

Impacts of Conditional Cash Transfers on Health Status: The Bolsa Familia Program in Brazil

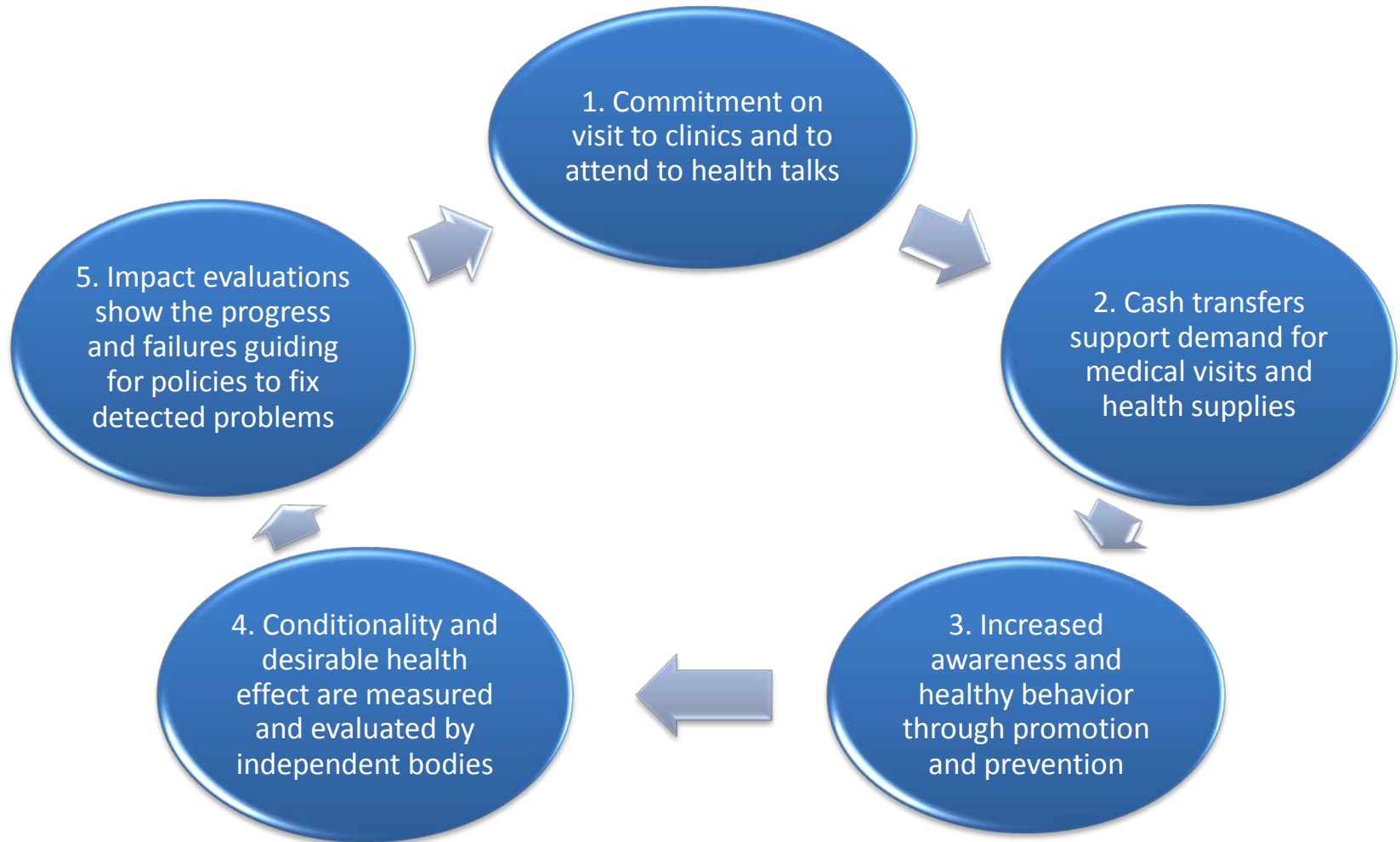
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Summary

- Conditional Cash Transfers (CCT) and Health
- The Bolsa Familia Program (BFP) and the Health Conditionalities
- Expansion of the BPF and the health protection
- Impact of the BPF in the health sector
- What is needed to improve the common benefits of BPF and the health policies?

