

Trajectory, challenges, and outcomes of CCTs: Analyzing 20 years of the Bolsa Família Program (Brazil)

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Introduction

In Esping-Andersen's (1990) influential model of different welfare state regimes, Portugal, Spain, and Greece were notably absent, and Italy was categorized as “conservative.” However, several authors have criticized this model for overlooking certain southern European countries and for how Italy was classified (Ferrera, 1996; Bonoli, 1997; Castles, 1998; Arts and Gelissen, 2002; Naldini, 2005). Naldini (2005) suggests that this omission may have stemmed from some authors viewing social policies in these countries as “rudimentary.” She argues that this is not the case, but rather that Mediterranean welfare states have their own distinct characteristics. Echoing Ferrera (1996), she highlights three aspects: (a) significant monetary transfers, especially concerning pensions; (b) a national health system with a public-private mix; and (c) limited welfare state reach and state autonomy, influenced by party connections, clientelism, and reliance on employers. Another noteworthy characteristic of European Mediterranean countries is the central role of the family in providing social support, with public authority playing a subsidiary role to the family, community, and private sector. The prominent role of the family in social provision is recognized as “familism” (Draibe, 2007, among others).

Also, in Esping-Andersen's (1990) now classic classification, Brazil was absent. However, given that the colonization of Latin America was led primarily by the Spanish in most of the region and the Portuguese in Brazil, family values have continued to play a significant role in Latin American families' daily lives. In addition to surnames, culture, habits, and Portuguese, Spanish, and Italian cuisine, the characteristics of the social protection systems of southern Europe, including the centrality of the role of the family, have also been transplanted. Consequently, there are many shared characteristics between the welfare regimes of southern Europe (Ferrera, 1996; Naldini, 2005) and the regime established in Brazil (Burgos and Brigagão, 2022).

In the Brazilian Federal Constitution of 1988, the family is recognized as one of the key providers of welfare (Mito, 2009). The constitutional text and the regulations governing social assistance highlight the family's responsibility for caring for children, adolescents, and the elderly. These rules demonstrate the family's primary role in providing care, followed by the market, and lastly, by the

State, as Campos and Miotto (2009) note. Given this, it should come as no surprise that the main Brazilian social program is called Bolsa Família.

Widely regarded as the largest conditional cash transfer program (CCT) in the world, in April 2024, the Programa Bolsa Família (PBF) provided assistance to 55.1 million people, which is about 25% of the total Brazilian population. Of these 55.1 million people, over 24 million are children and adolescents. The program's annual transfers amount to \$32 billion USD, with an average monthly value of \$130.80 USD per family. This is approximately 48.2% of the national minimum wage. The program is primarily aimed at women, and 83.5% of beneficiary families are headed by women.

It is crucial to recognize that over the past 25 years, the adoption of CCT programs has been widespread. In Latin America and the Caribbean, only three countries - Brazil, Mexico, and Honduras - had implemented these programs in 1997. However, 25 years later, these initiatives were active in 20 countries in the region, each with distinct formats, scopes, conditionalities, designs, implementation challenges, monitoring mechanisms, and outcomes. (Fiszbein & Schady, 2009; Barros, 2010; Bichir, 2010; Sugiyama, 2011; Campello, 2013; Lavinias, 2013; Rego & Pinzani, 2013; Jones, 2016; Papadoulos & Leyer, 2016; Oliveira & Bichir, 2021; Barros & Machado, 2022; Burgos, Deak & Leyton, 2024).

In Brazil, the initial CCT program was PETI (Child Labor Eradication Program), launched in 1996 with the aim of eliminating child labor in specific areas of the country. In 2001, the federal government introduced the Bolsa Escola Program (School Allowance Program), which required children to attend school and prohibited child labor. Both initiatives were established during the Fernando Henrique Cardoso government. In 2003, during the government of Luiz Inácio Lula da Silva, or Lula, the Bolsa Família Program (PBF) was created, integrating Bolsa Escola and other federal social programs into a comprehensive social policy. The PBF's focus is to eradicate intergenerational poverty. Consequently, all requirements - education, health, and social assistance - are centered on children, with the expectation that future generations will not rely on CCTs to survive.

The purpose of this article is to examine the trajectory of the Brazilian case, with a specific focus on the 20-year history of the Bolsa Família Program. The program has continuously evolved over time, with improvements in policy design and operational norms and rules. The article will also highlight the positive outcomes associated with conditionalities, such as improved education, changes in vaccination rates and child malnutrition, an increase in prenatal consultations, and significant reductions in extreme poverty and poverty in both urban and rural areas. Furthermore, it will address the key challenges related to design issues – including budget constraints, political considerations, and societal prejudices – as well as implementation challenges. These implementation challenges are particularly noteworthy since the program operates at the municipal level in Brazil, a country with 5,570 autonomous municipalities each with its own socioeconomic, territorial, and contextual background.

