Social Development through Civic Engagement: A Municipal-Level View from Brazil

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Chapter 1

Introduction

Social development involves improving the quality of life in a particular society. We care about social development, because freedom from poverty, access to health and education, and overall wellbeing are ends in and of themselves that societies should seek to achieve. These issues represent some of the most pressing challenges for countries and communities around the world. If economic development was the goal of the 20th century, social development may very well be the theme of the 21st century.

Since social development is something we care about, the question is, what factors lead to social development and the provision of public goods? How do societies increase educational attainment, reduce infant mortality, and improve the quality of life? By examining variation in provisions and outcomes, it may be possible to identify the causes of improvements, which have important implications for political leaders, policy makers, and advocates across the globe.

In this thesis, I approach this question by looking at Brazil, which is at a critical point with regard to social development. The country has seen dramatic improvements in health, education, and poverty reduction in the past two decades. However, with a Gini coefficient of .519, Brazil remains one of the most unequal countries in the world and faces the difficult task of extending quality health care and education services to the entire population. By examining a developing nation that has made recent and significant

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1 World Bank, 2011
improvements in social development but still has a long way to go, it is possible to draw important lessons that may be generalized to other countries facing similar challenges.

Inequality in Brazil is not simply a matter of overall income disparities. Brazil’s twenty-six states are tremendously unequal in their levels of economic and social development. Regionally, the Northeast and the Amazon are far less advanced than the Southern parts of Brazil. The reasons for this regional inequality include demographic and historical factors and uneven industrialization. Much of the variation in social development outcomes at the state level can be accounted for by GDP per capita, with the poorer states lagging behind the richer ones in literacy, infant mortality, and other indicators. Figure 1.1 shows the relationship between illiteracy and GDP per capita for twenty-five Brazilian states. A simple linear regression shows that GDP per capita accounts for almost 80% of the variation in illiteracy across states.

However, when we zoom in to the municipal level, a more puzzling picture emerges. Figure 1.2 plots illiteracy and GDP per capita for the 645 municipalities within the state of São Paulo, the richest state in Brazil. The relationship between GDP per capita and illiteracy all but disappears, such that a linear regression accounts for less than 10% of the variation. The magnitude of variation in illiteracy for municipalities with similar levels of GDP per capita is striking, especially for low-income municipalities.

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2 This scatter plot excludes one state, Distrito Federal, which is the country’s capital and an economic outlier.
3 Brazil has a total of 5,564 municipalities.
Figure 1.1. Illiteracy and Per Capita GDP, Brazilian States

(Data from the Instituto Brasileiro de Geografia e Estatística, IBGE)

Figure 1.2. Illiteracy and Per Capita GDP, São Paulo Municipalities

(IBGE)
This dramatic municipal-level variation is not limited to illiteracy. Figures 1.3 and 1.4 show the same comparison for levels of sanitation, a proxy for a variety of health outcomes, including early childhood health.\(^4\) The correlation between GDP per capita and levels of inadequate sanitation is strongly negative at the state level, but the municipal-level data for São Paulo are more problematic. Figure 1.4 shows that, regardless of levels of wealth, many of the municipalities have worse records than the poorest states in the Northeast of Brazil.

The fact that the data for municipalities are more variable than state averages is not surprising. With more data points and smaller units of analysis, more statistical noise is to be expected. However, this exercise shows that a broad level of analysis obscures a huge amount of variation that cannot easily be explained by levels of wealth. Local-level variation affords an important opportunity to study the determinants of social development as they occur on the ground. São Paulo may be the richest state in Brazil, but large segments of its population live in circumstances considerably worse than their GDP per capita would predict. Such internal disparities are troubling and call for further research. From the political scientist’s perspective, local variation offers a chance to control for variables like federal and state policy, location, and demographics in order to identify and understand community-specific characteristics and processes that can result in significantly different health and education outcomes.

Figure 1.3. Inadequate Sanitation and Per Capita GDP, Brazilian States

![Graph showing the relationship between proportion of inadequate sanitation and GDP per capita for Brazilian states.](image1)

R-squared = 0.5053

(IBGE)

Figure 1.4. Inadequate Sanitation and Per Capita GDP, São Paulo Municipalities

![Graph showing the relationship between proportion of inadequate sanitation and GDP per capita for São Paulo municipalities.](image2)

R-squared = 0.0180

(IBGE)
Therefore, given this evidence of variation in Brazil, my research question asks, why do neighboring municipalities with similar levels of GDP exhibit disparate health and education outcomes? In other words, what local-level factors influence social development and the provision of services?

My approach arises from the literature regarding the determinants of social development. Economic development and regime type are regarded as two important predictors of service provision, but variation when controlling for these factors is less well understood. Perhaps the character of incumbent parties and individual leaders could plausibly explain differences. However, it is likely that the activity of local parties and leaders is shaped by the characteristics of the community itself.

Thus, I turn to another possible explanation: civil society. For the purpose of this thesis, civil society is defined as the totality of voluntary associational organizations and activity that bring people together to advance mutual interests. Generally, civil society is regarded as separate from business and government, though civil society activity may influence these spheres. Robert Putnam and many other scholars have studied civil society extensively as a key determinant of democratic success and service provision. However, the causal mechanisms and applicability of their theories to other societies have been questioned. Brazil’s rich but uneven history of civil society mobilization, particularly during the 1970s and 1980s with the rise of neighborhood associations, labor unions, and church-based groups, makes it an intriguing country to explore the civil society hypothesis. Using case studies of two municipalities, I sought to test the effects of civil society strength on health and education service provision and to describe the causal mechanism connecting these variables through in-depth analysis and process tracing.
The cases I selected are Diadema and Mauá, two poor, urban municipalities on the periphery of São Paulo city. They are located twenty kilometers apart, and during two months of fieldwork, a crowded bus carried me from one to the other in about an hour. Stepping off the bus into the city center of either Diadema or Mauá, I was greeted by similar sights. As two of the most densely populated municipalities in São Paulo, it was no surprise that the city centers were full of activity. Mothers stood in line at social assistance offices, while campaign announcements blared for the upcoming municipal elections, in which the Worker’s Party was expected to maintain control of both cities. Short walks or additional bus trips took me to informal housing settlements, basic health clinics, preschools, and government administrative buildings, where, through observation and interviews, I developed an understanding of the dynamics of social development and service provision in both cities.

The two municipalities are highly similar in terms of party politics, levels of poverty, and demographics, but Diadema exceeds Mauá in health and education provisions. In Diadema, more children are in preschool, more families have access to primary health care, and more homes have adequate sanitation. As I discovered from attending community meetings and speaking with local residents, another major difference between the two municipalities is the strength of civil society. Compared with Mauá, Diadema’s civil society is more active and participant, characterized by a greater number of movements, organizations, meetings, and members. My goal was to understand if and how these variables of civil society strength and social service provision are connected.
Forty-seven interviews with government workers and service providers; twenty-four site visits to schools, clinics, and government agencies; as well as numerous informal conversations with community members gave me a considerable understanding of the dynamics between local government and civil society that could explain the disparate social development outcomes apparent in these two cities. This fieldwork led me to develop the argument put forth in this thesis: Civil society strength causes improvements in social development by influencing the priorities and effectiveness of local government. The causal mechanism may be roughly summarized in three steps: 1) civil society strength generates strong demands of local government for the provision of more services; 2) civil society strength enhances the effectiveness of provisions through increased participation in programs and communication with local government; and 3) over time, government responsiveness generates a cycle of higher expectations for services and a long-term commitment to social development. These processes ultimately lead municipalities with stronger civil society to have better social development outcomes.

In this thesis, I will describe the theoretical foundation for my research and argument in Chapter 2. This chapter provides a literature review of the determinants of social development and the role of civil society and outlines my central theoretical argument. In Chapter 3, I describe and defend my research design and introduce the two cases within the context of Brazilian history and trends, providing details of the key variables. The next two chapters include the results of my fieldwork and evidence for my theory. Chapter 4 describes the causal mechanism within the formative period of civil society, particularly the 1980s. I show how strong, successful civil society
movements laid the foundation for partnerships between civil society and local government through heightened expectations and open communication to address social development needs. Chapter 5 situates these early processes in the current era, from the mid-1990s to the present day. The purpose of this chapter is to show how changes at the national level in Brazil have influenced the relationship between civil society and local government and the means by which they can influence social development. Chapter 6 addresses the alternative hypotheses for social development, and Chapter 7 concludes with a summary of the contributions and implications of my thesis, its limitations, and suggestions for further research.
Chapter 2

Theoretical Framework

This chapter introduces the main argument: civil society strength causes improvements in social development by influencing the priorities and effectiveness of local government. Civil society and local government form partnerships characterized by high expectations and open communication to address social development needs. To contextualize this theory, the first section of Chapter 2 reviews the existing literature on the classic determinants of social development: wealth and provision of services, the latter of which may be determined by regime type, political parties, and/or bureaucratic insulation. However, finding these theories unsatisfying in accounting for local-level variation, I turn to the literature on civil society as it relates to social development in Section 1.3. I draw from these theories to develop my own argument in Section 2.

1. Literature Review

1.1 Wealth and Social Development

The first explanation for social development variation is the level of economic development. The “wealthier is healthier” theory, originally put forward by economists Lant Pritchett and Lawrence H. Summers, suggests that there is a causal relationship between national income growth and improvements in life expectancy and infant mortality. Their analysis finds that about 40% of cross-country variation in mortality improvements from the 1970s to the 1990s can be explained by income growth rates. The

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presumed mechanisms are three-fold. First, increases in GDP per capita lead to infrastructure improvements that have health benefits. Second, wealthier households can buy more “survival-enhancing goods and services.” And third, a rise in GDP allows the government to raise more revenue and provide more services.⁶

Data from Brazilian states support the “wealthier is healthier” hypothesis. As shown below, a basic linear regression of Infant Mortality Rates finds that the level of GDP per capita can explain almost 65% of the variation.

**Figure 2.1⁷**

![Graph showing the relationship between Infant Mortality Rate and Per Capita GDP in Brazilian States](image)

A similar argument may be made for other aspects of social development, such as literacy and sanitation, which are highly positively

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⁷ Data from the Instituto Brasileiro de Geografia e Estatística
correlated with measures of wealth across countries⁸ and among Brazilian states.⁹

Of course, the correlation between GDP growth and health and education improvements does not necessarily allow us to conclude that “wealth causes health.” There may be a case of reverse causality, in which healthier and more educated workers promote a more successful economy.¹⁰ Or, an omitted variable, such as effective leadership that promotes GDP growth and health or education improvements, may obscure the true causal relationship. Nonetheless, the relationship holds when the analysis identifies instrumental variables and uses country-fixed effects to try to control for country-specific variables like good government.¹¹ The evidence that greater wealth leads to higher literacy is much stronger than that for the reverse causal mechanism.¹² The logic of the “wealthier is healthier” (and better educated) hypothesis becomes even more convincing when we use a broader definition of “wealth” to include income inequality and poverty. Given that high levels of inequality impose barriers to accessing services for the poor and thus impede health and education attainment,¹³ the distribution as well as levels of wealth should be taken into account as important predictors of social development.

However, despite the likely causal effects of economic development on social development, the degree to which GDP per capita influences social

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⁹ See Figures 1.1 and 1.3 in Chapter 1.
¹³ McGuire, Wealth, Health, and Democracy in East Asia and Latin America: 5-6.
development and the policy implications are contested in this thesis. Pritchett and Summers recognize that “characteristics besides income clearly play a large role in determining health.” As shown in Chapter 1, this is particularly apparent when examining Brazil at the municipal level (see Figures 1.1 – 1.4.) Municipalities vary dramatically in their health and education outcomes, even when controlling for GDP per capita. Some of this variation is just statistical “noise,” but there are several other important factors at play. More interesting and less understood are these factors that help to explain the variation in social development when controlling for wealth. As shown in Figure 2.1, GDP per capita accounts for 65% of the variation in infant mortality rates, but what explains the remaining 35%? Accepting the basic logic and predictions of the “wealthier is healthier” model, I turn to the other possible explanations in the literature.

1.2. Regime Type and Social Service Provision

Besides wealth, the other main explanation for social development outcomes is the provision of social services through public policy. In this view, governments improve health and education outcomes by providing schools, basic health care, and social safety nets to improve indicators like literacy, infant mortality, and life expectancy. Among countries with similar levels of wealth and income inequality, those that enact policies specifically aimed at improving health and education are likely to see better results. So, what factors lead governments to pursue effective social service policies?

Various theories have been put forth to explain why a country may adopt public policies to promote social development. The first focuses on

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14 Pritchett and Summers, "Wealthier is Healthier."
regime type. Although authoritarian regimes arguably have more discretion in pursuing policies that advance economic development,\(^\text{15}\) democratic governments, which respond to the median voter, are widely understood to enact more social development-enhancing policies. In case studies of several East Asian and Latin American countries, McGuire finds that, regardless of economic circumstances, democracies are more likely to provide basic health care and other inexpensive social services that reduce mortality rapidly:

The expectations that encouraged the programs, the expertise and infrastructure on which the programs drew, and the propensity of poor people to use the services provided by the programs was influenced by many decades of previous democratic or semi-democratic experience.\(^\text{16}\)

Similarly, in a sweeping study, Adam Przeworski and his co-authors argue that democracies outperform dictatorships in terms of economic performance and other measures of wellbeing, including mortality rates and school enrollment.\(^\text{17}\)

On the other hand, not all democracies uniformly advance social development. The assumption that democratic governments respond to the median voter may break down for several reasons. In some settings, particularly in newly developing democracies, voters who lack information may vote according to religious, regional, or ethnic identity, rather than for


\(^{16}\) McGuire, *Wealth, Health, and Democracy in East Asia and Latin America*.

political parties or politicians that provide social services. Politicians may use state resources to reward supporters rather than to deliver public goods. Barbara Geddes suggests that a country’s long-run development interests are better served by handing political authority to a strong, professional civil service that is insulated from political considerations than by leaving it in the hands of politicians who corrupt the public administration to serve their reelection concerns. Similar reasoning has been used to explain why certain authoritarian regimes, such as China, have outperformed democracies in health and education achievement.

On balance, the evidence is convincing that democracies do a better job at providing social services. However, the aforementioned caveats suggest that examining regime type alone is insufficient to predict the levels of provision of social services. Internal disparities across time and territory in Brazil also lead us to question the determinants of social development beyond whether or not the national regime is democratic. One explanation to consider is political parties. Evelyne Huber and John D. Stephens observe that more successful social welfare regimes have tended to emerge in countries with longer episodes of democracy and in which political parties of the left, which tend to advocate for low-income groups, were sufficiently strong to come to power. They argue, “Long periods of democracy make it possible for parties representing the interests of the underprivileged to consolidate and influence policy.” Their argument is promising for the case

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of Brazil, where the electoral success of the Worker’s Party (Partido dos Trabalhadores, PT) was a necessary component in generating policies for social development, such as conditional cash transfers.  

Though Huber and Stephens primarily explain cross-national differences by relying on a longitudinal analysis, their framework may be applied to a local-level analysis to explain why social development is more advanced in municipalities governed by left-leaning political parties. I will return to the theory of political parties throughout this thesis and in Chapter 6.

In sum, this thesis attempts to explain variation at the municipal level in Brazil. Though shown to be powerful explanations for cross-national and cross-temporal variation, wealth and regime type are unsatisfactory explanations for local variation. Thus, I turn to the literature on civil society, which describes the qualities inherent in a community that may give rise to improvements in social development and the provision of social services.

1.3. Civil Society and Social Development

Alexis de Tocqueville was interested in what explained well-functioning democracies. During his trip to America in the early 19th century he famously noted the importance of the prevalence and flourishing of civil society organizations and associational life. As one of the first scholars to study the centrality of “associations that are formed in civil life” in the functioning of democratic society, Tocqueville wrote, “In democratic countries the science of association is the mother science; the progress of all


the others depends on the progress of that one.”

