

# INTERSECTORALITY AND GENDER MAINSTREAMING: AN ANALYSIS OF BRASIL CARINHOSO (2012-2015)

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## Abstract

Our purpose in this article is to analyze Brasil Carinhoso from 2012 to 2015 through the theoretical lenses of mainstreaming and intersectorality, and highlight those dimensions of care it covers. Brasil Carinhoso was a federal child development initiative, which linked aspects of children's education, health, social assistance and nutrition. Based on a qualitative analysis of official documents and interviews, we provide evidence of an intersectoral concept of the program, which included innovations in funding and management, even though its implementation was largely sectoral. We were unable to identify evidence of gender mainstreaming, not even in the conception of the initiative we analyzed, especially because the approaches to care adopted in Brasil Carinhoso fail to take into consideration those who provide the care, and focus only on those who are cared for.

GENDER RELATIONS • CHILDCARE • EARLY CHILDHOOD • PUBLIC POLICIES

## INTERSETORIALIDADE E TRANSVERSALIDADE: ANÁLISE DO BRASIL CARINHOSO (2012-2015)

### Resumo

Nosso propósito é analisar o Brasil Carinhoso, de 2012 a 2015, a partir das lentes teóricas da transversalidade e da intersectorialidade, destacando, ainda, as dimensões do cuidado. O Brasil Carinhoso foi uma iniciativa federal voltada ao desenvolvimento infantil, articulando educação, saúde, assistência social e nutrição. Com base em uma análise qualitativa de documentos oficiais e de entrevistas, evidenciamos uma concepção intersectorial do programa, abrangendo inovações no financiamento e na gestão, ainda que sua implementação tenha sido, em grande medida, setorial. A transversalidade de gênero não foi identificada, nem mesmo na concepção da iniciativa analisada, especialmente porque as abordagens de cuidado do Brasil Carinhoso deixam de considerar quem cuida, enfocando apenas quem é cuidado.

RELAÇÕES DE GÊNERO • CUIDADOS COM A CRIANÇA • PRIMEIRA INFÂNCIA • POLÍTICAS PÚBLICAS

## INTERSECTORIALIDAD Y TRANSVERSALIDAD: ANÁLISIS DEL BRASIL CARINHOSO (2012-2015)

### Resumen

Nuestro propósito es analizar el Brasil Carinhoso, de 2012 a 2015, desde los lentes teóricos de la transversalidad y la intersectorialidad, destacando también las dimensiones del cuidado. El Brasil Carinhoso fue una iniciativa federal centrada en el desarrollo infantil, articulando educación, salud, asistencia social y nutrición. A partir de un análisis cualitativo de documentos oficiales y entrevistas, evidenciamos una concepción intersectorial del programa, abarcando innovaciones en el financiamiento y en la gestión, aunque su implementación haya sido, en gran medida, sectorial. La transversalidad de género no fue identificada, ni siquiera en la concepción de la iniciativa analizada, especialmente porque los enfoques de cuidado del Brasil Carinhoso dejan de considerar quién cuida, centrándose sólo en quién es cuidado.

RELACIONES DE GÉNERO • CUIDADO INFANTIL • PRIMERA INFANCIA • POLÍTICAS PÚBLICAS

## INTERSECTORIALITÉ ET TRANSVERSALITÉ: UNE ANALYSE DU PROGRAMME BRASIL CARINHOSO (2012-2015)

### Résumé

Notre objectif est d'analyser le programme national nommé Brasil Carinhoso, de 2012 à 2015, à partir des cadres théoriques de la transversalité et de l'intersectorialité, mettant l'accent sur les dimensions du soin. Le programme fédéral Brasil Carinhoso, centré sur le développement de l'enfant, s'articulait autour des questions de l'éducation, de la santé, de l'assistance sociale et de la nutrition. Appuyés sur une analyse qualitative de documents officiels et d'entretiens, nous avons constaté que le programme avait une conception intersectorielle, comprenant des innovations en matière de financement et de gestion, même si sa mise en œuvre était principalement sectorielle. Aucune transversalité de genre n'a pas été identifiée quand l'analyse s'est penchée sur la conception du programme. En effet, les approches du soin n'ont pas pris en considération le genre de la personne qui donne les soins et se concentrant uniquement sur celle qui les reçoit.

RELATIONS DE GENRE • GARDE D'ENFANTS • PETITE ENFANCE • POLITIQUES PUBLIQUES

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**T**HE PROJECT OF A FREE, FAIR AND SUPPORTIVE SOCIETY AS ADVOCATED BY THE 1988 Federal Constitution (Costa & Silva, 2020) presupposes the existence of public policies that seek to overcome the country's structural inequalities. Inequalities are complex problems (Rittel & Weber, 1973), which require integrated approaches for tackling them, such as intersectorality (Junqueira, 1997; Inojosa, 2001; Cunill-Grau, 2016; Bichir & Canato, 2019) and gender mainstreaming (Walby, 2005; Bandeira, 2005; Papa, 2012; Marcondes & Farah, 2021).

The theoretical approach of mainstreaming and intersectorality points to convergences between the two concepts, but also explains the overlaps and gaps that exist, with some incipient efforts being made to define their boundaries and analyze their articulations and points of convergence. Theoretical-empirical investigations that consider both strategies can, therefore, add substance to this theoretical framework, thereby contributing to the practice of public policies for addressing inequalities. One of the policies that can benefit from such approaches is the one that deals with care (Aguirre, 2009; Carrasco, 2011) which, in turn, also offers elements for the development of both these concepts.

It is in this context that, by way of the qualitative research of documentary data and six interviews, our purpose in this article is to analyze Brasil Carinhoso, which is based on the concepts of intersectorality and gender mainstreaming, but with a particular emphasis on the issue of care.<sup>1</sup>

Brasil Carinhoso was created by the federal government in 2012, lasted until 2015, and was an integral part of Brazil Without Poverty Plan [Plano Brasil Sem Miséria] (PBSM). The PBSM, in turn, was created in 2011 with the aim of overcoming extreme poverty in the country by 2014; it attached particular importance to early childhood (Decreto n. 7.492, 2011). It was a government response to a diagnosis based on data from the 2010 Census that identified that there were 16.2 million extremely poor Brazilians, 71% of who were black people and 40% of who were children and adolescents aged from birth to 14 years old.