Why CCT should improve health status (the virtuous cycle)



Some findings on health CCTs evaluations

What is good

- Marie Gaarder and others (2010) - Meta analysis on 11 CCT countries programs' evaluation between 2008 and 2009 (Brazil, Colombia, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Turkey, Malawi and Nepal) showed that:
 - CCTs increase health utilization by the poor and;
 - Increase coverage of basic interventions, such as higher quality of pre-natal care, access to contraception and immunization.

What is challenging

- Encouraging utilization when services are of poor quality does not produce the expected effects on health;
- Many programs are constrained by the lack of services creating frustration among beneficiaries and CCTs programs managers
- More availability of cash among poor families may affect life-style choices leading to higher prevalence of overweight and obesity in adults, related to chronic diseases

CCTs Programs in Brazil

History

- The first two CCTs programs in Brazil were launched in two municipalities in 1995: Bolsa-Escola (Brasilia) and Guaranteed Minimum Family income Program (Campinas)
- In 1998, Federal Government start to run, in an experimental way, two federal programs: Bolsa-Escola (managed by MoE) and Bolsa-Alimentação (managed by MoH).
- In 2001 over one hundred municipalities were operating CCTs programs in Brazil.
- In 2003, Federal Government unified all federal CCT Programs, transferring them to the Ministry of Social Protection under the umbrella of **Bolsa Familia Program**

Objectives and Common Characteristics of CCTs in Brazil

- **Objectives:**
 - Alleviate poverty and inequality to direct monetary transfers to poor families
 - Break the inter-generational transmission of poverty
 - Empower beneficiary families through offering public services
- **Common Characteristics**
 - Targeted the poor through some sort of means testing (income ceilings);
 - Cash payments to families (usually the women);
 - Counterpart responsibilities (conditionalities);

The Bolsa Familia Program

Launching objectives (2003)

- Consolidating and rationalizing federal CCTs
- Promoting efficiency and reduction of administrative costs
- Improve identification and targeting mechanisms for the poorest population
- Leveraging synergies from jointly promoting education and health incentives;
- Strengthening monitoring and evaluation;
- Promoting vertical integration among federal, state and local social safety nets.

Targetting mechanism

- Geographic and household assessment based on percapita income.
- Geographic targeting is applied in two levels: federal and municipal
- Family eligibility is determined centrally by the MSP
- Household information is collected locally and transmitted to a central database (Cadastro Unico) in order to avoid duplications.
- Beneficiaries are families with a percapita income under the line of the most generous CCT program previously established (Brazil does not have official poverty line).

Values of the Benefits

Monthly Per capita income of <R\$70 (US\$ 42)

Monthly Per capita income between R\$70 and R\$140 (US\$ 42-84)

Number of children under 16 years old	Number of children under 16 years old	Kind of Benefit	Benefit Value
0	0	Basic	R\$ 70,00
1	0	Basic + 1 variable	R\$ 102,00
2	0	Basic + 2 variabe	R\$ 134,00
3	0	Basic + 3 variable	R\$ 166,00
0	1	Basic	R\$ 108,00
1	1	Basic + 1 variable + 1 BVJ	R\$ 140,00
2	1	Basic + 2 variable + 1 BVJ	R\$ 172,00
3	1	Basic + 3 variable + 1 BVJ	R\$ 204,00
0	2	Basic + 2 BVJ	R\$ 146,00
1	2	Basic + 1 variable + 2 BVJ	R\$ 178,00
2	2	Básic + 2 variable + 2 BVJ	R\$ 210,00
3	2	Básico + 3 variable+ 2 BVJ	R\$ 242,00