Tocqueville went on to argue that there is a necessary connection between associations and equality in society. Acting alone, individuals cannot participate effectively or advance their interests; rather, associations are required to create change in society. Although Tocqueville did not refer specifically to social development, if he was correct about the role of associations in pursuing equality and advancing societal interests, this would suggest that the drive to improve health and education, within a democratic context, requires such a flourishing of civil society organizations.

An opposite view of the role of civil society in advancing social development became prevalent in the 1970s. Amidst the Cold War and rising inflation and fearing a decline of Western democracies, some scholars argued civil society was dangerously “hypermobilized.” Most notably, the Trilateral Commission’s *The Crisis of Democracy* contended that the advanced industrial democracies were experiencing a “crisis of governability” stemming from the organization of multiple interests that made increasingly expensive demands of states. In his chapter on the United States, Huntington identified as challenges the simultaneous increase of government action and the decrease of government authority, in light of the increased activity of associations and interest groups in the 1960s. These groups sought increased resources from the federal government, particularly in the form of spending on social development, including education, health, and welfare benefits, which in turn led to a dramatic increase in spending, inflation, and, ultimately, a crisis

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22 Alexis de Tocqueville, "On the Use That the Americans Make of Association in Civil Life," in *Democracy in America* (1835).

of governability. Thus, Huntington saw associational life and democratic participation as leading the public to develop expectations of government that could be harmful in excess and were too high to be met. As he put it, “The vulnerability of democratic government in the United States thus comes... from the internal dynamics of democracy itself in a highly educated, mobilized, and participant society.”24 This argument builds on his less-than-sanguine view of modernization in Political Order in Changing Societies,25 a view that Guillermo O’Donnell incorporated in his famous thesis of the breakdown of democracy in South America.26 Though a champion of democratic participation, years later, O’Donnell, along with Phillippe Schmitter and Laurence Whitehead, suggested that rising demands from the public could potentially harm economic development and governability in the new democracies of Latin America.27 They argued that for new democracies to survive, unions and other civil society organizations should not overbalance government power. According to this logic, the flourishing of civil society organizations in Brazil could conceivably overburden the federal government by pressuring it to provide services that are extremely popular. In other words, local governments that respond to the demands of civil society through participatory budgeting and other forums might be doing so at the expense of prudent governance.

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However, Brazil has been largely successful in improving health and education in recent years, and these “crisis” theories were widely discredited in the late 1980s when it became apparent that democracies were not, in fact, on the brink of collapse. With this renewed confidence in the participatory element of democratic government came a reinvigoration of the “civil society argument,” put forth most famously by Robert Putnam. Building upon the theory put forth by Gabriel Almond and Sidney Verba regarding the importance of a “civic culture” for democratic institutions to flourish, Putnam’s comparative study of democratic institutions in different regions of Italy offered a direct contrast to Huntington’s argument.

Some regions of Italy, we discover, are blessed with vibrant networks and norms of civic engagement, while others are cursed with vertically structured politics, a social life of fragmentation and isolation, and a culture of distrust. These differences in civic life turn out to play a key role in explaining institutional success.

In particular, Putnam discovered that regions of Italy that are more “civic” are also “healthy, wealthy, and industrial.” Moreover, using historical analysis, quantitative data, and elite interviews, he demonstrates that a vibrant civil society does not arise from economic, democratic, and social development, but rather bolsters development by generating social capital among communities, helping to overcome problems of collective action.

Regions of Italy with a history of choral societies and other such voluntary

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30 Putnam built upon the argument that Southern Italy was impoverished because of “amoral familism,” i.e. the lack of a culture of civic engagement. See Edward C. Banfield, *The Moral Basis of a Backward Society* (New York: The Free Press, 1958).
organizations were more likely, decades and centuries later, to have higher levels of trust, which, in turn, generated more effective political institutions that were capable of delivering improved services in the areas of agriculture, housing, and health.

Making Democracy Work is a seminal book in the study of civil society and democracy. With its prominence has come criticism. Most notably, Sidney Tarrow has argued that Putnam’s use of historical analysis reconstructs the data to fit his theory, and, most centrally for my purposes, he raises doubt about whether Putnam provides convincing evidence of the causal direction of his argument. Perhaps better democratic institutions in parts of Italy are the causal factor that has enhanced social capital.\(^\text{31}\) Carles Boix and Daniel Posner add two important further challenges. They wonder whether the “peculiar nature” of the Italian regions prohibits Putnam’s argument from being broadly generalized,\(^\text{32}\) and they critique Putnam’s causal mechanism, arguing that “the microlinkages between social capital and good government... are underspecified.” Despite these criticisms, Putnam’s theory has spawned an enormous literature on the influence of civil society and social capital on the success of democracy and the provision of public goods. As this thesis will show, moreover, my findings in Brazil are largely consistent with Putnam’s theory, suggesting it indeed travels. But in order to avoid “underspecification” my methods will emphasize detailing the causal mechanisms that link civil society strength to service provision.

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Other works fruitfully suggest what some of those causal mechanisms might be. In 2000, Francis Fukuyama, who joined the view that associational life enables the success of limited government and modern democracy, defined social capital as “an instantiated informal norm that promotes cooperation between two or more individuals.”

He explains how social capital and trust reduce transaction costs in economic life, and how “civil society serves to balance the power of the state and to protect individuals from the state’s power” in political life. Fukuyama suggests that civil society is almost universally seen as a necessary condition for modern liberal democracy.

Other scholars have drawn explicit links between civil society strength and social welfare provision. In her account of public good provision in rural China, Lily Tsai finds that villages with solidary groups based on shared interests and moral obligations create informal institutions of accountability and are therefore more likely to have better local government public good provision than their neighbors without these groups.

Prerna Singh explains the unusual health and education attainment in Kerala, India using a different independent variable, “we-ness” or a sense of shared identity that generates a cohesive political identity that is more likely to demand the provision of public goods. Building on the insights of these works, I argue that civil society is inextricably related to the concepts of solidary groups and a sense of belonging in the political community.

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Finally, in her study of Northeast Brazil, Judith Tendler suggests that good government, and the social development improvements that follow, is generated from a three-way relationship between central governments, state and local governments, and civil society.36 Her findings are consistent with my research. Tendler finds, as I did, that government workers show “unusual dedication to their jobs” and carried out a lot of additional tasks voluntarily. She also argues that state and central governments play an important role in creating a sense of mission around social programs, and that civil society generates a dynamic of trust and responsibility. While Tendler’s research offers a unique and insightful explanation of “good government,” her focus is primarily at the state level and could use further refinement to understand local-level dynamics.

1.4. Conclusion

In sum, there are many ways to analyze social development and the characteristics that are most amenable to improvements in health and education. Wealth, including GDP per capita and income inequality, are hugely important in determining levels of social development. However, a crucial instrumental variable is the provision of public services, such as schools and health clinics. Even in economically developing nations, social development can be enhanced by increasing access to basic health care. Therefore, it is crucial to consider what determines service provision beyond levels of wealth. As shown, much of the literature finds that public goods provision is more likely in democracies, where leaders are accountable to the

demands of the citizenry. However, not all democracies achieve success in social development, and many countries, such as Italy, India, China, and Brazil have stark disparities in social development outcomes among their regions. As such, attempts have been made to identify the specific qualities of states and local societies that improve the provision of public goods. Political parties and bureaucratic structure are possible explanatory variables.

In examining Brazil, however, the question of civil society strength is particularly compelling. Scholars of civil society and social development have laid a solid foundation for my research, which extends these theories to Brazilian municipalities. My research seeks to bolster civil society theories by closely tracing the processes and causal mechanisms occurring at the local level in Brazil in order to better understand what factors enhance a better quality of life through social development.

2. The Argument

It is the central claim of this thesis that *civil society strength causes improvements in social development by influencing the priorities and effectiveness of local government*. The organization and extent of participation in strong civil societies has the dual effect of 1) heightening the demands of local government and 2) improving the quality of the government’s provision of services. Stated differently, civil society strength leads to *more* service provision and *better* service provision. Over time, these processes generate a cycle of the broader community’s increased expectations of local government and the local government’s emphasis on social development.

Civil society refers to the totality of voluntary associational organizations and activity that bring people together to advance mutual
interests. “Civil society strength” is characterized by high levels of participation, activity, and organization. A strong civil society is composed of a developed network of organizations with lots of members that meet frequently. Though all forms of civil society contribute to overall strength, it is important to note that the instrumental civil society organizations in my argument are those that focus on advocacy efforts or mutual community concerns. In this way, my argument differs from that of Robert Putnam, who highlights organizations like choral societies and other recreational clubs.\textsuperscript{37} Although I consider these kinds of groups a part of civil society, my evidence does not feature them as part of the causal mechanism.

Particularly in the context of a developing nation, civil society concerns often relate specifically to social development and wellbeing. Health and education, particularly the former, are issues that directly impact the quality of life in a community. When municipalities lack quality healthcare and basic education services, these concerns take precedence over others, such as environmental issues and human rights, similar to the distinction between “developmental” and “post-development” issue areas. Social development lends itself particularly well to civil society organizations because of its broad benefits. Improving health and education improves the lives of all members of the community, so these issues are attractive to civil society groups, with large and diverse membership.

\textsuperscript{37} Putnam, \textit{Making Democracy Work: Civic Traditions in Modern Italy}. 
Figure 2.2. The Effect of Civil Society Strength on Social Development

Figure 2.2 shows the steps by which civil society strength improves the provision of services and overall social development. Steps (2a) and (3a) show how civil society strength leads to higher demands on local government, causing the government to increase its provision of services. Civil society increases people’s preferences for social service provision through continued engagement with the issues and interactions with people who share similar concerns. Civil society participation helps community members overcome their collective action problem by bringing people together to make demands that would be too difficult to put forth individually. In a democracy, the strength of demands regarding social
development is a powerful electoral incentive for the local government to prioritize issues like health and education.

Steps (2b) and (3b) show the simultaneous process by which civil society strength leads to more effective provision of services through greater communication and participation in social programs and their governance. Civil society strength helps limited government resources go further, because members are likely to assist in the provision of programs through volunteerism. Additionally, civil society strength enhances communication between the public and local government, so that the government can efficiently match its resources to the community needs. Improvements in social development thus arise from partnerships between civil society and local government.

The overall improvement in services thus improves social development within the community (Step 4). With more public services, more people have access to the resources they need, and overall levels of health and education increase.

Not shown in the figure is the long-term effect of this process. Over time, civil society’s demands and government’s responsiveness generate a broader culture of heightened expectations and a lasting emphasis on social development within the government’s agenda. Civil society strength, therefore, has continuing effects on the level of social development in a community.

The implication of this theoretical argument for Brazil is that, other things being equal, the level of civil society strength within a municipality explains variation in social development. Given Brazil’s federal system of government and extensive political, fiscal, and administrative
decentralization, local governments have autonomy in determining certain aspects of health and education services for their communities. In municipalities with stronger civil society, residents will demand more of local government, leading to the prioritization of preschools, health facilities, and sanitation services. In turn, this process generates higher expectations of local government and long-term improvements in service provision. In Chapter 3, I will explain how I tested this theory using two municipal case studies with different levels of civil society strength.

Chapters 4 and 5 defend my argument and causal mechanism using evidence from the case studies within two different time periods in Brazil: the first from 1980 to 1995, which I call the “formative period” and the second from 1995 to the present, the “current era.” In the Brazilian municipal context, the magnitude of the causal effect of civil society strength on social development depends on exogenous factors, particularly the federal government’s involvement in social development. Before the mid-1990s, when the federal government’s funding and provision of services was minimal, local civil society strength had a large effect on social development outcomes. Recently, however, higher promotion of social development nationally has put municipalities on a more equal footing. Today, civil society continues to enhance social development, but the magnitude of the effect is smaller. Thus, current differences in social development outcomes are mostly due to long-term effects of civil society strength starting in the 1980s, rather than just present-day activism.
Chapter 3

Background and Research Design

In this chapter, I first provide information on aspects of Brazil’s political history, civil society, and social development that are pertinent to my study of two municipalities in São Paulo. In Section 2, I provide my research design and the choices I made regarding cases, methodology, and key variables. Section 3 introduces the two cases of Diadema and Mauá and describes the dependent and independent variables, along with several controls, used in my study.

1. The Brazilian Context

Brazil is a compelling country in which to study social development, because of its recent and rapid increases in health and education outcomes and its stunning levels of inequality. Brazil is an emerging market democracy at a newly advanced stage of economic development, one of the “BRIC” countries, along with Russia, India and China. Until recently, despite its growing economy and middle-income country status, Brazil had social development indicators of much poorer countries in sub-Saharan Africa. Its recent improvements make Brazil a laboratory in which to understand the factors that drive improvements in social development.

1.1. Political History

Brazil has only recently become a stable democracy, so it is useful to briefly outline its political history. After Independence in 1822, the country remained an empire under a monarchy until 1889. One year after the final
abolition of slavery, the military, acting with landowner support, overthrew
the Emperor and established a federal Republic. The “Old Republic,” as it
was known, was dominated by regional oligarchies that permitted elections
with only very limited contestation and participation. When Getúlio Vargas
assumed the presidency in 1930, Brazil essentially became a right-wing
authoritarian regime with centralized power and state interventions.
Democracy was restored to Brazil in 1945 with the defeat of fascism in
Europe. The regime between 1945 and 1964 has been characterized as the
“period of fragile democracy”\textsuperscript{38} or an “experiment in democracy.”\textsuperscript{39} During
this time, popular participation was practically nonexistent, but a series of
presidents were able to govern without major crises, overseeing a period of
rapid industrialization and economic development. However, in the early
1960s, amidst stagnating growth and increasing inflation, conservative
groups developed strong opposition to the new, left-leaning president, João
Goulart. Thus, democracy ended with the military coup of 1964. The military
regime would last until 1985.

During this time, repression eventually gave way to increased
participation and more frequent elections. Civil society became highly
mobilized in the 1970s and 1980s, partially in response to the military regime.
The labor movement was particularly strong, and groups associated with the
Catholic Church were prevalent. This period also saw a burgeoning of
neighborhood associations and mothers’ clubs, groups that advanced local
interests by “[forming] societies or committees to communicate demands for

urban services or infrastructure.” However, these organizations were not uniformly prominent. Civil society mobilization sprang up to greater and lesser degrees in various regions and specific cities.

In 1985, the military was defeated in the presidential elections, and democracy was established, continuing to this day. As democracy has deepened, Brazil has seen a rise in participatory institutions, a trend referred to as the “institutionalization of civil society.” Among these institutions are a variety of municipal councils, which allow the community to discuss and approve local policies and plans. The first such councils were health councils, which began with the implementation of the Unified Health System (Sistema Único de Saúde, SUS) in 1988. This program guarantees the right of the community to participate in its governance. As such, the system mandated that health councils be composed of members from the community (50%), government workers (25%), and service providers (25%). After health councils were established, the federal government began to mandate other types of councils, including education councils and nutrition councils, to increase community participation in a variety of areas. However, as I will show, not all municipalities have successfully implemented or utilized these councils.

Another important component of Brazil’s political history is the rise of the Worker’s Party (Partido dos Trabalhadores, PT), which arose from civil society movements in the early 1980s. Brazilian President Dilma Rousseff and her predecessor Luiz Inácio Lula da Silva are both members of the PT, which

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is known for its left-leaning politics. Generally, in political science, civil society refers to organizations and associations that exist outside the political and economic spheres. In Brazil, civil society is often difficult to separate from political society, especially because the PT arose out of civil society movements. I will explore this relationship throughout the thesis.

