



BRAZIL

BRAZIL'S POLICIES TO GUARANTEE FOOD RIGHTS

INTERNATIONAL LEARNING SERIES / 5
PUBLISHED JULY 2017



TACKLING HUNGER THROUGH SUSTAINABLE FOOD POLICIES – LEARNING FROM BRAZIL'S POLICIES TO GUARANTEE FOOD RIGHTS

Between 1990 and 2015, the percentage of the population suffering from hunger dropped from 14.8 per cent to 1.7 per cent, child malnutrition rates decreased by 73 per cent, and child deaths by 45 per cent

In the last two decades, Brazil has worked hard to tackle deep-rooted food and nutrition insecurity through a range of social policies and programmes. Between 1990 and 2015, the percentage of the population suffering from hunger dropped from 14.8 per cent to 1.7 per cent, child malnutrition rates decreased by 73 per cent, and child deaths by 45 per cent. This radical reduction meant that in 2014 Brazil was officially removed from the annual Hunger Map produced by the UN Food and Agriculture Organization (FAO). However, while Brazil still has some issues with food and nutritional insecurity, the rapid rise of obesity now poses an increasingly serious challenge. This policy brief provides an overview of some of the key food and nutritional policies that helped reduce hunger and malnutrition, looking at how rights-based approaches to adequate and healthy food are working in Brazil's National Food and Nutrition Surveillance System, National Breastfeeding Policy, National School-Feeding Programme and Community Restaurants. We highlight how these policies and programmes aim to tackle food and nutrition security issues, focusing on elements that are of particular relevance to the UK. A separate policy brief describing food and nutrition governance in Brazil, and its overarching National Policy for Food and Nutritional Security, is also available online from the Institute of Development Studies and the Food Foundation.

The sections below provide an overview of Brazilian policies aimed at infants, children and adults, which all contribute to enabling the realisation of the human right to food.

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Credits

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CONSEA: THE NATIONAL COUNCIL FOR FOOD AND NUTRITION SECURITY

- CONSEA brings together the different ministries, departments and sectors involved in food and nutrition policy, alongside civil society actors. The relationship between CONSEA and the President of Brazil provides the seal of political legitimisation needed for it to be an attractive proposition, and the role of the civil society members in selecting the Council president is a tool for building trust within the Council. This creates space for contrasting views to be aired, and for the discussion of often-opposed interests that reflect some of the polarised positions seen within government and society. CONSEA's capacity to intervene in public policies is not determined solely by its advisory nature, but rather is highly dependent on its negotiating ability and the strength of the social networks and movements it works with.¹ CONSEA is internationally considered as an exemplar of how inclusive governance structures can deliver successful policy responses to highly complex issues such as hunger. CONSEA provides the overarching governance framework for food policy in Brazil.
- It is an advisory council to the President of Brazil, formed by 19 State Ministers and 38 civil society representatives, who are joined by a dozen observers representing international organisations and other national councils.
- The plenary body generally meets every two months and is CONSEA's highest deliberative level.
- There are 2:1 civil society to government members in the Council – this is a deliberate strategy to balance power within the Council.
- The CONSEA President is chosen from among civil society representatives.

One example of CONSEA's achievements was the successful approval of the law expanding the National School Meals Programme (PNAE) to reach all of Brazil's primary and secondary public education system, as well as youth and adult education programmes. That means that under Brazilian law, public school students are entitled to a free hot meal every day, regardless of their family's income. This adds up to around 47 million meals per day. CONSEA also worked to support farmers: the law stipulates that at least 30 per cent of PNAE's federal funds must be spent on acquiring produce directly from family farms. The law also works to ensure the food is healthy and nutritious: 70 per cent of the funds must be spent on basic food products that are either natural or minimally processed, with strict limits on what/how much food can be ultra-processed. This is not to say that programmes are immune to failure or corruption, or that all of CONSEA's proposals have been implemented – some have failed, including those recommending greater precaution with the production and marketing of genetically modified food, tighter regulation of food marketing directed at children, and a national plan for the reduction of agrochemicals. However, there are other significant successes that continue to guarantee citizen and political support for such programmes.

