

Bolsa Família Program: profile, intersectorial actions and perceptions of service managers, in a Case Study in Morros de Santos, Brazil

Programa Bolsa Família: perfil, ações intersetoriais e percepção dos gestores de serviços, em um estudo de caso nos Morros de Santos

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Abstract

The *Bolsa Família* Program – PBF is an example of action that requires intersectorial efforts and contributes to implementation of the the Brazilian government National System of Food and Nutrition Security (SISAN, in the Portuguese abbreviation). Beneficiary families are in the most vulnerable situation, as they have to face the complexity of this condition. In this sense, the intersectorial approach is the political strategy that has been used by the main public policies in Brazil. This is a Case Study in hills in the municipality of Santos, which has aimed to characterize the profile of PBF beneficiaries, mapping and reflecting on the intersectorial actions implemented or under construction and to gather information on the perception by service managers about the program. Therefore, questionnaire and semi-structured interviews were used to collect data. The profile has been defined by descriptive analysis and interviews were analyzed by content analysis. Five key informants of social, health and education services of hills in Santos were interviewed. The profile of the beneficiaries was in line with the program objectives, but there is no access of services to unified data. The actions have been restricted to sectored monitoring of PBF's conditionalities. Managers' perceptions about the program is that it fulfills its objectives, although it is not yet seen as a right. In this scenario, it is suggested that municipal investment should occur in different sectors, while rethinking policy actions and considering intersectoriality as an strategic axis. Having a unified information system would facilitate the work and the effectiveness of these actions, including promoting SAN, thus contributing directly to the implementation and consolidation of SISAN in the city.

Key words: Public Policy. Food and Nutrition Security. Intersectorial Action. Case Studies. Intersectorial Action.

Resumo

O Programa Bolsa Família (PBF) é um exemplo de ação que demanda esforços intersetoriais e contribui para implantação do Sistema de Segurança Alimentar e Nutricional (SISAN) no país. Tem como beneficiários, famílias em situação de maior vulnerabilidade, tendo de enfrentar a complexidade desta condição. Nesse sentido, a intersectorialidade é a estratégia política que tem sido orientada pelas principais Políticas Públicas no Brasil. Trata-se de um estudo de caso, nos Morros de Santos, que objetivou caracterizar o perfil dos beneficiários do PBF, mapear e refletir sobre as ações intersectoriais implantadas ou em construção e conhecer a percepção dos gestores locais sobre o programa. Para tanto, utilizou questionário e entrevista semiestruturada para coleta de dados. O perfil foi traçado por análise descritiva e as entrevistas foram analisadas por análise de conteúdo. Foram entrevistados cinco informantes-chave dos serviços de assistência social, saúde e educação dos Morros de Santos. O perfil dos beneficiários se coaduna aos objetivos do programa, mas não há acesso dos serviços a informações unificadas. As ações têm se restringido ao acompanhamento setorizado das condicionalidades do PBF. A percepção dos gestores sobre o programa é de que ele cumpre seus objetivos, apesar de ainda não ser visto como um direito. Diante desse cenário, sugere-se o investimento municipal nos diferentes setores, repensando a política das ações, considerando a intersectorialidade como eixo estratégico. Ter um sistema de informação unificado viabilizaria o trabalho e a efetivação dessas ações, inclusive as promotoras de SAN, contribuindo diretamente na implantação e consolidação do SISAN no município.

Palavras-chave: Política Social. Segurança Alimentar e Nutricional. Intersectorialidade. Case study. Ação Intersectorial.