The PBSM linked actions on three axes (income guarantee, access to public services, and inclusion in urban and rural production) with active search actions to identify the poorest people who were not accessing public social protection services. The plan was organized to have multidimensional strategies involving intersector coordination activities, federative coordination, social participation and active search (Campello & Mello, 2014). The decree that established the plan created governance bodies, but there was no participation by the Department for Women's Policies [Secretaria de Políticas para as Mulheres] (SPM) in the National Steering Committee, the Executive Group, nor the Interministerial Monitoring Group (Decreto n. 7.492, 2011).

Brasil Carinhoso was included in the PBSM and took an approach of providing comprehensive care for children up to 6 years of age, with the aim of strengthening their rights and achieving intersectoral and interfederative articulation (Cruz & Farah, 2016). It provided for education, health, social assistance and nutrition actions to be linked in an initiative involving the federal government, the states and municipalities. It was based on the view that poverty is a multidimensional phenomenon that affects different social segments unequally, but in particular children.

1 The origin of this article is the Ph.D theses of its two authors presented at the São Paulo School of Business Administration [Escola de Administração de Empresas de São Paulo] of the Fundação Getúlio Vargas (Eaesp-FGV). An early version of the work was presented at the Public Administration Conference [Encontro de Administração Pública] (EnAPG 2022), of the Brazilian Association of Postgraduate Studies and Research in Administration [Associação Nacional de Pós-Graduação e Pesquisa em Administração – Anpad], and was subsequently revised and expanded (Cruz & Marcondes, 2022).

The results suggest that while Brasil Carinhoso was conceived in an intersectoral way, it was to a large extent implemented a sector by sector basis. Furthermore, from the time the program was conceived until its implementation it never in any way promoted gender mainstreaming. Since a process of formulating a National Care Policy [Política Nacional de Cuidados] and a National Care Plan [Plano Nacional de Cuidados] was begun in 2023, and was jointly coordinated by the Ministry for Women [Ministério das Mulheres] and the Ministry of Development and Social Assistance, Family and Fighting Hunger [Ministério de Desenvolvimento e Assistência Social, Família e Combate à Fome] (MDS), these reflections, which summarize lessons learned in past situations, can be used in support of the current situation.

This article is structured in six sections, including this introduction. In the second section we present the theoretical framework, which is based on intersectorality and gender mainstreaming, and address the issue of care generally. We then describe the methodological path, while the fourth part provides a descriptive analysis of Brasil Carinhoso. The fifth section is dedicated to data analysis, and in the sixth and final part we provide a summary of our research journey, a discussion of the results, and some of the limitations and contributions of our study. We have also updated the discussion by examining the current reality in Brazil, where the formulation of a National Care Policy is underway.

This article contributes to the debate on intersectorality and gender mainstreaming, based on an examination of an empirical case. It discusses the specificities of these two concepts, their similarities and differences, and highlights the importance of the debate about care in order to strengthen this conceptual framework.

## **Intersectorality, gender mainstreaming and care policies: The theoretical debate**

The theme of inequalities in public policy studies is nothing new. More recently, however, approaches that focus on the social relations that result in inequalities in an interrelated way have been gaining in importance, and a view of public problems as complex, multicausal and multidimensional issues that require integrated solutions has prevailed (Costa & Silva, 2020). Intersectorality and gender mainstreaming solutions can be mobilized and used in practical strategies and as analytical concepts in a broad range of public policies, such as those dealing with care.

### **Intersectorality**

The 1980s were marked by the incorporation of intersectorality into social policies in Brazil, with a particular emphasis on health policies (Junqueira, 1997). In the 2000s, intersectorality also became a reference for policies aimed at fighting poverty in Brazil and Latin America (Cunill-Grau, 2016; Bichir & Canato, 2019).

Intersectorality is a way of integrating different sectors so that, together, they solve complex, multi-cause problems (Junqueira, 1997; Inojosa, 2001; Cunill-Grau, 2016; Bichir & Canato, 2019). This integration may involve both formal and informal arrangements, and also collaboration and coordination (hierarchical and non-hierarchical).

On these bases, intersectorality can promote coordination between sectors in the public policy process, or even establish a space for negotiation between those involved, thereby

consolidating new values in policy guidance and mobilizing different areas to face up to public problems (Inojosa, 2001). It can also add value to the territory in these processes, while respecting the knowledge and particularities of each area based on actors (and actresses) coming together around a common project (Junqueira, 1997).

The literature identifies intersectorality as having two meanings: a) one that is “restricted”, and involves different sectors/public bodies; and b) one that is “expanded”, and covers the public sector,<sup>2</sup> the private sector, the non-governmental sector, and non-profit sectors (Farah, 2001; Cunill-Grau, 2016; Cruz & Farah, 2016; Bichir & Canato, 2019). In the public policy literature the concept is most frequently used in its “restricted” sense, which is the one we have used here. Intersectorality can include forms of “horizontal” cooperation between sectors in a sphere of government, or “vertical”, which brings together different sectors of federated entities (Cruz, 2017), although use of the term in this sense is much less frequent.

### Gender mainstreaming

The concept of gender mainstreaming in Brazil became widespread after the IV World Conference on Women, which was held in Beijing in 1995 (Bandeira, 2005; Walby, 2005). Gender mainstreaming refers to the introduction of gender equality<sup>3</sup> perspectives in all public policies by reorganizing public policy processes and their organizational culture (Bandeira, 2005; Moser & Moser, 2005; Walby, 2005; Marcondes et al., 2020). According to Walby (2005), gender mainstreaming is a process that has two dimensions: a) a vision of gender equality that guides the process; and b) a strategy and tactics that constitute the path to achieving this vision.