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¹ Leão, M. and R. Maluf (2012). *Effective Public Policies and Active Citizenship: Brazil's experience of building a Food and Nutrition Security System*. Brasília: ABRANDH.

CAISAN: THE INTERSECTORAL CHAMBER FOR FOOD AND NUTRITIONAL SECURITY

CAISAN was formed to promote the articulation and integration of the different public sectors working on food and nutrition issues. It was originally composed by the same 16 ministers attending CONSEA (meetings are generally attended by ministers' alternates – ministers are present for key decision moments such as the approval of the National Plan). CAISAN's principal tasks include the elaboration of the four-yearly National Plan for Food and Nutrition Security and the monitoring of its implementation. The Chamber is also responsible for the management of food and nutrition security monitoring systems, which are based on national indicators covering: i) production and availability of food; ii) income and expenditure with food; iii) access to adequate food and health; and iv) health, nutrition and access to related services.

CAISAN includes more than 20 ministries, as well as technical and policy specialists from the Ministry of Social Development, Ministry of Health, the National Health Surveillance Agency (*Agência Nacional de Vigilância Sanitária* – ANVISA), the Ministry of Education's National Fund for Educational Development which finances school meals programmes (*Fundo Nacional de Desenvolvimento da Educação* – FNDE), and the Ministry of Agriculture, Livestock and Supplies' National Food Supply Agency (*Companhia Nacional de Abastecimento* – CONAB). The 2011 committee established by CAISAN to work on a new obesity policy also brought together a range of different sectors, institutions and actors, including the following bodies:

- i) General Coordination Office for Food and Nutrition Policy, part of the Basic Health Care Department under the Health Care Secretariat within the Ministry of Health (*Coordenação Geral de Alimentação e Nutrição* – CGAN/DAB/SAS/MS)
- ii) National Council for Food and Nutritional Security (*Conselho Nacional de Segurança Alimentar e Nutricional* – CONSEA)
- iii) Pan-American Health Organization/World Health Organization (PAHO/WHO)
- iv) Alana Institute, a civil society organization working on children, obesity and rights, which sits on CONSEA and CAISAN.

CAISAN's principal tasks include the elaboration of the four-yearly National Plan for Food and Nutrition Security and the monitoring of its implementation. The Chamber is also responsible for the management of food and nutrition security monitoring systems

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The PF works in close partnership with both CONSEA and CAISAN, working to improve federal legislation on Human Right to Adequate Food and monitor bills that might violate this principle

PARLIAMENTARY FRONT FOR FOOD AND NUTRITIONAL SECURITY

The Parliamentary Front for Food and Nutritional Security (*Frente Parlamentar de Segurança Alimentar e Nutricional* – FPSAN) was created in 2007 as an additional way of enforcing the right to food in Brazil.² The Parliamentary Front (PF) is a non-partisan non-profit association, agreed and constituted in the national congress, formed by members of parliament who subscribe to its formally established statute. Representations of social movements, academy, forums and national counsels, as well as members of state and municipal chambers, can take part as collaborators. It works in close partnership with both CONSEA and CAISAN, working to improve federal legislation on Human Right to Adequate Food and monitor bills that might violate this principle. One recent example of how the PF works with CONSEA to defend the human right to food was its lobbying of fellow congress members to block a bill that proposes the abolition of mandatory labelling of foods containing GM ingredients.

The PF emerged from the national campaign for the approval of the constitutional amendment bill, which added the right to food to the Federal Constitution in 2010, in which it had a key role. Like other PFs, it is made up of an Executive Coordinating Body, which includes one president, two vice-presidents, and seven coordinators who represent Brazil's regions. The PF also aims to stimulate the transfer and diffusion of its experience through exchanges with other state and municipal chambers, as well as internationally with other parliaments. For example, the PF promoted the 2009 Inter-Parliamentary Conference on the Right to Food Security, which led to the emergence of a new Parliamentary Front against Hunger in Latin America and the Caribbean, supporting regional learning and policy exchange.