Introduction

Almost ten years after the Brazilian government First National Conference on Food and Nutrition Security (I CNSAN, in the Portuguese abbreviation) the fight against hunger came to be considered a priority in Brazil's political agenda.¹

In 2003, the beginning of the (35th President of Brazil) Luiz Inácio Lula da Silva government administration, Zero Hunger (*Fome Zero*, a Brazilian government program with the goal to eradicate hunger and extreme poverty in Brazil) was launched, a strategy to ensure the Brazilian government Human Right to Adequate Food (DHAA, in the Portuguese abbreviation) to the Brazilian population. This strategy was based on developing policies, programs and actions aiming to guarantee access to food for people, especially those in poverty and extreme poverty.² It is at this juncture that, in 2004, the *Programa Bolsa Família* (Family Allowance Program, a Brazilian government social welfare program; PBF, in the Portuguese abbreviation) was created, which unified national programs of direct income transfer, focusing on the fight against hunger and poverty in the country.³

The Zero Hunger strategy is a milestone in the advances carried out in the country during this period, such as Brazilian Organic Law on Food and Nutrition Security (LOSAN, in the Portuguese abbreviation) No. 11346/2006, which created the Brazilian government National System of Food and Nutrition Security (SISAN, in the Portuguese abbreviation) with a view to ensuring adequate food as a human right and making public authorities responsible for policies and actions ensuring Food and Nutrition Security^a (SAN, in the Portuguese abbreviation) for the population.^{1,3-7}

SISAN encourages intersectoriality and the integration of efforts between government and civil society for the implementation of policies promoting SAN and also for their monitoring and evaluation in the country, in a perspective of complementarity and optimization of the potential of each sector.⁵

At the federal level, with more than a decade of implementation, the *Bolsa Família* Program is an example of action that requires intersectorial efforts and contributes to the implementation of SISAN in the country.

Because it is a program whose beneficiaries are families living in poverty and extreme poverty, it has to face the complexity of these situations, which are a consequence not only of insufficient income, but also of food and nutritional insecurity, low schooling, little professional qualification, fragility of insertion in the labor market, precarious access to health and housing, among other determining factors.^{8,9}

To this end, the program has three main axes: the transfer of income to promote immediate relief of poverty, conditionalities to strengthen access to basic social rights in education and health and complementary actions and programs created by social assistance seeking to develop families so that they can overcome the situation of vulnerability. In addition to having as a basic

a “Food and Nutrition Security is the provision of the right of all to regular and permanent access to quality food in sufficient quantity, without compromising access to other essential needs, based on food-promoting health practices that respect cultural diversity and which are environmentally, culturally, economically and socially sustainable.” (LOSAN, 2006).

and strategic objective the promotion of intersectoriality and complementarity of public social actions, the government has the responsibility to offer public health services, education and social assistance with quality, while families must have commitments to continue receiving the benefit.¹⁰

Intersectoriality is a political strategy that is directly related to the expansion of social involvement, which includes participation of users, professionals and managers from various sectors for implementation and execution of projects and programs, whose logic of action should be directed to the population and the territory where this one is. In this way, it is possible to identify both the problems and possibilities of solution, considering the particularities.^{11,12}

Intersectoriality can be understood as an action that allows interaction, communication and sharing of knowledge around common goals or objectives. Therefore, it has as its foundation a logic that transcends a single sector of social policy, having as a guiding paradigm the optimization of knowledge, skills and relations, in favor of a common goal, with shared social practice, that requires planning and evaluation to carry out more efficient actions to respond to citizens' demands or needs.¹³⁻¹⁵

Because it is a political strategy, it translates into a challenging process, which may encounter political-administrative, socioeconomic, regional contexts and divergent opinions among the actors involved. For the success of intersectorial actions, it is important that they are constantly in construction, requiring determination and commitment, demanding negotiation capacity and flexibility to circumvent and resolve conflicts, while respecting the particularities.^{11,16}

According to a report from Brazilian government Institute of Applied Economic Research (IPEA, in the Portuguese abbreviation),¹⁷

In the last 20 years, the increase in family income, expansion of health services and nutritional surveillance, raising mothers' educational level, improving sanitation conditions and intersectorial coordination of social programs have been important for improving the population's Food and Nutrition Security.

