



COMISSÃO DE  
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**PROSARE**

**PROGRAMA DE APOIO  
A PROJETOS  
EM SEXUALIDADE  
E SAÚDE REPRODUTIVA**

*THEME 2005*

**“IMPACT EVALUATION OF PUBLIC  
POLICIES ON SEXUAL AND  
REPRODUCTIVE HEALTH AND  
RIGHTS”**

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**TITLE:** *“THE IMPACT OF SEXUAL EDUCATION PROJECTS AND INTERVENTION LED BY NGOS/AIDS ON SEX PROFESSIONALS, TRANVESTITES AND TRUCK DRIVERS IN THE STATE OF RIO GRANDE DO SUL”*

**ABSTRACT:** The project tried to evaluate a public health policy that encompassed the continuous finance of NGO/AIDS activities with truck drivers in the State of Rio Grande do Sul. These NGOs engaged into projects that follow the guidelines of the National Program for STD, HIV/AIDS of the Brazilian Ministry of Health. The target group is seen as a priority because of its high potential risk and high vulnerability to HIV/AIDS.

**OBJECTIVE(S):** This is an evaluation about the access of NGOS/AIDS to truck drivers and/or sex professionals in Rio Grande do Sul, which developed projects under the finance of the National Program for STD, HIV/AIDS of the Brazilian Ministry of Health (PN/AIDS) in the period of 2003-2005. The proposal aimed at understanding how the interventions performed by NGOs in the State fostered the adoption of a safer sex behavior by truck drivers and sex professionals. Among the specific objectives, we cite: to understand truck drivers' perception about the interventions of those who targeted them; to evaluate how and if the population under research has been accessed by NGOs; to collect information about the lifestyle and life conditions of truck drivers aiming at understanding both the vulnerability factors for HIV/AIDS among this population and other elements that could subsidize policies and programs specific for this group.

**METHODOLOGY:** The research was developed upon two big phases: one qualitative and another quantitative. The qualitative phase consisted of semi-structured interviews with a blend of social actors, including NGO/Aids teams and diverse actors present in gas stations and at customs, aiming at collecting information necessary to the next phase. The NGOs that were part of the study were Igualdade-RS, Vhiva Mais, UAPA, GAPA-RG and Grupo Vale a Vida.

The qualitative phase took place in 6 municipalities (Porto Alegre, Canoas, Gravataí, Rio Grande, Pelotas and Chuí). There were formally interviewed 38 truck drivers, 2 prostitutes and 5 transvestites, and 7 managers and 2 assistants of the gas station, 1 high official of the Tax Income, also all the coordinators and project executive-managers of each of the NGO/AIDS of the State. During this qualitative phase it was also done informal interviews with suppliers (truck drivers

assistants, assistants of fast food deliveries or restaurants, assistants of transportation companies, watchmen) based at gas stations and at customs, and also a hotel manager and a taxi driver (in Chuí).

The subsequent quantitative phase encompassed at first a pilot study with 58 truck drivers that used a structured script of interviews and a survey with 854 drivers in 8 focal points of truck drivers in 5 municipalities of (Porto Alegre, Canoas, Gravataí, Rio Grande and Chuí). The survey data were fed into a database with the support of Sphinx Léxica via double digitations, for further comparison and database cleaning.

**EVALUTION LIMITS:** The shortage of scientific work published about truck drivers and also of evaluations of NGO/AIDS initiatives provided some difficulties in the methodology design of such evaluative research. The data here presented can be a start point for future research. One of the challenges faced by this research project has been the seasonality of cargo transport, particularly of grains, which causes the fall of trucks circulation in the region from January to February. The situation has been worse because there has been a long-duration strike on March led by truck drivers who work in the maritime port of Rio Grande, also a strike led by Tax Income officials which altered the gas stations and the transport firms routine, causing a delay in the field work.

**MAIN RESULTS:** There are data relevant to truck drivers that indicate a higher vulnerability to STD, HIV and AIDS, with special attention to (i) their great mobility intertwined with the street/home dichotomy; (ii) their low schooling associated to the exercise of a profitable career, frequently “inherited”; (iii) their lack of attachment to health services, public or private; (iv) the great offer of sex professionals services around them, with high use of those services and the offer of a specific modality of prostitution, i.e., trip companion; (v) the predominant use of condoms with sex professionals and its non-use with spouses/partners by nearly all truck drivers; (vi) their little contact with prevention campaigns; (vii) the high intake of alcohol and the use of other legal or illegal substances. Another vulnerability factor resides in their own (viii) perception of risk, as truck drivers do not think they are at (rising) risk of being contaminated by HIV/AIDS. For many of them AIDS simply does not exist. At last, the social universe at research is eminently masculine, (ix) in which the risky behavior is not only associated to their profession but also to the construction and value of masculinity.

A low percentage of the population interviewed has been effectively benefited by an intervention, or it has been targeted by a campaign promoting safe sex and information about STD and HIV/AIDS. The intervention model adopted by the NGOs, focused in the distribution of condoms and supported by a narrow understanding of the meaning of “target population”, has limited their initiatives. A NGO tends to reproduce the approach developed along with other population groups without any adaptation relevant to the drivers. We conclude that, although representing a fluctuating population, truck drivers who concentrate in the researched places do show a high level of fidelity to these gas stations for years. They become fundamental environments for monetary, commercial and social transactions. The approach developed by the NGOs has been less influential or less meaningful for the drivers. It became crystal-clear that the NGOs themselves develop little or no systematic evaluation of their own initiatives. Thus, projects under work generate little data capable to correct the route of action previously planned. The lack of data and the absence of an evaluation and monitoring process inherent to the NGO or from the financial partner also generate the difficulty of getting to know how many people have been at last benefited from those initiatives.