1.2. Social Development in Brazil

Brazil was extremely backward in providing education until the 1980s. In 1988, the Brazilian Constitution declared universal free primary and secondary education as a right of all citizens and required that twenty-five percent of state and municipal income and eighteen percent of federal income be spent on education. For many years, however, this was an unfunded mandate. Even if in compliance with the constitution, very poor municipalities had very few resources with which to hire qualified teachers.

In 1996, the Fund for Maintenance and Development of the Fundamental Education and Valorization of Teaching (Fundo para Manutenção e Desenvolvimento do Ensino Fundamental e Valorização do Magistério, FUNDEF) was established via congressional action to collect taxes from states and municipalities and redistribute them within each state for educational funding.

So, after a long history of high dropout rates and low school attendance, by the start of the 21st century, all regions of Brazil had primary school attendance rates of over 90%. Today, the state governments mostly run primary and secondary schools. However, early childhood education, which is one focus of this thesis, is not mandated by the federal government and is run entirely by the municipalities. Only as recently as 2012 has the federal
government started to promote early childhood education and preschools. The age at which Brazilians are required to start school has been lowered to four. Public crèches and preschools may begin to see more federal funding, since President Dilma Rousseff announced the *Brasil Carinhoso* program in June of 2012, which promotes policies to enhance early childhood development.

In the area of health, Brazilian policy has become more and more decentralized. The 1988 Constitution enshrined the right to free and universal health care, establishing the SUS to provide federal funding for local health systems. As mentioned, one of the interesting tenets of the SUS was the requirement to create local health councils, which would allow for popular participation in municipal decisions about health provision. By 2000, over 90% of the municipalities in Brazil were incorporated into the SUS. By a decentralizing process known as “municipalization,” municipalities today are in charge of all clinics, hospitals, and medical personnel. They are also responsible for the Family Health Program (*Programa Saúde da Família*, PSF), which originated in 1991. This program involves health agents that conduct routine checkups with families in a municipality and provide basic preventative care and referrals to doctors and specialists. The PSF is expanding throughout Brazil, although the level of coverage of families varies significantly between municipalities.

Funding for the SUS has been problematic, but the delivery of health care has greatly improved overall in terms of prenatal care, AIDS treatment, dental care and more. Infant mortality has greatly declined and life expectancy has increased. Yet, although health and education have both improved significantly since democratic consolidation, they have not
improved everywhere, or at least not at the same pace. The decentralized, federal structure of the Brazilian state, and the decentralization to the municipal level of early childhood education and health care, offers a structural explanation for differences at the local level. Marcus Andre Melo and Paulo Renato Souza both viewed decentralization as a positive trend. Writing in the late 1990s, Souza, for example, anticipated that shifting control of primary education to municipalities would "draw governments and communities into a more active role in ensuring the quality of primary schools while freeing state authorities to give greater attention to the expansion of secondary school facilities."³⁴² Sônia Draibe, too, attributed improvements in education in Brazil to the funding and resources supplied through FUNDEF.³⁴³ On the other hand, in the area of health care, Maria Arretche’s work suggests that the decentralization of its provision contributed to unevenness in health care outcomes under the SUS.³⁴⁴ The autonomy granted to states and municipalities to make education and health policy decisions suggests that variation between localities could depend on the political actors in power.

So far, I have summarized the political history of Brazil and the national social development landscape. This background is important to keep

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in mind as I zoom in to the municipal level for my research design and case studies.

2. Research Design

The purpose of my research is to understand why neighboring municipalities have disparate social development outcomes. In particular, how does civil society impact health and education provisions? To answer these questions, I examined two similar municipalities with different levels of civil society strength and social development outcomes. The primary contribution of my research is through process tracing. After providing preliminary evidence of a correlation between civil society strength and improvements in health and education, I focused on detailing the causal mechanism that connects these variables.

I chose to conduct my fieldwork at the level of municipalities for three reasons. First, it is possible to gain a more coherent and thorough understanding of civil society by studying a municipality rather than a state or country. Although civil society networks may expand across spaces larger than cities, they are much less densely connected and more varied. Civil society in the state of São Paulo would be very difficult to understand beyond a superficial level from a summer of fieldwork due to its sheer size and the multiplicity of civil society organizations. Also, as shown in Chapter 1, much of the variation in state-level outcomes can be explained by GDP per capita, whereas municipal outcomes are more likely to be explained by civil society strength. Second, municipalities are sufficiently large and autonomous that their social development outcomes can be measured and understood separately. Alternatively, if I were to study neighborhoods within a
municipality, it would be very difficult to identify how civil society impacts outcomes, because of the inevitable overlapping of people and organizations in different neighborhoods. Also, the Brazilian government has made available a large amount of data at the municipal level, especially for social development outcomes, but this cannot be identified at smaller levels. Third, Brazilian municipalities are sufficiently numerous that it is possible to select case studies that control for a number of variables in order to identify the influence of civil society on social development outcomes. With state- or country-level data, it is much more difficult to control for confounding variables.

The second important decision I made with regard to my research design was to focus on two municipalities. The first reason was that spending a summer in two municipalities gave me a nuanced understanding of the local contexts. I was able to conduct forty-seven one-on-one interviews of thirty minutes or longer with key individuals in the local government, service providers, and community members. Having the time to dedicate to just two municipalities was crucial for me to earn trust within the community and build a network of interviewees. By the end of the summer, I had access to government buildings, schools, and health facilities in which I was not initially welcome. Had I spread my time over more municipalities, I probably would not have gotten as many interviews with important government workers and civil society leaders.

Favoring depth of research over breadth of cases allowed me to do process tracing. As shown in Chapter 2, previous studies of civil society in Brazil have not always provided a satisfying analysis of the causal paths of civil society influence. One of the main critiques of Putnam’s work in Italy
was the underspecification of the intermediate variables. I sought to address this gap by tracing out a very clear causal mechanism, which required an in-depth approach to my research. As Gerring points out,

> Causal arguments depend not only on measuring causal effects, but also on the identification of a causal mechanism. X must be connected with Y in a plausible fashion; otherwise, it is unclear whether a pattern of covariation is truly causal in nature, or what the causal interaction might be.\(^45\)

Thus, my causal theory requires an explicit explanation of the mechanisms. Gerring argues, “Tracing causal mechanisms is about cultivating sensitivity to a local context. Often, these local contexts are essential to cross-case testing.” Focusing on two cases allowed for me to do just that.

Measuring my independent variable, civil society strength also required me to focus on a small number of municipalities. Civil society is difficult to measure, so a good deal of my fieldwork was spent identifying evidence of civil society strength in the two municipalities. No reliable data exist on the organization of civil society in Brazil. The Instituto Brasileiro de Geografia e Estatística (IBGE) makes publicly available online information at the macro-regional level about the number of people who self-report as participating in voluntary organizations, but such a broad and shallow definition of civil society, at such a high level of aggregation (data are not available at the state level, much less the municipal level), proved to be inadequate for my purposes. At the municipal level, there have been attempts to quantify the number of NGOs, but for my definition of civil society, the

number of nonprofits is not a particularly useful proxy for civil society organization. This figure does not give a sense of participation, influence or connectedness of civil society, all aspects which I deem important to overall strength or vibrancy of civil society. One of the contributions of my research, therefore, is providing a detailed picture of what civil society strength looks like at the municipal level.

Given my emphasis on process tracing, perhaps I could have just researched one municipality instead of two. However, the matched-pair analysis was very important for me to understand the role of civil society by means of comparison. I was able to control for a number of important variables and use Mill’s Method of Difference to provide preliminary evidence of causation, since the municipalities are similar on almost all variables except for civil society strength and social development indicators. Additionally, even though my number of cases was only two, the number of observations was larger, since I examined multiple measures of social development over time.

Of course, additional municipalities could have provided stronger evidence of causation. The findings of my research are harder to generalize because of my focus on just two cases. I address the limitations of my research design and opportunities to expand this study in Chapter 7. Overall, however, this methodology was the best use of my resources.

A final decision I made was with respect to the independent and dependent variables of my research design. “Civil society strength” is a broad term. So for the purposes of my research, I looked for evidence of successful civil society movements, the amount of participation in civil society organizations, and the frequency of activity of these organizations.
For the dependent variable, social development, I mainly focused on the provision of public services rather than health and education outcomes, although I examine the latter as well. Having access to quality health and education is a crucial aspect of social development that leads to improvements in a variety of other indicators, so provision of resources is a good proxy for social development improvements more generally.

I also emphasized early childhood health and education as the dependent variable of interest. As mentioned in Section 1, these areas come under the purview of municipal governments, so they are appropriate choices with which to analyze variation. Additionally, early childhood development is particularly important because of its impact on future health and wellbeing. Improved early childhood health and education may help to break the cycle of poverty by leveling the playing field and setting children on the course for a successful future life. I chose not to focus on poverty reduction because it is particularly sensitive to macroeconomic trends, and instead controlled for poverty in my analysis.

2.1 Evidence of Causation and Case Selection

I used Mill’s Method of Difference to provide preliminary evidence that civil society may cause improved health and education outcomes. This method suggests that if levels of social service provision are different in two communities that are otherwise entirely similar except for one circumstance, that circumstance caused the outcome. This method has been criticized because it does not account for the possibility of omitted variables or reverse causality. Nevertheless, it is a useful tool to establish correlation between variables. To test the hypothesis that civil society strength leads to improved
health and education service provision I selected two municipalities with different values of the independent variable, holding as many other variables constant as possible. Then, I measured the dependent variable to see if the outcomes were significantly different.

The variables I sought to hold constant were wealth, political party in power, location, and demographics. Holding location constant served as a proxy for a number of other important variables such as state-level programs and ethnic demographics. The more the municipalities look like each other and are located near one other, the fewer confounding variables can affect what might appear to be changes caused by civil society differences.

In selecting cases, I looked for similar municipalities with different levels of civil society strength. It was important to select my cases based on variation in the independent variable rather than the dependent variable to avoid problems of subjectivity. If I had chosen to select similar municipalities with different social development outcomes and then tried to determine if this was caused by differences in civil society, I would run this risk of focusing on aspects of civil society that proved my hypothesis, particularly because civil society is much more difficult to measure and quantify. For a more rigorous study, I needed to start with variation on the independent variable and see if there was a difference in measures of health and education.

The difficulty of the selection process lay in the nature of my independent variable. As mentioned, there is a lack of comprehensive data on civil society in Brazil, especially when compared with the vast data on development outcomes. Thus, I relied on anecdotal evidence and previous research in specific municipalities to select ones with different levels of civil
society strength. I first identified three sets of municipalities in different regions of the state of São Paulo, for a total of seventeen municipalities. Each set held approximately constant the variables of wealth, incumbent political party, location, and demographics, and had some evidence of variation on the independent variable. From this starting point, I selected my cases based on feasibility of research and by confirming variation in civil society based on site visits. Building on the work of Patrick Heller and Gianpaolo Baiocchi, who conducted matched-pairs analyses of cities in several countries, including Brazil, to investigate the effectiveness of participatory budgeting, I provisionally selected from the original seventeen the municipalities of Diadema, which Heller and Baiocchi found to have a stronger civil society, and Mauá, which was allegedly weaker.\footnote{Gianpaolo Baiocchi, Patrick Heller, and Marcelo K. Silva, *Bootstrapping Democracy: Transforming Local Governance and Civil Society in Brazil* (Stanford: Stanford University Press, 2011).} The first part of my fieldwork was dedicated to determining if variation indeed existed on the independent variable in these municipalities. Once the variation was established, I was able to find data on the dependent variable through public data and personal interviews. Observing differences in health and early childhood education outcomes and services provided evidence of a possible causal relationship.

### 2.2 Fieldwork and the Search for Causal Mechanisms

Providing evidence for possible causation relied on careful case selection and identification of variation, holding as many circumstances constant as possible. The majority of this work occurred before having conducted any interviews in the two cities, freeing my time in the field to be used primarily for the second goal: to describe the causal mechanisms by
which civil society influences health and education service provision. By identifying causal mechanisms in these two cities, I hoped to generate a broader theory about the role of civil society in health and education outcomes. Additionally, my fieldwork aimed to contribute to a better understanding of what a vibrant civil society looks like, with more depth and accuracy than existing data in Brazil provide.

My fieldwork methods involved a combination of interviews and site visits. I aimed to interview three types of people: community members, particularly parents; people representing the municipal governments; and health and education service providers. Speaking to community members gave me a sense of civil society engagement of average citizens and helped me to understand how parents address early childhood health and education concerns. Interviewing government workers was crucial, because they were able to provide the most information about social development outcomes and the role of government versus civil society. Service providers were also able to provide detailed information about health and education outcomes and particularly how challenges were being addressed. I also visited schools, health clinics, and other locations to gain a thorough understanding of the status of service provision.

My methods required spending approximately equal amounts of time in both municipalities to generate a meaningful comparison. I sought to interview people in similar positions with similar kinds of knowledge in both cities. This balance allowed me to determine what was unique about social development in the municipality with higher levels of civil society strength.
Overall, I conducted forty-seven interviews of thirty minutes or longer: twenty-three in Diadema and twenty-four in Mauá. Beyond these formal interviews, I had informal conversations about my research topic or conducted mini-interviews with many parents and residents in Diadema and in Mauá. These dialogues contributed to my familiarity and more nuanced understanding of the two cities.

In the next section, I will introduce Diadema and Mauá, presenting their similarities as well as their differences in civil society strength and health and education outcomes.

3. The Cases

Figure 3.1. The “ABC” Region of São Paulo

Approximately half of these were audio recorded. In instances when it was not feasible to use an audio recorder, I made written notes during or after the interview. All interviews were conducted in Portuguese and translated by myself with the assistance of a student translator. All interviews were conducted in confidentiality, and the names of the interviewees are withheld by mutual agreement.

Source: Mauá News. This map zooms in on the “ABC” region within the state of São Paulo. The city of São Paulo is adjacent to this region, located directly to the Northwest.
3.1 Introduction

Within walking distance from the large bus terminal at Diadema’s city center you will find a modern shopping mall next to Praça da Moça park. A couple blocks down Avenida Esquivel are the hospital Quarteirão and several administrative buildings of the municipal government. Between these landmarks lie countless eateries and small clothing shops, all bustling with people. It is easy to see that Diadema has one of the highest population densities in the state of São Paulo.\textsuperscript{49} A short distance from the city center you will find more residential areas, with homes varying from modest single-family houses to the more common brick and tin-roof structures. The government of Diadema is quick to clarify that these are not slums, known as favelas, and that the municipality has 100\% formal housing, however difficult the distinction may be to observe. The city is active and busy, perhaps decorated with tissue paper flags for Festa Junina.\textsuperscript{50} You might see a community health agent, wearing the trademark blue vest, knocking at the door of one of these homes for a monthly check-in. In the park, amidst the crowd of grandmothers and families, volunteers for an after-school program watch over children playing in matching t-shirts. If you are in Diadema around election time, you will almost certainly hear the loudspeakers of a mayoral candidate’s car in the streets, followed by supporters waving signs and dancing to a campaign jingle:

It was here in this city / That I chose to live and work, / And it was a pleasure to see / That the city was ahead. / It is prettier and cleaner, / That we recognize. / Because of this we don’t forget / What Mário did

\textsuperscript{49} According to IBGE, the population density per km\textsuperscript{2} is 12.5 thousand in Diadema.
\textsuperscript{50} Festa Junina is a popular Brazilian holiday, celebrating the nativity of Saint John the Baptist.
for us. / Mário Reali is my mayor / For Diadema to continue. / I want him around. / I will be certain / Without fear of mistake. / There are health clinics, / There are more nursery schools, / And better education. / There are uniforms, there are meals, / There’s more security and better housing. / With Mário that’s certain, / And it will continue to improve. / With help from Lula and Dilma, / We will gain a lot more.\footnote{Foi aqui nessa cidade / Que escolhi viver e trabalhar, / E dá gosto de ver / O quanto ela foi pra frente. / Tá mais bonita e arrumada / E isso a gente reconhece. / E é por isso que a gente não esquece / O que Mário fez pela gente. / Mário Reali é o meu prefeito / pra Diadema não parar. / Eu quero ele por perto. / Eu vou ficar com o certo / Sem medo de errar. / Tem UBS e tem UPA, / Tem mais creches, / E melhor educação / Tem uniforme, tem merenda, / Tem mais segurança e melhor habitação / Com Mário está dando certo / E vai continuar a melhorar / Com apoio do Lula e da Dilma, / Muito mais a gente vai ganhar.}

The bus ride from Diadema to Mauá takes about an hour, and, stepping out of the station, the city seems very similar to Diadema. Campaign announcements blare in the main square, and larger-than-life posters of the two main candidates plaster every building. There is a large shopping mall close by, although you can purchase cheaper clothing and food from the vendors outside the main complex. In the distance you see colorful housing settlements crowded on the hillside. The newly renovated building for the Department of Education (Secretaria de Educação de Mauá) stands several stories high directly beside the station, looking rather out of place in its size and modernity. Across the street, an old Catholic church is flanked by a government social services office and a small karate school. Mauá has the same number of people as Diadema but twice the amount of space. As such, you will probably find it easier to take a quick bus than to walk to visit the hospital or the municipal government buildings. You are likely to pass by a Unidade Básica de Saúde (UBS) or a Unidade de Pronto Atendimento (UPA), the
regular and emergency health clinics, respectively. They look almost identical to the ones in Diadema and are also filled with people.

