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Bolsa Familia Program and its Implementation in Brazilian Municipalities

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Abstract

In the period 1960-1970, Brazil experienced significant economic growth from a diversified urban-industrial economy. This growth, however, did not promote positive impact on poverty levels; on the contrary, it further intensified the precarious life of a large part of the population. In the 1980s the great changes in the world economy, led to expansion of poverty numbers. In 2003, under the government of President Lula the Bolsa Família Program (BFP), which is the largest initiative to address families in poverty. In 2013, it served more than 13 million families. The monitoring and management tool used by the PBF is the Single Registry, which aims to identify and characterize low-income families that have incomes up to half the minimum wage per person or monthly income of up to three minimum wages. The municipalities that operate a single registry which, besides being used in the selection of beneficiaries for other social programs, provides information on the socioeconomic status of the families, the characteristics of the household, the means of access to social services, etc.. The operationalization of this program, is a major challenge to the management capacity of small municipalities with less than 5,000 inhabitants, and which concentrate on high poverty numbers. However, in 2013, the Bolsa Família Program received an international award from an organization dedicated to promoting social welfare in the world: the International Social Security Association. The work of the Bolsa Program was considered "an exceptional and pioneering experience in poverty reduction and the promotion of social welfare."

Keywords: Bolsa Familia Program, Brazil, Poverty reduction.

Introduction

Poverty in Brazil is associated with the different conditions of precariousness in exercise and work opportunities for a significant part of the population. Its increase has strengthened the demands for organizing social care policy, which requires the extension of rights docked at work, as well as those associated with social need.

The Bolsa Família Program - BFP - transfers values directly to families or individuals who are in vulnerable situations, regardless of any prior contribution, subject to compliance with conditions. Thus it operates as part of the Social Protection System, serving a hitherto unprotected public.

The objectives of the PBF are to fight hunger and to promote access to public network services, especially health, education and social assistance. Present in all Brazilian municipalities, ten years after being created, it is recognized as the largest cash transfer program in the world with 13.7 million (August/2013) beneficiary families, according to the Ministry of Social Development and Fight Against hunger - MDS.

The PBF is run by the Union in collaboration with federal agencies. It uses the Single Registry as a tool for identifying the target audience to action planning.

The "Statement of Compliance" signed by states and municipalities allows the PBF to be bound by any administrative body chosen by the State Government and the Mayor.

Most municipalities are linked to the PBF managing body of social assistance. Although linked to a municipal agency, the manager of the BFP is not subordinate to the Secretary of that policy. Instead, the document assigned him the task of involving the secretaries of social welfare policies, health and education.

Qualitative research conducted with small towns in the Upper Northwest / SP region highlighted the need for bonding with the GMP Social Services in order to be strengthened, and for its management to be coordinated by this policy. These normative definitions are now changing.

This article highlights the importance of the Bolsa Família Program's stand against poverty and discusses the interaction with the social assistance policy, and the related positive results that the program has achieved.

Introducing the Theme

Although Brazil has experienced significant economic growth from the 60s and 70s, from a diverse urban-industrial economy and intense action of the State, such growth has not caused a positive impact on poverty levels; on the contrary, it has further intensified the precarious life of a large part of the population.

The great changes in the world economy, from the 1980s, led to increased poverty levels.

In the same period, after two decades of authoritarian rule and plunder, various social movements emerged in the struggle for the democratization of the state.

The country claimed, among others, the incorporation of the informal working population, rural people, seniors and people with disabilities, to the state responsibilities. Resurfaced, popular organizations and community associations were created. The 80s then was marked by numerous strikes, collective claims against famine, the campaign for direct elections for the presidency and respect for human rights. (Yazbek, 2012)

The role of social movements and the mobilization of various sectors of society resulted in the promulgation of the Federal Constitution of 1988 - CF/88, called "Citizen Constitution".

This constitution ushered in the Social Security System, seated on three pillars. The first deals with the Social Security contribution and was linked to work; the second refers to the Health Policy with universal access, and the third to the social assistance policy, which implemented non-contributory benefits and services to those who need it.

The new system establishes itself around the concept of comprehensive social security, referring not only to guarantee protection due to social risks (accidents, unemployment, sickness, disability, maternity, old age and death), but also to health and social vulnerabilities arising from the life cycle or the existence of deficiencies.

