

THE CONDITIONALITIES OF THE BOLSA FAMÍLIA:

its conservative face and limitations to implement the Citizenship Basic Income in Brazil¹

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The *Bolsa Família* Program has been implemented since 2003 as the main strategy to deal with poverty in Brazil. The benefit it provides is to transfer income to poor and extremely poor families as well as to articulate the monetary income transfer with some structural policies, mainly education, health and work. The *Bolsa Família* has already reached around 14 million of families in 5,565 Brazilian municipalities, i.e. about ¼ of the Brazilian population. The program requirement is to fulfill some conditionalities in the field of education and health, such as: enrollment and attendance of the children and adolescents at school; children must receive basic health care and pregnant women must receive antenatal care. The goal of this proposal is to present and analyze the conditionalities of the *Bolsa Família*, considering its conservative contents and limitations for program democratization. Therefore, the following aspects must be discussed: identification and problematization of the different conceptions of the conditionalities as identified in the literature about the program; management of the conditionalities; the penalties applied to the families when they do not follow the conditionalities; follow up of the families that do not fulfill the conditionalities. Based on an analysis of these dimensions, the conservative contents of the conditionalities will be problematized as well as the limitations to implement the Citizenship Basic Income directed at all Brazilian citizens and foreigners who live in Brazil for at least five years, as defined by the law approved and sanctioned by the Brazilian government.

1 INTRODUCTION: Brazilian reality in context

Brazil, the geographical context in which the *Bolsa Família* (BF – Family Stipend) Program is implemented, is the largest country in Latin America, with an 8,547,403 km² territory, divided into five regions, with 26 states and 5,565 municipalities and the Federal District, Brasília. Data from the last Census performed in 2010 by the *Instituto Brasileiro de Geografia e Estatística* (IBGE – Brazilian Institute of Geography and Statistics) indicated a population of 190,732,694 inhabitants, but the population estimated by the *Pesquisa Nacional por Amostra de Domicílios* (PNAD – National Household Sample Survey) of 2012 is 197 million people. The fertility rate, according to the censuses performed in the country, has been decreasing, dropping to 1.87 children per family in 2010. The number of private households was 67.6 million, with an average of 3.3 residents per home. There is an outstanding tendency for the population age structure to converge towards aging, with a

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population of 11.3% 60 years old or more (INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA, 2011).

The country has great economic, social and cultural diversity.

Data from the *Relatório Indicadores do Desenvolvimento Brasileiro* (Report on Indicators of Brazilian Development) referred to in the PNADs, especially in PNAD 2011 (CHEDIEG, 2012), point to a significant reduction of extreme poverty between 2001 and 2011, considering that the population with a per capita household income of up to US\$ 1.25/day dropped from 14% to 4.2%, a much lower level than that stipulated by the Millenium Development Goals (12.8%). Despite the reduction in the number of people in extreme poverty, data from the 2010 Demographic Census showed that in Brazil there were 16.2 million people (8.6% of the total population) with a per capita family income of up to R\$ 70.00 (extreme poverty line established by the Federal Government in 2010). Out of this total, 46.7% were in rural areas and 53.5%, in urban areas. The geographic location of extreme poverty in Brazil is very diversified, and it is mainly concentrated in the Northeast Region (18.2% of the total population in extreme poverty) and North Region (16.8%), which are the regions with the highest concentration of poverty in the country, while the more developed regions present the following situation: Southeast Region 3.39% and South Region 2.61% of the population living in extreme poverty (INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA, 2011).

The process of what is called growth with inclusion, recorded in the Report referred to (CHEDIEG, 2012), takes into account the fact that in the last 10 years the Brazilian economy underwent a combination of economic growth and improved income distribution, so that the real Gross Domestic Product per capita grew by 29.0%, with a more favorable evolution of the income of the poorest population, recording a significant drop in the Gini Coefficient from 0.553 in 2001 to 0.500 in 2011. The same source indicates what is considered strong, continuous growth of per capita household income, growing at an average rate of 4.5% above the inflation since 2004, from R\$ 687.00 in 2003 to R\$ 932.00 in 2011 (in updated values), with greater growth in the poorer regions and for *less favored* population groups, which helps diminish inequality. Thus per capita household income, including all sources, inclusive of transfers³, occurred throughout the country, outstandingly in the Northeast with a 2.9% increase per year, 65% above the national average, altering the

³ There was also a reduction of regional inequalities when considering only the sources related to work: in the Northeast income from work expanded by an average of 3.3% per year, whereas the national average was 2.1%.

historical inequality: between 2001 and 2011, the income of the 20% poorest increased at a seven times greater rate than that of the wealthiest (5.1% a year on average above the inflation, so that the monthly per capita mean household income of the 20% poorest went from R\$ 102.00 in 2001 to R\$ 167.00 in 2011). Reflecting this situation, the Gini Index between 2001 and 2011 declined in all regions, falling to a level below 0.5 in the South and Southeast regions, a level which is still high if we compare it to the international situation. In the Northeast and Mid-West, the regions with the worst distribution, the Gini Index also converged to the level of 0.5.

Despite the optimism of official data indicated above, the level of income of the Brazilian population can still be considered low. Moreover, with it come low levels of schooling, bad quality of jobs and lack of access to basic services, although this aspect has been improving significantly.