3.2 Control Variables

The similarities between Diadema and Mauá extend beyond these visible resemblances. Two of 5,564 municipalities in Brazil, both are located on the periphery of São Paulo city in the “ABC” Region, which is named after its three largest municipalities, Santo André, São Bernardo do Campo, and São Caetano do Sul, known for their industry and manufacturing. The labor union movement is vibrant in this region, and it is the birthplace of the Workers’s Party.

Diadema and Mauá are among the smaller municipalities of this region, although they are both very densely populated. The municipalities became separate entities in the 1950s. Before this time, Diadema was part of São Bernardo do Campo and Mauá was an area of Santo André. Within the ABC Region, Diadema and Mauá are the most similar to each other in the area in terms of size, wealth, and history. Before beginning my fieldwork, I identified the following control variables.

<table>
<thead>
<tr>
<th>Table 3.1 Control Variables</th>
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</thead>
<tbody>
<tr>
<td>Diadema</td>
</tr>
<tr>
<td>Party (2012)</td>
</tr>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Urban Population</td>
</tr>
<tr>
<td>Resident population (0-5)</td>
</tr>
<tr>
<td>Average household monthly income$^{52}$</td>
</tr>
<tr>
<td>Proportion of population earning up to $\frac{1}{2}$ the minimum wage</td>
</tr>
</tbody>
</table>

Source: IBGE

$^{52}$ 1 Brazilian Real = .51 U.S. Dollars
If Diadema and Mauá are the most similar municipalities within the region of interest, one factor that is not well controlled for in the comparison of Diadema and Mauá is GDP per capita. As of 2010, the GDP per capita in Diadema was R$29,153 compared with R$17,619 in Mauá. This is a substantial difference, which raises the possibility that observable differences in health and education outcomes and services in the two municipalities may be due to the greater wealth in Diadema vis-a-vis Mauá. However, I argue that these municipalities are still comparable, especially when we further analyze the finances and wealth of the two cities.

There are two important ways in which GDP per capita may impact social development. First, poorer municipalities may have more poor people, whose life circumstances can drag down local health and education rates. Yet, in fact, despite the fact that Diadema and Mauá have fairly different levels of GDP per capita, their poverty levels are very similar. Table 3.1 shows that the percentage of the population earning up to one-half the minimum wage and the average monthly per capita household income levels in the two localities are essentially identical. Moreover, median earnings of residents in the two are almost exactly the same. Secondly, wealthier municipalities may have a broader tax base. In practice, although there are more industrial companies in Diadema than in Mauá (which in all likelihood accounts for the difference in GDP per capita between the two communities), the municipal budgets and amounts of public revenue are very similar, and the two municipalities have approximately equal budgets from which to provide health and education resources.

The other variable that is not perfectly controlled for is political party over time. Although I specifically selected municipalities with the same party
in power, namely the Worker’s Party (PT), Diadema has had this party in power for a longer period of time than Mauá. As shown in Table 3.2, Mauá has had three terms of the Damo-Grecco party, a local party dominated by two of the wealthy families in Mauá. This difference in the party history of the two municipalities is certainly a limitation of my study. I will return to this issue in Chapter 6, Alternative Hypotheses.

Table 3.2. Governing Parties in Diadema and Mauá

<table>
<thead>
<tr>
<th>Years</th>
<th>Diadema</th>
<th>Mauá</th>
</tr>
</thead>
<tbody>
<tr>
<td>1977-1982</td>
<td>MDB</td>
<td>Damo-Grecco</td>
</tr>
<tr>
<td>1983-1988</td>
<td>PT</td>
<td>Damo-Grecco</td>
</tr>
<tr>
<td>1989-1992</td>
<td>PT</td>
<td>PSB</td>
</tr>
<tr>
<td>1993-1996</td>
<td>PT</td>
<td>Damo-Grecco</td>
</tr>
<tr>
<td>1997-2000</td>
<td>PSB</td>
<td>PT</td>
</tr>
<tr>
<td>2001-2004</td>
<td>PT</td>
<td>PT</td>
</tr>
<tr>
<td>2005-2008</td>
<td>PT</td>
<td>Damo-Grecco(^{53})</td>
</tr>
<tr>
<td><strong>2009-2012(^{53})</strong></td>
<td>PT</td>
<td>PT</td>
</tr>
<tr>
<td>2013-</td>
<td>PV</td>
<td>PT</td>
</tr>
</tbody>
</table>

These considerations notwithstanding, the differences in wealth and political party history do reduce the power of Diadema and Mauá to serve as cases with which to test an argument. However, my emphasis in the case studies is on process tracing to identify causal mechanisms, not on using the research design to confirm correlation, which could hardly be done with two cases, even if they were exactly matched. I take the uncontrolled variables into account throughout my analysis of the two municipalities and find that the municipalities are still highly comparable illustrative cases.

\(^{53}\) In 2004, the PT won the mayoral election, but the candidate was accused of election fraud, so the runner-up was selected as the interim mayor.

\(^{54}\) Initial control variable
3.3 Civil Society Strength

Despite the obvious similarities between Diadema and Mauá, civil society in Diadema is much more active than in Mauá. As mentioned, Baiocchi and Heller identified this difference in a matched-paired analysis of several Brazilian municipalities, including Diadema and Mauá for a study on the effects of participatory budgeting. In Diadema, they observed an “active and ‘combative’ (the specific term used by [their] respondents) civil society.” Civil society in Mauá has weaker agency and is not characterized by the activity or vigor of that in Diadema.

My assessment confirmed the conclusions that Baiocchi and Heller drew about the relative strength and levels of activity of civil society in the two municipalities. Civil society associations in Diadema are more extensive, better organized, and characterized by more frequent activity than those in Mauá. In particular, municipal councils with representatives from civil society organizations met more times per month than those in Mauá and had higher rates of attendance. There are also more organizations and networks of organizations in Diadema than in Mauá. In addition, activism and popular participation are an important part of the community identity in Diadema, which was reflected in numerous conversations with citizens and local leaders. I will describe three areas in which the differences in civil society were particularly apparent.

First, volunteerism, as represented by parental involvement in schools, is particularly pronounced in Diadema compared with Mauá. At a nursery school in Mauá, the director describes the lack of participation of parents in

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school activities. The impetus to involve parents in bi-weekly school council meetings and school activities comes primarily from the teachers and staff at the school, but almost no parents are regular participants. Administrators at schools in Diadema provide a much different account of parental involvement. One school has 28 parents as official members of the school council, who regularly attend meetings, in addition to parents who participate in other school activities. In Diadema, as well, parents from public nursery schools throughout the municipality come together once per year for a meeting for the development of school councils (Formação dos Conselhos Escolares). Thus, parents in Diadema are not only active in their local school community, but they participate in networks that extend throughout the city. This annual meeting, hosted by the Department of Education of Diadema, focuses on capacity building through training exercises and sharing experiences. Participants described the need for everyone to be involved to “fight for change in their society.”

Another way in which Diadema appears to have a more thriving civil society than in Mauá is the level of participation of community members in municipal councils. An indication of Diadema’s strength of civil society is that the councils are filled with the correct number of representatives from the community. In fact, for the municipal health council, there are more than enough community members willing to participate. In addition to the mandated municipal health council, Diadema has its own popular health council, which is composed solely of civil society members and has 80 active members. In Mauá, on the other hand, local government officials describe the

56 Interview with Director of a preschool (B), Mauá, August 8, 2012.
57 Interview with Director of a preschool, Diadema, August 1, 2012.
58 Training Meeting of School Council Members, August 14, 2012.
challenges in finding participants to fill the council member positions for civil society. At a municipal education council meeting, only two of twelve council members in attendance represented civil society.

Third, during elections, civil society is more actively engaged in campaigns in Diadema than Mauá. A volunteer for the PT’s mayoral candidate in Mauá described frustration at the lack of participation in the campaign.\textsuperscript{59} The nearly empty campaign headquarters contrast sharply with the crowds of supporters and volunteers at a campaign rally in Diadema, even though the candidate ended up losing the election.

Fourth, Diadema has more nonprofit organizations and associated volunteerism. There are 570 nonprofit organizations that employ 3,716 people in Diadema, compared with 500 that employ only 2,401 people in Mauá.\textsuperscript{60} In addition, Diadema residents are often seen volunteering. The central park, Praça da Moça, is consistently filled with families and community members. There are many nonprofits that work with children in Diadema, including 28 nursery schools. Volunteers run a foster-care organization called Raio de Luz (Ray of Light), and they speak of two similar organizations with which they frequently communicate.\textsuperscript{61} At the main hospital in Diadema, known as the Quarteirão, volunteers of another local nonprofit frequently visit the pediatric wing of the hospital, dressed as clowns, to entertain the patients. Finally, the government of Diadema has pioneered an after-school program called Mais Educação (More Education) that provides additional educational activities to 4,000 elementary school students and is staffed entirely by community volunteers, mostly mothers. The coordinators of Mais Educação at the

\textsuperscript{59} Interview with Worker’s Party Campaign Volunteer, Mauá, August 3, 2012.

\textsuperscript{60} IBGE

\textsuperscript{61} Informal interview with director of NGO, Raio de Luz, Diadema, SP, July 21, 2012.
Department of Education attribute the growing success of this program to the heavy involvement of the community and the visibility of the program. The children wear matching orange t-shirts, so that they are recognizable on their field trips throughout the city, publicizing the program and attracting additional participants and volunteers.62

### 3.4. Social Development Services and Outcomes

Given the differences in civil society strength, consider the following measures of health and education outcomes, the dependent variable of my research.

**Table 3.3. Social Development Services and Outcomes**

<table>
<thead>
<tr>
<th></th>
<th>Diadema</th>
<th>Mauá</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing units with less than adequate sanitation</td>
<td>3%</td>
<td>9%</td>
</tr>
<tr>
<td>Coverage of Family Health Program</td>
<td>90%</td>
<td>30%</td>
</tr>
<tr>
<td>Children enrolled in pre-school</td>
<td>35%</td>
<td>25%</td>
</tr>
<tr>
<td>Number of pre-school teachers</td>
<td>464</td>
<td>282</td>
</tr>
<tr>
<td>Infant Mortality Rate per 1000 live births (2006)</td>
<td>12.26</td>
<td>13.61</td>
</tr>
<tr>
<td>Reduction in Infant Mortality Rate since 1970</td>
<td>94%</td>
<td>80%</td>
</tr>
</tbody>
</table>

*Source: IBGE*

These measures of health and education combine services (coverage of the Family Health Program and number of teachers) with outcomes (children enrolled in preschool, infant mortality rate, reduction in infant mortality rate) and proxies for outcomes (housing units with less than adequate sanitation).

In sum, they provide a picture of the health and education outcomes in

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62 Interview with Coordinator of Mais Educação (More Education Program), Department of Education, Diadema, August 1, 2012.
Diadema and Mauá, especially in relation to early childhood health and education. Certainly some of the differences are more significant than others. In particular, the current infant mortality rates are almost identical, and for both cities, the percentage of housing units with less than adequate sanitation is very small. However, in total, Diadema clearly has better health and education services and outcomes.

One of the most notable differences is the coverage of the Family Health Program (*Programa Saúde da Família, PSF*), which was created in 1994 and is Brazil’s main primary health care strategy. The program focuses on preventative and primary care, and deploys health agents (*agentes de saúde*), similar to Chinese “barefoot doctors,” to conduct routine check-ups with families. Each health agent is responsible for 250 families, which they visit once per month, reporting back to family health program “teams” that include social workers, dentists, nurses, and physicians. The PSF focuses on basic health needs, like prenatal care, vaccinations, and illness interventions. It has vastly expanded access to basic health care, especially for poor communities. In Diadema, almost 90% of families are covered by the PSF, compared to only 30% in Mauá. As a result, nearly all families in Diadema receive consistent health care check-ups.

Thus, it appears that Diadema and Mauá are overall comparable in terms of political party in power, demographics, location, and levels of poverty. However, they differ in terms of civil society strength and, to a limited degree, health and education outcomes. In the next two chapters, I will describe the causal mechanisms that might connect these two variables.
Chapter 4

Civil Society in the Formative Period

The central claim of this thesis is that a strong civil society leads to better social development outcomes through the provision of services. Specifically, civil society strength causes improvements in social development by influencing the priorities and effectiveness of local government. In this chapter, I will use process tracing to provide evidence for this argument, put forth in Chapter 2, using the case studies of Diadema and Mauá and focusing particularly on the “formative period” of civil society, from 1980 to 1995. First, I will describe the political and social context during this time period and the levels of civil society strength in the two municipalities. Then, I will describe the process by which civil society strength leads to improved service provision, using examples from Diadema and counterexamples from Mauá.


Compared with the current era, the period from 1980 to 1995 in Brazil was characterized by low federal government involvement in social development and high levels of civil society mobilization. During this period, the military regime ended in 1985, and the new constitution was passed in 1988. By the end of the 1980s, the new democratic federal government began to promote social development by creating the Unified Health System (SUS) and establishing the right to free, universal primary and secondary education. However, as outlined in Chapter 3, the federal government did not provide

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63 The Brazilian Constitution of 1988 established principles of universal health care and right to education. The Unified Health System (SUS) and Fund for Maintenance and Development of the Fundamental Education and Valorization of Teaching were implemented in 1988 and 1996 respectively and provided municipalities with funds for health and education resources.
significant funding or policy direction until the early 1990s, and Brazil only saw widespread improvements in social development in the middle of the decade. Throughout Brazil, civil society mobilization reached its height in the 1970s and 1980s, and the Worker’s Party (PT) was formed in 1980, out of popular grassroots movements in the ABC region of São Paulo.\footnote{The “ABC region” refers to seven municipalities south of São Paulo city, including Diadema and Mauá, and three larger municipalities that make up the acronym: Santo André, São Bernardo do Campo, and São Caetano do Sul. For a map of this region, see Figure 3.1.}

Although public data on social development indicators do not exist for the 1980s in Diadema and Mauá, local residents’ stories indicate that living conditions were abysmal during this period. According to the older residents of both municipalities, streets were unpaved and the cities lacked basic sanitation services.\footnote{Interview with Government Member of Municipal Health Council, Diadema, August 18, 2012.} Large segments of the population, 30% in Diadema and at least as much in Mauá, lived in dilapidated slums (favelas).\footnote{Interview with Mayor’s former Assistant on Foreign Relations, Mauá, August 3, 2012, (English).} Infant mortality rates were extremely high and the poverty of both municipalities contributed to low life expectancies. A historian for a small museum in Mauá described the community’s dependence on other, richer municipalities for the most basic health services,\footnote{Also see “Diadema and the Informal City,” (Diadema, São Paulo: Insituto Diadema de Estudos Municipais, 2011).} which was also the case in Diadema.\footnote{Interview with Municipal Historian, Mauá, August 20, 2012.} Therefore, the civil society movements that arose in the 1980s did so in the context of dramatic underdevelopment.

