

**PERCEPTIONS OF USERS AND HEALTHCARE PROFESSIONALS
ON THE MONITORING OF CONDITIONALITIES IN HEALTH
OF THE BOLSA FAMÍLIA PROGRAM**

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Highlights:

1. PBF conditionalities did not improve access to health services.
2. Monitoring occurs only as a requirement, disregarding other objectives.
3. Financial aid does not contribute to adequate and healthy nutrition.

PRE-PROOF

(as accepted)

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ABSTRACT: Objective: To understand the perceptions of health conditionalities monitoring by participants in the Bolsa Família Program (PBF) and related professionals in a municipality in Minas Gerais (Lavras-MG). **Methodology:** This observational study employs a qualitative approach. Interviews were conducted with beneficiaries and primary care health professionals. The sample was defined by data saturation, and the results were obtained through content analysis. **Results:** The interviewees primarily perceive the PBF as a financial resource used mainly to purchase food, with limited awareness of its broader objectives. The monitoring conditionalities is poorly understood and perceived merely as a bureaucratic requirement of the PBF. Additionally, there is a lack of coordination between the local management of the Program and public health services. These findings align with similar studies available in the scientific literature. **Conclusion:** It is imperative to promote changes in the monitoring the Bolsa Família Program (PBF) to ensure that conditionalities are more effective in fulfilling their intent. These changes are essential for both program beneficiaries and the involved professionals, especially the Community Health Agents responsible for this monitoring, to ensure an effective contribution to promoting equity in the health sector. **Keywords:** Public Health; Nutrition and Food Programs and Policies; Primary Health Care.

1. INTRODUCTION

The Brazilian Bolsa Família Program (PBF), a landmark initiative established in 2003 and enshrined into Law in 2004, stands as the world's most extensive Conditional Cash Transfer Program (CCTP) in terms of financial value and beneficiary count. This program operates by providing direct financial transfers to participants upon meeting specific conditions (i.e., conditionalities), thereby serving as a crucial tool in the fight against poverty and social vulnerability¹.

Aiming to provide immediate relief from extreme poverty and facilitate an exit from social vulnerability across generations, the PBF leverages access to public health, education, and social assistance services through compliance with specific conditionalities in these areas as a strategy.² In health, these conditionalities include

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monitoring of immunization, growth, and development of children, as well as prenatal consultations. These measures are considered instrumental in promoting equity in access to health services, as they encourage a socially vulnerable population to engage with Basic Health Units (UBS), thus integrating them into Primary Health Care^{1,3,4}.

Failure to comply with the conditionalities may lead to blocking, suspension, and even cancellation of the PBF financial aid. The responsible agencies must ensure the follow-up, supervision, control, monitoring, and promotion of compliance with the conditionalities². Monitoring is provided by the Unified Health System (SUS) through a Family Health Strategy (ESF) team. It is the responsibility of the municipal health departments to carry out actions such as: choosing a monitoring coordinator; entering gathered information into the Food and Nutrition Surveillance System (SISVAN); mobilizing families; promoting educational activities in health; and training professionals from the ESF².

Monitoring conditionalities must be a shared responsibility among all professionals involved, although Community Health Agents stand out, as they have the mission of intermediating communication between the public health sector and the population⁵. Remarkably, each municipality has a unique structure for monitoring conditionalities tailored to its peculiarities³. Therefore, understanding how monitoring works is inherently tied to the regional context.

Considering the objectives of the PBF, which are notably aligned with the Sustainable Development Goals (SDGs) for the millennium⁶, it is crucial to seek a deeper understanding of how the monitoring of these conditionalities is being implemented. This can be achieved primarily by studying the perceptions of the social actors involved.

In this sense, this study aims to understand the perceptions of health professionals and beneficiaries regarding the monitoring of PBF health conditionalities in Lavras-MG, Brazil. It also aims to assess the program's overall impact on families' lives and their access to health services. Furthermore, the study seeks to reckon the monitoring of healthcare actions as a subsidy to guarantee the quality of nutritional care, enhance the population's health indicators, and mitigate inequities.