The 2010 Census showed that 44.8% of the population did not have any schooling or had not finished elementary school, although it should be considered that most members of this population group (17.9%) are over 50 years of age and that there is a continuous decline of illiteracy among adolescents and young people. However, this percentage remains quite high, considering that the population 50 years old and over is 20.4% of the total Brazilian population (INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA, 2011). Still about schooling, PNAD 2012 data evidenced that the mean number of years studied, among people 10 years old or more, increased by 2 years from 2011 to 2012, so that there were 60.9 million people who had gone to school for at least 11 years in 2012, 28.0% of whom lived in the Northeast region, the poorest, and 41.4% lived in the South, the richest. The rate of schooling, in 2012, was 98.2% for children aged 6 to 14 years and 84.2% for adolescents and youths 15 to 17 years attending school. There were 33.5% with incomplete elementary school; 9.8% with complete elementary school; 4.0% with incomplete high school; 25.2% with complete high school and 12.0% with complete higher education.

As regards jobs, the data of the 2010 Census revealed that 56.1% of the population were working at jobs that required a low professional qualification (agriculture, livestock, forestry, fishing and aquiculture; trade, automotive and motorbike repair; domestic services; activities without a proper specification).

Concerning the situation of access to basic services, also according to the 2010 Census, there is a marked deficiency of sanitary sewerage. In Brazil, 32.8% of the households have inadequate sewerage (absence of a general network or septic tank), and in the North and Northeast Regions the percentages reach 67.1% and 54.6%, respectively. As to garbage

collection, 10.9% of the households in Brazil lack this service, and in the North and Northeast the percentages rise to 23.6% and 22.4%, respectively.

As to health conditions, a definite improvement has been found in some indicators, such as the rise in life expectancy at birth, which was 70.7 years in 2001 and has risen to 74.1 years in 2011; infant mortality (below the age of 1 year) has gone down from 26.1 deaths per 1,000 live births to 15.7 in 2011, and maternal mortality dropped from 80.3 to 62 maternal deaths per 100,000 live births (BRASIL, 2013).

Even with the significant advances throughout the first decade of the years 2000, these data reveal the precarious situation of part of the Brazilian population. Certainly, the data show, at the same time, significant advances such as the reduction of inequality measured by the Gini index and the reduction of extreme poverty. Along the same lines, data from the Human Development Atlas in Brazil 2013 situate Brazil in the range of high Human Development, with a Human Development Index (HDI) of 0.727, demonstrating an improving evaluation, as in 1991 it was at a very low level of human development with an HDI of 0.492, and in 2000 it was at an average level of human development (0.612)⁴ (PROGRAMA DAS NAÇÕES UNIDAS PARA O DESENVOLVIMENTO; INSTITUTO DE PESQUISA ECONÔMICA APLICADA; FUNDAÇÃO JOÃO PINHEIRO, 2013).

The PNADs, on the other hand, have shown a considerable improvement in the living conditions of Brazilians, so that access to basic services has been incremented, with a rise in access of the population to running water from 72.3% in 2004 to 85.4% in 2012; access to electricity rose from 85.3% of the households in 2004 to 99.5% in 2012. Despite the record of these improvements in basic services, the situation of basic sanitation--as mentioned previously--with a significant impact on the health of the population, is still worrisome, reaching 49.6% of the households in 2004 and 57.1% in 2012, with a great difference among the regions: only 13.0% in the North region, one of the poorest, and 84.1% in the South region, the richest. An increase in access to durable goods was also found, such as: in 2012, 96.7% of the households had a refrigerator; 55.1% had a clothes washing machine; 97.2% had a television; 98.7% had a stove, 91.2% had a fixed or mobile telephone; at least one resident of 42.4% of the households had a car and 20.0% had a motor bike for personal use; 46.4% of the households had a computer and 40.3% had access to the internet (INSTITUTO

⁴ The HDI takes the following variables into account: longevity, education and income, and one can observe the following behavior of Brazil concerning each of these variables: life expectancy at birth in years (longevity): 1991 – 64.7, 2000 – 68.6 and 2010 – 73.9; Education (level of schooling of the adult population and the young): 1991 – 0.278; 2000 – 0.456 and 2010 – 0.637. Although it has grown 129.1% during the period, it shows that something must be done to ensure that children and youths advance in the school cycles at the right ages; Income: 1991 – 447.56, 2000 – 592.46 and 2010 – 793.87.

BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA, 2013).

Thus, living conditions of the Brazilian population have improved in recent years. There has been a marked reduction of the extreme poverty indices, to a lesser extent of social inequality, and the rise of income from work, with a consequent improvement of access to basic social services and to durable goods. This is due to the stability and growth of the economy; reduction of unemployment and rise in formal employment with a registered work card; a real rise in the minimum wages, and the contribution of the increment which has been recorded in the field of social policies, particularly with the significant expansion of the income transfer programs, whose main star is the BF, because of its geographic extension, the great number of families covered and the volume of money allocated to it.

In the current Brazilian context, the paper discusses the conditionalities of the Bolsa Família, taking into account controversies and the reality of this central dimension in the Program, its conservative content and the resulting limitations for the implementation of the Citizenship Basic Income in Brazil. For this purpose it initially problematizes the theme, presenting a general characterization of the BF, followed by reflections that highlight conceptions, types and expressions of the conditionalities, as identified in the literature on the Program, presenting three systematized views: the official one, the one that involves denial of rights, and the one that is conservative and moralistic. It goes on to present the management of conditionalities in the BF, the sanctions for non-compliance, and the process of following families who do not comply with conditionalities. In the Conclusion it presents a problematization regarding the limits for the implementation of a Citizenship Basic Income in Brazil.