After 10 years of PBF, 13.8 million families are cared for, about 50 million people receiving an average BRL 152.00. The program has a major impact on the country's economic and social life and indicators show that it accounts for 19.4% of infant mortality reduction, 79.9% of PBF students' approval and 7.1% classroom dropout while the national average is 10.8%.^{2,13}

Consolidating the idea that regional or local work in public policies, collectively building a network of collaboration among social actions, even though it understands that intersectoriality is not an automatic guarantee of social development, but can contribute to the promotion of inclusion and reduction of social vulnerability, has been one of the main guidelines of social assistance policies, SAN and health in Brazil.¹⁸

In this way, this study proposes to characterize the profile of the *Bolsa Família* Program beneficiaries in settlement hills Nova Cintra, Vila Progresso and Santa Maria, mapping and reflecting on intersectorial actions and/or mechanisms that are being built and/or carried out in the public health, education and social assistance system of that area and to know local managers' perception about the Program, with a view to contributing for efforts to improve the SAN of the PBF beneficiary population in the Brazilian municipality of Santos through SISAN implementation and consolidation.

Method

According to Brazilian Institute of Geography and Statistics (IBGE in the Portuguese abbreviation),¹⁹ Santos is characterized by being the 10th largest city in the state of São Paulo, with an estimated population of more than 430 thousand inhabitants by 2013, as well as being the 17th richest city in the country, with a GDP of around BRL 44.4 billion in 2013.²⁰ In 2013, the state of São Paulo registered an Infant Mortality Rate of 11.5 deaths per thousand live births and the (metropolitan area located on the coast of São Paulo state in Brazil) Baixada Santista showed one of the highest rates, 18.1 deaths per thousand live births.²¹⁻²⁴

The Master Plan of the city of Santos divides the municipality into two areas, called insular and continental. The insular area concentrates 99.3% of the population and consists of four regions: *Morros* (Hills), *Central histórica* (The historic city center), *Zona Noroeste* (Northwestern Zone) and *Zona da Orla-Intermediária* (Intermediate Rim Zone).¹⁹

The Morros region, in particular, is characterized by 16 hills, with a very heterogeneous occupation, including areas of residential and commercial occupation, precarious housing and also gated communities and land plot subdivisions of low population density. The context of this region places a significant number of people living in situations of risk and social vulnerability, making it relevant to discuss the presence of the State and public policies to ensure good living situations and health in that territory.²⁵

The characteristics of the city of Santos have led to the insertion of actions of teaching, research and extension from Brazilian university *Universidade Federal de São Paulo*, Baixada Santista *campus*(UNIFESP-BS), in regions of greater social vulnerability and, among them, the Morros region. This insertion was the starting point for the construction of a teaching-service development that has been built and improved over the years between UNIFESP-BS and Santos municipal government, allowing, in addition to qualification of the attention given to the citizens, the creation of some bond with the health, education and social assistance teams in these territories.

In relation to the public system of education, health and social assistance, the Morros area in Santos has five Basic Health Care Units (UBS, in the Portuguese abbreviation), four Family Health

Care Units (USF, in the Portuguese abbreviation), two Social Assistance Reference Centers (CRAS, in the Portuguese abbreviation), five Municipal Units of Education (UME, in the Portuguese abbreviation) from 1st to 5th years and two UME from 6th to 9th year.^{26,27}

This region social vulnerability, insertion of actions of education, research and extension by UNIFESP-BS in these areas and the existence of public services of education, health and social assistance in the territory justify choosing the hills as the locus for this study development.

To meet the objectives proposed, a case study was developed in hills Nova Cintra, Vila Progresso and Santa Maria in Santos.

According to YIN,²⁸ preference for a case study should be given when relevant behaviors can not be manipulated, but it is possible to carry on direct observations and interviews. It is also a method that offers several qualitative research strategies allowing to map, describe and analyze the context, relationships and perceptions regarding the case in question. It also allows greater proximity to the actors involved, which can bring significant collaborations to the knowledge of the phenomenon or episode being studied.²⁹⁻³²

In this sense, multiple sources of information, bibliographic review, semi-structured interviews, structured questionnaires and analysis of consolidated documents or data were used.

The bibliographic review was done in databases indexed such as (the website which provides subscription-based access to a large database of scientific and medical research) SciELO, (bibliographic database of life sciences and biomedical information) *MEDLINE* and (free search engine) *PubMed*, using the following descriptors, singled out and in combination: Public policies; *Bolsa Família* Program; Zero Hunger Program; Intersectoriality; Food and Nutrition Security; Income transfer. Official documents, published in the period from 2003 to 2015, were also consulted. This review has allowed us to substantiate and improve not only the construction of the research instruments but also the theoretical depth for analysis of the results.