Poverty and CCTs in Latin America

Addressing poverty has long been a significant challenge in Latin America. In her analysis of Latin American social policies, Sposati (2002) introduces the concept of “late social regulation.” She argues that the region's historical trajectory diverged notably from that of Europe due to its unique historical characteristics, level of economic development in the global context, and the dominance of anti-democratic political forces, enforced through the violence of military dictatorships. As a result, social policies benefitting the urban working class were implemented in a fragmented, limited, and sectoral manner. Sposati (2011) also highlights the exclusion of Afro-descendants and Indigenous peoples from contributory social protection systems that were intended to support industrialization and formal employment in urban areas. The author asserts that social regulation in the region lagged, as Latin American states prioritized social labor legislation and education until nearly the end of the 20th century, only expanding the scope of social policies to include health, housing, and social assistance significantly in the last decade of that century.

In 2017, Sojo conducted a significant analysis of social protection in Latin America. The author pointed out that many social protection systems in the region are facing a crisis of legitimacy due to unmet promises from reforms in the 1980s and 1990s. Sojo (2007) emphasized the need to implement policies that prioritize equality while recognizing the complexity of existing systems. The author stressed the importance of forming broad political alliances to overcome social protection systems' current fragmentation and segmentation, as well as to strengthen their redistributive ethos and solidarity and improve service quality. Additionally, she suggested that building effective social protection systems in the region required long-term perspectives and consideration for future options and alternatives.

In Latin America, there is a strong desire for improved and more comprehensive social protection systems. However, what we have observed is the prevalence of targeted policies. The first public income transfer programs emerged in Brazil in the mid-1990s as initiatives at the municipal level. Inspired by Senator Eduardo Suplicy's negative income tax bill, these programs were experimental attempts to alleviate poverty through minimum income guarantee programs. Notable initiatives in Campinas, the Federal District, Ribeirão Preto, and Santos aimed not only to address income inadequacy but also to provide access to public services and goods for the most socioeconomically vulnerable populations (Bichir, 2010).

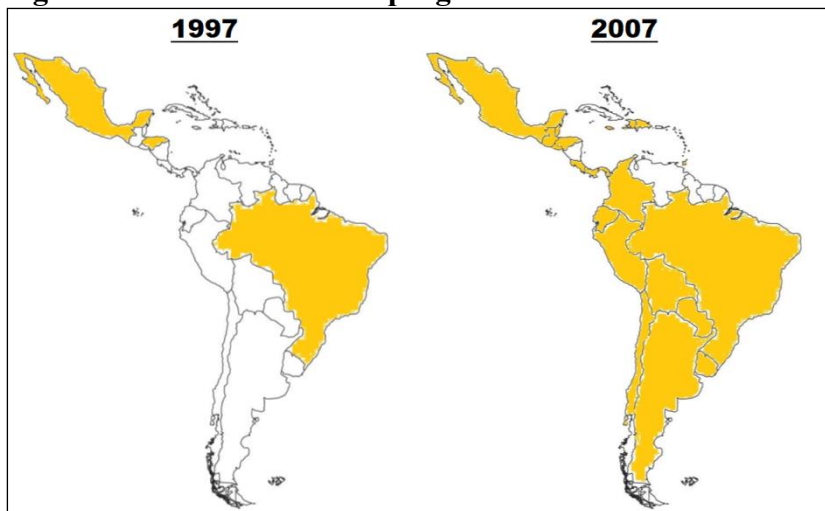
The success of these initiatives captured Mexico and Honduras' interest, as well as the interest of other jurisdictions in Brazil. In 1997, Mexico introduced the first national CCT program known as Progresa. The same year, Honduras launched the Programa de Asignación Familiar (PRAF).

In Brazil, as mentioned above, PETI (Child Labor Eradication Program) was launched in 1996 to eliminate child labor in specific areas. In 1997, the Cardoso government also approved another policy (Law 9,533) which allowed the executive branch to provide financial support of up to 50% of the cost of municipal cash transfer programs related to socio-educational activities. This marked the inception of the first national minimum income program (PGRM), discontinued in 2000 for

political and administrative reasons. Even so, it paved the way for the Bolsa Escola Program (Bichir, 2010).

These programs have proven successful in combating poverty. Organizations such as the World Bank, the Inter-American Development Bank (IDB), and various UN agencies have brought international attention to these programs, particularly Bolsa Família. Their relative ease of implementation has led to rapid dissemination. Thus, from three countries in 1997, by 2017, Argentina, Bolivia, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Jamaica, Panama, Paraguay, Peru, Trinidad and Tobago, and Uruguay had all followed suit. This rapid spread of CCTs in Latin America over 20 years is illustrated in Figure 1.

Figure 1: Evolution of CCT programs in Latin America over 20 years (1997-2017)



According to Fiszbein and Schady (2009), CCTs have been praised for four main reasons: as a means to reduce inequality, particularly in highly unequal Latin American countries; to assist families in breaking the cycle of poverty being passed down from one generation to the next; to improve child health, nutrition, and education; and to help countries attain the Millennium Development Goals.