Number of children under 16 years old	Number of children under 16 years old	Kind of Benefit	Benefit Value
0	0	Basic	-
1	0	Basic + 1 variable	R\$ 32,00
2	0	Basic + 2 variabe	R\$ 64,00
3	0	Basic + 3 variable	R\$ 96,00
0	1	Basic	R\$ 38,00
1	1	Basic + 1 variable + 1 BVJ	R\$ 70,00
2	1	Basic + 2 variable + 1 BVJ	R\$ 102,00
3	1	Basic + 3 variable + 1 BVJ	R\$ 134,00
0	2	Basic + 2 BVJ	R\$ 7600
1	2	Basic + 1 variable + 2 BVJ	R\$ 108,00
2	2	Básic + 2 variable + 2 BVJ	R\$ 140,00
3	2	Básico + 3 variable+ 2 BVJ	R\$ 272,00

Conditionality to the BFP's cash transfers in the health sector



Children (0 to 7 years old)

- Vaccine schedules
- Regular health checkups and growth monitoring of children



Women (pregnant or lactating)

- Pre-natal checkups
- Post-natal checkups
- Participate in educational health and nutritional talks offered by local health teams

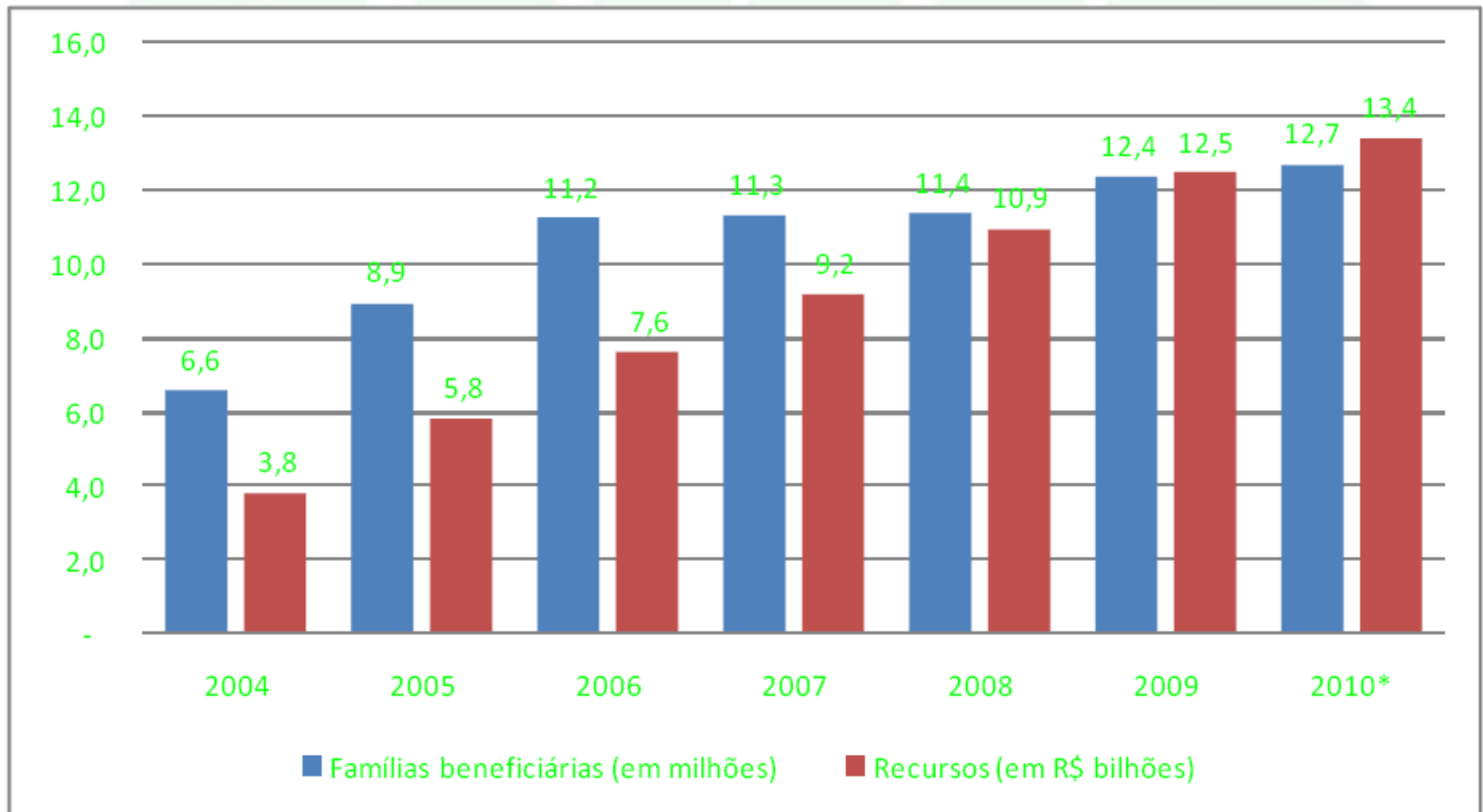
Responsibilities on implementing health conditionalities in the BFP