Given the time span covered in this chapter, it is crucial to note that Diadema has had a stronger civil society than Mauá for at least the past three
decades. If the variation in civil society strength was solely a present day phenomenon, I would not be able to make the causal argument for the time period of this chapter. As previously mentioned, civil society strength is characterized by broad participation and frequent activity of volunteer associations and organizations. Civil society strength has been evident in Diadema since the flourishing of mothers’ clubs, neighborhood associations, and labor unions in the 1970s.\textsuperscript{69} According to one government worker in Diadema, “The community is extremely involved here. For more than thirty years, there have been movements and groups in all parts of the city.”\textsuperscript{70} Seven of my twenty-three interviewees in Diadema described their previous involvement in neighborhood associations, mother’s clubs, or civil society movements during the 1980s,\textsuperscript{71} and several parents and community members I spoke to informally had also been involved. Although I did not conduct a survey, these examples are illustrative of Diadema’s civil society strength over time. In general, this strength is highly apparent in the collective memory of Diadema’s residents and has also been documented in government publications and other studies of the region.\textsuperscript{72}

\textsuperscript{69} “Diadema and the Informal City.”
\textsuperscript{70} Interview with Assistant to Diadema’s Deputado (Congressman), Diadema, July 23, 2012, (English).
\textsuperscript{71} Interview with Mayor’s Assistant on Foreign Relations, Diadema, July 31, 2012; Community Member (A) of Piraporinha Health Council, Diadema, August 7, 2012; Community Member (B) of Piraporinha Health Council, Diadema, August 7, 2012; Technical Assistant to the Secretary of Health, Department of Health, Diadema, August 14, 2012; Community Member (A) of Popular Health Council, Diadema, August 18, 2012; Community Member (B) of Popular Health Council, Diadema, August 18, 2012; Government Member of Municipal Health Council, Diadema, August 18, 2012.
In comparison, Mauá’s lack of civil society strength today, as described in Chapter 3, is part of a long-term trend. Of my twenty-four interviewees in Mauá, only three expressed involvement with civil society activity in the 1980s, and all of them had difficult experiences. The first was a resident who created a community center in his neighborhood that was shut down.\(^{73}\) (I will return to his story at the end of Chapter 5.) The other two were organizers of the PT, who came to Mauá from universities in neighboring municipalities in the 1980s to try to generate movements and community reforms as part of the ongoing grassroots efforts of the party. However, according to their accounts, the resident population was minimally involved in voluntary associations. “We tried to generate support for the PT, but people did not care. It was very hard to get many people to join the movement.”\(^{74}\) This indicates a lack of organization and participation of the community in civil society movements in Mauá.

Table 4.1. Participation in Civil Society Organizations and Movements, Diadema and Mauá, 1980-1995

<table>
<thead>
<tr>
<th>PT grassroots movements</th>
<th>Diadema</th>
<th>Mauá</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Neighborhood associations</td>
<td>High</td>
<td>Likely low</td>
</tr>
<tr>
<td>Mothers’ clubs</td>
<td>High</td>
<td>Likely low</td>
</tr>
<tr>
<td>Health-related movements</td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

Table 4.1 summarizes the difference in civil society strength between Diadema and Mauá in the 1980s and 1990s, according to my estimations. Although the participation in neighborhood associations and mothers’ clubs

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\(^{73}\) Interview with Volunteer Director of Community Center, Mauá, August 15, 2012.

\(^{74}\) Interview with Worker’s Party Campaign Volunteer, Mauá, August 3, 2012.
is unknown, the complete lack of reference to these organizations on the part of my interviewees suggests that they were mostly inactive.

For the purposes of this thesis, I take the initial levels of civil society strength in Diadema and Mauá as given. There are several possible reasons that Diadema had a more active and participatory civil society than Mauá starting in the 1970s and 1980s. For example, the greater population density in Diadema may have made neighbor interactions more frequent. Alternatively, the history of municipal formation in the 1950s may have had differing effects on the level of community solidarity within the two municipalities. A third possibility, which I consider the most likely, is that Diadema may have had early successful civil society organizations and movements due to random variables like effective leadership, and this led to a scaling up of the civil society culture in Diadema. However, the aim of my research is not to explain civil society strength. Regardless of the exact cause, the point remains that civil society in Diadema has been more inclusive and characterized by more frequent activity than that of Mauá for the past three decades.

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75 Although both Diadema and Mauá have high population densities, Diadema’s is significantly higher than Mauá’s. According to IBGE, the population density per km² is 12.5 thousand in Diadema and 6.8 thousand in Mauá. For comparison, the density of São Paulo City is 7.4 thousand and the density of New York City is 10.6 thousand.

76 Both Diadema and Mauá were formed as municipalities in the 1950s. Diadema was effectively excluded from São Bernardo do Campo in 1953, because it was one of the poorest districts and a burden on the government of São Bernardo. On the other hand, a 1953 referendum resulted in the creation of Mauá in 1955, which had been a part of Santo André. Residents of Mauá suggest that this change was the result of their own desire for autonomy, whereas residents of Diadema indicate that their separation occurred in the interest of the administration of São Bernardo. Therefore, residents of Diadema may have had to come together to defend and support their community more so than in Mauá.
2. Impact of Civil Society Strength on Social Development

Introduction

In the early 1980s, a woman in Diadema, who I will call Paula, lived at home, raising her two young children. She says that during this time, “Diadema had nothing. No health services. No roads. No running water. Nothing.” Paula herself had never finished high school. Her son suffered from asthma, and she needed to find assistance for him. During this time, she began to meet and chat with other mothers in the neighborhood, who had formed a clube de mães (mothers’ club), and through this organization she met other families in the neighborhood. She soon realized she was not the only mother with a child suffering from asthma.

Realizing that dust from the unpaved roads was a major cause of their children’s ailments, Paula and the other families joined with neighborhood groups from throughout Diadema that wanted to address family health concerns. These separate entities formed Diadema’s “Popular Health Council” made up entirely of community members representing various neighborhoods of Diadema. Together, they began to fight for paving on the roads by going to the local government offices with formulated recommendations and pressuring the newly elected mayor, Gilson Menezes, of the Worker’s Party. According to Paula, the council also made recommendations for the creation of health clinics in different neighborhoods of Diadema.

77 Name changed for privacy of the interviewee
78 Interview with a technical assistant of the Secretariat of Health, Diadema, August 14, 2012
79 This type of group was unprecedented in Diadema, and should be distinguished from the municipal health councils that exist today at the mandate of federal legislation, and are not only made up of community members.
At the end of the decade, in 1989, Diadema responded to the pressure from the Popular Health Council, and made plans to pave 90% of the streets. Following this successful advocacy, Paula and her fellow civil society members focused on a new goal: Diadema needed a hospital. An abandoned building in the northeast neighborhood of the city, Piraporinha, that had once been a state-run hospital before it was shut down for reconstruction and never reopened, caught their eyes. Over a period of several days, Paula and other families, including small children, rallied in front of the building, chanting and waving signs to demand that the government of São Paulo turn over the hospital to be run by the municipality. The mayor, seeing the enthusiasm of the community, took up the cause and negotiated with the state government, which agreed to the transition. The contemporaneous “municipalization,” or decentralization, of health services by Brazil’s Unified Health System meant that Diadema was able to acquire federal and state funds to reopen the hospital. Today, over twenty years later, it is still functioning, primarily serving children through in-patient care.

Paula’s commitment to health eventually led to other forms of activism. “Imagine when you are fighting for health improvements, you must fight to improve life in general. Every aspect of the city is intertwined: structure, education, roads, water. So you have to fight for all of these things.” Paula remained an activist and became a member of the Worker’s Party. She went on to work for Diadema’s Department of Health beginning in 2001 and became the Secretary of Health in 2004. In the summer of 2012, she was working as a technical assistant to the new Secretary and served on both

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80 Interview with a technical assistant of the Secretariat of Health, Diadema, August 14, 2012
81 Ibid.
the original Popular Health Council, and the newer Municipal Health Council, which was formed in the late 1980s, as part of the Unified Health System. Her commitment to improving health services for Diadema remains strong, and she says she is motivated by her experiences as a low-income mother without access to the healthcare she needed. "I can see both sides of the story, because I came from a different situation, and now I am at the top." Paula’s story is not unusual in Diadema, and it represents the general trends by which civil society strength causes improvements in public service provision, especially relating to health and social development.

For the purposes of my argument, this narrative, along with the broader narrative of civil society strength influencing social development, can be translated into a general causal mechanism. Certainly the path connecting these variables is complex, but a close analysis of Diadema suggests the following steps: First, 1) civil society strength leads to greater demands of local government for the provision of services. Second, 2) civil society enhances the effectiveness of these services through participation and communication with local government. Finally, 3) the long-term result of this process is a cycle of heightened expectations and lasting emphasis on social development by the local government. These steps directly correspond with the argument put forth in Chapter 2 (see Figure 2.2). I will describe each of these steps in turn, using two key examples from Diadema: the slum upgrades that occurred in the late 1980s and the popular health movement. I will also use counterexamples from Mauá.

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82 Ibid.
2.1 Heightened Demands for Services

Civil society strength, I argue, fortifies members’ preferences and the demands of local government. Civil society organizations are formed based on mutual interests. For example, neighborhood associations in Brazil generally emerged out of concern for a safe and livable neighborhood. Therefore, civil society increases people’s preferences for social service provision through continued engagement with the issues and interactions with people who share similar concerns. By consistently meeting with others who are worried about lack of sanitation, for instance, individuals’ convictions regarding the need for services are both confirmed and strengthened. Continued involvement with a cause thus increases its salience and importance among the participants. This phenomenon is evident in Paula’s story. Her concern for her son’s asthma turned into a broader dissatisfaction with the lack of health resources in Diadema, as she became a part of a network of residents with similar needs. Another resident I spoke with became engaged with the Popular Health Council after she became aware of the severe strain on resources in Piraporinha Hospital, when her parents were being treated there:

I joined the council, because I saw that my parents were getting the care they needed, but there was not enough room for everyone else that needed help. I wanted to give back and help fix this problem. When I joined the council, I became involved with all of the other movements that were happening. Now, it is a huge part of my life.83

As a result, civil society members’ strong preferences lead them to communicate their demands to local government. Civil society members

83 Interview with Community Member (A) of Piraporinha Health Council, Diadema, August 7, 2012.
convey their preferences to local government either in the form of social movements or other types of civic action. Civil society participation helps members overcome the collective action problem by bringing people together to make demands that would be too difficult to put forth individually. Without an organized civil society from which to attract enthusiastic volunteers and participants, advocacy efforts will have more difficulty getting off the ground and waging effective campaigns.

This process is apparent in two successful social movements that emerged out of the municipality’s strong civil society networks in the early 1980s: the movement for the improvement of slums, and the popular health movement. Both of these movements were viable due to the widespread involvement of community members through civil society organizations that worked to advance collective interests.

First, the movement to upgrade informal housing settlements began in 1983, when 30% of Diadema’s residents lived in slums with abysmal conditions. The movement to improve these favelas arose due to the strength and organization of civil society, and it succeeded for the same reasons. Initially, the movement began to demand water, sewage, and electricity networks. The Movement for the Defense of the Rights of Slums’ Residents was present throughout the ABC region, but it took stronger hold in Diadema than in Mauá and other municipalities because of internal networks and associations that promoted communication. This movement was characterized by frequent meetings, which generally took place on Saturdays.

84 The Diadema Institute for Municipal Studies (Instituto Diadema de Estudos Municipais, IDEM), a private, nonprofit association has chronicled this process in a publication, "Diadema and the Informal City."
and Sundays, in order to maximize attendance. Participants were concerned with appealing to the local government to improve their communities without losing the right to their homes within these settlements, over which they did not have formal property rights at the time. By advocating as a large group rather than as individuals, they were more likely to receive a positive response from the local government instead of being ignored or getting evicted. Without this widespread support to generate a vibrant and viable social movement, there was a risk of the local government ignoring the requests of a largely impoverished population living in informal housing nuclei. Thus, the movement required strength in numbers to take hold. In order for communities to advocate for better services and living conditions, they needed the participation of entire neighborhoods.

Second, the popular health movement in Diadema arose simultaneously with the slum upgrading movement, also due to the strength of civil society. As evidenced in Paula’s story, mother’s clubs and neighborhood health committees joined forces to “fight” for sanitation and additional health services. The formation of the Popular Health Council increased civil society involvement in the health movement, by electing members from different neighborhoods to represent local interests in the municipality-wide council. This level of coordination allowed residents to combine their demands and take advantage of widespread support from civil society networks throughout the municipality.

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85 Ibid.
86 Diadema’s Department of Health, in a report on popular participation and social control in health, has documented this movement. See Viscovini and Gomes, “Participação Popular e Controle Social na Saúde: A experiência de capacitação de conselheiros de saúde e lideranças populares em Diadema.”
In places with weak civil society, even if there are attempted movements, they are less likely to be successful. In Mauá, which also had and continues to have large areas of slums and informal communities, residents were not well organized enough to overcome the initial barriers, namely their lack of power and influence. Thus, they were unable to form a successful social movement to upgrade their housing settlements. Generally, there were very few social movements in Mauá in the 1980s. If they occurred, they were not successful enough to be well documented or remembered by my interviewees. While Diadema has records of the slum upgrading and popular health movements, the government of Mauá was unable to provide similar materials. This contrast suggests that successful advocacy campaigns emerge from representative civil society landscapes, which have power in the number of participants and their connections with each other throughout the city.

The strength of demands regarding social development is a powerful incentive for the local government to prioritize issues like health and education. In a democratic system, local government will respond to demands put forth by a large number of constituents. When many people advocate for a particular cause or service, the local government has an electoral incentive to respond to the perceived majority or median-voter preference. Thus, the local government is more likely to make social development a budgetary priority over alternative expenditures.

In the case of Diadema, given the widespread support of the movement for the upgrading of slums, the newly elected municipal government eventually responded to the community’s demands. Nearly 30% of the population stood to benefit from slum upgrades. Though the
government had limited resources, it was able to create a cost-effective “Slum Upgrading Service,” made up of eleven architects and engineers. This small team had the technical expertise to improve the housing settlements. Similar to the slum upgrading process, the popular health movement in Diadema, which included widespread support from all neighborhoods of the municipality, successfully elicited responses from the local government. In particular, the government began to address the lack of paving of almost all of Diadema’s roads, a major source of sanitation problems and other health issues. In 1989, the government made a plan to pave 90% of the streets within three years, in response to pressure from the popular health council and many of the residents of Diadema.

2.2. Enhanced Service Provision through Community Participation

So far, I have explained how civil society strength generates powerful demands of local government that influence government priorities, leading to more social service provision. The second important process that occurs is that civil society strength improves the effectiveness of local government in its provision of services (i.e. better social service provision). This process can occur in two ways.

First, civil society strength helps limited municipal resources go further. Because of the voluntary nature of civil society itself, civil society members are more likely to become involved with the provision of services, forming partnerships with local government. For example, community members may help the local government publicize services by communicating with their neighbors. They also might volunteer to help in schools or improve the infrastructure in their neighborhoods. Thus, local
government’s limited resources can be used more effectively and generate better outcomes with the assistance of an active civil society.