**REFLECTIONS:** The PN/AIDS framework is that NGOs are more efficient in the way they approach populations with higher social vulnerability; they build creative technologies and

innovative methodologies; they also show higher flexibility to execute projects with lower operational costs in comparison to the State. Along with the concept that to achieve social control it is fundamental that NGOs mobilize civil society, this framework foster specific policies to finance NGOs initiatives through their projects. The present evaluation certified that the NGOs/AIDS efficiency in the approach of truck drivers is low, for only one-tenth of the interviewees reminds of being approached in one of the places of work of the NGOs. In this regard, it is recommended that the results expected from these projects can be reviewed.

In general, the NGOs intervene among truck drivers with the traditional approach of leaflets and condoms distribution, as they do with their population. This way, two problems are configured. The first one refers to the intensive concentration in the person of the truck driver, showing lack of knowledge of the network of relationships with other men that the truck drivers develop in gas station and on the road. The second problem is that the NGOs agreed to work with this population following specific protocols of AIDS programs without counting with the collaboration of people who understand the truck driver's universe. One solution can be a partnership with cooperatives, unions and professional associations, particularly with the agencies of SEST/SENAT – Social Service of Transport/National Service of Transport Learning. It is worth mentioning that magazines, radio and TV programs targeted at this category are also good partnership possibilities. It is also worth mentioning that the quality of the materials used in the interventions suffers from poor ideas of health education, which is restricted to Aids prevention, leaving behind the universe of problems that surround the way these professionals relate with health services and their ample access to them. Here again a partnership with SUS could provide more effective action for prevention. At last, we demonstrate that the interventions which are required to approach this population should go on basically in gas stations and in parking lots, as data show that these are the places were truck drivers relate to each other and where they are more susceptible to interventions. We recommend that the strategies to approach truck drivers are reviewed as well as the continuous financial support to projects under this format that are developed by NGOs in partnership with PN/AIDS or other State or City departments of control of STD, HIV and AIDS.

The present evaluation project, PROSARE, has been incorporated to the PhD research project of Andréa Fachel Leal, Post-Graduate Program in Social Anthropology of Universidade Federal do Rio Grande do Sul. Moreover, the data collected will be further analyzed in the project “Sexuality and ways of being a man on the road: health determinants of truck drivers in the South of Brazil”, with the support of CNPq (MCT/CNPq/MS-SCTIE-DECIT 26/2006), and being in force from December 2006.

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**TITLE:** “*SEXUAL EDUCATION AND SEXUAL AND REPRODUCTIVE HEALTH AT SCHOOL: Policy Evaluation of the Secretary of Education of the City of Sao Paulo, 2001- 2005*”

The present project aimed at accomplishing a retrospective study about the three main projects related to sexual education and implemented by the Secretary of Education of the City of Sao Paulo from 2001-2005. The three projects chosen for analysis were: “*Program for Preventive Education and Sexuality*” (PEPS), developed from 2001-2003; “*Project for Sexual Orientation at school: a processual work*”, accomplished in partnership with the Working Group and Research on Sexual Orientation (GTPOS), during 2003-2004; and the project “*Let’s Agree?*”, developed in partnership with the secretaries of Health and Education of the City of Sao Paulo, begun in 2003 and undergoing through 2005.

The study main objective was to evaluate if the above mentioned projects were done in accordance to the principles of the Cairo and Beijing conferences, the Statute of Children and Teenagers, The new National Education Bases and Guidelines Law of 1996 and the National Curriculum Parameters. It has been sought through what ways it had been put under motion a platform to guarantee the sexual rights and the reproductive rights of teenagers and young people at recent, a privileged moment to get to know the progress and limitation of a public policy for sexual education within the public schooling network. Moreover, it was investigated the existing conditions of a public policy in the area of sexual education aiming at contributing to strengthen governmental initiatives in the area, which were in tune with a democratic standard framework that is also more progressive in the way it deals with sexuality issues. The role the various decision-making levels within the researched institution played in the accomplishment of projects, the level of articulation between the NGOs work and the public education system, intersectoral aspects, the particular ways of projects implementation, the search for sustainability and continuity are some axis of the analysis.

The methodology applied various techniques to collect data. The start point was to investigate document resources in order to identify, categorize and analyse documents on management related to sexual education. Upon that, there were preliminary interviews to map key actors involved in the projects. It was built an agenda for in-depth interviews with them. The study was put into course in the Committee of Ethics in Research of the Health Institute (CEPIS) and received a positive evaluation for its development. There have been done 16 formal in-depth interviews besides exploratories ones. At the Secretary of Education level, i.e., at schools, there were distributed specially developed questionnaires for students and teachers. Directors and school coordinators at the researched schools were interviewed in-depth.

The Secretary of Education of the City of São Paulo is a network of 1.839 equipments capable to offer 1.184.585 public vacancies, which are distributed in 13 Educational Coordination. Today, there are eight schools within the Secretary of Education that offer both primary and secondary education. The methodological option of applying the research in these schools aimed at reconstructing a portrait of the pedagogical activities experienced by the students in the last five years. Among the eight schools that took part in the study there were found 85 classrooms for 2.967 registered students. It has been informed that there were a total of nearly 140 active teachers working in these schools. Considering the magnitude of the students' population, it has been chosen to work with a representative sample of the universe under research. At last, 341 students and 112 teachers agreed in taking part of the study by answering the questionnaire. The development of an evaluation culture still is a challenging project for public institutions in our society. We faced such difficulty in finding documents related to the analyzed period and we had to rely with the personal support of the professionals involved. The absence of projects and follow-up reports limits the possibilities of knowing what has been done and reveals the fragmentation and discontinuity of social policies. The slowness itself to obtain approval for the project by the researched institution and the bureaucratic restraints that were met reveal the difficulties shown in the study, indicating that public policies tend to atomize its results.

