
PROGRAMS, SERVICES AND BENEFITS OF BRAZILIAN SOCIAL PROTECTION: SYSTEMATIZATION AND SUCCESSFUL EXPERIENCES



FEDERATIVE REPUBLIC OF BRAZIL – BRAZILIAN COOPERATION AGENCY (ABC) OF THE MINISTRY OF FOREIGN AFFAIRS (MRE)

STATE MINISTER

Ambassador Mauro Vieira

GENERAL SECRETARY FOR FOREIGN AFFAIRS

Ambassador Maria Laura da Rocha

DIRECTOR OF THE BRAZILIAN COOPERATION AGENCY

Ambassador Ruy Pereira

VICE-DIRECTOR OF THE BRAZILIAN COOPERATION AGENCY

Ambassador Maria Luiza Ribeiro Lopes

RESPONSIBLE FOR TRILATERAL SOUTH-SOUTH COOPERATION WITH INTERNATIONAL ORGANIZATIONS

Cecília Malaguti do Prado

PROJECT ANALYST

Carolina Eschiletti Rodrigues Salles

PROJECT ASSISTANT

Hugo Peixoto Leão

UNITED NATIONS CHILDREN'S FUND (UNICEF)

UNICEF REPRESENTATIVE TO BRAZIL

Youssef Abdel-Jelil

DEPUTY REPRESENTATIVE FOR PROGRAMS

Layla Saad

CHIEF OF SOCIAL POLICIES, MONITORING AND EVALUATION AND SOUTH-SOUTH COOPERATION

Liliana Chopitea

SOCIAL POLICY SPECIALIST

Santiago Varela

SOUTH-SOUTH COOPERATION OFFICER

Niklas Stephan

SOUTH-SOUTH COOPERATION OFFICER

Juliana Monteiro Bernardino

Editorial project

Editorial coordination

Liliana Chopitea, Santiago Varela, Niklas Stephan, Juliana Monteiro Bernardino

Authors

Pedro de Arruda, Kassia Siqueira Ribeiro, Thais de Bakker, Emanuele Afonso, Yldson Augusto Macias Serrão

Collaboration

Ministry of Social Development and Assistance, Family and Fight against Hunger through the technical teams of the National Secretariat for Social Assistance; National Secretariat for Food and Nutrition Security; National Secretariat for Citizenship Income; National Secretariat for Evaluation, Information Management and the Single Registry; and Special Advisory Department on International Affairs

Editorial production

Graphic design and illustrations - Hendol Hilarino Alves da Silva

Cover photo - UNICEF/BRZ/Benevides

Translation - Central de Traduções & Global Languages

April, 2025

SUMMARY

1. Introduction	10
2. Methodology	12
3. Context, management and financing of Brazilian social protection	16
4. The nationally typified services of SUAS	19
4.1 Basic Social Protection of SUAS (PSB)	21
4.1.1 Protection and Integral Support Service to the Family (PAIF)	22
4.1.2. Service of Community Living and Strengthening of Bonds (SCFV, acronym in Portuguese)	24
4.1.3. Basic Social Protection Homecare Service for People with Disabilities and the Elderly (DPDI)	27
4.2. Specialized Social Protection	29
4.2.1. Protection and Specialized Care Service for Families and Individuals (PAEFI, acronym in Portuguese)	30
4.2.2. Specialized Social Protection Service for People with Disabilities, Elderly and their Families (SPCDIF)	34
4.2.3. Social Protection Service for Adolescents under Probation (LA) and Community Services Measures (PSC) (MSE)	37
4.2.4. Specialized Service for the Homeless (SEPS)	38
4.2.5. Specialized Care for Vulnerable Populations (SEAS)	39
4.2.6. Institutional Shelter Service (SAI) and Communal Housing Service (SAR)	42
4.2.7. Serviço de Acolhimento em Família Acolhedora (SF)	43
4.2.8. Serviço de Proteção em Situações de Calamidades Públicas e de Emergências (CE)	47
5. SUAS programs and benefits	48
5.1. The Child Labor Eradication Program - PETI	48
5.2. The Happy Child / Early Childhood Program of SUAS (PCF)	51
5.3. Occasional Benefits of SUAS	54
6. Main programs offered by the federal government	55
6.1. Bolsa Família Program (PBF)	56
6.2. Continuous Cash Benefit (BPC)	64
6.3. Food Acquisition Program (PAA)	66
6.4. Cisterns Program	70
6.5. Operation Welcome (OA)	75
7. State and local government programs	78
7.1. The Basic Citizenship Income (RBC) program in Maricá – RJ	79
7.2. State Aid and Permanent State Aid of the state of Amazonas	84
7.3. Pernambuco <i>Mãe Coruja</i> Program (PMC-P) and Recife <i>Mãe Coruja</i> Program (PMC-R)	87
7.4. Boa Vista <i>Família que Acolhe</i> (Caring Family) Program (FQA)	92
8. Conclusions and concluding remarks	94
9. Bibliography	96

FIGURES

Figure 1 – Illustrative typology of social protection components	15
Figure 2 – Regional division of Brazil	16
Figure 3 – Federal Government budget executions with discretionary actions of SUAS (SNAS/FNAS) between 2002 and 2022 (in real values adjusted for December 31, 2022, in millions of BRL)	17
Figure 4 – Number of SUAS facilities, by type	18
Figure 5 – Services offered nationally within the scope of SUAS	20
Figure 6 – Profile of families enrolled in the PAIF, as of January 2023	24
Figure 7 – Age composition of individuals participating in SCFV's activities provided by CRAS, as of January 2023	27
Figure 8 – Prevalence of CREAS that offer care services through PAEFI, by type of violation and age groups	31
Figure 9 – Prevalence of CREAS that offer care services through PAEFI aimed at specific vulnerable groups, disaggregated by type of activity	32
Figure 10 – Percentage of individuals included in PAEFI in January 2022, according to their socio-economic characteristics and type of violation	33
Figure 11 – Composition of SEAS beneficiaries, according to specific vulnerability criteria	41
Figure 12 – Sex and age group of people received in the week of completion of the questionnaire	43
Figure 13 – Referral given to children and adolescents disconnected from SFA (considering the 12 month-period prior to the SUAS Census)	46
Figure 14 – Distribution of AEPETI activities according to the structuring axes of the initiative	50
Figure 15 – Timeline of n-PBF and its predecessor programs	58
Figure 16 – Coverage (in millions of direct + indirect beneficiaries) vs total annual expenditure (in billions of BRL, real values as of December 2022). GMP, AE, AB and n-PBF	59
Figure 17 – Evolution of average benefits paid by the PBF, AB and n-PBF to beneficiary families (in real and nominal values)	60
Figure 18 – Execution arrangement of the Cisterns Program	73
Figure 19 – Number of cisterns delivered by the MDS vs annual expenses of the MDS due to the delivery of cisterns under the Cisterns Program. Real values (in millions of BRL), ref. December 2023	74
Figure 20 – Location of the municipality of Maricá – RJ	80
Figure 21 – Number of commercial institutions that accepted the Mumbuca social currency each year. Maricá – RJ	81
Figura 22 – Location of the State of Amazonas	84

Figure 23 – Percentage distribution of Food Security and Food Insecurity levels (mild, moderate and severe food insecurity) in Brazilian states, according to the macro-regions of Brazil. II VIGISAN – SA/IA and Covid-19, Brazil, 2021/22	85
Figure 24 – Location of the State of Pernambuco and the Municipality of Recife	87
Figure 25 – Total Assistance Recife Mãe Coruja Program, 2019-2022	90
Figure 26 – Total Birth Benefit granted in Recife, 2019-2022	91
Figure 27 – Infant mortality rate (per 1,000 live births), 2014 to 2021, for different groups	91
Figure 28 – Location of the Municipality of Boa Vista – RR	92

BOXES

Box 1. What do we mean by “good practices”?	14
Box 2. How does it work in practice? Example of implementation of PAIF in the municipality of Palmares – PE	23
Box 3. How does it work in practice? Example of implementation of SCFV in the municipality of São Paulo – SP	25
Box 4. How does it work in practice? Example of implementation of SCFV in the municipality of Santa Luzia do Pará – PA	27
Box 5. How does it work in practice? Example of implementation of Basic Social Protection Home Service in the municipality of São Paulo - SP	28
Box 6. How does it work in practice? Example of implementation of Basic Social Protection Homecare Service in the municipality of Piripiri – PI	29
Box 7. How does it work in practice? Example of implementation of PAEFI in the municipality of Rio Verde – GO	34
Box 8. How does it work in practice? Example of implementation of SPCDIF in the municipality of Volta Redonda – RJ	35
Box 9. How does it work in practice? Example of implementation of SPCDIF in the municipality of Salvador – BA	36
Box 10. How does it work in practice? Example of implementation of a socio-educational measure in the municipality of Colombo – PR	38
Box 11. How does it work in practice? Example of implementation of SEPS in the municipality of Niterói – RJ	39
Box 12. How does it work in practice? Example of implementation of SCFV in the municipality of São Paulo – SP	40
Box 13. How does it work in practice? Example of implementation of SEAS in the municipality of Salvador – BA	41
Box 14. How does it work in practice? Example of implementation of SEPS in the municipality of Santarém - PA	42

Box 15. How does it work in practice? Example of implementation of SAR in the municipality of São Paulo - SP	43
Box 16. How does it work in practice? Example of implementation of SFA in the municipality of Rio de Janeiro - RJ	45
Box 17. How does it work in practice? Example of implementation of SFA in the municipality of Eusébio - CE	46
Box 18. How does it work in practice? Example of implementation of PETI in the municipality of Estância - SE	49
Box 19. How does it work in practice? Example of implementation of PETI in the state of Pernambuco	50
Box 20. How does it work in practice? Example of implementation of PCF in the municipality of Ananindeua - PA	52
Box 21. How does it work in practice? Example of implementation of PCF in the municipality of Recife - PE	54
Box 22. How does it work in practice? Example of implementation of PAA Milk in the state of Paraíba	68
Box 23. How does it work in practice? Example of implementation of PAA Milk in the municipality of Bacarena - PA	69
Box 24. How does it work in practice? Example of implementation of the School Cisterns Program in the municipalities of Avelino Lopes and Morro Cabeça no Tempo - PI	72
Box 25. How does it work in practice? Example of implementation of the Cisterns Program in the states of Alagoas and Bahia	73

TABLES

Table 1. List of Brazilian social assistance programs, services and benefits covered in this study	13
Table 2. PCF coverage. Individuals benefiting from the structured visits and number of visits carried out each year. (2018-22)	53
Table 3. Summary of the characteristics of the n-PBF and its predecessors. Period of existence, eligibility rules, and beneficiary selection process	61
Table 4. Summary of the characteristics of the n-PBF and its predecessors. Rule of permanence and conditionalities	62
Table 5. Summary of the characteristics of the n-PBF and its predecessors. Benefit formula	63
Table 6. Summary of the characteristics of the n-PBF and its predecessors. Benefit payments, coverage, and budget	64
Table 7. Purchase Modalities of of PAA small-scale family farming products	67
Table 8. Participation limits by the PAA modality for individual farms and cooperatives	68
Table 9. Positive findings identified in meta-analysis on the impacts of PAA	69
Table 10. FQA program coverage indicators	94

ACRONYMS

AB	Programa Auxílio Brasil (Brazil Aid Program)
AB-AIPR	Auxílio Inclusão Produtiva Rural do Programa Auxílio Brasil (Rural Productive Inclusion Allowance)
ABC	Agência Brasileira de Cooperação (Brazilian Cooperation Agency)
ABEP-TIC	Associação Brasileira de Entidades Estaduais e Públicas de Tecnologia da Informação e Comunicação (Association of State and Public Entities of Information and Communication Technology)
ACNUR	Agência da ONU para Refugiados (UN Refugee Agency)
AE	Auxílio Emergencial (Emergency Aid)
AEPETI	Ações Estratégicas do PETI (Strategic Actions of PETI)
ANATER	Agência Nacional de Assistência Técnica e Extensão Rural (National Agency for Technical Assistance and Rural Extension)
ANP	Agência Nacional do Petróleo, Gás Natural e Biocombustíveis (National Agency of Petroleum, Natural Gas and Biofuels)
APT	Água Para Todos (Water for All)
ASA	Articulação do Semiárido Brasileiro (Coordination of the Brazilian Semi-arid Region)
AVC	Acidente Vascular Cerebral (Stroke)
BC	Benefício Complementar (Complementary Benefit)
BCOMP	Benefício Compensatório de Transição (Transition Compensatory Benefit)
BE	Benefícios Eventuais do SUAS (Occasional Benefits of SUAS)
BET	Benefício Extraordinário de Transição (Extraordinary Transition Benefit)
BEXT	Benefício Extraordinário (Extraordinary Benefit)
BPC	Benefício Prestação Continuada (Continuous Cash Benefit)
BPI	Benefício Primeira Infância (Early Childhood Benefit)
BRC	Benefício de Renda de Cidadania (Citizenship Income Benefit)
BRL	Brazilian Real
BVF	Benefício Variável Familiar (Family Variable Benefit)
CAAF	Casa de Acolhimento para Adultos e Famílias (Home for Adults and Families)
CAIXA	Caixa Econômica Federal
CAPS	Centros de Atenção Psicossocial (Psychosocial Care Centers)
CAS	Coordenadorias de Assistência Social (Social Assistance Coordination units)
CCD	Care for Child Development
CD	Compra Direta (Direct Purchase)
CDS	Compra com Doação Simultânea (Purchase with Simultaneous Donation)
CE	Serviço de proteção em situações de calamidades públicas e de emergências (Protection service in disaster situations and emergencies)
CEDAB	Cooperativa de Extração e Desenvolvimento Agrícola de Barcarena (Agricultural Extraction and Development Cooperative of Barcarena)
CEDEPLAR	Centro de Desenvolvimento e Planejamento Regional da Faculdade de Ciências Econômicas da Universidade Federal de Minas (Center for Development and Regional Planning of the School of Economics of the Federal University of Minas Gerais)
CI	Compras Institucionais (Institutional Purchases)
CF 88	Constituição da República Federativa do Brasil de 1988 (Brazilian Federal Constitution of 1988)
CNJ	Conselho Nacional de Justiça (Brazilian Council of Justice)
COMPAZ	Centros Comunitários da Paz (Community Peace Centers)
Conab	Companhia Nacional de Abastecimento
CONGEMAS	Colegiado Nacional de Gestores Municipais de Assistência Social (National Collegiate of Municipal Social Assistance Managers)
CRAS	Centro de Referência da Assistência Social (Reference Centre for Social Assistance)

CREAS	Centro de Referência Especializado da Assistência Social (Specialized Reference Centres for Social Assistance)
CS	Compra de Sementes (Seed Purchase)
DAP	Declaração de Aptidão ao Pronaf (Declaration of Aptitude to Pronaf)
DATAPREV	Empresa de Tecnologia e Informações da Previdência Social (Social Security Data Processing Company)
DF	Distrito Federal (Federal District)
DPDI	Serviço de Proteção Social Básica no Domicílio para Pessoas com Deficiência e Idosas (Basic Social Protection Homecare Service for People with Disabilities and the Elderly)
ECA	Estatuto da Criança e do Adolescente (Statute of the Child and Adolescent)
ECOSOL-CPDES	Conselho Municipal de Economia Solidária, Combate à Pobreza e Desenvolvimento Econômico e Social de Maricá (Council of Solidarity Economy, Fight against Poverty and Economic and Social Development of Maricá)
Embrapa	Empresa Brasileira de Pesquisa Agropecuária (Brazilian Agricultural Research Corporation)
FQA	Família que Acolhe (Caring Family) program
FE	Formação de Estoques (Stock Formation)
FPS	Fundo de Promoção Social e Erradicação da Pobreza (Social Promotion and Poverty Eradication Fund)
INCRA	Instituto Nacional de Colonização e Reforma Agrária (National Institute for Colonization and Agrarian Reform)
INSS	Instituto Nacional de Seguridade Social (National Social Security Institute)
IPCA	Índice Nacional de Preços ao Consumidor Amplo (Broad National Consumer Price Index)
IPEA	Instituto de Pesquisa Econômica Aplicada (Institute for Applied Economic Research)
LA	Liberdade Assistida (Probation)
LOAS	Lei Orgânica da Assistência Social (Organic Law of Social Assistance)
MAPA	Ministério da Agricultura, Pecuária e Abastecimento (Ministry of Agriculture, Livestock and Supply)
MDS	Ministério do Desenvolvimento e Assistência Social, Família e Combate à Fome (Ministry of Social Development and Assistance, Family and Fight against Hunger)
MEC	Ministério da Educação (Ministry of Education)
MRE	Ministério das Relações Exteriores (Ministry of Foreign Affairs)
MSE	Serviço de Proteção Social a Adolescentes em Cumprimento de Medida Socioeducativa de Liberdade Assistida e de Prestação de Serviços à Comunidade (Social Protection Service for Adolescents under Probation and Community Services Measures)
MTE	Ministério do Trabalho e Emprego (Ministry of Labor and Employment)
n-PBF	New Bolsa Família [Cash Transfer Program]
NYU	New York University
OA	Operação Acolhida (Operation Welcome)
OEA	Organização dos Estados Americanos (Organization of American States)
WHO	World Health Organization
ONG	Organização Não Governamental (Non-governmental Institution)
UN	United Nations
OSC	Organizações da Sociedade Civil (Civil Society Organizations)
OSCIP	Organização da Sociedade Civil de Interesse Público (Civil Society Organization of Public Interest)
PAA	Programa de Aquisição de Alimentos (Food Acquisition Program)
PAB	Programa Alimenta Brasil (Brazil Food Program)
PAE	Programa de Amparo ao Emprego (Employment Support Program)
PAEFI	Serviço de Proteção e Atendimento Especializado a Famílias e Indivíduos (Protection and Specialized Care Service for Families and Individuals)
PAIF	Serviço de Proteção e Atendimento Integral à Família (Protection and Integral Support Service to the Family)
PAT	Programa de Amparo ao Trabalhador (Worker Support Program)
PBF	Programa Bolsa Família (Bolsa Família Program)
PC	Programa Cisternas (Cistern Program)
PwD	Pessoa com Deficiência (People with Disabilities)

PCF	Programa Criança Feliz (Happy Child Program)
PETI	Programa de Erradicação do Trabalho Infantil (Child Labor Eradication Program)
PIA	Plano Individual de Atendimento (Preparation of the adolescent's Individual Service Plan)
PMC-P	Programa Mãe Coruja Pernambucana (Pernambuco Mãe Coruja Program)
PMC-R	Programa Mãe Coruja Recife (Recife Mãe Coruja Program)
PNAD	Pesquisa Nacional por Amostra de Domicílios (Brazilian Continuous Household Sample Survey)
PNAE	Programa Nacional de Alimentação Escolar (Brazilian Reverse Logistics Program)
PRB	Policy Research Briefs (Policy Research Briefs)
PROCAD	Programa de Fortalecimento Emergencial do Atendimento do Cadastro Único (Emergency Strengthening Program of the Single Registry Service)
Pronaf	Programa Nacional de Fortalecimento da Agricultura Familiar (National Program for Strengthening Small-scale Family Farming)
PSB	Proteção Social Básica (Basic Social Protection)
PSC	Prestação de Serviços à Comunidade (Provision of Community Services)
PSD	Poupança Social Digital (Digital Social Savings)
PSE	Proteção Social Especial (Specialized Social Protection)
PSE-A	Proteção Social Especial de Alta Complexidade (Specialized Social Protection for Cases of High Complexity)
PSE-M	Proteção Social Especial de Média Complexidade (Medium Complexity Specialized Social Protection)
RB	Renda Básica (Basic Income)
RBC	Renda Básica de Cidadania (Basic Citizen's Income)
RF	Responsável Familiar (Head of household)
RFPC	Renda Familiar Per Capita (Per Capita Family Income)
RM	Renda Mínima Mumbuca (Mumbuca Minimum Income)
RMA	Registro Mensal de Atendimento (Monthly Service Record System)
RMV	Renda Mensal Vitalícia (Lifetime Monthly Income)
SAI	Serviço de Acolhimento Institucional (Institutional Shelter Services)
SAR	Serviço de Acolhimento em República (Communal Housing Service)
SASF	Serviço de Assistência Social à Família e Proteção Social Básica no Domicílio (Family Social Assistance Service and Basic Social Protection at Home)
SCFV	Serviço de Convivência e Fortalecimento de Vínculos (Service of Community Living and Strengthening of Bonds)
SEAS	Serviço Especializado em Abordagem Social (Specialized Care for Vulnerable Populations)
SEMAGRI	Secretaria Municipal de Agricultura (Municipal Secretariat of Social Agriculture)
SEMGES	Secretaria Municipal de Gestão Social (Municipal Secretariat of Social Management)
SENAC	Serviço Nacional de Aprendizagem Comercial (National Service for Commercial Learning)
SENAI	Serviço Nacional de Aprendizagem Industrial (National Service for Industrial Learning)
SEPS	Serviço Especializado para Pessoas em Situação de Rua (Specialized Service for the Homeless)
SFA	Serviço de Acolhimento em Família Acolhedora (Foster Family Service)
SGD	Sistema de Garantia de Direitos (Rights Guarantee System)
SM	Salário Mínimo (Minimum Wage)
SMADS	Secretaria Municipal de Assistência e Desenvolvimento Social (Municipal Secretariat of Social Assistance)
SPCDIF	Serviço de Proteção Social Especial para Pessoas com Deficiência, Idosas e suas Famílias (Specialized Social Protection Service for People with Disabilities, Elderly and their Families)
SRTE	Superintendências Regionais do Trabalho e Emprego (Regional Superintendence of Labor and Employment)
SUAS	Sistema Único de Assistência Social (Unified Social Assistance System)
SUFAI	Subcomitê Federal para Acolhimento e Interiorização aos Imigrantes em Situação de Vulnerabilidade (Federal Subcommittee on Reception and Interiorization of Immigrants in Vulnerability)
UBS	Unidades Básicas de Saúde (Basic Health Units)
UFs	Unidades Federativas do Brasil (Brazilian Federative Units)
UNICEF	United Nations Children's Fund



1. Introduction

Since January 2014, the Brazilian Cooperation Agency of the Ministry of Foreign Affairs (ABC/MRE, acronyms in Portuguese) and the United Nations Children's Fund (UNICEF) have implemented the Cooperation Agreement between the Brazilian government and UNICEF to promote Horizontal South-South Cooperation, which aims to share successful Brazilian experiences with developing countries. This Cooperation Agreement underlies the Brazil-UNICEF Partnership Program for Trilateral South-South Cooperation.¹

Within the scope of this partnership, UNICEF and ABC/MRE have been developing an evidence generation agenda that seeks to generate knowledge about good practices in Brazil, looking at public policies, legal frameworks, and programs at the federal and subnational levels. This report was developed as part of these efforts between July 2022 and the first quarter of 2023, with the overall objective to map out and document relevant aspects of the Brazilian social protection system. This exercise has the dual purpose of providing subsidies that can help improve the very initiatives mapped out, while presenting good Brazilian practices to the international community that can serve as a reference for demands for Trilateral South-South Cooperation (TSSC) and inform knowledge exchange.

This material was developed in response to requests for cooperation received by ABC/MRE and UNICEF, both to clarify recent changes in programs already known worldwide (such as Bolsa Família), as well as to present information about programs and mechanisms that so far have been poorly covered by the international literature, despite their good results and strategic importance in the coordination of Brazilian social protection. Further on this regard, one should note the growing demand from international partners for more information on the transformations that Brazilian social protection has been undergoing in recent years. In addition, the project also seeks to support TSSC partners to diversify the set of national initiatives that may be of their interest.

This report provides an overview and general aspects of the Brazilian social protection, illustrating its operation through the description and analysis of the most significant initiatives of national scope and good practices implemented in the sphere of national and subnational governments. This main report is complemented by a series of research products (as listed below), all of which have been developed within the scope of the ABC/MRE-UNICEF partnership.

¹ For more information on the Brazil-UNICEF Partnership Program for Trilateral South-South Cooperation: www.ssc4c.org.br

- A website that compiles information on Brazilian social protection, gathering descriptive fact sheets on each initiative covered in this report.
- Five *Policy Briefs* that delve into important topics related to the analysis of this report:
 - PB1 – The financing of the Unified Social Assistance System in Brazil.
 - PB2 – Cash transfers in Brazil: the new Bolsa Família and its predecessors.
 - PB3 – Adequacy of Brazilian social protection programs to the needs of children and adolescents.
 - PB4 – Management of the Unified Social Assistance System in Brazil.
 - PB 5 – The intersectorality of Brazilian social assistance.

This main report begins with a chapter on methodology, which presents the concepts and dimensions of social protection that guide our analysis (limited to the sphere of Social Assistance), as well as other selection criteria that defined the set of initiatives discussed in this text. Chapter 3 contextualizes the distribution of responsibilities for the offer of initiatives among the three levels of government, highlighting the seminal role of the Unified Social Assistance System (SUAS, acronym in Portuguese), which acts in an inter-federative manner, giving cohesion to the respective Brazilian system.

In total, this report covers 19 nationwide Social Assistance interventions (as discussed in Chapters 4-6), four subnational governments initiatives (covered in Chapter 7), and 20 examples of how subnational governments adapt nationwide policies to their specific contexts (addressed through text boxes throughout Chapters 4-6).

As part of our research effort, we analyze not only programs or cash transfers, but also services, whose more flexible nature makes systematization and analysis more difficult. Even if there is not enough information to build a representative sample of subnational initiatives, we chose to discuss policies that exemplify good practices, also to indicate to the reader that the offer of Social Assistance initiatives in Brazil is not restricted only to those of national scope.

Our expectations are that the report presented here can serve as a reference and inspiration for other developing countries seeking to improve their own social protection policies and initiatives.



BRZ/UNICEF/Juliana Rosa

2. Methodology

The main challenge of this study was to identify the set of initiatives to be included for analysis. The selection and data collection were the results of intense collaboration with ABC/MRE and UNICEF's subnational offices in Brazil. To broaden the scope of consultations and identification even more, the team also interacted with implementing partners of the UNICEF Seal (which provides technical assistance to about 2,000 of the 5,570 Brazilian municipalities) (UNICEF, 2023).²

Brazilian social protection consists of three pillars: Social Security, Social Assistance, and Health, complemented by other public policies. Given the resources available for this project, as well as the immense range of initiatives that fall within the concept of social protection (IPC-IG, 2021), our analysis chose to focus on Social Assistance policy, including cash transfers and social assistance services. In this sense, throughout this document the term "Social Assistance" refers to both cash transfers and social assistance services.

Due to the methodological approach of this work, important dimensions of social protection, such as subsidies, exemption from fees, work fronts, contributory social insurance schemes, microcredit policies and labor market activation, rural development, and housing policies, were not included in the analysis. In addition to the immense volume of cases that would result from the inclusion of these types of initiatives, there are also technical reasons that led us to focus our analysis on social assistance interventions. These include budget discrepancy of different initiatives, different degrees of progressiveness that guide the coverage of each initiative and the distinct analytical focus that each type of initiative requires.

To select the initiatives of national scope, we had access to an immense bibliography and databases that allowed us to inventory almost all policies classified by the National Treasury under the function of social assistance (GoB, National Treasury, 2019). This allowed us to select those with the highest budget and coverage and that appear recurrently in sectoral analyses published by the Brazilian government (GoB, Min. Citizenship 2021a; GoB, Min. Social Development, 2013; GoB, IPEA, 2022; IPEA, 2021; GoB, IPEA, 2020). Table 1 lists the 19 initiatives identified throughout the selection process.

² For more information about UNICEF: www.unicef.org.br

Table 1. List of Brazilian social assistance programs, services and benefits covered in this study

Brazilian-typified Services/Programs and Benefits of the Unified Social Assistance System (SUAS)
Basic Social Protection (PSB, acronym in Portuguese)
1. Protection and Integral Support Service to the Family (PAIF, acronym in Portuguese);
2. Service of Community Living and Strengthening of Bonds (SCFV, acronym in Portuguese)
3. Basic Social Protection Homecare Service for People with Disabilities and the Elderly (DPDI, acronym in Portuguese)
Medium Complexity Specialized Social Protection (PSE-M, acronym in Portuguese)
4. Protection and Specialized Care Service for Families and Individuals (PAEFI, acronym in Portuguese)
5. Specialized Social Protection Service for People with Disabilities, Elderly and their Families - (SPCDIF, acronym in Portuguese)
6. Social Protection Service for Adolescents under Probation (LA, acronym in Portuguese) and Provision of Community Services (PSC, acronym in Portuguese) (MSE, acronym in Portuguese)
7. Specialized Care for Vulnerable Populations (SEAS, acronym in Portuguese)
8. Specialized Service for the Homeless (SEPS, acronym in Portuguese)
Specialized Social Protection for Cases of High Complexity (PSE-A, acronym in Portuguese)
9. Institutional Shelter Service (SAI, acronym in Portuguese)
10. Communal Housing Service (SAR, acronym in Portuguese)
11. Foster Family Service (SFA, acronym in Portuguese)
SUAS National Programs
12. The Child Labor Eradication Program (PETI, acronym in Portuguese)
13. The Happy Child / Early Childhood Program of SUAS (PCF, acronym in Portuguese)
Major Federal Government Programs offered at national scale
14. New Bolsa Família (n-PBF, acronym in Portuguese) and its predecessors (Bolsa Família (PBF, acronym in Portuguese), Emergency Aid (AE, acronym in Portuguese) and Brazil Aid (AB, acronym in Portuguese)
15. Food Acquisition Program (PAA, Acronym in Portuguese)
16. Program for the distribution of cisterns and access to water - Cisterns program
Social Assistance Benefits of SUAS
17. Continuous Cash Benefit (BPC, acronym in Portuguese)
18. Occasional Benefits of SUAS (BE, acronym in Portuguese)
Other initiatives
19. Operation Welcome (OA, acronym in Portuguese)

Source: Elaboration of the authors.

At the subnational level, however, we did not find enough information to inventory a broad set of initiatives and to select a representative subset at these levels of government. Therefore, the selection process at subnational level followed the “snowball” methodology (Given, 2008), in which we investigated those initiatives reported from interactions with UNICEF partners and networks, including

through the efforts of four dedicated consultants working in the territories of the Southeast, Semi-arid, Legal Amazon and Roraima.

Out of the hundreds of initiatives flagged in the consultation and active search process, we prioritized those with enough information to answer most of the questions that guide our characterization and analysis. In addition, we prioritized actions that best fit the concept of good practices that informs this report. The selection and analysis of initiatives of state and municipal Governments required a long consultation process, with greater challenges for gathering information. Based on this process the report addresses one such initiative for each territory where UNICEF operates (Southeast, Semi-arid, Legal Amazon and Roraima).

Although we do not intend to categorically define what qualifies good practices in the provision of Social Assistance initiatives, our common understanding is that they are measures that contribute to gains in effectiveness and efficiency, and that they do so through institutionally robust mechanisms. As illustrated in Box 1, our prioritization of the institutionality of good practices aim to distinguish voluntary actions from those that result in permanent, structured responses that can be monitored and evaluated over time.

Box 1. What do we mean by “good practices”?

The term “good practices”, which guided us in the selection of policies to be included in this report, is used in a deliberately instrumental way, and is therefore not intended to categorically define all the characteristics that an initiative must have to be considered as such. By good practices we allude to the general idea of interventions that can fulfill their mandates, maximizing efficiencies and considering contextual specificities. For our analysis, however, we have added an additional meaning to the term so that we can focus on those initiatives that entail mechanisms that strengthen their institutionality. With this, we aim to differentiate between good practices that derive from voluntary actions and those that are the result of institutionally robust policies, well-defined institutional attributions, adequate resource allocation and clear operational objectives and procedures.

The list below indicates characteristics that supported our assessment of whether a given initiative constitutes a good practice. It should be noted that whereas these criteria helped inform our selections, they are not exhaustive or mandatory. This means that the initiatives that have been included in this reports do not necessarily comply to all criteria:

- Potential to be implemented/replicated on a large scale, in different contexts.
- Relevant involvement of traditional social assistance government actors (example: Ministry of Social Development and Assistance, Family and Fight against Hungerⁱ, SUAS facilities, State and Municipal Secretariats of Social Assistance).
- Formal links to other social interventions (in addition to the use of the Single Registry).
- Formal coordination mechanisms with interventions of the Federal Government.
- Implemented long enough to be evaluated for its results.
- Systematic use of the Single Registry (CadÚnico).
- Systematic use of other administrative records for registration evaluation.
- Suitability between targeting/selection criteria and local peculiarities.
- Inspiring measures that contribute to low operating costs.

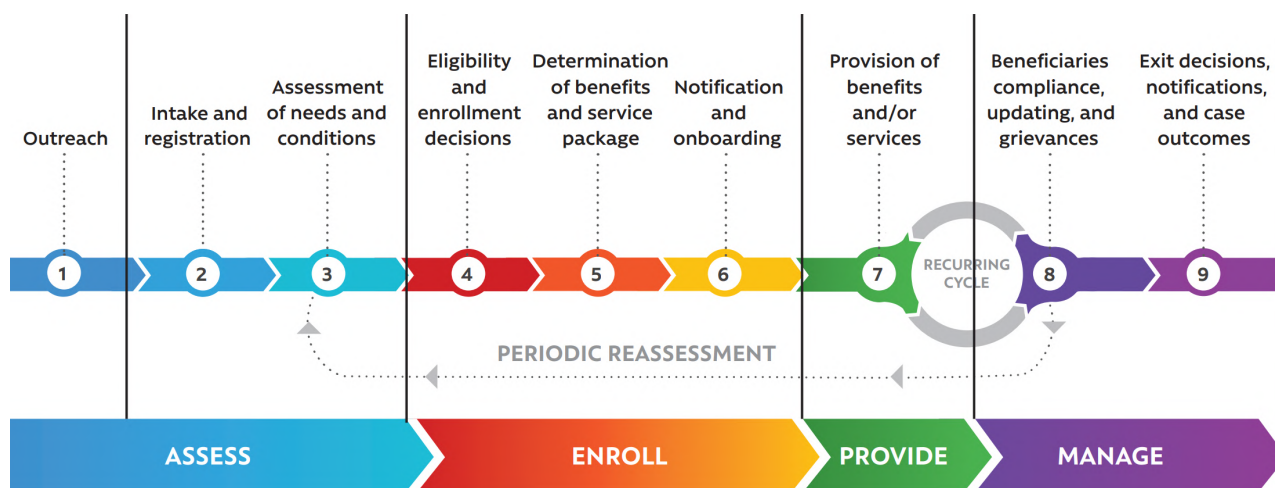
- Payment channel that enables digital, financial inclusion and convenience of beneficiaries.
- Particularly generous/appropriate benefit to meet local needs.
- Ombudsman channels and dispute resolution mechanisms go beyond the minimum requirements of SAC [customer service hotline] and e-mail.
- Sustainable and/or innovative funding sources.
- Strong legal basis that contributes to its sustainability.
- Existence of data (preferably quantitative) of deliveries/results or impact that support the characterization of good practices by the initiative.
- Previously recognized and/or awarded as a good practice.
- Strong characteristic focused on the inclusion of children and adolescents.
- Expressive characteristics aimed at the inclusion of women and girls.
- Institutional means that promote intersectorality.
- Specific protocol for crisis and emergency contexts.

Source: Elaboration of the authors.

Finally, it is important to highlight that the analysis of each initiative follows a standardized analytical framework designed to assess both programs and social assistance services. This framework enhances comparability between initiatives and ensures consistency across the analyses presented in this report. Each intervention is examined in relation to the core functions of social assistance initiatives.

As shown in Figure 2, such traditional functions refer to aspects such as: facilitation of demands for the intervention; definition of criteria for identifying the target population; construction and management of mechanisms for the selection of eligible beneficiaries; definition of appropriate benefits as per the objectives of each intervention; logistics for delivery of benefits; management of rules of permanence; resolution of disputes; and other requirements that require interaction with the beneficiaries.

Figure 1 – Illustrative table with the main operational functions of Social Assistance



Source: (Lindert et al. 2020).

Following these criteria and guiding questions, the initiatives analyzed in this report were described and systematized by the research team in standardized forms.

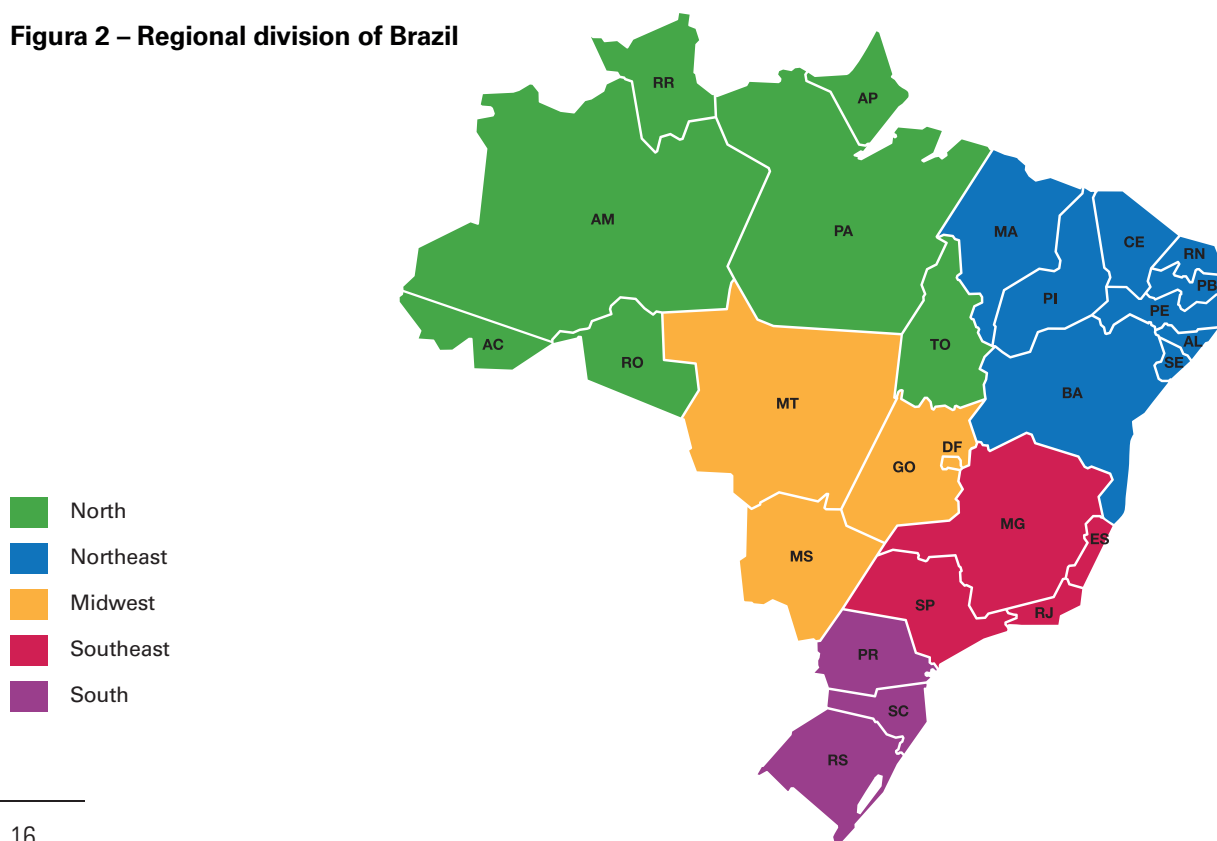


UNICEF/BRZ/João Laet

3. Context, management and financing of Brazilian social protection

Brazil is the largest country in Latin America and the fifth largest in the world, with a land area of more than 8.5 million square kilometers. Administratively speaking, the country is divided into 26 states and the Federal District, which together form five major geographic regions (North, Northeast, Midwest, Southeast and South). Brazil's political structure is a federation, where states and municipalities have autonomy in several areas, including the implementation of social policies, which can generate variations in how social assistance programs are implemented in different parts of the country.