2 THE BOLSA FAMÍLIA: an overview

The BF, the largest income transfer program currently implemented in Brazil, is, together with other income transfer programs⁵, central to the Brazilian Social Protection System. It was instituted in 2003, as an intersectorial policy, for the purpose of unifying the developing income transfer programs. According to the *Ministério de Desenvolvimento Social e de Combate à Fome* (MDS – Ministry of Social Development and Fight Against Hunger),

⁵ Besides the BF, outstanding among other income transfer programs that are currently implemented in Brazil, because of their wide coverage, are: *Benefício de Prestação Continuada* (BPC – Continuous Benefit), which does not require a contribution and is aimed at elderly people beginning at 65 years and at handicapped people unable to work, who live in families with a per capita family income of less than ¼ of the minimum wage; Rural Social Security, which is a special retirement regime which does not require systematic prior contributions and is directed at people who work in family agriculture. Both programs transfer a monthly monetary benefit to the beneficiaries to the amount of 1 minimum wage (R\$ 724.00, in 2014, approximately US\$ 300.00).

the national agency that manages the Program, its objectives are: to fight hunger, poverty and inequalities by transferring a financial benefit associated with the guarantee of access to basic social rights in the field of health, education, social assistance and food security; to promote social inclusion, contributing to the emancipation of the beneficiary families, proposing the creation of means and conditions for these families to be able to get out of their current vulnerable situation (BRASIL, [2006]).

A major feature of the BF is its broad geographic expansion and the growing number of families covered, so that since 2006 it had been implemented in a decentralized manner, in all 5,565 Brazilian municipalities and in the Federal District. In May 2009, it covered 11,611,680 poor and extremely poor families, with a per capita family income of up to R\$ 120.00. By its fifth anniversary, in October 2008, it had already invested R\$ 41 billion, half in the Northeast Region, the poorest in the country. In March 2014, the public covered was already 14,053,368 families, with a total value of R\$ 2,112,724,614.00 in funds paid in benefits to the families that month.

The monetary and non-monetary benefits made available represent the two axes that configure the BF proposal. The former are direct monetary transfers, aimed at providing immediate relief of the situation of poverty of the beneficiary families. On the other hand, the non-monetary benefits, i.e. the offer of complementary actions and programs, aim at overcoming the vulnerability of the families, particularly through the offer of professional qualification programs, the insertion into the labor market and credit to encourage entrepreneurialism, besides the insertion of the members of the beneficiary families into other actions and complementary programs, especially those offered by the Policy of Social Assistance. Between these two axes are the conditionalities, considered by those who created the BF as a reinforcement of the access to basic social rights in health, education and social assistance, so that the Program proposes to articulate a compensatory dimension (money transfer) with a structuring dimension that involves programs and actions aimed at overcoming the conditions of vulnerabilities experienced by the poor and extremely poor families.

The monetary benefits offered by the BF are defined by Law 10.836/2004 and transferred monthly to the beneficiary families⁶. The value and composition of the monetary benefit express a significant variation, represented by five types of benefits: *Benefício Básico* (Basic Benefit) (to the amount of R\$ 70.00, granted only to extremely poor families with a per

⁶ The quantitative and descriptive information presented on the monetary benefits is available at <www.mds.gov.br>. Accessed on March 1, 2013.

capita income equal to or less than R\$ 70.00); *Benefício Variável* (Variable Benefit) (to the amount of R\$ 32.00 granted when the family has children aged from zero to 15 years, pregnant women and/or breastfeeding women: *Benefício Variável Gestante* (BVG – Variable Benefit for Pregnant Women), *Benefício Variável Nutriz* (BVN – Variable Benefit for Breastfeeding Women)⁷ – limited to five benefits per family); *Benefício Variável Jovem* (BVJ – Variable Benefit for Youth)⁸ (to the amount of R\$ 38.00 granted when there are young people aged 16 to 17 years in the family – limited to two youths per family); and *Benefício para Superação da Extrema Pobreza* (BSP – Benefit to Overcome Extreme Poverty)⁹ (with a value corresponding to that needed for all beneficiary families of the BF to receive more than R\$ 70.00 of monthly income per person). In this way the values of the benefits vary according to the characteristics of each family, considering the per capita family monthly income, the number of children and adolescents up to the age of 17 years, pregnant women, breastfeeding women and family members.

When the Plano Brasil Sem Miséria (BSM – Brazil Without Extreme Poverty Plan) was launched in 2011, the Federal Government established the target of including in the BF more than 800,000 extremely poor families by December 2013. Another modification was to raise the limit of the number of children and adolescents up to the age of 15 years in extremely poor families from 03 to 05. These began to have the right to the Variable Benefit of R\$ 32.00, with the possibility of including another 1.3 million children and adolescents,

⁷ In the BVG the payments begin to be made after the beneficiary is identified as pregnant by the Health Department of the municipality and when the *Sistema de Benefícios ao Cidadão* (SIBEC – Citizenship Benefit System) reflects this situation. Nine monthly payments of R\$ 32.00 will be made (one per month of pregnancy) to families with pregnant women who receive the variable benefit, independently of the month when the woman became pregnant. To receive the benefit it is not necessary to undergo an antenatal exam. However, once the benefit has been granted, the woman will mandatorily have to undergo the exams and medical visits. On the other hand, the BVN is for families with children up to six months old, independently of the degree of kinship to the newborn. The benefit helps promote *Segurança Alimentar e Nutricional* (Food Security) in order to ensure better nutrition to the mother, if she is responsible for the child(ren), and to the baby.