Second, the communication of demands by civil society to local government allows local government to efficiently match its resources to the community’s needs. With an active, participant civil society making specific demands, it becomes very clear to the government which problems are the most important and how to best address them. Without this openness of communication, the local government would be left guessing about what services to provide and may waste valuable resources.

The slum upgrading process in Diadema clearly illustrates the role of civil society in the efficient provision of services. In the 1980s, the municipality did not have the financial resources to take on large infrastructure projects to provide the sewage and electricity systems that civil society demanded. The local government, realizing its limited capacity, considered the organization of the resident population a precondition for the program, in terms of monitoring and actually implementing the upgrades.\textsuperscript{87} The technical staff of the Slum Upgrading Service became a “formal support program for self-construction.” The residents formed commissions, \textit{comissões de moradores}, which implemented the changes, using their own labor and the crucial assistance of the Slum Upgrading Service to turn shacks into brick houses, level uneven terrain, and pave alleys.\textsuperscript{88}

As such, the upgrading process was made possible through a partnership of a strong civil society and dedicated local government. One of the residents I interviewed remembers this process of collaboration between

\textsuperscript{87} “Diadema and the Informal City.”

\textsuperscript{88} Ibid.
civil society and local government: “The mayor and his team went from neighborhood to neighborhood, one by one, talking to the people in the streets.”

It is likely that the mayor did so to garner votes and support, but the result was increased communication between local government and the residents about specific needs in the neighborhoods. In the end, there was a clear commitment from the residents and from the municipal government to improve these housing settlements. Civil society made the demands and used its own financial and manual resources; the municipality provided direction, technical expertise, and policies to allow the informal settlements to become legally recognized. Municipal Law 819 in 1985 granted the “Real Right of Land Use Concession” (CDRU), which gave slum residents land tenure of the settlement nuclei. From 1983 to 1988, 78 out of 128 nuclei of slums had begun to see improvements through the Slum Upgrading Service.

The popular health movement also significantly improved the quality of services provided by the municipality. The formation of the Popular Health Council enhanced communication between the local government and the population at large. The Council was and continues to be made up of approximately 80 members, representing all of Diadema’s neighborhoods. Council members communicate with their neighbors in order to share their concerns and demands with the rest of the Council. In turn, the Council formulates specific requests and makes concrete recommendations to the municipal government. This system ensures that the government’s financial resources for health services are efficiently spent.

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89 Interview with the Mayor’s Assistant for Foreign Relations, Diadema, July 31, 2012.
2.3. Long-Term Effects on Expectations and Service Provision

The processes I have outlined so far explain the basic mechanism by which civil society strength leads to the provision of services by the local government. However, an important part of my theory is the long-term effects of these events on the local society. I argue that over time, civil society’s demands and government’s responsiveness generate a broader culture of heightened expectations and a lasting emphasis on social development. Civil society strength, therefore, has positive long-term effects on the level of social development in a community.

In Diadema, by the mid 1980s, the local government had taken significant steps to address the demands of civil society movements, particularly in relation to sanitation, housing and health infrastructure. Because of the success of these movements, which involved many people and affected even more, there was a lasting influence on the relationship between civil society and local government. In particular, the community’s expectations of local government in meeting the demands of the population were significantly heightened. Even though the local government did not have many resources during the 1980s, it provided key services and support in recognition of social movements. This reaction began to change the community’s perception of local government, increasing expectations of what the government could provide. For example, as mentioned in Paula’s story, the Popular Health Council fought for the municipalization of the previously state-run hospital in Piraporinha, because members of civil society recognized their power to influence outcomes at the local level. Instead of appealing to the state government to reopen the hospital, “they specifically requested that the hospital be turned over to the municipal government, so
that they would have greater control.” As expectations of what local government could provide increased, so too did the number of advocacy campaigns, creating a feedback loop of heightened expectations and successful movements. Paula noted that their group recognized the interconnectedness of health, education, sanitation, safety, and other issues. Their initial success with infrastructure demands impelled them to make further demands.

In turn, the local government becomes more sensitive to social development issues and continues to prioritize health and education within the budget. One mechanism that reinforces this process is the blurring of political and civil society. Building off Lily Tsai’s argument regarding solidary groups and embedded social networks, government workers are likely to have personal connections with civil society organizations, either through previous involvement or involvement of their friends and neighbors. This process aligns the incentives of the community with those of politicians and bureaucrats. Local governments that develop out of strong civil societies are likely to promote policies and services that are consistent with civil society objectives. In this way, the impetus for health and education improvements may be transferred from the community to the local government. The preferences of civil society are adopted and spearheaded by local government, which takes the lead on improving social development.

In Diadema, synergy between local government and the community has been further strengthened because of civil society members becoming

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90 Interview with the coordinator of health councils of the Secretariat of Health, Diadema, August 7, 2012.
91 Tsai, “Solidary Groups, Informal Accountability, and Local Public Goods Provision in Rural China.”
government workers. Several of the workers I spoke to at the Department of Health and the Department of Education had been involved in civil society movements in the previous two decades. Similar to Paula, their identity and their priorities were very much aligned with the communities that they came from and felt they represented.

One of the assumptions of my theory is that civil society strength leads to improvements specifically regarding social development, especially health and education. Health and education are widely considered to be two areas that greatly improve the quality of life, so it is logical that civil society members would be mutually concerned with advancing these issue areas. Especially in places with widespread poverty, as is the case in both Diadema and Mauá, it is reasonable to assume that the majority of the population would advocate for these central services. The examination of Diadema and Mauá generally supports the assumption that civil society members advocate for improved health and education, especially in less developed communities.

First, consider health advocacy. As shown, some of the prominent social movements and campaigns of the 1980s centered on improved access to health services. The other biggest movements related to infrastructure and slum upgrading, which are also related to health. Improved sanitation, plumbing, and paving were all crucial to improved health outcomes and the declining infant mortality rates. Since that time, community members in Diadema have advocated for better access to basic health units. The effect of civil society on health issues is fairly straightforward.

More complicated, however, is the influence of civil society strength on education. In the continuum of developmental to post-developmental
issues, education is considered more towards the latter than basic health needs. In particular, early childhood education has not been considered important until recent years, even in highly developed countries. Therefore, it is not surprising that there has been a relative lack of movements related to education, particularly early childhood education, in comparison with health movements. In general, education-related demands are limited to access to preschools for the most people. In fact, this emphasis on access to daycare and preschool may be viewed as a health issue. Children enrolled in full-time public crèches receive three meals per day, uniforms, and school supplies all for free.\footnote{Interview with Director of a preschool (A), Mauá, August 8, 2012. Interview with Assistant Director of a preschool, Mauá, August 8, 2012. Interview with Director of a preschool (B), Mauá, August 8, 2012.} Regardless of the educational component, preschools in Diadema and Mauá are like free, full-time babysitting.\footnote{Interview with a mother who works at a Basic Health Unit, Diadema, July 26, 2012.} Given these benefits, an active civil society will likely advocate for the local government to provide more such services. The following chapter will include more discussion of early childhood education services.

3. Conclusion

Using illustrative examples from Diadema, this chapter has provided evidence for the causal mechanism described in Chapter 2. The slum upgrades and the popular health movement show how civil society strength led to increased demands and broader participation in advocacy movements, impelling the local government to prioritize social development and service provision. Not only did civil society strength lead to more services, but it also led to better services, facilitating communication with local government and
enhancing participation in the provision of services. This period, from 1980 to 1995 clearly shows the causal chain of events that enhance social development. In the next chapter, I will describe how these processes occur in the current era, characterized by higher overall levels of development throughout Brazil.
Chapter 5

Civil Society in the Current Era

In this chapter, I will show how civil society strength influences social development in the “current era,” from 1995 to the present. I will use this chapter to continue to advance the theory put forth in Chapter 2 and defended in Chapter 4. The main difference in this chapter is that the changing context in Brazil has decreased the magnitude of the effect of civil society strength on social development. I will describe the exogenous factors that have changed since the “formative era,” and then provide evidence of the causal argument by examining these processes in Diadema and Mauá within this new context. The purpose of this chapter is to show how my argument is applicable under different national circumstances over time.

1. Political and Social Context, 1995 to the Present

Table 5.1 summarizes the differences between the “formative period” (Chapter 4) and the “current era” (Chapter 5). Higher levels of federal spending on social development characterize the period from 1995 to the present (A). This factor, combined with Brazil’s economic growth of the past two decades, has led to an increase in overall levels of social development throughout Brazil (B). Another change is the “institutionalization” of participation (C), which has led to an increase in the number of participatory institutions at all levels of Brazilian government, including the municipal level. The combined effect of these three changes is the reduction in civil society mobilization for social development in Brazil (D). With institutionalized means to participate in local government and a clear
national commitment to social development, civil society organizations do not have to fight for service provision as they did in the formative era. As such, the magnitude of the causal effect of my argument (i.e. the impact of civil society strength on service provision,) is lower than it was in the previous era. The implication of this difference is that municipal variation in social development may be due more to previous civil society strength than current civil society strength. Nonetheless, civil society continues to play an important, if altered, role, and the argument put forth in the previous chapters continues to be relevant.

Table 5.1 Characteristics of the Formative Period and the Current Era

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<thead>
<tr>
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<th>1980-1995</th>
<th>1995-Present</th>
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<tr>
<td>A. Federal funding for social development</td>
<td>Low</td>
<td>High</td>
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<tr>
<td>B. Overall levels of social development in Brazil</td>
<td>Low</td>
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<tr>
<td>C. Number of Participatory Institutions</td>
<td>Low</td>
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<tr>
<td>D. Mobilization of Civil Society</td>
<td>High</td>
<td>Low</td>
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<tr>
<td>E. Magnitude of effect of civil society strength on social development</td>
<td>High</td>
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1.1 Federal-Level Involvement in Social Development

The most significant difference between the two periods is the level of federal funding and involvement in social development, which has increased significantly in the last twenty years. All three presidents of Brazil since 1995, Fernando Henrique Cardoso, Luiz Inácio Lula da Silva, and Dilma Rousseff,
have championed social development initiatives.\textsuperscript{94} Under their tenure, Brazil has expanded the Unified Health System, the national education fund FUNDEF, and conditional cash transfer programs, such as 	extit{Bolsa Família}. The first two of these programs have increased funding for health and education.

Some of the federal initiatives have centralized power at the state and federal levels. In particular, 	extit{Bolsa Família} operates identically across municipalities, with transfers awarded on the basis of individual family need. Similarly, state governments, rather than municipalities, mainly operate primary and secondary schooling. In both Diadema and Mauá, almost all public primary and secondary schools are run by the state of São Paulo. Therefore, local civil society strength does not have a significant effect on these centrally run programs and services. Consistent with the rest of the state, both Diadema and Mauá have high rates of primary school attendance and heavy usage of the 	extit{Bolsa Família} program. In Mauá and Diadema, the Offices of Social Assistance, which register families for 	extit{Bolsa Família} are full and busy, appearing to effectively manage their caseloads. Thus, the centralization of certain services has reduced the role that civil society plays in determining provisions.

However, in other areas, municipalities continue to be the main providers. For example, the federal government does not mandate preschooling, although it is beginning to focus more attention on early childhood education, through Dilma Rousseff’s 	extit{Brasil Carinhoso} initiative.\textsuperscript{95} Currently,

\textsuperscript{94} Although President Cardoso is a member of the centrist PSDB party and his fiscal policies were more conservative than his successors, his social development policies have been largely aligned with those of the Lula and Rousseff, members of the PT.

\textsuperscript{95} 	extit{Brasil Carinhoso}, introduced in 2012, is a multi-part program with the goal of enhancing early childhood development. The program increases cash transfers to families with very young children. It also aims to increase nursery school vacancies and ensure young children receive vitamin supplements and other medications.
throughout Brazil, preschools are operated at the local level by NGOs, religious organizations, private businesses, or, as is the case in Diadema and Mauá, by the municipal government. Therefore, there continues to be variation in preschool quality and coverage between municipalities.

Similarly, the Unified Health System centralizes funding for health care but decentralizes provision of services to the state and municipal levels. For this reason, municipalities continue to have significantly different health services, including coverage of the family health program, number of basic clinics, and quality of hospitals.

1.2. Institutionalization of Participation

The other significant change that has altered the roles of local government and civil society in social service provision is the institutionalization of community participation in local politics through the rise of municipal councils and other participatory bodies. In Brazil, these councils are part of a trend of expanding “social control,” (controle social) which refers to the ability of society to monitor public policy and government actions through approval or censure. The drive to institutionalize participation and expand social control arose due to movements across Brazil similar to those of Diadema in the 1980s that sought a larger role for the community in government decisions. As a result, the Constitution of 1988, which guarantees the right to healthcare, also guarantees the right of citizens to participate in its governance. Thus, the Unified Health System stipulated the creation of municipal health councils. These councils, reportedly present in almost all of Brazil’s 5,564 municipalities, are made up of community members (50%), local government representatives (25%), and service
providers (25%) that meet regularly to approve municipal plans, make suggestions, and discuss current issues regarding health care provision. Beyond health, local councils have since been implemented in a variety of other sectors. For example, both Diadema and Mauá have municipal education councils and nutrition councils that make recommendations and approve municipal plans.

Thus, in the current era, civil society strength is apparent in different ways. Rather than broad participation in mother’s clubs, neighborhood associations, and civil society movements, civil society strength is evident in involvement in parent-teacher associations, health councils and other municipal councils, political campaigns, and nonprofit organizations. Section 3.3 in Chapter 3 details the current levels of civil society strength in Diadema and Mauá.

2. Impact of Civil Society Strength on Social Development

Given these changes to the political and social context, I will consider the ways in which civil society strength impacts social development and the provision of services in Diadema and Mauá today. Chapter 4 outlined the three mains steps in my causal argument: (1) civil society’s higher demands of local government for more services, (2) participation of civil society in effective service provision, and (3) the long-term cycle of the community’s heightened expectations and local government’s emphasis on social development. In this chapter, I will start with step (3) to show how this long-term cycle is apparent in the current era. Then, I will present evidence for steps (1) and (2) within the current context of Diadema and Mauá. Even though civil society mobilization has decreased in Diadema, the community
remains actively engaged in advocating for service provision and improving its effectiveness. The main difference is that local government is the driver behind initiatives more so than civil society.

2.1. Long-Term Effects on Expectations and Service Provision

As mentioned at the end of Chapter 4, civil society strength and government responsiveness has led to a long-term cycle of heightened expectations of local government and lasting prioritization of social development within the municipal agenda. These two factors are both highly evident in the current era.

Of the civil society mechanism I offer, the concept of heightened expectations is the most difficult to measure. In particular, there are no data to prove that attitudes of residents as a whole have changed over time in Diadema. However, comparing current attitudes of residents in Diadema and Mauá indicates that expectations of local government in relation to service provision continue to be higher in Diadema than in Mauá. For example, during the 2012 mayoral campaigns, candidates in Diadema emphasized the number and quality of crèches and health units in speeches and slogans.\textsuperscript{96} Also, parents in Diadema are much more likely than their counterparts in Mauá to express dissatisfaction with specific aspects of services being offered by the local government, even though these services exceed those of neighboring municipalities.\textsuperscript{97} The new hospital complex in Diadema is one of the most modern in the ABC region, offering high quality comprehensive services. The residents I spoke with recognize this, but they are highly

\textsuperscript{96} Worker’s Party (PT) Campaign Rally, Diadema, July 31, 2012.
\textsuperscript{97} Interview with a Community Member at a Basic Health Unit, Diadema, August 16, 2012.
concerned about the long waits to see a doctor.\textsuperscript{98} One of the head nurses at Diadema’s main hospital, the Quarteirão, spoke of her commitment to the universal healthcare system, despite the strain on resources. “[Our biggest problem] is overcrowding. We do not have enough room for everyone who comes to the hospital, but we try to find space. Here in Brazil, we have a universal system and everyone has the right. I believe that.”\textsuperscript{99} On the other hand, in Mauá, I noticed residents tended to be generally dismissive of the health system as a whole, and appeared to have less information about the services being offered.