Figura 2 – Regional division of Brazil



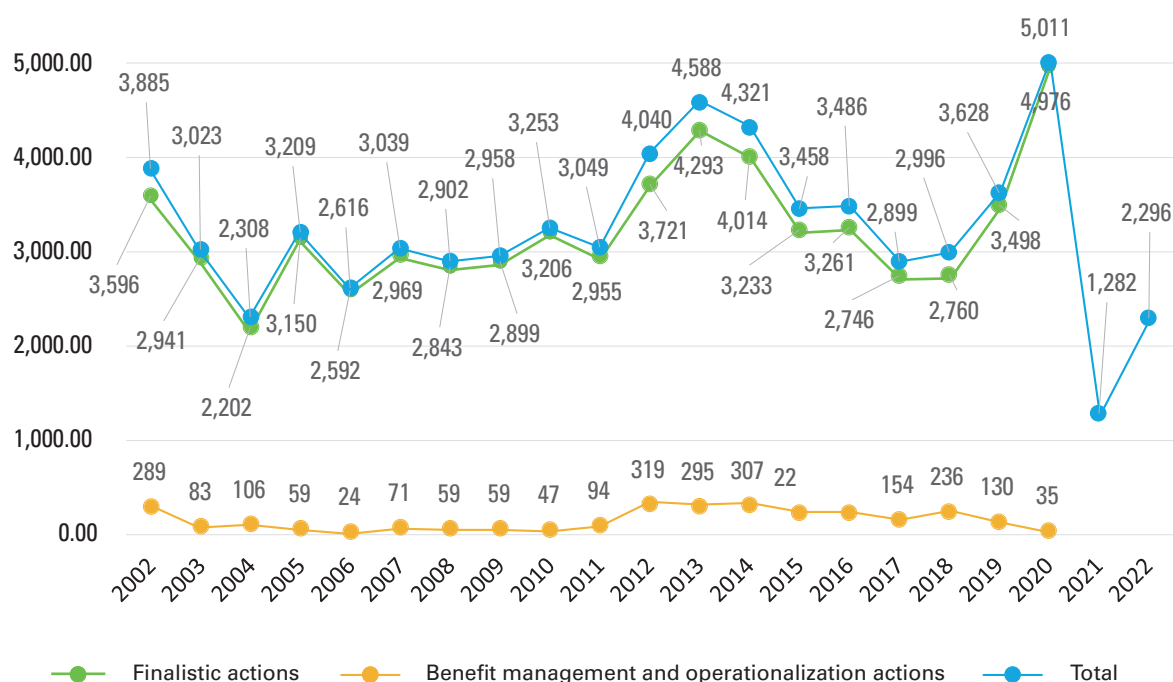
Brazil is divided into 5,570 municipalities that vary widely in size, population, and resources. For administrative and planning purposes, these municipalities are classified into three categories: small (with up to 20 thousand inhabitants), medium (between 20 thousand and 100 thousand inhabitants) and large (with more than 100 thousand inhabitants). This diversity in administrative dimensions requires unique approaches in social assistance policies, allowing strategies to be adapted to meet the specific needs and promote social inclusion in each context.

The country approved its current Federal Constitution in 1988 (CF 88), also known as the Citizen Constitution, precisely because it guarantees a wide offer of non-contributory public services.

As discussed in [another text](#) in this series, dedicated to the theme of financing Social Assistance (UNICEF, 2023b), the responsibility for providing this service is shared by the three levels of government. Therefore, it is essential that these three levels establish forms of coordination to avoid overlap and maximize synchronicity between their policies. To this end, the country has a specific system dedicated to the governance of the Social Assistance policy that organizes, regulates, monitors and evaluates the provision of social assistance services and programs throughout Brazil: the Unified Social Assistance System (SUAS). This system complements traditional consultation mechanisms between the three levels of government.

Regarding the financing of Brazilian Social Assistance, the role of the federal government, in part because it has greater collection capacity, is very central. While cash transfer programs, such as Bolsa Família, are 100% funded by the federal government, the services offered by SUAS are implemented through co-financing mechanisms across the three levels of the federation. It is worth noting that even in the case of social assistance services, the federal government is the entity that finances most of the expenses, which represents approximately 80% of the total financing of these services (UNICEF, 2023b; Government Transition Office, 2022; GoB, Min. Citizenship 2021a)

Figure 3 – Federal Government budget executions with discretionary actions of SUAS (SNAS/FNAS) between 2002 and 2022 (in real values adjusted for December 31, 2022, in millions of BRL)



Note: The data from the Ministry of Social Development and Assistance, Family and Fight against Hunger for the period from 2002 to 2021 expressed in real values for December 2021, taking the Broad National Consumer Price Index (IPCA) as a reference. The original data was again corrected by the author until December 2022, also using the IPCA as a reference. The deflation of the 2021 data, extracted from the Transparency Portal, follows the same methodology. The budget executions presented here under the discretionary actions of the SUAS (SNAS/FNAS) refer only to the system's own activities. Although SUAS performs relevant activities under other programs, such as the PBF and the BPC, the budget of these initiatives is not included in the calculation of the budgetary executions of SUAS represented here.

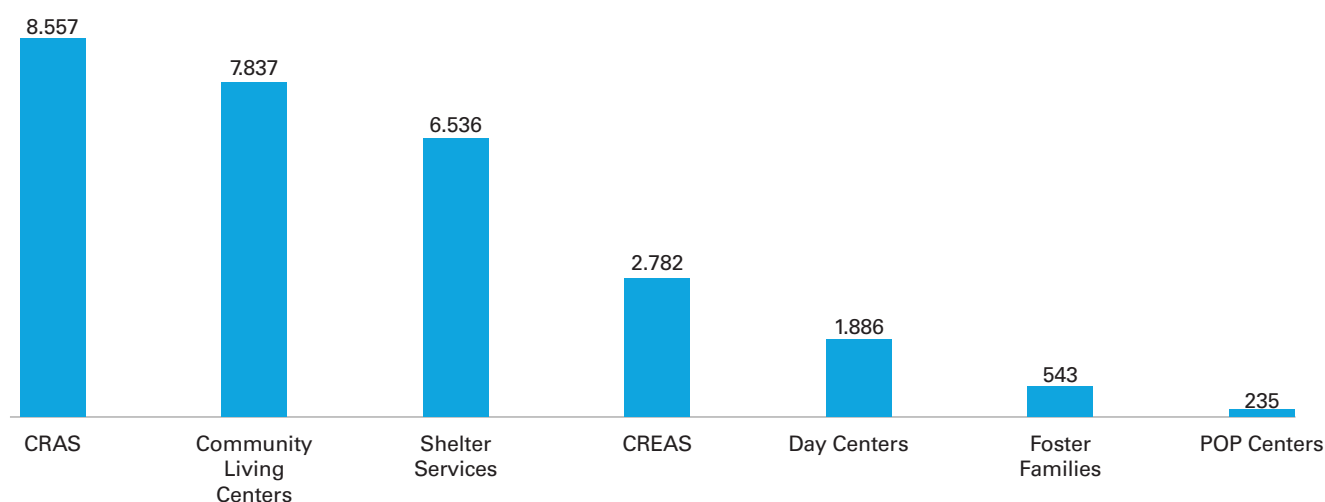
Source: Data from 2002 to 2020 extracted from (GoB, Min. Citizenship 2021a), prepared by the General Coordination of Planning and Evaluation/SPOG/MC. Primary source Siafi. Data for 2021 and 2022 extracted from the Transparency Portal (n.d.), although not strictly comparable.

As highlighted in [another text](#) in this series dedicated to the theme of SUAS governance (UNICEF 2023e), there are two instances with important functions in the management attributions of this System. The first is the deliberative councils that have the participation of representatives of the three levels of government. The second is “Social Assistance Monitoring”, responsible for activities such as data collection and analysis for the planning of strategic actions. The Social Assistance Monitoring also reports on the policies and services supported by SUAS.

In addition to these management attributions, the system has a broad operational network that covers almost all Brazilian municipalities. This network is composed of different facilities (units) and professional teams, both public and private (formed by civil society organizations (OSC, acronym in Portuguese)), that provide services free of charge. Although these teams are hired by state and subnational governments, they receive co-financing from the federal government and are guided by national guidelines. The objective is to mitigate inequalities in the supply of services and standardize services throughout the national territory.

Figure 4 shows the coverage of the different facilities that make up the SUAS network nationally. Their respective particularities are further described in Chapter 4.

Figure 4 – Number of SUAS facilities, by type



Source: Elaboration of the authors based on data from the SUAS Census for the most recent years: 2022 for the case of CRAS, Community living Centers and Shelter services, and 2021 for other facilities (GoB, Min. Social Development 2022e; 2022d; 2022g; 2022i; 2021a; 2022f; 2021b).

At the Federal Government level, since 2004 the federal government has centralized the management of social assistance policies with the MDS. At the level of states, the Federal District and municipalities, each government is free to allocate responsibilities for social assistance in the way they see most appropriate. This, however, does not change the characteristics or logics of the system. It is common for subnational governments to concentrate responsibilities in specific secretariats.

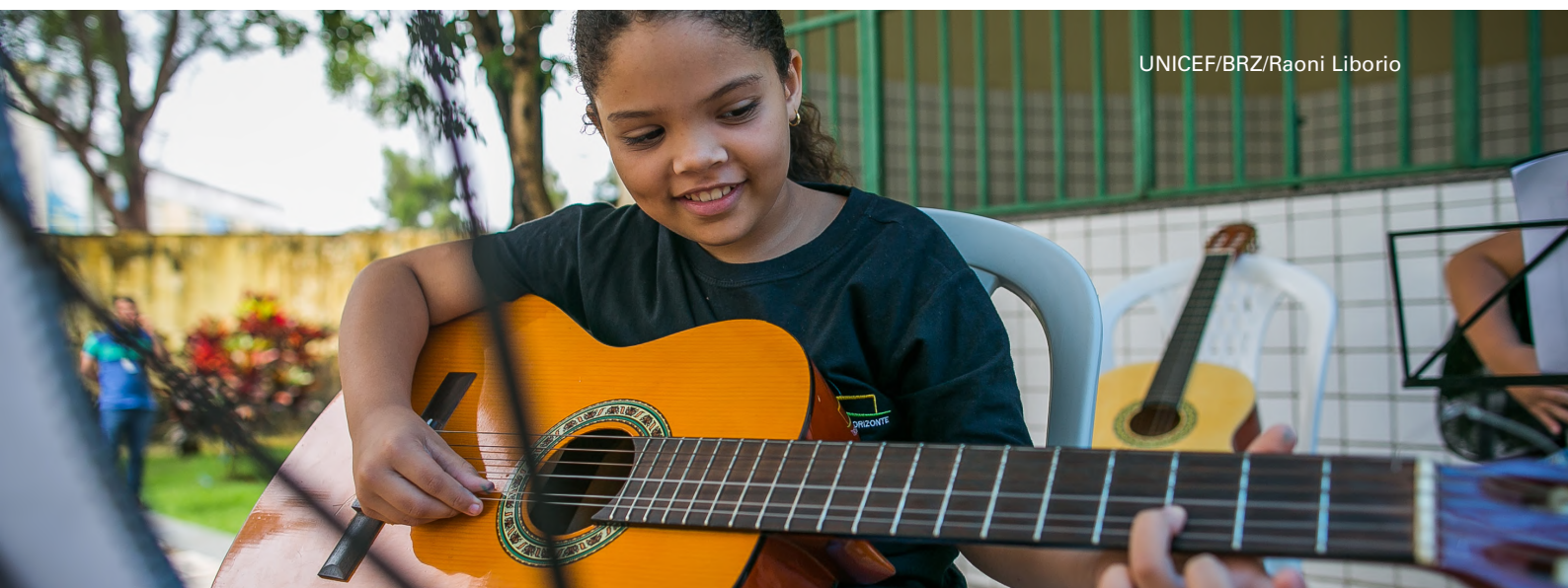
Many of the programs that are offered directly by the MDS, such as the Bolsa Família Program (PBF), often end up having some of their operations carried out by local SUAS teams, especially when it comes to interactions with the population. In the case of the PBF for example, it is up to SUAS teams to register and update the data of beneficiary families in the Single Registry (the federal government's socioeconomic information system through which beneficiaries are selected to different social programs). The SUAS' local teams also accompany families who need support in complying with the conditionalities of PBF.

Similarly, many initiatives offered through SUAS, as the Basic and Specialized Social Protection services, use programs directly provided by the MDS as part of its operation. For example, many of SUAS's national services prioritize targeting PBF beneficiary families, as these families are considered the most vulnerable based on PBF eligibility criteria.

At the subnational level social assistance is provided in two ways:

- Direct provision: when subnational governments provide the services and benefits through their own institutions.
- Indirect provision: when services and benefits are performed by partner organizations linked to SUAS.

As long as the national typification and other regulations are followed, both execution models allow for adaptations according to the local reality.



4. The nationally typified services of SUAS

As previously mentioned, SUAS operates a delicate balance that defines parameters for services offered nationally but with flexibility for subnational governments to adapt these services to local contexts, always in line with the national Social Assistance policy. As per the national typification, and

as illustrated in Figure 5 below, there are twelve different types of services of SUAS. These services are all described in detail in the document “National Typification of Social Assistance Services” (GoB, Min. Social Development, 2014b).

It should be noted that Social Assistance services in Brazil are implemented based on a universal (non-contributory) public policy. This means that everything that this policy offers are free.

Figure 5 – Services offered nationally within the scope of SUAS

TYPE		SERVICES		REFERENCE UNITS
BASIC SOCIAL PROTECTION		Protection and Integral Support Service to the Family (PAIF)		Social Assistance Reference Center and mobile teams
		Service of Coexistence and Strengthening of Bonds		CRAS, mobile teams and civil society organizations
		Basic Social Protection Homecare Service for People with Disabilities and the Elderly		
SPECIAL SOCIAL PROTECTION	MEDIUM COMPLEXITY	Protection and Specialized Care Service for Families and Individuals		Social Assistance Reference Center (CREAS)
		Special Social Protection Service for People with Disabilities, the Elderly and their Families		
		Specialized Care for Vulnerable Populations		CREAS, Pop Center and civil society organizations
		Specialized Service for the Homeless		Pop Centers
		Social Protection Service for Adolescents under Probation and Community Services Measures (LA) and Provision of Community Services (PSC) - (MSE)		CREAS
	HIGH COMPLEXITY	Foster Service	Institutional	Casa-Lar, Institutional Shelter, Inclusive residence, Halfway Home
			in Shared Housing	Shared Housing
			with Foster Families	Family residence
		Service of protection in disaster situations and emergencies		Social Assistance management body

Source: (GoB, Min. Social Development 2014b).

The classification of each of these services includes description, user profile, objectives, offer, expected social impact, conditions and forms of access, units of SUAS that can or should offer the service, times and days of the week when the service should be provided, how to coordinate with other services and policies, and regulations.

In the following sections we will present a brief description of all twelve services, according to their respective social protection blocks (i.e. Basic Social Protection (PSB) and Specialized Social Protection (PSE) of Medium and High complexities).

4.1. Basic Social Protection (PSB)

The Basic Social Protection (PSB) aims to support people whose social vulnerability exposes them to the risk of having their rights violated. Violations of rights refer to situations such as abandonment, physical and/or psychological abuse, sexual abuse, drug addiction, compliance with socio-educational measures, homelessness, child labor, among others.

Vulnerabilities that expose people to the risk of rights violation include insufficient income, difficulty in accessing essential public services, such as health and education, and situations that weaken community and family life, as in the case of families with conflicting relationships or people without ties to their communities (GoB, Min. Social Development, 2014b). In other words, basic social protection seeks to prevent rights violations and the worsening of given situations of vulnerability.

PSB is coordinated through three services, all of which are offered by the Reference Centre for Social Assistance (CRAS): the Protection and Integral Support Service to the Family (PAIF); the Service of Community Living and Strengthening of Bonds (SCFV); and the Basic Social Protection Homecare for People with Disabilities and the Elderly (DPDI).

As will be seen in the case of the PSB, the ports of entry to these services vary, and can be either through spontaneous demand or by referrals.

The identification of vulnerabilities and needs of target populations also varies, depending on the analysis of each social assistance team, which is developed in line with overarching guidelines of each service. There is a systemic referral for the registration of the PSB target population in the Single Registry (although registration in the Single Registry is not a requirement to gain access to SUAS services).

The Single Registry helps social assistance teams to identify priority groups, such as people and families from the Bolsa Família Program (PBF) and the Continuous Cash Benefit (BPC), the two main cash transfer programs in the country. However, service provision is not restricted to people benefiting from the PBF and BPC. This means that social assistance teams are free to include beneficiaries with other vulnerability profiles as appropriate.

Thus, rather than a measure for requesting and accessing PSB's services, potential target populations are registered in the Single Registry to enable referral to other policies and services.

The information in the Single Registry is self-declaratory and all changes are made in the presence of families. The information provided by the family on income from formal work is periodically cross-checked with and validated against federal administrative records, such as the National Registry of Social Information (CNIS), which gathers databases on social security and labor (Barbosa et al. 2021).

Potential inconsistencies do not lead to interruption in the provision of services. However, families with inconsistencies in the registry are included in a review process and called upon by the municipal Single Registry management unit to update their information.

These processes have an impact on programs linked to the Single Registry, such as PBF and *Minha Casa, Minha Vida* [government housing program], for example, which have well-defined eligibility criteria regarding income and family composition. Therefore, the link with the PSB services generates an opportunity to carry out registration updates for families and people whose information declared to the Single Registry may be questioned based on cross-checks with other databases.

Whereas no robust experimental or semi-experimental studies on the specific impacts of any of the PSB services have been identified, there is relevant content on the impact of the Reference Centre for Social Assistance (CRAS) – the main facility of SUAS responsible for providing the PSB services. These studies suggest, for example, that the implementation of SUAS generated expanded and improved provision of services and administrative capacity at the municipal level, even when controlling for political factors (Cavalcante and Ribeiro, 2012).

4.1.1 Protection and Integral Support Service to the Family (PAIF)

PAIF integrates Basic Social Protection through the care and systematic monitoring of vulnerable families. The service seeks to develop a social diagnosis and supportive activities to help families overcome their vulnerabilities. Whereas the active search of this population follows general guidelines on what configures situations of vulnerability, the identification of families also follows from context-specific diagnoses carried out by the local social assistance surveillance and PSB teams through case-by-case analyses.

The identification process is also guided by information on current or potential beneficiaries of social programs with more objective eligibility criteria (such as the PBF and the BPC). The active search strategy is one of the main entry points of the PAIF. However families are also included in the PAIF through referrals from other public services, the justice system, and oversight bodies, as well as through spontaneous demands.

Thus, PAIF is a central service of the PSB that accompanies families who benefit from cash transfers and/or those who face vulnerabilities. It is important to note that PAIF is thus not limited to the target audience or beneficiaries of cash transfer programs (GoB, Min. Social Development, 2014b).

The implementation of PAIF in the territory is the responsibility of CRAS, which can adapt the service to the reality of the territories. The monitoring of families is informed by a socio-assistance diagnosis, which identifies the greatest factors of vulnerability that affect the family. At the same time, the service supports families in accessing public policies and services that can further help the family overcome vulnerabilities. In many cases, PAIF also includes support activities that seek to help the family recover from or prevent the fragmentation of family or community ties.

In most cases, the activities of PAIF occur in the CRAS facility through individualized care. However, these services can also be implemented through home visits, as well as through collective activities with various beneficiaries participating together. In some cases, as illustrated in Box 2, PAIF may include itinerant activities to benefit populations living in more isolated locations or far from CRAS.

Box 2. How does it work in practice? Example of implementation of PAIF in the municipality of Palmares – PE



Itinerant CRAS in Palmares-PE

Credits: Kassia Siqueira Ribeiro

The first itinerant CRAS in the state of Pernambuco (PE) was inaugurated in 2021, in the municipality of Palmares. This itinerant CRAS travels daily through the territories of the municipality to expand its capacity to serve families in situations of social vulnerability, especially those that cannot reach social assistance facilities. One of the objectives is to reach 80 rural communities and districts. The unit operates from Monday to Friday, throughout the day, and has a reception as well as two reserved spaces for individual appointments. A series of services are offered, including PAIF; collective activities of community living; thematic lectures on family ties; support for the compliance with conditionalities required by social programs such as the PBF; suicide prevention; guidance on how to access the SUAS Occasional Benefit; assistance to issue documentation (such as birth and death certificates); and registration in the Single Registry. The team consists in two social workers, one psychologist and one driver.

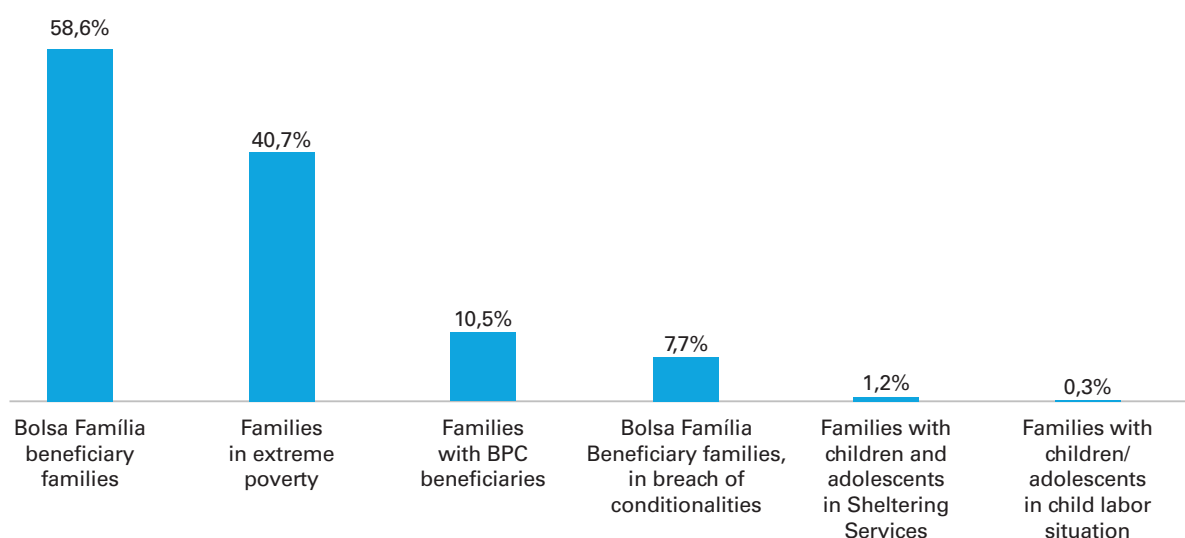
Source: Elaboration of the authors based on personal communications and material from the City Hall of Palmares (2022; 2021).

There is no exhaustive list of activities that can be performed as part of PAIF. Furthermore, each CRAS has the freedom to act according to their capacities and the specific situations of vulnerability in their respective territories. According to the national classification of SUAS services (GoB, Min. Social Development, 2014b), some weekly functions of the PAIF include:

- Initial contact with the family to record the difficulties narrated by each beneficiary and to provide preliminary information on the type of support that can be expected under PAIF.
- Guidelines and referrals for access to benefits, programs and rights.
- Family and community life activities.
- Family monitoring home visits.
- Preventive workshops on different topics (child labor, domestic violence, mental health, adolescent pregnancy, etc.).

According to data from January 2023 (RMA CRAS), PAIF benefited a total of 1,119,928 families. Throughout this month alone the service included 51,462 new beneficiary families, most of whom were beneficiaries of cash transfer programs or in situations of extreme poverty.

Figure 6 – Profile of families enrolled in PAIF as of January 2023



Source: RMA CRAS – January 2023 (GoB, Min. Social Development 2023b). Data extracted on 04/28/2023.

Note: The question admits multiple answers, hence the total sum of the data presented does not necessarily equal 100%.

In general, PAIF offers important services for the care of children and women. Cross-sectoral referrals and guidance, for example, tend to prioritize access to health and education services. Family monitoring provides systematic information on school enrollment and attendance for children and adolescents, allowing possible causes of evasion to be recognized and worked on with the family. In the case of PBF beneficiaries, PAIF provides specific guidance to families who may be in breach of conditionalities to help them normalize their situations.

4.1.2. Service of Community Living and Strengthening of Bonds (SCFV)

Complementary to PAIF, the Service of Community Living and Strengthening of Bonds (SCFV, acronym in Portuguese) is entirely composed of collective activities that seek to strengthen family and community ties. SCFV seeks to provide opportunities for group experiences to strengthen bonds and develop skills. SCFV coordinates with PAIF and shares the common objective of strengthening protective community and family bonds. Whereas the focus of each of these two services differ in nature, their respective implementation strategies are not always standardized (GoB, Min. Citizenship 2022i; GoB, Min. Social Development, 2014b).

CRAS and Community Life Centers are the two main operating facilities in the municipalities. However, the service can also be provided by other Social Assistance facilities of the SUAS reference network. The Community Life Center and other facilities that support CRAS in offering SCFV may differ in their institutional and legal set-up.

Community Life Centers are SUAS entities that operate in properties shared with other institutions and can either be managed directly by SUAS or outsourced to civil society or the private sector. Other facilities of the SUAS reference network that provide SCFV activities do so through an agreement with SUAS, but within their specific institutional and legal set-up.

Decisions on whether to offer the services directly through CRAS and Community Life Centers, or indirectly through the referenced network, are taken based on factors such as costing, infrastructure requirements, and technical qualification of the teams in each context, as illustrated in the example described in Box 3.

Box 3. How does it work in practice? Example of implementation of SCFV in the municipality of São Paulo – SP

In São Paulo – SP, SCFV offers many different activities. One of these is the “Social Circus”, which consists of circus workshops after school, for children and adolescents aged between 6 and 17 years. Created in 2010, partly due to infrastructure limitations, this service is provided in facilities of Civil Society Organizations affiliated to the Municipal Secretariat of Assistance and Social Development, by professionals with specialized training for this type of activity.

The “Social Circus” is available in five units that work daily in two shifts (morning and afternoon), offering schedules with four hours of duration, serving on average a total of 2,100 children per month.

Fonte: Elaboração dos autores a partir de comunicações pessoais e material de comunicação da Prefeitura de São Paulo (2022c).

Due to their operational versatility, the Community Life Centers are the most numerous facilities among those that offer the SCFV. According to the SUAS Census – Community Life Centers, in August 2022 these units totaled 7,837, part of which are government entities (GoB, Min. Social Development, 2022d), while 7,057 CRAS also offer the SCFV (equivalent to 82% of the total CRAS that responded to the same SUAS Census) (GoB, Min. Social Development 2022e).

Although we did not find the exact number of additional facilities that operate through the CRAS referenced network, the 2022 SUAS Census indicates that, in August 2022, 58% of all CRAS enabled SCFV activities through the referenced network.

Although there is no exhaustive list of all the activities that can be performed under SCFV, the National Typification of Social Assistance Services sets out some overarching guidance, including on how to divide activities in accordance to the following age groups (GoB, Min. Social Development, 2014b): children up to 6 years old; children and adolescents from 6 to 15 years old; adolescents and youth from 15 to 17 years old; adolescents and youth from 18 to 29 years old; adults from 30 to 59 years old; and the elderly. The document also offers guidelines for activities that are more appropriate for each age group, such as:

- Fun activities that favor cognitive development for children up to 6 years old, combined with training of their respective families to promote continuity of these activities at home.
- Fun and cultural activities for children and adolescents aged 6 to 15, with a view to developing their citizenship and opportunities for learning, leisure, and sports. These activities must ensure inclusion of children and adolescents, people with disabilities, and those removed from child labor or subjected to other rights violations.

- Activities that enable adolescents and youth aged 15 to 17 to exercise their citizenship, to acquire new knowledge and skills that can support their educational training and guide them in their professional choices. There should also be a thematic focus on subjects relevant to that age group.
- Training of adolescents and youth from 18 to 29 years old, encompassing the elements of the other age groups, but with a strong focus on professional insertion and encouragement to participate in public life.
- Training adults from 30 to 59 years old, encompassing the elements of the other age groups, but with a strong focus on improvement of skills that contribute to professional progress and stimulate participation in public life.
- Activities that support the elderly to identify and avoid situations of violation that afflict this age group, in addition to providing spaces for leisure, culture and autonomy.

In addition, there is guidance for prioritizing beneficiaries of cash transfer programs with more objective eligibility criteria, such as the PBF and the BPC (or individuals with eligible profile for these programs, even if they are not beneficiaries). There is also a call for the prioritization of some Specialized Social Protection population, such as families with children in - or exposed to the risk of - child labor (GoB, Min. Social Development, 2014b). There is special co-financing for 11 priority groups, most of which are children and adolescents.

As in the case of PAIF, the design and focus of SCFV activities are guided by context-specific assessments of families, carried out by local social assistance teams.

SCFV can be accessed in the following ways:

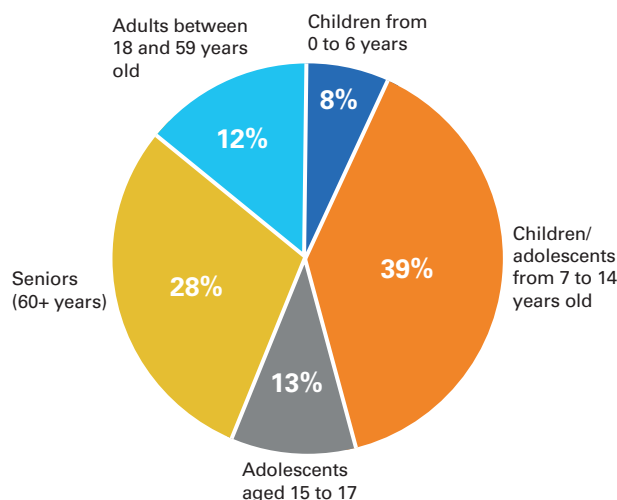
- Spontaneous demand (in which people seek support from the CRAS, based on their needs).
- Active search (through pro-active identification/sample screening carried out by the social assistance teams).
- Referral by other public policies, the justice system, or other social assistance programs and services (including in the case of PBF beneficiaries in breach of conditionalities).

Commonly, PAIF has a relevant role in referring people to other PSB and PSE services, including SCFV. According to the CRAS Census, of the 7,057 CRAS that offered SCFV in August 2022, only 111 did not offer PAIF to the families attended through SCFV.

In terms of the numbers of SCFV beneficiaries, the data only shows the coverage offered directly by CRAS. According to RMA CRAS, in January 2023 there were 1,038,756 individuals served by SCFV (GoB, Min. Social Development 2023b). However, as mentioned earlier, the SUAS Census/Community Life Centers indicates that the Community Life Centers have the potential to serve another 1,259,509 beneficiaries (GoB, Min. Social Development 2022d).

Figure 7 shows the age composition of the target population of SCFV, as covered by CRAS. One can clearly see the greater participation of children and adolescents from 0 to 14 years of age as well as the elderly (aged 60 years or more).

Figure 7 – Age composition of individuals participating in SCFV’s activities provided by CRAS, as of January 2023



Source: RMA CRAS – January 2023 (GoB, Min. Social Development 2023b). Data extracted on 04/28/2023.

SCFV has important provisions for childcare. Children in or at risk of child labour are one of the top priority groups. There are also specific guidelines for activities aimed at children, divided into three specific age groups, each with appropriate content and capable of fostering interaction between children and adolescents of the same age group.

Box 4. How does it work in practice? Example of implementation of SCFV in the municipality of Santa Luzia do Pará – PA

In Santa Luzia do Pará – PA, CRAS is present in areas of greater social vulnerability. In addition to this measure, since 2021 there is also the “CRAS in the Community” Project, which consists of itinerant activities in vulnerable regions whose population has difficulty accessing the regular CRAS facilities.

The itinerant activities include PAIF and SCFV as priorities. SCFV promotes activities such as workshops to produce snacks, sweets, and handicrafts. The project also includes joint activities with the Municipal Health Secretariat, such as medical and nursing consultations, vaccines, rapid tests (Syphilis, HIV and Covid-19), dental care and vaccination.

It is worth noting that whereas workshops, lectures and occasional get-togethers, by themselves, do not constitute SCFV, they all serve as strategies to attract the audience and to address key issues with the different target groups.

Source: Elaboration of the authors from field visits and personal communications.

4.1.3. Basic Social Protection - Homecare Service for People with Disabilities and the Elderly (DPDI)

DPDI is an initiative that complements PAIF, with focus on People with Disabilities (PwD), the elderly and their families. Its coverage is oriented to prioritize beneficiary families or those with a profile eligible

for PBF and BPC, being subject to evaluation by the social assistance teams in each context. Access can occur either by spontaneous demand (e.g., demands from individuals received by CRAS or reference centers) or by active search (e.g., through sample home visits in areas where potential socio-economic vulnerabilities have been identified by teams of social assistance surveillance). Other public policies and the justice system can also refer the population to DPDI (GoB, Min. Social Development, 2014b)

Whereas PAIF is most often provided in the facilities of CRAS, DPDI is implemented through home visits due to the difficulty of locomotion often faced by elderly and/or disabled people. The DPDI activities are also more focused on specific needs commonly presented by the elderly and PwD. This includes verification that these people are not subjected to situations of abandonment or violence.

Box 5. How does it work in practice? Example of implementation of the Basic Social Protection Home Service in the municipality of Belo Horizonte – MG

Greater Care Program (*Programa Maior Cuidado*)

The Greater Care Program is an initiative of the social assistance public policy, implemented in partnership with the health sector. The Program guarantees home care to families referred to the Reference Centre for Social Assistance (CRAS) that have elderly people in the household with a condition of dependence or semi-dependence, in situation of social vulnerability and presenting limitations, restrictions or impediment of access to the social assistance and intersectoral network.

The Program has a team of 181 social caregivers, 9 supervisors, 2 methodological coordinators and 4 administrative professionals. Each CRAS has on average 4 social caregivers.

The monthly service capacity of the Program is 620 elderly people. However, in 2023 the monthly average of people served was 685, reaching a total of 1,003 elderly people served throughout the year. Also, in 2023, a total of 81,910 home visits were registered, with a monthly average of 6,826 visits for the total 1,003 beneficiaries. It is important to note that each social caregiver serves on average, 4 elderly people.

Source: Elaboration of the authors based on consultation with the MDS.

DPDI follows general guidelines that seek to promote autonomy, playful and cultural experiences, and civic participation, while emphasizing specific difficulties faced by older and disabled people.

DPDI also aims to stimulate the maintenance of social and family bonds, to enable people with disabilities and the elderly to live with dignity within their families, thus avoiding situations of abandonment, confinement, and mistreatment. In this sense, it is worth noting that the diagnosis of vulnerabilities of each beneficiary and the subsequent plan to overcome these challenges, prepared by DPDI, occur through more structured instruments than those used, for example, within the scope of the PAIF. In addition to these actions, DPDI carries out home visits to guide and support family care at home and makes monitored referrals to the social assistance and intersectoral network, among other activities.

With regards to coverage, although only 27% of CRAS offer DPDI directly, 91% provide this service indirectly through their referenced network. According to the CRAS Census of August 2022, throughout the month of August CRAS offered the service directly to 56,822 individuals, while the referenced network covered another 28,500 individuals. Of this total 69% were elderly and the remaining 31% were People with Disabilities (PwD).

DPDI has some important provisions for childcare, as children with disabilities are also eligible for the initiative. According to the August 2022 SUAS Census, children correspond to 23% of the total PwD served by DPDI.

Box 6. How does it work in practice? Example of implementation of the Basic Social Protection Home Service in the municipality of Piripiri – PI

In Piripiri – PI, the Basic Social Protection Home Service is run by the CRAS team. CRAS started to implement this service due to the need to serve the priority target population with difficulties in getting to the family's reference unit. The target population includes families from rural communities, quilombos and elderly people. Currently, activities such as supportive reception, qualified listening, delivery of the eventual food basket benefit, updating of the Single Registry and, when necessary, referral to the Specialized Reference Centers for Social Assistance (CREAS) are all carried out through home visits. An average of up to three home visits per month and family are performed (about 30 visits per year). The service has a strong incidence in quilombola territories and rural areas, which are relevant in the context of the municipality. The team responsible for the work is made up of social workers, psychologists and pedagogues, and a network of volunteers among community members.

Source: Elaboration of the authors based on personal communications and analysis by Nascimento and Carvalho (2016).

4.2. Specialized Social Protection

Specialized Social Protection (PSE), as provided by SUAS aims to support individuals and families who are subject to violence and/or rights violations such as: abandonment; physical and/or psychological abuse; sexual violence; problematic use of psychoactive substances; domestic violence; slave labor; compliance with socio-educational measures; homelessness or child labor; among others.

The implementation of PSE is organized and coordinated around two levels of complexity: medium and high complexity. Medium complexity services attend to individuals who are experiencing rights violations, but have not yet lost their autonomy and ties to the community.

The high complex PSE is intended for the homeless population, families and individuals with broken community ties, women threatened with femicide, individuals in situations of abandonment, human trafficking or other conditions that require institutional care.

People at risk and/or affected by calamities or social emergencies also receive specialized care services that include emergency care, social assistance and psychological care, support in the reconstruction of life projects, etc.