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2. METHODOLOGY

2.1 Population and Study Design

This is observational research with a qualitative design conducted in the city of Lavras, Minas Gerais (MG), Brazil. Lavras is located in the southern part of the state and had an estimated population of 102,728 inhabitants in 2019. The municipality has 17 Family Health Strategy (ESF) teams, covering 57.09% of the population⁷. As of November 2020, the municipalities' Decentralized Management Index (IGD-M) was 0.86, with health conditionalities coverage at 74.4%⁸. The IGD-M indicates that the execution of actions was very low, and the coverage of health conditionalities was also classified as low for that year⁸.

For this study, interviews were conducted with 17 Community Health Agents, who were coded as *ACS*; four health professionals with technical and higher-level qualifications (doctor, nurse, nutritionist, and nursing technician), coded as *PS*; and 14 beneficiaries of the Bolsa Família Program, coded with the acronym *BEN*. The numbering was defined according to the order of the interviews.

To obtain the data, adapted scripts were applied⁹. The interviews were recorded and subsequently transcribed by a specialized company hired for this purpose. To assess the participants, a socioeconomic questionnaire was administered to the beneficiaries, and specific forms were used for health professionals.

2.2 Data Collection and Analysis

Qualitative analysis has been increasingly adopted to research in the field of health to identify not only facts but also to explain the social phenomenon in which certain situations occur, thereby suggesting potential solutions¹⁰. To collect data, the In-Depth Interview method was adopted, which involves conducting interviews with questions designed to extract meanings through the expressiveness of the interviewee. This approach allows new themes to emerge during the application, facilitating the identification and exploration of spontaneous trends in the subjects' responses¹¹.

Data saturation was used as a tool to determine when to stop data collection, which occurs when the responses obtained become redundant¹². The results were organized

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using Content Analysis, as described by Bardin¹³, which involves exploring the material, breaking it down into significant sections, and coding these sections. Thus, this process comprises cutting and classifying the content into categories.

Non-participant observation was also conducted to complement the data collection. Based on the possible variations in the use of this technique, in this study, participation was limited to observation, involving brief remarks on the interviewees' daily practices alongside the interviews¹¹.

After analyzing the data, two main categories were identified: Perception of social actors on the impact of the PBF on life and health; and the Qualifying healthcare action to reduce inequities among beneficiaries. Within the latter category, two subcategories emerged: Program management; and Work of health professionals.

2.3 Ethical Aspects

This research is part of the broader project entitled “Bolsa Família Program: assessment of Food and Nutritional Security of participating families and monitoring of health conditionalities from the perspective of professionals”^{14,15}, approved by the Research Ethics Committee of the Federal University of Lavras (UFLA) in accordance with Resolution 466/2012 of the National Health Council, which was financed by CNPq.

3. RESULTS AND DISCUSSION

Among the professionals studied, the majority of those interviewed were women, hired through a selection process. The Community Health Agents (ACS) have been in their positions the longest, on average 14 years. Among the beneficiaries, there was good awareness of health conditionalities and frequent use of the Basic Health Units (UBS) and Family Health Strategies (ESFs). The characterization of the interviewees is consolidated in Table 1.

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TABLE 1 – Characterization of research participants according to professional role in the municipality of Lavras/MG (2018/2019).

COMMUNITY HEALTH AGENTS (ACS)	
GENDER	n (%)
Female	15 (88.24)
Male	02 (11.76)
EDUCATION LEVEL	n (%)
High School (required for the position)	9 (52.94)
Technical, incomplete higher education	8 (47.06)
HIRING METHOD	n (%)
Selective Process	16 (94.12)
Community Choice	01 (5.88)
Average time in position (years)	14±3.4
TECHNICAL AND HIGHER EDUCATION PROFESSIONALS (PS)	
GENDER	n (%)
Female	4 (100)
TIME IN POSITION	years
Nurse	1.5
Nursing Technician	4
Doctor	10
Nutritionist	Not reported

