determined by the economic options made by the country (Maluf 2007).

In this final part, we shall return therefore to the multiple dimensions assumed by poverty and the social inequality of the policies implemented to combat it, in particular the need to connect distinct actions and to ensure equity and social participation, with their implications in institutional terms. References will be made to the issues related to nutrition and food security.

5.1. The policies advances and contradictions

Despite the reduction in the prevalence of poverty and problems such as infant mortality and malnutrition, the number of people living in poverty and vulnerable to such problems is relatively high, especially if we consider the economic and institutional resources available in Brazil: immense iniquities meant that incident rates are very high in some regions. Nonetheless, the country possesses a legal and institutional framework that supposedly guarantees social protection and the right to an adequate diet, revealing the persistence of contradictions between intentions and actions.

Important advances have been observed in the profile of health and nutrition, in particular in terms of infant mortality and problems such as malnutrition. However, on questions such as obesity and chronic non-transmissible diseases (cardiac diseases, diabetes and so on) challenges persist. In addition, immense inequalities remain in terms of prevalence between different regions, urban and rural populations, gender, ethnic

groups and income. These differences are closely related to inequalities in income and access to public goods and services.

Other positive aspects relate, for example, to the consolidation of institutions linked to human rights, including specific legislation. In 2006, the National Congress passed and the Federal Government approved the Organic Law on Nutrition and Food Security (LOSAN), which instituted the guarantee of the human right to food in the country through the implementation of a National System for Nutrition and Food Security, composed of sectors from government and civil society. Progress in the area of public policies was achieved with the institution of social control councils, including representatives from government and civil society, with deliberative powers, such as the sector councils in healthcare, social welfare and so on, and consultative councils such as cross-sector councils like the National Council for Nutrition and Food Security (CONSEA), which also exists in various states and municipalities in Brazil.

The institution of constitutional rights, such as health, education and social welfare, and the expansion in the coverage of various kinds of programs (income transfer, food security, health and education) specially targeted at the most vulnerable sectors of the population stands out as a positive aspect of the policy. This multiplicity of programs may contribute to a more wide-ranging approach to social problems. The demand remains, though, to integrate these actions and coordinate the programs. The construction of integrated public policies imposes the need for a dialogue between the various sectors of government. In this case, CONSEA, by being composed of representatives from government and civil society linked to the different sectors working in this field, becomes a key space for integrating programs. This integration is fundamental to ensuring that interventions do not become compensatory measures, focused and isolated, and with a reduced capacity to influence in sustainable and effective form the problems continually generated by a social structure that reinforces the existing inequalities and vulnerabilities.

In this sense, interconnecting the arenas that decide economic policy and those that decide social policy is also an imperative. This process relates to another set of questions referring to the role of the private sector in social protection, as well as the role of civil society. What is the State's responsibility and that of society in this undertaking? Social organizations should not substitute for governments that have budgetary resources derived from taxes to fulfil public functions that neither the private sector nor organized civil society has the means to implement. Public regulation of the

private sector is also an important mechanism in this process. In the Brazilian case, various items of legislation concerning regulation of the activities of the private sector in healthcare, industry and food advertising are being formulated. On the other hand, the discussion on ensuring the social responsibilities of companies must be scrutinized to prevent it from becoming a mechanism to camouflage the structural damage that can actually be generated by the actions of companies through small social contributions.

It is also worth asking how civil society organizations can work with the government and not just outside it – that is, taking part in all the stages of formulating, implementing and evaluating policies. This dynamic is also important in terms of strengthening the visibility of rights among public actors and during the process of implementing the programs, keeping in mind that this process is just as important as the actions themselves. Guaranteeing rights it is not enough if the processes through which actions are implemented are based on clientelist relations, the exchange of favours or the failure to respect the cultural values of the targeted groups. Therefore, the variations in the implementation of the programs are equally as important as their conception, since they can affect both the objective and subjective aspects that determine human capacities to live in an adequate form.

An important question to be addressed is how to ensure the demands of the most excluded and vulnerable sectors of the population are brought to the political arenas. In this case, the social organizations that work closely with these communities can help to establish a more direct form of participation from these sectors in public policies. The question raised is which organizations really represent the interests and demands of these groups? Which organizations are truly concerned with ensuring the voices of these populations are heard?