As in the case of the PSB, the PSE also offers a lot of flexibility for local teams to organize the provision of these services according to socio-territorial diagnosis and the degree of vulnerabilities identified among the target population.

Referral to PSE may also occur through spontaneous demands from the population, referrals of other services and decisions of the Judiciary Branch or any of the other bodies that make up the larger Rights Guarantee System (SGD), which include:

- Public Prosecutor's Office
- Public Defender's Offices
- Judiciary Branch
- Public safety agencies
- Guardianship councils, ombudsmen and human rights entities responsible for providing legal and social protection
- Labor Tax Audit
- Center for the Defense of Rights, among othersⁱⁱ.

As with PSB, registering PSE beneficiaries in the Single Registry is not a requirement for accessing social assistance services. Instead, it serves as a tool to ensure access to social rights, services, benefits and programs.

4.2.1. Protection and Specialized Care Service for Families and Individuals (PAEFI, acronym in Portuguese)

The PAEFI is the main medium complexity service provided through the Specialized Reference Centres for Social Assistance (CREAS), which is the main SUAS facility that attend to families and people who are at social risk or have had their rights violated. Thus, CREAS offers systematic monitoring of individuals and families who experience violence and/or rights violations. Based on an initial social diagnosis, the team of CREAS develops a family care plan with proposed activities that aim to rebuild bonds, distance victims from situations of violations, provide for qualified reception and listening, and mobilize other services and entities of the protection network.

All this work is carried out with the participation of the victims, with respect for their respective stories and decisions, to strengthen the potential of families and territories.

PAEFI is public and universal to all who need it, however, there are challenges in meeting the volume of complex demands.

PAEFI can be accessed through referral from other programs, services and public policies, especially those implemented within the scope of the SGD (GoB, Min. Social Development, 2014b).

The operationalization of PAEFI in the territory is the responsibility of CREAS. This means that every CREAS must obligatorily offer PAEFI as well as information, legal guidance, social assistance support, and support in access to personal documentation. CREAS also has the responsibility to stimulate community mobilization (GoB, Min. Social Development, 2023).

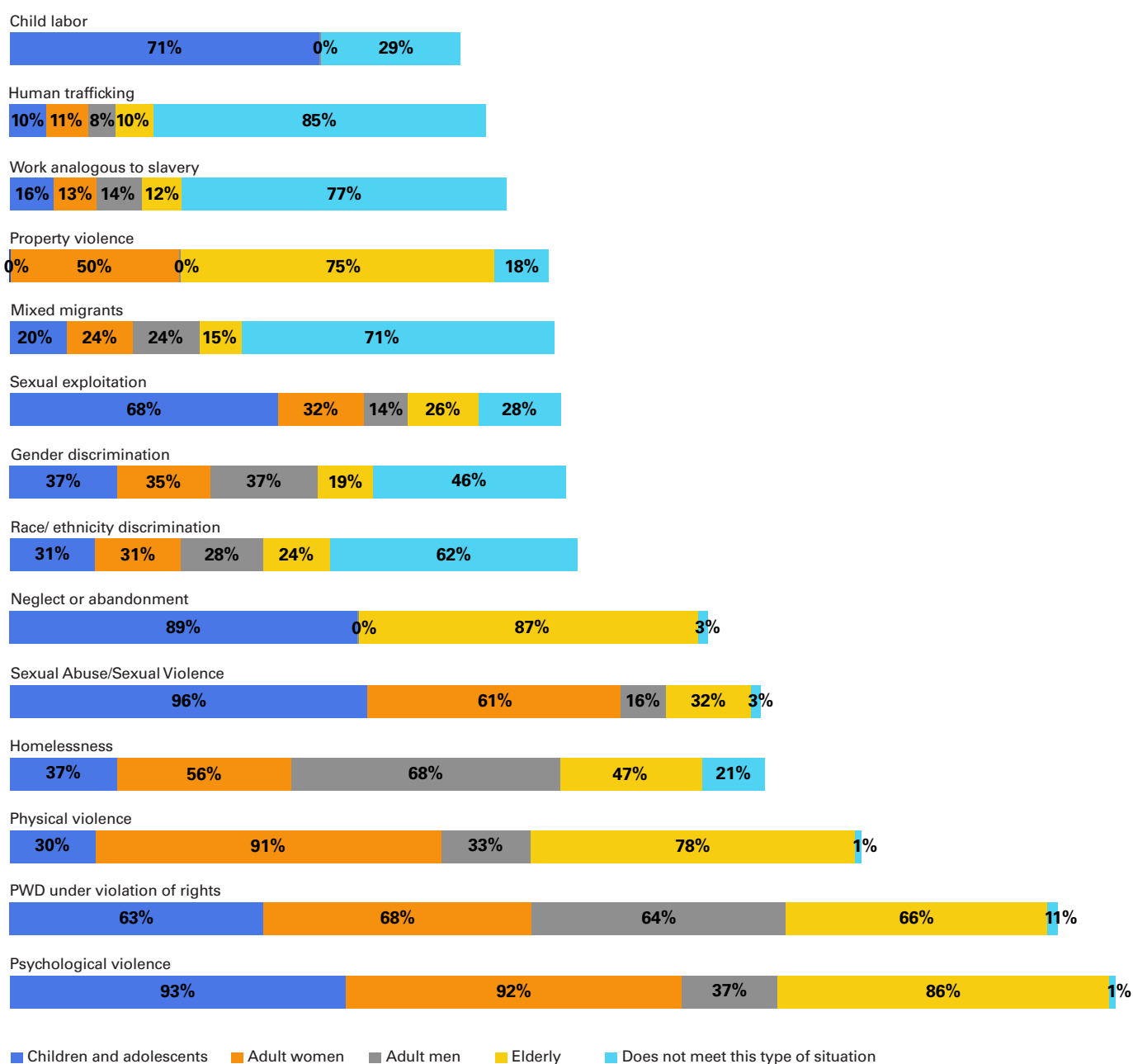
SUAS has expanded the coverage of CREAS in the last decade, including Regional CREAS, as well as the co-financing of the main services provided by these units.

The current panorama is 2,782 CREAS, especially in larger municipalities, as well as regionalized offers from the States and the Federal Government. The National Secretariat of Social Assistance has been making efforts to universalize these more complex services in smaller municipalities.

The activities of PAEFI go beyond referencing policies that safeguard income, food, and access to basic social services. They also promote guidelines for strengthening family, community and social ties, in addition to strengthening the protective function of families in light of the set of conditions that make them vulnerable and/or subject them to situations of personal and social risk (GoB, Min. Social Development, 2014b).

Figure 8 lists the prevalence of CREAS that offer care services according to specific types of violations and age groups. As can be seen, children and adolescents appear as priority groups in most themes. One can also note that less attention is given to some important themes, such as human trafficking, child labor and race and gender discrimination.

Figure 8 – Prevalence of CREAS that offer care services through PAEFI, by type of violation and age groups



Source: SUAS 2021/ CREAS Census (GoB, Min. Social Development 2022i). Data extracted on 04/28/2023.

Note: The question admits multiple answers, hence the total sum of the data presented does not necessarily equal 100%.

Figure 9 provides some further insights on the targeting of PAEFI, showing the prevalence of CREAS offering specific activities, separated by target groups. The groups most attended to include the homeless population, the LGBT population, and traditional peoples and communities.

Figure 9 – Prevalence of CREAS that offer care services through PAEFI aimed at specific vulnerable groups, disaggregated by type of activity.

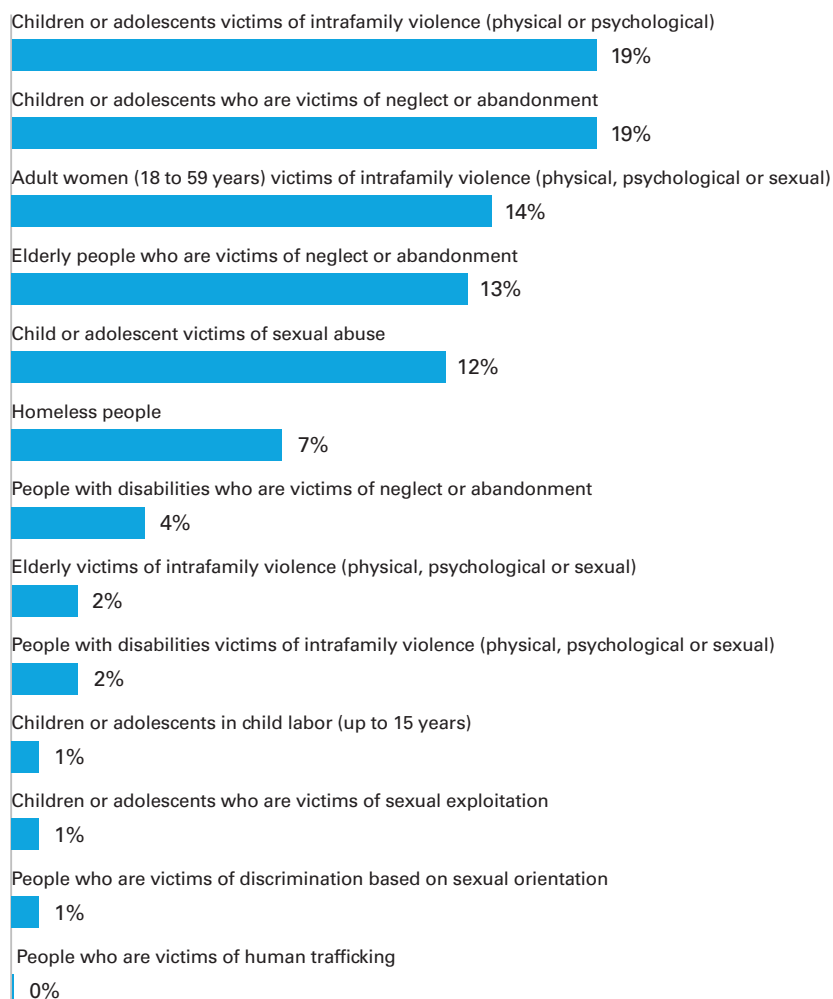


Source: SUAS 2021/ CREAS Census (GoB, Min. Social Development 2022i). Data extracted on 04/28/2023.

Note: The question admits multiple answers, hence the total sum of the data presented does not necessarily equal 100%.

According to the RMA CREAS of January 2023, PAEFI registered a total of 266,538 cases being monitored (some of these cases entailed care for the whole family while others were limited to specific individuals). In the reference month of the survey alone, the service included 23,809 victims of rights violations, and in many of these cases, their respective families. As shown in Figure 10, cases of violation of the rights of children, women and the elderly predominate among new beneficiaries.

Figure 10 – Percentage of individuals included in PAEFI in January 2022, according to their socio-economic characteristics and type of violation.



Source: RMA CREAS (GoB, Min. Social Development, 2023c).

As previously mentioned, PAEFI guidelines direct policies that combat situations of rights violations that typically afflict children (such as the case of child labor). These guidelines also guide policies that provide for approaches specifically aimed at children and adolescents who are victims of these practices.



Box 7. How does it work in practice? Example of implementation of PAEFI in the municipality of Rio Verde – GO

CREAS in Rio Verde – GO has its own headquarters composed of four rooms for individualized care, two large rooms for group sessions, two rooms for the technical team composed of three computers in each room, space for case studies and a room for medical record files. It also has a car for home visits. The PAEFI team consists of a coordinator, three psychologists, three social workers, a lawyer for legal guidance, four trainees, a driver, a guard, two professionals for administrative services and a general services assistant.

The PAEFI service of Rio Verde – GO is initially carried out through individualized care and as follow up families are inserted into group activities, that in turn are divided as follows: children from 0 to 6 years old; family members and guardians of children from 0 to 6 years old; children from 7 to 11 years old; family members and guardians of children from 7 to 11 years old; adolescents from 12 to 17 years old; family members and guardians of adolescents from 12 to 17 years old; guidance group for women victims of domestic violence; and reflective group for men perpetrators of domestic violence. While the first 7 groups receive assistance every two weeks, the last group receives assistance every week.

The planning of what will be executed in each group meeting always contains the following information: topic of the meeting; objective; and methodology.

In addition to the work described above, the technical team also carries out home visits and approaches to homeless people.

Case studies of beneficiaries who are in institutional care at the CAT – Temporary Shelter House (for children and adolescents), whose families are accompanied by CREAS, are also carried out monthly. Oversight of the services provided by the CREAS technical team is carried out on a weekly basis by the Specialized Social Protection coordination.

Source: Elaboration of the authors based on consultation with the MDS.

4.2.2. Specialized Social Protection Service for People with Disabilities, Elderly and their Families (SPCDIF)

SPCDIF offers specialized care to people with disabilities and elderly people with some degree of dependence on care services and that have had their limitations aggravated by rights violations. The service is also provided to the family of these people. The objective of SPCDIF is to promote autonomy, social inclusion and the improved of the quality of life of those who are attended (GoB, Min. Social Development, 2014).

As a complement to PAEFI, SPCDIF provides infrastructure that allows for day-time activities, including basic everyday activities as well as activities focused on social participation. SPCDIF beneficiaries also receive guidance and information on how to access other services.

SPCDIF is characterized by a strong emphasis on group activities, with the dual objective of enabling greater community engagement and offering therapy and care for People with Disabilities and Elderly People with some degree of dependence on care services. People with reports of depression, Alzheimer's

disease, Parkinson's disease, stroke sequelae, among others, are guided and referred to health services for proper specialized care (GoB, Min. Social Development, 2014b).

Box 8. How does it work in practice? Example of implementation of SPCDIF in the municipality of Volta Redonda – RJ

The municipality of Volta Redonda, located in the interior of the state of Rio de Janeiro, offers the Specialized Social Protection Service for the Elderly and their Families through the Day Center for the Elderly, a modality of care aimed at protection and social integration of the elderly and support to families.

The municipal government has created two units – one of which specializes in the elderly with Alzheimer's –, which offer daytime care with the accompaniment of a multidisciplinary team, meals, and activities that promote social integration and autonomy. As such, SPCDIF serves as an important strategy for the prevention of premature institutionalization of these populations.

Together, these two units offer 125 vacancies for people over 60 that have some degree of dependence, weak family ties and other social conditions that make care precarious.

Source: Elaboration of the authors based on personal communications and material from the City Hall of Volta Redonda – RJ (2022).

SPCDIF is a SUAS service implemented by social assistance teams of Day Center Units and similar entities. As per data from the SUAS 2023 Census, there are 1,945 Units in Brazil, of which 93% are implemented by municipal governments in partnership with social entities. 64% of all Units are located in the Southeast Region of the country.

The service is also offered by CREAS. In such cases activities are usually carried out through home visits. Day Centers and similar Units, on the other hand, tend to offer more collective activities, given that they have specific infrastructure that allow for such activities.

The Day Centers are different from the Community Life Centers (Basic Social Protection facilities), as they have specific infrastructure and technical teams focused on daily life activities and instruments that help foster social participation. The Day Centers also entail specialized activities that contribute to personal development, autonomy, and social integration.

The Community Life Centers, on the other hand, offer activities focused on strengthening ties through playful and cultural activities. In most cases, Day Centers and similar Units are concentrated in specific and accessible spaces. Sometimes these spaces are shared with other services. Most Day Centers are in facilities that also allow the provision of other services, such as school reinforcement, literacy training, medical care, physiotherapy, and psychotherapy, among others.

Data from the SUAS 2022 Census show that 92% of units perform varied activities individually and in groups; 89% perform basic everyday-life activities; 92% perform home visits; 90% provide support to family caregivers; and 92% provide guidance on access to other services and benefits.

SPCDIF can be accessed either voluntarily (through spontaneous demands), through active search, or by referrals from SUAS services and other policies. However, referrals from other social assistance services, SGD partners and other entities are also an important access route.

Although SPCDIF is implemented within guiding frameworks, the technical teams have flexibility to design activities in line with identified priorities and local contexts.

In addition to individual and collective activities, many Day Centers offer free meals. The 2021 Day Center Census suggests that 92% of these units provide at least one type of food, with breakfast and afternoon meals being the most frequently offered, while more than half of establishments also provide lunch.

Many beneficiaries spend the entire day in the center and attend the service several days a week. According to the 2021 Day Center Census, most of the SPCDIF beneficiaries go to the Day Centers between two to five times a week. One should note that 83% of all Day Centers provide some form of support for transportation of beneficiaries and their families, which facilitates access and accessibility.

Although we did not find data on the number of visits, the 2021 Day Center Census indicates that the 1,886 Day Center units that responded to the survey have the capacity to receive 95,363 beneficiaries per shift (morning and afternoon) (GoB, Min. Social Development, 2021a), thus totaling 190,726 individuals per month. In addition, the 2021 CREAS Census indicates that the CREAS that offer the SPCDIF have the capacity to serve 9,516 beneficiaries per shift, or 19,032 beneficiaries in total (GoB, Min. Social Development 2022i).

Box 9. How does it work in practice? Example of implementation of SPCDIF in the municipality of Salvador – BA

In Salvador – BA, the SPCDIF offered in Day Centers has the advantage of being particularly qualified for providing care to children with disabilities in early childhood, from 0 to 6 years old. This care is a priority for those diagnosed with microcephaly and congenital diseases from the Zika virus, which hit the city strongly from March 2015.

The service has been in operation since December 2017, with the capacity to provide full-time care for 60 children with Zika and other persons with disabilities (PWD) daily. It focuses on activities that support the development of social and motor skills, fostering children's autonomy. These centers also promote community engagement, reducing isolation and exclusion from public life. Families that are beneficiaries of the BPC are considered top priority to access the service, the child's family must also be registered in the Single Registry.

The multidisciplinary team consists of a social worker, psychologist, occupational therapist, and social caregivers. Social work is also carried out with family members to promote access to other rights and services, in addition to strengthen the ties between the family and the child with practical guidelines for daily care and nurturing.

The Day Center Unit for Children and Adolescents of Salvador adds to another 8 Units that were installed in the cities that were most affected by the Zika virus. The installation of these units formed part of the SUAS expansion of this Service that took place in 2017.

Fonte: Elaboração dos autores a partir de comunicações pessoais e material de comunicação da Prefeitura de Salvador – BA (2022).

4.2.3. Social Protection Service for Adolescents under Probation (LA) and Community Services Measures (PSC) (MSE)

The service is focused on the accompanying of adolescents and youth between the ages of 12 and 21 who are complying with socio-educational measures of Probation (LA) and/or Provision of Community Services (PSC).ⁱⁱⁱ

It also involves monitoring compliance with the measures outlined in each sentence and referring adolescents and youth to community services specified in their sentence. These services aim to promote the common good and support rehabilitation. Activities may extend beyond the prescribed measures to improve social integration for adolescents and youth (GoB, Min. Social Development, 2014b).

Actions, monitoring, and support must be based on an Individual Service Plan (ISP). The ISP is a planning tool developed with the adolescents and their families. It records the activities identified by the teams and the service's beneficiaries, ensuring that adolescents can access their citizenship rights while taking responsibility for their actions.³

Thus, this Plan also allows the justice system to monitor the evolution of these adolescents throughout the fulfillment of socio-educational measures. As described in the Brazilian Typification of Social Assistance Services (GoB, Min. Social Development, 2014b).

“Social monitoring of adolescents should be conducted systematically, with a minimum weekly frequency to ensure continuous oversight and support the development of the ISP. When monitoring the Community Service Provision measure, the service must identify local service locations, such as social entities, community programs, hospitals, schools, and other government services. These services should involve free tasks of general interest, with a maximum of eight hours per week, ensuring no conflict with school or work for adolescents over 16 or apprentices aged 14 and up. Participation should align with the adolescents’ abilities and promote their personal and social development.”

According to the RMA CREAS of January 2023, the service benefited 24,838 adolescents and youth on this date, with more than 60% of this public composed of adolescents and youth under probation (GoB, Min. Social Development, 2023c).

Most adolescents complying with PSC measures provide community services through CRAS and CREAS, though there is also significant involvement with other public services and non-governmental organizations (GoB, Min. Social Development, 2023c). Over 60% of the services provided by adolescents are in the administrative area. Other areas include art and culture, repair and maintenance, preservation of public heritage, sports projects, activities with people in vulnerability, among others.

³ Further details on the range of activities the service offers can be found in the [fact sheet](#).



Box 10. How does it work in practice? Example of implementation of a socio-educational measure in the municipality of Colombo – PR

The municipality of Colombo – PR develops several activities with adolescents in compliance with their probation and the PSC, and offers the service through the CREAS referenced to the territories. The teams consist of 1 higher level coordinator, 1 social worker and 1 psychologist, 1 lawyer, trainees, and other middle and elementary level support professionals.

The municipality has developed a close relationship with the justice system and other public policies, such as health and education, referral to other SUAS services and offering resources to transport adolescents.

The service methodologies focus on life history, cultural and recreational activities, definition of service protocols for PIA, social work with families, food security, and social work with a view to guaranteeing rights and accountability considering the infraction. What stands out is the creation of a care pathway for adolescents after the measure ends, ensuring continued protection for as long as needed.

Source: Elaboration of the authors based on consultation with the MDS.

4.2.4. Specialized Service for the Homeless (SEPS)

SEPS is the primary service offered by POP Centers, which are public units that provide specialized services to the homeless population (GoB, Min. Social Development, 2023).

SEPS focuses on providing care and access to activities aimed at developing sociability, seeking to strengthen interpersonal and/or family bonds⁴. This Service also provides spaces where the homeless can meet their basic needs during the day, including storage of belongings, personal hygiene and food. The POP Center address can also be used as a reference (GoB, Min. Social Development, 2014b). According to the 2021 SUAS/POP Centers Census, 95% of these facilities also offered meals or made it easier to obtain food.

POP Centers can be accessed on a voluntary basis or through referrals, based on the Specialized Care for Vulnerable Populations (SEAS) approach. Another key access route is referrals from other public services, with the justice system playing a prominent role.

Given the target population's exposure to unhealthy living conditions, a common request among SEPS beneficiaries is support for combating and treating tuberculosis. In this context, the POP Center serves as a space to enhance access to treatment through coordination with health policies, including diagnoses made at health units.

SEPS, as part of the Social Assistance policy, responds to situations of homelessness caused by abandonment, family conflicts, mental illness, unemployment, racism, etc. The Service does not have the means to solve housing demands independently but supports access to public housing policies.

⁴ Further details on the different activities offered by the service can be found in the [description sheet](#).

Most POP Centers address housing needs by referring the population to other SUAS services, such as Institutional Shelter Service (SAI), Communal Housing Service (SAR), and Occasional Benefits for temporary social rent payments, until a more permanent housing solution is available. In terms of coverage, according to the RMA POP Centers, in January 2023, the service assisted 57,285 people, who received an average of 5 visits per month, with most adult male beneficiaries being between 18 and 59 years old.

A qualitative analysis with coordinators of 13 POP Centers in the state of São Paulo suggests that homelessness can be overcome through productive inclusion and professional training activities (Justel do Pinho, Pereira and Lussi, 2019).

It should be noted that the target population of homeless people is very diverse and heterogeneous and presents different demands and possibilities of overcoming that situation. For this reason, services and various public policies need to develop integrated responses.

Box 11. How does it work in practice? Example of implementation of SEPS in the municipality of Niterói – RJ

In Niterói – RJ, the service is offered through the POP Center, a public unit of the Municipal Secretariat of Social Assistance and Solidarity Economy to serve people who live and/or survive on the streets. The service has a multi-professional team to provide individual or group guidance, identify the demands of beneficiaries, refer them to the social assistance network and other public policies to promote access to rights and benefits that contribute to the autonomy and social inclusion of beneficiaries. In addition, there it is possible to take care of personal hygiene, obtain food and store private belongings. Access is available through spontaneous demand, referrals from the municipal network, or social approaches by social assistance teams.

Source: Elaboration of the authors from personal communications and communication material of the City Hall of Niterói (City Hall of Niterói, 2022).

4.2.5. Specialized Care for Vulnerable Populations (SEAS)

The Specialized Care for Vulnerable Populations aims to provide social outreach and active search to identify issues such as child labor, sexual exploitation of children and adolescents, homelessness, and other rights violations in public spaces. Key objectives include supporting the process of leaving the streets, identifying families and individuals with violated rights, and promoting family and community reintegration (GoB, Min. Social Development, 2014b).

SEAS can be operated in CREAS, POP Centers and/or respective reference units through partnerships with duly regulated civil society organizations.

The specific nature of the approach may vary according to the evaluation of the social assistance teams on local priorities and capacities. As a rule, however, SEAS operates to encourage the homeless population to seek more qualified PSE services, such as the Specialized Service for the Homeless (SEPS, acronym in Portuguese).

Box 12. How does it work in practice? Example of implementation of SCFV in the municipality of São Paulo – SP

In São Paulo – SP, Specialized Care for Vulnerable Populations (SEAS) are related to Specialized Reference Centers for Social Assistance (CREAS) and/or POP Centers, ensuring active search and approach on the streets to identify child labor, violence, abuse and sexual exploitation of children and adolescents, homeless people and other vulnerabilities on the streets of the capital city.

The municipality, which has the largest service network for the homeless population in Latin America, maintains 31 SEAS fronts operationalized through Civil Society Organizations affiliated with the Municipal Secretariat of Social Assistance and Development. The Sé Regional Unit is the model service for the São Paulo network, with a team conducting daily social approaches.

Services include rights guidance and referral to partner networks that can offer additional support. Social action is also offered with the objective of creating links between beneficiaries and the institution and promoting greater engagement of the homeless population with public services.

The unit's work plan includes reflection goals that guide actions with the target population served, carried out by multidisciplinary teams for an average of four hours. Topics such as stimulating citizenship are covered, with SEAS conducting about 250 daily consultations.

Source: Elaboration of the authors from personal communications and communication material of the City Hall of São Paulo – SP (City Hall of São Paulo, 2022a, 2019).

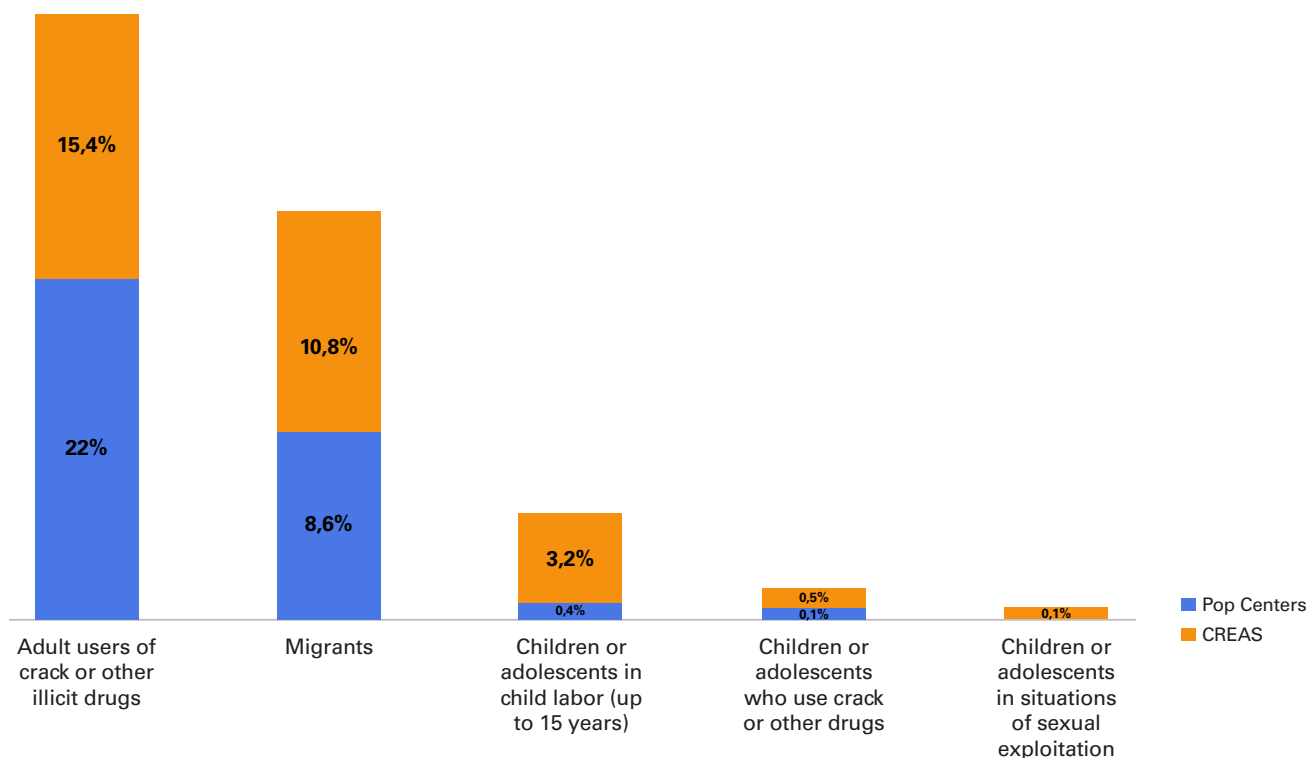
Screening is done by assessing service teams that provide social work in public spaces, actively searching for people in these situations. Part of the guidance of this service is based on complaints or requests from the population. However, it should be noted that this policy is based on proactive protection. SEAS focuses on social protection for the homeless population and does not reprimand this population or investigate complaints.

The social approach is a structured work process aimed at bringing people together, listening to them and creating a bond of trust with people and families at personal and social risk. The SEAS teams are responsible for identifying families and individuals at personal and social risk and who have had their rights violated. Since the beneficiaries of the Social Approach Service are often physically, mentally and morally fragile due to their living conditions, the Service must actively seek out these people, anticipating their spontaneous contact or notifications from the community. The purpose of the Service is to provide qualified care and improve access to adequate social protection.

There is flexibility for social assistance teams to approach and offer support activities that best suit local priorities and capacities.

As part of the SEAS field approaches, social assistance teams often collaborate with other public agencies and civil society, with health teams being one of the most traditional partners. In municipalities where there are CREAS and POP Centers, it is also common to carry out joint actions with teams of the two social assistance facilities.

Among the vulnerable groups served by the service, there is a strong prevalence of cases marked by chemical dependence and other vulnerabilities that afflict migrants.

Figure 11 – Composition of SEAS beneficiaries, according to specific vulnerability criteria

Source: RMA CREAS (GoB, Min. Social Development, 2023c) and RMA POP Centers (GoB, Min. Social Development, 2023a). Data extracted on 04/28/2023.

As the graph above shows, there are also cases involving the presence of children on the streets without parents or guardians. In these situations, the most recurrent actions include activating the guardianship council^{iv}, assessing the risks they face, and coordinating with the SGD and other partners to offer protection to these children and adolescents, especially foster care services, as well as social and coordinated work with families to return, whenever possible, or building other possibilities of family inclusion.

Box 13. How does it work in practice? Example of implementation of SEAS in the municipality of Salvador – BA

In Salvador – BA, the Social Approach Service is carried out continuously, from Monday to Friday, from 7 am to 7 pm, including weekends and holidays. The actions are concentrated in places of greater tourist visibility such as the neighborhoods of Barra and Pelourinho, where there is a high concentration of homeless people.

The general population can also inform the city hall when they identify a person or group on the streets, through specific telephone numbers.

Both in the case of active search actions or upon notification by the population, SEAS offers referrals to reception centers or other service networks.

Source: Elaboration of the authors from personal communications and communication material of the City Hall of Salvador (City Hall of São Paulo, 2022a).

High Complexity Services

4.2.6. Institutional Shelter Service (SAI) and Communal Housing Service (SAR)

Although SAI and SAR are two different services, we approach them in an integrated manner due to the complementarity between them and their performance indicators. Both SAI and SAR offer shelter and collective housing, on a temporary or extended basis, for homeless people (or under imminent risk of homelessness considering violence or lack of conditions for children, the elderly and PwD to remain with their families).

However, the two services differ: while SAI provides reception in institutions managed by social assistance teams, SAR offers alternatives where management is largely handled by the residents. In both cases, physical spaces and additional services are provided to help beneficiaries gain independence (GoB, Min. Social Development, 2014b).

Box 14. How does it work in practice? Example of implementation of SEPS in the municipality of Santarém – PA

In the municipality of Santarém – PA, the Home for Adults and Families (CAAF) is a Specialized Social Protection Service of high complexity implemented in 2018, linked to the Municipal Secretariat of Labor and Social Assistance (SEMTRAS). Given the relevant context of migratory influxes in the region, the demand for institutional reception is strongly influenced by Venezuelan indigenous people of the Warao ethnicity. To better serve this target population, SAI in the municipality is responsible for providing information in the local language and striving to keep community members together. Efforts are also made to inform this population about key aspects of Brazilian legislation. To avoid overburdening the CAAFs, there is a concerted effort to refer individuals to other programs and services that support their autonomy.

In Social Assistance, welcoming activities, services, referrals for access to documentation, insertion in programs and benefits of the municipality (Social Rent and Free Pass, with free access to public transport) and the federal government (Bolsa Família, Interstate Elderly Card, Continuous Cash Benefit, etc.) are provided. This target population also gains access to vocational courses, job market workshops, opportunities to showcase and sell products, and programs like “Young Apprentice.” Additionally, they benefit from the Educa Kids Project, held weekly with lectures, discussion circles, and films addressing children’s rights and duties. They also participate in SCFV and PAIF activities.

In the area of Health, biweekly joint efforts are carried out that offer consultations, exams, vaccinations, etc. In the area of Education, there is an effort to promote the school environment of children up to six years old, with extracurricular monitoring through the “Se Liga” and “Acelera” programs, as well as basic computer classes. In the area of Culture, Sports/Leisure, there are sightseeing activities and cultural spaces and tourist spots of the municipality are visited.

Source: Elaboration of the authors from personal communications.

For SAR, social assistance also includes monitoring to ensure that the inhabitants of these spaces are managing them properly and complying with the financial contributions agreed upon by them (cleaning services, for example). Whenever possible, each space should bring together people with similar affinities and sociodemographic profile (especially paying attention to cohabitation by people of the same sex and/or age group).

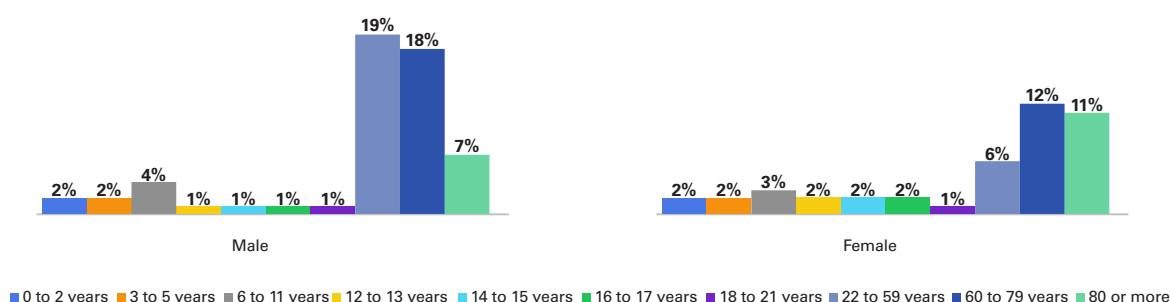
Box 15. How does it work in practice? Example of implementation of SAR in the municipality of São Paulo – SP

In São Paulo – SP, a specific communal housing program exists for adolescents and youth aged 18 to 21 in social vulnerability, with broken or fragile family bonds and no housing conditions. Called “Youth Communal Housing,” it offers 15 houses that can accommodate up to 90 individuals. The initiative is managed by the Municipal Secretariat of Social Assistance and Development (SMADS), through CREAS, which processes the demands and screens to prioritize access to available vacancies, in addition to monitoring the houses to support proper community life among its members.

Source: Elaboration of the authors from personal communications and communication material of the City Hall of São Paulo (City Hall of São Paulo, 2022b).

Figure 13 illustrates the profile of people assisted by these services during the week that the Reception Units Census Questionnaire was completed in August 2022. As observed, 58% of the beneficiaries are men. Among the male public, there is a higher prevalence of adults, while among the female public, elderly women prevail. Children and adolescents under the age of 18 represent almost ¼ of the attendances.

Figure 12 – Sex and age group of people received in the week of completion of the questionnaire



Source: SUAS Census/Reception Units (GoB, Min. Social Development, 2022g). Data extracted on 04/28/2023.

Regarding the support activities systematically offered to beneficiaries of the Reception Units, there is no exhaustive list of possibilities, and the social assistance teams are free to carry out those they deem most appropriate to their local contexts. Among the most frequently offered activities are the preparation of technical reports on ongoing cases, case discussions with other professionals in the network, facilitating contact with family members, assisting with the issuance of identification documents, organizing outings with beneficiaries, and providing individualized psychosocial support (GoB, Min. Social Development, 2022g).⁵

4.2.7. Foster Family Service (SFA)

The service provides care for children and adolescents separated from their families as a protective measure. Unlike institutional care, SFA offers this service through foster families. Reunification with the family of origin is a goal, or, if not possible, referral for adoption. The service promotes family interest in fostering. It also selects, trains, registers, compensates, and supports foster families, while monitoring

⁵ Further details on the activities offered by these services can be found in [the descriptive sheets](#).

the foster care and the family of origin. (GoB, Min. Social Development, 2014b).

The referral is carried out by the reference units of Specialized Social Protection in collaboration with the Child Rights Guarantee System (SGD), mainly through guardianship councils and juvenile courts, using the National Adoption System—a unified registry containing all administrative records with information related to adoption processes.

Foster care is provided by foster families willing and qualified to receive children and adolescents on a temporary basis, until a more permanent housing and care solution is arranged.

Families are screened by the Specialized Social Protection reference units together with the SGD (mainly guardianship councils and child and juvenile courts). In addition to meeting minimum criteria for selecting families accredited to receive children, adolescents, and youth, reflective training is provided to help families offer effective care or recognize their limitations. The target group of the program is composed of children and adolescents (0 to under 18) including those with disabilities. This target group includes children and adolescents and youth for whom the Judiciary Branch can apply a protection measure, due to abandonment or rights violation, in cases where their families or guardians are temporarily unable to provide care and protection. Below are some minimum criteria for selecting registered families (Instituto Fazendo História, 2021):

- Legal age.
- Not being in the process of qualification or accredited in the Brazilian Adoption System, as per Art. 34, § 3 of the Statute of the Child and Adolescent (ECA).
- Agreement of all family members residing in the household.
- Reside in the municipality or region.
- Have no criminal record, psychiatric impairment, and/or dependence on psychoactive substances (rule for all family members residing in the household).
- Availability to participate in the initial training process. Time to attend the activities scheduled by the SFA and for the systematic monitoring of the technical team.
- Availability to meet the commitments necessary for caring for children and/or adolescents (school drop off and pick up, visits to the doctor and other professionals, extracurricular activities, school meetings, among others).
- Commitment to the protection service until the child and/or adolescent is referred to their family of origin and/or extended family or foster family.