The semi-structured interview script development was based on elementary questions supported by theories and hypotheses relevant to the research. The interviews were conducted informally, allowing interviewees to discuss the subject, as recommended in the literature.^{27,31}

These were carried out in the hills Nova Cintra, Vila Progresso and Santa Maria. Key informants of this research were the local managers of public health, education and social assistance services in that territory.

For the selection of education services, a consultation was made to the health sector, which indicated two education units in the territory, with the criterion of being the units with the highest concentration of children beneficiaries of the PBF enrolled.

As for the choice of the Social Assistance Reference Centers (CRAS, in the Portuguese abbreviation) and the Health Care Units, it has taken place because they are the reference services of the territory under study.

For the preparation of the semi-structured interview script, a pilot study of the instrument was carried out, which, according to YIN,²⁸ is a critical step because it helps researchers in refining their research, increasing the chances of success in the proposed study. The pilot study was conducted at the São Bento hill CRAS in Santos due to serving to the nearby region and with characteristics similar to the hills where the study was conducted.

Through the pilot study, the need for script adjustments was identified, both in terms of form and language, as well as in the sequence of questions and in the interview time. Necessary adjustments of nomenclature, modification in the order of the questions, textual improvement aiming at objectivity and better interpretation of the script questions of the semi-structured interview were performed.

After the pilot study, the managers of the health, education and social assistance services were interviewed.

To meet the first objective, concrete data were collected through a questionnaire with closed questions, which enabled the collection of information about the PBF beneficiaries' profile. Questions were built based on the study purposes and the mandatory data for registration in Brazilian government Single Registry (CadÚnico, in the Portuguese abbreviation).

Document analysis occurred in cases in which the interviewee considered necessary to have some consultation to answer the interview questions or the questionnaire, ensuring the information accuracy.

For analysis of the closed questions, simple descriptive statistics was used, since it is a technique of data analysis applicable to this study objectives.³³⁻³⁵

To meet the second and third objectives, the open questions were analyzed through content analysis, which consisted of techniques capable of organizing and describing the content emitted in the communication process, allowing the evolved subjects' qualification of experiences and knowledge, as well as their perceptions about phenomena or certain objects.³⁶⁻³⁸

To that end, all the interviews had the audio recorded and transcribed, preserving both the word record and silences, laughter, repetitions, lapses and sounds, according to the methodology proposed by Minayo.^{28,33}

The transcription was done doubly to ensure not only the information accuracy but also aspects that comprise data interpretation and fidelity, since the lack of accuracy can lead to decontextualizing, causing error or imprecision in the content comprehension, in part or in its

entirety.³⁴ To ensure information confidentiality, codes were assigned to interviewees. Letter “m” was used for manager, followed by sequential numbering to identify them.

Contents organization and categorization were initially based on interviews content floating reading in order to establish a first contact with the material and later to exhaustively perform the transcripts listening, reading and re-reading to organize speeches according to the interview script.

Hypotheses were then formulated for each interview question to better explain the analyses dimensions and directions so that utterances, their senses and perceptions could be coded by semantic criteria and then organized into registration units, to which topics corresponding to the contents would be attributed, grouping them into thematic nuclei. Finally, the categories were organized with the interviewees’ speech excerpts, which supported the final interpretation, as instructed by Bardin.³⁸

This study has followed the norms of Resolution CNS 466/2012, having been submitted and analyzed by the Research Ethics Committee (REC) of Brazilian university *Universidade Federal de São Paulo* (CEP/UNIFESP), obtaining an opinion favorable to its execution under number 1.069.607.

Results and Discussion

Two health service managers (from basic health care units), two education managers (from schools) and a social assistance service manager (from CRAS) were interviewed, totaling five interviews.