⁸ The BVJ is a modality of variable benefit of the BF aimed at youths aged 16 and 17. It was instituted in March 2008 and its main objective is to help the young people to stay on at school when they turn 16. It pays R\$ 38.00 per youth up to the limit of two. The BVJ is granted under the condition of proving the connection of the youth aged 16 and 17 to the schools, and they must be properly enrolled and attending school.

⁹ The purpose of the BSP, launched in 2012, is to ensure a minimum income of R\$ 70.00 per person to the beneficiary families of the BF that, even if they receive other benefits from the Program (Basic, Variable and the BVJ), remain in a situation of extreme poverty. The BSP has three phases: the first began in June 2012 for families with children up to the age of 6 years. In December 2012, the BSP began to cover families with children up to the age of 15. And in March 2013 it expanded coverage to all beneficiary families of the BF that, even receiving other benefits from the program, remain in situation of extreme poverty. The incomes of the state or municipal programs are not included in calculating the amount of the benefit and the family will stop receiving the BSP in the following situations: when the BF benefits are cancelled, or when the value of the income per person is higher than R\$70.00, considering the income declared in the Unified Cadaster), added to the benefits of the BF, without the BSP.

from September 2011 onwards, raising the maximum value of the benefit from R\$ 242.00 to R\$ 306.00. Moreover, as part of BSM, the *Programa Brasil Carinhoso* (Affectionate Brazil Program) was instituted, with the purpose of removing from a situation of extreme poverty all families with children aged 0 to 6 years by ensuring that families with children in this age range would have a minimum income up to R\$ 70.00 per person, besides increasing the number of places in day care centers and the coverage of health programs, including supplementation with vitamin A, iron and free asthma medicines. Thus *Brasil Carinhoso* became part of the BSM income transfer axis, represented by the BF.

The minimum monetary value of the BF transferred monthly to each beneficiary family is R\$ 32.00 and the maximum is R\$ 306.00 ($R\$ 242 + R\$ 32 + R\$ 32 = R\$ 306$). This calculation refers to an extremely poor family (per person income of R\$ 70.00) that receives a basic benefit, five variable benefits and two variable benefits for youths (for youths aged 16 and 17 years, attending school). This maximum value is not applied to the families of the BF who are beneficiaries of the BSP, whose total benefit should correspond to that needed to go beyond the R\$70.00 of monthly income per person.

As just described, the BF focuses on the family unit, and the mother has a priority as family representative in the Program, so that in about 94% of the cases she holds title to the benefit.

The MDS does not guide or restrict the way the benefits are used, considering this aspect as a guarantee and encouragement of the citizen autonomy of the families.

The benefits are paid mainly using the *Cartão Bolsa Família* (Bolsa Família Card), used only to draw the money from the Program, in which the *Número de Identificação Social* (NIS - Social Identification Number) as well as the name of the *Responsabilidade Familiar* (RF – Family Member responsible) is recorded..

The BF beneficiaries use a simplified bank account called *Conta Caixa Fácil* (Easy Savings Bank Account), which is regulated by the Central Bank (the Brazilian equivalent of the Federal Reserve), with a guarantee of free access to bank services for the low income public.

Besides the fact that the values are low and diversified, the benefits are not readjusted according to a defined system and are diminished by the inflationary process¹⁰, even when added to the family income, if any, they may not ensure a decent reproduction of the families. However, the monthly periodicity of the benefit payment and the scheduling that

¹⁰ The nominal values of the BF benefits were only updated in 2007, 2008, 2009 and 2011.

ensures its regularity must be considered significant. This allows the families to confidently program the use of the resources received.

Also, as regards the monetary benefits, specifically the forms of payment, the following should be highlighted:

Transformation of the beneficiaries into bank clients, holding magnetic cards that seem to transform them into citizens of contemporary society – considering that the idea of becoming a bank client contains a symbolism that is flaunted in the consumer society – appears to transform the beneficiaries of these programs into equals. This, no matter how desirable and positive it may seem, also fulfills an ideological trait that reveals belonging, integration. (SILVA, 2013, p. 75).

3 PROBLEMATIZING THE CONDITIONALITIES IN THE BOLSA FAMÍLIA:

concepts and expressions

The conditionalities, also called counterparts or commitments, are an essential dimension of the BF design. They constitute a mediation between the compensatory axis of the Program, expressed by the monetary benefit, and the structuring axis, expressed by the non-monetary benefits and complementary programs and actions.