The notion of mainstreaming subsequently spread in the context of Brazil as a strategy for structuring other public policies, which were associated with a “vision” of equality for all citizens, as in the case of policies dealing with racial equality, young people and human rights (Papa, 2012; Reinach, 2013; Marcondes & Farah, 2021).

We understand mainstreaming in this work as the process by which a new perspective is incorporated into public policies, which undertake to confront inequalities and include those who have been historically discriminated against (Bandeira, 2005; Walby, 2005; Marcondes & Farah, 2021). Such is the case with gender mainstreaming – the focus of this article – but also include mainstreaming in relation to race/color/ethnicity and life-cycle.

In mainstreaming terms, policy values are repositioned to ensure they comprehensively promote equality, and institutional conditions are developed to support this process, such as the creation of policy bodies (e.g., departments or ministries), national plans, the organization of conferences and the setting up of councils (Papa, 2012; Reinach, 2013; Marcondes & Farah, 2021).

While the institutional conditions for mainstreaming are necessary, they are not sufficient in themselves for guaranteeing the effective inclusion of gender equality perspectives. In fact,

2 The term “sector” refers to different limits in the two cases. In the first, the reference is to the sectors of government activity: health, education, social assistance, and others. In the second, the sectors are the public, the private for profit, and the non-profit “third sector”.

3 In the Portuguese version we use the term *equidade* [equity], which is prevalent today in Brazilian gender literature and in the feminist movement to emphasize the equal value of different genders. In the English version we adopt “equality” to respect the term normally used in gender papers and documents in English (Walby, 2005; European Institute for Gender Equality [EIGE], n.d.). According to the EIGE (n.d.), this option is usually adopted because of the risks associated with using the term “equity”: “The term ‘gender equity’ has sometimes been used in a way that perpetuates stereotypes about women’s role in society, suggesting that women should be treated ‘fairly’ in accordance with the roles that they carry out. This understanding risks perpetuating unequal gender relations and solidifying gender stereotypes that are detrimental to women”. Retrieved January 31<sup>st</sup>, 2024, from [https://eige.europa.eu/publications-resources/thesaurus/terms/1059?language\\_content\\_entity=en](https://eige.europa.eu/publications-resources/thesaurus/terms/1059?language_content_entity=en)

these institutional conditions tend to occur once those who direct the policy formulation and implementation process become fully committed to the vision of equality. This commitment corresponds to what Walby (2005) called the “vision” of equality, which is one of the dimensions of mainstreaming. In the case of gender mainstreaming, this commitment means that the public problem that the policy proposes addressing includes a gender equality perspective.

The case of care policies is one that enables us to understand more clearly what gender mainstreaming comprises, as the next section tries to provide evidence of.

### Care policies, intersectorality and mainstreaming

Public care policies have been gaining in relevance in the current context as a result of factors that articulate changes in the world of work with the increase in the participation of female labor; the growing importance attributed to early childhood; and changes in the demographic pyramid, given the aging population and the decrease in the fertility rate (Aguirre, 2009; Batthyány, 2009; Carrasco, 2011; Marcondes et al., 2020).

Care policies focus on satisfying basic human needs (e.g., food, hygiene, affection, etc.), and involve guaranteeing rights, offering services, providing social benefits and the introduction of regulatory activities to increase the state’s co-responsibility for care (Haddad, 2006; Martínez Franzoni, 2005; Batthyány, 2009). These policies make it possible to face up to the inequalities that affect those who are cared for (e.g., children, the elderly and people with disabilities who are dependent on the help of others), but also those who provide such care, especially women, and particularly black women in the case of Brazil.

As care policies seek to satisfy multiple basic needs that guarantee the sustainability of human life, they demand an integrated vision of public actions (Daly & Lewis, 2000) and, therefore, tend to require an intersectoral approach. Such is the case with linking education, health, social assistance and nutrition for promoting child development.

Care policies show the importance of adopting a mainstream approach (Pautassi, 2016), especially to provide visibility for those who care, thus integrating gender and color/racial equality perspectives into actions aimed at children, the elderly or disabled people. By mobilizing a gender equality perspective across the board, care policies are committed to confronting the sexual division of care work and overcoming the unfair social organization of care, which places a burden on families, and particularly on women (Daly & Lewis, 2000; Batthyány, 2009). They thus incorporate what Walby (2005) called a “vision” of gender equality in care, which in care policies comprises recognizing the rights of those who provide care, who are mostly women. This “vision” of gender equality, therefore, is incorporated in an articulated and directed way in order to guarantee the rights of those who require care, such as children, adolescents, the elderly and people with disabilities.

As care policies require intersectoral and mainstream approaches to develop, they also contribute to an understanding of this conceptual framework. In this sense, looking at transversality and intersectorality from the aspect of care policies is an exercise that explains some of the potential, limits and challenges of these approaches.

Care policies enable us to show that intersectorality and mainstreaming have points in common, such as understanding that although the problem is public, it is also complex, multidimensional and multicausal, which requires the integration of actions for facing up to the problem or challenge of care.

Intersectorality and mainstreaming, however, are not identical approaches. An intersectoral childcare policy, for example, which links sectors such as education and health, may not incorporate gender mainstreaming, and may even help reproduce familism (the centrality of families) or maternalism (the centrality of women-mothers) in public policies (Daly & Lewis, 2000; Martínez Franzoni, 2005; Batthyány, 2009).

There are, therefore, common denominators between mainstreaming and intersectorality, but there are also specificities in each of the strategies and the theoretical approaches that support these strategies. It is based on this concept and to contribute to this discussion that we carried out the present study.

## Methodology

This article was based on the convergence of two broader studies (Cruz, 2017; Marcondes, 2019). The first deals with the implementation of a daycare policy in Brazil, and focuses on Brasil Carinhoso, federative cooperation and intersector articulation, while the second deals with gender mainstreaming in childcare policies (from 0 to 3 years old). Based on this convergence, Brasil Carinhoso, childcare policies and the reflection on the concepts and strategies of intersectorality and gender mainstreaming emerged as common denominators. On the basis of the research carried out in the two studies, information from this PBSM action (2012-2015) was selected, with a particular focus on its federal dimension.