Tasks	Centralized	Decentralized
Overseeing entire health compliance system	Ministry of Health	
Target group and select beneficiaries for health conditionalities		Local Health Authorities (Municipalities)
Monthly health visits to BFP		Local Health Teams
Recording compliances with health conditionalities to SISVAN at local level.		Local Health Authorities (Municipalities)
Consolidating compliance information at municipal level		Local Health Authorities (Municipalities)
Determining consequences of non-compliance	Ministry of Social Development	

Responsibilities on monitoring and evaluating health conditionalities in the BFP

Tasks	Centralized	Decentralized
Monitoring and Evaluation of beneficiaries, payments and Conditionalities	Ministry of Social Development and CEF	Municipal and State Health Secretaries
Impact Evaluations	Ministry of Social Development	
Maintenance of the Cadastro Unico (Unified Beneficiaries Databasis), internal and external cross-sections and validation	Ministry of Social Development	
Investigation of Complaints and Appeals	Ministry of Social Development and Judiciary Power	Municipalities
Other regular quality controls, audits, and social controls	General Controllers (CGU, TCU) and Ministry of Social Development,	

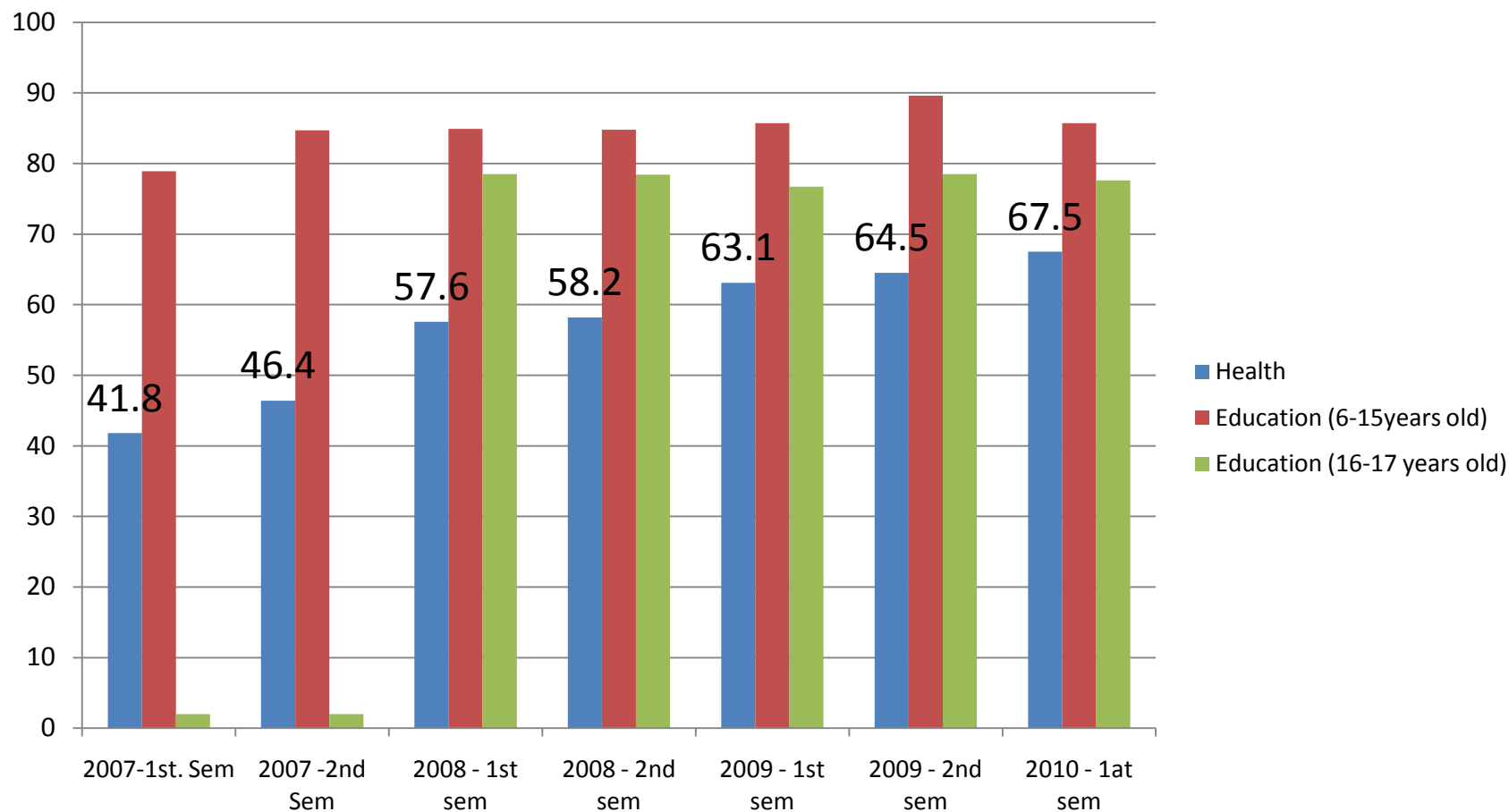
Expansion of the BPF (2003-2010) Beneficiary families and Resources