In the data collection phase of the beneficiaries’ profile, the managers reported that there was no systematization to access this information and it was necessary to consult consolidated data. For this purpose, the *Bolsa Família* Monitoring Map available data were manually counted for the second semester of 2014, which were the most recent available.

The information provided by the health services, social assistance and education managers of hills Nova Cintra, Vila Progresso and Santa Maria revealed that the main type of family arrangement among the *Bolsa Família* Program beneficiaries is the one with a single parent, that is, a family consisting of only one parent. Another important characteristic is that, in the majority of beneficiary families, the mothers are the ones who are responsible for supporting the family and on average they are between 20 and 30 years old. Managers also reported that the vast majority of these mothers are in the informal labor market and five is the average number of residents per household.

According to Scarpellini & Carlos,³⁹ studies in Brazil show that female-headed households have grown in the last decades and correspond to 11.1 million. The concept of one-parent family was recognized in 1988 with the promulgation of the Federal Constitution. Families who have mothers as their parents are considered the most vulnerable economically, with basic needs of education, income and housing being a social indicator.

This aspect informed is compatible with that described in the report by IPEA,^{17,40} which identifies in the young adult women single-parent arrangement the profile of families susceptible to situations of greater vulnerability because these women can not count on assistance from other adults for supporting and caring for their families.

One characteristic of this territory is that it is marked by the presence of illegal drug trade, as well as other vulnerable territories of the state and the country. This situation exposes the families that live there to situations of violence and drug addiction, if not in the family, in the surroundings. For some authors who study large urban centers, this housing situation reaffirms these families' vulnerability, marked by social exclusion, inequality and prejudice.⁴¹

A difference was detected between the numbers of PBF beneficiaries registered in the different services. Data reveal 1,400 beneficiaries of the program registered in health services and 780 registered in reference social services. Data provided by the education services are smaller, as expected, since this sector only follows up children enrolled in primary and secondary education I (from 5 to 12 years of age), totaling 312 children.

Table 1. Beneficiaries enrolled in health services, by type of eligible population. Morros Nova Cintra, Vila Progresso and Santa Maria, Santos, SP, 2015.

Type of eligible population	Number of beneficiaries	Ratio (%)
0 to 7 years	493	35.2
8 to 14 years	64	4.6
15 to 17 years	100	7.1
Pregnant women or breastfeeders	7	0.5
Families with income < BRL 85.00 <i>per capita</i> /month)	736	52.6
Total	1400	100

Source: Data from the *Bolsa Família Monitoring Map* collected at the health services in hills Nova Cintra, Vila Progresso and Santa Maria related to the second semestres of 2014.

In view of the results found, the creation of a single and integrated information system for PBF beneficiaries would be an intersectorial strategy of interlocution among services, both for access to information by all services, facilitating the monitoring of compliance with conditionalities, and for planning and executing integrated actions.

Junqueira⁴² presents an experience of strategy beyond CadÚnico based on some decentralized and intersectorial administration, in which a political project was implanted based on an administrative reform. The study identified that restructuring the administration is not an easy task. However, it brings direct benefits to the population, such as better quality of life and greater number of citizens benefited by actions carried out.

From the interviews contents organization and categorization, the speeches meanings were grouped in three thematic nuclei: Managers' perception of the obstacles to the program proper functioning, managers' perception on intersectoriality and managers' perception on the *Bolsa Família* Program.