Even though it was possible to explore mainstreaming in the different social relationships (*e.g.*, gender, race/color, class, etc.) in Brasil Carinhoso, we chose to focus on gender, and more specifically on the issue of women. This is because the actions of Brasil Carinhoso have a strong interface with policies and plans for women, such as the expansion of daycare centers; in fact, it is mainly women who care for young children, both in a paid and unpaid capacity.

The time frame is from when Brasil Carinhoso was created (2012) until the year that precedes the profound changes and ruptures that occurred in the initiative (2015). Our focus on the federal government is justified because it was responsible for creating, coordinating and articulating this action between federal bodies and also between states and municipalities.

The investigation carried out can be characterized as a qualitative single case study (Stake, 1998). We chose Brasil Carinhoso because of its uniqueness; the initiative allows for the development of in-depth and contextual analyses of the strategies and theoretical approaches of intersectorality and mainstreaming, as well as suggesting elements that are relevant when it comes to reflecting on care.

Construction of the data mainly involved documentary analysis of the normative acts that constitute Brasil Carinhoso and government plans – PBSM and Policy Plans for Women [Planos de Políticas para as Mulheres] (PNPM), which made it possible to understand elements of the policy formulation (Subirats et al., 2012).

These data were complemented by analyzing six interviews, which were carried out between 2015 and 2017 with key actors from the following ministries: 1) Ministry of Social Development and the Fight Against Hunger [Ministério do Desenvolvimento Social e Combate à Fome] (MDS) (two interviews); 2) Ministry of Education [Ministério da Educação] (MEC) (one); 3) Ministry of Health [Ministério da Saúde] (MS) (one); and 4) the Department for Women's Policies [Secretaria de Políticas para as Mulheres] (SPM) (two). At the time these sectors were responsible for national

policies on social assistance, education, health, and women, respectively. The people interviewed are identified by the ministry in which they worked, a number and the year of the interview (e.g., MDS\_1, [2015]).

Finally, the research was complemented by secondary data that had been produced in other research on the topic, such as that carried out by Cruz et al. (2020), which involved the minutes of the ordinary and extraordinary meetings of the National Councils of Social Assistance (CNAS); Health (CNS); Education (CNE); and Women's Rights (CNDM).

## Brasil Carinhoso: A description

Brasil Carinhoso was established within the scope of the PBSM (Costa et al., 2014) during the government of Dilma Rousseff (Partido dos Trabalhadores – PT) in 2012. According to MDS\_1 (2015) and MDS\_2 (2017), the diagnosis at the time stated that poverty disproportionately affects children up to 6 years old, thereby compromising their development. Debates in neuroscience about the brain organization of young children and its influence on socio-cognitive development also guided the prioritization of actions for this age group, with a particular emphasis on the children from the poorest families (MS\_1, [2015]).

In this context, Brasil Carinhoso brought together initiatives from different sectors: infant education, nutrition, health, and income transfer (Lei n. 12.722, 2012). This federal action was coordinated by the MDS, which carried out the negotiations and monitored the results, as well as linking the bodies involved by means of bilateral meetings (Cruz & Farah, 2016). Actions by the MDS, MS, and MEC were incorporated into the program's formulation, including the participation of the departments linked to these areas at the municipal level.

Ministries and institutions representing the municipalities entered into various agreements when formulating Brasil Carinhoso. Existing actions were integrated, while others were created that were universal and focused (MDS\_2, [2017]), especially those that could begin immediately (MS\_1, [2016]).

Such was the case, for example, in health with an expansion of the supply of vitamin A, ferrous sulfate and asthma medication, in addition to the inclusion of the distribution of NutriSUS to prevent and control nutritional deficiencies. The School Health Program [Programa Saúde na Escola] (PSE) was also expanded to serve the needs of children in infant education, considering particularly those schools that had a large number of students in the Family Allowance Program [Programa Bolsa Família] (PBF) (MDS\_1, [2015]).

Income transfers led to the reformulation of the PBF to guarantee that families with children up to 6 years old received at least BRL 70.00 *per capita*. The benefit varied according to the severity of the poverty in the families (Costa et al., 2014).

In education, Brasil Carinhoso incorporated the daycare policy into the federal agenda for tackling poverty and reducing inequalities in supply (Silveira & Pereira, 2015) from the perspective of comprehensive action and the law, thereby combining both the care and education perspectives. The idea was to expand access to infant education for children from 0 to 48 months old (4 years) by way of three strategies.

The first of these involved advancing transfers from the Fundo de Manutenção e Desenvolvimento da Educação Básica e de Valorização dos Profissionais da Educação [Fund for the Maintenance and Development of Basic Education and Valuing Education Professionals] (Fundeb)

to help in setting up new infant education classes. This made it possible to speed up the transfer from Fundeb without municipalities having to wait for the consolidation of data from the School Census, which could delay the transfer of funds for as much as two years.

The second strategy was to provide additional financial support for new places for children who were linked to the PBF and who attended the municipal school system itself or an affiliated system, using a reference value of 50% of the Fundeb funding as a basis. With this the MDS transferred this supplementary amount for each place occupied by children who benefited from the PBF (Resolução n. 1 SEB/MEC, 2014). This allowed municipalities to purchase diapers, food and toys for daycare centers. The reference value was changed when Brasil Carinhoso started.

The third strategy was to increase the *per capita* value of the transfer made by the National School Meals Program [Programa Nacional de Alimentação Escolar] (Pnae), with funding from MEC, which allowed financial support and the updating of the Pnae.

In summary, Brasil Carinhoso was an initiative that focused on care in early childhood, with a view to meeting the basic needs of very young children and aiding child development.