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HIRING METHOD

Selective Process	Nurse, nursing technician, and nutritionist
Employment Contract	Doctor

BENEFICIARIES (BEN)

GENDER	n (%)
Female	14 (100)
ACCESS TO BASIC SERVICES	n (%)
Piped water, closed sewage system, garbage collection	14 (100)
PROFESSION	n (%)
Housewife	11 (78.6)
Cleaner	1 (7.1)
Housekeeper	1 (7.1)
Kitchen assistant	1 (7.1)
FAMILY INCOME	Value in R\$
Minimum	R\$467
Average	R\$1,108±762.1
Maximum	R\$3,135
FINANCIAL AID FROM PBF	Value in R\$
Minimum	R\$39
Average	R\$129.7±69.5
Maximum	R\$250

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TIME IN PBF	Years
Minimum	0.5
Average	4.3 ±4.3
Maximum	17
KNOWLEDGE OF CONDITIONALITIES	n (%)
Yes	13 (92.9)
No	1 (7.1)
STRUGGLE IN COMPLYING WITH CONDITIONALITIES	n (%)
Yes	3 (21.4)
No	10 (71.4)

The categories for data presentation, derived from Bardin's content analysis¹³, are detailed in the following subsections.

Perception of Social Actors on the impact of the PBF on life and health

The understanding of the PBF among professionals and beneficiaries proved to be limited, as the reports show a consistent interpretation of its purpose, perceiving it as “an aid, an assistance”, as exemplified by the expression below:

“It helped a lot. Because there was a (need for) lot of medicine, (and a) small child. [...] children want everything. Fruit, snack, biscuit [awkward laugh]. [...] Ain't not enough [...] not even a carton of milk.” 27BEN

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Previous research, which evaluated beneficiaries' perceptions regarding the PBF, identified this same view regarding the aid payment, that is, as a privilege rather than a social public policy¹⁶.

Regarding the use of financial aid, both the ACS and the beneficiaries in their speeches believe that it should be used for the benefit of children, primarily for their nutrition. Some ACSs point out that they occasionally notice better nutrition among beneficiary families. A study conducted with healthcare professionals in the city of Rio de Janeiro, considering their perceptions about the PBF, identified a similar perspective regarding the allocation of financial aid towards nutrition³. Considering that one of the objectives of the PBF is to “combat hunger and promote food and nutritional security,” the notion that the money should be used for this purpose is relevant, although there is no obligation to allocate the aid specifically for this purpose.

Beneficiaries report buying foods their children prefer, a practice that coincides with another study¹⁶. The use of money for food, especially among the most vulnerable or those with larger families, reinforces the observation that this is the primary destination for the aid. Several studies carried out nationwide have also found that purchasing food is a common use of assistance from income transfer programs^{14,17,18}. Among the foods mentioned, ultra-processed items such as sugary drinks and biscuits are highlighted.

These results suggest that the improvement currently observed among PBF participants is linked to the financial aid received, and there are no guarantees that this assistance is being adequately utilized or that the increase in food acquisition is promoting an improvement in the quality of nutrition. Thus, more than the current PBF alone, despite being a central program in Brazil's agenda to combat hunger, is needed to ensure food security for participating families.¹⁵

Qualifying healthcare actions to reduce inequalities among beneficiaries

Health actions within the context of the BPF are instrumental in addressing health disparities by improving access to healthcare services, promoting healthy behaviors, preventing diseases, and ultimately striving towards equitable healthcare access for all beneficiaries. These actions notably encourage families to adhere to the program and

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facilitate their more effective integration into the healthcare network, serving as an essential tool in achieving equitable healthcare access.

In light of this, efforts were made to assess the effectiveness of these actions by identifying the techniques and strategies used in their implementation. Several areas for improvement were identified in both program management and the activities of healthcare professionals responsible for monitoring conditionalities. The following two subcategories elaborate on these findings.