In addition to these minimum objective criteria, a reflective analysis is conducted with families to help them assess their actual ability to meet more subjective criteria, such as (Instituto Fazendo História, 2021):

- Affective and emotional availability.
- Family relationship.
- Understanding the role of a person providing support and clarity regarding the situation of the fostered child.
- Sufficient emotional conditions and resources to deal with separations.
- Broad family and community relationships.
- Family routine.
- Motivation is consistent with the role.

- Expectations consistent with family care and the profile of children and adolescents served by the modality.
- Respect for social, belief, racial, sexual, gender differences, among others.
- Ability to provide care, educational capacity, and willingness to develop new skills and competencies.
- Flexibility and proactivity.
- Empathetic listening and non-violent communication skills.
- Emotional stability.
- Respect and appreciation of the history, identity and relationship of the child and/or adolescent with their family of origin.
- Compliance with the rules and laws that guide SFA.
- Willingness to seek help and collaborate with the technical team.

Box 16. How does it work in practice? Example of implementation of SFA in the municipality of Rio de Janeiro – RJ

The municipality of Rio de Janeiro – RJ pioneered the family-based care strategy, with the Municipal Council of Children and Adolescents adopting it in 1996, before a national guideline for this service was approved in 2009.

In 2015, the municipality registered 159 families accredited to receive children and adolescents in this modality. Families and/or people interested in providing temporary care should seek one of the ten Social Assistance Coordinators (SAC) in the municipality for enrollment, selection and training. Once the steps have been completed, the family will be included in the service's register and, when they take in a child, the family receives an allowance of R\$ 688.00, or R\$ 1,000.00 in the case of children with disabilities, paid by the municipal government. The Foster Family Program team is composed of social workers and psychologists who psychosocially monitor children and adolescents in protection until their reintegration into the family group of origin or referral for adoption.

Source: Elaboration of the authors from the "Brazilian Men's Land Association and UNICEF, 2015," of personal communications and communication material of the City Hall of Rio de Janeiro.

In addition to the screening, qualifying foster families and the subsequent referral of children and adolescents to homes, SFA also offers a wide range of supplementary activities to promote the well-being of the foster families and the resolution of conflicts that led to the removal of the original families.

Although social assistance teams have the flexibility to design and implement various activities, their efforts primarily focus on training foster families to care for children and adolescents, monitoring the well-being of these children, preserving their connection with their biological families, and developing long-term solutions for their care.⁶

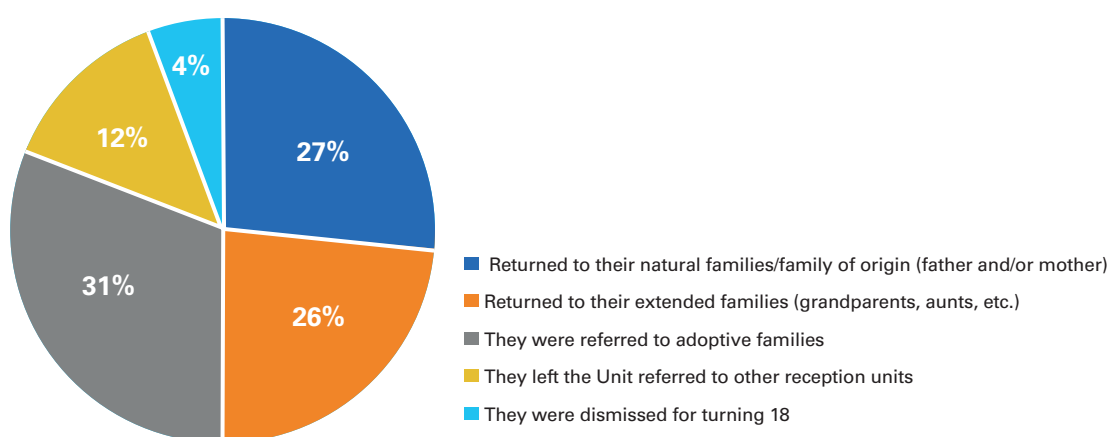
According to the SUAS/Foster Family Census, families receive an average of R\$ 1,101.00 (USD 196) per child/adolescent received. The service is offered nationally by 543 families, who registered a total of 3,041 children sheltered in the 12 months preceding the survey. A total of 1,961 children were being sheltered when this research was carried out. The percentage of female children and adolescents sheltered is slightly higher than that of males. For both sexes, the most prevalent age groups are those of children between 0 and 11 years of age (GoB, Min. Social Development, 2022f).

⁶ Further details can be found in the [descriptive sheets](#).

Data from the SUAS/Foster Family Census reveal that, on average, children and adolescents under the responsibility of SFA stay with the foster families for periods ranging from 1 to 12 months. Within this timeframe, two distinct groups stand out. The first group stays in families for short periods, ranging from 1 to 3 months. The second group stays for longer durations, ranging from 7 to 12 months.

Of the 3,041 children and adolescents received in the 12 months prior to the SUAS Census, 2,023 ended up being disconnected from SFA for some of the reasons listed in Figure 14. As shown, most of these disconnections occurred due to the referral to adoptive families, and the return to the biological families, or to live with extended family.

Figure 13 – Referral given to children and adolescents disconnected from SFA (considering the 12 month-period prior to the SUAS Census).



Source: SUAS Census/Foster Family (GoB, Min. Social Development, 2022f). Data extracted on 04/28/2023.

Box 17. How does it work in practice? Example of implementation of SFA in the municipality of Eusébio – CE

The municipality of Eusébio, in the state of Ceará, pioneered the implementation of the Foster Family Service in the state. This initiative was driven by the high number of children and adolescents who were in institutional care services. In 2017, following the development of the Municipal Plan for Fostering Children and Adolescents, the local government prioritized the expansion of SFA in alignment with the Child and Adolescent Statute (ECA). This legal framework establishes temporary family foster care as the preferred alternative for children and adolescents facing rights violations, ensuring they can maintain a family and community environment until they can be reunited with their biological families.

The service has up to 15 vacancies and is supported by a social worker and a psychologist. They handle referrals from the Childhood and Youth Court, select and train registered families, and provide ongoing support to both the family of origin and foster families throughout the placement and reunification process. New families are recruited through media channels such as TV, social media, and government websites. Foster families receive a financial incentive of one minimum wage per child/adolescent, with an additional 1/3 minimum wage for children/adolescents with disabilities. They also benefit from a progressive IPTU (urban property tax) discount.

Source: Elaboration of the authors from personal communications together with the City Hall of Eusébio - CE.

4.2.8. Protection Service in Disaster Situations and Emergencies (CE)

This is an emergency measure established by the Brazilian Typification of Social Assistance Services, designed to be implemented in coordination with the other services of the social assistance network, the actions of the Civil Defense and other governmental and civil society sectors, in calamities and emergencies contexts.

The service aims to support and protect the population affected by emergency and disasters, by offering temporary shelter, care and material assistance based on identified needs. It also ensures coordination and participation in intersectoral actions to mitigate damage and address emerging needs.

The service is aimed at families and individuals affected by emergency situations and disasters (fires, landslides, mudslides, floods, among others), who have suffered partial or total loss of their housing, personal objects, or utensils, and are temporarily or permanently homeless. Also, for families evacuated from areas considered at risk, by prevention or determination of the Judiciary Branch.

The social work to be developed in the service involves:

- receiving homeless people and families;
- listening, guidance and referrals to the local service network;
- socio-family guidance;
- information, communication and defense of rights;
- support in accessing personal documentation;
- coordination of the network of social assistance services;
- coordination with sectoral public policy services and the defense of rights;
- mobilization for the exercise of citizenship;
- community life activities and daily life organization;
- socioeconomic diagnosis; and
- provision of occasional benefits.

The service receives specific federal financing, regulated by MDS Ordinance No. 90, of 2013. This regulation establishes the criteria that other entities (such as states, the Federal District and municipalities) must meet to request and access federal resources. These funds are transferred directly from the Brazilian Social Assistance Fund to municipal and state social assistance funds, through the High Complexity Variable Minimum (PVAC).

The amount of transferred resources varies each year, depending on the disaster and emergency situations that arise. Since 2023, the Ministry has made the criteria and deadlines for submitting documentation more flexible, to expedite procedures and resource allocation in response to emergency situations.

A report by UNICEF and the National Collegiate of Municipal Social Assistance Managers (CONGEMAS) (2021) reveals that SUAS's capacity to respond to calamities and emergencies is significantly enhanced when management and social assistance monitoring efforts are specifically geared toward tracking, preventing, and responding to such events. However, the same study suggests that only 52% of municipalities have planned resources in their regular budgets to deal with such situations. Moreover, most of these resources are intended for the payment of Occasional Benefits which, although complementing the CE, is a distinct initiative. Finally, the study points out that only 50% of municipalities have organized actions to prevent emergencies in coordination with SUAS (UNICEF and CONGEMAS, 2021).



5. SUAS programs and benefits

In addition to the services described above, SUAS also offers other initiatives formally referred to as programs and benefits. At both the federal and subnational levels, the classification of an initiative as a social program does not necessarily define its scope of action.

Within SUAS terminology, initiatives designated as programs have a more limited scope than that of SUAS services. Programs are characterized as sets of actions with specific objectives, a set deadline and a focus on measurable results. In the field of Social Assistance in Brazil, programs are created to complement SUAS services, aiming to meet specific or emergency demands of the population. Unlike SUAS services, SUAS programs are not standardized, as they may vary according to the needs of each municipality. In this context, a SUAS program might for example, be a time-limited initiative aimed at the insertion of adolescents in the job market, complementing the social protection service for adolescents in compliance with a socio-educational measure.

Two of the most significant and long-standing SUAS programs are the Program for the Eradication of Child Labor (PETI) and the Happy Child Program (PCF). Among SUAS benefits, the Occasional Benefits modality stands out as a temporary support for people in vulnerability.

5.1 The Child Labor Eradication Program - PETI

Created in 1996, PETI originally included actions to prevent and fight against child labor. In order to achieve such goals, the program provided a monetary benefit for families who removed their children from child labor situations (the PETI Scholarship). In 2005, PETI was integrated into the Bolsa Família Program, prioritizing families facing child labor situations.

In 2014, the program was redesigned into the Strategic Actions for PETI (AEPETI), strengthening income transfer mechanisms through Bolsa Família and enhancing social work with families through the Protection and Specialized Care Service for Families and Individuals (PAEFI).

The reorganization of socio-assistance services aimed to improve support for children, adolescents, and their families affected by child labor, expanding the number of municipalities offering the Service for Community Living and Strengthening Bonds (SCFV). Within this framework, AEPETI began operating across the following key areas (GoB, Min. Social Development, 2014a; Alberto et al. 2019; GoB, Min. Citizenship 2020c):

- i. Information and mobilization of society
- ii. Identification
- iii. Social protection
- iv. Advocacy and Accountability Support
- v. Monitoring.

PETI is co-financed by the federal government, focusing on states and municipalities where child labor is more prevalent, according to the most recent Census. Priority was given to States and municipalities that presented more than 400 cases of child labor in the 2010 Census or that had an increase of 200 cases between the 2000 and 2010 IBGE Census. As a result, AEPETI concentrated its efforts on 1,913 municipalities that accounted for 80% of child labor in Brazil in 2010 (GoB, Min. Social Development, 2014a; Alberto et al. 2019; GoB, Min. Citizenship 2020c; WWP 2015c).

In 2014, 1,032 municipalities and 27 states received federal government's co-financing for AEPETI. Since 2020, however, AEPETI has been fully financed by state and municipal governments, with no disbursements from the federal government during this period. Currently, the program is undergoing evaluation through a partnership between the Ministry of Social Development (MDS) and the International Labour Organization (ILO).

Box 18. How does it work in practice? Example of implementation of PETI in the municipality of Estância – SE

The municipality of Estância – SE, set intersectoral strategic actions for the Eradication of Child Labor. Interventions are focused on assisting children and adolescents involved in different activities, such as carrying groceries or collecting waste in landfills for recycling.

Every Sunday, municipal secretariats from different social sectors (such as social assistance and education) take turns carrying out socio-educational, artistic and cultural activities with the children and teenagers where they are engaging in labor activities. These actions help to guarantee community life, offer new perspectives, in addition to protect the rights of children/ adolescents and their families.

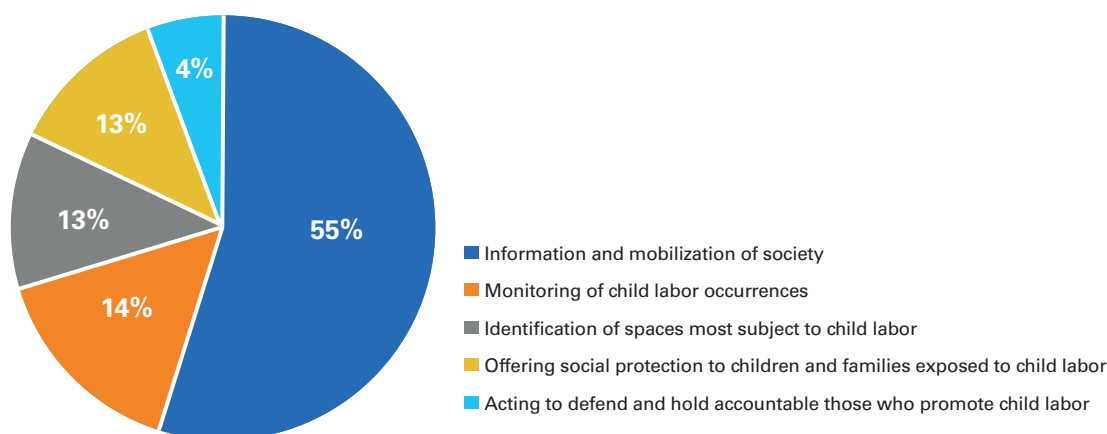
The demands identified for family monitoring are registered by CREAS and the Municipal Coordination of PETI. Referrals and coordination with the network of schools in the territory and referral of adolescents and youth to productive inclusion activities (such as 15 adolescents and youth included in the Municipal Young Apprentice Program) are also carried out.

The initiative benefits about 100 beneficiaries monthly, among children and adolescents.

Source: Elaboration of the authors based on personal communications and communication material from the City Hall of Estância – SE (2022).

Despite of funding challenges faced since 2020, AEPETI recorded 16,209 activities in 2021. As illustrated in Figure 15, there is a focus on the provision of information and society mobilization. It is worth noting that, the area focused on holding those who promote child labor accountable had the fewest recorded actions within the scope of AEPETI.

Figure 14 – Distribution of AEPETI activities according to the structuring axes of the initiative.



Source: Elaboration of the authors based on data extracted from (GoB, Min. Citizenship, 2022d).

Box 19. How does it work in practice? Example of implementation of PETI in the state of Pernambuco

In the state of Pernambuco, one of the ways PETI is operationalized is through the initiative called “Legal Beach Program.” The initiative implements social approach actions to promote prevention and elimination of child labor in the coastal area of the state. The partnership is between the Pernambuco State Social Assistance Secretariat and the 14 Municipal Social Assistance Secretariats in the coastal area (Recife, Olinda, Jaboatão dos Guararapes, Cabo de Santo Agostinho, Ipojuca, Itapissuma, Sirinhanhém, Goiana, Barreiros, Tamandaré and São José da Coroa Grande) and the island of Fernando de Noronha.

The Pernambuco state government is responsible for: a) providing technical support to the municipal teams by providing training on social approach and the identification of child labor; b) preparing graphic pieces for the campaign and making posters, pamphlets, stickers, spots, cards, car trash bags, promotional paper fans, T-shirts and caps for dissemination and awareness-raising to be used by the municipal teams; c) liaising with the Municipal Social Assistance Secretariats to make the necessary referrals in cases where child labor has been identified; d) liaising with the Regional Superintendence of Labor and Employment (SRTE) to receive inspection requests regarding people and establishments that use child labor; and e) publicizing the project in the media.

The municipalities executing the program must: a) have their own municipal team to carry out actions at the local level and coordinate social protection policies for children and adolescents; b) conduct prevention and coordination activities, using campaign materials to raise awareness among merchants, bathers, street workers, tourists, and hotels about the harms of child labor and reporting channels; c) identify and map points where child labor occurs, in addition to socio-territorial diagnoses on the beaches, subsequently recording the occurrences in the appropriate information systems; and d) promote the Guardianship Council’s work with families, facilitate inclusion in social assistance networks and other public policies, and support intermediate learning activities.

In the context of the state's implementation of PETI, it is worth highlighting the meritorious experience in Recife, Pernambuco's capital. The municipality carries out actions to combat child labor, especially during major local events, such as Carnival and the São João Festival. One of the strategies is a temporary infrastructure called "protection spaces" to offer socio-educational activities to children and adolescents during the events. This initiative helps to reduce/avoid child labor. In 2021, 224 children and adolescents were assisted, of which 33 were children between 0 to 6 years old.

Source: Elaboration of the authors from personal communications together with the governments of the state of Pernambuco and with the City of Recife.

5.2. Happy Child / Early Childhood Program of SUAS (PCF)

The program consists of a set of structured actions that contribute to early childhood cognitive development following the UNICEF and WHO Care for Child Development (CCD) protocol and the World Health Organization (WHO). This protocol includes a series of activities and health practices to be integrated into the family routine, such as reading and other initiatives that support child psychomotor development (GoB, Min. Citizenship, 2020d; GoB, Min. Social Development, 2018b; WWP, 2017c; 2016).

PCF has a dimension of integration into other SUAS social assistance services to promote the internalization of these practices by families with children in their early childhood. The Program is mainly characterized by a protocol of regularly structured visits to homes with pregnant women and children from 0 to 36 months (and in some cases 72 months).

Visits are guided by a Visit Plan, which identifies each family's priorities and sets goals for their periodic realization done by a trained professional. In addition to supporting and monitoring integral child development, the visits also facilitate parental engagement, mediate access for children and their families to necessary public policies and services, and contribute to the integration, expansion, and strengthening of public policies aimed at this age group.

PCF is operationalized through CRAS, which trains and instructs the performance of visitors specifically hired to make visits structured by governments. The recommendation is that structured visits take place on a weekly basis, whenever possible.

The federal government's resources allocated to the program must be sufficient to cover team costs according to a table that defines the relationship between team size and composition, according to the number of people to be monitored. Additionally, there is a provision for transfers equivalent to R\$ 75.00 per month for each beneficiary receiving structured visits.



Box 20. How does it work in practice? Example of implementation of PCF in the municipality of Ananindeua – PA

In Ananindeua – Pará, the Happy Child Program is being developed in all 10 Social Assistance Reference Centers, reaching the entire territory of the municipality, including islands, quilombola communities and the migrant population of the Warao ethnic group. The on-site PCF has a team composed of 31 visitors and 4 supervisors, carrying out activities involving the theme of early childhood in coordination with the intersectoral network of the municipality.

In June 2022, the Mãe Ananin program was created, to integrate PCF activities with services offered under PAIF and SCFV. The monitoring of the beneficiaries of Mãe Ananin with CRAS occurs through PAIF (Protection and Integral Support Service to the Family) and complementary services such as the Service for Community Living and Strengthening of Bonds (SCFV). The SCFV's main objective is to work with families promoting cultural exchange, socialization, and community engagement. To achieve its objectives, PCF relies on the relationship between different bodies, including Guardianship Councils, Children's and Adolescents' Rights Councils, Basic Health Units (UBS), Maternity Hospitals, Psychosocial Care Centers (CAPS), among other bodies that make up the Rights Guarantee System.

Source: Elaboration of the authors from personal communications with the City Hall of Ananindeua - PA.

PCF activities should be primarily implemented at the home of the beneficiaries, but there is coordination with other SUAS services and active searches that may include collective programs in public spaces.

Priority for structured visits is given to families benefiting from PBF and BPC, as well as those under protective measures determined by the judiciary. However, any family registered in the Single Registry with pregnant women or children from 0 to 36 months is also eligible on a non-priority basis. Families benefiting from BPC or under protective measures receive care until the child turns 72 months old.

CNAS Resolution No. 07, of May 22, 2017, characterizes as eligible for the program the municipalities that:

1. Have a Social Assistance Reference Center
2. Have at least 140 individuals from the Program's priority population.

At the level of individuals and families, the following are eligible:

1. Pregnant women, children up to 36 months and their families registered in the Single Registry for Social Programs of the federal government.
2. Children up to 72 months old and their families who receive the Continuous Cash Benefit (BPC).
3. Children up to 72 months old away from their families due to the application of a protection measure provided for in art. 101, main provision, items VII and VIII, of Law No. 8.069, of July 13, 1990, and their families.

State and municipal governments are required to formally join the program. Additionally, they must establish management committees with a designated coordinator responsible for agreeing on targets and financial contributions. Qualified SUAS professionals act as supervisors responsible for visiting teams hired by the city hall and subject to standard program training (GoB, Min. Citizenship, 2020d; GoB, Min. Social Development, 2018b; WWP, 2017c; 2016).

Of Brazil's 5,570 municipalities, 4,278 are eligible for PCF (SNAS/MDS)⁷. Since January 2019, a total of 3,014 (e-PCF/MDS) municipalities have joined the program, providing the individual coverage outlined in Table 2, with an average of 3.7 monthly visits per beneficiary.

In 2023, the program visited a monthly average of 460 thousand children and 36 thousand pregnant women in 2,998 municipalities. Since its creation, about 1.7 million children have been assisted and 100 million visits have been made.

Table 2. PCF coverage. Individuals benefited from the structured visits and number of visits carried out each year. Brazil, 2018-22

Year	2018	2019	2020	2021	2022
A) Average number of children visited	-	-	-	395.672	440.631
B) Average number of pregnant women visited	-	-	-	40.124	41.654
C) Average number of beneficiaries visited (A+B)	-	-	-	435.796	482.285
D) Average number of visits made per child	682.504	1.169.837	1.265.864	1.521.786	1.692.906
E) Average number of visits per pregnant woman	27.942	37.726	37.371	56.707	82.084
F) Average number of visits made (D+E)	710.447	1.207.563	1.303.234	1.578.494	1.774.990

Source: Elaboration of the authors based on data from (GoB, Min. Social Development, 2022i) for A), B) and C), and (GoB, Min. Social Development, 2022o) to D), E) and F).

According to a qualitative analysis commissioned by the Ministry of Social Development and Assistance, Family and Fight against Hunger (2022c), the program has desirable effects by improving family ties, providing information on rights, services and public programs. In addition, it was found that the program effectively increased the access of beneficiary families to these initiatives. The study also highlights families' continued engagement with other CRAS services once the child exceeds the maximum age for PCF.

Complementarily, a study by Buccini, Venancio and Pérez-Escamilla (2021) highlights that the program operates in an environment of broad political support, adequate regulation and alignment with other SUAS services. There is also a positive perception of the program among the beneficiary families.

In another study, Montoya, Silvestre and Souto (2018) identified that 89.22% of municipalities in the Northeast adhered to PCF; 70.79% in the North; 39.67% in the Midwest; 38.86% in the Southeast; and 13.26% in the South. The study also points out that more than 90% of PCF coordinators at the municipal level are professionals who already work in Social Assistance. Based on a questionnaire completed by program operators, it is understood that the allocation of resources is quite satisfactory for structured visit activities, coordination with Basic Health Units, daycare centers and preschools. However, this approach was seen as either regular or unsatisfactory in terms of coordination with cultural institutions, Guardianship Councils, and rights councils. The level of satisfaction with the PCF's coordination with these areas follows a similar pattern.

⁷ The eligibility of municipalities is calculated from the total of the priority public available in the CadÚnico, BPC and SICON databases.

Box 21. How does it work in practice? Example of implementation of PCF in the municipality of Recife - PE

In Recife – PE, PCF is offered as part of an integrated service package known as Early Childhood in SUAS. PCF activities cover about 783 families per month. In 2022, 28,351 visits were made, totaling 1,193 children, 217 pregnant women and 1,267 families followed up by December/2022. Currently, this program covers a total of six of the municipality's 14 CRAS centers. Activities include weekly home visits, as well as socialization sessions with pregnant women and families, covering topics such as first aid, healthy eating, storytelling moments, Shantala massage workshops and toy-making using recycled material. The program is foreseen in the Recife's Decennial Early Childhood Plan (2020–2030). To improve actions monitoring, the municipality developed its own tool called the Monthly Record of Early Childhood Care (RMA). This tool collects data, on the number of visits per month, family profiles, the presence of migrants, people with disabilities, as well as the referrals made in each case.

Source: Elaboration of the authors based on personal communications and communication material from the City Hall of Recife (2020).

In 2023, the federal government initiated a process to reorganize the program, establishing the Early Childhood in SUAS Technical Chamber. This initiative aims to improve and enhance the delivery of home visits in communities, integrating them with other services provided by social assistance policies in CRAS and CREAS. The chamber includes representatives from the Brazilian National Council of Municipal Social Assistance Managers (CONGEMAS), the Brazilian Forum of State Secretaries of Social Assistance (FONSEAS), MDS technical staff and representatives of Foundations engaged with this topic.

With the publication of CNAS/MDS Resolution No. 117 on the 28th of August of 2023, the reorganization of the program was approved, along with guidelines for its transition into a Service formally classified within the Unified Social Assistance System (SUAS). The resolution also outlines the steps for this process, including aligning SUAS's role with public policies for early childhood.

5.3. Occasional Benefits of SUAS

The Occasional Benefits involve the direct transfers of goods, services, or monetary benefit (in cash) to the population, according to the available budget and context specificities.

These benefits should be provided temporarily to prevent and address short-term vulnerabilities resulting from events such as births, deaths, public disasters, and other exceptional circumstances. (GoB, Min. Social Development, 2018a; GESUAS, 2021; GoB, Min. Citizenship, 2021b).

According to Federal Law No. 8.742/1993 (which regulates Social Assistance and other measures), the regulation, financing, management, and offer of occasional benefits fall under the responsibility of the municipalities and the Federal District (DF), with co-financing and technical support from the state governments. The Federal Government's primary role is to establish general regulations, provide guidance and support to states, municipalities, and the Federal District regarding the governance and delivery of these benefits. While local governments regulate Occasional Benefits, the Municipal Council of Social Assistance determines the eligibility criteria and timelines for their distribution.

Although municipalities decide how to provide this benefit based on local needs, national regulations

specify certain restrictions. For example, municipalities may offer maternity kits for newborns, but health-related items cannot be included, as these fall under the responsibility of the health sector. Similarly, in general, these benefits cannot be used to cover transportation costs for accessing public goods or services. However, in extraordinary cases – such as extreme geographical isolation or migratory flows, for example, exemptions may be justified. Housing subsidies, for example, may be extended beyond the usual temporary period (GoB, Min. Social Development, 2018a; GESUAS, 2021; GoB, Min. Citizenship, 2021b).

Each municipality has the autonomy to define its own priority population. Until 2011, there was a requirement to limit the offer of benefits to $\frac{1}{4}$ of the minimum wage (MW), but since then this requirement has ceased to apply, and all that remains is for municipal management to rely on the following instruments to prioritize the offer:

- Principles of the Brazilian Social Assistance Policy - PNAS and Occasional Benefits.
- Situations that require protection.
- Social Security provided by SUAS.
- Social data and indicators of Social-assistance Surveillance and other databases.
- General information about the families in the Single Registry (family income, place of residence, employability, etc.).

Benefits may vary based on the decisions of each municipality's social assistance council. Delivery methods also vary, with benefits provided at social assistance facilities or directly to beneficiaries' homes. Cash benefits can be delivered to welfare centers, as checks or vouchers, or transferred to beneficiaries' bank accounts.



UNICEF/BRZ/Benevides

6. Main programs offered by the federal government

The Federal Government also offers a set of actions directly, beyond those offered by SUAS, which are shared and co-financed by the Federal Government and other federative entities. Among these initiatives, the country's main national cash transfer programs stand out, such as the Continuous Cash Benefit and the Bolsa Família Program.

In addition to these cash transfers, structured procurement programs for family farming products and their subsequent public distribution (the Food Acquisition Program/Alimenta Brasil Program) are also noteworthy.

There is also the Cisterns Program, that provides cisterns to ensure access to water in regions lacking regular treated water networks and affected by recurring droughts. Furthermore, at the federal level, but with significant impact on specific states and municipalities, is the Operation Welcome (OA) initiative. It focuses on supporting Venezuelan migrants and refugees, bridging regular social assistance policies with more humanitarian efforts.

6.1. Bolsa Família Program (PBF)

Launched in October 2003, the Bolsa Família Program has operated for 18 years as a conditional cash transfer for extremely poor families and those with children. A basic benefit was provided to extremely poor families, with amounts varying according to household composition (aimed at children, adolescents, pregnant women and nursing mothers). Since 2012, a benefit was introduced that covered the remaining poverty gap after calculating the other benefits (L. H. Paiva, Cotta, and Barrientos, 2019; Osório and Soares, 2014; Lindert, Linder, and Hobbs, 2007).

Designed to contribute to the eradication of hunger and the interruption of the intergenerational poverty, PBF aims to promote the development and social protection of families, with an emphasis on children, adolescents and young people living in poverty.

In this sense, the program contributes to an intersectoral approach to development, integrating social assistance actions through close links with SUAS and CadÚnico – as well as health and education, through conditionalities related to prenatal care, compliance with the national vaccination calendar, monitoring of nutritional status (for beneficiaries up to seven years of age incomplete), and school attendance.

PBF is managed in a decentralized and shared manner, through the combination of efforts between the Federal Government, the States, the Federal District and the municipalities. These entities are active partners and co-responsible for the formulation, implementation, and oversight of the program

Municipal adherence to the PBF is facilitated through the Bolsa Família Program Management System (SIGPBF), a digital tool for municipal managers, coordinators and technicians involved in the program's administration. This system provides updated team data, monitors adherence information, and offers support tools for decentralized management, including access to systems such as the Conditionality System (SICON).

SIGPBF allows public managers to analyze the development of PBF and the Single Registry, plan and propose actions to qualify the Program in the territory and address implementation challenges.

One of the Federal Government's roles in the decentralized management of the Bolsa Família Program is to provide financial support to municipalities for effective program management. Funds are transferred through the Municipal Decentralized Management Index and the Single Registry.

The Municipal Decentralized Management Index (IGD-M) is an indicator used to assess municipal management performance, determining the amount of financial resources allocated to each municipality. The indicator considers the registration update rate of CadÚnico and the follow-up rates of the Education and Health conditionalities of the Program beneficiaries. The better the rates, the higher the municipality's performance and the greater the funding it receives. The resource is transferred monthly from the Social Assistance Fund (FNAS) to the Municipal Social Assistance Fund (FMAS) and must be applied for purposes related to the management and operation of PBF or CadÚnico. Annually, the Manager must access the electronic accountability system made available by MDS to fill out the information related to the execution of the resources. The Municipal Council of Social Assistance (social control body) is responsible for analyzing and approving the accounts. If the accounts are not approved, the municipality may have to reimburse the Municipal Social Assistance Fund.

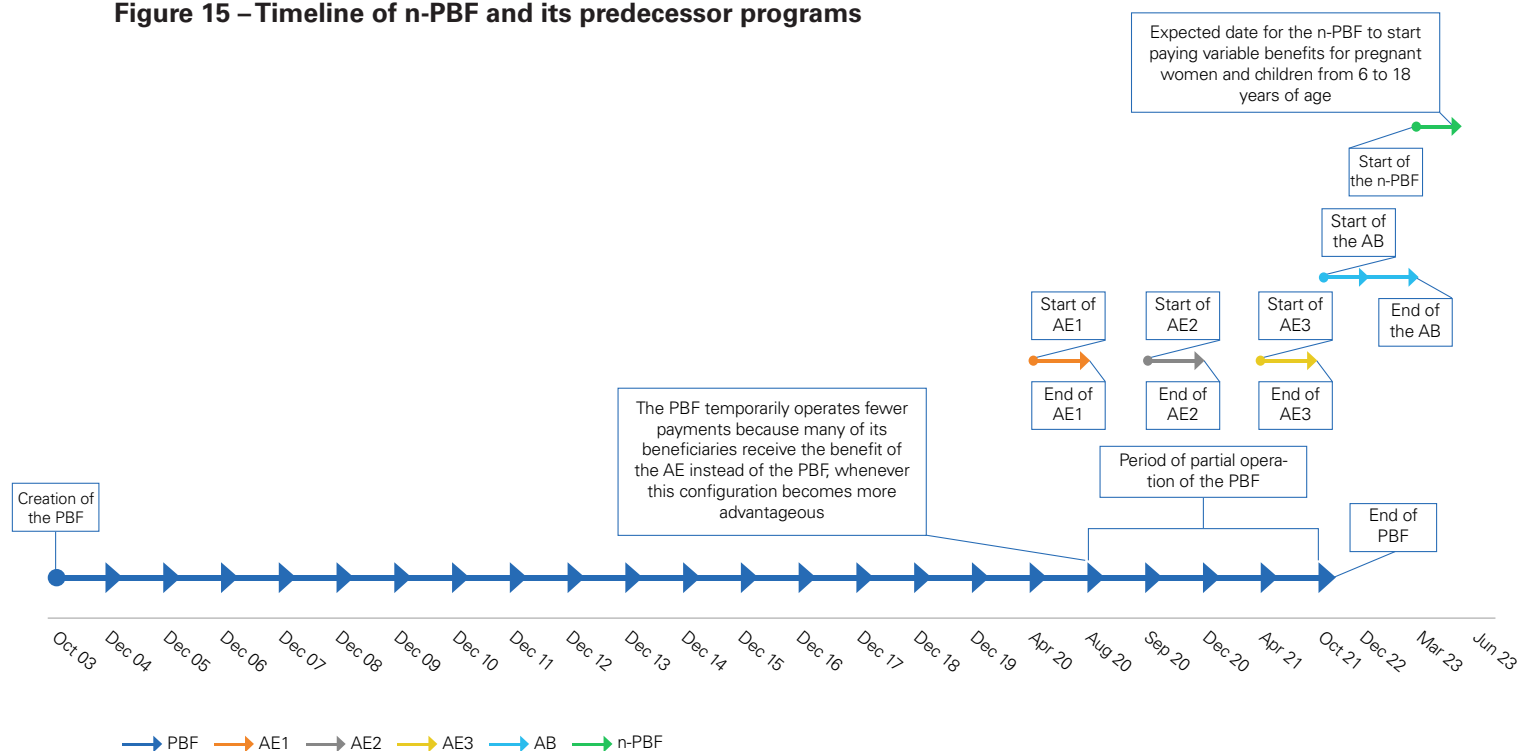
As highlighted in [another text](#) in this series specifically dedicated to PBF (UNICEF 2023d), the program has undergone several changes since its inception, even being formally discontinued when replaced by the Brazil Aid Program (AB) in October 2021 (Falcão 2022; GoB, IPEA, 2022). In March 2023, however, AB was replaced by the new Bolsa Família Program (referred to here as n-PBF to differentiate it from PBF that operated between 2003 and 2021) (GoB, Min. Social Development 2023d).

Between 2003 and 2018, changes to PBF were primarily focused on gradual improvements to its structure. Between 2020 and 2021, however, the federal government launched the Emergency Aid Program (AE), a temporary individual benefit aimed at mitigating the socioeconomic effects of the Covid-19 pandemic.

The AE program, implemented in three phases over 16 months from April 2020 to October 2021, initially offered individual benefits nearly three times higher than the average PBF benefit. However, this amount was significantly reduced in each subsequent phase.

The AE benefit replaced the PBF benefit whenever it was more favorable to families. Therefore, the PBF ended up operating on a very small scale during that period. Certain program requirements, such as compliance with conditionalities and the biennial recertification in the Single Registry (which determines PBF eligibility), were also temporarily suspended. These measures were intentionally implemented to prevent vulnerable populations from losing access to benefits amid the COVID-19 crisis (P. Arruda et al. 2021).



Figure 15 – Timeline of n-PBF and its predecessor programs

Source: Elaboration of the authors.

Between October 2021 and March 2022 PBF was discontinued and replaced with the Brazil Aid Program. Although, in theory, the Brazil Aid Program maintained much of the PBF structure, in practice it operated quite differently. To maintain the higher benefit level from the AE's most generous stage, the AB introduced a supplementary benefit, ensuring no family received less than R\$ 600.00/month—nearly three times the average PBF benefit before the pandemic. – (Falcão, 2022). However, the AB ended up offering a fixed benefit of R\$ 600.00, regardless of whether the family consisted of an adult with two children or a single-person family, for example. In practice, this operational format compromised the equity of the program, as per capita income became very different. This generated incentives to omit family ties and other information that ended up strongly compromising the quality of the Single Registry, the main tool for identifying eligible people to PBF and other Brazilian social policies. This effect was also aggravated by the de-financing of SUAS, responsible for supplying the Single Registry (State of São Paulo, 2023; Government Transition Office, 2022).