## An analysis of Brasil Carinhoso: Intersectorality and mainstreaming

### Intersectorality

Intersectorality, as previously dealt with, involves the integration of different sectors so that they jointly solve complex, multi-cause problems. In relation to this approach, the program innovated by creating a new arrangement for funding Brasil Carinhoso, which involved three ministries. While health actions were funded by the MS itself, the MDS supported the PBF's actions and provided additional financial support for new daycare places for PBF children. This allowed the resource to be used flexibly to meet the needs of children who were not provided for by Fundeb. Advancing transfers from Fundeb for new places/classes and increasing the *per capita* value of the Pnae for infant education were paid for by MEC.

*. . . this resource from the MDS is associated with poverty and with Brazil Without Poverty, so it's a strategy for combatting poverty . . . there's other support from MEC, which is new for enrollments and new classes in the public school system and the affiliated system, regardless of whether it comes from Bolsa [PBF], and regardless of whether it's from birth to three [years old], they receive it [from MEC] . . . the funds [financial support from the MDS] are used differently from Fundeb funds. They can be used to buy food, which is something that Fundeb funds can't be used for. They can buy infant education materials and at the same time they can be used to pay staff and teachers and to pay for skills training. (MEC\_1, [2016]).*

The infant education policy, which used resources from the MDS and MEC, and which was managed by MEC, led to an expansion in the number of places available in daycare centers after municipalities joined Brasil Carinhoso. There was, therefore, a federal inducement to expand places in daycare centers, with a focus on the poorest young children (Costa et al., 2014). But there was also an action to speed up the transfer of resources to the new places that had been created, in addition to enabling the use of funds for activities that were not permitted by Fundeb.

In the articulation between different sectors for Brasil Carinhoso, conflicts emerged that were partly from conceptions about the content of the social policies involved. One of the points that generated clashes was the tension between "focus and universalization". The focus on education

led to debate between the MDS and MEC, which resulted in impasses that are still to be resolved: “When it came to this focus thing, education didn’t like it very much. But we managed to do a little... Because equality and universal are complementary. There’s no universal that people don’t access” (MDS\_2, [2017]).

Questions were also asked regarding the non-universalization of the PSE: “Because it [PSE] is not universal. The municipality has to join; the secretary of health and the secretary of education jointly adhered but not all municipalities joined” (MEC\_1, [2015]).

Difficulties in intersectoral action also involved the concept of the nature of the service to be provided. The following statement shows the dispute that occurs between different service logics as a result of this:

*The PSE is another one we didn’t have any dialogue with. We really needed to improve the dialogue because we have proposals to make. I wanted to create a health protocol for daycare centers that’s completely different from a Health Center’s health protocol . . . because our logic is that daycare centers are a healthy environment, while the logic of health [centers] is that of illness; it’s about prevention. (MEC\_1, [2015]).*

Other challenges in implementing intersectoral action occurred in the shared governance of the PBSM. A shared governance body was established to monitor the PBSM, which covered Brasil Carinhoso and comprised: a Steering Committee; an Executive Committee; and an Inter-Ministerial Monitoring Group. The following participated in at least one of them: the MDS; MEC; the MS; the Office of the President’s Chief of Staff; the Ministry of Finance [Ministério da Fazenda] (MF); the Ministry of Planning, Development and Management [Ministério do Planejamento, Desenvolvimento e Gestão] (MPOG); Agrarian Development; and others (Falcão & Costa, 2014).

In addition to not counting on the participation of the SPM, these governance structures did not focus on Brasil Carinhoso and even the link between this initiative and the PBSM was not sufficiently clear when it was implemented. As MDS\_2 (2015) observes: “the Brasil Carinhoso initiative comes within the scope of Brazil without Poverty, but runs in parallel with it . . . , it’s not a part of Brazil without Poverty”. The interviewee from the MS saw room for negotiation in the PBSM, but this too did not focus on Brasil Carinhoso:

*We have a space in the management of the Family Allowance in which periodically the Ministry of Health and MEC get together with the MDS to give an account of what’s been going on . . . not just for Brasil Carinhoso, but for Brazil Without Poverty in the monitoring process. (MS\_1, [2015]).*

This is why Brasil Carinhoso did not have a formal space for permanent intersector negotiation with the areas involved in the federal government and for listening to the municipalities; those bodies that focused on PBSM did not actually take over this activity.

The formulation of Brasil Carinhoso was also only discussed in a meeting in the CNAS (MDS\_1, [2017]), and not in other councils (education, health or women). This was corroborated in the analysis by Cruz et al. (2020) of 342 meeting minutes of the four councils (CNAS, CNE, CNS and CNDM) from 2012 to 2015. According to the authors, the term Brasil Carinhoso is mentioned in only 13 of these minutes. The CNAS was the council that mentioned this federal action most (ten times), with just two mentions in the CNS, one in the CNDM, and none in the CNE. So the Executive’s coordination in the formulation occurred without the actual participation of those councils that focused on the areas involved in Brasil Carinhoso; the actions and deliberations of each were restricted to their own sectors of activity.

In summary, despite advances in the construction of this federal action, intersectorality is still a challenge: “[intersectorality] *is very fragile because it [Brasil Carinhoso] had to be associated with changes in management, with funding*” (MEC\_1, [2015]). Intersectorality occurs in different intensities in the formulation, implementation and monitoring of this federal action. Although Brasil Carinhoso was conceived as part of the PBSM in an intersectoral manner and with the participation of the MS, MEC and MDS, its implementation was largely sectoral, by way of the specific actions of each ministry. An example of this is the fact that the advance of funds from Fundeb, the monitoring of enrolments and support for school meals were implemented by the Ministry of Education, while actions linked to children’s health were introduced by the Ministry of Health.

### Gender mainstreaming

As previously discussed, in relation to policies for women gender mainstreaming implies incorporating a gender equality perspective in public policies to reorient them in such a way as to make a commitment to promoting equality between women and men. Furthermore, mainstreaming presupposes the development of institutional conditions for its implementation by creating and introducing bodies and mechanisms for managing it and for participation and social control (Marcondes & Farah, 2021).