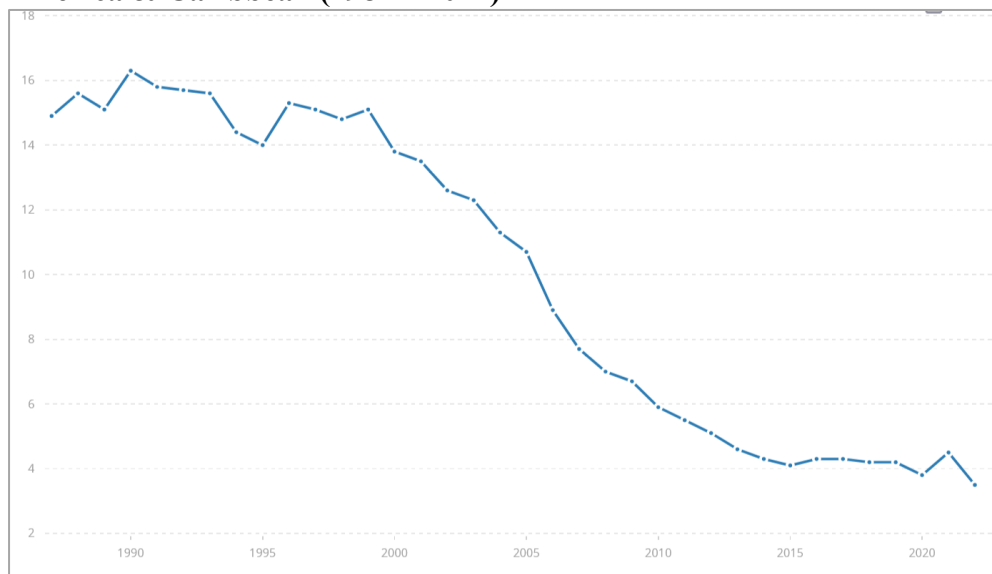
Latin American CCT programs have a unique focus on breaking the cycle of intergenerational poverty, unlike programs in other parts of the world. In Latin America, it is common for poverty to persist across multiple generations, affecting great-grandparents, grandparents, parents, and children. Therefore, most CCT programs place conditionalities not on the adult beneficiaries, but on the children. These conditionalities include requirements related to school attendance and healthcare, starting from prenatal care, childhood vaccination, and addressing child malnutrition. The aim is to ensure that the next generation has better access to education and improved health, breaking the cycle of intergenerational poverty. This approach aims to prevent children born into

poverty from being trapped in poverty as adults, ultimately reducing their dependence on CCT programs in the future.

It is worth noting that among the 17 countries in Figure 1, only Trinidad and Tobago requires proof the recipient is searching for employment as a condition. In Panama, a member of the beneficiary family is expected to participate in training specific institutions offer to enhance skills and generate productive capital. In all other programs, including Panama, conditions primarily revolve around promoting children's education and health. This involves improving nutrition and/or monitoring the health of family members, particularly pregnant women, further demonstrating that Latin American programs prioritize the next generation.

The decline in poverty rates in Latin America over the past 35 years cannot be solely attributed to CCT programs. The data from 1987 to 2022 (Figure 2) shows relative stability between 1987 and 1997, with approximately 15% of the population living on less than \$2.15 a day. However, from 1997 onwards, this percentage started to decrease significantly, coinciding with the introduction of cash transfer programs for impoverished families. Over the 25-year period from 1997 to 2022, the proportion of people living on \$2.15 a day dropped from 15.1% to 3.5%, a 76.8% decrease.

Figure 2: Poverty headcount ratio at \$2.15 a day (2017 PPP) (% of population) - Latin America & Caribbean (1987 – 2022)



Source: World Bank

This represents a highly significant outcome with remarkably low costs. Ibararán et al. (2017) reported that in the 17 Latin American countries that implemented various forms of CCT, the average investment accounted for 0.3 to 0.4% of each country's GDP.

In recent years, while the focus of conditionalities has remained on education and health, countries have been striving to develop "exit strategies." Medellín et al. (2015) demonstrate how some Latin American CCT programs are now being linked to income-generating interventions, connecting the programs to a wide range of efforts aimed at promoting self-employment and wage employment. However, the authors observed minimal participation of CCT beneficiaries in these income-generating interventions. This is largely due to the weak integration between the programs, which primarily consist of high-level institutional agreements and referrals with little guaranteed or preferential access to labor intermediation services.

The incremental trajectory of CCTs in Brazil

In the 1990s, Brazilian law prohibited children under the age of 14 from working. However, Yap, Sedlacek, and Orazem (2009) showed that in 1996, 6% of children aged 10 to 13 in urban areas and 33% in rural areas were engaged in some form of work. The majority worked informally as unpaid family labor. Additionally, the study highlighted that in urban areas, 59% of working children were unpaid, while in rural areas, this figure rose to 91%.