Program Management

In the interviews, professionals pointed out situations they consider to be failures on the part of the municipal management of the PBF, namely: updating data, criteria for inclusion in the PBF, and the lack of response to previously made complaints. During the research, professionals complained about the need for more data updates on PBF participants by the Program's local coordination and reported that the sector did not carry out the updates they informed for each cycle.

While the federal government sets the regulations for the PBF, each municipality is responsible for creating its management system that considers the particularities of the region and the available support¹⁹. The success of the Program at the local level is directly linked to the shared, decentralized, and cross-sectional responsibility of local government officials. Therefore, the disarticulation of sectors reported by professionals and observed during the research is concerning, which may justify the low IGD-M.

Among the topics addressed in the interviews, professionals and also some beneficiaries mentioned doubts or questions about the criteria for beneficiary inclusion in the PBF and the definition of values.

“These people are those who don't get paid anymore but their names keep coming up, so we mark (write down) that they no longer receive it. Yet the names keep coming up, I think it's a lack of organization.” 06ACS

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The subsequent finding coincides with other research that also identified doubts among professionals and even managers^{20,21,22}. Remarkably, there is a lack of awareness about the fact that the PBF provides grants for adolescents.

"...because there are absurd cases of teenagers receiving Bolsa Família while mothers with more difficulties who do not receive it." IOACS

Given the perceptions presented in the reports, it was possible to verify that doubts about the process of granting the benefit caused a sense of injustice, leading to a certain disbelief in the Program among professionals. Among the interviewed ACS, three from the same ESF reported that they had already reported what they believed to be irregularities to the local management of the PBF, but without success, reaffirming the disarticulation between sectors.

Even with a registration review for PBF beneficiaries, where benefits can be canceled if data is not updated for two years, there is inconsistency at both the central and local levels. For example, in the city of São Paulo, there is an intense search for fraud. However, the number of cancellations is lower than the number of inconsistencies, which reveals that the user interviews elucidate the issues²³.

From the ACS accounts, suggestions for changes in the local operation of the Program emerged, as a proposal to solve perceived controversies. Notably, there were mentions of offering inclusion activities for beneficiaries, monitoring families, and the demand for a nutritionist in the conditionalities monitoring.

"If [...] the investment were in food, sports, school supplies, [...] I think it would work [...] better. Open a social space to assist [...] by doing work [...]. Because there are CRAS, but not all of them develop this." OIACS

The association of the PBF with other social inclusion programs is already provided for by law, known as "exit doors." Researchers indicate that these actions are necessary to overcome poverty¹⁷. In Lavras/MG, other researchers have already identified

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weaknesses in the interaction between management and the population regarding the provision of public services for residents of peripheral regions²⁴.

The demands for inspection are linked to criticism regarding the inadequate execution of monitoring by the Program's management. The ACSs describe the necessity for increased oversight concerning the evaluation of the genuine need for assistance and regulating how beneficiaries utilize the aid.

“Maybe a bit [...] stricter control [...] about how much your benefit was this month? What was allocated for the child? What went to food, healthcare, education, or clothing? [...] A sort of report. [...] So if I've already started working, my income is already there. What is my commitment? Go there: Hand it over to those who need it [...].” 09ACS

Regarding non-compliance with conditionalities, it is noted that in such cases, the suggestion is for the local social assistance service to conduct home visits to check the situation. Upon contacting the municipal coordination of the PBF, it was found that there is currently no established workflow allowing a team to carry out these visits. Other researchers who studied the health conditionalities of the PBF in the city of Rio de Janeiro, considering its intergovernmental and intersectoral relations, also identified a lack of coordination between health and social assistance, which, in their view, leads to fragmentation in the monitoring of conditionalities, thus adversely affecting the beneficiary population^{20,22}.

The complaint about the lack of communication between management and the healthcare sector was another reported issue, indicating the need for an integrated, shared, and cross-cutting management approach across different areas. In the city of Rio de Janeiro, a digital platform was created in which e-SUS data is aggregated with other information systems (including the PBF system) that transmit the data to the federal system. However, professionals report that the system needs to be more organic and meet service needs. Additionally, the lack of feedback from central management to the health units hinders the planning and evaluation of intervention strategies²⁰.