In terms of the discussion between focalization and universalization, it needs to be considered whether the former process is in fact justified, given all the challenges that need to be faced through adequate focalization of programs. As a target, the guarantee of minimum universal rights is more effective in helping to minimize these challenges and consolidate a more equitable view of society, sharing the wealth produced and thereby strengthening the actual conception of rights.

5.2. Recommendations

To finish, we present a number of recommendations below with the intention of highlighting important points that may guide processes of social mobilization and their influence on the formulation, implementation and monitoring of public policies.

- ✓ Strengthen the political mechanisms for influencing decision-making processes in arenas that define economic policy, and work towards a better integration of these arenas with those responsible for defining social policy.
- ✓ Implement strategies for integrating programs and coordination mechanisms so as to consolidate an integrated approach to social action.
- ✓ Improve the mechanisms for direct participation from society, especially its more vulnerable sectors, in the formulation, implementation and evaluation of policies, through networks of community-based social organizations.
- ✓ Ensure the involvement of state and municipal spheres in the implementation and local monitoring of programs as a form of guaranteeing the quality of the initiatives and the achievement of the proposed objectives, including the targeted population.
- ✓ Promote the increased visibility of rights in the different institutional spaces, such as schools, work places, the media, social organizations, governments and the private sector.
- ✓ Strengthen the social control councils by providing training for their members on themes such as social security, human rights, and social and economic equity, as well as the management of public policies.
- ✓ Develop a universal and integrated approach to social policies, which, in the case of income transfer programs, implies conceiving a strategy for transition towards a basic citizen income and the use of multiple social indicators for interventions focused on vulnerabilities other than financial problems experienced by the families.

7. Bibliography

- Abranches, S.H.. Política social e combate à pobreza: a teoria da prática.. In: Abranches, S.H.; Santos, W.G.; Coimbra, M.A. *Política Social e Combate a Pobreza*, R. Janeiro: Jorge Zahar Editor, 1994, 3rd ed., 9-30
- Attanasio, O. Gómez, LC; Heredia, P; Hernández. M.V . *The short-term impact of a conditional cash subsidy on child health and nutrition in Colombia*. London (UK): The Institute for Fiscal Studies, 2005.
- Attanasio, O Alice Mesnard. *The impact of a conditional cash transfer programme on consumption in Colombia*. London (UK): The Institute for Fiscal Studies, 2005.
- Banco Mundial. *Relatório Sobre o desenvolvimento Mundial 1997. O Estado num mundo em transformação*. Washington: World Bank, 1997.
- Barros, R.P & Camargo, J.M. *Em busca das raízes da pobreza na América Latina*. Rio de Janeiro: IPEA, 1993. (Seminar series No. 09/03)
- Barros, Ricardo P. & Carvalho, M. *Desafios para a política social brasileira*. IPEA. Brasília, IPEA, 2003. (Discussion paper 985)
- Beales, S and German, T. *Situation analysis of social protection and cash transfers in Africa*. London (UK), Help Age International with Development Initiatives, 2006.
- Burlandy, L. & Anjos, L.A. Acesso a vale refeição e estado nutricional de adultos beneficiários do programa de alimentação do trabalhador no Nordeste e Sudeste do Brasil - 1997. *Cadernos de Saúde Pública*, 17, 2001, 1457:1464.
- Burlandy, L & Anjos, L., *Acesso à merenda escolar e estado nutricional de escolares no NE e SE do Brasil - 1997*. Rio de Janeiro: Abrasco, 1999 (Anais do 2º Congresso Brasileiro de Ciências Sociais em Saúde).
- Burlandy, L; Carvalho, F, Valente, F (eds.). *Brazil's Case Study for the 32 session of the Standing Committee on Nutrition - United Nations System*. Brasília (DF), 2005.
- Castel, R. *A metamorfose da questão social – uma crônica do salário*. Petrópolis: Vozes, 1998.
- Cohn, A. Políticas sociais e pobreza no Brasil. *Planejamento e Políticas Públicas*, 12, 1995, 1:16.
- Cohen, E. & Franco, R.. Racionalizando as políticas sociais na América Latina: o papel da gestão. *Gestión y análisis de políticas públicas* 2, 1995, 101:108.
- Conning, J & Kevane, M. *Community based targeting mechanisms for social safety nets*. Washington (DC), World Bank Social Protection Labor Markets, 2001.
- CONSEA. *II Conferência Nacional de Segurança Alimentar e Nutricional – textos de referência*. Brasília, CONSEA, 2004.
- Davis, B. A experiência de intervenções de transferência de renda no México rural; evidências dos programas PROGRESSA e PROCAMPO. In: Takagi, M; Silva, J.G.; Belik, W.(ed.). *Combate à fome e à pobreza rural*. S. Paulo: Instituto de Cidadania, 2002, 91:107.
- Delgado, G. & Castro, J.A. *Financiamento da previdência rural: situação atual e mudanças*. Brasília, IPEA, 2003. (Discussion paper 992)
- Devereux, S. *Social protection for the poor: lessons from recent international experience*. Brighton (UK): Institute of Development Studies, 2002 (IDS Working Paper 142).
- Devereux, S and Macauslan, I. *Review of social protection instruments in Malawi*. Brighton (UK): Institute of Development Studies, 2006.