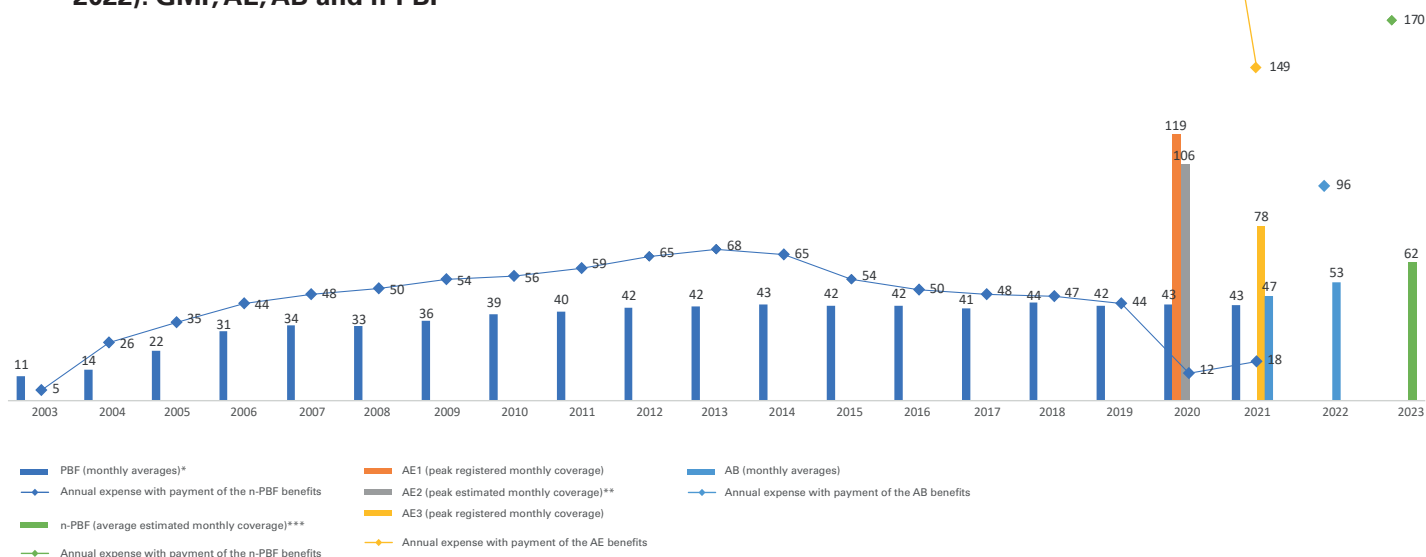
Launched in March 2023, the n-PBF provides a monthly benefit of R\$ 600.00, with additional amounts based on family composition. The program also includes strategic actions to strengthen SUAS and encourage families to update their registration with the Single Registry.⁸

With the relaunch of PBF (n-PBF launch), the program starts to operate at the most generous levels of benefits introduced by the AE and the AB. However, it operates with additional benefits according to the family composition and through a more integrated operation with SUAS. This dynamic helps to rehabilitate the quality of the Single Registry and encourages beneficiaries to access other public policies and services (GoB, Min. Social Development, 2023d).

⁸Two important ordinances in this context were MDS Ordinance No. 871, of March 29, 2023, and MDS Ordinance No. 995, of June 18, 2024, which regulate the actions of the Emergency Strengthening Program for the Single Registry Service in the Unified Social Assistance System (PROCAD SUAS)..

Tables 3, 4, 5 and 6, at the end of this chapter, detail the characteristics of each of these four cash transfer programs (PBF, AE, AB and n-PBF). These programs are presented here in an integrated manner to reflect the fact that the AE influenced the replacement of PBF by the AB, and to highlight some of the challenges that motivated the replacement of the AB by the n-PBF.

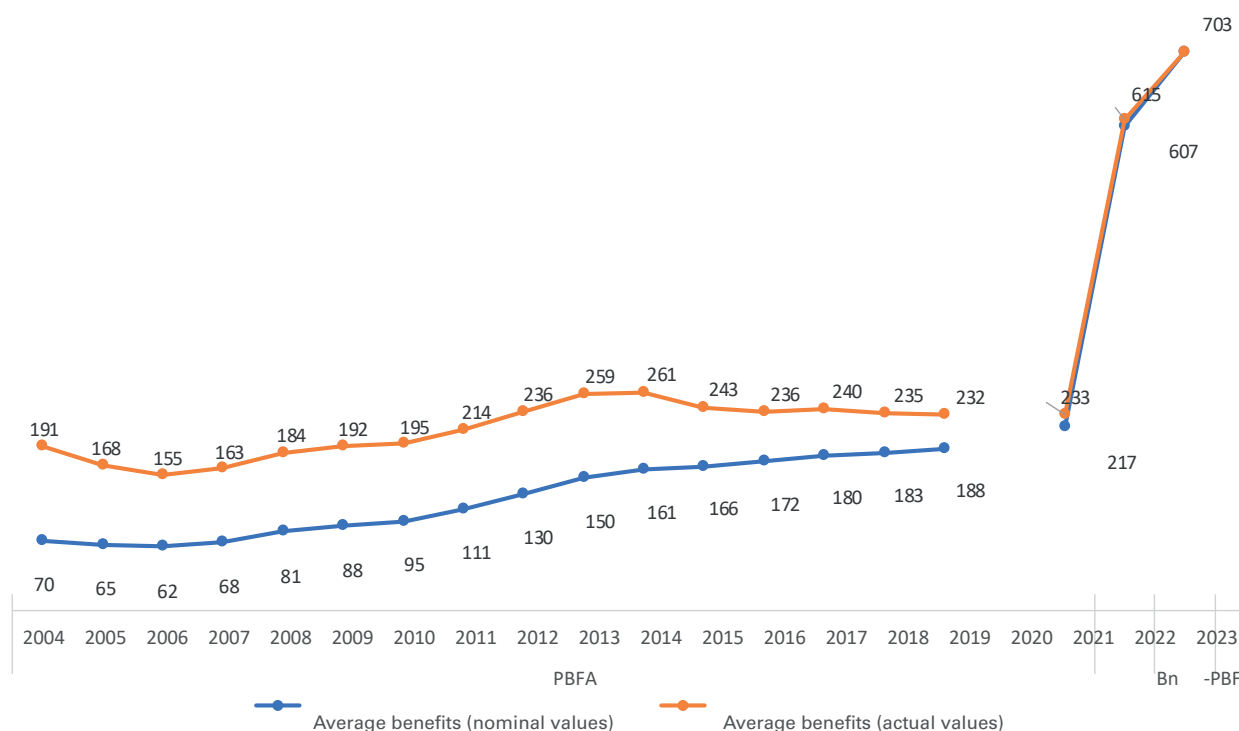
Figure 16 – Coverage (in millions of direct + indirect beneficiaries) vs total annual expenditure (in billions of BRL, real values as of December 2022). GMP, AE, AB and n-PBF



Source: Elaboration of the authors with data extracted from the following sources: (GoB, Min. Social Development, 2022q; 2022n; n.d.; P. Arruda et al. 2022; GoB, Min. Citizenship, 2022a; GoB, Min. Social Development 2022k; 2022m).

As seen in Figure 17, the only period in which PBF did not follow a growing trajectory in terms of its coverage and spending was between 2014 and 2019, marked by a fiscal and political crisis. And even in this period, however, the budgetary constraints limited growth rather than significantly reducing the program's coverage. As shown in Figure 18, the PBF's budget reduction between 2014 and 2019 impacted the real value of the average benefit, resulting in inflationary losses.

However, with the onset of the Covid-19 pandemic, despite the ongoing fiscal crisis since 2021, there was significant progress in the AE's coverage and budget (especially in the case of the AE1). With the discontinuation of the Emergency Aid Program, the Brazil Aid Program replaced the Bolsa Família Program. The coverage and financing levels of Brazil Aid were more generous than those of the Bolsa Família Program, but less generous than those of the AE3. Subsequently, n-PBF resumes a financing level closer to that of the AE3, although its coverage is still slightly below that of the AE3.

Figure 17 – Evolution of average benefits paid by the PBF, AB and n-PBF to beneficiary families (in real and nominal values)^a

Source: Elaboration of the authors based on (GoB, Min. Social Development, 2022q).

The original PBF (which operated until 2021) has been extensively evaluated. These outcomes were also the result of a policy that deliberately promoted access to information, facilitated by the sharing of de-identified extracts from the Single Registry (Cadastro Único) and through field research commissioned as part of the impact evaluation studies conducted by the MDS. (P. L. Arruda in press).

Studies by the Institute for Applied Economic Research, for example, highlight that the program was the most progressive cash program in Brazil between 2001 and 2011 (IPEA, 2012). It accounted for more than 1/3 of the reduction in national poverty the prevalence in its first 15 years (de Souza et al. 2019) and contributed to a decrease of more than 15 points per capita in the Gini of Brazilian income (Hoffmann, 2014). In addition, the impact assessment commissioned by MDS and carried out by the Center for Regional Development and Planning of the School of Economic Sciences of the Federal University of Minas Gerais (CEDEPLAR-UFMG) revealed desirable impacts on household consumption, employment rates, school attendance and progression and women's bargaining power within their families (Jannuzzi and Pinto, 2013; GoB, Min. Social Development, 2012; 2007).

Among notable studies, a publication in The Lancet indicated effects on the improvement of several health indicators, including the mortality rate of children under 5 (five) (Rasella et al. 2013). In addition, IPEA strongly reject claims of adverse effects on labor supply (L. F. B. de Oliveira and Soares, 2012) and academic studies also dismiss unwanted effects on fertility rates (Simões and Soares, 2012). Other findings suggest favorable macroeconomic effects, including an increase in GDP and per capita income in municipalities (Menezes-Filho, Denes, and Komatsu, 2018) and a rate of return to the economy of R\$ 1.78 for every R\$ 1 spent by the program (Neri, Vaz, and de Souza, 2013). Other effects include a more intense impact on girls' education (de Brauw et al. 2014) and even a reduction in homicide rates, with a more intense effect on the reduction of cases of domestic violence perpetrated against girls and women (Perova, Reynolds, and Schmutte, 2021).

Table 3. Summary of the characteristics of the n-PBF and its predecessors. Period of existence, eligibility rule, and beneficiary selection process

	PBF	AE	AB	n-PBF
Period of existence	October 2003 to October 2021.	<ul style="list-style-type: none"> • AE1 – April 2020 to August 2020 • AE2 – September to December 2020 • AE3 – April to October 2021 	November 2021 to February 2023.	March 2023 onwards.
Beneficiary selection process	<ul style="list-style-type: none"> • Families with Per Capita Family Income (RFPC) that characterize them as being poor or extremely poor. • In nominal values, the poverty and extreme poverty lines were, respectively, R\$ 100.00 and R\$ 50.00. Over successive increases over the years, however, these thresholds eventually doubled by 2021. 	<ul style="list-style-type: none"> • AE1 and AE2 – up to two beneficiaries per family with Per Capita Family Income of ½ Minimum Wage (MW) or Total Family Income of up to three MWs. In 2020, the MW was R\$ 1,039.00. • AE3 – maximum of one beneficiary per family with Per Capita Family Income of ½ Minimum Wage (MW) and Total Family Income of up to three MWs. • There was also a set of rules that defined ineligibility of those who participated in the pension system or had assets defined as inconsistent with the program's income thresholds. 	<ul style="list-style-type: none"> • Families with Per Capita Family Income that characterize them as poor (R\$ 210.00) or extremely poor (R\$ 105.00). • Beneficiary families of the PBF on its closure date were assigned as beneficiaries of the AB even in cases where they did not meet the new eligibility rules, as long as they did not violate the AB's rules of permanence. 	<ul style="list-style-type: none"> • Families with Per Capita Family Income of up to R\$ 218.00 per month. • Beneficiary families of the AB on its closure date were assigned to beneficiaries of the n-PBF even in residual cases where they do not fall under the new eligibility rules, if they do not violate the rules for receiving n-PBF.
Beneficiary selection process	<ul style="list-style-type: none"> • The Heads of Household of interested families must have a valid registration with the Single Registry. By 2020, the Heads of Household should express interest to subnational governments and SUAS service stations. After that, selection is done automatically, with no need to express an interest. • The ministry managing the program selects eligible families based on information from the self-declaratory Single Registry. • Both the registration in the Single Registry and the request for admission to PBF and their selection are made continuously, to the extent of the program's budgetary possibilities, with prioritization of vulnerable groups and beneficiary quotas according to poverty estimates at the municipal level, based on the Census. 	<ul style="list-style-type: none"> • The selection was carried out by DATAPREV automatically with families who had valid registrations in the Single Registry until April 2, 2020. • For people who were not previously registered in the Single Registry until April 2, 2020, an application was made available to request the benefit, developed and managed by CAIXA. Eligible candidates, however, were selected by DATAPREV. • The AE1 request per application operated between April and July 2020. And the other phases of the program selected those eligible among the target population that continued receiving without interruptions during the previous stages of the program. • DATAPREV had access to a large administrative data set (including data related to social security and employment which has been operating within the scope of Brazil's contributory pension system, the INSS) and already validated the information declared upon selection. 	<ul style="list-style-type: none"> • The selection took place automatically by DATAPREV with the valid records of the Single Registry (but the exercise of removing beneficiaries with invalid registration with the Single Registry was successively postponed). • The validation of information in the Single Registry follows the original PBF protocol, occurring as part of the permanence criteria, not during beneficiary selection. 	<ul style="list-style-type: none"> • Selection was done automatically by CAIXA using valid Single Registry records, (the n-PBF was launched alongside the Emergency Strengthening Program – PROCAD, to debug inclusion errors). • Information declared to the Single Registry continues to be validated only as part of the protection rule and not in the act of selecting beneficiaries.

Table 4. Summary of the characteristics of the n-PBF and its predecessors. Rule of permanence and conditionalities

	PBF	AE	AB	n-PBF
Rule for remaining	<ul style="list-style-type: none"> Since 2005, the self-declared information used for eligibility selection is annually verified against administrative records held by the managing ministry. Beneficiaries with contested information may be investigated by subnational governments and SUAS and removed from the program if non-compliance is confirmed. Since 2009, the program allows beneficiaries whose Per Capita Family Income exceeds the eligibility threshold to remain in the program up to a maximum limit of ½ MW. 	<ul style="list-style-type: none"> Self-declared information is validated upon selection and, for the AE2 and the AE3, every month as well, with the exclusion of beneficiaries identified as ineligible for the program from this routine. There is no tolerance for variations in income above program eligibility thresholds. 	<ul style="list-style-type: none"> Annually, the self-declared eligibility information is verified against administrative records held by DATAPREV (among them, labor and social security records take priority). Beneficiaries whose self-declared information is contested by this exercise are subject to investigation by subnational governments and SUAS and may be removed from the program if non-compliance is confirmed. The program allows for permanence of beneficiaries whose Per Capita Family Income exceeds the eligibility threshold by up to 2.5 times the program's poverty line. 	<ul style="list-style-type: none"> Annually, the self-declared eligibility information is verified against administrative records held by DATAPREV (among them, labor and social security records take priority). Beneficiaries whose self-declared information is contested by this exercise are subject to investigation by subnational governments and SUAS and may be removed from the program if non-compliance is confirmed. The program allows for permanence of beneficiaries whose Per Capita Family Income exceeds the eligibility threshold by up to a maximum limit of ½ MW. However, this group receives only half of the full amount to which they would be entitled if their income were below the program's eligibility thresholds.
Conditionalities	<p>In the area of education:</p> <ul style="list-style-type: none"> Minimum attendance of 85% for children 6-15 years of age. Minimum attendance of 75% for children 16-17 years of age. <p>In healthcare:</p> <ul style="list-style-type: none"> Observance of the health calendar (including vaccination calendar and monitoring of nutritional status) for children up to 7 years of age incomplete. Prenatal care for pregnant women. 	N/A.	<p>In the area of education:</p> <ul style="list-style-type: none"> Minimum attendance of 60% for children aged 4 to 6 years. Minimum attendance of 75% for children aged 6 to 17 years and adolescents and youth between 18 and 21 years old who receive variable benefit and have not yet completed basic education. <p>In healthcare:</p> <ul style="list-style-type: none"> Observance of the health calendar (including vaccination calendar and monitoring of nutritional status) for children up to 7 years old. Prenatal care for pregnant women. 	<p>In the area of education:</p> <ul style="list-style-type: none"> Minimum attendance of 60% for children aged 4 to 6 years. Minimum attendance of 75% for children aged 6 to 18 years who have not completed basic education. <p>In healthcare:</p> <ul style="list-style-type: none"> Observance of the health calendar (including vaccination calendar and monitoring of nutritional status) for children up to 7 years old. Prenatal care for pregnant women.



Table 5. Summary of the characteristics of the n-PBF and its predecessors. Benefit formula

	PBF	AE	AB	n-PBF
Benefit formula	<p>In its last format, in October 2021, the program offered a Basic Benefit of R\$ 100.00 per month for extremely poor families (indexed to the program's extreme poverty line). In addition, both poor and extremely poor families received up to 5 variable benefits per child, adolescents and youth (16 to 17 years) and pregnant and/or nursing women. Children, pregnant women and nursing mothers received an additional R\$ 49.00 per month, and adolescents and youth received an additional R\$ 57.00 per month. Finally, there was the Overcoming Extreme Poverty Benefit, which supplemented the above benefits with the amount necessary for families to be lifted from the extreme poverty line.</p>	<ul style="list-style-type: none"> • The AE1 offered 5 payments of R\$ 600.00 per individual beneficiary, with a maximum of two beneficiaries per family, and single-parent families headed by mothers were entitled to double the benefits. • The AE2 offered up to 4 monthly payments of R\$ 300.00 per beneficiary, with a maximum of two beneficiaries per family. Single-parent families headed by mothers were entitled to double benefits, but in these cases another family member could not receive the benefit. • The AE3 offered a base benefit of R\$ 250.00 per month for only one beneficiary per family. Single-parent families headed by mothers received an additional R\$ 125.00 per month, while beneficiaries in single-person families without children received a smaller benefit of only R\$ 150.00 per month. 	<p>In its design, the program had a variable benefit structure, which offered R\$ 130.00 per month per child up to 36 months of age and an additional R\$ 65.00 per month per pregnant woman, nursing mother, child, adolescents and adolescents and youth up to 21 years of age. There was also the Overcoming Extreme Poverty Benefit, which supplemented the above benefits with the amount necessary for no family to remain below the extreme poverty line. In addition, there was a Transition Compensatory Benefit (BCOMP) ensuring that beneficiaries of PBF continued to receive the amount previously paid by PBF when the new benefit formula adopted by the AB proved less favorable to them.</p> <p>In practice, however, there were two benefits, the Extraordinary Benefit (BEXT) and the Complementary Benefit (BC), which outweighed the variable benefits and caused the AB to operate as a fixed benefit program. BEXT offered a complement to variable benefits, ensuring that no family received less than R\$ 400.00 per month, while BC offered another R\$ 200.00 per month per family. Both benefits were originally planned to have a temporary duration, but ended up being extended until the end of the program.</p> <p>In addition to the benefits indicated above, there was a provision for "incentives for individual effort and emancipation", in the form of annual payments of R\$ 1,000.00 for families with children standing out in scientific or sports competitions, in addition to an additional R\$ 200.00 per month for families of small-scale farmers and family members who made available to the Feed Brazil Program (structured purchasing program with farmers and small-scale family farmers and food distribution) a production equivalent to at least 10% of that amount. These benefits were not paid on a large scale.</p>	<p>The program has variable benefits according to the package below:</p> <ul style="list-style-type: none"> • Citizenship Income Benefit (BRC), in the amount of R\$ 142.00 per month per family member, intended for all beneficiary families. • Complementary Benefit (BC), complementing the BRC to ensure that no family receives less than R\$ 600.00 per month. • Early Childhood Benefit (BPI), in the amount of R\$ 150.00 per child aged 0 to 7 years. • Family Variable Benefit (BVF), paid as of June 2023, in the amount of R\$ 50.00 per pregnant woman, children and adolescents between 7 and 18 years of age incomplete. <p>In addition, there is an Extraordinary Transition Benefit (BET), ensuring that beneficiaries from the AB continue to receive the amount previously paid by the AB when the new benefit formula adopted by n-PBF proves less favorable to them.</p> <p>The "individual effort and emancipation incentives" inherited from the AB will be paid for a period of one year and thereafter will be discontinued.</p>



Table 6. Summary of the characteristics of the n-PBF and its predecessors. Benefit payments, coverage, and budget

	PBF	AE	AB	n-PBF
Payment of the benefits	<ul style="list-style-type: none"> • Payment made by Caixa Econômica Federal (CAIXA, a public commercial bank with extensive national reach), at no cost to the beneficiaries. • Payment made to the CAIXA Fácil Savings Account or, for those who do not show interest in opening this account or do not have the necessary documentation for this, payment is made to the PBF Social Card, which only allows the full withdrawal of benefits each month with CAIXA and its affiliated network, with periodic reversal of amounts not withdrawn within a pre-established time window. • At the end of 2020, PBF's payments were made through a Digital Social Savings account (PSD, acronym in Portuguese), which was launched previously as a tool to receive the AE payment. 	<ul style="list-style-type: none"> • Payment made by CAIXA. • Automatic creation of a Digital Social Savings Account (PSD), similar to CAIXA Fácil only completely digital, including resources to make any transaction without the need for a physical card. • PBF beneficiaries continued to receive payments from their traditional means (CAIXA Fácil or Social Card) until PBF adopted the PSD and migrated those who had minimum documentation to open a PSD. 	<ul style="list-style-type: none"> • Payment made by CAIXA. • Payment made preferably via PSD, but payments via Social Card were maintained for the beneficiaries who did not have the minimum documentation to open the PSD account. 	<ul style="list-style-type: none"> • Payment made by CAIXA. • Payment made preferably via PSD, but maintaining payment via Social Card for beneficiaries who did not have the minimum documentation to open a PSD.
Coverage	The program benefited 14.6 million households (43 million people) in October 2022, when it was discontinued.	The AE had on average 50.7 million direct beneficiaries per month over its three phases, with peak coverage of 68.3 million direct beneficiaries during the AE1 (equivalent to 118.8 million direct and indirect beneficiaries), 56.8 million direct beneficiaries during the AE2 and 39.4 million direct beneficiaries during AE3.	The program reached a peak of 21.9 million families benefited in February 2023 (equivalent to 55.7 million individuals).	As of June 2023, the program covered 21.2 million households. In addition to the inclusion of new eligible beneficiaries due to the higher income line, there should be a lot of changes to fix inclusions and exclusions errors inherited from the previous program, estimated at about 1 million families.
Budget	In real amounts, the PBF spent R\$ 17 billion in 2021 (when many of its beneficiaries received the AE3 benefit instead of PBF's own benefit). In the last year before the AE was introduced, however, the PBF budget, in real values, reached R\$ 31 billion in 2019.	In real values: <ul style="list-style-type: none"> • The AE1 transferred a total of R\$ 286 billion to its beneficiaries. • The AE2 transferred R\$ 75 billion in benefits. • The AE3 transferred R\$ 66 billion in benefits. 	In real values, the program directed, between January and December 2022, R\$ 95 billion in benefit payments.	The 2023 LOAs transferred funds of up to R\$ 170 billion that can be used for n-PBF and other social expenditures.

Source: Elaboration of the authors based on the various bibliographic references cited throughout this chapter.

6.2. Continuous Cash Benefit (BPC)

Created in 1996 in response to the 1993 Organic Law on Social Assistance (LOAS, in Portuguese), BPC replaced the Lifetime Monthly Income (RMV, in Portuguese), which had provided cash transfers to elderly individuals aged 70+ and those permanently unable to work since 1974.

The program makes cash transfers directly from the Federal Government to beneficiaries' bank accounts, without requiring co-financing from local governments beyond the support provided by SUAS social

assistance teams in conducting outreach efforts and registering potential beneficiaries in the Single Registry. (P. Arruda et al. 2022; Bartholo et al. 2020; GoB, CGU, 2020; GoB, Min. Citizenship, 2022g; A. B. Paiva and Pinheiro, 2022).

BPC is a cash transfer of one minimum wage (R\$ 1,412.00 in 2024) for elderly individuals (65+) or persons with disabilities (PwD) facing long-term impairments (for at least two years) preventing them from full participation in society on an equal basis with others.

In addition, beneficiaries must have a per capita family income (RFPC) that does not exceed $\frac{1}{4}$ of the minimum wage (MW). There is a legal provision for the inclusion of beneficiaries with a Per Capita Family Income between one quarter and one half of the MW, as long as they present evidence of extreme poverty and vulnerability, as stipulated in §11 of Article 20 of LOAS. However, this provision remains pending regulation.

It should be noted that the Per Capita Family Income calculation, for BPC eligibility purposes does not include income of other family members from another BPC or social security benefit in the amount of up to one minimum wage. Nor are benefits from other cash transfer programs, such as PBF, occasional and temporary assistance benefits, or compensation for people with disabilities as apprentices or interns. Furthermore, deductions are applied for expenditures with medicines, medical consultations, treatments, diapers, and special food items.

The program is managed by the MDS and requires prior registration of interested parties in the Single Registry. The entire registration, validation, and eligibility analysis is conducted by decentralized units of the Ministry of Social Security (MPS)/Brazilian Institute of Social Security (INSS). This includes medical experts who conduct the evaluations.

Application Process for the BPC:

1. Eligible beneficiaries must have an up-to-date record in Single Registry (i.e., their registration must have been updated within the last two years and be in regular status).
2. Eligible beneficiaries must undergo an evaluation at the INSS, which will require documentation proving the age or health condition, as well as household composition.
3. Based on this service, the INSS sends the data of the applicants to DATAPREV;
4. DATAPREV validates the information and selects beneficiaries by cross-checking data from dozens of other administrative records. In parallel, the INSS performs social and medical evaluation of BPC – PwD applicants.
5. Beneficiaries are only selected at the end of this process, which takes an average of 194 days for the elderly and 475 for PwD (GoB, CGU, 2020).

Between 2019 and 2023, an average monthly coverage of 5 million beneficiaries, with annual transfers totaling an average of R\$ 67.4 billion reais (GoB, Min. Social Development, 2024a; 2024b). The relationship between BPC coverage and budget highlights the generosity of the benefit and suggests the policy's budgetary resilience, as it is considered a right and a mandatory budgetary expenditure, unaffected by macroeconomic fluctuations.

Although it is a cash transfer for the elderly and PwD, BPC has certain characteristics that benefit families with children and adolescents. Because its eligibility is based on the Per Capita Family Income, for example, BPC ends up prioritizing families with higher dependency rates, including those with children. Although BPC has not been subjected to many impact assessments on indirect effects on children and

adolescents, Reis and Camargo (2007) indicate that the program has desirable impacts on the school attendance among adolescents and youth aged 15 to 21 years.

For BPC-PwD beneficiaries, an intersectoral initiative known as "BPC – Escola" facilitates collaboration between SUAS social assistance teams and education professionals to support children's and adolescents' access to schooling (GoB, Min. Citizenship, 2022h).

Additionally, following the Zika outbreak and the rise in newborn microcephaly cases in 2016, regulations were introduced to prioritize affected families within the BPC – PwD scope.(É. L. Pereira et al. 2017). Subsequently, with the publication of Law No. 13.985, of April 07, 2020, a special pension was established for children with Congenital Zika Virus Syndrome, born between January 1, 2015 and December 31, 2019, who were also beneficiaries of the Continuous Cash Benefit (BPC).

In June 2021, an additional benefit to the BPC, known as the Inclusion Aid, was introduced. This benefit aims to stimulate and support the inclusion of people with disabilities in the labor market. When exercising a paid activity (up to 2 minimum wages), the person has their BPC suspended and begins receiving the Inclusion Allowance, in the monthly amount of half a minimum wage along with their salary. If their job is interrupted, the beneficiary may request reactivation of the benefit payment.

In terms of the program's impacts beyond children and adolescents, it should be noted that the experimental study by Medeiros, Britto and Soares (2009) found no undesirable effects discouraging adherence to contributory pension schemes. Furthermore, a quasi-experimental analysis by Menezes-Filho, Denes and Komatsu (2018) suggests causality between the BPC and the increase in municipal GDP. The same study also indicates that the program is well-targeted, covering 72% of those eligible for BPC-PwD and 73% of those eligible for BPC-Elderly.

6.3. Food Acquisition Program (PAA)

The PAA was created in 2003 as a structured procurement program from small-scale family farmers, aimed at distributing food to vulnerable populations. The Program simultaneously aims to generate income for small-scale family food producers while also promoting food distribution to food insecure populations. Reinstated by Law No. 14.628, of July 20, 2023, it establishes the following groups as priorities: indigenous peoples; traditional peoples and communities; agrarian reform settlers; fishermen; black people; women; rural youth; elderly people; people with disabilities; and families that have people with disabilities as dependents.

The PAA operates through three mechanisms:

- i. Agreements with state or municipal public agencies
- ii. Decentralized funding to the National Supply Company (Conab)
- iii. Direct purchases by government agencies

Table 7. Purchase modalities of the PAA small-scale family farming products

Modality	Description
Purchase with Simultaneous Donation	Purchase of foodstuffs or various propagative materials and simultaneous donation to the receiving units or directly to the consumer beneficiaries.
PAA Milk	Purchase of milk that, once processed, will be donated to the receiving units or directly to the beneficiaries.
Direct Purchase	Purchase of foodstuffs with the objective of sustaining prices, forming regulatory or strategic stocks, allowing intervention in emergency situations or a state of disaster or meeting specific demands for food and nutritional security.
Stock Formation Support	Financial support for the constitution of food stocks by supplier organizations, for subsequent commercialization and return of resources to the Government or payment, through the delivery of products, for the development of food and nutritional security actions.
Institutional Procurement	Purchase of small-scale family farming products to meet the demands of foodstuffs or propagative materials, by the purchasing agency and for donation to consumer beneficiaries served by the agency or by the purchasing entity, as provided in art. 8 of Law No. 14.628, of 2023.

Source: Elaboration of the authors based on (GoB, IPEA, 2022; WWP, 2017b; 2015b; 2017a).

Although the MDS leads the program and oversees its budget, key partners include the Ministry of Agrarian Development and Small-scale Family Farming (MDA, by its acronym in Portuguese), through the National Supply Company (Conab, in Portuguese) – which monitors agricultural prices, purchases, stores, and distributes food, and operates the PAA in partnership with agricultural cooperatives.

From the perspective of food distribution, the CDS and Milk components prioritize populations at risk of food insecurity. However, the targeting criteria vary according to each local initiative that uses the PAA as a means of acquiring the food they distribute. The CD primarily benefits users of public services that offer meals (such as hospitals, penitentiaries, popular restaurants and SUAS facilities that provide meals, such as Day Centers, Community Centers and POP Centers). The FE does not target specific products, but it supports the food supply in local markets with some sort of price regularity. . The Institutional purchases vary according to local contexts.

From the perspective of structured purchasing, the program benefits small-scale family farmers and their cooperatives.

Family farmers and agrarian reform settlers who wish to access rural credit and other government programs, such as the Food Acquisition Program (PAA) and the National School Feeding Program (PNAE), must obtain the Declaration of Aptitude (DAP) and/or register in the National Family Farming Registry. These documents are issued by decentralized and locally operating agencies accredited by the Ministry of Agrarian Development (MDA). The National Program for Strengthening Family Farming (Pronaf) uses this information to identify farmers eligible for financial support and participation in government initiatives. The agencies responsible for issuing these documents include representations of the National Agency for Technical Assistance and Rural Extension (ANATER), the National Institute for Colonization and Agrarian Reform (Incra), as well as accredited rural unions and cooperatives.

Except for PAA Milk and CI programs, there is also coordination with the National Supply Company, which handles the purchasing, storage, processing and distribution of agricultural products. The CDS works in collaboration with CONAB when these needs arise. However, when purchases can be made

with immediate delivery, the involvement of accredited local governments alone is enough to operate this modality.

For PAA Milk, the states provide the infrastructure for processing, storage and distribution. For the Institutional Purchases, each purchasing body coordinates its own arrangements when there is a need for storage and processing.

From a food distribution perspective, the Unified Social Assistance System (SUAS) and subnational governments play a key role in registering vulnerable populations in the Single Registry and directing products purchased through the CDS and Milk modalities to those most in need.

Box 22. How does it work in practice? Example of implementation of PAA Milk in the state of Paraíba

The state of Paraíba runs PAA Milk, co-financing 20% of the operating costs, mainly destined to the distribution and storage of the milk purchased. The structured purchasing approach aims to promote local production, while the milk acquired is distributed to families that meet the criteria of ½ of the minimum wage per capita, primarily for people with disabilities and the elderly.

It is also worth noting that the State built the State Plan for Food and Nutrition Security, with actions focused mainly on access to food, but also with a guideline that discusses the profile of traditional peoples.

Source: Elaboration of the authors from personal communications and communication material of the State Government of Paraíba (2021).

Table 8 shows the participation limits by the PAA modality, for individual farmers (family unit) and via cooperatives.

Table 8. Participation limits by the PAA modality for individual farms and cooperatives

Modality	Limites de participação por unidade familiar	Participation limit per organization (cooperatives and associations)
Purchase with Simultaneous Donation	R\$ 15.000,00 per year.	R\$ 1.500.000,00 per year.
Direct Purchase	R\$ 15.000,00 per year.	R\$ 1,500,000.00 per year.
Stockpiling	R\$ 15.000,00 per year.	R\$ 1,500,000.00 per year. The first operation being limited to R\$ 500,000.00
Incentive to milk production and consumption (Milk)	R\$ 30.000,00 per semester.	Not applicable.
Institutional Procurement	R\$ 30,000.00 per year, per purchasing body.	R\$ 6,000,000.00 per year, per purchasing body.

Source: Elaboration of the authors from (Brazil 2023).

PAA has been the subject of much international interest and several studies and analyses regarding its possible impacts. Meta-analysis by the Institute for Applied Economic Research (IPEA), covering 158 mixed-method studies on PAA, mostly published between 2003 and 2016, highlights the following positive findings:

Table 9. Positive findings identified in meta-analysis on the impacts of PAA

<ul style="list-style-type: none"> • Increases the produced area. • Increased small-scale family farmers' self-esteem. • Increased small-scale family farmers' autonomy. • Increase in surplus marketing/sale. • Increase in the hiring of permanent and/or temporary workers. • Increased participation of adolescents and youth and women in productive activities. • Increase in income. • Increased access to consumer goods. • Increased access to new markets. • Increased access to other public policies such as Pronaf (which offers subsidized rural credit) and PNAE (a program that purchases agricultural product for the provision of meals served in Brazilian public schools). • Increase in production volume. • Increased investments/technology. • Decreased sales to intermediaries and increased bargaining power. • Boosting the local economy. • Diversification of production. • Income diversification. • Stimulation of agro-industrialization. 	<ul style="list-style-type: none"> • Stimulation of self-sufficiency. • Encouragement of community engagement. • Strengthening organic or agroecological agriculture. • Strengthening local food safety networks. • Strengthening community relations and increasing collaboration among farmers. • Guarantee of product sales. • Improvement of the food of the beneficiaries/food security and sovereignty. • Improvement of property infrastructure. • Improvement of the transport, storage and processing structure. • Improvement in the quality of produced and consumed food. • Improvement in the health of consumer beneficiaries, especially children and adolescents. • Improvement in the technological level of the production system. • Positive changes in the consumption habits of benefitted families. • Children's permanence in the countryside/ reduction of rural exodus. • Preservation of regional habits and cultures. • Appreciation of small-scale family farming products by the community.
--	--

Source: Elaboration of the authors based on (Sambuichi et al. 2019; Perin et al. 2021).

Box 23. How does it work in practice? Example of implementation of the PAA Milk in the municipality of Barcarena – PA

In the municipality of Barcarena-PA, the PAA is institutionalized through the "purchase with simultaneous donation" modality. This approach supports entities within the social assistance network by addressing local food insecurity, providing nutritional supplementation to individuals and families in need.

The Municipal Secretariat of Social Assistance is responsible for implementing the program through the participation and promotion of the Municipal Secretariat of Agriculture, as provided for in art. 6 of the Municipal Law.

In 2022, the initiative was carried out with the participation of 80 beneficiaries/farmers, of whom 46 are women and 34 are men. Farmers are selected based on spontaneous demand, also from referrals made by the Municipal Secretariat of Agriculture (SEMAGRI, acronym in Portuguese) and the Agricultural Extraction and Development Cooperative of Barcarena (CEDAB, acronym in Portuguese).

Source: Elaboration of the authors from personal communications with the City Hall of Barcarena – PA

6.4. Cisterns Program

The Cisterns Program originated from a civil society initiative and became a public policy in 2003. Its goal is to provide access to drinking water and food production for low-income rural families and public schools. The program uses simple, low-cost technologies that can be easily adopted by communities. Eligible families are those with a per capita income of up to half a minimum wage, registered in the Single Registry.

The main technology supported is the 16-thousand-liter plate cistern, which consists of a rainwater collection system, associated with a reservoir for water storage. The Program was initially designed to address water scarcity in the Brazilian semi-arid region (including the northeast of Minas Gerais and the hinterlands of the Northeast Region). However, over the years it has been adapting technologies to meet other rural regions affected by drought and lack of quality water, including indigenous communities and traditional peoples of the North region (WWP, 2015a; Nogueira, Milhorange, and Mendes, 2020; Silveira et al. 2016).

Currently, the Program has a portfolio of more than 10 types of technologies, with almost 30 variations, focused on human consumption, food production or both, as illustrated below.

- 1) Cisterns Program – FirstWater and School Program, technologies mainly aimed at storing drinking water for human consumption, with the 16-thousand-liter plate cisterns and the school cisterns being the most prominent ones.



16-thousand-liter plate cistern



52-thousand-liter school cistern

Credits: MDS/ESAN

- 2) Cisterns Program – Second Water, technologies aimed at food production and animal watering, including 52-thousand-liter cisterns, underground dams, and trench reservoirs.



52-thousand-liter sidewalk cistern



52-thousand-liter runoff cistern



Underground dam



Trench Barrier

Credits: MDS/SESAN

3) Cisterns Program in the Amazon, technologies tailored to the region's specific water access challenges. It combines water collection and storage system with household sanitation facilities, commonly known as multipurpose rainwater systems.



Community multipurpose rainwater system



Autonomous multipurpose rainwater system

Credits: MDS/SESAN

Box 24. How does it work in practice? Example of implementation of the School Cisterns Program in the municipalities of Avelino Lopes and Morro Cabeça no Tempo - Piauí

In the Piauí municipalities of Avelino Lopes and Morro Cabeça no Tempo, the School Cisterns Program introduced an innovative technique by constructing cisterns with water pumps powered by solar energy. This technology ensured access to water for human consumption, food preparation in schools, and irrigation for gardens and nurseries. The solution was well-suited to the region due to its sunny climate, which lasts for most of the year.

This social technology was also incorporated into the students' educational materials, focusing on contextualized learning relevant to the community life of the semi-arid region. The goal was to spread knowledge about the cistern-building processes and their importance for local sustainability and water access. The learning process emphasizes the rural students' identity in their relationship with where they live, focusing on the potential of rural areas of the semi-arid region and deconstructing negative stereotypes.

Source: Elaboration of the authors from personal communications with the City Hall of Avelino Lopes and Morro Cabeça no Tempo.

The program is led by the MDS, which also coordinates with other ministries, such as the Ministry of the Environment and the Ministry of Health, especially through the Indigenous Health Secretariat, to ensure complementarity with other public policies for access to water and sanitation.