The CF/88 also innovated in relation to the structure of the state, the logic of decentralization and democratization of social policies, paving the way for joint responsibility and cooperation between the federal government, states and municipalities in combating poverty, inequality and social exclusion (CF/88, art. 23).

However, the recently inaugurated CF/88 changes were not implemented satisfactorily. Much of the new parameters and criteria for the allocation of public resources in the social welfare system were soon to be implemented.

Guided by the World Bank and the International Monetary Fund, Brazil adopted in broad neoliberal conceptions between 1990-1992, the government policies of Fernando Collor de Mello, and since 1995, the government of Fernando Henrique Cardoso.

The influence of the model caused a shift in political and social spending, largely contradicting the advances outlined in the constitution.

Governments guided by liberal¹ thinking believe that the state should avoid taking collective responsibility, for example, offers of benefits and public services. This guideline is in defence of individual freedom that must be met by

they are found among the hegemonic governments.

¹The thought of J. Locke (1632/1704) was fundamental to the construction of liberal thought. The liberal guidelines constituted many governments in the world options. After a period of containment, which had among other reasons the threat of collectivist tendencies, they resurfaced soon after the Second World War, first in England and then expanding into several other countries, steeped in contemporary thought, now called "neoliberal" thinking. Today

the market. This concept is translated in the absence of government action, to the so-called "private interest" of society.

Steeped in liberal thought, the population was confronted with philanthropic practices that depoliticized social conflicts and dismantled the universality of social policies.

According to Behring & Boschetti (2008), the institutions in the social area in the 90s joined the volunteer service, referring interventions in these areas to the world of solidarity, to achieve the common good of individuals.

The failure of implementing public policies resulted in services as identified by LOPES (2010):

The historical absence of the state and the limited improvement of their social policies reflected not only in insufficient supply of services in the face of the demands of the population, but also with regard to the quality and nature of those services. (Lopes, 2010, p. 12)

The model of social protection linked to work was not sufficient. It is estimated that, in 1990, about 52% of the active population was unemployed. (Telles, 1998).

With the deepening of inequalities and social exclusion, society intensified the implementation of policies to fight hunger.

Events and campaigns were organized with the aim to collect food for distribution to needy families and to draw the attention of the population and the political classes led to the social problems of the country. These movements national political debate on issues of food security. A Non Governmental Organization, Citizenship Action Against Hunger and Poverty and for Life, led by sociologist Herbert de Souza, Betinho, was an example of such movements (Cobo, 2012).

Cash transfer programs to the poor, regardless of evidence of incapacity for work or statement of merit.

In 1995 and 1996 the provision of benefits for income transfer was initiated in some municipalities. Between 2001 and 2002 four federal income transfer programs were created.

The Bolsa Família Program created by Law No. 10,836, of January 9, 2004 and regulated by President Luis Inacio da Silva through Decree No. 5,209, of September 17, 2004 is the result of the unification of the four federal programs, namely: National Minimum Income Program related to Education - School Bag; National Minimum Income Program related to Health - Food Exchange; Aid Natural Gas and Unified Registry of the Federal Government program.

Below we present information related to the operationalization of GMP.

The Operationalization of the Bolsa Família Program

The Bolsa Família program is regarded as "an intersectoral policy geared to fighting poverty," according to GM / MDS 246, 20/05/2005. It transfers values in annuity directly to families or individuals in vulnerable situations, regardless of prior contribution and subject to compliance with conditions.

The financial benefits of GMP are divided into two types: basic, for those in extreme poverty, and variable those who are in poverty.

Families are considered to be in extreme poverty when the value of the per capita income is less than \$70.00 (seventy dollars) monthly. Those characterised as being in poverty earn less than R \$ 140.00 (one hundred and forty dollars).

The Bolsa Família program was integrated into Brazil Without Poverty Plan. It was created in June 2011 by President Dilma Rousseff. The Brazil Without Poverty Plan - PBSM was established by Decree No. 7,492, on 02/06/2011. Its purpose was to "overcome the extreme poverty of the population throughout the country, through the integration and coordination of policies, programs and actions." (art. 1). The population that was in extreme poverty, in January 2013 was estimated by MDS to be 16 million people.