- DFID-Department for International Development. *Using social transfer to improve human development*. London (UK), DFID, 2006.
- DFID-Department for International Development. *Social transfers and chronic poverty: emerging evidence and the challenge ahead*. London, DFID, 2005.
- Diniz, E. Crise, governabilidade e Reforma do Estado: em busca de um novo paradigma. In: Gershman, S., Vianna, M. L. W. (eds.). *A miragem da pós-modernidade: democracia e políticas sociais no contexto da globalização*. R. Janeiro, FIOCRUZ, 1997.
- Draibe, S. M.. *A construção institucional da política de combate à pobreza: perfis, processos e agenda*. Campinas: UNICAMP/ NEPP, 1998. (Cadernos de Pesquisa N° 34).
- Fajnzylber, F. *Industrialización en América Latina: de la 'Caja Negra' al 'Casillero Vacío'*. Santiago de Chile: CEPAL/ONU, 1989. (Cuadernos de la CEPAL, N. 60)
- FAO (Food and Agriculture Organization of the United Nations). *Targeting Nutrition Improvement. Resources for advancing nutritional well-being*. Reference Guide. Rome: FAO, 2001.
- Fleury, S., 1998. Política Social, exclusión y equidad en América Latina en los 90. *Nueva Sociedad*, 156, 1998, 72:94.
- Fleury, S; Belmartino, S. & Baris, E. (eds.). *Reshaping health care in Latin America: a comparative analysis of health care reform in Argentina, Brazil and Mexico*. Ottawa (Canada), International Development Research Center – IDRC, 2000.
- Godoy, Lorena. *Programas de renda mínima vinculada a la educación: las becas escolares em Brasil*. Santiago do Chile, CEPAL, 2004.
- Goldani, A. M. & Lazo, A. V. *Brasil: desafios de políticas para as famílias*. Santiago, Chile, CEPAL, 2004.
- Gelbach, J. B. and L. Pritchett. *More for the poor is less for the poor: the politics of targeting*. Washington (DC): World Bank Development Research Group Poverty and Human Resources, 1997.
- Guilhon, M.V. A pobreza e seu enfrentamento na era da globalização. In: Silva, M.O. (ed.). *O Comunidade Solidária: o não enfrentamento da pobreza no Brasil*, S. Paulo, Cortez Editora, 2001.
- Harvey, P & Savage, K. No small change - Oxfam BG Malawi and Zambia Emergency Cash Transfer Projects: a synthesis of key learning. London, HPG, 2006. (Humanitarian Policy Group (HPG), Overseas Development Institute and Oxfam).
- Hoddinot, J.Y. Skoufias, E. *The impact of PROGRESSA on food consumption*. Washington (DC), International Food Policy Research Institute (IFPRI), 2003.
- Hurtado, A G. Las orientaciones de la política social. *Colección Estudios CEPLAN*, 31, 1991, 131:140.
- IFPRI (International Food and Policy Research Institute). Nicaragua social protection network - pilot phase evaluation system: impact evaluation. Washington (DC), IFPRI, 2006. (available at http://www.ifpri.org/themes/mp18/Nicaragua/informe_eval_RPS_final)
- Institute of Development Studies (IDS). *Making cash count. Lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households*. London, Institute of Development Studies/HelpAge International/Save the Children UK, 2005.
- IPEA (2007a). *Políticas sociais – acompanhamento e análise*. Brasília (DF), IPEA, 2007 (Edição especial 13)