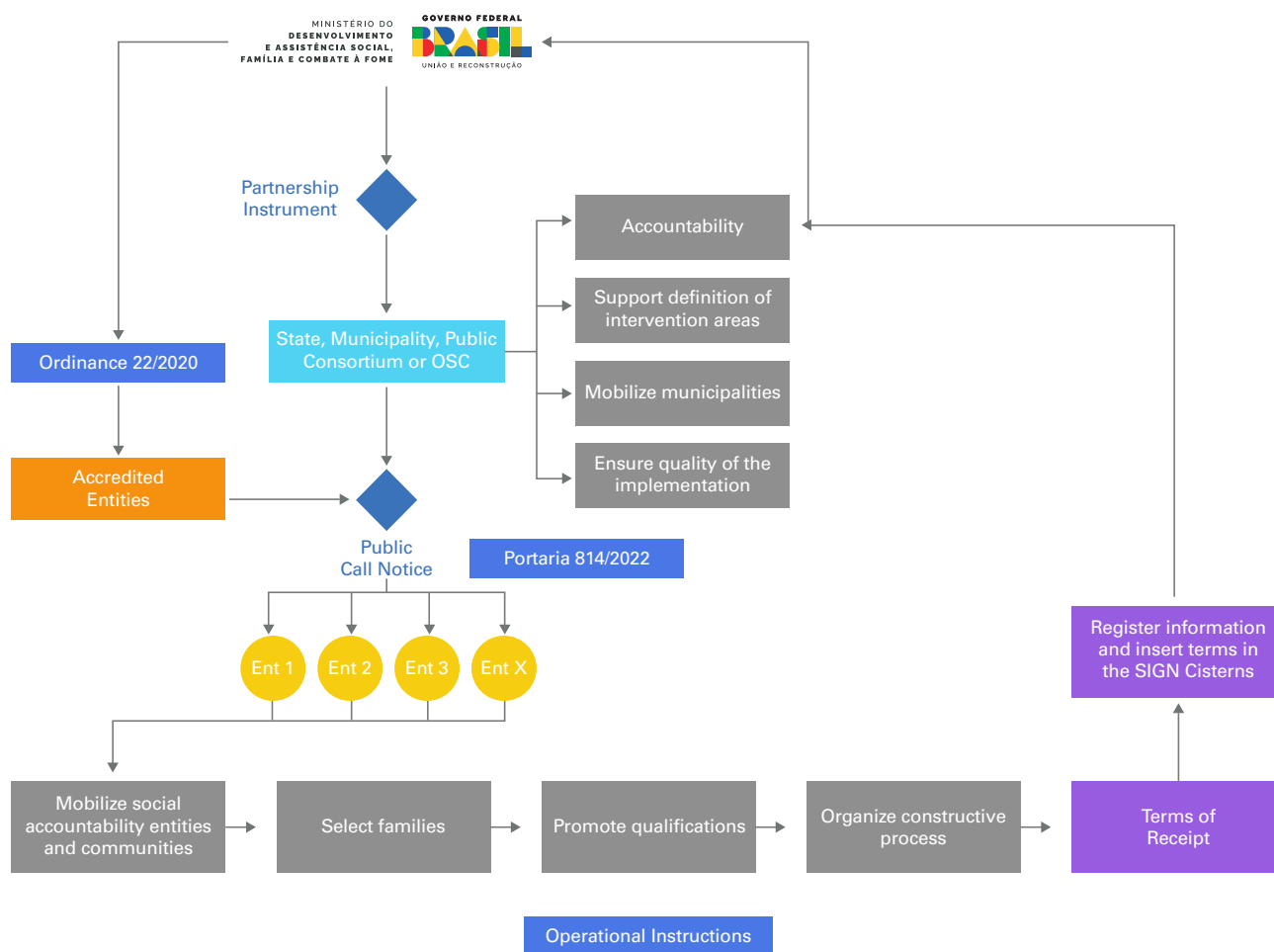
The role of the MDS in this context, rather than ministries focused specifically on infrastructure, is due to the intrinsic link between multidimensional poverty and lack of access to water. This is particularly relevant in vulnerable regions, such as the semi-arid and Amazonian areas, which have the largest concentration of low-income rural populations in the country. The Ministry of Integration and Regional Development, for example, deals with activities that benefit an entire region (such as irrigation canals or expansion of treated water and sewage infrastructure). The Cisterns Program specifically targets individuals or families, often living in isolation, who lack sufficient access to water for food and nutritional security. It focuses on providing these communities with adequate water sources to meet their needs.

Public banks and foundations are also involved, such as the Brazilian Development Bank (BNDES, acronym in Portuguese) and Banco do Brasil Foundation (FBB, acronym in Portuguese), which have historically supported the implementation of social technologies for access to water.

Priority areas for action are identified through data collected from the Single Registry, combined with indicators of food and water insecurity.

It is important to highlight that the current execution model was instituted from Law No. 12.873, of 2013, currently regulated by Decree No. 9.606, of 2018.

The implementation of social technologies follows a decentralized approach: through partnerships with public entities (States, Public Consortia, or Municipalities) and civil society organizations; as well as through the involvement of private entities and cooperatives accredited and contracted by MDS partners, as illustrated below.

Figure 18 – Execution arrangement of the Cisterns Program

Source: MDS/SESAN

These entities and implementing cooperatives are responsible for social mobilization, capacity building, and organizing the construction of water collection and storage structures.

It should be noted that the program also has the following prioritization criteria: a) families of traditional peoples and communities and indigenous peoples; b) families headed by women; c) families with children aged 0 to 6; d) families with children and/or adolescents attending school; e) families with adults aged 65 years or older; and f) families with physical disabilities and/or mental disorders (Nogueira, 2017).

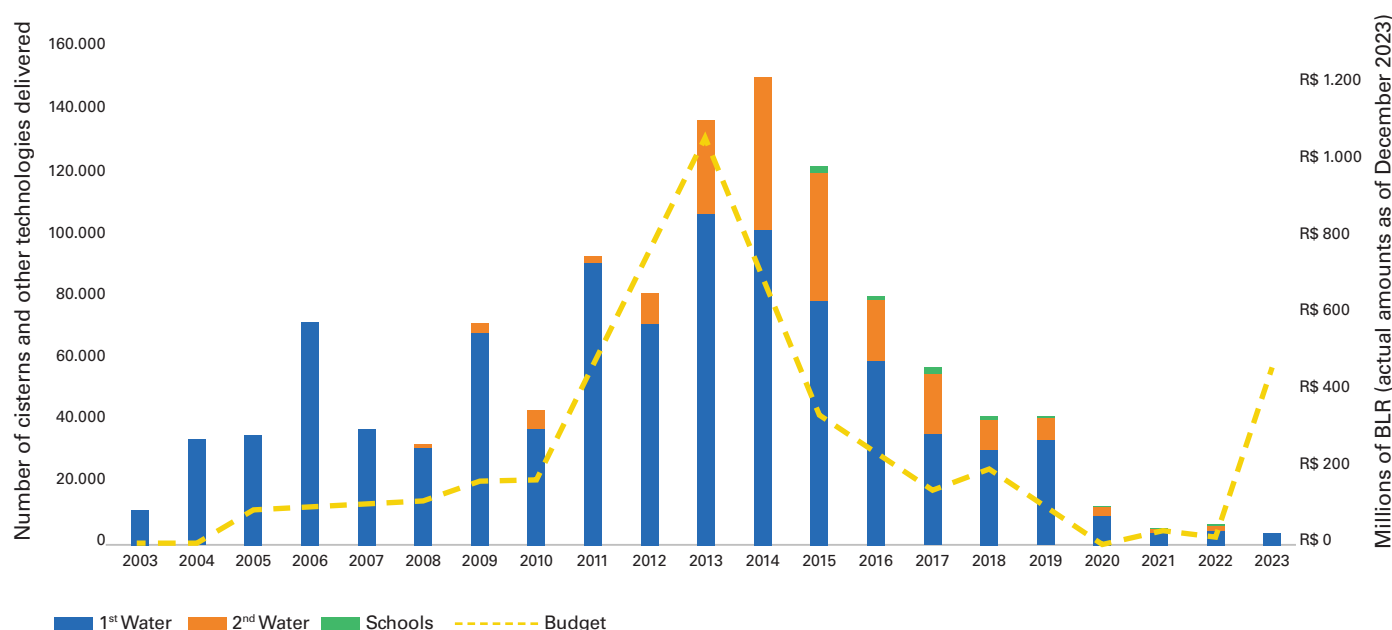
Box 25. How does it work in practice? Example of implementation of the Cisterns Program in the states of Ceará and Bahia

The states of Bahia and Ceará have played a key role in collaborating with MDS to provide cisterns and other social technologies. These states made significant efforts to include quilombola and indigenous territories within the scope of these initiatives. In Bahia, the Cisterns Program has been implemented through the Secretariat of Social Assistance and Development, with the construction of 2,500 cisterns in quilombola communities and rural public schools. Ceará through the Secretariat of Agrarian Development, released in 2023 a specific call for proposals to assist 2,000 families, with priority for indigenous people, quilombolas and other traditional peoples and communities.

Source: Elaboration of the authors from communications with state managers.

As illustrated in Figure 20, the program had its coverage and budget expanded until 2014, followed by a sharp decline, operating virtually without MDS resources since 2020. Throughout its trajectory, most of the cisterns delivered were for household consumption, although the supply for family production has gained relevance since 2012. Alarmingly, the provision of school cisterns has always been minimal.

Figure 19 – Total cisterns delivered by the MDS vs annual expenses of the MDS due to the delivery of cisterns under the Cisterns Program. Real values (in millions of BRL), ref. December 2023



Source: Source: MDS/SESAN – SIG Cisterns, for historical information on the number of cisterns and other technologies delivered; SIOP – Federal Budget Panel, for the budget volume allocated in the Program. Data obtained on 05/15/2024.

Several studies and research have presented evidence on the positive impact of the Program on various aspects of the beneficiaries' lives.

Studies suggest that the Cisterns Program has led to several positive impacts, including reduced time and effort for families to access water, decreased incidence of waterborne diseases, improved school attendance, and increased birth weight (M. C. G. Pereira, 2016; Arsky, 2020; Duque, 2015; Luna, 2011; Filho and Pazello, 2008, Da Mata and others, 2023) and increasing the income of beneficiary families (Casagrande et al. 2021). Furthermore, publications from the Brazilian Agricultural Research Corporation (Embrapa, acronym in Portuguese) demonstrate the feasibility of irrigating plant beds with cistern water in the extended period of semi-arid drought and suggest desirable impacts on the food security of families (Brito et al. 2010; Ferreira et al. 2016).

Finally, direct results from the Cisterns Program include increased income for beneficiaries who use water technologies for production (Casagrande et al., 2021). More recently, a study highlighted that even drinking water cisterns contribute to greater labor force participation and an increase in labor income for beneficiaries (Britto, Carillo and Sampaio, 2021).

6.5. Operation Welcome (OA)

Following the increase in migration due to the worsening of the crisis in Venezuela, the Federal Government of Brazil was called upon at the end of 2016 to address a series of demands related to the significant influx of Venezuelan immigrants into the state of Roraima. This led to an increase in the number of people in vulnerability on the streets of Boa Vista and Pacaraima, requiring local governments to take action in structuring reception services to ensure full protection and access to services and rights for this population. It was a continuous process, where increasing numbers of this population entered the country in search of better living conditions.

The complexity of the immigrant situation in Roraima, characterized by the overwhelming demand on local public services and instances of rights violations, required a coordinated federal response from the Brazilian Government. This led to the creation of Operation Welcome in 2018, aiming to address the challenges and ensure the protection and support of the immigrant population.

Operation Welcome was created to formalize the response to the Venezuelan migratory flow in Brazil. The emergency assistance measures provided by Operation Welcome begin at Brazil's border with Venezuela, in the city of Pacaraima, through strategies to reduce possible risks in relation to access to the territory, trafficking, exploitation and to identify people who may need protection and specific services, such as unaccompanied and separated children, women, pregnant women, the elderly and indigenous population.

Operation Welcome is a humanitarian and multisectoral nature initiative led by the Brazilian federal government, through a Federal Emergency Assistance Committee composed of several ministries. The primary coordinating bodies are the Ministry of Social Development and Assistance, Family and Fight against Hunger; Ministry of Justice and Public Security; Ministry of Health; Ministry of Education; Ministry of Human Rights and Citizenship; and Ministry of Defense. This complex governance structure operates in cooperation with numerous partners, including agencies of the United Nations (UN), local and international non-governmental organizations, executive bodies, and state and municipal governments. Each partner plays a key role in the implementation, management, and financing of the initiatives.

The strategy is organized into three axes:

1) Border Management

The component focuses on establishing Reception and Screening Posts in Roraima, where refugees and immigrants can access services such as document regularization, vaccination, registration, shelter referrals, and other essential support. MDS plays a key role in protection cases, providing qualified listening services, specialized care, and directing individuals to appropriate reception services.

2) Reception and Shelter

This component is coordinated by MDS. It is focused on the provision of, safe spaces by trained professionals who coordinate with other public policies to ensure the rights of arriving migrants are upheld.

3) Interiorization (Relocation Program)

Also coordinated by the MDS, this component, facilitates the voluntary displacement of refugees and immigrants to other Brazilian states. It helps to alleviate the burden on public services and infrastructure in Roraima and promote the integration of this population across the country.

The actions are coordinated through a governance structure composed of three subcommittees and an operational coordination, each led by a portfolio of the federal government and responsible for an area of operation of the Operation:

- I. **Federal Subcommittee on Reception, Identification and Screening of Immigrants:** Responsible for the reception actions of Venezuelan migrants entering Brazil and ensures migration regularization in Brazil. It is coordinated by the Ministry of Justice and Public Security.
- II. **Federal Subcommittee on Reception and Interiorization of Immigrants in Vulnerability (SUFAI, acronym in Portuguese):** coordinates the Brazilian Specialized Social Protection Response to the migratory crisis. It oversees the reception and access to rights by the Venezuelan migrant population including temporary **shelter for vulnerable individuals and the implementation of relocation strategies. Coordinated by MDS.**
- III. **Federal Subcommittee for Health Actions for Migrants:** Manages public health services for migrants, including the administration of mandatory vaccines for newly arrived individuals. Coordinated by the Ministry of Health.
- IV. **Operational Coordination of Operation Welcome:** coordination of infrastructure and logistics of the Operation. Managed by the Ministry of Defense.

The Interiorization and Screening Posts (PITRIG, acronym in Portuguese) are key to the OA's structure. These posts coordinate health screenings, emergency medical services, mandatory vaccinations, legal documentation by the Federal Police, psychosocial support by the MDS, and legal assistance by the Public Defender's Office.

These services are offered with support from various UN systems and non-governmental organizations. PITRIGs are located in Pacaraima (Roraima), Boa Vista (Roraima) and Manaus (Amazonas), which also receive a large flow of migrants from the Venezuelan migration crisis (Casa Civil, 2018a; 2018b; UNHCR, 2020).

Every regularized migrant in Brazil has access to the public service network. In the specific case of Venezuelan migrants, the Brazilian Government establishes a protocol that simplifies their regularization, either as a resident or as a refugee.

Within the scope of **welcoming and relocating Venezuelan migrants and refugees**, Operation Welcome has offered a series of complementary services. As a large coordination mechanism, with hundreds of member organizations, there is a wide diversity of initiatives, such as capacity development training, psychosocial care, housing assistance and food aid. These services and benefits are offered through projects from various organizations, in different locations and with different funding sources. These organizations coordinate their initiatives through the Working Groups aligned with the operation's governance structure.

The primary services provided are temporary shelters and the relocation program, both led by the MDS in partnership with multiple agencies. In its first year, nine temporary shelters were established.

These shelters offer housing units for the vulnerable populations at risk or homeless. They provide access to temporary housing, water, sanitation and hygiene, security and food (three meals a day), including special dietary provisions for those in need. Temporary shelters can also count on integrated actions with other bodies and agencies to facilitate access to health, education and other essential services.

The number of shelters available varies according to demand. In 2022, the federal government reported the existence of 15 (CFAE, 2022). There are shelters specifically tailored to the Venezuelan indigenous population, ensuring that their unique cultural needs and characteristics are respected.

To mitigate the saturation of reception capacities in border regions, OA has a relocation component, which supports the voluntary departure of migrants to other regions of the country under the following modalities:

- **Family Reunification and Social Reunion Modality:** through this strategy OA offers transport to where a family member or person with an affective bond will receive the relocated person.
- **Institutional Modality:** this approach offers temporary shelter in other municipalities across the country (either government-run or managed by civil society organizations), in addition to food and/or financial assistance and professional guidance over three months, supporting individuals to adapt and integrate into their new location.
- **Employment Availability Modality:** this strategy pairs candidates to partner companies with open vacancies according to their profiles. It also offers transportation to the destination and guarantees housing for the first few months, until the person is able to settle independently.

Between February 2018 and June 2024, it is estimated that Brazil received a total of 568,058 Venezuelan refugees and immigrants, of which 479,751 already have a residence permit in Brazil.⁹ Of this total, 138,299 were relocated by Operation Welcome by August 2024.¹⁰

An important tool for enhancing the information available on people relocated by the OA is the ProGres V4 database of the UN Refugee Agency (UNHCR). One of its uses is to register and manage cases of Venezuelans who cross borders and/or who are living in Brazilian territory. Two modules of the registration system are used,

-The Individual model collects biometric data, as well as protection needs and individualized details for each family member.

-The Household entity model collects data at the household level (group), used exceptionally for flow analysis. In August 2024, this tool covered 74,821 Venezuelans by OA. Among the data that this database presents, it can be observed that, in August 2024, the category “children at risk” represented 22.59% (2,546 individuals) of the total of 9,320 relocated individuals registered with specific needs.

Upon creating the OA, the federal government established that the operation would be financed by the participating agencies and entities. Additionally, provisions were made for increasing federal transfer to the most affected municipalities and states, to fund education, health and social assistance services. In 2018, for example, “after the creation of the Federal Committee, new transfers were made to strengthen shelter actions for vulnerable immigrants: the MDS transferred R\$ 1.9 million to the state

⁹ <https://aplicacoes.mds.gov.br/snas/painel-interiorizacao/>

¹⁰ <https://www.r4v.info/pt/brazil>

of Roraima (MDS Ordinance No. 629/2018), R\$ 600,000.00 to the municipality of Pacaraima (Ordinance No. 950/2018), R\$ 480,000.00 to the municipality of Manaus (2nd installment of Ordinance No. 280/17) and R\$ 480,000.00 to the municipality of Santarém-PA (Ordinance 951/2018)” (Casa Civil, 2018^a, p. 9). In 2020, the federal government disclosed the total sum of 630 million reais invested in the Operation in that year alone (Agência Brasil, 2020).

Since 2017, MDS has co-financed social assistance actions for states and municipalities facing intense migratory flows, in addition to providing technical support to local authorities on responding to social emergencies.

In 2022, Operation Welcome was recognized by the United Nations (UN), through the United Nations High Commissioner for Refugees (UNHCR Brazil), as a pioneering and innovative action in humanitarian assistance.



UNICEF/BRZ/Gabriel Oliveira

7. State and local government programs

In addition to the nationally typified services and programs of SUAS and Federal Government initiatives, there is also a significant range of initiatives developed by subnational governments. These are programs and services that are offered by certain Brazilian states or municipalities. Such initiatives are primarily funded by subnational governments responsible for their implementation. However, it is common for certain activities to be carried out by SUAS teams, which receive inter-federative funding, or even to operate in an integrated manner with national initiatives to ensure broader support and efficiency in addressing local needs.

To shed light on the role of subnational initiatives, this chapter offers a brief presentation of an initiative for each of the Brazilian territories where UNICEF is present. As discussed in the methodology of this study, the small number of subnational initiatives illustrated in this report do not necessarily represent the broader universe of these policies in the different Brazilian states and municipalities.

In fact, the following experiences stand out precisely because they have caught our attention due to their institutional strength and the operationalization of innovative practices with the potential to be replicated and even expanded (see Box 1).

While the experiences discussed in this chapter were selected as examples of good practice, it is important to clarify that our selection of cases should not be mistaken for an award process. In fact, we could not analyze a larger set of subnational initiatives to carry out this type of comparison.

In the South-Southeast region, the Basic Citizenship Income (RBC, acronym in Portuguese) program in Maricá, RJ stands out for its innovative approach. Key characteristics include its financing through oil royalties, providing greater income security to beneficiaries, and offering the benefit in a community currency to promote local economic circulation. Additionally, the program emphasizes solidarity economy principles, fostering local economic resilience and community support.

Similarly, in the Amazon region, we chose to highlight a local cash transfer initiative, the State Aid of the Government of Amazonas. The action is noteworthy as it is state-funded, and it covers several municipalities. It also has the largest coverage among state-level cash transfer programs in Brazil. Moreover, it illustrates how initiatives originally designed for emergency or sporadic situations can create fiscal space for their ongoing and regular implementation in a relatively short period.

For the semiarid and Roraima territories, we chose to highlight two initiatives aimed at comprehensive care during early childhood. In Boa Vista, capital of Roraima, the municipal government offers the Caring Family (FQA, acronym in Portuguese) Program. The municipal government of Recife, the capital of Pernambuco, offers the Recife Mãe Coruja Program (PMC-R, acronym in Portuguese) and the Pernambuco state government offers the Pernambuco Mãe Coruja Program (PMC-P, acronym in Portuguese), at small and medium-sized municipalities. Both the FQA and the PMC-R and PMC-P offer a range of services and facilities to support families with newborn children, which operate in a manner associated with family visits already planned nationally under the Happy Child Program (PCF). These local initiatives, closely aligned with a national program, stand out for their mandate, intersectoral operation, and evidence of positive outcomes.

7.1. The Basic Citizenship Income (RBC) program in Maricá – RJ

Located on the coast of the state of Rio de Janeiro, the municipality of Maricá has historically faced challenges related to the local economy low dynamism. Maricá is often being characterized as a dormitory town, in which people owned their homes, but worked and engaged in economic activities in neighboring municipalities. In 2006 it was discovered that the coastal region that includes Maricá was home to what became the largest oil field in Brazil – called the Tupi Field. Since then, there has been an intense national debate on how to regulate the sharing of oil royalties. So far, the sharing model adopted has been very favorable to Maricá and other coastal municipalities geographically integrated with the Tupi Field (Municipal Institute of Information and Research Darcy Ribeiro, 2021).

Figura 20 – Location of the municipality of Maricá – RJ

Although the Tupi Field is relatively new, there are many oil fields in the coastal region of other municipalities in the state of Rio de Janeiro. Therefore, the oil extracted from the Tupi Field is refined and processed at industries previously installed in neighboring municipalities. For this reason, the establishment of this type of industry in Maricá made little economic sense, given its availability in nearby municipalities.

At first, the discovery of oil in the coastal region of Maricá did not lead to the development of a manufacturing industry that could help to boost the local economy, as it was the case of other cities. (Municipal Institute of Information and Research Darcy Ribeiro, 2021).

To address this challenge, the local government allocated oil royalties to a range of public policies focused on boosting the local economy and human capital. Central to these efforts is the creation of a local digital currency, Mumbuca, used to pay various social benefits.

These benefits include microcredit lines and promotion of the solidarity economy, benefits for public servants (for example the Christmas Allowance and Food Allowance for municipal servants), and emergency programs for workers (such as the Worker Support Program – PAT, acronym in Portuguese^{vi}), companies (such as the Employment Support Program - PAE, acronym in Portuguese^{vii}) and other vulnerable groups (benefited, for example, by the Social Rent^{viii} and New Beginning Assistance^{ix}) during periods of crisis.

The Mumbuca currency spread through its use in an unconditional cash transfer program for low-income families. Launched in 2013, the Mumbuca Minimum Income (MI) program provided a benefit of 85 Mumbucas per family.

In 2015, a complementary program was created, the Basic Income (RB, acronym in Portuguese), offering 10 additional Mumbucas per family. In 2017 there was a new change, increasing the Minimum Income benefit to 100 Mumbucas per family, and the Basic Income complement to 20 Mumbucas. In 2019, both programs were merged, consolidated under the Basic Citizenship Income (RBC, acronym in Portuguese), which offered a benefit of 130 Mumbucas per person (and no longer per family). During the Covid-19 pandemic, between April 2020 and December 2021, the RBC began to pay individual benefits of 300 Mumbucas. After this period, the benefit stabilized at 200 Mumbucas per person until October 2023, when there was another increase to 230 Mumbucas (USD 84) (Fluminense Federal University and Jain Family Institute 2023; Britto, Freitas, and Waltenberg, 2022; Municipal Institute of Information and Research Darcy Ribeiro, 2021).

From 2019 onward, the Sovereign Fund of Maricá (FSM) was established to ensure fiscal sustainability in

the event of a less favorable royalty-sharing arrangement for the municipality. Thus, the city's expenses were gradually financed through returns on this fund rather than direct oil royalty revenues

The FSM is regulated by Law No. 2,902/2019, which mandates that between 1 and 15% of oil revenues transferred by the National Agency of Petroleum, Gas and Biofuels (ANP, acronym in Portuguese) should be allocated to the fund. Thus, it is estimated that in ten years the FSM will hold approximately 2.5 billion reais in deposits. This fund is managed by the Municipal Council for Solidarity Economy, Combating Poverty and Economic and Social Development of Maricá (ECOSOL-CPDES, acronym in Portuguese), constituted as an advisory and deliberative council, composed of five representatives of the Government and four representatives of Civil Society.

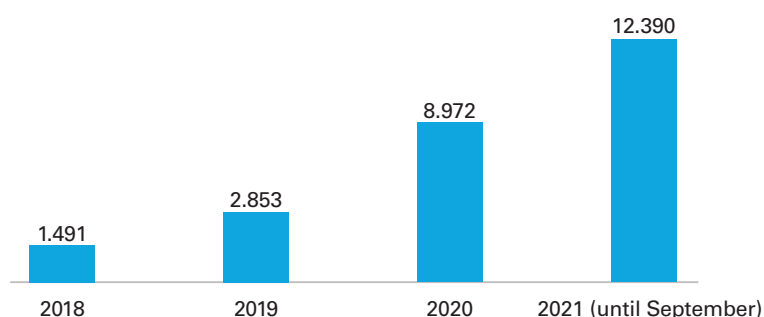
The Banco Comunitário Popular de Maricá (or Banco Mumbuca) was created in 2013 to operationalize the Mumbuca currency. Originally a public bank, Banco Mumbuca became a Civil Society Organization of Public Interest (OSCI, acronym in Portuguese) (a non-profit civil society institution) in 2017.

According to program managers, this transition was aimed to safeguard the institution's mandate from potential setbacks in the event of abrupt changes in municipal government leadership and their views on Mumbuca and the role of Banco Mumbuca in promoting the solidarity economy. Until 2021, the bank was managed by Instituto E-Dinheiro, which supported similar initiatives in other states and municipalities. However, since 2021, the bank has been managed autonomously.

The premise behind the creation of its own currency is to ensure that the funds paid to the municipality's citizens are spent in the local commerce, duly accredited with Banco Mumbuca. Through this procedure, citizens can receive payments in this currency and convert the amounts into Reais (BRL). Mumbuca is currently accepted by over 12,000 businesses and service providers, most of which display signs indicating acceptance of the social currency.

As illustrated in Figure 21, the number of establishments accepting Mumbuca increased significantly from 2020 onwards, reflecting both the expansion of the RBC coverage since November-December 2019 and the use of the currency for emergency benefits provided by the municipality, such as the Employment Support Program and the Worker Support Program.

Figure 21 – Number of commercial institutions that accepted the Mumbuca social currency each year. Maricá – RJ



Source: Elaboration of the authors based on data obtained through personal communications with the City Hall of Maricá/ Instituto E-Dinheiro Brasil.

Each Mumbuca is equivalent to one Real, and a 2% fee is charged per commercial transaction made in the first currency. Only commercial establishments and service providers accredited by Banco Mumbuca can convert Mumbuca to Reais, paying 1% fee (Britto, Freitas and Waltenberg, 2022). These fees are a way of financing the bank's operation, which includes vast lines of solidarity credit and microcredit, often fully subsidized, and offering credit to populations traditionally excluded from financial services.

Currently, 60% of revenues from operational and currency conversion fees fund credit lines, while 40% supports social projects financed by Banco Mumbuca (Fluminense Federal University and Jain Family Institute, 2023; Britto, Freitas, and Waltenberg, 2022; Municipal Institute of Information and Research Darcy Ribeiro, 2021).

The introduction of RM in 2013, with benefits paid in Mumbuca, was crucial for gaining initial traction, liquidity, and capitalizing the bank through operating and conversion fees. Early on, RM benefited 14,000 families (equivalent to approximately 30 thousand individuals), moving R\$ 14.3 million in economic activity, stimulating the creation of more businesses in the city and encouraging acceptance of the Mumbuca currency. (Fluminense Federal University and Jain Family Institute, 2023).

Given the strong relationship of RM, RB and RBC with the solidarity economy strategy led by Banco Mumbuca and the new currency, Municipal Secretariat of Solidarity Economy of Maricá began managing these programs. This Secretariat collaborates with sectors like health, education, and most notably social assistance. In fact, social assistance plays a key role in selecting new beneficiaries for the program. Although RBC and its predecessors, RM and RB, aim to be a universal cash transfer, their implementation follows a gradual process. Since its inception, the program has been targeted at families with a total income of up to three minimum wages, disregarding income from other local, state and federal cash programs for this calculation.

Income from PBF and BPC, for example, is not considered when determining program eligibility. Another eligibility criterion is that families must prove residency in the municipality for at least three years (or five years in case of immigrants). Additionally, the program also requires families to have valid records with the Single Registry (which serves as the main source of information on family composition and income) and a proper registration with the Municipal Secretariat of Solidarity Economy (which verifies additional information such as time of residence in the municipality).

The selection process for program beneficiaries is conducted through the periodic census of the population, through the Citizenship Census, carried out by the Municipal Institute of Information and Research Darcy Ribeiro^x. From time to time, the municipality promotes a census and guides the population to seek social assistance centers and register in the Single Registry, which serves as the basis for evaluating program eligibility.

Besides the initial beneficiary selection in 2013, further selection rounds took place in 2019 and 2023. Each selection cycle involves extensive mobilization of SUAS teams and other social policy operators, including health and education teams, within the local government. These opportunities also involve efforts to integrate applications for other social programs offered by the municipality (Fluminense Federal University and Jain Family Institute, 2023).

Additionally, whenever a new selection window for the program opens, a cross-check is conducted with other databases to cancel benefits for individuals whose incomes exceed the eligibility threshold. While not fixed, this review occurs every one or two years, using a set of public records that may vary annually. In its current format, RBC offers each beneficiary family a monthly payment of 230 Mumbucas per member, without a maximum benefit limit per family. The total amount is paid to the e Head of

Household (RF), through a physical card or a mobile application. Account opening and maintenance are free of charge. However, all Banco Mumbuca account holders pay a 2% operational fee on transactions, and businesses converting Mumbucas into Reais incur an additional 1% fee (Britto, Freitas, and Waltenberg, 2022). Initially, RM and RB covered a population of 14,000 families (about 30 thousand individuals). Following the selection process in November-December 2019, and in October 2023, the program now has 93,000 people enrolled (about 47% of the total population of 197,000).

With this increase in beneficiaries, RBC is estimated to require an investment of R\$ 18 million per month, reaching more than R\$ 237 million per year.¹¹ Since 2017, the program has also incorporated a specific component aimed at the indigenous population living in the villages of Sítio do Céu and Mata Verde Bonita. In these cases, the benefit amount per person is higher, set as 300 Mumbucas per month, and there is no income criterion, making the benefit available to all community members. This component also includes active outreach efforts with mobile teams visiting villages to enroll individuals during each new beneficiary selection cycle.

Another peculiarity of the program concerns its response to the Covid-19 crisis, which temporarily increased individual benefits to 300 Mumbucas per month between April 2020 and December 2021 (Fluminense Federal University and Jain Family Institute, 2023).

RBC is currently undergoing an impact evaluation using mixed methods. A quasi-experimental analysis component aims to validate causal hypotheses regarding the program's effect on consumption, access to credit, participation in the labor market, income, physical and psychological well-being, child well-being and relational dynamics both within and outside households.

Additionally, a qualitative component aims to analyze potential effects related to political clientelism, corruption, access to rights, financial inclusion and banking, solidarity economy, stigma, dignity, autonomy and family and gender dynamics (Fluminense Federal University and Jain Family Institute, 2023).

A preliminary study by Gama and Costa (2021) estimates that the program has a multiplier effect of 1.79 on the local economy (i.e., each Mumbuca paid for the program converts into R\$ 1.79 in the economy of Maricá). Additionally, it serves as an important driver of microcredit policies considered effective in combating crises such as Covid-19.

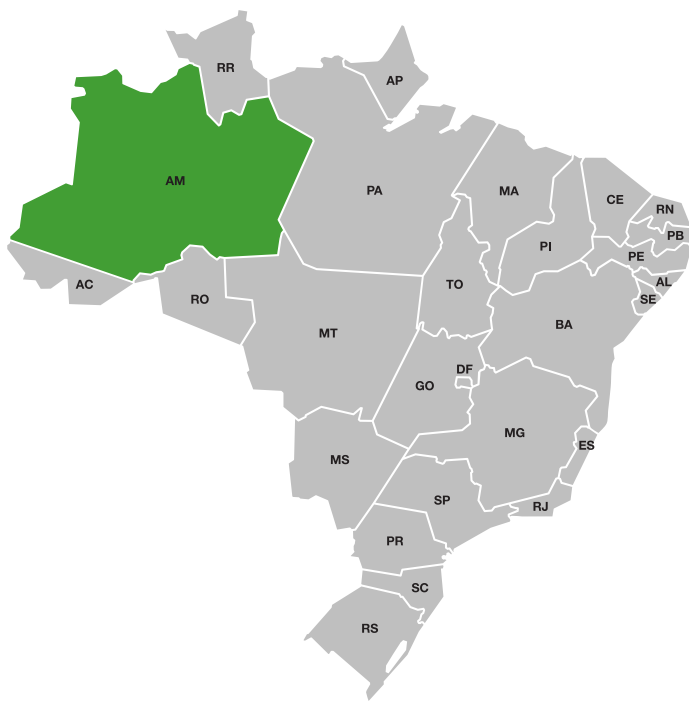
Another study by Maldonado and Freitas (2022) analyzes public perception of the program based on social media reactions, revealing that, during the pandemic, negative opinions shifted from questioning the design of the initiative as a whole to focusing on issues related to exclusion errors.

Finally, the positive perception of RBC's effects is inspiring similar initiatives in other municipalities that also derive revenue from oil extraction. Since the introduction of RM, RB and its replacement by RBC, six other municipalities in the region have been developing their own social currency models and associated social programs^{xi}.

¹¹ <https://www.marica.rj.gov.br/noticia/marica-inicia-entrega-dos-cartoes-mumbuca-a-26-mil-familias/>

7.2. State Aid and Permanent State Aid of the state of Amazonas

Figura 22 – Location of the State of Amazonas



Another notable example of cash transfer programs implemented by subnational governments is the State Aid and the Permanent State Aid of the state of Amazonas, which have become the largest state-level cash transfer program in Brazil. Initially called State Aid (consisting solely of an episodic benefit during the acute phase of the Covid-19 pandemic), the program was rebranded as Permanent Emergency Aid in November 2021. A key feature of both programs is their decision to target families already receiving Bolsa Família (PBF). This decision can be justified both by the efficiency gains arising from the “outsourcing” of this first selection filter to the federal government and by the understanding that the region presents additional vulnerabilities, requiring a complement to the benefits provided through the PBF.

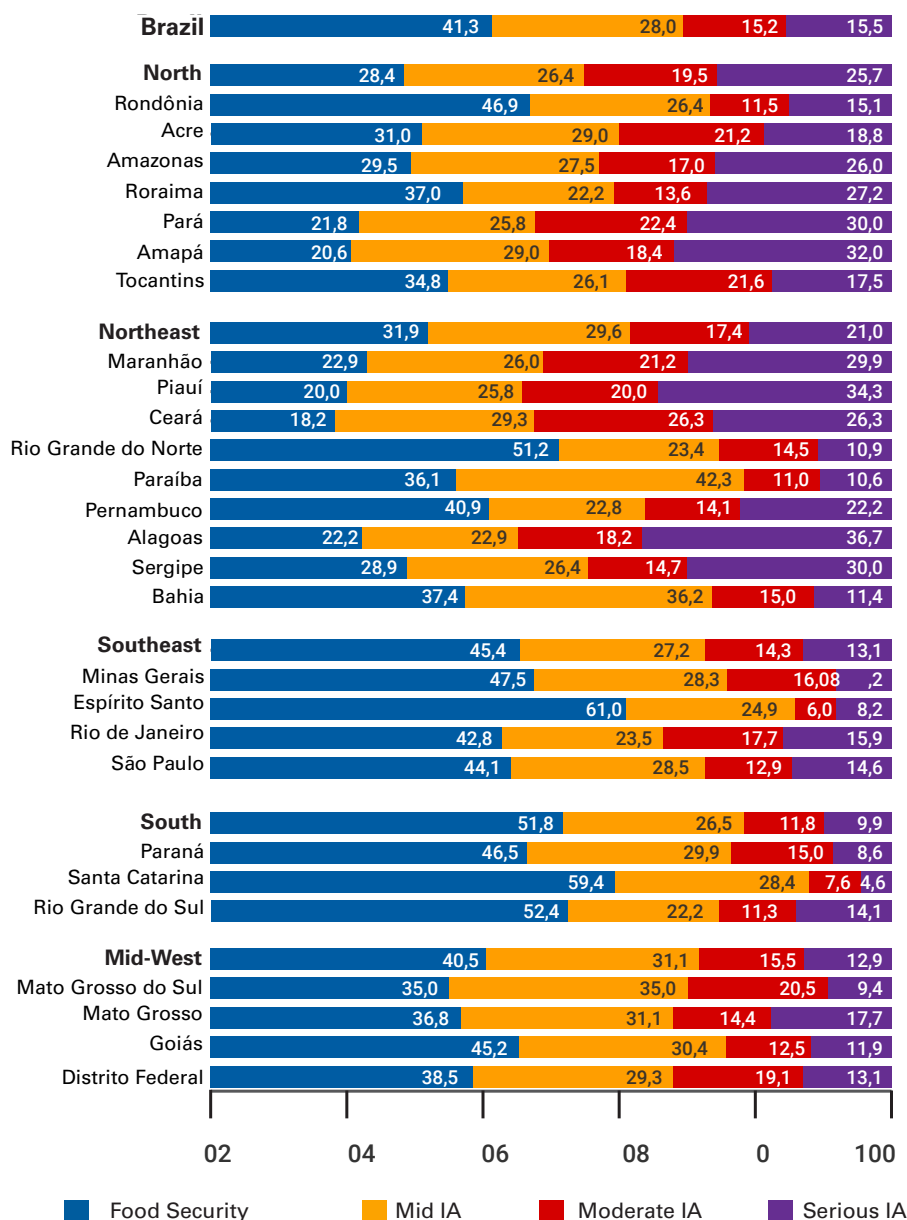
Other distinctive aspects of the Amazon initiative include:

- Its payment method, which uses a card restricted to purchases of health, food, and personal hygiene items;
- Its rapid transition from an emergency, one-time benefit to a regular program with significant scale expansion; and
- The innovative way in which the initiative is funded.