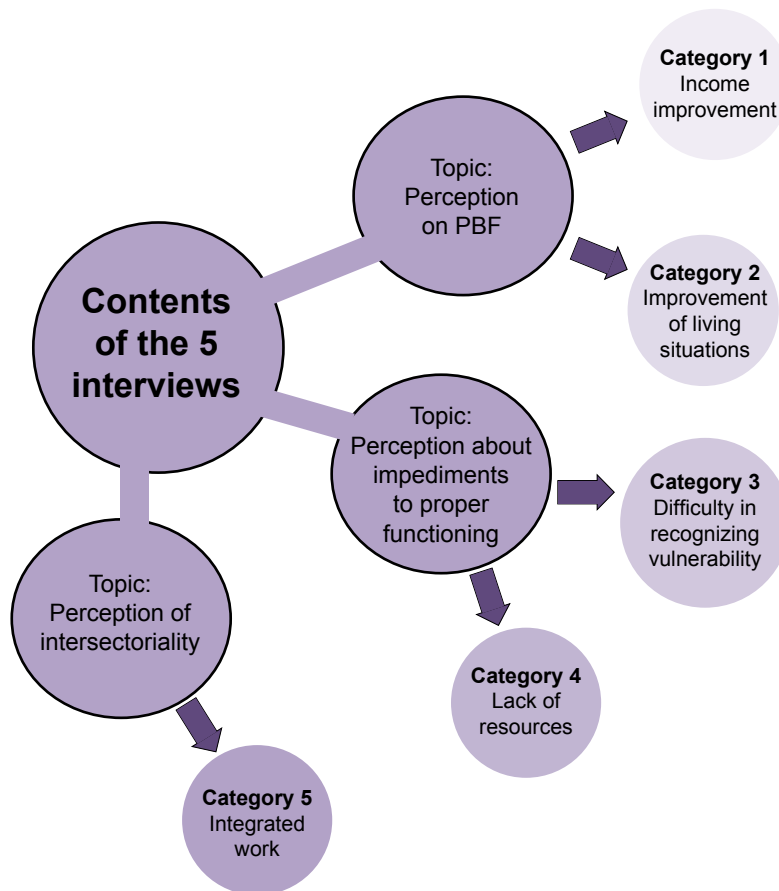


Figure 1. Model of organization of the thematic nuclei and categories, constructed to analyze content of the services managers' interviews. Morros Nova Cintra, Vila Progresso and Santa Maria, Santos, SP, 2015.

As for intersectorial actions and/or mechanisms, results show that the services interviewed here do not carry out specific actions or activities for PBF beneficiaries, except for monitoring the program conditionalities, which is done by each sector, without interlocution with the others. Activities or actions aimed at promoting Food and Nutrition Security (SAN) do not occur specifically for this audience either.

Obstacles cited for implementation of intersectorial actions are due especially to lack of communication among sectors and infrastructure, even though there is no doubt among managers that intersectoriality would be crucial for the program better functioning.

Content analysis shows that, in reality, actions for the program beneficiaries target only the monitoring of conditionalities, since actions carried out intersectorially and within the services are directed at the entire population served, without separation among beneficiaries or non-beneficiaries.

For monitoring conditionalities, services do it through semiannual reports, made available by the Brazilian Ministry of Social Development (MDS, in the Portuguese abbreviation), with the education sector being responsible for monitoring school attendance and health, vaccination schedule, prenatal care, weight and height gauging, among other departments relevant for the sector.⁴³⁻⁴⁵

The thematic nucleus structured on managers' perception regarding the obstacles to the program proper functioning was constituted by two categories:

1. The difficulty of recognizing the families' vulnerability.

(...) Because when she gets home and is not going to have that quiet time to study, she is not going to have [...] The teacher demands that she arrives clean. But it happens that she lives in an urban settlement area and there is no water supply network. She is not going to be clean inside the room, she is not going to be wearing a school uniform. And some professionals begin to learn that they have to talk, in a network, because by herself... It is not possible (m1).

(...) One of the problems that is most [...], That at least one feels several, not only Bolsa Família, but as vigilance... Is the floating population. And one moment it is here, another moment it is there. And it is usually the most needy population that needs to be migrating from one place to another because it can not support itself. This is our greatest difficulty in controlling. If we already have a registration problem, updating registration, imagine if it is a person who enters and registers here and leaves here the following week? (m5).

2. Lack of resources/infrastructure

(...) We do not have human resources. If I now wanted to make some move to bring service X, to bring service Y, I might be running into this issue ... All pieces of equipment are lacking in human resources. Therefore there are no people available to be here, as I may not be available to go there either. Then this is a problem for me... It is not always that all the services may be put together to discuss the Bolsa Família. Why? Because it's an invitation, people need to be... open, you know, to leave their jobs and go to this meeting (m3).

Managers' perception on the floating population, which is not able to settle in the same household for a long time, makes explicit a vulnerability factor.