- IPEA (2007b). *Sobre a recente queda da desigualdade de renda no Brasil*. Brasília, IPEA, 2007 (Technical Note, March 2007).
- Junior, O. A. S. Programa Bolsa escola - educando para a cidadania In: Camarotti, I. & Spink, P. *Parcerias e Pobreza: Soluções locais na implementação de políticas sociais*. R. Janeiro, Editora FGV, 2000, 11:34.
- Kawani, Néri, M. & Son. *Crescimento pro pobre, o paradoxo brasileiro*. Rio de Janeiro: FGV, 2006.
- Lacabana, M & Maingon, T.. *A focalização: políticas sociais estruturalmente ajustadas*. Latin America Studies Association, 1997. (<http://lasa.international.pitt.edu/eppolitics.htm>; acesso em 11/01/2000).
- Lavinas, L Y Barbosa, M.L.O. Combate a pobreza estimulando a frequência escolar: o estudo de caso do Programa Bolsa Escola do Recife. *DADOS*, R. Janeiro, Vol 43 (3), 2000.
- Lavinas, L & Versano, R. *Programas de Garantia de Renda Mínima e ação coordenada de combate à pobreza*. Brasília: IPEA, 1997.(Discussion paper 534)
- Lindblom, C. *The policy making process*. New Jersey, Prentice-Hall Foundations of Modern Political Science Series, 1980.
- Lobato, L. & Burlandy, L.. The context and process of health care reform in Brazil. In: Fleury, S; Belmartino, S. & Baris, E. (eds.). *Reshaping health care in Latin America: a comparative analysis of health care reform in Argentina, Brazil and Mexico*. Ottawa: International Development Research Center IDRC, 2000. (<http://www.idrc.ca/booktique>.)
- Londoño, M & Székely, J.L. *Sorpresas distributivas después de una década de reformas: Latinoamérica en los Noventas*. Washington (DC), Banco Interamericano de Desarrollo Oficina del Economista, 1998. (Working Paper 352)
- Lopes, JRB. Política social: subsídios estatísticos sobre a pobreza e acesso a programas sociais no Brasil. *Revista Estudos Avançados*, 24, 1995, 141:156.
- Maluf, R. S. *Segurança alimentar e fome no Brasil – 10 anos da Cúpula Mundial de Alimentação*. R. Janeiro, CERESAN/UFRRJ, 2006, 66 p. (Technical Report, 3).
- Maluf, R.S. *Segurança alimentar e nutricional*. Petrópolis (RJ), Vozes, 2007.
- Monteiro, C. A, Conde, W., Konno, S. *Análise do inquérito Chamada Nutricional 2005*. S. Paulo: FSP/USP, 2006, 20 p.
- Néri, M.C (ed.). *Miséria, desigualdade e estabilidade: o segundo real*. Rio de Janeiro: FGV, 2006.
- Néri, M.C (ed.). *Equidade e eficiência da educação – motivações e metas*. Rio de Janeiro: FGV, 2007.
- Neves, G.H. & Marinho, H., 1999. Os rumos do debate sobre desenvolvimento municipal. *Revista de Administração Municipal. Municípios*. 222: 22- 30.
- Nigenda, G. & Robledo, L.M.G. *Lessons offered by Latin American cash transfer programmes: Mexico's Oportunidades and Nicaragua's SPN. Implications for African countries*. Centre for Social and Economic Analysis. London, Mexican Health Foundation/DFID/Health Systems Resource Centre, 2005.
- Peliano, A. M.T.M., 1990 *Quem se beneficia dos programas governamentais de Suplementação Alimentar*. Brasília, IPEA, 1990. (Discussion paper 205)
- Perkins, D.H. & Syrquin, M., Large countries: the influence of size. In: Chenery, H. and Srinivasan, T.N. (eds.), *Handbook of development economics, Volume II*. Amsterdam, Elsevier Science, 1.989, 1691-1753.