In regard to its conceptual framework, the three analyzed projects show concepts that are in accordance with more up-to-date and democratic principles of sexuality and sexual and reproductive rights, in tune with international platforms and with the most recent guidelines "for" youth public policies, which postulate that teenagers and young people are recognized as subjects to rights and respect to their autonomy, integrity and intimacy. The three projects portray different characteristics among themselves in relation to the strategies that were adopted for their sustainability during the implementation process and of their initiatives, varying in terms of their capacity to influence the decision-making processes of the participant institutions; their political background; the intersectoral aspect of their proposals; their more or less visibility within the public system; and their level of knowledge about the Secretary of Education structure and bureaucracy by its coordinators. Although the sexual education issue has been permanent in the year comprised in the present study, it has been verified a low level of articulation among the existing projects, which were not inserted in a formally established program. The non-existence of a plan for sexual education carried out mere projects juxtaposition, leading them sometimes to intercept or to compete. Moreover, sometimes it is given greater emphasis to preventive education than to sexuality and this causes tension between these issues which are, in the end, complementary.

Although it has been seen some progress in the approach of sexual and reproductive rights as human rights of the population in general, there is much to advance in this direction and, above all, in the direction of the construction of an advocacy project for teenagers and youngsters in the areas of education and health. It is important to emphasize that it is necessary go beyond the public management culture issues in the country, providing the demands of projects with the right dimension for their programmatic agenda and its sustainability. Finally, it is recommended that projects and programs that execute public policies aimed at promoting and defending the sexual and reproductive rights of teenagers and youngsters should offer the conditions for evaluation and monitoring for their continuity, as well as they should be submitted to inspection and monitoring of the responsible jurisdictions for the social control, a democratic tool conquered by the civil society and that need to be improved and merged into the routine of public institutions. Thus, to blend a platform for sexual education into the social policy agenda continues to be a great challenge for society.

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**TITLE:** “*THE JUDICIARY POWER AND THE CONFRONTATION OF VIOLENCE AGAINST WOMEN*”

**ABSTRACT:** Considering that the Judiciary Power is the most important area of the State that is able to respond for juridical demands of women facing domestic violence, this project aimed at evaluating judiciary policies such as Projeto Conciliação Família de Porto Alegre (reconciling families) and the Special Criminal Judgeships because of their great impact on women’s lives. Nevertheless, these policies were not constituted taking into consideration the gender perspective and the confrontation of the social phenomenon of domestic violence, thus making it possible to naturally keep going the violent behavior and the unequal power relations between men and women. When the project was developed it was not yet in force the Federal Law 11.340/2006 of Domestic and Family Violence against Women – Maria da Penha’s Law.

**OBJECTIVES:** The objective has been to verify in what extent the inception of policies at the Judiciary Power aimed at providing efficiency and speed of processes take into account women as subjects of rights and affect the quality/accuracy of juridical services to women who are victims of violence. Therefore, there are two specific objectives: a) to monitor the accuracy of juridical services upon demands taken to the Projeto Conciliação nas Varas de Família (PCF) and the Special Criminal Judgeships, identifying the level of resolvency and the impact on the lives of women who looked for the Judiciary Power intervention; b) to search for subsidies/tools to produce a diagnosis capable to identify if the problem of accuracy during the offer of juridical services for women victimized by violence is focused in the quality/suitability of laws and/or in the mechanisms and structure of enforcing laws, and/or in the culture of the ones who enforce them.

**METHODOLOGY:** It has been accomplished a qualitative research of anthropological and juridical approach in order to follow up women in situation of violence who sought for help the PCF and JECRIMs. For that reason, by observing court sessions in both environments it has been selected and interviewed 17 women (11 from PCF and 6 from JEC) for three times: the first interview happened immediately after the court session and two more were made at home one or two months after the first encounter, approximately. The interviews followed semi-structured scripts elaborated from the objectives and equally adapted in accordance to each interviewee’s account. For the sake of analysis, there has come into consideration only the information provided by women who gave consent to researchers upon signing a free and clarified term of consent.

**EVALUATION LIMITS:** We understand that the present evaluation suffered some limitations due to the adopted methodology, the issue at stake and the place chosen for research to take place. If at one hand the option for a qualitative approach allows to deeply understand the expectations of women who looked for the judicial power when faced by violence and responses provided to them, at the other it isn’t possible to measure in quantitative and at a representative basis of the population

in general the profile, regularity and quantity of demands related to the issue. In this regard, we considered a fraction of possible juridical responses to the problem under research. Two important factors led to difficulties during the selection of case studies and the countable giving ups from respondent women during the period of home interviews, leading to a significant delay in accomplishing the field work. In summary they were: a) the speedy and objective dynamic with which court sessions were undertaken, sometimes not even mentioning any reference to connubial violence (invisibility) and b) the difficulties faced by women while talking about their private life, the situation of violence and eventual reconciliation with spouses/partners who they sued.

**MAIN RESULTS:** We can point out as main results: a) the invisibility of domestic violence against women is a fact within the Judiciary Power due to: difficulties of women in expressing this phenomenon in certain public spheres; the lack of recognition of the judiciary power as an environment capable to provide evidence about the history of family violence, somewhat aggrieved by the paradigm of juridical service effectiveness faced as a simple and quick response to conflict, as this model does not allow a more detailed approach of conflicts and prevents women from talking about it; b) the conclusion that if violence is made invisible within the judiciary power, then a judicial response to conflict is not capable to recognize the researched women as subject to the right of a life free of violence; c) the schizophrenic judicial response in face of demand; although the evidence that take cases to the criminal field are the same as those that lead to the search for solutions at family law, these two different environments respond to demands through totally dissociated means as if there were not the same lives, people and conflicts involved; d) the feeling of low solubility/satisfaction from women in relation to the judiciary power and also in the guarantee of their rights for lack of knowledge or insecurity in relation to the conciliatory method for conflict resolution, which is often offered as a response; e) the data about the accomplishment of agreements by aggressors; f) the women's perceptions about the relation between the Judiciary Power and other government institutions such as police headquarters, legal medicine department, office of public defense, etc.; g) the non-utilization, under no circumstance, of the constitutional act art 226, §8º and the international instruments of human rights protection of women at court sessions.