Analyzing this dimension of the BF means to raise polemical, divergent or even antagonistic questions. From this standpoint, in a research study of the BF conditionalities (SILVA; GUILHON; LIMA, 2013) in the Program literature, three different views were systematized: one which is at the basis of the official discourse, another that is advocated by the conservative discourse and a third that represents the critical discourse. These views are configured as follows:

- a) Conditionalities as access to and expansion of rights:** this is the official version of the conditionalities of the BF, considered mechanisms to combat the intergenerational transmission of poverty, as an investment in human capital, by articulating the immediate objective, which is to relieve poverty, the compensatory axis of a monetary transfer to poor and extremely poor families, with structuring policies, with high relevance for the field of education, health, nutrition, social assistance and work. The assumption is that the conditionalities contribute to access to basic social rights and encourage the demand for services in health, education, and social assistance, presented from a double perspective: demanding that the State be responsible for offering public services and the responsibility of the beneficiary families who must fulfill the commitments determined by the Program.
- b) Conditionalities as a political issue and conservative moralistic imposition:** this view advocates that the poor should not receive a transfer from the State without a

direct counterpart, in order to not foster their dependency and complacency. This is the hegemonic view in society, widely disseminated in the media. It considers conditionalities legitimate and desirable as mechanisms to *educate* the poor and demands that governments control and punish them by removing the beneficiaries from social programs when they do not fulfill the established requirement. Besides blaming the poor for not carrying out what the programs determine, this view does not take into account the quantitative insufficiency of essential programs, even in the field of education and health, worsened by the precarious public services, due to the omission or deficiency of the State itself, which is exempted from any punishment.

- c) **Conditionalities as a denial of rights:** this view is the opposite of the previous one, since it considers that the conditionalities attributed to the income transfer programs are an infraction of an essential right to people's survival. According to this view, no counterparts, requirements or conditionalities should be imposed on a right. It emphasizes the responsibility of the State, which should ensure the necessary conditions for people to maintain a basic standard of living, according to the civilizational conquests of the society of which they are part. In this sense, no social program should determine requirements or counterparts that may generate punitive measures.

This reflection on views of conditionalities in income transfer programs can be complemented with what Cecchini and Martínez (2011) and Cecchini (2013) classify as types of conditionalities.

According to the authors, there are three types of conditionalities: soft ones, strong ones and systems or networks of conditionalities.

The BF adopts the soft type of conditionalities, guided by the premise that one of the main problems of poor families is lack of income as a result of their difficulty in entering the labor market. Consequently, they need to have a guaranteed minimum income to supply what they lack. Therefore, the sanctions adopted for not complying with this type of conditionality are moderate, so that the BF adopts different levels of sanction for non-compliance with the conditionalities, ranging from a warning to temporary removal to definitive removal, after several sequences of non-compliances. In this process, the reasons for non-compliance with the conditionality are identified and the families receive support through a follow-up process.

The conditionalities considered strong encourage the families' demand for services offered and aim at promoting the human development of the poor population by raising their levels of use of public education and health services. The monetary transfer is considered a mechanism to foster behavioral changes in poor families, encouraging them to develop a greater willingness to raise human capacities in education. The main objective is to provide the right incentives to strengthen human capacities, considering the monetary benefit a way to fund the costs of access to education and to health services. Thus a strong scheme is developed to monitor the conditionalities, with the adoption of strict sanctions, through clear rules; *one transfer one condition* (CECCHINI; MARTÍNEZ, 2011). The authors situate this type of conditionality in the *Programa Oportunidad* (Opportunity Program) of Mexico, the *Más Familias en Acción* (More Families in Action) and *Juntos* (Together) of Peru and *Avancemos* (Let's Advance) of Costa Rica.

The third type, called conditionality systems or networks, is represented by *Chile Solidario* (Solidary Chile), which is being replaced by *Ingreso Ético Familiar* (Ethical Family Income) in Chile, and by *Red Unidos* (*ex-Red Juntos*) (United Network, former Together Network) in Colombia. The conditionality system comprises structures for articulation, aiming to ensure access to the benefits offered by different specific programs designed to compose an inclusion base. Its assumption is that poverty is the result, not only of lack of income or access to social services, but a consequence of multiple psychosocial, cultural, economic and geographic factors. Thus, the public offer of services should approach the families and constitute an articulated, active system of offers. The monetary values, when foreseen, are low and aimed at reducing the costs to enable the beneficiaries to participate in other social programs. The counterparts of the families vary and are relatively flexible (CECCHINI; MARTÍNEZ, 2011) and the transfers and conditionalities are secondary, as this type prioritizes the provision of psychosocial assistance to the families.

In the BF, consequently, the managing bodies consider the social conditionalities as commitments made by the beneficiary families to remain in the Program. There are also responsibilities of the government, which must offer services of education, social assistance and health. In the *field of health* pregnant and breastfeeding women should register for antenatal care and visit the health unit closest to their home; participate in educational activities offered by the health teams regarding breastfeeding and promotion of healthy nutrition; people responsible for the children under the age of 07 years are required to take the child to the health units or to places where inoculation is being performed, to keep their immunization schedule updated and to follow the nutritional and development status of the

child. In the *field of education*, children and adolescents aged 06 to 15 years must be enrolled and have at least 85% monthly school attendance; adolescents aged 16 to 17 must have a monthly school attendance of at least 75%; the department responsible for the BF in the municipality must be immediately informed whenever there is a change of school and grade of dependents aged 06 to 15 and 16 and 17 years, so as to enable and ensure the effective follow-up of school attendance. In *field of social assistance*, children and adolescents up to the age of 15 at risk or removed from child labor by the *Programa de Erradicação do Trabalho Infantil* (PETI – Program to Eradicate Child Labor) must participate in the *Serviços de Convivência e Fortalecimento de Vínculos* (SCFV – Services of Interaction and Strengthening of Ties) with a minimum attendance of 85% of the monthly number of hours of these activities¹¹.