² Chamber of Deputies, Lower House of the National Congress of Brazil. <http://www.camara.leg.br/eventos-divulgacao/evento?jsessionid=055132C29F9B46565F0904827E3099AD.prod1n1-secomp.camara.gov.br?id=19431>

NATIONAL BREASTFEEDING POLICY

Brazil has pioneered a range of highly innovative and effective national breastfeeding policies, which are underpinned by a commitment to health rights and which have successfully tackled above-average child mortality rates. In the 1970s, Brazilian children were breastfed for an average 2.5 months; and 2 per cent of infants aged under six months old were exclusively breastfed. By 2006, these figures had increased to 14 months and 39 per cent respectively.³ Data from UNICEF (2015)⁴ shows that 68 per cent of Brazilian children are breastfed in the first hour of their lives, 50 per cent are breastfed until they are one year old, and 25 per cent are breastfed until the age of two.

Strategies in support of breastfeeding started in 1981, with the Programme for the Incentive of Maternal Breastfeeding (*Programa Nacional de Incentivo ao Aleitamento Materno*), which included media campaigns, training for health professionals, individual breastfeeding advice, educational material, community breastfeeding support groups, as well as – crucially – laws protecting breastfeeding, both in public and in the workplace. For example, in the states of Rio de Janeiro and São Paulo, it is illegal to prevent a woman from breastfeeding in public, with fines ranging from R\$500–2000.

The law states that working mothers who breastfeed in the first six months of the baby's life are guaranteed two 30-minute breastfeeding/expressing breaks daily, or they can leave work one hour early, in addition to having 120 days of maternity leave. There are also laws regulating the sale of milk substitutes such as formula and baby foods, as well as rubber teats, bottles and dummies. In addition to adopting a rights-based approach to health, the Ministry of Health realised Brazil would have to counteract the aggressive marketing of milk substitutes, and was the first country to legally adopt the International Code on Maternal Milk Substitutes in its totality, before creating the Brazilian Norm for the Commercialization of Foods for Breastfeeding Mothers and Infants, which also regulates baby bottles, rubber teats, dummies etc.⁵

In 2008, Brazil increased statutory maternity leave from four to six months, enabling mothers to breastfeed exclusively to six months. Breastfeeding support is given in hospitals and through a host of policies that function at every level, from local through to state and national level. The 2008 National Policy for Breastfeeding Support built on existing policies and programmes, and includes community tutoring and workshops on breastfeeding, and mother-and-baby-friendly hospital care, which is part of UNICEF and WHO's Global Strategy for Feeding Breastfeeding Mothers and Infants (*Estratégia Global para Alimentação de Lactentes e Crianças de Primeira Infância*), which aims to support women's right to learn and practise breastfeeding through the *Ten Steps for Successful Breastfeeding*.

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³ Victora C. G., Bahl R., Barros A. J. D., França G., Horton S., Krasevec J., Murch S., Sankar M. J., Walker N., Rollins N. C. for The Lancet Breastfeeding Series Group (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet* 387(10017): 475–490, 30 January 2016.

⁴ UNICEF Child Mortality Report, 2015.

⁵ Brazilian Norm for the Commercialization of Foods for Lactating Women and Infants, Rubber Teats, Dummies and Feeding Bottles (Norma Brasileira de Comercialização de Alimentos para Lactentes e Crianças de Primeira Infância, Bicos, Chupetas e Mamadeiras – NBCAL).

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HUMAN MILK BANKS

Brazil has also developed an extensive Network of Human Milk Banks (*Rede Brasileira de Bancos de Leite Humano* – BLH), which collect, screen, pasteurise and dispense milk donated by breastfeeding mothers, giving it to new-born babies who are struggling to feed, or have been hospitalised due to being underweight, malnourished or premature. Brazil has the biggest and most complex network of human milk banks in the world, with 213 units out of the 300 or so that exist globally.⁶ It is a fundamental element of a broader strategy that has enabled Brazil to reduce child mortality rates by 73 per cent since 1990.