To guarantee the institutional conditions for gender mainstreaming in Brasil Carinhoso, the SPM would need to participate in the PBSM governance strategy, which included Brasil Carinhoso, and this space would need to be structured in order to enable the different demands and perspectives of policies covered by this federal action, such as daycare centers, to be aired and discussed.

As we saw, the PBSM bodies – the National Steering Committee, the Executive Group and the Interministerial Monitoring Group – existed, but did not focus specifically on Brasil Carinhoso. Neither did the SPM have a seat in these bodies, and this is recognized by the people we interviewed from the MDS and the SPM, as shown by the testimonies of the members of these two ministries:

Interviewer: *And what about the other departments? Did Human Rights and Women participate?*

Interviewee: *Not at all. Just in the discourse.*

Interviewer: *Just in whose discourse?*

Interviewee: *The discourse of Minister Tereza. Education is very reticent on this issue. . . . The discourse was always: “Look, in addition to all this we’re still ensuring that women have free time”. That kind of care. It was very... No, it was never central. Education didn’t take responsibility for it. (MDS\_2, [2017]).*

Interviewer: *In the dialogue with the MDS did they ever have a discussion about Brasil Carinhoso or...*

Interviewee: *No. Nothing. (SPM\_1, [2017])*

*No, we didn’t take part [in formulating Brasil Carinhoso]. We always put it on the agenda . . . as far as the government was concerned it was about improving daycare conditions and increasing the number of daycare centers, but it was not actually constructed as an intersectoral policy. As these things are very difficult to do in government, we’d normally come in later or enter the debate already with the government group. We didn’t take part in actually preparing the policy. (SPM\_2, [2016]).*

We observe that the people we interviewed are categorical in stating that the SPM was not involved in the initiative, and that an approach to “women’s issues” was limited to the “discourse” of some authorities, which met with resistance in MEC. The interviewees’ discourse that is revealed in the excerpts above reproduces the demand of the feminist and women’s movements in relation to daycare centers and care policies in general, and was included in the PNPM in force during the period analyzed here.

In fact, one of the actions in the chapter in the II PNPM entitled “Autonomia Econômica e Igualdade no Mundo do Trabalho, com Inclusão Social” [Economic Autonomy and Equality in the World of Work, with Social Inclusion] provided for “building, renovating and equipping daycare centers and preschools and improving the quality of existing equipment”, as part of the priority “to promote the supply of social facilities that contribute to increasing the time available to women” (SPM, 2008, p. 48, own translation). This is, therefore, an approach to infant education policies that starts with a gender perspective. It is important to note that the PNPM was recognized by the SPM as one of the mainstream management mechanisms, a topic to which the II PNPM dedicated a chapter (“Capítulo 11 – Gestão e Monitoramento do Plano” [Managing and Monitoring the Plan]).

Since gender mainstreaming was a central strategy in the SPM’s action and the II PNPM contained specific guidelines regarding how this mainstreaming should be implemented in daycare and preschool policies, it might be expected that gender mainstreaming with regard to daycare centers and preschools would cover Brasil Carinhoso. It might also be expected that the SPM would strategically advocate the formulation and implementation of this initiative.

The little articulation with policies for women not only involved managing mainstreaming, but also participation and social control. Brasil Carinhoso was only addressed in one of the CNDM’s meeting (Cruz et al., 2020). In other words, the topic of care from a gender perspective was not even on the CNDM’s political agenda, which thus created additional challenges for guaranteeing its mainstreaming.

The “income transfer” aspect of Brasil Carinhoso assigns the role of beneficiary to women and those responsible for managing resources destined for childcare, thereby reiterating the pattern adopted by the Family Allowance program. This prioritization of women involves a tension between two contradictory movements with regard to gender equality. On the one hand, gender inequalities are reiterated based on the “naturalization of the feminization of care, while exempting men of any responsibility” (Marcondes et al., 2015, p. 259, own translation), which reinforces maternalistic familism and the stereotype of the female caregiver. In this sense, the policy does not incorporate gender mainstreaming, which would imply contributing to a reduction in gender inequalities. On the other hand, as some studies suggest, the income controlled by women has enabled them to be more independent and they have thus been able to emancipate themselves from the position of subordination vis-à-vis the male provider, which has an impact on their self-esteem and their recognition as subjects with rights, who can not only “speak” but can also “decide” (Farah, 1994; Rego & Pinzani, 2013; Marcondes et al., 2015; Corrêa, 2021).

It is especially in relation to Brasil Carinhoso’s actions aimed at education, however, that the possibility of implementing gender mainstreaming is most prominently projected. This is because one of the demands of the feminist and women’s movements that was incorporated into the PNPMs, under the coordination of the SPM, was precisely the expansion of daycare policies (and infant education in general) in order to contribute to women’s economic autonomy and

equality in the world of work (SPM, 2004, 2008, 2013). In other words, this was looking at care and education policies from the viewpoint of those who provide unpaid care, who are mainly women in their role as mothers, grandmothers or sisters.

The conception of daycare centers from a gender perspective is especially explicit in the policy for women as from the II PNPM, which stated as one of its priorities: “Promoting the provision of social facilities that contribute to increasing the time available to women” (SPM, 2008, p. 48, own translation). These social facilities include daycare centers and preschools, which have the potential to help free up time for caregivers (women) by making the state jointly responsible for care. Women would, therefore, have time to enter the job market, study or even have time for leisure and self-care.

This was also evident in the PNPM (2013-2015), in which one of the lines of action provided for: “expanding the supply of public facilities and policies that favor an increase in the time available to women, thus promoting their autonomy, including their insertion in the job market” (SPM, 2013, p. 17, own translation).

Brasil Carinhoso, therefore, projected a possibility of reducing gender inequality in the world of work and promoting women’s economic autonomy, thus highlighting the beneficiaries of the PBF. This concept, however, is not evident when the initiative is analyzed. This is because women are not assumed to be beneficiaries of the policy in an autonomous way, that is, as an end in itself. On the contrary, they are included as what we might call instrumental or functional subjects: they benefit as a means of achieving the aim of the policy (addressing poverty in early childhood). This is what Farah (2004) calls the functionalization of women and what Carlotto and Mariano (2012) call the instrumentalization of women within families. Women are not seen as subjects with rights, but as instruments of child development, appearing only as those responsible for allocating resources in favor of children and managing conditions.