An analysis of the conditionalities of the income transfer programs, incorporated as a structuring dimension of the BF, shows that, even though they seek to potentiate positive impacts by fostering the independence of the families served, they still present problems and challenges.

In my opinion, they impair the principle of non-conditionality ensured by every citizen's right to have access to work and to social programs that will ensure a decent life; in other words, it is a right to life. Furthermore, the basic social services offered by the vast majority of Brazilian municipalities, including education, health and work, are quantitatively and qualitatively insufficient to meet the needs of the beneficiary families. It is important that the State, at the three levels of government, guarantee the offer of sufficient, good quality basic social services. This is because I assume that if the services are made available and knowledge of them is disseminated among the population, they will certainly be used without the need to impose or make them mandatory. The important thing is to develop educational, advisory, referral and follow-up actions for the families for an appropriate use of the services available.

The perspective presented here runs counter to the punitive character of the conditionalities. It takes an educational perspective, transforming those conditionalities into *recommendations* to the BF beneficiary families, as they constitute, above all, the duty of the State in the social protection of its citizens.

I advocate the view that the punitive character ascribed to the conditionalities contributes to worsen situations of prior vulnerabilities and social risks which are part of the

¹¹ The conditionalities indicated are available at: <www.mds.gov.br>. Accessed on: May 20, 2013.

everyday life of the families served by the BF. This is because the families with a greater propensity to non-compliance with the conditionalities are the most vulnerable and begin to be blamed and held responsible for situations described as dysfunctional. Furthermore, the vast majority of the Brazilian municipalities responsible for the decentralized implementation of the BF present weaknesses and lack of structural conditions, resources and staff to offer services in education and health in a sufficient quantity and quality to adequately cover the population demand. The administrative and financial costs involved in managing the conditionalities, without guaranteeing the improvement of the living conditions of the families that are BF beneficiaries, should also be considered. (SILVA; GUILHON; LIMA, 2013).

I agree with Kerstenetzky (2013, p. 474):

It appears crystal clear that universal social services should be available to the population of poor beneficiaries in an appropriate quantity and quality. But the need to obtain from the beneficiaries the guarantee of their use by means of monetary transfer does not appear evident to me [...] it is possible that the conditionalities will satisfy a supposed requirement of a counterpart by the public opinion.

4 MANAGEMENT OF CONDITIONALITIES AND FOLLOW-UP OF NON-COMPLIANT FAMILIES

The management of conditionalities at the national level is the responsibility of the MDS, in articulation with the *Ministério da Educação e Cultura* (MEC – Ministry of Education and Culture) and the Ministry of Health. In the municipalities where the BF is implemented, the follow-up should be done intersectorially between the areas of health, education and social assistance, according to previously defined schedules, by computerized records of information on each conditionality. The purpose of management and follow-up is to monitor the commitments of the beneficiary families, to make the government responsible for ensuring access to the service and for the active search of the most vulnerable families and to guide the government's action in following these families¹².

The process of following and controlling the conditionalities of BF is developed by computerized systems, and information from schools and health teams is periodically sent to the MDS.

The conditionality of education in the municipality, which is the responsibility of the local education department, is checked every two months through the School Attendance Surveillance System, by recording the children and adolescents with a higher percentage of failure to attend school than the minimum required by the Program, during each calendar period. The school principals must also inform the reasons that led to the students' absence

¹² Available at: <www.mds.gov.br>. Accessed on: May 20, 2013.

and ascribe the condition of *not found* to the beneficiaries who are not recognized as students of their schools. The student attendance report is returned to the school, so that the principal or somebody they designate for this purpose takes the steps required for each situation identified.

Following up the health agenda of the family is a municipal responsibility. The follow-up process includes actions for the periodical verification of compliance with the conditionalities (twice a year), and the results of the follow-up must be recorded in the computer system made available by the Ministry of Health, called System of the Management of the Bolsa Família Program in Health. The *Sistema de Vigilância Alimentar e Nutricional* (SISVAN – System of Food and Nutritional Surveillance) in health care is also used to follow up the conditionalities, and this is the responsibility of the municipality, through a half-yearly record. It is also the task of municipalities to offer or re-establish the regular offer of quality health services and also to support the more vulnerable families that find it more difficult to access these services.

The health services are offered routinely by the *Sistema Único de Saúde* (SUS – Unified Health System) from the perspective of complete, universal and free services.

The social assistance conditionality is followed by verifying the participation of children and adolescents who are identified as being in a work situation in socioeducational activities and socialization opportunities offered by PETI, and it is considered the follow-up of the attendance at socioeducational actions.

In this way, children and adolescents up to the age of 16 years who are inserted in the socialization services offered by PETI must have a minimum attendance of 85%, besides the conditionalities of education and health, and be accompanied by specialists or reference teams of the basic social protection and special social protection. The activities offered aim at constituting a space for socialization, education for participation and citizenship, development of protagonism and independence of the children and adolescents, and they should be based on play, cultural and sports experiences.