**REFLECTIONS:** The work has been developed under the comprehension of existing gender relations as power relations. In that sense, it has been noticed in the situation of accusation and at court session the occurrence of a temporary *inversion* in the power relations at the majority of cases, even under the invisibility of violence and the refusal to give voice to the woman who was a victim of violence and in need of support.

It seems to us that the Judiciary lacks of considering domestic violence as a social problem, or even better as a serious social problem. The speed, efficiency and even the reconciliation should be revised in cases of domestic and family violence against women, avoiding it to be a rule for conflict resolution but one possibility among others. The reconciliation will only make sense if there are mediation and concerning about the pre-existent power relations. The effective implementation of Maria da Penha's Law could supply these present difficulties that lead violence to remain invisible and banal, as it will continue to work only one relevant jurisdiction for criminal and civil conflicts linked to the family law, which will add to the variables related to violence. We believe that this way, under a new paradigm that understands violence as no lesser potential offensive crime but as a violation of women human rights, what deserves no name assignment will be nominated and domestic and family violence will gain visibility in the realm of the Judiciary Power.

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**TITLE:** “THE IMPACT OF PROGRAM BOLSA-FAMÍLIA AND BPC/LOAS ON THE RECONFIGURATION OF FAMILY ARRANGEMENTS, GENDER ASYMMETRIES AND WOMEN’S INDIVIDUATION”

**SUMMARY:** Impact Evaluation of Income Transfer Programs subjected to demonstrate an acute income shortage by focusing the elderly population and families with school-age children. The biggest compensatory programs on income transfer of the country – Bolsa-Família and BPC or Benefit for Continuous Assistance, derived from BPC/LOAS (Organic Law for Social Assistance, 1993) were chosen as study cases in the city of Recife.

**OBJECTIVES:** To measure the impact of income transfer on poor families, a universe where women are the major direct people benefited. It will come into analysis six dimensions of the “income effect” during the evaluation of Bolsa-Família and BPC/LOAS: a) reduction of poverty and social vulnerability degrees of people benefited; b) re-structure, enlargement and coordination of public services availability in consonance with the demands of people benefited; c) change of family arrangements specially in family composition, connubial patterns, sexuality and authority and gender asymmetries; d) individuation and private responsibility of families; e) intergenerational wealth flow impact on reproductive and sexual behavior and on fertility; f) wellness redistribution.

**METHODOLOGY:** The methodology has privileged a quantitative research. A sample of people benefited from each Program has been subjected to surveys. To do so, questionnaires with approximately questions were put together. The surveys encompassed cases and control groups. In the case of Bolsa-Família a sample (stratified) was constituted in 600 cases and 300 control groups. Regarding the BPC survey, faced by the impossibility of finding a representative sample of control groups, it has been restricted to an empirical analyses of a group constituted of 700 cases. Once both fields are concluded it will be realized in-depth interviews (*quali-quantitativa*: 20 for each type of program) so that it is possible to map dynamics difficult to see through questionnaires.

**EVALUATION LIMITS AND REFLECTIONS:** Making use of payments records filed at Caixa Econômica Federal with a list of people benefited from Bolsa-Família in Recife, as well as of payments list done by the INSS in the case of elderly people from Recife, there was a sense that it could be possible to map a sample with relative easiness and accuracy in order to go subsequently to the field and apply questionnaires for case studies and control groups. Nevertheless, a number of inconsistencies found in the lists (non-existent addresses, repeated NIS, unknown people benefited, etc.) finally jeopardized the first survey field by imposing the need of new and up-to-date lists and stretching the interview phase to a much longer period than expected at first. At the end, two surveys were carried out for each income transfer program, the first one being cancelled because statistics was filled into collected data.

At present, the BPC survey has finished but Bolsa-Família survey goes on. In the other hand, BF survey has not yet begun. In-depth interviews will only take place on January 2007. Because of that the final report will be delayed for nearly 8 months.

Despite so many difficulties, the research has already put together an interesting set of list analyses and we pinpoint here some of those. The main objective of those lists (particularly of Cadastro Único) is to identify which are the target families for social programs. Nevertheless, the way data is compiled and managed nowadays, along with the poor quality of data filling, make it very difficult to identify the target public with accuracy. For example, the use of NIS (Social Identification Number) is not yet completely structured and it is visible in the list the occurrence of repeated numbers, particularly of children, thus creating various NIS for one person during new register. In the other hand, lists are updated upon new lists, which are less frequent and burdensome, leading to perpetuate old listings. Another issue concerns the way data is compiled and managed nowadays, along with the poor quality of data filling, make it very difficult to identify the target public with accuracy.. For example, there are problems in the way people declare their addresses, which do not require a check-up, thus turning control visits difficult. It also makes it difficult and burdensome to carry out evaluation surveys from samples provided by the list. In addition, the information exchange between the managers of CadÚnico and payments generated by Caixa Econômica Federal leads to incongruence that turn nearly impossible for municipalities to obtain a complete cross-checked list of people benefited and people listed, thus making it difficult to locally compare and control people list and people benefited from Bolsa-Família at a monthly basis. Another important finding refers to the reduced size of families listed/benefited. We verified that family subdivision is a common fact among people listed in order to obtain maximum gain regarding the basic financial support for each family plus extras for children. In that sense, there are a number of cases of mothers, fathers and grandparents who are listed in separate from children, thus not making use of the family concept adopted by the program.

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**TITLE:** *“Quantitative and qualitative aspects about access to contraception and to treatment and diagnostics of intrauterine cancer: a proposal of analyses in the City of Belo Horizonte, MG”*

**ABSTRACT:** This research evaluated the Programa de Orientação e Assistência ao Planejamento Familiar e à Saúde Reprodutiva (a programa for assistance and orientation for family planning and reproductive health) in Belo Horizonte/MG. It focused in the access to contraception and diagnostics of intrauterine cancer in 18-59 years old women, who are sexually active, as well as in their own perceptions about these issues.