- Pfeffermann, G. & Griffin. *Nutrition and health programs in Latin America targeting social expenditures*. Washington (DC), World Bank / Panama City International Center for Economic Growth, 1989.
- Possas, C. A articulação público - privado e o cuidado com a saúde dos pobres: implicações das políticas de ajuste estrutural na América Latina. In: Eibenschutz, C. (ed.), *Política de saúde: o público e o privado*. Rio de Janeiro, Fiocruz, 1996, 49:65.
- Pradhan, M and Rawlings, L. *The Nicaraguan emergency social investment fund: poverty targeting and impact on beneficiaries*. Washington (DC), World Bank, 2000.
- Presidência da República. *Objetivos de Desenvolvimento do Milênio - Relatório Nacional de Acompanhamento*. Brasília; Presidency of the Republic, 2004.
- Raczynski, D. Descentralización y políticas sociales: lecciones de la experiencia chilena y tareas pendientes. *Colección Estudios CEPLAN*, 31, 1991, 141:151.
- Ramos, C.A. *O programa de garantia de renda mínima*. Rio de Janeiro; IPEA, 1994 (Discussion paper 357).
- Rocha, S. *Pobreza no Brasil. Afinal, de que se trata?* Rio de Janeiro: FGV, 2005.
- Salama, P. *Le défi des inégalités*. Paris, Editions la Découverte, 2006.
- Santiso, J. *Latin America's political economy of the possible: beyond good revolutionaries and free-marketters*. Cambridge (MA), MIT Press, 2006.
- Santos, M.H.C. Governabilidade, governança e democracia: criação de capacidade governativa e relações executivo- Legislativo no Brasil Pós – constituinte . *DADOS* 40 (3), 1997, 335:376.
- Santos, S.M.C., *Fome de Cidadania: o Comunidade Solidária e a participação em programas de Nutrição em municípios baianos*. Salvador: Escola de Administração, Universidade Federal da Bahia, 2001. (Doctoral thesis)
- Soares, F.V., Soares, S., Medeiros, M. and Osório, R.G. *Cash transfer programs in Brazil. impacts on inequality and poverty*. Brasília (DF): UNDP/ IPEA, 2006. (International Poverty Centre, Working Paper 21).
- Shady, Norbert R. *Conditional Cash Transfer Program: reviewing the evidence*. Istanbul (Turkey), 2006. (Third International Conference on Conditional Cash Transfers).
- Subbarao, K., J. Bonnerjee, S. Braithwaite, K. Carvalho, C. Graham & A. Thompson, 1997. *Safety net programs and poverty reduction: Lessons from cross-country experience* Washington, DC: World Bank.
- Suplicy, E. & Margarido, Neto, B.. Políticas sociais: o programa Comunidade Solidária e o programa de garantia de renda mínima. In *Planejamento e Políticas Públicas*. 12, 1996, 39:62.
- Suplicy, E. Uma proposta contra a pobreza. In: Problemas Brasileiros, 1999. (http://200.231.246.32/sesc.../artigo.ctm?id_artigo=635&id_edicao=16&textobusca=pobreza; accessed on 26/09/00).
- Tapia, J. R. B. *Políticas sociais na América Latina: diagnósticos e recomendações das agências multilaterais no início dos anos 90*. Campinas, NEPP/Unicamp, 1996. (Cadernos de Pesquisa No. 28)
- Tanzi, V. *Os determinantes fundamentais da desigualdade e o papel do governo*. Brasília: Ministério do Desenvolvimento Agrário: Núcleo de Estudos agrário e Desenvolvimento Rural, 2002.
- Vanderborcht, Y. & Parijs, P.V. *Renda Básica de cidadania: fundamentos éticos e econômicos*. Rio de Janeiro: Civilização Brasileira, 2006.

Vaitsman, J., Rodrigues, R.W.S, Sousa, R.P. *The system for evaluating and monitoring social development programs and policies: the case of the Ministry of social Development and the fight against poverty in Brasil*. Brasília, MDS, 2006.

Vianna, A.L. Enfoques metodológicos em políticas públicas. In: Canesqui (ed.), *Ciências Sociais e Saúde*. S. Paulo: Hucitec/ Abrasco, 1997, 205:219.

Villatoro, Pablo. S. *Programas de reducción de la pobreza en América Latina - un análisis de cinco experiencias*. Santiago de Chile, CEPAL, 2004.

World Bank. *World Development Report 2000/2001: attacking poverty*. Washington (DC), World Bank, 2000.

CERESAN

Av. Presidente Vargas, 417/8º andar
20071-003 - Rio de Janeiro, RJ - Brasil

Tel/Fax:(21) 2224-8577 Ramal: 215

E-mail: ceresan@ufrj.br; ceresanufrj@gmail.com

Home Page: <http://www.ufrj.br/cpda/ceresan/home.shtm>



Programa de Pós-Graduação de Ciências Sociais
em Desenvolvimento, Agricultura e Sociedade
UFRJ - Universidade Federal Rural do Rio de Janeiro