In the effort to combat child labor in both urban and rural areas, Brazil launched its first national CCT program, called PETI, in May 1996. Initially introduced as a pilot project in 14 cities in the state of Mato Grosso do Sul, the program received support from the International Labour Organization (ILO) and the United Nations Children's Fund (UNICEF). After a few months, PETI expanded nationwide, targeting children aged 7-15 years who were involved in child labor. The transfer of cash was contingent upon the children no longer working (Costa et al., 2020).

In the following years, a new, modified CCT program was established called the Bolsa Escola Program (School Allowance Program). Instead of solely prohibiting child labor, it mandated that children attend school in an effort to ensure universal access to elementary education. It provided a monthly benefit of R\$15.00 to children aged 7 to 14, from families with a monthly income lower than R\$90.00, equivalent to half the minimum wage at the time. Additionally, in 2001, other CCT programs were implemented. The National Minimum Income Program, also known as Bolsa Alimentação, targeted families with pregnant women, breastfeeding mothers, and children aged 0 to 6 years, as long as family income did not exceed R\$90.00 per month. Similarly, the Ministry of Mines and Energy initiated the Auxílio Gás program, distributing R\$15.00 every two months to families with a monthly per capita income of up to half the minimum wage.

In late 2002, Lula was elected as the president of Brazil. In his first speech after taking office in January 2003, he declared:

As long as there is a brother or sister going hungry, we will have more than enough reason to be ashamed. That is why I have defined a food security program called Zero Hunger as one of the priorities of my government. As I said in my first speech after the election, if, by the end of my term, all

Brazilians have the opportunity to have breakfast, lunch and dinner, I will have fulfilled my life's mission. That is why today I call out: let's end hunger in our country (Inaugural speech by President Lula – January 1, 2003).

With this President Lula was also upholding the principles of the Federal Constitution of 1988. Article 3 outlines the fundamental goal of the country as to "eradicate[ing] poverty and marginalization and reduc[ing] social and regional inequalities."

Several months after assuming office, a task force was established to create a program that could promptly alleviate beneficiary families' poverty and promote access to public health and education services. This task force, comprised of representatives from various Ministries, the Institute of Applied Economic Research (Ipea), and Caixa Econômica Federal (a national public bank), formulated the proposal for the Bolsa Família Program. Created in October 2003 and enacted through a federal law in 2004, the Bolsa Família Program is founded on three core principles: immediate poverty alleviation; conditionalities tied to accessing health, education, and social assistance; and complementary initiatives designed to help beneficiary families overcome vulnerability. The program was designed to consolidate three previous income transfer initiatives and integrate them with the Federal Government's Single Registry (CadÚnico). The CadÚnico served as an innovative central database containing comprehensive information on Brazil's most impoverished citizens, regardless of their place of residence (Campello, 2010, p. 16).

In 2010, President Dilma Rousseff, more often called Dilma, was elected to succeed Lula. Though she had never run for office before, she had served as a minister during Lula's eight years in office and was a member of the Workers' Party (PT). Dilma's government was expected to continue Lula's socio-economic and public policies. Immediately after winning the election, she pledged to prioritize the eradication of poverty and the reduction of extreme poverty in the country during her term. In 2013, 23 years after the 1988 Constitution, the federal government launched the slogan "Brazil – a rich country is a country without poverty," reaffirming this presidential promise, and significantly expanding social programs.

The "Brazil without Misery Plan" was introduced in 2013 and involved 22 ministries along with state and municipal authorities. It was structured around three main objectives. The first objective was "Income Guarantee," which encompassed programs such as Bolsa Família and the Continuous Payment Benefit. The second objective was "Productive Inclusion" and addressed both urban and rural areas. In urban settings, measures included professional training, assistance searching for jobs, and support for microcredit and the solidarity economy. In rural areas, programs offered technical assistance, agricultural credit, and initiatives to facilitate product marketing. The recipients of these programs, typically the poorest and most vulnerable families, often coincided with the beneficiaries of the Bolsa Família Program. The third objective was "Access to Services," which prioritized providing public services to families registered in CadÚnico. For example, when municipalities sought federal support to build daycare centers, they were encouraged to prioritize areas with a scarcity of facilities and a high number of CadÚnico families.

In 2016, Dilma was impeached in a highly controversial process. Her successor, then Vice President Michel Temer, kept the PBF intact but introduced a new program linked to it. Criança Feliz (Happy Children) was officially established in October 2016, although it had begun to be developed during Dilma's administration. The program's primary initiative involved home visits by social workers who would provide services directly to families in need. These visits would allow the social workers to better understand the family's strengths and needs and so to tailor interventions for each family's specific circumstances.

In 2018, Jair Bolsonaro, a federal deputy, was elected as president. He is a strong critic of Lula, Dilma, and the Workers' Party. Despite his criticism of the Bolsa Família Program, his initial decision was to maintain its design without substantial changes. However, with the onset of the COVID-19 pandemic in early 2020, Brazil's socioeconomic situation deteriorated rapidly. In April 2020, in order to assist workers without formal contracts, self-employed individuals, small business owners, and the unemployed, the federal government introduced Auxílio Emergencial, or Emergency Aid. Initially planned to last for only 5 months, recipients received much more than the Bolsa Família benefit.