These results are added to the ones from other studies, which show that a large part of the population of the Brazilian state of São Paulo (52%) live in shantytowns, tenements and precarious clandestine land plot subdivisions that have been growing and disorderly occupying the urban space.⁴⁵ According to data from Brazilian government Datasus [SUS (Brazilian Unified Health System) IT department],²²⁻²⁴ PBF serves 5,833 families in the city of Santos, according to the report sent by the Health Care Units and only 55.65% are followed up by these units. Of the beneficiaries, 573 families do not reside in the place indicated for performing an active search and for follow-up continuity.

According to Pettengill & Angelo,⁴⁶ vulnerability is revealed as a human condition. And by recognizing it in the others, individuals can put themselves in their place and thus begin to understand their situation. While this does not happen, there is more difficulty in distinguishing the vulnerability of others.

As for what is observed in the category dealing with lack of resources and infrastructure as an obstacle for the program proper functioning, Lício & Currello⁴³ reveal managers' difficulty to deal with the lack of infrastructure, from the lack of people/professionals to work to the lack of pens and computers to perform basic tasks, not to mention the consequent non-adherence by managers and/or staff, for lack or insufficient number of employees, generating non-compatibility among the services agendas.

Regarding the intersectoriality of actions developed, the services mention as the only action of this nature, but not exclusively addressed to the PBF beneficiaries, the so-called "territory meetings," which occur monthly. They discuss numerous issues in the territory and, when necessary, include cases of beneficiary families with difficulties to comply with conditionalities.

From the content analyzed, managers' perception on intersectoriality as a topic has emerged, consisting of the following category:

1. Intersectoriality as an integrated work.

Ah yes! That issue of us working together [...] I would understand that it would be all the services that work with the families, UBS, CRAS. Schools having monthly meetings to discuss families' issues and this really does not happen. Then it is a bit isolated (m3).

That all the services that make up the assistance network are health, education and social assistance. They are all interconnected. Therefore everyone has this role of following up insofar as what is exerted in controlling (m5).

Intersectoriality valuation by the service managers is positive and in line with what authors have been pointing out as some possibility for the *Bolsa Família* Program better functioning. Some studies show that intersectorial work facilitates the articulation of actions among public policies, making possible the *Bolsa Família* Program better functioning.^{43,44}

Valuation is also important, since building actions intersectoriality in the territories is not a trivial work. It is an ongoing and challenging process, requiring investment, planning, evaluation and persistence to overcome political-administrative, economic and regional differences and to include the diversity of understanding and opinion by the actors in the process.^{11,12,14,16} Therefore, valorization reveals some perception of the potency that actions of this nature could have.

Intersectorial actions may reflect in SAN promotion. However, this case study has shown that in the territory studied there are no specific actions for the *Bolsa Família* Program beneficiaries, despite the fact that intersectoriality is one of the main guidelines of social assistance, health and SAN policies in the country.^{18,47}

Nevertheless, education and social services cite sectoral and specific actions, such as the presence of a nutritionist from the City Department of Education as some health promoter by means of school meals and educational lectures that are offered during the school year and the occasional benefit of food staples, respectively, as some form of ensuring food and SAN for the population.

With regard to managers' perceptions of the program, interviews with them have shown that all sectors have a good understanding of *Bolsa Família* objectives, at least in two of its three main axes: immediate poverty alleviation and conditionalities as some means of ensuring access to basic social services. However, the third axis, which refers to complementary actions and/or programs aimed at developing families so that they can overcome the situation of vulnerability, was hardly mentioned. Although some managers agree that this type of action should occur as an emancipatory strategy for families, apparently it has not been possible to expand this program axis.

A large part of the complementary programs is developed by sectoral government ministries, with little involvement by the state and municipal spheres. Santos & Magalhães⁴⁸ reveal that there is no specific federal investment for implementation of complementary programs. They also point out that the lack of investment in these programs is not a characteristic of an isolated place and the integration of PBF with other public policies is not very expressive yet due to low investment and lack of knowledge and dissemination of existing programs.