**OBJECTIVES:** To demonstrate to what extent women do Papanicolau Test and rely on the public health system to receive contraceptive methods; to identify the profiles of women who make use or not of SUS upon their access to contraception and diagnostic of intrauterine cancer; to investigate how these women understand the access issue regarding these two services in comparison to the perception of women who make use or not of the health public system.

**METHODOLOGY:** The project combined quantitative and qualitative data. The start point was the research “Saúde Reprodutiva, Sexualidade e Raça/Cor” – SRSR (reproductive health, sexuality and race/skin color), a probabilistic domestic *survey* approach that interviewed 1.301 women in their 15-59’s in the City of Belo Horizonte in 2002. Via *Grade of Membership* (GoM) method of analysis seven profiles of users and non-users of SUS were outlined. These profiles supported the selection of interviewees for the qualitative module. The indicators applied to the selection process were age, color/race, schooling years, number of children, marriage conditions and access or not to health insurance. Sixty-six in-depth interviews were carried out with women 18-59 years old women (from that six were not taken into account), all of them residents in Belo Horizonte. Interviews were taped and transcribed.

**EVALUATION LIMITS:** This is not an impact evaluation. In the contrary, emphasis has been put in the perceptions and representations of women about contraception and diagnosis of intrauterine

cancer. As the results arise from a qualitative phase which does not represent the study target population, results can not be generalized not even to Belo Horizonte. Finally, the SRSR research does not collect data about treatment of intrauterine cancer not least of data about the last Papanicolau Test done. The sole information shows if the Test has been done 12 prior the interview and this does not allow to check the proportion of women with outdated Tests.

**MAIN RESULTS:** In relation to gynecologists appointments in general at, the rude manner or lack of attention with which women who are users of SUS suffered are reported as the motives why many women feel more or less ashamed of doctors. Thus, when a gynecologist is searched for, this is due to curative needs and not preventive ones. Another matter of interest is that women prefer female doctors, because they feel less shame and avoid jealousy from their partners.

In relation to contraception, users of SUS have great difficult in finding a method in use that is available in the surgeries were they look for gynecological attention. Associated do the difficulty of making appointments, this makes the majority to buy a method in chemists without adequate medical orientation and attention. In the other hand, among non-users of SUS the use of contraceptive methods is done from medical orientation and follows up in general. They also buy contraceptives at chemists at their will and are not influenced at sales point. For users and non users of SUS, the option for a determined method is more linked to contraception than prevention of STDs. In general, diseases such as HPV were not mentioned by women. Nevertheless, apart from knowing STDs, accounts suggest that trust in partners and fidelity assurance are factors for protection.

In relation to intrauterine cancer, although many women assumes undertaking the “preventive Test”, it does not often refer to Papanicolau, particularly among the less educated and users of SUS. The “Preventive test” can refer to any proceeding done during medical appointments. It indicates a doctor-patient relationship at SUS, where a gynecological appointment happens with less or no dialogue. Even among women of higher education who are non-users of SUS, accounts reveal the lack of linking between intrauterine cancer and STDs. Nevertheless, women with health insurance, who are in general more educated, do Papanicolau Tests with the necessary regularity. The ones without health insurance show in their accounts the importance of cervical cancer preventive campaigns shown in the media. Many women get to know about the disease and the importance of Papanicolau Tests through these campaigns. This motivates them to do the test publicized by campaigns without the need to undertake the slow process of appointments at public health centers.

**REFLECTIONS:** Qualitative research is fundamental for the advance of understanding of various issues linked to sexual and reproductive health. In the specific case of contraception and above all intrauterine cancer it could be interesting to give voice to all actors involved and not only to women, but also to their partners and health professionals from different walks. The results suggest that it is necessary to offer more information about intrauterine cancer not only to low income women, but to the average female population.

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**TITLE: “Tearing the Veil – Total Care to Women’s Health Policy: a Health Investigation”**

In force from 1986, Programa de Assistência Integral à Saúde da Mulher, or *Total Care to Women’s Health Policy* (PAISM) shows a fundamental principle to provide whole assistance that offers global initiatives focused in providing all of women’s health needs. Every contact from women with public health services should be focused in health promotion, prevention and recovering. It is understood that PAISM health initiatives involve women from adolescence to old age. Under this conception it is considered that women’ health should be related to economic, social and cultural aspects.

It is possible to note progress in political and juridical contexts and investment done by public spheres in health policies for women. Nevertheless, it is seen that the positive implementation of SUS and PAISM victory were not in fact guaranteed. Female high mortality rates derived from difficulties of control of intrauterine cancer and the precarious development of family planning, which involved gender inequalities at assistance, are great challenges to Brazilian public health system, as much so to government and non-government organizations which take this problems very seriously.

The research “*Tearing the Veil – Total Care to Women’s Health Policy: a Health Investigation*” aimed at evaluating women’s perceptions about their access to contraception services and gynecologic assistance to treat intrauterine cancer. It was tried to survey the socioeconomic profile of women who are users of primary care, to evaluate access to contraception services and gynecologic assistance to treat intrauterine cancer, to compare data about it and also to recommend intervention alternatives.

The qualitative research applied semi-structured interviews with women over 18 years, who are users of primary care and live in three different communities in the State of Rio de Janeiro: 1) Poaia, in Paty de Alferes (rural community); 2) Quilombo Campinho da Independência, in Paraty (quilombola community); 3) Acari, in Rio de Janeiro (low income urban community). The analytical method and data interpretation relied on content and quantitative analysis. Evaluation indicators were: age, education, color, religion, income, reception, use of service, accessibility, communication, necessity and health demand.

It is important to emphasize that this evaluation is not extensive to other places or regions. Nevertheless, it makes possible to understand the diversity of population studied at local level. Political issues limited the study and jeopardized its visibility and turned difficult to access information and to organize seminars, as proposed in the initial project.