After the integration of the PBF to Plan Brazil Without Misery, the average value of the benefit was increased to \$ 144, 87 (one hundred and forty-four Reais and eighty-seven cents). (MDS, 04/2013).

This adjustment of the benefit in 2011, after the start of the Brazil Without Poverty Plan, was meant to overcome extreme poverty (per capita below R \$ 70.00), Even if 22 million Brazilians, received the BFP, they would remain if extreme poverty is the government does not complement the income. The majority of these households (62.3%) live in the Northeast; 16% are in the South and 13.9% in the North.

To ensure receipt of the benefit of the PBF, families must meet certain conditions, namely: keep children and teenagers at school age in school with minimum frequency of 85% for children aged six to 15 years, and 75% for 16 to 17 years; meet basic health care requirements with the vaccination schedule for children between 0 and 7 years and the monitoring of their growth and development as well as a pre and pre birth and after birth schedule for pregnant women and nursing mothers.

The conditions are understood to strengthen access to basic social rights in the areas of education, health and social care and also to reflect government responsibility for offering guarantees by the Federal Constitution of 1988.

The municipalities must monitor the conditions and collect and record information about the schools in the system. Likewise, in the government, there are groups linked to the Ministry of Health, responsible for monitoring the same.

The information recorded in the GMP Management System in Health are consolidated by the Ministry of Health and transmitted to the MDS for each semester after the end of the registration period. The system provides the

reports, from which municipalities can analyze the situations of families and plan actions for the public together.

Through these reports, we also obtained information of beneficiary households that did not comply with the conditions regarding health, so they are subject to the effects of non-compliance, such as suspensions and cancellations related to the receipt of the benefit.

With regard to Education policy, the same procedure applies, in which the Ministry of Education is committed to providing the MDS information arising from the monitoring of school attendance.

The reasons for the low rate are indicators that can guide the county, state and federal government in the formulation of specific actions to support these families, according to identified vulnerable areas of concern. This monitoring occurs every two months, five times a year.

The strategy adopted in the verification of conditions through the involvement of ministries was identified as being positive by Smith & Satyr (2010, p 41.)

The monitoring and management tool used by the PBF is the Single Registry - CadÚnico, which aims to identify and characterize existing low-income families in Brazil, understood to be those who have incomes of up to half the minimum wage per person or a monthly total income of up to three minimum wages. According to the MDS, in October 2013 the Single Registry had more than 25.8 million families registered.

Municipalities operate a single registry which, besides being used in the selection of beneficiaries of social programs such as a Bolsa Familia, provides information on the individual socioeconomic status of families, in addition to the characteristics of the household, forms of access to essential services, etc.

The registration does not imply immediate entry into the Bolsa Família Program. The selection is done in an automated fashion based on socioeconomic information, recorded by the municipality.

By enabling the attainment of socioeconomic diagnosis of registered families, CadÚnico can guide the formulation and implementation of local policies. It is also being used for other, federal social programs in other spheres of government.

As previously mentioned, the BFP seeks not only to fight hunger and food insecurity, but also promotes access to education policies, health and social care, in order to overcome vulnerabilities.

The management of the PBF is decentralized and shared between the federal, states and municipalities, especially those that have a fundamental role in the development of the program.

The responsibility of the federal management of GMP lies with the National Secretariat of Citizenship Income - SENARC. This agency of the Ministry of Social Development and Fight Against Hunger " creates links between the actions, policies and income transfer programs undertaken by the Federal Government, States, Federal District and municipalities and civil society" (www.mds.gov.br)

The "Adhesion" Bolsa Família Program, signed by states and municipalities enables it to be linked to any administrative body chosen by the State Government and the Mayor.

The Municipal Programme Manager shall be responsible for:

- a) the dialogue involving the social control of the Program;
- b) the management and municipal coordination of the program;
- c) coordination with the federal and state governments; and
- d) the integration of the Bolsa Família Program in the areas of health, education, welfare and food security, among others, aiming to develop the Bolsa Família Program at the municipal level. (Brazil, GM / MDS 246, 20/05/2005)

The organizational model of PBF presupposes a close relationship with the social welfare policy. This policy has been established as one of the main pillars for the development of TR.

In order to demonstrate how the management of PBF interrelates with the management of SBP, we will quickly cover some of its main features, according to recent norms.