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To address these challenges, creating similar strategies to enhance communication and implement an intersectoral workflow are crucial for the municipality of Lavras. A study conducted in São Luiz, the capital of Maranhão, underscores the necessity for improved integration and coordination between Bolsa Família and complementary programs, especially in areas like professional training and productive inclusion, as emphasized in the discourse of both beneficiaries and managers. This integration is pivotal for enhancing development opportunities for the families served, given the current coordination efforts have been found to be inefficient and in need of improvement²⁵.

Work of health professionals

All interviewees were queried about the health conditionalities and how they were checked. Among the beneficiaries, the recertification activity was the most mentioned, followed by “weighing.” Health professionals primarily stated anthropometry, with few mentioning vaccination card verification and prenatal care.

Of note, inadequate methods for obtaining anthropometric data were witnessed in the field. During an ESF visit, self-reported anthropometric values were noted to be provided on paper to evaluating professionals. Justifications for this practice varied: some ACS stated it was encouraged by Program management to prevent benefit interruption, while others cited empathy toward the families they support.

“Because the person wouldn't come for weighing, right? So, (when) the deadline was reached, we took it, looked at the child's last weight and put it there... So as not to lose it. [...] Then they would arrive and say it was from Bolsa Família, we would call them, and they ain't go. I would look to see if it hadn't been too long (since the last visit), then I would use the weight of the (last) time to enter (into the system).” 12ACS

The way most interviewees described the monitoring shows a lack of coordination between the activities carried out at the UBS, thus not becoming a tool to strengthen access to healthcare. Research shows that both professionals and beneficiaries of the

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Program reduce the monitoring of health conditionalities to just anthropometric data. Regarding the gathering of information that makes up the conditionalities, the authors also identified instances where data were provided without the participant attending the unit^{20,21}. One such study, conducted in the southwest of Bahia, reveals dissatisfaction on the part of the ACS who collect information solely for record-keeping purposes without a concrete diagnosis of the family's conditions, and consequently, without any effective intervention for those vulnerable individuals²¹.

It is worth noting that development monitoring (anthropometric assessment) must be carried out according to the SISVAN protocol. The information used to fill out the Monitoring Map is sent to PBF management to track compliance, as well as to identify the need for intervention actions. Additionally, the anthropometric data are also sent to SISVAN². However, reports from ACS indicate that neither they nor nursing technicians are properly using the anthropometric assessment protocol, highlighting the need for training and continuous education of these professionals to raise awareness and better understand the objective of this conditionality monitoring.

When asked about how beneficiaries are contacted to attend the deadline-checking of health conditionality monitoring, the professionals stated that monitoring is not included in the UBS's routine activities and that it is up to the teams to set specific days and times for it to be carried out.

“Look, in the morning if you go from 9 am to 10:30 am and in the afternoon from 2 pm to 4:30 pm. [...] It's a quieter time because if there's an appointment that day, at least the doctor's appointments are already over. So, it doesn't mix with the weighing issue with the pre-consultation weighing; it might coincide with the nutritionist's appointment day. [...] There's also pap smears that the nurse also collects... Otherwise, it gets too crowded.” 02ACS

In both the reports from ACS and beneficiaries, different attitudes and approaches towards seeking healthcare were observed. Some professionals make efforts to ensure that monitoring occurs, while others attribute the responsibility to the beneficiaries.

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“As much as possible, we try to help. [...] Even those who are not from my area, but I know they receive it, from another neighborhood, I talk to the girls: 'They're starting to call, they're starting to weigh.' 13ACS

Another situation that underlines the disarticulation in the unit's agenda is the reservation of time when no individual appointments are scheduled for monitoring. It is known that the physical structure of some units in the municipality is insufficient to meet the demand, and thus, the accumulation of users would hinder routine care. However, if beneficiaries only access the unit in this manner, their integration into health services is unlikely to occur.