* Recursos previstos para 2010

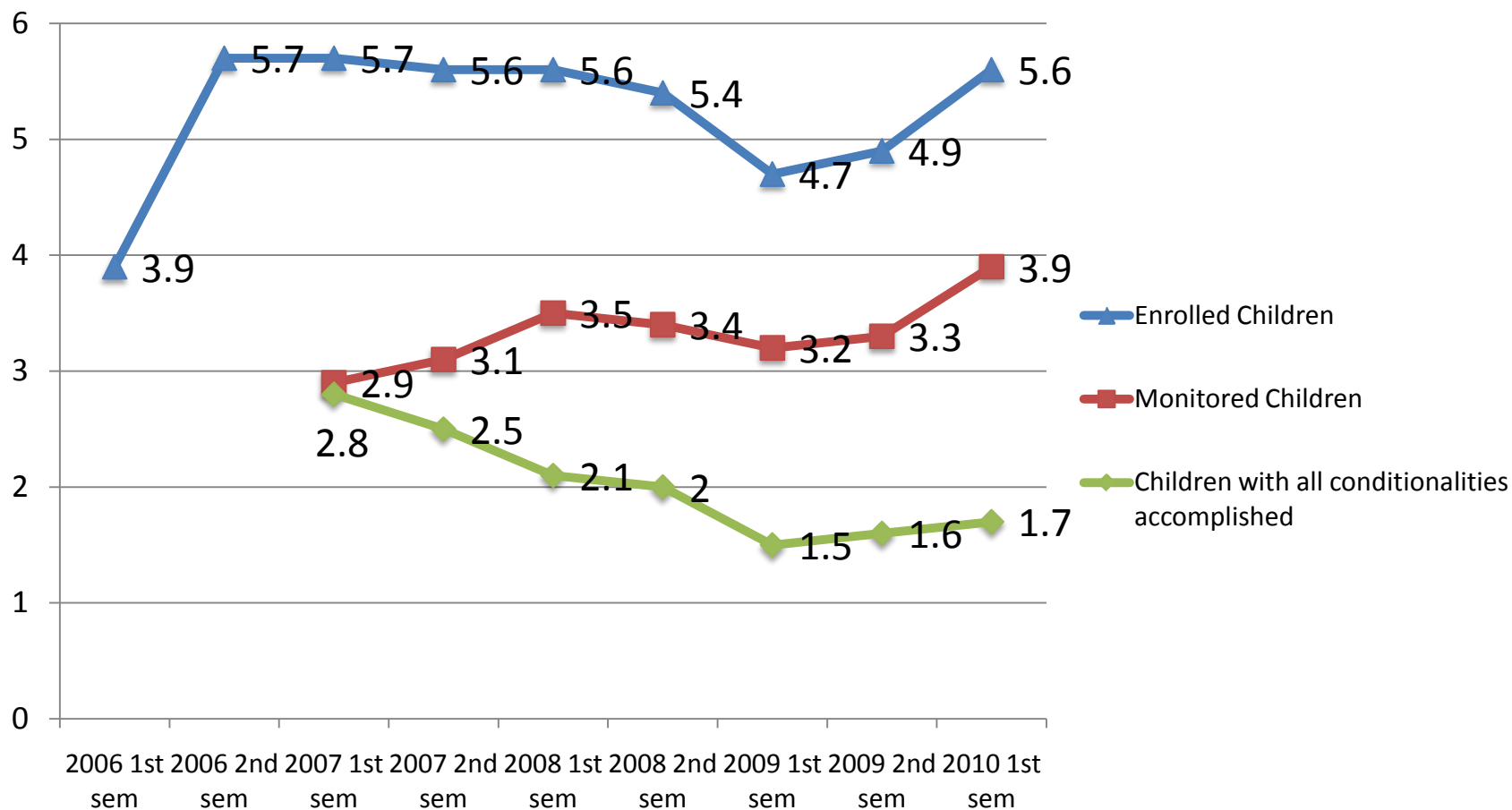
Monitoring BFP conditionalities

Percentage of population monitored by the BFP (2007-2010)