Similarly, with early childhood education, I observed that residents of Diadema were quick to relay the specific shortcomings of the system, particularly the lack of vacancies, while residents of Mauá were more likely to broadly call the crèches and all public schools “terrible.”\textsuperscript{100} Yet, the quality of the public crèches is almost identical in Diadema and Mauá, both municipalities abiding by the high standards mandated by the federal government for public nursery schools. Thus, the different estimations of public services by residents of Diadema and Mauá may be attributed to their differing attitudes towards local government. Diadema’s population, accustomed to a responsive local government, has high expectations of what can and should be provided. Mauá’s population appears to have a much less hopeful perspective regarding local government.

In Diadema, the fact that there are only 2,000 preschool vacancies annually for 6,000 children born per year is well known and often repeated.

\textsuperscript{98} Interview with Community Member (A) of Popular Health Council, Diadema, August 18, 2012. And Interview with Community Member (C) of Popular Health Council, Diadema, August 18, 2012.

\textsuperscript{99} Interview with head nurse at Quarteirão Hospital, Diadema, July 21, 2012.

\textsuperscript{100} These observations come from short, informal interviews with several parents in Diadema and Mauá.
Parents are outraged, teachers are worried, and the local department of education struggles to address the enormously high demand. In one campaign rally, the mayor, running for reelection, and his supporters, mentioned several times that the government was building or had recently opened a total of five new crèches.\footnote{Worker’s Party (PT) Campaign Rally, Diadema, July 31, 2012.} In an interview, the coordinator of crèches for Diadema expressed the government’s commitment to increasing vacancies, but acknowledged the difficulty in providing the resources to do so.\footnote{Interview with the coordinator of crèches for the Secretaría de Educación, Diadema, August 1, 2012.} In her estimation, the barrier is not funding so much as space. The municipality is prepared to invest more of its resources in expanding preschool coverage, but Diadema’s extremely high population density makes it difficult to find space for new facilities. The newest preschools are all several stories high to maximize their capacity; however, the federally mandated wheelchair ramps take up large amounts of space in these buildings. Nonetheless, the coordinator of crèches clearly indicated that expanding access was a top priority in response to the very high demand from frustrated parents. As of 2010, 35% of children ages zero to five were enrolled in preschools, and that number has likely risen.

Compare this to Mauá, where only 25% of children were enrolled in preschool in 2010, yet concerns are hardly vocalized by community members. While the foremost concern of the Department of Education in Diadema is access, Mauá has focused on other initiatives. One of the most significant projects was the construction of new headquarters for Mauá’s Department of Education. The large, modern office building was constructed three years ago and stands prominently in the city center, towering over the bus station.
building primarily benefits the government employees who work for the Department of Education. Regardless of whether this was a useful investment, there is certainly less of an emphasis on expanding access to preschools in Mauá than in Diadema.

2.2. Heightened Demands for Services

As shown in Chapter 4, civil society strength fortifies the demands of local government, which the government responds to by providing more services. This process has continued in the current era. Today, civil society is involved extensively in health councils and in parent-teacher associations at schools. The activity of these civil society organizations has led to demands relating to both health and education. In response to these demands, the local government has implemented and expanded two programs: the Family Health Program (Programa Saúde da Família, PSF) and Mais Educação.

As noted in Chapter 3, one particularly important difference in health services in Diadema and Mauá is the coverage of the PSF. In this program, health agents visit families monthly to perform checkups and provide primary health care, including prenatal care and vaccinations, as well as refer families to doctors or specialists, as needed. In Diadema, the PSF has the capacity to visit 90% of families every month, compared with only 30% in Mauá. The reason for this large difference, according to the coordinator of the program, was the municipality’s decision to prioritize this initiative.\(^{103}\) When the program began, the government received tremendous positive feedback from the community through the health agents and through health council

\(^{103}\text{Interview with Coordinator of Basic Health Units, Department of Health, Diadema, August 13, 2012.}\)
meetings. As such, Diadema scaled up the program by hiring more health agents to cover broad areas of the population. Mauá, on the other hand, has prioritized other programs and budget areas that have less of a direct impact on basic health care. The Department of Health has worked intensely in certain small areas of Mauá and has expanded its hospital services to include expensive equipment and specialized care.

Another example of greater service provision in Diadema is the program Mais Educação (More Education), which was implemented in response to the community’s demand for longer school hours for children. This after-school program is coordinated by the Department of Education but operated entirely by community volunteers, so it does not pose a significant strain on the municipal budget. The program serves children between the ages of four and seven. Four days a week, the children participate in additional educational or recreational activities with the program. Children may go to parks or visit school libraries or do activities in public spaces. The program currently serves more than 4,000 children, and has the capacity to expand further, given the number of volunteers from the community. Mais Educação represents an unusually successful partnership between the local government, which pioneered the program and coordinates its activities, and the community, which demanded longer school hours and provided volunteers to assist with the program.

104 Interview with Director of a Basic Health Unit, Diadema, August 16, 2012.
105 Interviews with Secretary of Health, Assistant to the Secretary of Health, and Coordinator of Basic Health Units, Department of Health, Mauá, August 6, 2012.
106 Interview with Coordinator of Crèches, Department of Education, Diadema, August 1, 2012.
107 Interview with Coordinator of Mais Educação (More Education Program), Department of Education, Diadema, August 1, 2012.
These two examples represent the broader alignment of interests between local government and civil society. The higher expectations of local government have translated into greater responsiveness. Now, the government has begun to spearhead initiatives with community support.

### 2.3. Enhanced Service Provision Through Community Participation

Another component of my theory is that civil society strength leads to the more effective provision of services because of community participation and volunteerism and the enhanced communication between local government and civil society. As shown with *Mais Educação*, which is staffed almost entirely by community volunteers, civil society strength in Diadema continues to positively impact the quality of services. Due to budgetary constraints, this program would not be possible without the assistance of volunteers from the community.

The other way that civil society strength improves service provision is through the communication of demands and specific needs to local government, which enables the efficient allocation of resources to the programs that are most desired by the community. In the current era, institutionalization of participation has streamlined and formalized this process. Instead of communicating demands through social movements and autonomous community organizations, local government has official venues for residents to convey their demands and participate in the governance of social services.

However, although institutionalization of participation has occurred throughout Brazil, it is much more effective in municipalities with existing civil society strength and a participatory population.
Diadema, given its history of government responding to effective social movements, readily embraced the institutionalization of participation. The Department of Health employs two full-time health council coordinators, whose primary responsibility is to keep track of the multitude of health council meetings that occur monthly in Diadema. Although the Unified Health System only mandates a municipal health council, Diadema has 25 distinct health councils. These include the federally mandated Municipal Council, the Popular Council (previously mentioned in Chapter 4), two hospital councils, and twenty-one councils of Diadema’s basic health units (UBS). The Municipal Council has about twenty-five active members, including nurses, doctors, health agents, government workers from the department of health, and several community members, who also serve on the popular council. The Popular Council has eighty members, four from each neighborhood of Diadema, who all serve voluntarily. Though the council is entirely made up of the community, they meet in the Department of Health and the two council coordinators attend the meetings and report back to the Department of Health. The hospital and UBS councils are much smaller, made up primarily of health workers. However, their meetings are distinct from staff meetings, because they also have community members and patients in attendance, along with the government’s council coordinators. Since all of the councils meet on a monthly basis, there are meetings practically daily.

The content of these meetings varies, but they generally transmit information to or from the local government and bring up issues or
challenges for discussion. At one Popular Health Council meeting,\textsuperscript{108} the council heard presentations from directors of community psychosocial centers (CAPs). At a municipal council meeting, the members discussed the need for additional ambulances.\textsuperscript{109} The Piraporinha Hospital council meeting featured debate about family visitation privileges and discussion of the upcoming renovations to the children’s wing.\textsuperscript{110} Finally, the UBS council meeting served as an info session for community members and a chance for users to give feedback about the programs and services offered.\textsuperscript{111} All of these meetings clearly contributed to a vibrant system of communication between government, service providers, and healthcare users. The result of this communication is that the government has a much clearer sense of the community’s opinions and needs regarding health in Diadema.

The effect of institutionalization of participation in Mauá has been very different. Whereas Diadema has multiple councils that are filled with community participants, Mauá’s system of “social control” is severely underdeveloped in comparison. The only councils in existence are those mandated by the federal government, including the municipal health council and the municipal education council. In order for Mauá to qualify for the federal government’s school nutrition program, it must have a school nutrition council. This council has a few highly dedicated members, but the scope of community participation is limited, with three civil society members in attendance.\textsuperscript{112} Similarly, the municipal education council, which has about thirty members on paper, only had half that number in attendance for a

\textsuperscript{108} Meeting of the Popular Health Council, Diadema, August 18, 2012.
\textsuperscript{109} Meeting of the Municipal Health Council, Diadema, August 20, 2012.
\textsuperscript{110} Meeting of the Piraporinha Health Council, Diadema, August 7, 2012.
\textsuperscript{111} Community Meeting and Information Session at a Basic Health Unit, Diadema, August 16, 2012.
\textsuperscript{112} Meeting of the School Nutrition Council, Mauá, August 8, 2012.
recent monthly meeting. Just two of these people were community members, even though the council is supposed to include 50% civil society. The lack of participation is not for lack of trying on the part of the local government. Workers at the Department of Health and the Department of Education expressed frustration with the lack of community members willing to participate. One resident claimed that there are informal perks for those who do participate, such as skipping lines at health clinics. If these benefits do exist, they could represent the local government’s desperation for community members to participate.

To clarify, my theory does not suggest that places with stronger civil society will have more effective service providers or more dedicated local government officials. My interviews with teachers, health providers, and local government officials revealed remarkable competency and dedication in both municipalities. Rather, I argue that Diadema benefits from an unusually strong relationship between civil society and local government, stemming from their history in the 1980s, that results in advantages in communication that improve service provision.

Because of this lack of effective participatory institutions and other channels for communication between the government and civil society, there are various consequences for health and education. Whereas Diadema has close communication between civil society and the local government, aligned incentives, and mutual support, Mauá has trouble filling the gap between community needs and local government provisions.

113 Meeting of the Municipal Education Council, Mauá, August 16, 2012.
114 Interview with President of the Municipal Education Council, Mauá, July 24, 2012.
115 Interview with Worker’s Party Campaign Volunteer, Mauá, August 3, 2012.
This problem is acutely evident in terms of the lack of community initiatives that receive local government support. In one of the poorer districts of Mauá, a community center was created by a local resident who had dedicated his life to helping his neighborhood. He had grown up in squalor, without a family to support him, and he felt it was his duty to make the area where he grew up a better place. The community center consisted of a roofed area with a makeshift classroom and kitchen used to teach mothers basic skills like sewing. The main attraction of the center, however, was a soccer field that the man had constructed with the help of his neighbors. For almost a year, the local children used the soccer field to play in teams. The center provided sandwiches to the children after school, funded in part by the local government, and prepared by community members. Shortly after the center was created, however, a government inspector discovered a weak wall and shut down the soccer field, as it was deemed unsafe. The founder of the center could not afford the materials to repair the wall, and since that time the center has been almost entirely unused. When asked why he did not appeal to the government for help, he said, “They won’t help us, and I won’t go to them for help.”\textsuperscript{116} This inherent distrust and lack of relationship between the community and Mauá’s government is likely to remain a problem for years to come, slowing the improvement of outcomes and quality of living.

3. Conclusion

In this chapter, I have outlined the main evidence from the “current era” for my theory of civil society and social development. This period is

\textsuperscript{116} Interview with community center founder, Mauá, August 15, 2012.
marked by overall improvements in social development due to the exogenous factor of federal government involvement and funding. This phenomenon, along with the formalized avenues for participation in local government, has reduced the combative and activist nature of civil society and the extent of civil society movements. Nevertheless, civil society strength over time has had a lasting impact on the standards of residents in Diadema and contributed to the innovative programs pioneered by the local government. Additionally, given the civil society culture of high levels of participation and volunteerism, residents of Diadema continue to aid in the effective provision of services by communicating with local government through participation in councils or by volunteering to assist in providing services. This chapter has served to illustrate the changing nature of the relationship between civil society and local government. Providing evidence for my argument in two different contexts shows that the theory travels and may be applicable to other times and places.
Chapter 6

Alternative Hypotheses

In this chapter, I will address the main alternative theories that could explain the variation in social development in Brazilian municipalities. First, I will address the possibility that my causal argument may ignore variables that explain both higher levels of civil society strength and improved social development outcomes. Two possible omitted variables are (1) the role of political parties, and specifically, whether uninterrupted government of the Worker’s Party (PT) may account for both stronger community and more impressive accomplishments in the areas of health and early childhood education; and (2) “good government,” such that the quality of Diadema’s institutions and individual leaders may explain improvements in health and education services. I will also consider two alternative mechanisms that could connect civil society strength with improved service provision, namely, (1) reverse causality and (2) the direct influence of civil society on health and education, without the influence of local government. What I will argue is that the evidence from Diadema and Mauá does not support these theories, although they may help to explain variation in other parts of Brazil.

1. Possible Omitted Variables

1.1. Political Party

One possible explanation for differences in health and education outcomes in Brazil’s municipalities is the political party in power. Specifically, the presence of the PT may be a determining factor. This party grew out of a popular grassroots movement to represent labor and the poorer
sectors of society, so it has consistently emphasized redistribution, especially through the provision of social services, as well as anti-poverty programs such as minimum income and conditional cash transfer programs, including *Bolsa Família* and its predecessors (*Bolsa Escola, Auxílio Gas, Fome Zero*). As such, the party is committed in its platform to provide health and education resources. As mentioned in Chapter 3, my comparison of Diadema and Mauá does not control for political party over time. Even though the PT has primarily dominated both municipalities in recent years, Diadema had PT mayors before Mauá. Therefore, Diadema’s early success of civil society movements could be due to the receptiveness of the PT to the community’s demands more so than the ruling party in Mauá.

One way to address this theory is by examining the behavior of political parties over time in Mauá. Although the PT has been in power for longer in Diadema, it has still dominated politics in Mauá for the past fifteen years. Despite this fact, the PT governments have not championed issues of social development the way they have in Diadema. The Family Health Program, for example, was only launched in the mid-1990s. Even though the same party has been in power since this time in both Diadema and Mauá, the program covers 90% of families in Diadema and just 30% in Mauá, a figure that is lower than the state average for São Paulo (approximately 40%). This suggests that the presence of the PT does not adequately explain investments in health and education. Under PT rule, Mauá has invested in government facilities, including the new Department of Education building, and particularly the construction of highways, rather than investing in health and education. Also, as shown in Chapter 5, despite its efforts to include the
community in institutionalized participation, the PT government of Mauá has been unable to strengthen community participation in activism.

Second, even though the PT has dominated Diadema for so long, civil society strength in Diadema precedes the initial election of the PT. The neighborhood associations, mother’s clubs, and social movements that I argue were integral to advancements in social development arose before the PT came to power, in the late 1970s and early 1980s. In fact, the PT was most likely successful in winning the early elections in Diadema because of civil society strength. The party grew out of a grassroots movement as part of “the same historical trajectory of civil society organizations in Brazil,” so it may be misleading to consider their influences on health and education separately. I find that the PT’s success in implementing programs arises from the momentum of civil society. Further, in Mauá, despite the significant efforts of PT organizers in the early 1980s, they were unable to mobilize enough support to win elections. Perhaps the PT was unsuccessful because of the lack of civil society strength. For this reason, I argue that political party and civil society strength are inextricably connected. Rather than the PT’s involvement generating a more connected community, a municipality with stronger civil society is more likely to elect political parties that respond to social development demands.