In the BF, the non-compliance with conditionalities, according to Administrative Ruling 251, of December 12, 2012, generates gradual effects that range from a warning to the family, blocking and suspending the benefit, and even cancellation, in the following sequence:

1st non-compliance – the family receives a warning;

2nd non-compliance – the family's benefit is blocked for 30 days, but they receive it accumulated the next month;

3rd non-compliance – the family benefit is suspended for 60 days. If the family continues not to comply, the suspension of the benefit will be maintained. The suspension will only be stopped when, within the next 6 months, the family complies again with the conditionalities infringed;

4th non-compliance – the family benefit is suspended again for 60 days. During these two suspension periods, the family does not receive the monetary transfer;

5th non-compliance – the family's benefit is cancelled when the family is being followed with a record in the *Sistema de Condicionalidades* (SICON – Conditionalities System) of the BF, indicating an effect of suspension before or during the time the family is followed, and if it has another non-compliance that affects the benefit 12 months after it has been recorded (BRASIL, 2012).

In the case of the youths aged 16 and 17 years who receive the BVJ to continue attending school, a situation of non-compliance with conditionalities is identified when the school attendance is less than 75%, and the sanction for non-compliance only affects the youth who is connected to the benefit.

The families that are being sanctioned for non-compliance with conditionalities can seek out the BF management to ask for explanations or to question the sanction received. They can also enter an appeal providing the appropriate explanations and justifications that could lead to suspending the sanction. This measure aims at correcting errors, failures or problems that may cause the inappropriate application of effects on their benefit due to non-compliance with conditionalities.

If the family has appealed and the municipal BF manager has registered it and it was accepted, the benefit is unblocked and paid out again.

Based on the results of the follow up of conditionalities, actions are implemented to monitor the non-compliant families. For this, the reasons for non-compliance of the conditionalities must have been identified, and most attention is given to families in a situation of greater social vulnerability.

The family that finds it difficult to comply with the conditionalities, besides seeking guidance from the municipal BF manager, should seek out the *Centro de Referências da Assistência Social* (CRAS – Centers of Reference of Social Assistance)¹³ and the *Centros*

¹³ The CRAS are territorially based state public units located in socially vulnerable areas. They work with families and individuals in the community context and are responsible for the Basic Social Protection services: prevention of situations of risk as a result of poverty, deprivation or weak affective ties, precariousness or

de Referência Especializados de Assistência Social (CREAS – Specialized Centers of Reference of Social Assistance)¹⁴ or the municipal team of social assistance. The purpose of the follow-up is to help the family to overcome their problems. Once the chances to reverse the non-compliance of conditionalities have all been exhausted, the BF benefit may be blocked, suspended or even cancelled, as shown previously. Therefore, the families that are in a situation of non-compliance with conditionalities are included in social assistance activities performed by CRAS and/or CREAS.

Family follow-up is seen as a strategy to overcome the social vulnerabilities that prevent the family from fulfilling the commitments that are part of the BF. This lies within the scope of the *Sistema Único de Assistência Social* (SUAS – Unified Unified Social Assistance System), a specific system responsible for the implementation of the Social Assistance Policy. Moreover, it is done aiming to contribute to the maintenance of the financial benefit articulated with the inclusion of the families in activities within the sphere of the geographic space of their home.

Therefore, the purpose of the *Acompanhamento Familiar* (Family Follow-Up) is to ensure that the BF families in a vulnerable situation, especially those that do not comply with the conditionalities, be followed by the social assistance services, so that it will be possible to maintain the benefit if there is a temporary interruption due to non-compliance with conditionalities.

Family follow-up has allowed showing different reasons which make it unfeasible or difficult for families to access health, education and social assistance services. They range from intra-family dynamics, specific aspects of the insertion into the school environment, such as aggressiveness and bullying, to family members' health problems and other reasons.

The management of conditionalities, however, which could be an important approach between the Program and the most vulnerable families, appears not to be occurring as proposed. It is found that the local implementation can be performed at very different

absence of access to public services. In this sense they should undertake actions to deal with poverty, offer socio-educational services to socialize and sensitize to advocacy of rights, actions to strengthen family and community ties, education for work, and others.

¹⁴ The CREAS are units responsible for coordinating the Special Social Protection services directed at the care of families and individuals who are in a situation of personal and social risk as a result of neglect, maltreatment, sexual abuse/violence, use of drugs, compliance with socioeducational sanctions, street situation, child labor. The CREAS are responsible for offering medium complexity services, care of families and individuals whose rights have been violated through guidance and socio-familial support, social emergency shifts, approaching in the street, home care, qualification and rehabilitation of people with a disability, socio-educational measures in an open environment, and high complexity services: guarantee of full protection (housing, food, work) for families and individual without references, in a threatening situation, who need to be removed from the family and the community by providing complete institutional care, home, halfway house, hostel, temporary family, foster family, socio-educational sanctions with prison terms.

levels when following family compliance with conditionalities. This happens because the Brazilian municipalities are very heterogeneous as regards social, economic and demographic aspects, and their programmatic and operational capacities. Consequently, it is difficult to identify elements which characterize the social vulnerabilities of the population groups in such a way as to organize and make available essential services and alternatives to overcome the situations of vulnerability and social risks associated with poverty.

As a consequence, although family follow-up under the responsibility of the Policy of Social Assistance, through its basic operational units: CRAS and CREAS, is important because it seeks to help minimize the vulnerabilities identified in the families, it has not been successful in dealing with major limiting factors of the families' access to social assistance services. This aspect points to the need to establish interfaces especially between the areas of education, social assistance and health, aiming to provide an overall family follow-up. It is also necessary to have basic services available in a quantity and of a quality that will be capable of supplying the needs of families covered by the BF and the population in general.