One of the key reasons for providing a supplementary transfer alongside the PBF in Amazonas is the state's highly dispersed and remote human settlements. Many residents rely on riverboats and multi-day trips to travel between municipalities in the region. As in other states of the Amazon territory, this difficulty of internal transfer in the state is further aggravated by the great distance from the state of some of the main productive centers of the country. Like other states in the Amazon region, internal mobility is further hindered by the state's considerable distance from major economic hubs in Brazil. Combined, these factors contribute to inflationary pressures, even on basic food prices. This context, along with high unemployment rates, results in worrying levels of food insecurity in the state compared to the rest of the country.

As a result, addressing food insecurity is central to the program's mandate. This is also one of the main reasons why the benefit is distributed via a card that restricts purchases to essential goods.

Figure 23 – Percentage distribution of Food Security and Food Insecurity levels (mild, moderate and severe food insecurity) in the units of the Federation, according to the macro-regions of Brazil. II VIGISAN – SA/IA and Covid-19, Brazil, 2021/22



Source: Extracted from (PENSSAN Network, 2022).

In January 2021, during the peak of the Covid-19 pandemic, a cash transfer was announced for 100 thousand families, paid in three installments of R\$ 200.00 each. Named State Aid, the initiative was aimed at families already qualified as beneficiaries of the Bolsa Família Program, i.e., those with income that characterizes them in a situation of poverty or extreme poverty. In addition, the program was exclusive to households with at least four members and a designated head of household aged 18 or older. Even with these eligibility rules, the program budget was not enough to cover all eligible families in the state. Thus, it prioritized families with lower incomes and a greater number of children, especially younger children, as well as nursing and pregnant women. Preference was also given to households headed by older individuals.

With the launch of the Permanent State Aid in November 2021, the criteria and procedures for selecting and validating the original State Aid information were maintained. However, a new rule was introduced, restricting eligibility to families with a per capita family income of up to half the minimum wage. Additionally, families with members who have disabilities were given priority (Government of the State of Amazonas, 2023b; 2023a).

In addition to the PBF's selection criteria, both State Aid (which provided three installments between February and March 2021, followed by sporadic payments) and Permanent State Aid (operating since November 2021) conduct their own income verification processes using the Single Registry (Government of the State of Amazonas, 2023b; 2023a).

By selecting beneficiaries, the Bolsa Família database, State Aid and Permanent State Aid benefit from the targeting mechanisms and compliance rules already in place for Bolsa Família. However, Amazonas' initiative goes further and performs its own additional validation by cross-checking data from the Single Registry with state employment records and vehicle ownership databases, flagging households that own cars manufactured in 2020 or later.

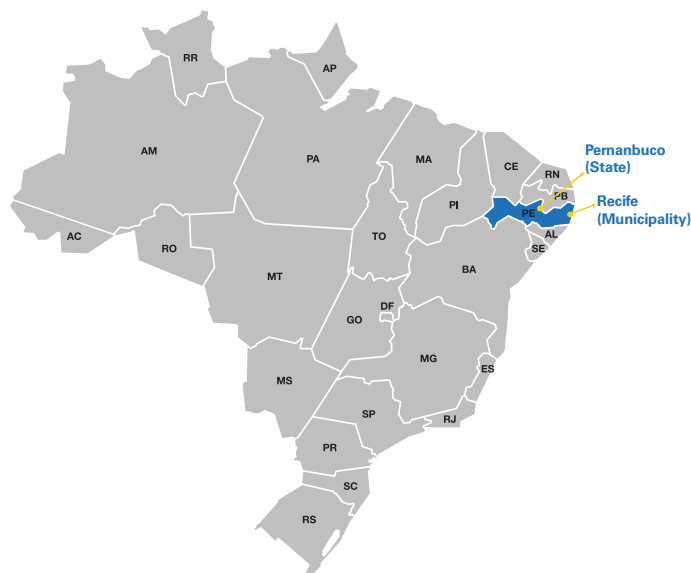
Positive perceptions of State Aid program's impact and the use of innovative fiscal mechanisms enabled its transition into a permanent program from November 2021 onwards, providing a fixed benefit of R\$ 150.00 per month for each family. Throughout 2022, the program included new beneficiaries, and, by 2023, it covered 300 thousand families, with a commitment to include another 50 thousand by the end of the year. Currently, 52.75% of the beneficiaries reside in the state capital, Manaus (Government of the State of Amazonas, 2023b; 2023a).

For State Aid, which was implemented during pandemic-related social distancing measures, benefit cards were automatically issued and delivered to the addresses listed in the Single Registry. However, for Permanent State Aid, beneficiaries are required to visit a local social assistance office in person, which also supports the broader national effort to ensure families update their Single Registry records regularly.

Finally, it is worth noting that the financing model of both initiatives is anchored in the Fund for Social Promotion and Poverty Eradication (FPS). Established in 2010, this fund traditionally allocates resources to civil society organizations to complement public sector efforts in social development government actions.

7.3. Pernambuco Mãe Coruja Program (PMC-P) and Recife Mãe Coruja Program (PMC-R)

Figura 24 – Location of the State of Pernambuco and the Municipality of Recife



There are also several interesting subnational experiences regarding the provision of integrated services, especially focusing on maternal and child health. In the state of Pernambuco, for example, since 2007 the Pernambuco *Mãe Coruja* (PMC-P) Program has offered integrated services for maternal child development from pregnancy to 6 years of age. Only mothers and babies who receive medical care from the public health network are eligible for the program.

Once this requirement is met, the program can be accessed by people of all income levels. However, its component that prioritizes access the maternity kit provided by SUAS is restricted to people registered in the Single Registry, therefore, who cannot exceed a total family income of three minimum wages (Government of the State of Pernambuco, 2011).

The integrated services that make up the PMC-P are offered in dedicated spaces established with the participating municipalities, the “Mãe Coruja Spaces”. These units have multidisciplinary teams capable of instructing pregnant and nursing women on the proper medical follow-up that these families should seek/receive. More than guiding mothers and caregivers of newborns, the Mãe Coruja Spaces also facilitate access to health services and other care and well-being routines offered by a range of other public policies from various social departments. The teams also offer training and qualifications for mothers and caregivers to incorporate integrative practices that promote emotional, social and cognitive development, including in educational games, reading habits and massage techniques that strengthen the bond between babies and their caregivers, etc. Additionally, mothers who attend these spaces and complete at least seven prenatal visits with the public health system are given priority access to the maternity kit, which is financed and managed by municipalities. It is intended to provide basic items for newborn care.

The State Secretariat of Health manages PMC-P, while the maternity kit, to which the program offers priority access, is a modality of SUAS Occasional Benefits (managed by the State Secretariat of Social Development). PMC-P offers priority access to a wide range of services

In addition to funding the operation of the Mãe Coruja Spaces, the state government offers all municipalities their own information management system, SIS Mãe Coruja. Although this system does not yet allow integration with other social assistance records and other areas, it enables the registration of beneficiary’s medical history including self-declared social and health information. Furthermore, program operators have access to the Ministry of Health’s registry, E-SUS, which allows them to access information such as the number of prenatal visits already made (Government of the State of Pernambuco, 2011).

Currently, 150 municipalities in the state adhered to PMC-P, equivalent to 81% of the total (Government of the State of Pernambuco, 2022). In 2021, the program had a budget of R\$ 431,448.00. It conducted 14,938 collective activities for pregnant women and beneficiaries, trained 5,456 professionals on childhood issues, and qualified 1,168 professionals in violence prevention. In the same year, the program registered and monitored 13,632 pregnant women and children. (Government of the State of Pernambuco, 2021).

Although the PMC-P lacks an impact evaluation and a robust set of indicators to measure its effects, the initiative is widely perceived as positive. In 2014, for example, the program was awarded the United Nations Public Service Awards in the category of Delivery of Gender-Responsive Public Services Delivery (ANESP, 2014). In the same year, the action also received the Innovation Award for Public Management from the Organization of American States (OEA, acronym in Portuguese) in the category of Innovation in the Quality of Public Policies (Government of the State of Pernambuco, 2014).

The following year, the State Council for the Defense of the Rights of Children and Adolescents of Pernambuco awarded the initiative with the prize for promoting children's and adolescents' rights in the state. In 2017, PMC-P also received the Excellence in Electronic Government Award from the Brazilian Association of State Information and Communication Technology Entities (Abep-TIC, acronym in Portuguese) (Government of the State of Pernambuco, 2017).

Inspired, therefore, by the experience of PMC-P, in 2015 the Recife City Hall, the state capital, established its own program called PMC-R. The local government's rationale for this decision was that state funding would be insufficient for such a large municipality. In addition, the Recife model opted to establish more standardized criteria to define the distribution of its units: the "Mãe Coruja Spaces". To this end, a set of key indicators that contribute to infant and maternal mortality was considered, and it was decided to prioritize the establishment of units in areas serving neighborhoods with the most alarming performance (Recife City Hall, 2022; 2023).

Currently, PMC-R has 19 units located in territories that, together, serve the 44 neighborhoods with the highest maternal-child mortality rates and worst indicators of social vulnerability. Another distinct aspect of PMC-R is that only inhabitants of these neighborhoods can access Mãe Coruja Spaces. In addition, whenever possible, it was decided to install the units next to the Community Peace Centers (COMPAZ, acronym in Portuguese): spaces that offer various complementary public services provided by different sectors.

The general idea of COMPAZ is to reduce the transportation costs for beneficiaries who need to access multiple service providers and to ensure the safe provision of services in areas historically affected by public security issues (City Hall of Recife, 2022; 2017).

Another aspect of the PMC-P that was further standardized in the version carried out by PMC-R concerns the nature of the activities offered directly by the initiative. These activities include:

- Individual and family monitoring of beneficiaries (including protected listening sessions for mothers, guidance on good maternal-infant health practices and training in some integrative practices).
- Professional courses in beauty services (manicure, eyebrow design, haircutting) and early childhood play facilitation.
- Collective workshops on women's rights and violence prevention; early childhood care; and first aid.
- Collective meetings on early childhood.

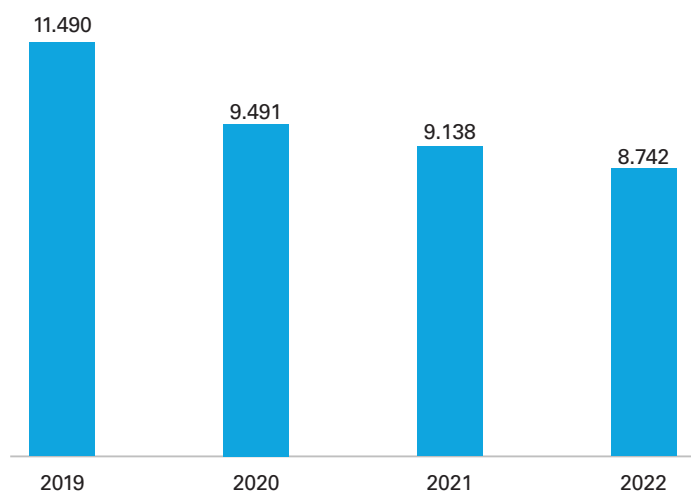
In addition to the services offered directly by the PMC-R, there is also coordination with other programs of the Municipal Secretariat of Social Assistance and six other municipal departments, as listed below (City Hall of Recife, 2014; Urban95, 2022):

- **The Municipal Secretariat of Social Assistance** offers the following services to the program beneficiaries: a) Provision of occasional benefits in the form of the Birth Assistance Grant (maternity kit) for pregnant women; b) workshops for families on bonding and first aid through the Affection Generation Project; c) joint activities for families served by the Early Childhood Program in SUAS and the Recife *Mãe Coruja* Program, such as socialization groups focused on specific topics; d) Assistance in obtaining personal documents for program participants e) implementation of the referral and counter-referral protocol for program beneficiaries regarding demands related to CRAS and CREAS; and f) Permanent Education Workshops for PMCR professionals on bonding and emotional attachment.
- **The Municipal Secretariat of Education** offers the following services to program beneficiaries: a) Game Workshops in PMCR Spaces for families (provided by the *Brinqueducar* project team); b) annual professional training course for play specialists (60 vacancies per year for PMC-R beneficiaries and program professionals); c) A professional development course for program staff, titled Early Childhood Education and Care: Synapses between Theory and Practice, offered by the Executive Secretariat of Early Childhood of Recife and the *Brinqueducar* project; and d) Semiannual Permanent Education Workshops for PMCR professionals on storytelling and play-based learning.
- **The Municipal Secretariat for Women** carries out the following initiatives: a) Discussion groups in PMCR Spaces for families, called “Full of Rights”; b) “Nursery Singing” groups in some PMCR Spaces; and c) Permanent Education workshops for PMCR professionals on violence against women and appropriate intervention approaches.
- **The Municipal Secretariat of Labor** promotes vocational courses for families of Mãe Coruja Spaces in manicure, eyebrow design and hair cutting. The courses have a workload of 40 hours and include a starter for participants.
- **The Municipal Secretariat of Social Security** carries out: a) Collaborative activities in the libraries and “bebetecas” (children’s library and toy area)^{xii} within COMPAZ; and b) infrastructure support for the activities of the *Mãe Coruja* Space, such as an auditorium and audiovisual room for training the PMCR team in Permanent Education.
- **The Municipal Sports Secretariat** offers sports activities for program beneficiaries in the centers near the *Mãe Coruja* Spaces.
- **The Municipal Secretariat of Tourism and Leisure** provides catamaran tours (typical river transport of Recife) for families enrolled in the program.

Although the PMC-R has made progress in listing the additional services available, there is still no defined protocol specifying the exact conditions for accessing these services. Aside from priority access to maternity kits, access to other services is primarily determined by the priorities of program managers and operators, as well as the availability of these initiatives to accommodate PMC-R beneficiaries at any given time. While guidelines exist regarding the profiles eligible for specific services, the teams organize their action calendars semiannually based on expected demands. However, there is no guarantee, for example, that all beneficiaries will have access to a pre-stipulated number of vocational training courses or cultural and leisure activities.

According to discussions with program managers, PMC-R has successfully served all pregnant women referred by the service network within the coverage territories. In fact, activating demand has been a more pressing challenge than potential system overload. In recent years, there has been an average of 9,715 annual visits. Although the number of participants declined during the pandemic, the program mitigated this impact by offering remote assistance, by phone or WhatsApp, in addition to scheduling individualized sessions, thereby reducing the infection risks for beneficiaries and operators of the initiative.

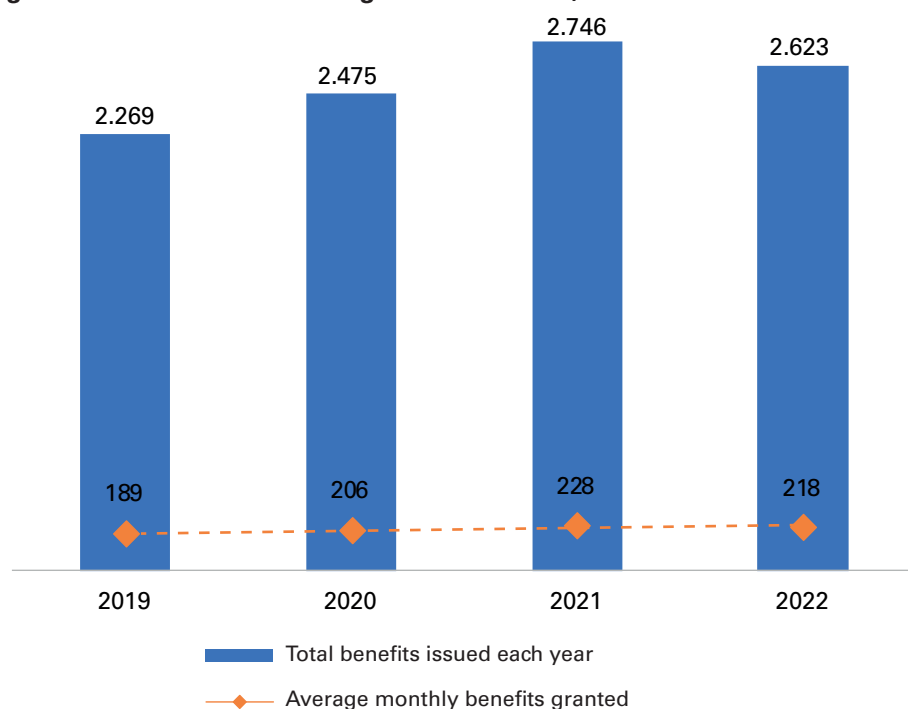
Figure 25 – Total Assistance Recife Mãe Coruja Program, 2019-2022



Source: Elaboration of the authors based on data obtained through personal communications with the City Hall of Recife - PE.

The budget for the infrastructure and maintenance of the 19 units and human resources of the PMCR is included in the actions of the Primary Care Network of the Municipal Health Policy. According to program managers, the estimated annual cost for the unit teams (formed by a social worker, a psychologist, nursing professionals and the team coordination) is R\$ 2,723,012.16. Additionally, an extra R\$ 145,000.00 is spent annually on materials used by service units.

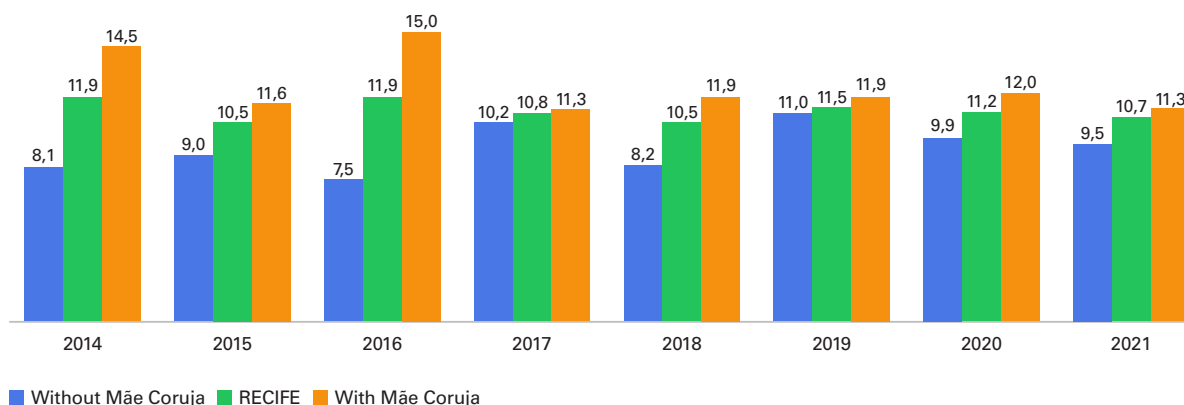
As with PMC-P, a significant portion of public spending related to PMC-R is covered by the Secretariat of Social Assistance, which primarily finances the maternity kits delivered to PMC-R beneficiaries who have attended at least seven prenatal visits. According to program managers, about 80% of the kits distributed in the municipality go to PMC-R beneficiaries. With an average cost of R\$ 250.00 per kit, it is estimated, therefore, that the “indirect counterpart” of the Social Assistance Secretariat to the PMC-R is around R\$ 630,000.00 per year.

Figure 26 – Total Birth Benefit granted in Recife, 2019-2022

Source: Elaboration of the authors based on data obtained through personal communications with the City Hall of Recife - PE.

It is important to note that access to the maternity kit, which is prioritized for PMC-R beneficiaries, requires valid registration in the Single Registry. For both PMC-P and PMC-R, professionals at service units do not have access to perform this registration directly. However, the teams guide beneficiaries on how to register. Once registered, there is direct coordination between the healthcare and social assistance teams to ensure that the maternity kits are delivered to the *Mãe Coruja* Program units, where they are distributed to beneficiaries.

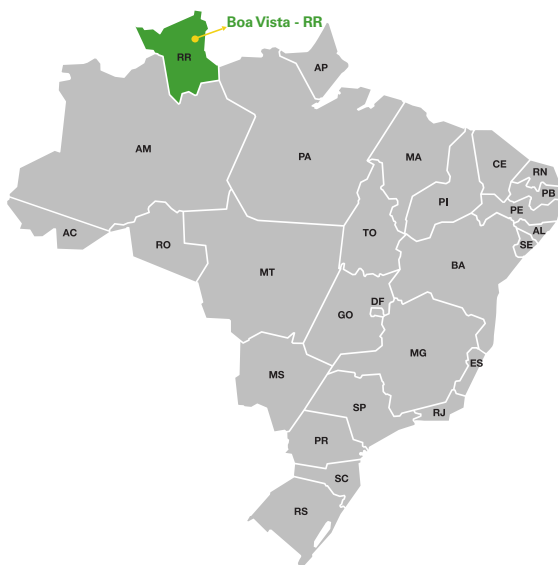
Like PMC-P, PMC-R has not undergone an impact evaluation. However, monitoring data since the program's inception shows that maternal and child mortality rates in areas with program units have decreased significantly more than the rates for the overall population of Recife. In contrast, maternal and infant mortality rates have increased in areas without *Mãe Coruja* units.

Figure 27 – Infant mortality rate (per 1,000 live births), 2014 to 2021, for different groups

Source: City Hall of Recife (2022).

7.4. Boa Vista Família que Acolhe (Caring Family) Program (FQA)

Figura 28 – Location of the Municipality of Boa Vista – RR



The Família que Acolhe (FQA) Program, implemented by the city of Boa Vista (RR) since 2013, aims to ensure the full development of children in early childhood who face vulnerable situations. It also seeks to strengthen family skills, family ties and health care for pregnant women and children. To this end, the program promotes and encourages integrated access to the necessary basic services of social assistance, healthcare, culture, and education.

FQA's management is intersectoral and shared among the municipal departments of social assistance, education and culture, health, social communication, and planning. These departments are part of the program's Management Group. The program has its own infrastructure, including a dedicated headquarters and team, offering social assistance services such as educational support groups and individualized monitoring, which help guide and refer families to healthcare and education services. Additionally, it tracks family progress and distributes in-kind benefits (maternity kits and milk).

The program was initially established on December 20, 2013, through [Law No. 1.545](#), which provided for the following benefits: educational socialization groups (Baby University), vacancies in daycare centers (Mother Houses), facilitation and monitoring of access to health services, and distribution of maternity kits.

In August 2015, through [Law No. 1.637](#), another in-kind benefit (milk) was linked to the FQA structure, through an additional program (Family Milk). Finally, in 2019, the Happy Child Program was incorporated into the FQA, through [Law No. 1960](#), adding another benefit (home visits).

The program consists of several benefits (in kind and services) among those listed below, to which enrolled families are entitled and which can be accessed separately.

- **Right to vacancies in Mother Houses (municipal daycare centers):** the program guarantees priority access for its beneficiaries to the municipal daycare center system of Boa Vista, the Mother Houses.
- **Baby University:** one of the original subcomponents of the program. It consists of regular community meetings to discuss early childhood development, family planning and children's rights. These meetings instruct and promote exchanges and interactions between families and professionals. There are different classes, divided according to the child's development stage. The child's caregiver(s) attend the sessions with them, though the presence of both parents is not mandatory.

- **Newborn kits for pregnant women enrolled in the program:** One of the program's original components that consists of providing essential newborn kits to families with newborns.
- **Milk for babies:** this component was introduced in 2015 under the FQA program structure. It provides milk cans for families benefiting from FQA with children from one year old. It is also available to children who are not necessarily enrolled in the FQA but attend the Mother's Houses or are referred by the health system due to nutritional risk. The funding is municipal, sourced from the departments of social assistance, education, and health.
- **Prenatal and pediatric health care:** Families can receive care from health professionals at the FQA headquarters. The team schedules the necessary exams at the Basic Health Units, and families can be referred for specialized follow-up. Program staff track each family's progress.
- **The Happy Child Program:** In Boa Vista, this federal program - part of the national early childhood plan and aligned with the FQA - was incorporated into the FQA structure in 2019. It introduced home visits as a benefit for beneficiary families. These visits must be carried out by trained professionals, hired through a selection process, and follow the Happy Child Program methodology. These visits occur twice a month for families with pregnant women, with children up to 36 months old and with children up to 72 months old who receive the Continuous Cash Benefit.
- **Reading from Birth:** A nine-month intervention within the scope of the Baby University, that included reading aloud to children and sharing reading techniques with parents to promote early childhood development. The intervention was carried out in partnership with Instituto Alfa e Beto and accompanied by an evaluation by researchers from New York University (NYU).

The FQA provides access for families with pregnant women and/or young children (up to six years old).

To enroll in the program and receive benefits, the family must be registered in the Single Registry (restricted to families with a total income of up to three minimum wages). A technical assessment by the program team or the Municipal Secretariat of Social Management (SEMGES, acronym in Portuguese) must attest the need for inclusion. Families can seek out the program either by self-referral or through referrals from health and social care professionals.

According to the Brazilian Council of Justice (CNJ, acronym in Portuguese), in 2020 the FQA operated at an average monthly cost of R\$ 500,000.00, financed mainly from the municipal resources. The only exception is the home visits under the Happy Child Program, which are mainly financed by the federal government. The table below indicates how program coverage evolved between 2013 and 2021, benefiting an average of 2,321 people per year. Between 2015 and 2021, there was an average of 2.7 people per beneficiary child participating in the program's activities. This data suggests that, on average, at least one additional caregiver per child takes part in the offered activities.

The number of maternity kits delivered is in line with the number of beneficiaries. And the number of milk cans provided suggests that each beneficiary has received an average of 6.5 cans in this period.

Table 10. FQA program coverage indicators

Year	Full coverage (registered families)	Number of attendees at program meetings (per person)	Supplies delivered	No. of milk deliveries
2013	806	-	-	-
2014	2.135	-	1.544	-
2015	2.200	5.191	2.777	1.468
2016	3.126	5.239	2.313	21.050
2017	1.978	5.796	2.531	17.122
2018	2.859	7.061	2.510	24.347
2019	2.877	7.806	2.986	20.232
2020	2.260	7.364	2.458	16.700
2021	2.650	9.880	2.875	28.078

Source: (City Hall of Boa Vista, 2022).

An impact assessment study carried out by NYU indicates that the program has significant and desirable impacts in several areas, such as the expansion of children's vocabulary, development of psychomotor skills, communication capacity, extended breastfeeding duration, higher treatment rates for underlying medical conditions and even the height-for-age indicator (Capocchi, Silva, and Balbachevsky, 2022). Additionally, it is worth noting that the program includes campaigns to promote training for fathers as well, and not just mothers.



8. Conclusions and concluding remarks

The set of social protection initiatives analyzed in this study allows us to understand why Brazil stands out internationally as an incubator of good practices. The country has a vast range of initiatives offered

by different government levels. These initiatives are integrated through common tools, such as SUAS. Much of the international attention dedicated to Brazil is rightly focused on initiatives such as the Bolsa Família Program and the Single Registry. However, SUAS is essential for the functioning of these two pillars and for their integration into a broader set of public policies aimed at promoting rights and reducing poverty in the country.

By operating across different government levels, SUAS ensures that the federal government can implement public policies throughout the national territory without infringing the autonomy of subnational governments. Moreover, it enables a co-financing mechanism among all government levels, supporting both federal policies and services specific to the SUAS system.

In summary, SUAS stands out in Brazilian policy for its decentralized governance of programs and services. It supports both nationwide initiatives and programs developed independently by states and municipalities. The standardization of minimum conditions and common protocols that guide SUAS' social assistance teams ensure that these challenging mandates are implemented without deepening regional inequalities, while guaranteeing that social rights are upheld across all regions of Brazil. Notably, most of the social protection policies highlighted in this report rely on SUAS for operations that require a more extensive presence across the territory.

Within this framework, Brazil's national-scale initiatives are highly diversified, covering a wide range of programs and services. These actions are structured to address all stages of human development, including early childhood, which benefits from shared practices even if indirectly. These practices include income verification, based on per capita household income and the allocation of benefits tailored to household composition.

Most of the public policies reviewed in this study primarily serve families headed by women with multiple children, as well as the elderly and people with disabilities. At the subnational level, Brazil has yet to gain the same level of recognition as it has for its federal and intergovernmental policies. While many promising subnational initiatives exist, they often receive less visibility due to the dominant focus on national policies.

Among the subnational initiatives highlighted in this report, an important trend is the increasing use of tools traditionally associated with federal programs. The Single Registry, for example, enables the operation of all subnational programs discussed in this study. This suggests that subnational governments have been rapidly adopting capabilities that, until recently, seemed to be more concentrated at the federal level.

Overall, the most successful subnational initiatives are those that leverage sectoral and cross-sectoral management tools and aim to complement the services provided by the federal government, rather than duplicating or competing with them.

9. Referências Bibliográficas

Agência Brasil. 2020. "Federal Government invests more than R\$ 630 million in Operation Welcome". August 24, 2020. <https://www.gov.br/pt-br/noticias/assistencia-social/2020/08/governo-federal-investe-mais-de-r-630-milhoes-na-operacao-acolhida>

Alberto, Maria de Fátima Pereira, Ana Lúcia dos Santos França, Gustavo de Sousa Silva, Cláudio Marques Trindade and Rebeca Kelly Gomes da Silva. 2019. "Coping with child labor through Social Assistance Policy: what's new in the scenario?" http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-294X2019000400004

ANESP. 2014. "UN opens registration period for the United Nations Public Service Awards 2015 (Abep-TIC) the Excellence in Electronic Government Award". <http://anesp.org.br/todas-as-noticias/2014/8/21/onu-abre-periodo-de-inscries-para-o-united-nations-public-service-awards-2015>

Antunes, Maryna Vieira Martins and Rosângela Aparecida de Medeiros Hespanhol. 2012. "The Food Acquisition Program in the municipality of Dracena-SP." Prudentine Geography Journal 2 (33). <https://revista.fct.unesp.br/index.php/cpg/article/view/1929>

Arruda, Pedro, Diana Barbosa, Marina Lazarotto de Andrade, Tiago Falcão and Matteo Morgandi. 2021. "Emergency Aid: Lessons from the Brazilian experience responding to COVID-19". <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099255012142121495/p1748361b302ee5718913146b11956610692e4faf5bc>

Arruda, Pedro Lara. in press. "The New Bolsa Família and its predecessors: a political economic analysis on supply and demand-side drivers affecting its fiscal space"

Arruda, Pedro, Gabriel Lyrio de Oliveira, Gabriel Ibarra, Marina Lazarotto de Andrade, Tiago Falcão, Diana Barbosa, and Matteo Morgandi. 2022. "Coverage Profile of Brazil's Emergency Aid and Special Design Features for Protecting Women and Other Vulnerable Groups : Lessons from Brazil's Emergency Aid". <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099930005242219483/p1748360bd260a015090610fb0525fc0254>

Arsky, Igor da Costa. 2020. "The effects of the Cisterns Program on access to water in the semi-arid region". <https://revistas.ufpr.br/made/article/view/73378>

Brazilian Men's Land Association and UNICEF. 2015. "Foster Family - Profile of the implementation of the foster family service in Brazil". https://terra-dos-homens.s3.amazonaws.com/uploads/ckeditor/attachments/54/Familia_acolhedora_perfil_da_implementacao_Final.pdf

Barbosa, Diana, Pedro Arruda, Marina Lazarotto de Andrade, Tiago Falcão and Matteo Morgandi. 2021. "Registration and Eligibility Process of Brazil's Emergency Aid: Data Processing and Use of Administrative Registries". <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099255012142136232/p1748360d7131402e086730fbce1d687fa1>

Bartholo, Letícia, Andrea Barreto de Paiva, Marco Natalino, Elaine Cristina Licio and Marina Brito Pinheiro. 2020. Federal cash transfers of an assistance nature in response to Covid-19: changes and implementation challenges. Disoc 72. Brasília: IPEA. http://repositorio.ipea.gov.br/bitstream/11058/10042/1/NT_72_Disoc_AsTransferênciasMonetáriasFederais.pdf

Bonorino, Rodogério Cattelan. 2015. "Study on the satisfaction of beneficiaries of the Service of Community Life and Strengthening of Bonds (SCFV) of the Reference Centre for Social Assistance (CRAS) of Sobradinho – RS". https://repositorio.ufsm.br/bitstream/handle/1/14808/TCCE_GPM_EaD_2015_BONORINO_RODOGERIO.pdf?sequence=1&isAllowed=y

Brazil. 2023. "Decree No. 11.802, of November 28, 2023. Regulates the Food Acquisition Program. Presidency of the Republic. Office of the Chief of Staff. Special Secretariat for Legal Affairs. https://www.conab.gov.br/images/arquivos/agricultura_familiar/Decreto-11.802-2023.pdf

Brauwer, Alan de, Daniel O. Gilligan, John F. Hoddinott, and Shalin Roy. 2014. "The impact of Bolsa Família on schooling: Girls' advantage increases and older children gain". <https://www.ifpri.org/publication/impact-bolsa-fam%C3%ADlia-schooling-girls%E2%80%99-advantage-increases-and-older-children-gain>

Brito, Luiza Teixeira de Lima, Nilton de Brito Cavalcanti, Lúcio Alberto Pereira, João Gnadlinger and Aderaldo de Souza Silva. 2010. "Rainwater stored in a cistern for growing fruits and vegetables". <https://www.embrapa.br/busca-de-publicacoes/-/publicacao/879623/agua-de-chuva-armazenada-em-cisterna-para-producao-de-frutas-e-hortalicas>

Britto, Arlana, Fernando Freitas and Fábio Waltenberg. 2022. "Digital social currencies and local social protection in the Brazilian cities of Maricá and Niterói". *Policy in Focus* 18 (1). chrome-extension://efaidnbmnnnibpcjpcglclefindmkaj/https://ipcig.org/sites/default/files/pub/en/PIF50_Is_going_digital_the_solution.pdf

Britto, G. C. Diogo; Carillo, Bladimir; Sampaio, Breno. 2021. "Impact analysis of the 1st water cisterns program on labor market indicators. <https://www.gov.br/sudene/pt-br/centrais-de-conteudo/ted0172020-produto2.pdf>

Buccini, Gabriela, Sonia Itoyama Venancio e Rafael Pérez-Escamilla. 2021. "Scaling up of Brazil's Criança Feliz early childhood development program: an implementation science analysis". *Annals of the New York Academy of Sciences*. <https://nyaspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/nyas.14589>

Capocchi, Eduardo Rodrigues, David Moisés Felismino Silva e Elizabeth Balbachevsky. 2022. "Assessing Boa Vista's 'Família que Acolhe' program for early childhood". <https://www.rbaval.org.br/article/doi/10.4322/rbaval202211015>

Casagrande, Dieison, Lucas Emanuel, Carlos Eduardo de Freitas, Alex Lima, Fábio Nishimura and Felipe Oliveira. 2021. "Social Technologies and Income: Evidence of the Second Water Cistern Program in Brazil". https://www.anpec.org.br/encontro/2022/submissao/files/_/i12-ac57d2d948a7eddeb19455c94b7f857b.pdf

Castro, César Nunes. 2021. "Evaluation of the National Program to Support Rainwater Harvesting and Other Social Technologies (Cisterns Program) in Light of the Sustainable Development Goals". https://repositorio.ipea.gov.br/bitstream/11058/11009/1/td_2722_web.pdf

Cavalcante, Pedro and Beatriz Bernarde Ribeiro. 2012. "The Unified Social Assistance System: results of the implementation of the policy in Brazilian municipalities". *Rev. Adm. Public* 46 (December). <https://www.scielo.br/j/rap/a/bwPZgHkvMbPcWCcYcgKHtPb/?lang=pt#>

CODEPLAN. 2017. Evaluation of the implementation of a social development program: the case of the comprehensive family protection and care service (PAIF)". <https://bit.ly/3OvyF7m>

CONGEMAS. 2022. "Emergencies, Disasters and Catastrophes: the place of Social Assistance". April. https://famurs.com.br/uploads/midia/31893/Apresentao_COEGEMAS__Ana_Duarte.pdf

Da Mata, Daniel; Emanuel, Lucas; Pereira, Vitor; Sampaio, Breno. 2023. Climate adaptation policies and infant health; Evidence from a water policy in Brazil. *Journal of Public Economics*. Vol. 220. <https://www.sciencedirect.com/science/article/abs/pii/S0047272723000178>

D'Ávila, Cláudia Aparecida Romeiro, and Sandro Pereira Silva. 2012. "Food security and local development: an analysis of the results of the Food Acquisition Program (PAA) in Minas Gerais". *Journal of Public Policies* 15. (March). <http://periodicoseletronicos.ufma.br/index.php/rppublica/article/view/851>

Duque, Ghislaine. 2015. "Water for rural development: the ASA and the P1MC and P1+2 Programs. <https://lume.ufrgs.br/handle/10183/232410>

Falcão, Tiago. 2022. "From Bolsa Familia to Auxílio Brasil: the Brazilian CCT experience". September 21. <https://www.imf.org/-/media/Files/News/Seminars/2022/high-level-policy-dialogue-on-inequality/Presentations/English/from-bolsa-familia-to-auxilio-brasil-the-brazilian-cct-experience.ashx>

Ferreira, Elvis Pantaleão, Luiza Teixeira de Lima Brito, Tarcizio Nascimento, Fernando Cartaxo Rolim Neto and Nilton de Brito Cavalcanti. 2016. "Efficient use of rainwater stored in cisterns for vegetable production in the semi-arid region of Pernambuco". *Green magazine of agroecology and sustainable development* 11. (April). <https://www.gvaa.com.br/revista/index.php/RVADS/article/view/4035>

Filho, Naércio-Menezes, and Elaine Toldo Pazello. 2008. "Economic Evaluation of the 1 Million Cisterns Project – P1MC". <https://www.febraban.org.br/7Rof7SWg6qmyvwJcFwF7I0aSDf9jyV/sitefebraban/Apresenta%E7%E3o%20Naercio%20Menezes%20-%20avalia%E7%E3o-P1MC.pdf>

Government Transition Office. 2022. "Final report of the Government Transition Office." <https://gabinetedatransicao.com.br/noticias/relatorio-final-do-gabinete-de-transicao-governamental/>.