Previous studies have already observed that the usual method of complying with conditionalities causes tension between beneficiaries and professionals. Families show resistance when any action beyond recording weight and height is offered, such as consultations and health education groups²⁰. This fact again points to the need for more understanding of the Program's objectives, leading professionals to attribute this resistance to the beneficiaries' comfort, as they are being held responsible for health care that should be managed by the family^{3,9,21,22}.

Given the municipality's low coverage of health conditionalities and reports of beneficiaries' reluctance to visit the UBS for monitoring, the question of the profile of the most resistant beneficiaries was raised. The findings of this study, which align with previous research, indicate that the lack of proper oversight has led beneficiaries to neglect their compliance with the conditionalities. This alignment underscores the need for improved monitoring.

“Some are ashamed because they know we know they don't need it. Some are really extremely uninformed. I believe 60% are people who are ashamed of us knowing they receive it, and 40% are people who are uninformed.”05ACS

It was found that among the families failing to meet the conditionalities are some of the most vulnerable. These families should, therefore, be better monitored by health

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professionals and receive social assistance, as well as social protection, since they are the target audience that the PBF needs to integrate into public services.

A study conducted in a favela in Rio de Janeiro reveals that, according to the beneficiaries, the proposed conditionalities are challenging to fulfill. They justify this due to situations common in their environment. State violence, organized crime networks, and scarce health and education services in the community, for example, hinder the fulfillment of the conditionalities²².

Thus, the misinformation about the objectives of monitoring health conditionalities, the professionals' lack of knowledge, and the disconnection between sectors make the expected effects under the legislation questionable in cases of non-compliance. Considering the low coverage of the ESF and the lack of referral to complementary programs, caution is needed in classifying beneficiaries as resistant to fulfilling their duties in relation to the PBF.

Regarding the function of the information obtained through the monitoring of conditionalities, it was observed that both beneficiaries and professionals denied knowing the utility of the information obtained, and none reported having received any type of information about it.

“I'm not sure exactly. [...] I think there must be some registration of us there, [...] Something from the government, [...] Because if it ain't [...] regularized, I think [...] we lose it.”. 22BEN

In this regard, once again, the lack of information and understanding about the functioning of the PBF, especially among professionals, appears to justify the irregularities identified in the current monitoring of conditionalities. Beneficiaries also need to be guided about the importance of conditionalities to better understand and exercise their rights.

Among the 21 professionals interviewed, 15 were asked about the possibility of using the data obtained from monitoring for ESF screening, monitoring, detection of health problems, or planning disease prevention and health promotion actions. Of these,

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10 stated that they did not use the data, and the others indicated only bureaucratic uses. This non-use of data was also found in a previous study³.

“At least for me, who handles the pre-consultation, I use these data, you know, weight and height, to enter and send to e-SUS so that we have productivity...”. 16PS

It is important to emphasize that assessing the obtained anthropometric data could provide an initial diagnosis of the nutritional status of the participants. Involving a nutritionist would enhance this process, given their role in management, healthcare networks, public policies, and institutional programs. Consequently, these professionals could assist in identifying users who require more comprehensive monitoring in order to achieve the guidelines of the National Food and Nutrition Policy (PNAN) and the objectives of the Millennium SDGs⁶.

Regarding the impact of monitoring conditionalities on health promotion, research conducted with PBF managers and healthcare professionals indicated that they perceive monitoring as a strategic opportunity for the population to access healthcare services^{3,20,21}. However, few professionals in the current study reported using information as a strategy for screening and referring beneficiaries. Among the beneficiaries, the lack of such guidance is criticized due to the fragmentation and absence of a coordinated approach.

“No. It's just that, like, the times I went, I leave from here, take my kids there, and it's super quick. They just measure, weigh, and that's it.” 21BEN

The perspective on utilizing the moment during conditionalities monitoring to access other UBS services yielded contradictory results. While most professionals denied witnessing this behavior, some acknowledged its occurrence and stressed its importance. Beneficiaries were queried about using this opportunity and the availability of health education activities for them on these occasions, but the interviewees did not report such activities.