The process for applying for the Emergency Aid was quite complex. Registration for the program had to be completed through a dedicated mobile app or the Caixa Econômica Federal website. This created challenges for the most economically disadvantaged, who often have limited digital access. Moreover, there were numerous instances of fraud and registration errors, resulting in benefits being distributed to individuals who were not the most in need. In addition, the Emergency Aid did not include any specific conditionality related to education or health. Consequently, Brazil's longstanding history of implementing CCT programs was effectively disrupted.

In 2021, the Bolsonaro government introduced Auxílio Brasil, which replaced the Auxílio Emergencial, and phased out the Bolsa Família program. In response to the ongoing effects of the pandemic, the opposition successfully advocated Congress to increase the minimum monthly amount from R\$400.00 (\$82) to R\$600.00 (\$122). In October 2022, Bolsonaro lost the presidential election to former president Lula. Upon resuming office in January 2023, President Lula reinstated the Bolsa Família Program.

The major change in the new Bolsa Família is the "protection rule," which means that even if a family's income rises due to employment or entrepreneurship, they will not be immediately excluded from the PBF. With the new rule, recipients will continue to be included in the program for up to two years, during which time they will receive 50% of the benefit amount. This also includes additional benefits for children, adolescents, pregnant women, and nursing mothers. Thus, as family members enter the job market, they still receive essential support. Therefore, the "protection rule" provides a period of enhanced financial stability and a gradual transition out of poverty. Over 2.5 million participating families are now receiving an average benefit of R\$371.04 (\$68.00).

Bolsa Familia's results in 20 years

The PBF has been implemented in a decentralized and intersectoral manner. The municipality is responsible for registering eligible families in the CadÚnico. Therefore, the task of collecting and managing data and keeping databases updated is handled at the municipal level. On the other hand, the federal sphere, specifically the Ministry of Development and Social Assistance, Family and the Fight against Hunger (MDS) monitors compliance with conditionalities for families that fall within the defined poverty profile, based on data from CadÚnico. And with families' approval, Caixa Econômica Federal transfers income directly to the beneficiaries. The money can be withdrawn or used through a personal magnetic card issued to the head of the family, preferably a woman.

Families currently receive a minimum of R\$600, with R\$150 added for each child aged 0-6. Pregnant women, children, and adolescents between 7 and 18 also receive an extra R\$50 per eligible individual. To qualify, families must meet specific conditions, including receiving prenatal care, adhering to the national vaccination schedule, monitoring the nutritional status of children under 7, and ensuring a minimum school attendance of 60% for 4-5 year-olds and 75% for 6-18 year-olds who have not yet completed basic education. Compliance rates for school attendance, vaccinations, and prenatal care are detailed in Table 1.

Table 1: Compliance with education and health conditionalities – May 2024

Area	Groups	# of Beneficiaries	Monitoring Rate	Compliance Rate
Education	Beneficiaries aged 4 to 5 years	3,042,782	70.2%	94.3%
	Beneficiaries aged 6 to 15 years	13,869,906	83.6%	94.4%
	Beneficiaries aged 16 to 17 years	2,745,411	76.9%	88.9%
Health	Children under 7 years old with up-to-date vaccinations	5,883,317	5,824,080	99,0%
	Pregnant women with up-to-date prenatal care	574,388	573,862	99,9%

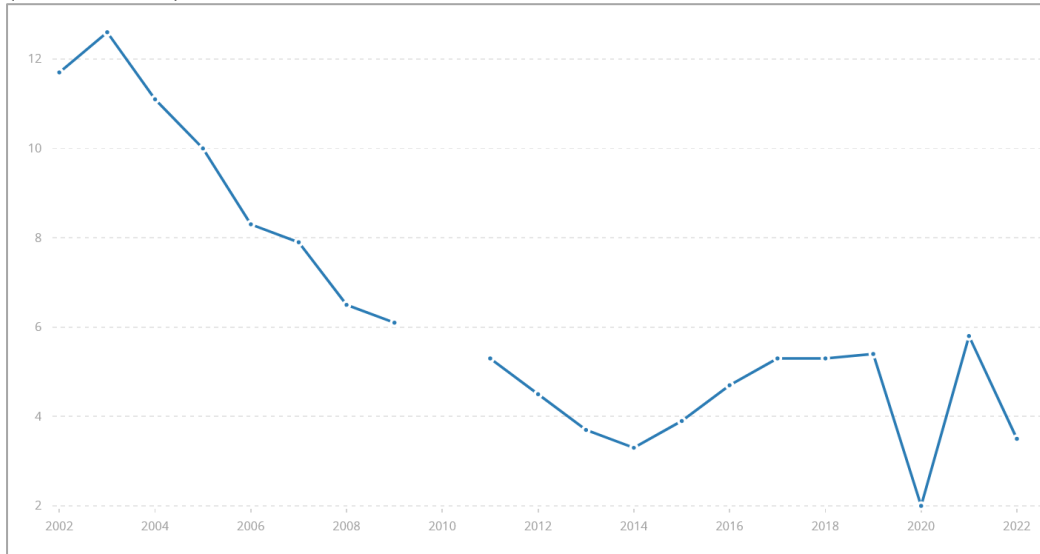
Source: Secretaria Nacional de Renda de Cidadania - May 2024

The data reveals outstanding compliance in terms of health. It's important to note that Brazil's Unified Health System (SUS) ensures comprehensive and free care for the entire population. In the education sector, the results are somewhat less favorable. While the majority of Brazilian schools are public and free, compliance with conditions is at 94% for children aged 4 to 15, but dips to below 90% for adolescents aged 16 and 17.