Even though women may benefit from the income transfer and the expansion of daycare centers promoted by Brasil Carinhoso, these measures are not devised from the point of view of their needs. This is, therefore, a contradictory effect to that of gender mainstreaming. While actions such as Brasil Carinhoso contribute to greater autonomy for women, by not recognizing them as the legitimate beneficiaries of specific actions, traditional gender roles become functional to guarantee the effectiveness of the program (Molyneux, 2006). Fundamental measures for guaranteeing that the sexual division of labor is eliminated and that women gain their economic autonomy are not assumed as objectives to be pursued by the initiative, such as extending the customary daycare and pre-school attendance hours and complementing the hours these services are available in order to meet the demand for care at night, at weekends and on public holidays, when many of the women who care for and support children work.

During the period the program was functioning (2012 to 2015), there was a large increase in enrollment, with 1,946,559 children from 5,419 municipalities (97%) being served. Enrollments of children as a result of the Brasil Carinhoso initiative represent 10%, 17%, 20%, and 21% of all enrollments between 2012 and 2015 respectively, based on the country’s School Census. Fundeb’s supplementary 50% support for including PBF children in daycare centers achieved significant results that even exceeded the expectations of the MDS itself (2016). Silveira and Pereira (2015) also highlight the fact that the transfer of funds contributed to expanding the number of places available in daycare centers.

There were, however, differences in the hours the services were available (partial and full-time). Of the 1,946,559 children who were helped, 1,203,319 attended for a full day (62%), while 743,240 only attended for part of the day (38%). There is also a large variation in Brasil Carinhoso's service between states; in Ceará in 2015, for example, only 13% of the places were full-time, while in São Paulo this figure was 60%. Part-time places represent a setback for women's economic autonomy, "compromising the possibilities of entering the job market in formal and well-paid positions, whose full-time working hours are incompatible with the State only assuming partial responsibility for care" (Marcondes et al., 2015, p. 260, own translation).

In 2022, even though the program had ended, the Statistical Synopsis indicates that 57% of enrollments in Brazil were full-time (Inep, 2022), and were concentrated in 12 states (all the states in the South; all those in the Southeast, except Espírito Santo; and all those in the Central West, with the exception of Mato Grosso; Roraima, Paraíba, and Bahia). The state with the lowest availability of full-time places was Rio Grande do Norte with just 5%.

The rate of schooling is also unequal between states. According to the Continuous National Household Sample Survey [Pesquisa Nacional por Amostra de Domicílios Contínua] (Pnad Contínua) – Education 2022, the daycare enrollment rate in Brazil was 36% and has remained stable since 2019; in children aged 4 to 5 years, the rate was 91.5% in 2022 and 92.7% in 2019. When the data are analyzed by age group: 14.5% were in daycare for children aged from 0 to 1 year old; 54.4% were in daycare for children aged from 2 to 3 years old; and 91.5% were in pre-school. The highest rate of schooling in daycare of children from 0 to 1 year old was in the South region (24.6%) and the lowest in the North (3.4%). In pre-school, the highest rate was in the Northeast (93.6%), and the lowest in the North (82.8%). Even though the Pnad identified that a proportion of fathers, mothers or guardians chose not to send very young children to daycare centers, there is still a lack of places, or schools do not accept children because of their age. The length of the school day and the age group served are relevant when considering equality in the world of work and the economic autonomy of women, especially the poorest. This situation shows the challenge of meeting Goal 1 of the National Education Plan [Plano Nacional de Educação] (2014-2024).

These contradictory effects of an initiative that was not designed with gender mainstreaming in mind, but which can have positive results in relation to women, are evident in the analysis of two of the important measures: the expansion of access to daycare; and the possibility of municipalities using Brasil Carinhoso funds to guarantee food and nutritional security and to purchase diapers and other needs not provided for in Fundeb (Resolução n. 1 SEB/MEC, 2014). These initiatives help improve care conditions and indirectly benefit those who provide care (women). This is, however, a positive externality and not an objective explicitly assumed when the initiative was conceived: that is, committing it to ensuring gender equality, as advocated by mainstreaming.

We found no evidence, therefore, that gender mainstreaming has been explicitly incorporated into this federal government initiative. Women were not included as beneficiaries of the initiative, which focused exclusively on children, and not on the care relationship as a whole. This does not mean, however, that Brasil Carinhoso may not have contributed to improving women's living conditions, as we have shown. It is not possible to demonstrate in our analysis, however, that an integrated approach was adopted to the needs (education and childcare in the early years of life) of those who are cared for and those who provide the care (mainly women).

## Discussion of the results and final considerations

The purpose of this work was to reflect on intersectorality and gender mainstreaming in Brasil Carinhoso by highlighting discussions about care to achieve this purpose. We identified that this initiative adopted an intersectoral approach to early childhood in its formulation and that it included articulation of health, education, social assistance and nutrition actions with particular attention to tackling poverty. This look at the care needs of young children values complexity and multidimensionality and its implementation helped expand access to daycare, especially for the poorest children.

New organizational arrangements were created and innovation was achieved with the joint financing of the daycare policy, pointing to an integration between sectors primarily when formulating the policy (Cunill-Grau, 2016): MEC, MS, and MDS. Progress was made in terms of monitoring actions by way of meetings between those involved, which encouraged the creation of a culture of dialogue. In implementation, however, a sectoral logic prevailed and the difficulties that emerged in activities in which there is a degree of intersectorality were not faced up to.

We found no evidence of gender mainstreaming in our analysis. The SPM did not participate in the coordination bodies of Brasil Carinhoso and the program was little discussed in the CNDM. Neither did we identify the inclusion of gender equality as a value assumption of the initiative, nor as an objective to be pursued when Brasil Carinhoso was being conceived. Although this initiative may have the concrete effect of improving women's lives as a positive externality because they are the ones who care most for very young children, attention to them as carers was not an explicit objective of the policy. An integrated approach to those who care and those who are cared for was not adopted, which is a core element of gender mainstreaming in care policies.