The Bolsa Família Program Management and Policy Social Work Social assistance was recognized as a public policy by the Federal Constitution of 1988. It was regulated by the Organic Law of Social Assistance in 1993, for a little more than ten years, and then by the National Social Assistance Policy (PNAS) 2004 and Basic Operational - NOB / SUAS.

The ITS "is a non-contributory, decentralized and participatory public system whose function is to manage the specific content of Social Assistance in the field of Brazilian social protection." (Brazil, 2005, p. 19).

When the National Social Assistance Policy was instituted in October/2004, 10 months after the law creating the PBF, the need to articulate their work with families receiving the PBF was reinforced. The PNAS/2004 established an interface an "income transfer policy" between social assistance and the PBF.

NOB / SUAS, established in 2005, brought in its wake the safety of hinged income with family social work and stressed the need for coordination of benefits and services because "for social assistance, income is a non-contributory system of law protection, which along with the health and welfare, constitute social Security ". (Rizzotti, Almeida, Albuquerque, 2010, p. 148)

In 2009, the responsibilities of managers of a social assistance to the PBF were widening. The National Criminalization of social assistance services, Protective Services and Comprehensive Attention to Family - PAIF main services were offered in CRAS, having as priority public BFP beneficiaries. The Tripartite Council Inter - CIT¹ linked the "Integrated Management Protocol between services and benefits under social assistance."

¹The Tripartite Commission (ITC) constitutes an expression of the demands of federal, state and municipal authorities and is an instance of negotiation and agreement of operational aspects managing the ITS. It is formed by the three instances of the Center: the Union,

One of the motivations for the development of the Integrated Management Protocol design has already been stated namely that poverty does not only arise from a lack of income, and there is a need for an integrated management system between benefits and services of social policies.

As the name of the document itself implies, the Integrated Management Protocol design between services and benefits under the ITS, fell to the managers of social care services to plan the beneficiaries income, including GMP. Thus, managers of such a policy have been given greater responsibilities with regard to GMP.

The powers of the two managers, with regard to BFP, are similar. For example, both are responsible for entering the CadÚnico families, access the list of households which do not comply with the conditions, establish a relationship with the state and federal levels on social control, among others.

The similarity of functions, and the fact that the two managers work with the same bodies (councils, state and federal), can cause overlapping in functions at the municipal level between managers at the GMP and Policy Social assistance, or even allow omissions, as a professional might expect another manager to perform a particular action which is also their responsibility and vice versa.

We proposed an investigation of the relationship between the managers GMP and managers of the Social Welfare Policy in the counties in Upper Northwest region of the state of São Paulo.

While local management differs depending on the population size of the municipalities and due to the predominance of small towns I and II (90.7%), which deal with the challenges of up to 5,000 inhabitants, (a total of 41%), we choose those with less than 5,000 inhabitants as a research basis.

Then we presented the survey data.

Characteristics of Management of the Bolsa Família Program in the Region Northwest High / SP:

The overall aim was to analyze the characteristics of the management of the Bolsa Família Program in municipalities with fewer than 5,000 inhabitants in the Upper Northwest region of the state of São Paulo. The methodological procedures of the study, were qualitative in nature and included literature review, desk research and field regarding the High Noroeste Paulista area.

The selection of subjects was based on three categories: 1) they must be managers of GMP municipalities up to 5,000 inhabitants; 2) they do not assume the role of managers of social assistance and 3) they must have served in office for more than four years.

Among the eighteen municipalities of the Upper Northwest region that had up to 5,000 residents, eleven were identified in which managers GMP played this role for over four years. Four of these subsumed the management of the PBF and Social Welfare Policy, so they were excluded from the study. The

represented by the Ministry of Social Development and Fight against Hunger (MDS); states, represented by the National Forum of Secretaries of State for Social Assistance (Fonseas); and municipalities, represented by the National Board of Managers Municipal Social Assistance (Congemas). (Source www.mds.gov.br site)

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subjects were then restricted to seven managers. Because two of them were enjoying vacation during the period of data collection, only five GMP managers, were interviewed.

Data collection was conducted through semi-structured interviews previously scheduled by the script drafted in the second half of 2013.

All 43 municipalities are linked to the management of Bolsa Família program. However, in 29 of them mayors were appointed for different professional management of the Social Welfare Policy.