The authors⁴⁸ argue that only offering qualification courses is not going to promote the emancipation of beneficiary families, since they either do not access the information they need to take the courses or, when they do, they do not receive support to enter the labor market after completion. From this perspective, they suggest that actions should be directed not only to qualify

but also to reintegrate families into the labor market. It is also necessary to invest in economic sectors capable of producing jobs and opportunities in order to promote the emancipation of families in an effective manner.

The thematic nucleus of managers' perception of the *Bolsa Família* Program has grouped two categories of meaning:

1. The program as a possibility of income improvement, as can be observed in the following statements:

You know, BF is the federal government's great income transfer program and that [...] It has gained some status of State Policy [...] It is a program that has really taken families from the poverty line and provided with the minimum monthly income (m1).

What I see from the Bolsa Família objectives is that it contributes to improving income for low income families, you know... (m2).

2. The program as a possibility for improving living situations:

Well... PBF goals for what I understand it is a wonderful program [...] which has come to help. And I understand that it's here to be able to [...] overcome some of the difficulties these families are experiencing (m3).

Bolsa Família has come to contribute to children's future, these attending the school units, fathers having some care [...] it is to improve needy families' living situations (m4).

They are families that do not have any possibilities and need an aid to be able to have the minimum of dignity and food (m5).

When the benefit is cited as an "aid," it corroborates findings in the literature, as in the study from the Brazilian Ministry of Social Development,^{47,49} in which one can observe the speech by government agents who believe that the benefit is a gift to the beneficiaries and not a right. In this way, conditionalities appear as an obligation to be carried out by beneficiaries for receiving some "help" from the government.

In this same line of thought, Costa et al.⁵⁰ show that the program beneficiaries also use the term "help" to refer to the charity, implying that the value received comes from some government's charity in ensuring access to basic items such as clothing and food, that is, reaffirming the program perception as not being some right.

It is understood that for the continuity of the benefit it is necessary to comply with conditionalities. This appears both in the literature and in the managers' perception, especially regarding school attendance, vaccination card and prenatal care, cited as the main ones of the program and those

with more frequent follow-up.^{43,51} However, for authors such as Pires,⁵² conditionalities, such as school attendance, do not in themselves ensure some situation of greater social mobility to the PBF beneficiaries when they do not take into account the quality of the services offered.

Final thoughts

PBF beneficiaries profile confirms the findings in the literature, reaffirming that the program's objectives in assisting families in situations of greater vulnerability are fulfilled. However, access to unified information services on beneficiaries does not exist.

It has been observed that there are no intersectorial actions and/or mechanisms being built nor specifically aimed at PBF beneficiaries. Actions have been restricted to sectorized monitoring of the program conditionalities. However, the so-called “territorial meetings” seem to be a potent attempt, even considering the structural impediments to the participation of all sectors.

Through these meetings it would be possible to address issues targeting the program beneficiaries, as well as to plan and carry out intersectorial actions in that territory. However, for this to happen, it is necessary to invest in all sectors, rethinking the policy of actions carried out by the services, considering intersectoriality as a strategic axis, not only for optimizing financial, structural and human resources, but also for improving skills, improvement and intensification of shared work processes, strengthening the public network of care for the population.

The lack of consolidated and unified data among sectors has also been identified as an obstacle to implementation of intersectorial actions in this territory. As some measure for data unification, it is suggested to create an information system, besides CadÚnico, that could be accessed by all sectors, including monitoring data, that may also allow evaluation processes. This system would assist in networking and implementation of intersectorial actions in the territory, including actions promoting SAN, and could directly contribute to SISAN consolidation in the municipality.

Managers' perception of the program is that it fulfills its main objectives, insofar as they perceive that it makes possible an improvement in the families' income and living situations. However, it is still seen as an “aid” to the beneficiaries and not as their right.

Considering that Santos has the characteristic of being one of the richest cities in the country, investments in intersectorial policies, which translate into actions improving working situations for service managers and their teams and in better living situations and health for the population, seem to be a good way not only to qualify the services and their actions, but also as a way of sharing this wealth with the local population.

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