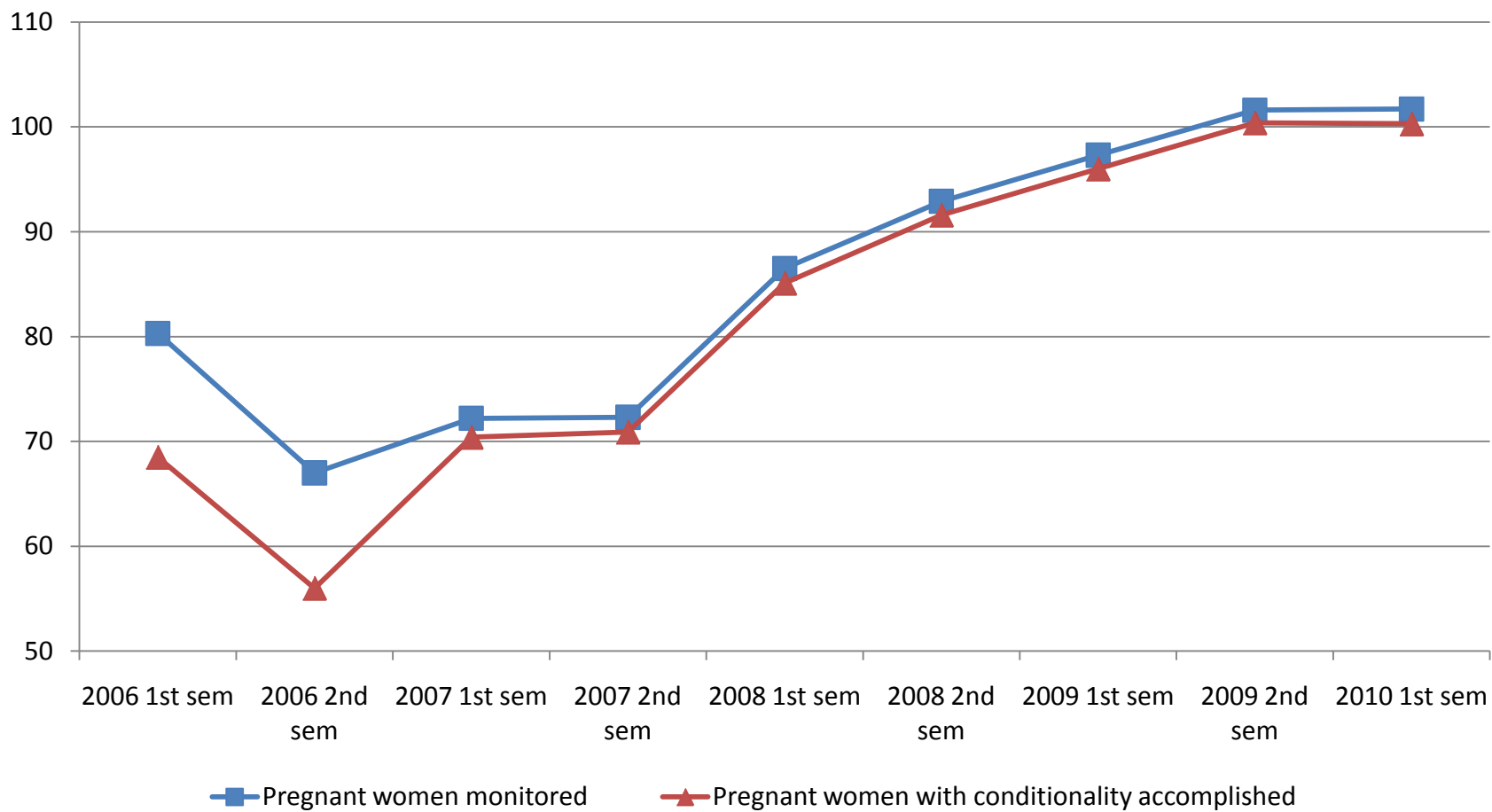
Source: Brazil Governemnt: Social Development Ministry

Monitoring BFP health conditionalities for children between 0-7 years old (millions children)