1.2. Good Government

Related to the political party hypothesis is the argument that improvements in social development are a result of “good government,”

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117 Interview with Professor of Political Science, University of São Paulo, São Paulo, January 18, 2013, (English).
characterized by low levels of corruption and effective individual leaders. This theory would suggest that Diadema’s government simply does a better job than Mauá’s at addressing the community’s needs, regardless of civil society strength, or that an effective local government generates a more cohesive civic community. According to this logic, the effectiveness of local government is the result of random variables such as individual leaders who have championed social development.

However, my research in Diadema and Mauá does not reveal differences in the quality of the local government workers. In both municipalities, government employees and service providers demonstrated remarkable dedication to their work and improving the lives of the local residents. Interviews with teachers, health workers, and employees of the Departments of Health and Education in both Diadema and Mauá proved to me that Mauá does not suffer from less effective government employees. The greater capacity of local government in Diadema, as I have suggested, arises not from the quality of local government, but from the involvement of civil society and the strength of communication between government workers and community members.

2. Alternative Mechanisms

2.1. Reverse Causality

In this thesis, I have put forth a possible mechanism by which civil society influences health and education through long-term effects on local government, specifically by increasing expectations of government provisions and partnering with the local government to communicate demands and assist with services. However, there are other possible
mechanisms that could explain the apparent correlation between civil society strength and improved health and education outcomes. First, the correlation between civil society strength and better health and education outcomes could be due to a reverse causal mechanism in which a healthier, better-educated population is more likely to spend time volunteering, interacting with neighbors, and coming together to form civil society organizations.

However, there are clear indications that this is not the case in Diadema and Mauá. In Diadema, civil society, though still vibrant, is less organized than it was in the 1980s. Participation in councils and volunteer programs remains very high, but the prevalence of neighborhood associations and mother’s clubs has declined, even as outcomes have improved over the past two decades. Also, in Mauá, recent improvements in health and education due to the impact of federal government programs and policies have not engendered a more active civil society or participant population.

2.2 Direct Causation

Finally, a fourth possibility to consider is that municipalities with stronger civil society will have better health and education outcomes regardless of the actions of local government. In this scenario, improvements in Diadema’s infant mortality rate and educational attainment, for example, would be due to civil society directly providing proxies for social services. For example, mother’s clubs and other community groups might provide informal daycare services to their neighbors. Perhaps the positive effects of being involved in civil society organizations, such as increased trust and more social interactions, have a tangible effect on individual’s health and
overall wellbeing. Though there may be logical merit to this argument, I would argue that the direct effects of civil society strength on health and education outcomes are limited. All of the cases of health and education improvements in Diadema that involve the community directly in service provision are spearheaded or supported by the local government. The foster care NGO, Raio de Luz, receives funding from the municipality. The community members that worked to upgrade the slums had crucial technical support from the local government. And community volunteers for Mais Educação are coordinated by the Department of Education. The community center within the favela of Mauá, which was founded and run entirely by a local resident, was unable to continue providing services to the neighborhood due to a lack of local government support. At least in the cases of Diadema and Mauá, there is little evidence to support the claim that civil society strength bypasses local government in terms of improving outcomes. I argue that civil society’s influence on the service provisions of local government is a better explanation for improved social development outcomes.
Chapter 7

Conclusion

The lessons learned from Diadema and Mauá offer an important lens through which to understand variation in social development across Brazil. Using evidence from these two cities, I have identified a possible mechanism by which civil society strength influences the provision of services and outcomes, particularly relating to health, and to some extent education. Specifically, communities with higher levels of civil society strength, as measured by greater participation and frequency of activity, are more likely to successfully convey demands for services to the local government and form partnerships to improve these services. My argument suggests that civil society strength leads to more service provision, through government prioritization of social development, and better service provision, through effective communication of needs and participation in government programs. In the long run, these processes lead to a cycle of high expectations and lasting emphasis on social development within the community.

Diadema, which has had a strong and participant civil society for more than three decades, has seen dramatic improvements in infant mortality and sanitation as well as high levels of health and education service provision, including coverage of the Family Health Program and the number of preschools. Diadema residents have high expectations and readily communicate their demands, and the government has demonstrated consistent prioritization of social development within the government agenda. In Mauá, on the other hand, hardly anyone is involved in voluntary associations, reflecting the long-term weakness of civil society. As a result,
despite equal social development needs to Diadema and municipal efforts to address local problems, Mauá has suffered from an absence of demands and expectations and an overall lack of communication between residents and local government. Thus, Mauá has lower levels of healthcare coverage, worse sanitation, and fewer preschool facilities than Diadema.

1. Contribution

My research builds on the theory of civil society put forth by Robert Putnam, by showing the positive effects of civil society strength on the provision of social services in Brazil. My argument focuses on social development rather than the success of democracy and describes a specific causal mechanism for the context of Brazilian municipalities. Instead of using a broad definition of civil society to include recreational associations, as Putnam does, I particularly examine organizations that advance community interests, such as neighborhood associations and local health councils. By studying determinants of social development beyond the classic factors of wealth and regime type, this thesis contributes to a better understanding of the local contexts that promote or inhibit advancements in health, education, and other measures of wellbeing. I have sought to provide a detailed account of what civil society strength looks like in Brazil and precisely how it leads to improvements in social development.

By providing evidence for my argument in two different time periods, I have demonstrated that the theory travels, at least to some extent. I would suggest that the argument is relevant for municipal variation throughout Brazil, and may also be applicable to other countries. The argument is limited to: 1) developing nations that have relatively low levels of health and
education service provision, so that civil society has reason to make demands in these areas, and 2) federal democratic societies. Although civil society strength may promote social development in other regime types, my argument emphasizes the electoral incentives of local government to respond to pressure from civil society. Also, in nations with centralized service provision, local civil society has less capacity to influence development outcomes.

2. Implications

The relationship in Diadema between the community and local government is important to the success of a federalist system that allows for local autonomy. Decentralization of policymaking and service provision is intended to give communities the ability to formulate plans that suit their specific needs. But for this intention to be carried out, there must be a well-functioning partnership between the local government and members of the community.

As seen in Mauá, the lack of a strong civil society has hindered the community’s ability to advance its interests in improved health and education services, resulting in low expectations of local government and inhibited communication. My argument suggests that municipalities with less civil society strength throughout Brazil similarly have lower capacity to influence the local government’s provision of services. As a result, health and education suffers, because the local government has less information about the community’s needs and less incentive to expand its services. On the other hand, in municipalities with a culture of advocacy and participation, the local government is impelled to prioritize the needs of the community, which are
often directly related to crucial social services. High expectations and open communication in these municipalities lead to better services.

The recent trend in Brazil towards institutionalization of participation perhaps attempts to standardize community relationships with local government to address these disparities. According to Brazil’s Institute of Applied Economic Research, the number of social programs in Brazil created “in interaction with civil society” increased by 64% from 2002 to 2010.\textsuperscript{118} In general, there has been a proliferation of these institutions at all levels of government, particularly through the use of councils. By creating means for the community to participate in the governance of social services, one would expect the likelihood of effective provisions to increase.

However, my research shows that these institutions are much less likely to be effective in the municipalities that need them most, such as Mauá, where council spots are often left unfilled and meetings are infrequent and sparsely attended. This problem suggests that the government cannot easily create an artificial culture of participation and civil society involvement in local politics if the community does not see the benefits of involvement. In Mauá, and certainly in other municipalities, lack of relationships with the local government gives the community little reason to believe that their participation will be useful.

Ongoing studies by the Brazilian government have attempted to assess the impact of effective municipal councils, as measured by frequency of meetings and number of participants, on service provisions and

\textsuperscript{118} “Participação social como método de governo: um mapeamento das “interfaces socioestatais” nos programas federais,” (Instituto de Pesquisa Econômica Aplicada, 2012).
However, my research suggests that these studies have an omitted variable bias. The municipalities with effective councils, such as Diadema, are likely to be the ones that have had strong civil society movements to address the most significant needs of the communities, like health, sanitation, and childcare.

Thus, in the age of increasing emphasis on health and education by the federal government and increasing attempts to formalize participation in local politics, Brazil must reconsider ways to build mutually beneficial partnerships between local government and communities. Brazil must recognize that communities without a history of civil society strength are at an inherent disadvantage in terms of their capacity to work with the local government and communicate their demands. Residents are distrustful of local government and do not have the support of their neighbors to advocate for mutual interests. So, instead of creating participation requirements, the federal government should recognize the challenges faced by municipalities with historically lower rates of associational activity.

One way to address these problems is to replicate and expand programs that work well in municipalities like Diadema to other communities. State or federal governments could set minimum coverage requirements for programs like the Family Health Program or increase funding specifically for preschools and nursery schools. However, a better possibility, I argue, is to explore new ways to build trusting and communicative relationships between local government and the community. Local governments should solicit participation and emphasize

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119 Research by the Instituto de Pesquisa Econômica Aplicada, Division on Democracy, 2012. As cited in interview with Professor of Political Science, University of São Paulo, São Paulo, January 18, 2013, (English)
responsiveness to the community’s needs. In this way, participation and communication may be fostered, which would allow municipalities to find context-specific solutions to social development challenges. These relationships are important to address so that the benefits of decentralization are not limited to municipalities with strong civil society.

3. Opportunities for Further Research

Examining two cities during nine weeks of fieldwork allowed me to generate a detailed causal mechanism connecting civil society strength to health and education outcomes. However, the depth of study came at the sacrifice of breadth. The two case studies are a useful comparison, although they do not control for all variables that I would have liked. As previously mentioned, although the two municipalities have almost identical levels of poverty and spending and have had the same party in power in recent years, differences in the overall level of GDP per capita and the length of time the PT has been in power do not allow for a strictly controlled analysis. Even if all variables were exactly controlled, the small-N nature of the study does not permit conclusive observations. Rather, they provide a deeper understanding of the nature of civil society’s interactions with local government.

In order to make a stronger causal claim for my argument, there could be a large-N study that quantifies civil society strength in more of Brazil’s municipalities. Currently, Brazil invests tremendous resources in data collection at the municipal level; however, there is a significant gap in terms of measuring the participation of the community in civil society organizations and volunteer activities. By measuring the number of people who participate in advocacy-related organizations, and documenting the frequency of these
meetings, there would be a much better proxy for civil society activity than the current system, which only measures the number of nonprofits per municipality. Nonetheless, without such an extensive dataset of all municipalities, researchers could do a limited study of several matched-pairs, similar to my assessment of Diadema and Mauá. This study could focus on generating more observations to confirm a correlation between civil society strength and health and education outcomes, controlling for GDP per capita, political party over time, and other demographic factors. This research would also present the opportunity to examine the effect of civil society on other outcomes besides health and education service provision.

In conclusion, my fieldwork has generated a theory emphasizing the importance of civil society strength in improving social development. As Brazil works towards the even distribution of resources and providing the services most needed for a healthy, educated population, it is essential to understand the local factors that skew the success of government initiatives. The influence of civil society strength should not be overlooked in the quest for equitable social development.
Bibliography

Written Materials


**Interviews and Meetings (chronological order)**

*All interviews were conducted in Portuguese and translated by the author, with the help of a student translator, unless otherwise noted.*

Interview with Professor of Political Science, University of São Paulo, São Paulo, January 18, 2013, (English).

**Diadema**

Interview with Head Pediatrics Nurse, Quarteirão Hospital, Diadema, July 21, 2012.

Interview with Assistant to Diadema’s Deputado (Congressman), Diadema, July 23, 2012, (English).
Interview with Communications Director for Diadema’s Deputado, Diadema, July 23, 2012, (English).


Interview with a mother who works at a Basic Health Unit, Diadema, July 26, 2012.

Interview with Director of Social Assistance, Quarteirão Hospital, Diadema, July 26, 2012.

Interview with Mayor’s Assistant on Foreign Relations, Diadema, July 31, 2012.

Interview with Coordinator of Councils, Department of Health, Diadema, July 31, 2012.

Interview with Assistant to the Coordinator of Councils, Department of Health, Diadema, July 31, 2012.

Worker’s Party (PT) Campaign Rally, Diadema, July 31, 2012.

Interview with Coordinator of Councils, Department of Education, Diadema, August 1, 2012.

Interview with Coordinator of Crèches, Department of Education, Diadema, August 1, 2012.

Interview with Director of a preschool, Diadema, August 1, 2012.

Interview with Coordinator of Mais Educação (More Education Program), Department of Education, Diadema, August 1, 2012.

Interview with Assistant to the Secretary of Education, Department of Education, Diadema, August 1, 2012.

Meeting of the Piraporinha Health Council, Diadema, August 7, 2012.

Interview with Community Member (A) of Piraporinha Health Council, Diadema, August 7, 2012.

Interview with Community Member (B) of Piraporinha Health Council, Diadema, August 7, 2012.

Interview with Coordinator of Basic Health Units, Department of Health, Diadema, August 13, 2012.

Training Meeting of School Council Members, August 14, 2012.

Interview with Technical Assistant to the Secretary of Health, Department of Health, Diadema, August 14, 2012.

Community Meeting and Information Session at a Basic Health Unit, Diadema, August 16, 2012.

Interview with a Community Member at a Basic Health Unit, Diadema, August 16, 2012.

Interview with Director of a Basic Health Unit, Diadema, August 16, 2012.

Meeting of the Popular Health Council, Diadema, August 18, 2012.
Interview with Community Member (A) of Popular Health Council, Diadema, August 18, 2012.

Interview with Community Member (B) of Popular Health Council, Diadema, August 18, 2012.


Interview with Government Member of Municipal Health Council, Diadema, August 18, 2012.

Mauá

Interview with Director, Nardini Hospital, Mauá, July 27, 2012.

Interview with Director of Social Assistance, Nardini Hospital, Mauá, July 27, 2012.

Interview with Secretary of Education, Department of Education, Mauá, July 24, 2012.

Interview with President of the Municipal Education Council, Mauá, July 24, 2012.

Interview with Government Member of Municipal Education Council (A), Mauá, July 24, 2012, (English).

Interview with Legal Specialist for Secretary of Education, Department of Education, Mauá, July 24, 2012.

Interview with Worker’s Party Campaign Volunteer, Mauá, August 3, 2012.

Interview with Mayor’s former Assistant on Foreign Relations, Mauá, August 3, 2012, (English).

Interview with Secretary of Health, Department of Health, Mauá, August 6, 2012.

Interview with Assistant to the Secretary of Health, Department of Health, Mauá, August 6, 2012.

Interview with Coordinator of Basic Health Units, Department of Health, Mauá, August 6, 2012.

Interview with Coordinator (A) of Municipal Schools, Department of Education, Mauá, August 8, 2012.

Interview with Coordinator (B) of Municipal Schools, Department of Education, Mauá, August 8, 2012.

Interview with Director of a preschool (A), Mauá, August 8, 2012.

Interview with Assistant Director of a preschool, Mauá, August 8, 2012.

Interview with Director of a preschool (B), Mauá, August 8, 2012.

Meeting of the School Nutrition Council, Mauá, August 8, 2012.
Interview with Director of a Basic Health Unit, Mauá, August 15, 2012.

Interview with Coordinator of health services for the elderly, Department of Health, Mauá, August 15, 2012.

Interview with Family Health Agent (A), Family Health Program, Mauá, August 15, 2012.

Interview with Family Health Agent (B), Family Health Program, Mauá, August 15, 2012.

Interview with Volunteer Director of Community Center, Mauá, August 15, 2012.

Interview with Community Member of Municipal Education Council (A), Mauá, August 16, 2012.

Interview with Teacher and Member of Municipal Education Council (A), Mauá, August 16, 2012.

Meeting of the Municipal Education Council, Mauá, August 16, 2012.

Interview with Municipal Historian, Mauá, August 20, 2012.