In order to characterize the management of the PBF in the five councils, three distinct organizational arrangements were identified namely: 1) the management of the PBF having taken over the management of the SBP due to circumstantial factors; 2) the GMP managers subordinated their duties to the PAS managers; 3) the GMP managers coordinates were parallel to the managers of PAS.

In the first and second form of management only one person - the manager of PAS or a professional, who has assumed this function, relates to mayors, secretaries, councils and the state advisory body. While in the third, both managers - GMP and SAP - are linked to them.

Interference was found in the third arrangement resulting from overlapping actions due to the impossibility of separating issues regarding SBP and GMP social assistance. There were great similarities in the duties assigned by law for both managers and operators of such a policy who deal with families receiving the program.

The research highlighted the need for the bonding with the GMP Social Services to be strengthened and its management to become the responsibility of the Social Assistance Policy. It is expected that when two different managers treat the same subject a divergence of views and priorities occur.

From these and other perspectives, the social assistance policy has involved the management of GMP at state and municipal levels. The VIII National Conference of Social Work, held in December 2011, decided on this effect. The new Basic Operational Norm Unified Social Assistance - NOB / SUAS 2012 regulatory document and the Unified Social Assistance System, established that the national social assistance municipal should manager "manage the municipal level, the Single Registry and Family Grant Program pursuant to art. 1 of Art. 8 of Law No. 10,836, 2004."

Conclusion

Ten years after being created, the Bolsa Família program, which is present in all Brazilian municipalities has been praised by the United Nations and other countries¹. It is recognized as the largest cash transfer program in the world, since its inception, the PBF has expanded quickly. There were 3.6 million

¹As an article published on 15/11/2013 in the newspaper "O Estado de São Paulo", citing the major newspaper New Tork Times of the United States, which states that "Family is the model for rich countries."

beneficiary households in 2003; 13.7 million in Agust/2013, which represents, according to the MDS, about 50 million Brazilians¹.

The positive effects achieved by PBF have been the subject of numerous studies². According to MDS, the pass rate of students included in the PBF has been growing steadily. It increased from 80.5% in 2008 to 83.9% in 2011. The dropout rate in 2011 was 2.9%, while the national average was 3.2%.

Studies released by MDS show that the pass rate among young high school benefited from the Bolsa Família Program is 79.9%, while the national average is 75.2%. The abandonment of the classroom is 7.1% for the young students program beneficiaries, against 10.8% of the national average.

Likewise, the conditions in the area of education have enhanced fundamental rights. The program also fostered positive outcomes in health indicators.

The requirement to comply with the vaccination schedule for children and the encouragement to mothers to take their children to the doctor to allow for the monitoring of the growth of children under seven years, was satisfied.

The report of the journal "The Lancet" (05/2013), one of the most respected publications in the specialized scientific world has predicted a decrease in child mortality by poverty-related diseases.

A review of mortality rates based on the 2010 Census data from the IBGE shows that Brazil has reduced by two thirds the mortality rate among children under five. In 1990, this rate was 59.6 per thousand. The mortality for 2010 was 19.4 per thousand.

The program also has great impact on household income and the Gross Domestic Product (GDP): each R \$ 1 transferred to households stimulates an increase of R \$ 1.78 in Gross Domestic Product (GDP)³.

In 2013, an international award was received from one of the leading organizations dedicated to the promotion and development of social security in the world: the International Social Security Association (ISSA). It considered "an exceptional and pioneering experience in poverty reduction and the promotion of social welfare." (www.mds.gov.br)

The magnitude of the PBF development program, as well as advances in Social Assistance Policy, have led to the improvement of matters relating to poverty, by the state.

²Some international scientific studies have shown that the family Scholarship Program enrollment rate has an effect on the dropout rate of high school graduates (http://faculty.apec. umn.edu/pglewwe/documents/BrBolsa6.pdf) and on the unemployed looking for more jobs (http://www.ipc-undp.org/pub/IPCWorkingPaper46.pdf).

¹Source:(http://blog.planalto.gov.br/em-dez-anos-bolsa-familia-beneficia-50-milhoes-de-brasi leiros-e-acaba-com-a-extrema-pobreza/)

³Source: Article "Bolsa Família: uma década de resultados para a cidadania." In http://bolsafa milia10anos.mds.gov.br/node/124, accessed 08/07/2013, 11:26

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