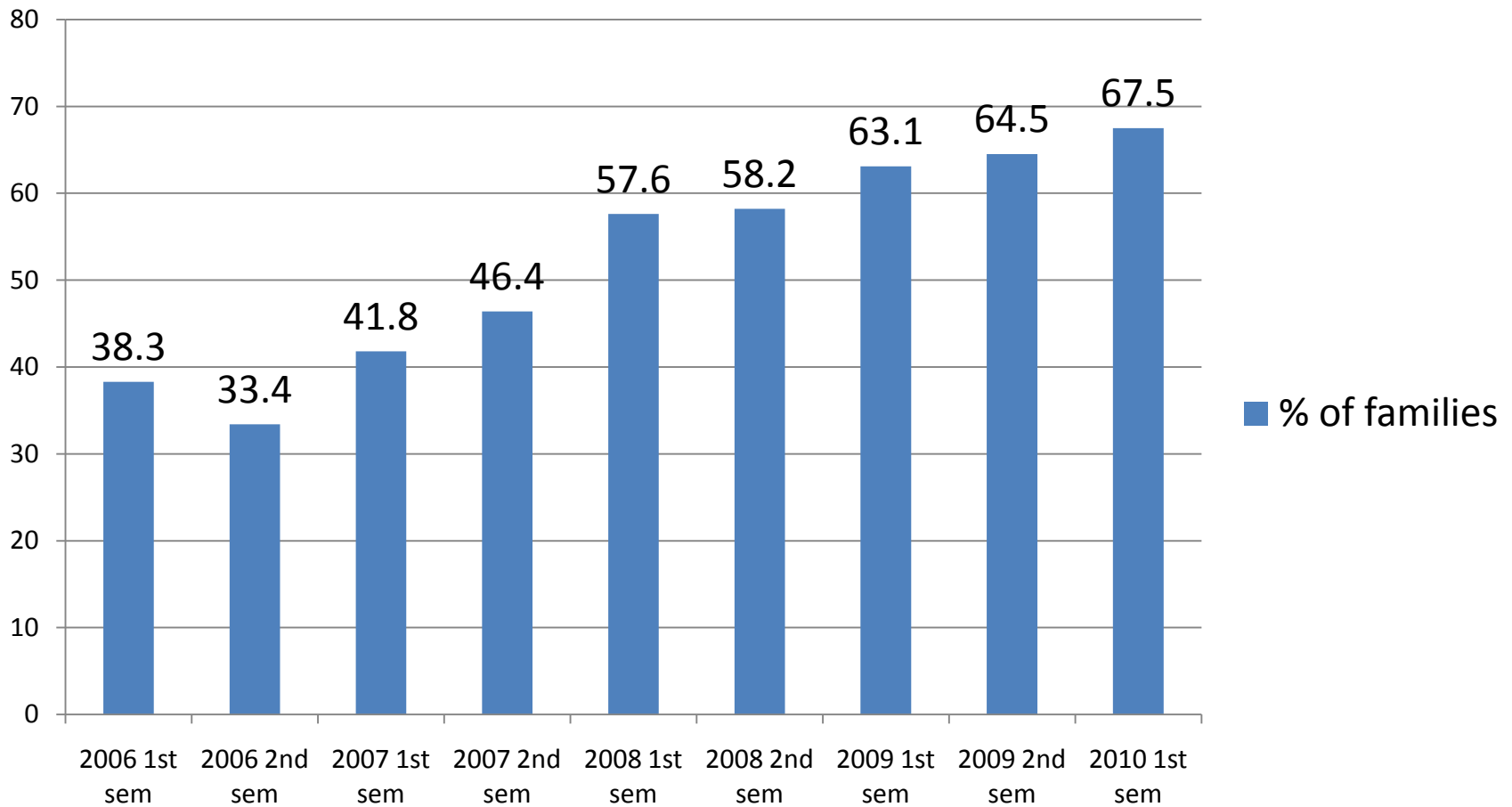
Source: Brazil Governemnt: Social Development Ministry

Monitoring BFP health contionalities for pregnant women (thousands women)



Source: Brazil Governemnt: Social Development Ministry

Percentage of families with all health conditionalities monitored by the BFP (2006-2010)



Other BPF expansion related data

- **Number of municipalities with no registration of health conditionalities**

– 2006 – 1019

– 2010 – 11

- **Number of Municipalities with health conditionalities monitored in less than 20% of the families**

– 2006 – 1827

– 2010 - 186

Health impacts of the BFP: some evidences

- Many parcial and local impact evaluations have been made since the program lauching in 2003
- **Only two global evaluations were proceeded by the MDS (2005 and 2010)**
- Impact evaluations used control-group methodologies using BFP beneficiaries and not enrolled families
- **2005 evaluation does not present significative positive impacts in health.**
- 2010 evaluation showed a huge impact due the expansion of family health program and other primary care initiatives based on promotion and prevention

Results of the 2010 impact evaluation:

- Sample: 11K families in 269 municipalities and 24 states
- Immunization:
 - BFP Children with first dose of polio: 15% higher than the control group;
 - BFP Children with second and third doses: 18% and 19% higher than the control group.
 - BFP beneficiaries: 15% more probability to receive all vaccines.
- Child health status-nutrition
 - BFP: children with breastfeeding in the 6 first months 62% - control 54%
 - Premature born children in control group: 14% bigger than among BFP beneficiaries
 - Undernutrition in control group is 39% higher than among BFP beneficiaries

Final Remarks: What is need to improve the BPF impact on health?

- Better coordination between the BFP and health systems and expansion of the Family Health Program in the poorest areas and among the poorest groups;
- Evaluate the possibility to include other controls related with promotion and prevention of NCDs for adult population;
- Include other controls related with health of youth (such as family planning and seminars on reproductive health) to avoid the trend on increase adolescent pregnancy;
- Increase the funds to do more sistematic impact evaluation of the program (yearly).

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THANKS