Upon examining the PBF outcomes, we observe a significant reduction in extreme poverty since the implementation of the program. In 2003, a year prior to its launch, 11.1% of Brazilians lived on less than \$2.15 a day. By 2022, this percentage had decreased to 3.5%, marking a 68.5% reduction over this period (see Figure 2). It is worth noting that this trend was not consistently

downward throughout the period, particularly between 2015 and 2019, when poverty increased, and also during the Covid-19 pandemic.

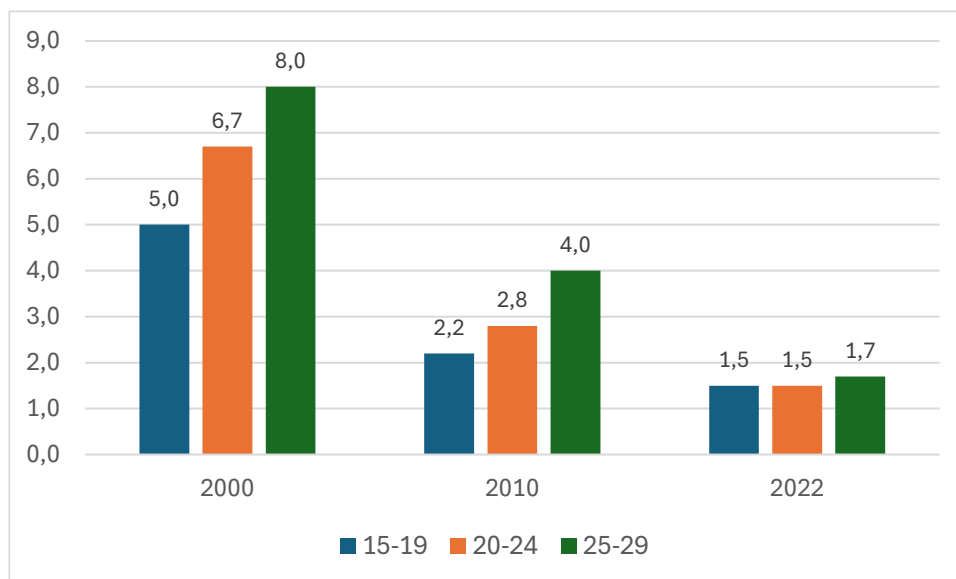
Figure 2: Poverty headcount ratio at \$2.15 a day (2017 PPP) (% of population) - Brazil (2002 – 2022)



Source: World Bank

In the context of education, data from the decennial censuses on illiteracy among individuals aged 15 or older reveal the following: 1991 (20.07%); 2000 (13.63%); 2010 (9.61%); and 2022 (7.00%). This outcome is not solely attributed to the Bolsa Família Program, but it certainly played a role. Once we analyze the data by age groups (Figure 3) and focus on the groups that were mandated to attend school under the PBF, we observe significantly improved results, indicating a notable decline in illiteracy among these young individuals upon reaching adulthood.

Figure 3: Illiteracy rate of people aged 15 and over, by age group - Brazil - 2000/2022



Source: World Bank

The Bolsa Família program has played a crucial role in reducing infant mortality rates, particularly those attributable to poverty-related issues like malnutrition and diarrhea (Rasella, 2013). Table 2 presents a range of health indicators associated with preventable causes of infant mortality. In a country as unequal as Brazil, the mortality rate among children under 5 years old due to preventable causes is notably higher in the poorest socioeconomic groups. Enhanced childcare, starting from prenatal care, coupled with other contributing factors, has yielded significant positive results between 2004 and 2022.

Table 2: Deaths from preventable causes in children under 5 years of age - Brazil

Preventable causes	2004	2022	Difference
Adequate care for newborns	11.125	5.269	-52,6%
Attention to women during childbirth	5.571	3.087	-44,6%
Care for women during pregnancy	11.589	8.873	-23,4%
Immunization	62	20	-67,7%
Diagnosis and appropriate treatment	6.931	3.727	-46,2%

Source: Sistema de Informações sobre Mortalidade – SIM – Ministério da Saúde

In terms of social mobility, according to a recent study by Fassarella et al. (2024), an analysis of data on children aged between 7 and 16 in 2005 and aged between 21 and 30 years in 2019 revealed that only 20% remained beneficiaries of the Bolsa Família Program (BFP) in 2019. The study concluded that 64% of BFP beneficiaries aged 7 to 16 in 2005 were no longer receiving benefits from federal government social programs in 2019. Additionally, 45% had entered the formal labor market at least once between 2015 and 2019, indicating improved living conditions over their life

cycles. These findings suggest that conditional cash transfer programs can effectively facilitate social mobility.