Gama, Andrea and Roberta Costa. 2021. "An analysis of the intensification of the circulation of Maricá's mumbuca social currency". https://www.researchgate.net/publication/354151198_Uma_analise_da_intensificacao_da_circulacao_da_moeda_social_mumbuca_de_Marica

GESUAS. 2021. "Everything about Occasional Benefits". <https://blog.gesuas.com.br/beneficios-eventuais/>

Given, Lisa M. 2008. *The SAGE Encyclopedia of Qualitative Research Methods*. <https://us.sagepub.com/en-us/nam/the-sage-encyclopedia-of-qualitative-research-methods/book229805>

GoB, CGU. 2020. "Evaluation Report. Social Assistance Continuous Cash Benefit (BPC). Cycle 2020." https://www.gov.br/planejamento/pt-br/aceso-a-informacao/participacao-social/conselhos-e-orgaos-colegiados/cmap/politicas/2020/gastos-diretos/relatorio_avaliacao-cmag-2020-bpc.pdf

———. 2022a. "Elderly persons receiving Continuous Cash Benefit (CPB) per paying Municipality". <https://aplicacoes.mds.gov.br/sagi/vis/data3/>

———. 2022b. "Persons with Disabilities (PwD) receiving Continuous Cash Benefit (BPC) per Paying Municipality". <https://aplicacoes.mds.gov.br/sagi/vis/data3/>

GoB, IPEA. 2020. "Political Science Newsletter - monitoring and analysis N. 27, 2020." Social Assistance." https://portalantigo.ipea.gov.br/portal/images/stories/PDFs/politicas_sociais/201007_boletim_BPS_27_assistencia_social.pdf

———. 2022. "Political Science Newsletter - monitoring and analysis N. 29, 2022." https://portalantigo.ipea.gov.br/portal/index.php?option=com_content&view=article&id=39098&Itemid=9

GoB, Min. Citizenship. 2020a. "School cisterns delivered by the Ministry of Citizenship (Accumulated)." <https://aplicacoes.cidadania.gov.br/vis/data3/>

———. 2020b. "SUAS Census." July 1, 2020. <https://www.gov.br/mds/pt-br/acoes-e-programas/assistencia-social/gestao-do-suas/vigilancia-socioassistencial-1/censo-suas>

———. 2020c. "The Child Labor Eradication Program." <https://www.gov.br/cidadania/pt-br/acoes-e-programas/assistencia-social/servicos-e-programas-1/acao-estrategica-do-programa-de-erradicacao-do-trabalho-infantil>

———. 2020d. "Municipal Management Manual for the Happy Child Program." https://www.gov.br/cidadania/pt-br/acoes-e-programas/crianca-feliz/publicacoes-1/Manual_Gestor_PCF_1012.pdf

———. 2021a. "SUAS journal 2021. Financing Social Assistance in Brazil".

———. 2021b. "Frequently Asked Questions. Occasional Benefits in SUAS." https://www.gov.br/cidadania/pt-br/acoes-e-programas/assistencia-social/beneficios-assistenciais/copy_of_Perguntasfrequentes_Beneficios_Eventuais_SUAS2.pdf

———. 2021c. "Keeping an eye on citizenship - Profile of COVID-19 emergency aid beneficiaries: Who are they and where are they?". Secretariat for Evaluation and Information Management / Monitoring Department. https://www.mds.gov.br/webarquivos/arquivo/sagi/relatorios/De%20olho%20na%20cidadania_Vol_3_v2_30_04_2021.pdf

———. 2022a. "Emergency Aid Panel 2020." <https://aplicacoes.mds.gov.br/sagi/vis/data3/index.php?g=2>

———. 2022b. "Family water cisterns for consumption (1st water) delivered by the Ministry of Citizenship (Accumulated)." <https://aplicacoes.cidadania.gov.br/vis/data3/>

———. 2022c. "Evaluation of the implementation of the Happy Child Program. Final Report." https://aplicacoes.mds.gov.br/sagi/pesquisas/documentos/relatorio/relatorio_0211.pdf

———. 2022d. "SIMPETI Brazil Report 2021." <https://blog.mds.gov.br/redesuas/wp-content/uploads/2022/02/Relatorio-Painel-SIMPETI-Janeiro-2021.pdf>

———. 2022e. "Family water cisterns for production (2nd water) delivered by the Ministry of Citizenship (Accumulated)." <https://aplicacoes.cidadania.gov.br/vis/data3/>

———. 2022f. "Small-scale family farmer suppliers of the Feed Brazil Program by modality." <https://bit.ly/3ZnkvLP>

- . 2022g. "Continuous Cash Benefit (BPC)." <https://www.gov.br/cidadania/pt-br/acoes-e-programas/assistencia-social/beneficios-assistenciais/beneficio-assistencial-ao-idoso-e-a-pessoa-com-deficiencia-bpc>
- . 2022h. "BPC at school." <https://www.gov.br/cidadania/pt-br/acoes-e-programas/assistencia-social/servicos-e-programas-1/bpc-na-escola#:~:text=O%20Programa%20BPC%20na%20Escola,munic%C3%ADpios%20e%20do%20Distrito%20Federal>
- . 2022i. "Service of Community Life and Strengthening of Bonds Frequently Asked Questions". https://www.gov.br/mds/pt-br/acoes-e-programas/suas/publicacoes/perguntas_frequentes_SCFV_2022.pdf
- GoB, Min. Social Development. 2007. "Bolsa Família Program Impact Assessment - 1st round (AIBFI)". <https://fpabramo.org.br/acervosocial/wp-content/uploads/sites/7/2017/08/448.pdf>
- . 2009. "Qualitative-quantitative studies on the comprehensive family care program". <https://fpabramo.org.br/acervosocial/wp-content/uploads/sites/7/2017/08/046.pdf>
- . 2012. "Bolsa Família Program Impact Assessment - 2nd round (AIBF II)". <https://erc.undp.org/evaluation/evaluations/detail/3801>
- . 2021a. "SUAS journal. Financing Social Assistance in Brazil". https://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Cadernos/Caderno_SUAS-no06_final.pdf.pagespeed.ce.ITkZaFIImm.pdf.
- . 2014a. "QUESTIONS AND ANSWERS: the Redesign of the Child Labor Eradication Program 2nd Version". https://www.mds.gov.br/webarquivos/publicacao/assistencia_social/cartilhas/cartilha_perguntas_respostas_redesenho_peti_2014.pdf
- . 2014b. "Brazilian Typification of Social Assistance Services". <https://central.to.gov.br/download/231761>.
- . 2018a. "Technical guidelines on Eventual Benefits in SUAS". https://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Cadernos/SNAS_Cartilha_Par%C3%A2metros_Atua%C3%A7%C3%A3o_SUAS.pdf.
- . 2018b. "SUAS and the Happy Child Program. Integrated actuation." https://www.mds.gov.br/webarquivos/publicacao/assistencia_social/Cadernos/Interac%CC%A7a%CC%83o%20SUAS%20e%20Crian%C3%A7a%20Feliz%20final%20completo%20-%20Diagramado.pdf.
- . 2018c. "IGD-M Booklet - Manual of the Decentralized Management Index of the Bolsa Família Program and the Single Registry (Municipalities and Federal District)". https://www.mds.gov.br/webarquivos/publicacao/bolsa_familia/Guias_Manuais/ManualIGD.pdf
- . 2021a. "SUAS Census/ Day Center - 2021". [https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/6%20-%20CENTRO%20DIA\(1\).zip](https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/6%20-%20CENTRO%20DIA(1).zip)
- . 2021b. "SUAS Census/ Day Center - 2021". https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/3%20-%20CENTRO%20POP.zip
- . 2022a. "Rural Productive Inclusion Allowance". https://www.gov.br/cidadania/pt-br/auxilio-brasil/copy3_of_beneficiocompensatorio/

- . 2022b. “Feed Brazil Program - General Execution (number of farmers and funds paid out, year by year)” <https://bit.ly/49aPeit>
- . 2022c. “Food Acquisition Program (PAA) - Execution of Extraordinary Credit (MP 957/2020 - Coronavirus Coping)” <https://bit.ly/4109xNK>
- . 2022d. “SUAS Census/ Community Life Centers - 2022” <https://aplicacoes.mds.gov.br/snas/vigilancia/index2.php>
- . 2022e. “SUAS Census/ CRAS - 2022” [https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/1_CRAS\(2\).zip](https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/1_CRAS(2).zip)
- . 2022f. “SUAS Census/ Foster Family” [https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/7%20-%20FAMILIA%20ACOLHEDORA\(2\).zip](https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/7%20-%20FAMILIA%20ACOLHEDORA(2).zip)
- . 2022g. “SUAS Census/ Reception Units” [https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/4%20-%20UNIDADE%20DE%20ACOLHIMENTO\(5\).zip](https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/4%20-%20UNIDADE%20DE%20ACOLHIMENTO(5).zip)
- . 2022h. “Municipalities eligible to join the Happy Child Program” <https://bit.ly/414MZLV>
- . 2022i. “SUAS Census/ CREAS - 2021” [https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/2%20-%20CREAS\(1\).zip](https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/2%20-%20CREAS(1).zip)
- . 2022j. “Municipalities that joined the Happy Child Program” <https://bit.ly/3CIguE9>
- . 2022k. “Emergency Aid Panel 2021” <https://aplicacoes.mds.gov.br/sagi/vis/dash/painel.php?d=176>
- . 2022l. “Total individuals visited in the Happy Child Program” <https://bit.ly/4fJgGX9>
- . 2022m. “Total number of people in families benefiting from the Bolsa Família/Brazil Aid Program” <https://aplicacoes.mds.gov.br/sagi/vis/data3>
- . 2022n. “Programs and Actions Report” <https://aplicacoes.mds.gov.br/sagi/ri/relatorios/cidadania/#metasepagamentossnas>
- . 2022o. “Visits carried out by the Happy Child Program” <https://bit.ly/4eTTnbY>
- . 2022p. “Interiorization Panel” <http://aplicacoes.mds.gov.br/snas/painel-interiorizacao/>
- . 2022q. “Bolsa Família Program - number of families and values (until October/2021)” <https://aplicacoes.mds.gov.br/sagi/vis/data3/>
- . 2023a. “RMA POP Center - Jan 2023” https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/RMA_Centro_POP_Criterios_2023_divulga%C3%A7%C3%A3o_030423.zip
- . 2023b. “RMA CRAS - January 2023” https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/RMA_CRAS_Criterios_2023_divulga%C3%A7%C3%A3o_030423.zip
- . 2023c. “RMA CREAS - January 2023” https://aplicacoes.mds.gov.br/sagi/dicivip_datain/ckfinder/userfiles/files/RMA_CREAS_criterios_2023_divulga%C3%A7%C3%A3o_030423.zip

———. 2023d. “Booklet on the new Bolsa Família.” https://www.gov.br/pt-br/noticias/assistencia-social/2023/03/o-bolsa-familia-e-um-programa-da-sociedade-brasileira-diz-lula/cartilha_bolsa_familia.pdf

———. 2023e. “Amount passed on to the elderly via the Continuous Cash Benefit (BPC) per paying municipality.” <https://aplicacoes.mds.gov.br/sagi/vis/data3/>

———. 2023f. “Amount passed on to People with Disabilities (PwD) via the Continuous Cash Benefit (BPC) per paying municipality.” <https://aplicacoes.mds.gov.br/sagi/vis/data3/>

———. 2023g. “Amount passed on to Persons with Disabilities (PwD) via Lifetime Monthly Income (RMV) per Paying Municipality.” <https://aplicacoes.mds.gov.br/sagi/vis/data3/>

———. 2023h. “Amount passed on to the elderly via Monthly Living Income (RMV) per paying municipality.” <https://aplicacoes.mds.gov.br/sagi/vis/data3/>

———. 2024a. “BPC by Paying Municipality.” <https://bit.ly/3B076A4>

———. 2024b. “RMV by Paying Municipality.” <https://bit.ly/3ZnnHah>

———. s.d. “Elderly people served by the Monthly Life Income (RMV) per paying Municipality.” <https://aplicacoes.mds.gov.br/sagi/vis/data3/>

———. s.d. “Persons With Disabilities (PwD) served by Monthly Life Income (RMV) per Paying Municipality.” <https://aplicacoes.mds.gov.br/sagi/vis/data3/>

———. n.d. “Brazil Aid Program - number of families and amounts of Brazil Aid and Extraordinary Benefit.” <https://bit.ly/3Z3Gjel>

GoB, National Treasury. 2019. “Accounting Manual Applied to the Public Sector. 8th edition.” https://sisweb.tesouro.gov.br/apex/f?p=2501:9::::9:P9_ID_PUBLICACAO:31484

GoB, Federal Court of Auditors. 2022a. “Citizen Benefits.” Citizen benefits.

———. 2022b. “Open Data - Eradication of Child Labor - CONSULTA_PETI” <https://www.portaltransparencia.gov.br/download-de-dados/peti>

Gonzales, Lauro e Bruno Barreira. 2020. “Efeitos do Auxílio Emergencial sobre a renda. Excessivas são a pobreza e a desigualdade, não o auxílio.” FGVCEMIF. São Paulo: FGV EAESP. <https://eaesp.fgv.br/producao-intelectual/efeitos-auxilio-emergencial-sobre-renda>

Gonzales, Lauro and Bruno Barreira. 2020. “Effects of Emergency Aid on income. Poverty and inequality are excessive, not aid.” FGVCEMIF. São Paulo: FGV EAESP. <https://eaesp.fgv.br/sites/eaesp.fgv.br/files/u676/aefevereiro2021vfinal.pdf>

Gonzales, Lauro and Leonardo Oliveira. 2021. “New Emergency Aid: Estimates of the effects on income.” FGVCEMIF. São Paulo: FGV EAESP. <https://eaesp.fgv.br/sites/eaesp.fgv.br/files/u676/aefevereiro2021vfinal.pdf>

Government of Ceará. 2021. "Socio-educators bring education, health, sport and culture to everyday life in Ceará's socio-educational centers." <https://www.ceara.gov.br/2021/09/01/socioeducadores-levam-educacao-saude-esporte-e-cultura-ao-dia-a-dia-nos-centros-socioeducativos-do-ceara/>

Government of the State of Paraíba. 2021. "João Azevêdo announces extension of the payment of the Food Acquisition Program (PAA-Milk) subsidy." <https://paraiba.pb.gov.br/noticias/joao-azevedo-anuncia-renovacao-do-programa-de-aquisicao-de-alimentos-paa-leite#:~:text=O%20PAA%2DLeite%20%C3%A9%20um,a%20t%C3%ADtulo%20de%20contrapartida%20financeira>

Government of the State of Pernambuco. 2011. "Pernambuco *Mãe Coruja* Program Manual." <https://pt.slideshare.net/maecoruja/manual-do-programa-me-coruja>

———. 2014. "*Mãe Coruja* Program is an OAS award winner." <http://bit.ly/3ZpfgLE>

———. 2017. "Pernambuco *Mãe Coruja* Program wins information technology award." <https://www.sad.pe.gov.br/492-blog/geral/3152-programa-mae-coruja-pernambucana-ganha-premio-de-tecnologia-da-informacao>

———. 2021. "Annual management report 2021. State Secretariat of Health of Pernambuco." https://portal-antigo.saude.pe.gov.br/sites/portal.saude.pe.gov.br/files/relatorio_anual_de_gestao_2021.pdf

———. 2022. "Maternal and Child: *Mãe Coruja* celebrates 15 years." <https://bit.ly/49bmNRJ>

Government of the State of Amazonas. 2023a. "Permanent State Aid Card".

———. 2023b. "Amazonas State Aid Program." <https://auxilio.am.gov.br/>

Hoffmann, Rodolfo. 2014. "Cash transfers and inequality, Brazil, 1995-2012: Analysis of 11 portions of per capita household income." In the *Bolsa Família Program: A decade of productive inclusion*. <https://fpabramo.org.br/acervosocial/wp-content/uploads/sites/7/2017/08/505.pdf>

Instituto Fazendo História. 2021. "Family Sheltering Guide. Mobilization, selection and formation of foster families." https://familiaacolhedora.org.br/wp-content/uploads/2022/03/04_coalizao_mobilizacao_selecao_familias-WEB.pdf

Municipal Institute of Information and Research Darcy Ribeiro 2021. *Maricá studies. The municipality of Maricá under debate*. <https://pt.scribd.com/document/509178673/Estudos-Maricaenses#>

IPC-IG. 2021. "What is social protection? An introduction to definitions." <https://socialprotection.org/what-social-protection-introduction-micro-course>

IPEA. 2012. "The Inclusive Decade (2001-2011): Inequality, Poverty and Income Policies." <http://repositorio.ipea.gov.br/handle/11058/4639>

———. 2021. "Political Science Newsletter: Monitoring and analysis. Social Assistance," Social Policies: monitoring and analysis, 27. https://portalantigo.ipea.gov.br/portal/images/stories/PDFs/politicas_sociais/201007_bps_book.pdf

Jannuzzi, Paulo de Martino and Alexandro Rodrigues Pinto. 2013. "Bolsa Família and its impacts on the living conditions of the Brazilian population: a synthesis of the main findings of the impact assessment research of Bolsa Família II". In *Bolsa Família Program: a decade of inclusion and citizenship*. https://www.mds.gov.br/webarquivos/publicacao/bolsa_familia/Livros/Bolsa10anos_Sumex_Port.pdf

Justel do Pinho, Roberta, Ana Paula Fernandes Barão Pereira and Isabela Aparecida de Oliveira Lussi. 2019. "Homeless population, the world of work and specialized reference centers for homeless people (pop center): perspectives on actions for productive inclusion". *Cadd. Bras. Ter. Ocup.* 27 (3). <https://www.scielo.br/j/cadbto/a/S4yZL3jDCvjw4ztXFHNLpYN/?format=pdf&lang=pt>

Lara Ibarra, Gabriel and Ricardo Campante Vale. 2022. "Brazil 2020 data update: Methodological adjustments to the World Bank's poverty and inequality estimates". <https://documents1.worldbank.org/curated/en/099815204132219104/pdf/IDU0cdb267100a24104a010b1ab03dd511e0d135.pdf>

———. 2023. "Brazil 2021 data update: Methodological adjustments to the World Bank's poverty and inequality estimates". <https://documents1.worldbank.org/curated/en/099334304122319773/pdf/IDU0a5bb83fe02e000416c0a18f09fbdd3950173.pdf>

Lindert, Kathy, Tina George Karippacheril, Inés Rodríguez Caillava and Kenichi Nishikawa Chávez. 2020. "Sourcebook on the Foundations of Social Protection Delivery Systems". <https://openknowledge.worldbank.org/server/api/core/bitstreams/b33300fe-008d-5579-8895-1b7e45119cd6/content>

Lindert, Kathy, Anja Linder e Jason Hobbs. 2007. "The Nuts and Bolts of Brazil's Bolsa Família Program: Implementing Conditional Cash Transfers in a Decentralized Context". https://www.researchgate.net/publication/228653606_The_Nuts_and_Bolts_of_Brazil%27s_Bolsa_Familia_Program_Implementing_Conditional_Cash_Transfers_in_a_Decentralized_Context

Luna, Carlos Fitosa Luna. 2011. "Evaluation of the impact of the one million rural cisterns program (P1MC) on health: occurrence of diarrhea in the central agreste of Pernambuco". <https://www.arca.fiocruz.br/handle/icict/10660>

Maldonado, Jessica and Fernando Freitas. 2022. "Validity analysis of Maricá's cash transfer policies". <https://cede.uff.br/wp-content/uploads/sites/251/2022/02/TD-170-MALDONADO-J.-FREITAS-F-2022.-Analise-de-valencia-das-politicas-de-transferencia-de-renda-de-Marica.pdf>

Medeiros, Marcelo, Tatiana Britto and Fábio Soares. 2009. "Transfer of income in Brazil". *New Studies. CEBRAP* 79 (November). <https://www.scielo.br/j/nec/a/9MsRz9SGmRMwJ7zLhRCdgsL/?lang=pt&stop=previous&format=html#>

Menezes-Filho, Naercio, Guilherme Denes and Bruno Kawaoka Komatsu. 2018. "An Assessment of the Macroeconomic and Social Impacts of Cash Transfer Programs in Brazilian Municipalities". *Rev. Bras. Econ* 72 (July). <https://www.scielo.br/j/rbe/a/z588jJkmH7YrWg9PrgMJZpD/?lang=pt>

Montoya, Natalia Puentes, Roberta de Miranda Silvestre and Vanessa Yumi Fujinaga Souto. 2018. "Happy Child Program: a look at intersectoral early childhood actions". https://bibliotecadigital.fgv.br/dspace/bitstream/handle/10438/25719/TCC%20-%20Políticas%20de%20Primeira%20Infância_com%20%20ajustes%20secretaria.pdf?sequence=3&isAllowed=y

Nascimento, Milaynne Christina B., and Poliana O. Carvalho. 2016. "Basic protection service at home for the elderly. The Piripiri-PI experience." *Somma* 2 (1). <http://revistas.ifpi.edu.br/index.php/somma/article/view/28>

Nazareno, Luísa e Juliana de Castro Galvão. 2023. "The Impact of Conditional Cash Transfers on Poverty, Inequality, and Employment During COVID-19: A Case Study from Brazil." *Popul Res Policy Rev* 42 (2). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9979129/>

Neri, Marcelo Côrtes, Fábio Monteiro Vaz and Pedro H. G. de Souza. 2013. "Macroeconomic effects of the Bolsa Família Program: a comparative analysis of cash programs." In *Bolsa Família Program: a decade of inclusion and citizenship*. https://wpp.org.br/wp-content/uploads/2016/12/efeitos_macroeconomicos_do_bf_ipea.pdf

Nogueira, Daniela. 2017. "Water security, adaptation and gender: the case of cisterns for rainwater collection in the Brazilian semi-arid region." https://www.researchgate.net/publication/322343955_Seguranca_hidrica_adaptacao_e_genero_o_caso_das_cisternas_para_captacao_de_agua_de_chuva_no_semiarido_brasileiro

Nogueira, Daniela, Carolina Milhorange and Priscylla Mendes. 2020. "From the One Million Cisterns Program to Water for All: political divergences and institutional bricolage in promoting access to water in the Brazilian semi-arid region." *Idées d'Amériques* 15 (January). <https://agritrop.cirad.fr/597852/1/Nogueira,%20Milhorange%20-%20Revue%20IDEAS%20-%20Do%20P1MC%20ao%20Agua%20para%20Todos.pdf>

The State of São Paulo. 2023. "Those Who Have to Leave Will Leave and Those Who Need to Enter Will Enter", Says Secretary of the Single Registry". <https://www.estadao.com.br/economia/leticia-bartholo-revisao-cadastro-unico-bolsa-familia/>

O'Brien, Clare, Zoe Scott, Gabrielle Smith, Valentina Barca, Andrew Kardan, Rebecca Holmes, Carol Watson, e Jenny Congrave. 2018. "Shock-Responsive Social Protection Systems Research Synthesis Report". <https://www.opml.co.uk/files/Publications/a0408-shock-responsive-social-protection-systems/srsp-synthesis-report.pdf?noredirect=1>

Oliveira, Luis Felipe Batista de, and Sergei S. D. Soares. 2012. "What is known about the effects of cash transfers on the labor supply." http://repositorio.ipea.gov.br/bitstream/11058/1161/1/TD_1738.pdf

Oliveira, Thallita de, and Dyarley Viana. 2022. "Child labor and the public budget: investment in maintaining inequalities". https://www.inesc.org.br/trabalho-infantil-e-orcamento-publico-investimento-na-manutencao-das-desigualdades/#_ftn2

Osório, Rafael and Sergei Soares. 2014. "Brazil Without Poverty and the changes in the design of Bolsa Família." In *O Brasil Sem Miséria*. https://www.mds.gov.br/webarquivos/publicacao/brasil_sem_miseria/livro_o_brasil_sem_miseria/artigo_30.pdf

Paiva, Andrea Barreto and Marina Brito Pinheiro. 2022. "BPC in dispute: how recent operational and regulatory changes are reflected in benefit access." IPEA.

Paiva, Luis Henrique, Tereza Cristina Cotta and Armando Barrientos. 2019. "Brazil's Bolsa Família Programme". In *Great Policy Successes*. Mallory E. Compton and Paul 'T Hart. <https://library.oapen.org/bitstream/handle/20.500.12657/23594/9780198843719.pdf?se#page=36>

Pereira, Éverton Luís, Joseierton Cruz Bezerra, Jonas Lotufo Brant, Wildo Navegantes de Araújo, and Leonor Maria Pacheco Santos. 2017. "Profile of demand and Continuous Cash Benefits (CPB) granted to children diagnosed with microcephaly in Brazil". *Ciênc. saúde colet.* 22 (November). <https://www.scielo.br/j/csc/a/CDGw8wDNL6pC43xmK7jjgcp/?lang=pt>

Pereira, Maria Cecília Gomes. 2016. "Water and coexistence with the semi-arid: multiple waters, distributions and realities". <https://bibliotecadigital.fgv.br/dspace/handle/10438/17062>

Perin, Gabriela, Ana Flávia Cordeiro S. de Almeida, Paulo Asafe Campos Spínola, Antônio Fernando Costa Pella, and Regina Helena Rosa Sambuichi. 2021. "The evolution of the food acquisition program (PAA): an analysis of its implementation trajectory, benefits and challenges". https://repositorio.ipea.gov.br/bitstream/11058/10824/1/td_2691.pdf

Perova, Elizaveta, Sarah Reynolds e Ian Schmutte. 2021. "Does the Gender Wage Gap Influence Intimate Partner Violence in Brazil? Evidence from Administrative Health Data". <https://openknowledge.worldbank.org/handle/10986/35569>

City Hall of Boa Vista. 2022. "Boa Vista Observatory - Foster Family Program Indicators - Number of beneficiaries, children benefiting from milk deliveries, maternity kits delivered to beneficiary families, participation in meetings". https://observatorio.boavista.rr.gov.br/politicas-publicas/programa-familia-que-acolhe?__=__.

City Hall of Estância - SE. 2022. "With the promotion of educational activities, Estância advances in the fight against Child Labor".

City Hall of Niterói. 2022. "Niterói now offers itinerant services for homeless people". <https://niteroi.rj.gov.br/niteroi-passa-a-oferecer-servicos-itinerantes-para-populacao-em-situacao-de-rua/>

City Hall of Palmares. 2021. "Palmares gets itinerant CRAS". October 6, 2021. <https://falape.com/palmares-ganha-cras-itinerante/>

———. 2022. "Palmares itinerant CRAS". <https://www.youtube.com/watch?v=8KjyebKIKzQ>

City Hall of Salvador. 2022. "Day Center". 2022. <https://sempre.salvador.ba.gov.br/centro-dia2/>

City Hall of São Paulo. 2010. Ordinance 46/2010/SMADS. https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/assistencia_social/arquivos/portarias/portaria_46-2010.pdf

———. 2019. "SEAS Regional Sé is the social service model of care for the homeless population". https://www.prefeitura.sp.gov.br/cidade/secretarias/assistencia_social/comas/noticias/?p=270119

———. 2022a. "Social approach to homelessness". 2022. <https://capital.sp.gov.br/w/servico/abordagem-social-as-pessoas-em-situacao-de-rua>

———. 2022b. "Youth Communal Housing." 2022. <https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/CENTRAL%20DE%20VAGAS/Rep%C3%BAblica%20Jovem.pdf>

———. 2022c. "Acquisition of permanent assets for reinstallation of Circo Social Butantã service". https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/assistencia_social/comas/arquivos/2022/CRAS_CIRCO.pdf

City Hall of Volta Redonda. 2022. "Synval Santos Alzheimer's Center expands service in Volta Redonda". <https://www.voltaredonda.rj.gov.br/noticias/4644-centro-de-alzheimer-synval-santos-amplia-atendimento-em-volta-redonda/>

City Hall of Recife. 2014. "Base Document for the Municipal Program for Comprehensive and Intersectoral Care for Women and Children"

———. 2017. "Consult information about the *Mãe Coruja* Program". <https://conecta.recife.pe.gov.br/servico/290>

———. 2020. "Recife's first ten-year plan for early childhood 2020-2030". https://www2.recife.pe.gov.br/sites/default/files/pmpi_recife.pdf

———. 2022. "Operational manual of the Recife *Mãe Coruja* Program".

———. 2023. "Recife *Mãe Coruja*". <https://www2.recife.pe.gov.br/pagina/mae-coruja-recife>

Rasella, Davide, Rosana Aquino, Carlos A. T. Santos, Rômulo Paes-Sousa e Maurício Barreto. 2013. "Effect of a conditional cash transfer programme on childhood mortality: a nationwide analysis of Brazilian municipalities", julho. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60715-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60715-1/fulltext)

PENSSAN network. 2022. "Food insecurity and Covid-19 in Brazil". <https://olheparaafome.com.br/wp-content/uploads/2022/09/OLHEEstados-Diagramac%CC%A7a%CC%83o-V4-R01-1-14-09-2022.pdf>

SUAS network. 2022. "The Performance of Social Assistance in Situations of Disasters and Emergencies". 2022. <http://blog.mds.gov.br/redesuas/protecao-social-2/>

Reis, Maurício Cortez and José Márcio Camargo. 2007. "Household income from pensions and the decisions of adolescents and youth regarding education and participation in the workforce". <http://repositorio.ipea.gov.br/handle/11058/2165>

Rocha, Sônia. 2011. "The Bolsa Família program: evolution and effects on poverty". *Econ. soc.* 20 (April). <https://www.scielo.br/j/ecos/a/HHjfN6yK4Pgy6PYMfPNp5BK/?lang=pt#>

Salgado, Rafael Junior dos Santos Fiugueiredo, Edson Arlindo Silva, Marco Aurélio Marques Ferreira, Wellington Alvim Cunha and Luana Ferreira dos Santos. 2017. "Focusing and Coverage of the Food Acquisition Program (PAA): evaluation of its effectiveness in Brazilian regions" 55 (October). <https://www.scielo.br/j/resr/a/jMLHYcvdYCwk55cfmdZYSXd/?lang=pt#>

Sambuichi, Regina Helena Rosa, Ricardo Kaminsk, Gabriela Perin, Iracema Ferreira de Moura, Elisângela Sanches Januário, Danilo Barbosa Mendonça and Ana Flávia Cordeiro de Almeida. 2019. "Food acquisition and food security program: logical model, results and challenges of a public policy aimed at strengthening small-scale family farming". https://repositorio.ipea.gov.br/bitstream/11058/9319/1/TD_2482.pdf

Silva, Ângelo Henrique Lopes da, Melchior Sawaya Neto, and Fábio Henrique Granja e Barros. 2015. "Evaluation of the efficiency of Social Assistance Referral Centers in Brazil". <https://craspsicologia.files.wordpress.com/2015/09/ipea.pdf>

Silveira, Fernando Gaiger, Pedro Lara Arruda, Izabelle Vieira, Simone Battestin, Áquila Estevão Campos, e Wesley Silva. 2016. "Public policies for rural development and combating poverty in rural areas." https://ipcig.org/publication/27911?language_content_entity=en

Simões, Patrícia and Ricardo Brito Soares. 2012. "Effects of the Bolsa Família Program on the Fertility of Female Beneficiaries." *RBE*, October. <https://www.scielo.br/j/rbe/a/JBY5LPpQ3Rz8YXSyVLDhzFP/?lang=pt&format=pdf>

Soares, Sergei, and Donald M. Pianto. 2003. "Methodology and results of the evaluation of the child labor eradication program." https://portalantigo.ipea.gov.br/agencia/index.php?option=com_content&view=article&id=4210

Souza, Pedro H. G. Ferreira de, Rafael Guerreiro Osório, Luis Henrique Paiva and Sergei Soares. 2019. "The effects of the Bolsa Família Program on poverty and inequality: a review of the first fifteen years." <http://repositorio.ipea.gov.br/handle/11058/9356>

Men's Land Association and UNICEF. 2015. "Foster Families. Profile of the implementation of foster family services in Brazil." http://terra-dos-homens.s3.amazonaws.com/uploads/ckeditor/attachments/54/Familia_acolhedora_perfil_da_implementacao_Final.pdf

UNICEF. 2023a. "The UNICEF Seal." <https://www.selounicef.org.br/sobre>

———. 2023b. "The financing of the Unified Social Assistance System in Brazil. Social Protection Series - Policy Brief #1." <https://www.unicef.org/brazil/media/24431/file/policy-brief-01-financiamento-suas.pdf>

———. 2023c. "The experience of Vitória da Conquista, Bahia, in implementing the law on protected listening for children and adolescents"

———. 2023d. "Cash transfers in Brazil: the new Bolsa Família and its predecessors"

———. 2023e. "Management of the Unified Social Assistance System in Brazil"

UNICEF and CONGEMAS. 2021. "Guidelines and General Guidance for the Preparation of Reference Centre for Social Assistance/CRAS in Disaster and Emergency Contexts" https://www.unicef.org/brazil/media/12311/file/diretrizes-cras_congemas-e-unicef.pdf

UNICEF and GESUAS. 2021. "Contributions to the adaptation and improvement of SUAS basic social protection services in the context of the COVID-19 disaster, emergency and pandemic." <https://www.unicef.org/brazil/media/12741/file/servicos-do-suas-nas-emergencias-e-pandemia-da-covid-19.pdf>

Fluminense Federal University and Jain Family Institute. 2023. "Marica Basic Income Evaluation". 2023. <https://www.maricabasicincome.com/en/researchers>

Urban95. 2022. "Mãe Coruja and the potential of intersectoral work for early childhood." <https://urban95.org.br/blog/mae-coruja-e-o-exemplo-de-politica-publica-intersectorial-e-em-parceira-estadual/>

Vieira de Araújo, Daísy, Dayse Martins do Nascimento Soares, Fábila Barbosa de Andrade and Vanusa Ferreira da Costa. 2015. "Evaluation of the impact of the comprehensive women's health care extension project" 6. <https://periodicos.ufrn.br/extensaoesociedade/article/view/11597/8173>

WWP. 2015a. "Cisterns Program - National Program to Support Rainwater Harvesting and Other Social Technologies for Access to Water." https://wwp.org.br/wp-content/uploads/2016/12/wwp_ficha_resumo_cisternas_portugues.pdf

———. 2015b. "Program Sheet: Food Acquisition Program (PAA)." http://wwp.org.br/wp-content/uploads/2016/12/Ficha_descritiva_PAA_portugues.pdf

———. 2015c. "The Child Labor Eradication Program (PETI)." <https://wwp.org.br/publicacao/ficha-resumo-do-programa-de-erradicacao-do-trabalho-infantil-peti/>

———. 2016. "Brazil launches Happy Child, a program focused on early childhood." <http://wwp.org.br/en/brazil-launches-happy-child-a-program-focused-on-early-childhood/>

———. 2017a. "Brazil's PAA: what it is, goals, target audience and coverage." <https://wwp.org.br/en/publication/brazils-paa-what-it-is-goals-target-audience-and-coverage/>

———. 2017b. "The six modalities of the PAA." <https://wwp.org.br/en/publication/the-six-modalities-of-the-paa/>

———. 2017c. "Fact Sheet on the Participation of the Unified Social Assistance System in the Happy Child Program." <http://wwp.org.br/en/publication/fact-sheet-on-the-participation-of-the-unified-social-assistance-system-in-the-happy-child-program/>

Endnotes

i Originally created in 2004, the Ministry of Social Development (MDS) was renamed the Ministry of Citizenship (Min. Citizenship) between January 2019 and December 2022, and from then on it was called the Ministry of Social Development and Assistance, Family and Fight against Hunger (whose official acronym is also MDS). Throughout the text, we have sought to cite documents from this department referring to its name when these documents and resources were published or made available to the public. Still, we use the acronym MDS to refer to this department at different historical moments (including during the period when the department was called the Ministry of Citizenship).

ii Established in 2006 (Resolution 113/2006) by the Brazilian Council of Children and Adolescents (CONANDA, acronym in Portuguese), the Rights Guarantee System has as its central function to coordinate other national systems, such as health, education, social assistance, labor, justice and public security to promote the operationalization of public policies for the promotion, defense and control of the realization of human rights.

iii In Brazil, people in this age group who commit infractions (analogous to crimes) receive educational measures and not penalties. There are six types of measures, defined according to the severity of the infraction: Warning; Repair of damages; Provision of Community Services (PSC); Probation (LA); Semi-Probation; and Detention.

iv The Guardianship Council is an autonomous, permanent and non-jurisdictional body that integrates the local public administration. It is responsible for applying administrative protection measures provided for by the ECA. Its function is strategic: to ensure the fulfillment of the rights of children and adolescents. They begin to act whenever the rights of children and adolescents are threatened or violated by society itself, by the State, by parents/guardians or by reason of their own conduct (UNICEF In press).

v The amounts for 2021 refer to those paid by PBF and for 2020 refer to those paid by the AB. Amounts for 2023 indicate the expected average benefit for n-PBF from June, when the initiative will begin to pay, in addition to the variable benefits for early childhood, already operationalized, additional variable benefits for pregnant women and children over 6 years of age. Considering only the payroll of March 2023, however, the average n-PBF benefit would be R\$ 670.00. Average benefit amounts for 2020 were omitted because, this year, most program beneficiaries received the benefits paid by the AE instead of those offered by PBF itself.

vi Benefit created by Maricá to support, financially, the citizens of informal, self-employed and liberal workers, prevented from working because of the emergency arising from the restrictive measures to contain the contamination of the Coronavirus (Covid-19). It was started in 2020 and operated until December 2022.

vii Employment Support Program is an initiative to support the employer MEI, Micro or Small companies, with up to 49 employees, affected by the Covid-19 pandemic, aiming at maintaining formal jobs in the municipality, through the transfer of 1 monthly minimum wage, for 3 months, to subsidize the salary of its employees.

viii Occasional Benefit for payment of rent provided by the Unified Social Assistance System.

ix Benefit of the municipality of Maricá for families with income of up to three minimum wages, in an emergency or temporary vulnerability, with fixed residence in the municipality and a report issued by the Civil Defense to help in the acquisition of furniture and appliances. It is a program designed for situations of climatic emergencies, such as floods, landslides and others.

x The Municipal Institute of Information and Research Darcy Ribeiro is a multidisciplinary autonomous entity that produces, gathers and organizes studies and social indicators on the city of Maricá, having as its central point the municipality and its population.

xi Cabo Frio, with the Itajuru coin; Porciúncula, with the Elefantina coin; Itaboraí, with the Pedra Bonita coin; Saquarema, with the Saquá coin; Petrópolis, with the Ipê Amarelo coin; and Niterói, with the Araribóia coin.

xii "Bebetecas" are spaces dedicated to caregivers and children in early childhood and with the aim of strengthening the connection between them.