Brasil Carinhoso did not incorporate what was provided for in the PNPMs, whose purpose was to "mainstream" gender in education and care policies, such as daycare centers and pre-school. The plans advocated that caring and educating should also meet the needs of those who provide the care, thus enabling time to be freed up, including for moving into the job market.

Our discussion of the results is based on the above summary. There are currently many gaps, overlaps and asymmetries in the development of the theories and practices of intersectorality and gender mainstreaming in public policy. Analysis of care policies, such as initiatives like Brasil Carinhoso, can contribute toward supporting theoretical reflections, but also practical actions that involve intersectorality and gender mainstreaming.

The results of our analysis of intersectorality and gender mainstreaming in Brasil Carinhoso show that there are common denominators between the two approaches. Both are associated with recognition of the complexity of public problems and emphasize multidimensionality and the need for articulation and the integration of the actions of different sectors. Implementing these strategies, and in the case of gender mainstreaming, this objective, adds new complexity to the public policy process and the management of those policies that seek to incorporate them.

It is possible, however, for the same policy to adopt intersectorality as a reference without necessarily incorporating gender mainstreaming, as we observed in Brasil Carinhoso. We argue that intersectorality and gender mainstreaming are not synonymous and that the existence of one approach does not imply that the other will occur. Furthermore, providing for one of them when conceiving a policy does not result in its implementation, and the public policy process as a whole must be considered when analyzing it, as we pointed out when identifying the presence of

intersectorality in the formulation of Brasil Carinhoso, and the prevalence of sectoral actions in its implementation.

It is important to reflect on the results of this analysis in light of the current reality. In 2023, the first year of the third Lula administration in federal government, a National Department for Care and Family Policies<sup>4</sup> [Secretaria Nacional de Políticas de Cuidados e Família] (SNCF) was set up within the MDS. Its purpose is to formulate a national intersectoral care policy with attention being paid to gender, racial, ethnic, territorial and life-cycle inequalities (Decreto n. 11.392, 2023). Within the Ministry of Women [Ministério das Mulheres] (MM), a National Department for Economic Autonomy and Care [Secretaria Nacional de Autonomia Econômica e Cuidados] (Senaec) was also set up, and it too has attributes related to the preparation of the National Care Policy (Decreto n. 11.351, 2023).<sup>5</sup>

The SNCF/MDS and Senaec/MDS jointly coordinate the Interministerial Working Group (GTI-Cuidados) (Decreto n. 11.460, 2023), which was created in March 2023 and installed in May of the same year with the purpose of: diagnosing the social organization of care in Brazil, and proposing a National Care Policy and Plan. GTI-Cuidados is made up of 15 other ministries and three government entities, which have a permanent-invitation-to-participate *status* (Instituto Brasileiro de Geografia e Estatística – IBGE, Instituto de Pesquisa Econômica Aplicada – Ipea, and Fundação Oswaldo Cruz – FioCruz). The deadline for completing the work is May 2024.

This current situation is a different reality from the one we investigated during Brasil Carinhoso. This is because the intersectorality between social development and policies for women is at the heart of the design of the GTI-Cuidados strategy. Gender mainstreaming is also central to the formulation of this policy, including its intersections with other forms of inequality. The SNCF/MDS's responsibilities provide for the National Care Policy adopting intersectoral and interfederative strategies, with an emphasis on the inequalities that result from gender, race, ethnicity, territory, life-cycle or disability (Decreto n. 11.392, 2023). In relation to care policies Senaec/MM must guarantee the visibility and denaturalization of the sexual division of labor (Decreto n. 11.351, 2023).

It is in view of this new situation that we believe that one of the practical contributions of this article emerges. Based on the systematization of the Brasil Carinhoso experience and from the viewpoint of gender mainstreaming and intersectorality, we believe that the National Care Policy can benefit from the reflections in this work.

The work also makes its theoretical contribution. By reflecting on intersectorality and gender mainstreaming in public policies and based on an empirical analysis of a concrete case, we seek to support a more in-depth analysis of these concepts within the scope of public policy studies.

Our analysis has its limitations. The first is its emphasis on the federal level, which is a particularly limiting factor when analyzing the intersectorality in Brasil Carinhoso. It would also be possible to deepen the discussion on how to address the difficulties we identified, such as those seen in the joint funding of comprehensive and integrated actions and making the intersectoral strategy viable at all stages in the public policy process.

4 The name as it appears in the text was altered by Decreto n. 11.634 (2023), which added "Policies" [Políticas] to the Department's name.

5 Even though the Department adopts this name on the Ministry's official webpage, in the aforementioned decree that established and regulated its powers it is designated as Secretaria de Autonomia Econômica [Department of Economic Autonomy].

Another limiting aspect is the study's sole focus on gender mainstreaming, understood as being limited to policies for women (which does not include LGBTQIA+), and which does not include intersectionality with other relationships in which inequalities exist, such as race/color, class and ethnicity. It is especially important to reflect on care policies, since it is mainly black women who provide care in Brazil, especially those in paid domestic work.

These limitations create possibilities for future research that will enable progress to be made in developing the theoretical framework of gender mainstreaming and intersectorality, in order to not only contribute to innovative reflections in this field, but also to support public policy practices for addressing inequalities.

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### Note on authorship

Maria do Carmo Meirelles Toledo Cruz: conceptualization, investigation, methodology, formal analysis, writing – original draft, writing – review & editing. Mariana Mazzini Marcondes: conceptualization, investigation, methodology, formal analysis, writing – original draft, writing – review & editing. Marta Ferreira Santos Farah: conceptualization, methodology, formal analysis, supervision, writing – review & editing.

### Data availability statement

These research data cannot be made publicly available because the interviews used were based on voluntary informed consent, which guarantees data confidentiality. Access to any interview in its entirety could compromise participant anonymity.

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