Some challenges in these 20 years

While the outcomes have been largely positive, the PBF still faces numerous challenges that require attention. Some of these issues are rooted in Brazil's structural problems, which cannot be tackled by a single social policy. Others are longstanding obstacles that federal and local government teams grapple with on a daily basis. Additionally, new challenges emerged during the policy's implementation process. To simplify, we can categorize these challenges into two groups: policy design and implementation.

Policy Design

The budget for social policies always presents a challenge. Despite the relatively low cost of the PBF program (about 1% of GDP), ensuring that its budget is not reduced year by year is a formidable task. This is true both in terms of the previous year's budget planning and in terms of actual budget implementation, to prevent families from missing out on benefits due to the need for stricter fiscal adjustments. At the municipal level, maintaining an updated CadÚnico comes with its own costs. Even though families are required to update their records every two years, it's crucial to verify whether they still meet the eligibility criteria. Furthermore, identifying and enrolling new families to ensure their access to benefits required action. In rural areas, this entails travel to more remote locations. In larger cities, there are unique challenges, such as the increase in homelessness following the pandemic, that require a more tailored approach. All these initiatives require funding, which must be negotiated not only with the federal government but also within local administrations.

Negotiations are influenced by the political conditions at both the municipal and national levels. The current Brazilian government lacks a congressional majority, posing challenges for negotiations. These issues also manifest in municipal disputes over the need to train or hire social workers to address emerging problems. The right-leaning Congress has historically been critical of cash transfer policies, often advocating for a shift towards workfare-based models and imposing time limits on receiving Bolsa Família benefits. Despite reduced criticism, phrases like "You can't give [beneficiaries] fish; you have to teach [them] how to fish" are still commonly heard in public debates. Some argue that the PBF should align more closely with the US TANF - Temporary Assistance for Needy Families – model (they are certainly not aware of TANF's negative outcomes after the 1996 reform [Shaefer & Edin, 2018]).

The proposed changes are also linked to another challenge: prejudice. Despite positive outcomes, the PBF continues to face constant criticism, particularly from more conservative segments of

society who persist in labeling it as a "Bolsa Esmola" ("Alms Allowance") or use other derogatory terms. It is indisputable that certain social policies, especially those aimed at more vulnerable groups, can lead to stratification and stigmatization (Katz, 2013; Petautschnig & Timonen, 2024), especially in urban areas where inequality is more pronounced. While expanding the PBF to eventually become a universal minimum income program could help address this, it remains far from the current reality in Brazil.

Implementation

Brazil is a federal country consisting of 27 states and 5,570 autonomous municipalities. The federal government primarily formulates social policies, but their implementation falls under the purview of the municipal government. However, these municipalities vary significantly. While São Paulo boasts over 11 million inhabitants and 14 other municipalities in Brazil have more than one million inhabitants, 69.4% of Brazilian cities have fewer than 20,000 inhabitants. The smallest municipality, Serra da Saudade, is home to only 833 inhabitants. This creates a substantial imbalance between municipalities with similar responsibilities but differing capacities, including those essential for the effectively implementing social policies.

The issue of population is not the only challenge facing some municipalities. Territorial extension is also a major concern. Some municipalities are larger than some European countries. The largest Brazilian municipality, Altamira, spans 159,695,938 km², which is larger than Greece, England, or Portugal, and even surpasses the combined surface area of Denmark, Switzerland, and Belgium. This vast expanse makes it difficult to be present across the entire territory, hindering efforts to assess families' situation. In the Amazon region, for instance, traveling between the municipal headquarters and remote communities often requires six to eight hours by boat - sometimes even longer. As a result, monitoring families for social assistance programs and ensuring compliance with health and education standards is especially challenging.

An additional challenge pertains to the local resources available. Our previous research indicates a lack of training for managers and technicians to effectively interact with individuals who, due to their socioeconomic vulnerability, struggle to comprehend the program's regulations. This sometimes leads to aggressive behavior when their benefits are suspended or terminated. Many social workers are paid a low monthly salary, which contributes to their lack of motivation. Furthermore, certain municipalities suffer from a shortage of social assistance professionals. Inadequate vehicle availability also hinders the daily operations of social assistance agencies, which frequently involve visiting beneficiaries' families or other facilities within the social protection network. In cases where vehicles are available, there are instances when the city or state government fails to provide funding for fuel. Consequently, budget limitations serve as a hindrance to the implementation process.

Effectively communicating with beneficiaries is another challenge in the implementation process. Our research suggests that the PBF can be likened to a "quasi-guaranteed income." Families are aware that they qualify for the benefit (*why*) and the timing of its disbursement (*when*), but there is often uncertainty regarding the specific amount they will receive (*how much*). This uncertainty stems from potential variations in age or changes in family circumstances. While these changes may impact payment amounts, they are generally not significant. Nevertheless, many social workers struggle to clarify these fluctuations to beneficiaries, leading to widespread confusion.