Fifty interviews were made. The accounts indicate that: the majority of women are 18-39 years old (reproductive age), have low education; declare themselves black, especially those from quilombola communities. In the other, half-caste was more referred to. The majority of women from rural and low income communities did have paid work, but quilombola women did. Individual income was not beyond two minimal wages, as well as family income in the three communities, which did not go beyond one to two salaries. Average interviewees have stable unions and are sexually active. Both women who in Acari and at quilombolas have up to three children and some of those who live in rural communities have five or more. Quilombola women make the most use of contraceptive methods, but women who live in Acari do at lower scale. Quilombola women are the ones who accounted for non-planned pregnancies in the past, whereas in the other communities there were not meaningful differences in pregnancy planning. The majority of women interviewed in Acari have already taken part in family planning groups, whereas women from quilombola and Poaia have never taken part of this. In relation to the way medical appointments were done, accounts were that: they were done through doctors/nurses during appointments; via users going to health units and booking by themselves; bookings could be made by community agents; through no previous booking whenever women arrive earlier at the unity and try to be seen at the same day. In relation to the ways bookings of preventive tests were made: family planning; user goes to health unity and book an appointment herself; the community agent books; or women look for private medical counseling to do the test. There is lack of consensus in responses that refer to the time spent between booking an appointment/preventive test and day of counseling. According to users, time spent until appointment happens varied between one to three months.

Results show the need of great changes towards universalization, wholeness, equity and humanization of counseling. To understand the diversity of populations studied can contribute to reformulate health initiatives towards women at local level, enlarging their access to contraceptive services and gynecological assistance to intrauterine cancer. This can improve responses provided by health services, as well as promote the reduction of mortality of women in the communities studied.

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**TITLE:** “*Effectiveness of attention given to sexual violence against women and teenagers in North Brazil: evaluation of health services of reference*”

IPAS Brasil has been following up the proceedings to include sexual violence under the responsibility of the health sector. For that, it has been playing a role on discussions aiming at elaborating a Technical Norm and the implementation of guidelines particularly in North Brazil. In this perspective, the project recommended the development of quality of attention indicators (in the format of an evaluation guideline) built from the experiences of reference services, within the health system, for women and teenagers who are victims of sexual violence in North Brazil. It is noted different stages of the implementation process and organization of reference services in the municipalities that are monitored by IPAS. Hospital Mãe Luzia (Macapá/AP) and Maternity Bárbara Heliodora (Rio Branco /AC) were chosen as cases studies in accordance to the methodology used in the project. The activities allow mapping the attention given in these services of reference via a qualitative approach, which is considered ideal to detail obstacles and resistance to the implementation of policies aiming at providing integral attention to women and teenagers victimized by sexual violence.

Indicators were built upon a map of the main regulatory guidelines of sexual violence in the country: Technical Norm on Prevention and Treatment of Sexual Violence Offences Against Women and Teenagers (Brazil, 2005), National Plan to Combat Infant-Juvenile Sexual Violence (SEDH, 2002), Guidelines to Notify Health Professionals from Mistreating Children and Teenagers (Brazil, 2002), National Policy for Integral Attention to the Health of Women and National Policy to Reduce the Morbimortality due to Accidents and Violence (Brazil, 2001). The Technical Norm of the Ministry of Health has been regarded as gold-standard to build these indicators.

The elaboration of the evaluation guideline for indicators gave relevance to the following: constant interlocution with the health services team and consultation with experts regarding categorization (*indispensable, recommended or dispensable*) of the indicators more commonly seen in the guideline. Both aspects legitimized and validated the recommended indicators. Project interlocutors were: policy managers and professionals from the mentioned services and fourteen (14) experts – coordinators or key people in the team – who play a role in reference services from the following

States: Rio de Janeiro, São Paulo, Pernambuco, Ceará, Acre, Amapá, Rio Grande do Sul and Brasília (DF).

The evaluation guideline was constructed in a way it allows interactivity. It can be handled in the presence of a manager, as it is an evaluation tool that aims to helping identify and supersede barriers to the effectiveness of attention given to victims of sexual violence. The guideline structure has room to: cover, contents, how-to-use section, seven modules and reflections on the reference service covered.

Receptivity to the guideline was expressive, particularly because it has been built on the basis of an interlocution process with services members and policy managers. It can be noticed that the effective implementation of the Technical Norms is challenged by the lack of infra-structure and especially by the social stigma on sexual violence and on legal abortion in the country. It is expected that this evaluation tool collaborates to the effectiveness of attention given to abortion and sexual violence within services of reference. The aim is to implement the Technical Norm prescription to prevent and treat cases of sexual violence in the field of health, considering local peculiarities and strategies.

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**TITLE:** *“Public health policy evaluation and sexual and reproductive rights regarding teenagers”*

Whenever one thinks about teenagers, the image of health services does not seem the most appropriate to link with this group. Epidemiological data indicates that teenagers do not represent an expressive sample of population whose specific healthy needs demand the meaningful curative processes upon which the health system has been structured although trying to demolish in the last 26 years. Contrary to that, recent studies have been pointing that teenagers’ health issues extrapolate organic-biological aspects. This reinforces the importance of looking at psychosocial elements which are less recognized by aid relief practices. Thus, issues related to sexuality and reproductive health can be considered as demands that surpass the biological apparatus and stand out as potential catalysts to get this public closer to the health services.

On September 2005, and through the Child and Teenager’s Health Coordination, the City of Recife designed a project to implement the Integral Attention Policy to Teenagers’ Health focusing primarily on the prevention of unplanned pregnancy and on prevention of STD/Aids, aiming especially at 10-14 year olds.