5 CONCLUSION: the conservative dimension of conditionalities and limits for the implementation of the *Citizenship Basic Income* in Brazil

The BF conditionalities possibly constitute the dimension of its proposal that is the least consensual and most contradictory one. They were incorporated as a structuring dimension under the justification of potentiating positive impacts for rendering the families served more independent, but they present problems and challenges that must be taken into account. The most outstanding point is their punitive potential, although the BF conditionalities are classified as soft, i.e. they are guided by the premise that one of the main problems of poor families is the lack of income to meet their needs. Consequently, the sanctions adopted when there is non-compliance with this type of conditionality are moderate, so that the BF adopts different levels of sanction for non-compliance of the conditionalities. Furthermore, it develops a process to follow families that are non-compliant with the conditionalities whose intended objective is to correct the situations that generate non-compliance and, ultimately, to keep the families in the Program.

Even taking into account this flexible aspect adopted in the field of BF conditionalities, as regards the three views of conditionalities mentioned previously (conditionality as a right; as a denial of the right to survival, and seen from a conservative and moralistic perspective), what has been observed is the prevalence of the view that sees the

conditionalities as a political issue and conservative moralistic imposition founded on an ideological perspective that transforms the right into a concession and, as such, must demand a counterpart, especially if this *concession* is meant for the poor *who must learn to value what they receive*. This view has ensured space in the media and in the sphere of the conservative segments of society, and is even incorporated by the very beneficiaries of the BF, as seen in a field study on conditionalities performed in the state of Maranhão (SILVA; GUILHON; LIMA, 2013). Also, when highlighting education and health as determinant axes of the conditionalities that generate a sanction, a founding relationship is established between conditionalities and the formation of human capital. Thus, when highlighting the conditionalities in education, assisted by health, one has a technicist option which transforms education into a factor of capital production, underscoring its instrumental functionality at the service of the interest of development of capitalism. This means to cover up the structural determinations of the development of capitalism itself that generate antagonistic poles: wealth and poverty, which consequently results from the way society organizes itself to produce and distribute the fruits of its production. In other words, it displaces the determinations of the poverty from the socioeconomic structure to the individuals who become responsible for overcoming the intergenerational poverty of which they are part independently of their will. For this, it is enough that they attend school and participate in basic health measures, and it is the State that must offer these services¹⁵.

In these reflections I would also like to point out the use of sophisticated information systems by the BF and similarly by several Conditioned Income Transfer Programs that are being implemented in Latin America and the Caribbean (SILVA, 2013). Regarding this aspect, I highlight the development of the beneficiary family selection process; the management actions of the social programs specifically regarding the process of registering the families in a cadaster and updating it, as well as the follow-up and control of the conditionalities and families that do not comply with them. This reality has significantly transformed the social programs, especially as regards their management, requiring that new professions be included, especially economists and computer professionals, thus contributing to raise the level of technification of these programs, with the consequent supremacy of the search for efficiency to the detriment of efficacy and effectiveness

As already mentioned, I believe that the conditionalities should be replaced by *recommendations* and *support* to the beneficiary families and that they should have an

¹⁵ See a broader discussion on instrumentalizing the Conditioned Income Transfer Programs through the theory of human capital in Silva (2013).

educational character, underscoring the duty of the State to provide social protection to its citizens and to offer basic social services to all (SILVA; GUILHON; LIMA, 2013). This is because I believe that the punitive character attributed to the conditionalities may contribute to worsen situations of prior vulnerabilities and social risks experienced by the families that have a greater propensity to non-compliance. Besides, the adoption of conditionalities leads to making the poor responsible for situations typified as dysfunctional, ignoring the precarious structural conditions of most Brazilian municipalities, which have a greater responsibility of offering services, by managing the conditionalities and following the non-compliant families.

Over against this conservative content of conditionalities as a structuring dimension of the BF, in Brazil the debate on Citizenship Basic Income has been occurring in several forums, and its main advocate is Senator Eduardo Suplicy.

However, making a general appreciation of the possible implementation of a Citizenship Basic Income, based on my empirical approach to the reality of income transfer in Brazil; the development of several research studies on these programs since 1995, when the first municipal experiences were implemented in Campinas/São Paulo and in Brasília, Federal District; my equally empirical approach as a researcher of social programs in Brazil, besides the insertion and follow-up of different moments of Brazilian reality, I consider that the implementation of a Citizenship Basic Income in Brazil is still a process to be constructed and accomplished. I perceive that there is still a lot of space for the circulation of conservative arguments against a proposal of this kind, and its outstanding protagonists are the media, segments of parliaments and Brazilian society itself. Among the main arguments that I see prevail in these different spaces are: the funds to be used for social expenditures are always questioned and subordinated to the resources directed to the economy; the social expenditures should focus on the extremely poor segments and focus on the education of the poor through compliance with the conditionalities; the economic crises do not allow wasting resources. Furthermore, I believe that a proposal to transform a program that is focused and structured on the basis of conditionalities and targeted at poor and extremely poor families that meet with broad approval in different spaces can hardly be considered an initial step to implement Citizenship Basic Income. Both of them are related to opposing principles: focusing x universalizing and conditionality x non-conditionality, and they do not create space for transformations of antagonistic realities. What has been seen is the strengthening, expansion and consolidation of the BF, but guided by its basic pillars, including focus and conditionality.

This is not being pessimistic, nor is it giving up the struggle to reduce inequality and achieving the eradication of poverty in our country. Rather, it is having clarity about the challenges to be faced.

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