In terms of health promotion opportunities during conditionalities monitoring and its impact on increased UBS attendance frequency, both beneficiaries and professionals

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commonly believed that adhering to health conditionalities did not influence their regular UBS visitation habits. However, there were dissenting opinions, notably from ACS, who perceived monitoring as compelling people to visit the UBS, even if only sporadically, underscoring the diverse perspectives on this issue.

As found in this study, the literature presents contradictory results when looking for an association between monitoring and increased attendance at the UBS. Professionals interviewed in Rio de Janeiro and from municipalities in Brazil's Northeast region noticed an increase in demand at UBS associated with a greater frequency of beneficiaries after the start of conditional monitoring³. Authors of a study carried out in Rio Grande do Sul concluded that by correlating the PBF and ESF coverage, monitoring conditionalities can indeed improve the health situation of the served population, as long as services are offered at the same monitoring location and health prevention and promotion measures being implemented²⁶.

Beneficiaries report non-participation in any health-related activities or services specifically aimed at them. Professionals also indicated they do not organize tailored activities for this group or perceive them differently.

“For me, it won't make any difference, whether being part of the Bolsa Família program or not [...], probably the majority are part of Bolsa Família. But here there is no differentiation for me. I serve society. 18PS

Researchers also identified that more than half of the ESFs studied did not present this priority and emphasized that, although professionals apparently see the lack of distinction as fair, this differentiation is not a privilege, but instead differentiated attention given to the most vulnerable population³. In fact, differentiated care for more vulnerable individuals adheres to the SUS principle of equity and aims to reduce social inequalities and health inequities.

In summary, it was observed that the manner of monitoring, utilizing, and valuing health conditionalities in the studied municipality has been ineffective in promoting

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access to services as a strategy to overcome vulnerability and break the cycle of intergenerational poverty.

Recognizing the ongoing misinformation about program-related actions, the disjointed coordination among the departments involved in PBF management, the lack of integration with other programs, the weakness of social control instances, deficient public participation, and differing perceptions regarding the obligation to comply with conditionalities — factors that compromise the overarching vision of the PBF and point to a structural rather than an emergency issue — it is essential to reorganize the monitoring of healthcare actions.

In this context, it is crucial to identify the difficulties and challenges in the operationalization and monitoring of health conditionalities to develop an integrated work plan for its improvement, ensuring an adequate work process for organizing nutritional care in the SUS.

CONCLUSION

The perception of the social actors involved in the Program indicates that in Lavras/MG, the PBF conditionalities are not positively affecting the population's access to health services, improving health indicators, or reducing social inequities. Community Health Agents (ACS) acknowledge that families use financial aid to purchase food, but they also observe frequent use of the aid to buy ultra-processed items, which do not promote adequate and healthy eating. Additionally, operational controversies and the lack of coordination among the involved agencies raise questions about whether the current beneficiaries are truly the most vulnerable and deserving of inclusion in the Program.

Monitoring PBF conditionalities is perceived merely as a requirement to comply with the Program, yet most professionals and beneficiaries do not see it as an opportunity to access health services. If health conditionalities monitoring were better understood and implemented, they could serve as a powerful strategy for attracting and integrating this population into health services.

Since this is a qualitative observational study, it has inherent limitations. While a longitudinal study would be ideal, it would require time and financial resources that are

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not currently available. Although the qualitative research conducted does not allow for generalization, the results highlight relevant issues that have systemic implications for the Program and underscore the need for more detailed studies on the functioning of PBF conditionalities. Given that the characteristics of this municipality are similar to those found throughout the state and the country, the findings are significant in supporting further actions. Moreover, the results coincide with other studies in the literature, suggesting this is not an isolated situation.

In the context of the municipality, there is a critical need to enhance the oversight of conditionalities to ensure the fulfillment of their original objectives. Strengthening the integration between the health sector and the regional administration of the Programa Bolsa Família (PBF) is essential.

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