The research outline aimed at investigating the extent to which such strategic plan has been able to accomplish the action plan, for that relying in the more sensitive perception of the professionals in order to observe the specific needs of teenagers, especially towards health and sexual and reproductive rights issues. So that so, it was tried to evaluate how the Public Policy for Health and Sexual and Reproductive Rights for teenagers has been implemented in the process to consolidate the Health Services for Primary Attention in Recife via: 1. characterization of the Policy for Attention to Teenager Health giving emphasis to the aspects related to Sexual and Reproductive Health; 2. identification of sexual and reproductive health initiatives developed for teenagers; 3. evaluation of potentialities and limitations of the referred policy. For such, 14 interviews were conducted with policy managers, professionals and community health agents, contemplating three levels in at administrative level at the health sector in the City of Recife, and three focal groups with teenagers from both sexes, ages varying from 11 to 19 years. From the data collected, categories for analysis were built in order to evaluate the implementation of the above mentioned policy considering five dimensions: contraception, pregnancy, action regarding STD/Aids, abortion, sexual abuse/violence; regarding access, reception and capacity-building of professionals. Moreover, it was produced an educational and informational guide for teenagers about sexual and reproductive rights and about the network of services of Primary Attention to them. Regarding research limitations, it should be considered that an evaluation study of process as well as any other

investigative activity is challenged by the constant dynamics of the object of study, which always offer a picture of that specific moment of data collection.

Regarding the focal groups, this refers to a methodology that allows to apprehend shared values in society, i.e., it is a space that makes possible to surface less opinions and personal attitude than issues that can be felt for everyone with less self-exposure. In this sense, it is worth asking if the opinions expressed by teenagers in focal groups really reflect what each of them experiment in relation to health and sexual and reproductive rights issues, or if such content is of general knowledge like “I heard of”, or watch on TV etc. Regarding the results, priority of attention was given to STD/Aids prevention and pregnancy (particularly among 10-14 years’ old) and not to other policy dimensions. The options for action depends on the availability and motivation of the PSF professional team, without specific guidelines from management, emphasizing its territorial and creative character as well as its discrepancies related to the quality of attention given (among Sanitation Districts and/or family health centers of a same Distric). In this sense it could be noticed: insufficient orientation and dependence on initiatives from the health team to accomplish educational health activities aiming at teenagers. In this respect, both professionals and teenagers require more investments to manage its systematization. Condoms distribution, for e.g., has been pointed by professionals and the target public as the most organized prevention initiative. On the other hand, teeth treatment and available slots for medical appointments in the family health centers were seen as the services which lack most of systematization, according to teenagers.

Starting from the first semester of 2006, it was noticed a greater interest by the local government management in organizing demands for attention to teenagers’ health, with explicit emphasis on educational activities about health and taking into account other aspects regarding the policy under study too, not least the previously mentioned. This way, capacity-building of professionals and technicians from the Secretary of Health and community health have been in the agenda and being accomplished by the Child and Teenager’s Health Coordination, revealing the commitment of the management to developing initiatives directed to this population.

One potential issue to be pinpointed is the investment made in building capacities of professionals and community health agents: such action contributes to empower and consolidate the City Integral Attention Policy to Teenagers’ Health. This way, it is worth reinforcing the efforts of the national government when proposing to focus specifically in the issues of Sexual and Reproductive Health within the Integral Attention National Policy to Teenagers’ Health. On the other hand, it was noticed that a lack of a structured timeline is an obstacle to the development of integrated initiatives by the of six Sanitation Districts of Recife. This causes great discrepancies in the offer of initiatives aimed at teenagers, be at a same District family health center, be it among family health centers from different Districts. Moreover, it is important to give attention to the fact that the contingent of participant teenagers who come from low schooling groups is low when compared to the similarly aged population in communities.

At last, we hope the research can bring contributions to professionals and health policy managers and that they can be able to consider teenagers not only as family and community members, or as a problematic population group that should be a priority, but as subjects with rights and proactive in the construction process of their health, sexuality and reproductive health.

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**TITLE:** *“Monitoring and Evaluation of Public Policies for Prevention and Combat of Violence Against Women in Great Natal”*

The study focused on the services provided for women victimized by violence: Specialized Police Assistance for Women - DEAM'S from Natal and Parnamirim; Reference Center and Home Shelter.

The main objective was: to monitor and evaluate in a qualitative manner during 12 months (September 2005 to August 2006) the assistance provided in terms of efficiency, efficacy and effectiveness as well as the budgetary resources allocated by Secretaries, State and City Sectors, with focus on the challenges met in implementing and putting into force such public policies to combat violence.

Methodology was oriented by tools and techniques like participant observation; questionnaires, interviews, three focal groups and three critical route to collect information, experimenting two trails: one focusing on data related to attendance provided for women victimized by violence and the other on public money destined to public policies aiming at combating violence. Data collection was done via websites, e.g., Parliament; CFEMEA; FBO (Brazilian Forum of Budget); Government, Presidency; SPM – Secretary of Public Policies for Women, Senate. At local level, it was visited the TCE - Tribunal of State, City of Natal and Parnamirim and visits to various sectors and Secretaries. It was concluded that DEAM'S do not work 24 hours and also at weekends and holidays. Physical spaces lack of conditions to proper work. Attendance is not extended to all victims of violence, it only covers DEAM'S regions. Infra-structure is precarious: the number of IT equipments is not enough to meet demand; claims (BO's) are still manuscript; there few available police vehicles and they lack of identity. Regarding the Reference Center, it was seen that its bottleneck is at assistance geographic coverage, which is restricted to Natal and Parnamirim; attendance stops at lunch time and this does not make it easier for women who work; high turnover makes it difficult to provide continuous capacity building of professionals; the number of employees in the psychology and legal sections is not enough to meet demand; there is no supervision for professionals working in the psychological and social sector; at the Home Shelter attendance given to users does not guarantee the end of the cycle of violence; a reduced team faces

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difficulties in dealing with the demands of the sheltered women related to health, school, legal and psychosocial assistance; slowness in the follow up of juridical action for each case; number of vacancies is very limited, leading to a rigorous selection process. There is no network communication between police districts and departments which offer services to victims of violence, not even the effective certification that one victim has been really attended by some part of the department which provided first assistance. There happens the informal communication among districts and CR, CA and the CIAM of Parnamirim. “The available structures do not allow networking”. CODIMM, being coordination and not a budget unity is not an active sector in monitoring processes of budget matters. “As a department to which the Specialized Police Assistance for Women is attached, it should be more active in promoting more integration between services”, say some policemen and a social assistant based at a police district in Ribeira.