An important challenge of the program is its relationship and integration with other social policies. The program should be designed to work closely with the education and health sectors, rather than relying solely on computerized systems for monitoring school attendance, child vaccinations, and care for pregnant women. For example, when a child begins to miss school, teachers should ideally be able to connect with social workers to investigate family-related issues. Although this type of collaboration happens in many areas, in some places, these connections are almost non-existent, which could lead to issues for both the program's effectiveness and its beneficiaries. Furthermore, it is crucial to establish connections with other government departments. In rural areas, collaborating with the departments of agriculture and cattle or agrarian development is essential for technical support and access to agricultural credit programs. Urban families could benefit from integrating with programs that offer job training, retraining, and employment support, as well as microcredit policies.

It is crucial to reinforce federative arrangements and reduce dependence on the federal government in coordinating horizontally. Since the enactment of the Federal Constitution of 1988 and the decentralization of policies, local governance has gained significant importance in implementing innovative policies, programs, and projects. This need is particularly evident in the realm of secondary education, where the challenges in meeting adolescents' needs are most pronounced. In Brazil, responsibility for providing free public secondary education lies with the states. Therefore, to ensure that these adolescents attend school and utilize this time to gain professional qualifications or aspire to higher education, coordination with the state government is imperative.

When it comes to addressing this issue, another challenge lies in the quality of public services across the majority of Brazilian municipalities and states. In the realm of education, it's important to note that simply attending school differs from acquiring a meaningful education. While progress has been made in eradicating illiteracy, it's essential to focus on enhancing the overall quality of public education. As for healthcare, while efforts have been made to provide necessary services for pregnancy and early childhood, there are still concerns about the quality of the services offered.

The incorporation of new technologies into CCT programs is a crucial consideration. While tools such as messaging apps like WhatsApp can greatly improve communication between social workers and beneficiaries, and streamline record-keeping, it is imperative to proceed with caution when digitally transforming all processes. Given the diverse and vulnerable nature of the population these programs serve, adopting a "digital by default" (Schou & Pors, 2018) model

carries significant risks of exclusion. The approach used in Auxílio Emergencial and part of Auxílio Brasil demonstrated various shortcomings and adversely affected the relationship between social assistance teams and both existing and new beneficiaries. Therefore, while leveraging new technologies is important, it needs to be approached with meticulous planning to mitigate potential adverse consequences.

Final Remarks

Let's imagine that a low-income Brazilian woman became pregnant on October 21, 2003, the day after the Lula government launched the Bolsa Família Program. (It became law on January 9, 2024.) Upon her enrollment in the CadÚnico the following month, she began receiving financial assistance and was required to attend seven prenatal check-ups to ensure a healthy pregnancy. Her son was born in July 2004 and has since benefited from nutritional support and vaccinations as per the Ministry of Health guidelines. At the age of four, in 2008, he started attending preschool. When he turned 18 in July 2022 and completed high school, he was no longer eligible for the Program.

The 20th anniversary of the Bolsa Família Program, commemorated on January 9, 2024, marks more than just a celebration of this significant social policy for Brazil and the world. It also provides an opportunity for policymakers and researchers to analytically assess – both quantitatively and qualitatively – whether the program is achieving its objective of breaking the cycle of intergenerational poverty. For instance, if the young person mentioned previously is pursuing higher education or is engaged in the formal job market, it would indicate the effectiveness of the Bolsa Família Program, as it significantly enhances the chance that future generation will not rely on assistance to maintain a decent standard of living.

This story does not cover all the challenges the young man and his family encountered over his life. It is an anecdotal example, so it does not account for any interruptions or crises that may have occurred. Over the past 20 years, Bolsa Família has also faced crises and even been interrupted. Both the beneficiaries and government officials, policymakers, and street-level bureaucrats have encountered and continue to face numerous challenges. There are emerging challenges beyond social policy issues as well. While technology presents opportunities to enhance interaction between the government and citizens, it can also lead to new forms of digital exclusion. There are concerns about the impact of fake news and digital scams. Additionally, the rise of far-right movements worldwide poses a threat to social protection policies and systems as they target minorities and historically vulnerable groups. Undoubtedly, these new challenges can impact CCT programs globally.

Currently, both Brazilian and international researchers are analyzing data and conducting interviews on the life trajectories of beneficiaries. These studies are anticipated to have a significant impact in both academic circles and policy analysis. It is crucial to not only focus on the outcomes but also to analyze the historical, present, and future challenges in formulating and implementing

the PBF. This analysis can assist governments and policymakers in Brazil and other countries facing similar issues to develop or enhance their CCT programs. Undoubtedly, this effort will have a profound impact on the lives of millions of people who rely on programs like these to survive day to day and, more significantly, to aspire to a future where their children can grow up without the specter of extreme poverty.

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