Regarding the results deriving from the analysis of budget allocated to policies of combating violence against women, it was demonstrated that even though the budget is not enough, resources are underused; finance resources included in the budget do not hide the most absolute lack of priority given to public spending and planning; public action lacks of seriousness if it aims to induce changes at least at desired levels; make-up action, without finance support, send back some initiatives and do not stimulate others; estimated values can not be tools of change, sometimes are not exclusive to policies focused on women, and are shared with other segments; small values are not made available but it is not made clear if they were spent by other programs and activities. Face to these obstacles, it is recommended the development of effective spaces of participation and social control over public policies, with monitoring and permanent evaluation of activities and invested resources with specific tools; monitoring and evaluation of the budget should be seen as a routine task, of permanent nature; this project should be replicated so that it could be impact more rationally on the budget cycle by taking part of it and by following up the elaboration, execution and evaluation of the public budget; it is unquestionable that it is necessary to adopt proceedings and methodological operational tools that provide information of public interest about policies for women, and identify them in the budget, generating quali/quantitative indicators for monitoring; it is necessary to daily keep an eye on every media used by the government, since the traditional Diário Oficial to modern electronic media, to avoid the risk of perpetuating situations that this research data reveal; Coletivo Leila Diniz should make use of methodological tools to follow up budgetary processes as well as it should make use of evaluation tools for public policies to combat violence that were raised during the course of research which make possible to evaluate efficacy, efficiency and effectiveness of services provides. This tool could be replicated in order to monitor activities, programs and services provided by other areas, adapting them the nature of services to be evaluated.

At last, it is urgent to implement action aiming at consolidating partnerships among services of attendance for victims of violence. Such “network of service” should bear institutionality as primary condition to empower and effectively qualify the prevention and combat of violence against women.

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**TITLE:** *“Evaluation of Família Andreense Program – Income Transfer”*

**SUMMARY:** In accordance to article 1º of Municipal Law nº 8.587, 16 December 2003, Família Andreense Program aims to “increasing opportunities of emancipation and improving the quality of life of families in conditions of social vulnerability through monetary income transfer linked to action that combats hunger, promotes food security and nutrition, combat poverty, illiteracy and other forms of privation, inclusion in the world of work, sociofamiliar monitoring for combat situations of personal and social risk, and access to public services as education, health, social assistance, culture, sports and leisure”.

**OBJECTIVE(S):** This project aims to evaluating if and how income transfer policies developed in Santo André are bringing results for changes in the role played by women in public arena (political activism, access to social rights, perception about domestic work, insertion in the world of non-domestic work, relationship with neighbors etc.) and in private (relationship and role played among family members, sexual and reproductive rights of men and women etc.).

Once the income transfer policy has been articulated, the municipality start developing a social technology that over eighth years has been providing socio-familiar monitoring, in which the approach given to gender issues deserves an important place. The evaluation of such work will allow to build responses for some important issues: a) has the inclusion of families in Família Andreense Program and particularly their participation in their follow-up accomplished changes in the role of women at public and private arena?; b) Under the perception of women benefited, has the sociofamiliar follow up provided effective results in meaningful changes in quality of life of themselves and of their families?; c) In case positive, what are the main changes seen by women themselves in relation to their participation at public arena (political activism, access to social rights, perception about domestic work, insertion in the world of non-domestic work, relationship with neighbors etc.) and at private (relationship and role played among family members, sexual and reproductive rights of men and women etc.)? Considering the families benefited by the income transfer program, is it possible to identify differences related to gender issues among those who took part in the sociofamiliar follow-up and those who did not take part in it?

**METHODOLOGY:** Interviewees will listen to all parts involved directly or indirectly in the program in order to secure different perspectives and interests at stake, as following: policy managers, technical staff, trainees and people benefited.

Considering the work done by the Secretary of Social Inclusion - Department of Social Assistance it is expected to monitor the various ways families are grouped: 01 Group of people who receive income – without follow-up (10 families); 02 Group of people who receive income – with follow-up (60 families); 02 Group of people who receive income – with follow-up of families in situation of personal and social risk (40 families). The follow-up of these groups could make it possible to provide a detailed analysis to support Família Andreense Program mission or to indicate possible weakness potential to review, or even to indicate if such investment, in comparison to other organizational means do not produce meaningful profit to the life of people.

**EVALUATION LIMITS:** We believe it to reside in the interviews course. With more time allocated to it, we could have a larger cohort and a superior follow-up during the time previewed.

**MAIN RESULTS:** Recommendation for an Income Transfer Policy in Santo André:

1. To promote a methodological review on the social group work with families;
2. To invest in the capacity building of a technical team particularly in due respect to these issues: group, family, social rights, sexual and reproductive rights and gender;
3. To secure an agenda of meetings with technical staff and program coordinators to systematically evaluate the results and conflict resolution mediation procedures;
4. To introduce tools for monitoring in order to guarantee a methodological refinement and a permanent evaluation of work that provide better results and new course directions of interventions, whenever necessary;
5. To put into effect the gender issue inclusion (concept and sociocultural construction) and to put into practice the exercise of citizenship, inclusion and autonomy of women benefited;
6. To contemplate gender equality and equity in local public policies as well as to promote a cross-cutting approach so that action can be empowered and better qualified.

**REFLECTIONS:** Our research demonstrated a gap between public policies formulation and practice. The methodology used by policy managers does not affect practice. As seen in the work done, there are various reasons that could explain this gap between theory and practice. They cover the potential waste of this work to the low understanding of gender issues through group work, understanding of poverty and guarantee of the rights of these families face the technologies applied, and the importance of the role of the civil servant working with social issues.