In addition to training health professionals as part of the network, Brazil's strategy has over the years made use of other sectors that can support the programme. This has included a range of civil society health and social organisations, as well as the Friendly Postman (*Carteiro Amigo*) programme, which trained postal workers to provide information on breastfeeding to pregnant women. The Friendly Firemen programme (*Bombeiro Amigo do Peito*) has fire-fighters working with the publicly funded ambulance service (*Serviço de Atendimento Móvel de Urgência* – SAMU) and BLH staff to collect milk donations from breastfeeding mums and deliver it to the Human Milk Bank centres, which are always linked to maternity and/or paediatric hospitals. The service is easy and free for the users – if a mother wants to make a deposit, she rings a freephone number and schedules a pick-up for the milk from her home, which is then delivered to a BLH. As one observer pointed out, this is an excellent way for government to show its commitment to the importance of breastfeeding, as well as contributing to normalising breastfeeding by making it part of a wider group of citizens' daily lives. It also delivers significant value for money: according to the Brazilian Ministry of Health, in 2012 alone, the use of human milk banks saved the country around US\$ 40 million annually (around £338 million, at the November 2012 exchange rate).

Based on its success, Brazil has shared lessons learnt from its experience in creating milk with a range of countries including the US, India, as well as the Iberian-American countries, which in 2007 decided to adopt the human milk bank strategy as a continental inter-governmental action. This scaling-up has been possible due to Brazil's concerted political investment in ensuring the financial and institutional structures are in place to enable the life of the programme beyond government cycles, as well as establishing Latin America's first centre for breast milk research in 1985, which provided ongoing research into understanding maternal breastfeeding, and how to improve the quality and expand the delivery of the programme, making it affordable and replicable.⁷

Investing in human resources such as community and maternity ward workers who can support women (and by extension the wider family, community and public) in learning about breastfeeding is key: neither the breastfeeding policy nor the human milk bank would have worked otherwise. The BLH depends on the willingness of breastfeeding women to express their milk and donate it, which is the result of much awareness-raising, ranging from public campaigns to word of mouth and the support provided during ante- and neonatal care.

According to the Brazilian Ministry of Health, in 2012 alone, the use of human milk banks saved the country around US\$540 million annually (around £338 million at the November 2012 exchange rate)

⁶ Ministry of Health, Brazil, 2016 <http://portalsaude.saude.gov.br/index.php/cidadao/principal/agencia-saude/22403-brasil-tem-o-maior-numero-de-doadoras-de-leite-humano-do-mundo>

⁷ Ibid.

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Facts and figures at a glance:⁸

| Year (Jan–Dec) | Litres of milk collected (rounded up to nearest litre) | Litres of milk distributed (rounded up to nearest litre) | Number of donors | Number of recipients |
|---------------------|--|--|------------------|----------------------|
| 2016 to date | 100,213 | 73,108 | 94,491 | 90,948 |
| 2015 | 185,136 | 138,467 | 176,061 | 172,278 |
| 2014 | 186,584 | 146,045 | 167,032 | 177,797 |
| 2013 | 172,192 | 132,994 | 181,923 | 174,351 |
| 2012 | 172,192 | 132,994 | 181,923 | 174,351 |
| 2011 | 167,634 | 126,283 | 169,334 | 171,957 |
| 2010 | 168,870 | 128,479 | 161,027 | 158,603 |

Some challenges remain: as in many other countries, working mums breastfeed less than those on maternity leave – 65.9 per cent and 91.4 per cent according to de Souza et al. (2010),⁹ which requires new thinking on how to improve this scenario through a comprehensive range of policy instruments, incentives and awareness-raising, particularly in rural areas and with vulnerable populations that may face other structural issues.

⁸ Brazilian Human Milk Bank Network (Rede-BLH), Oswaldo Cruz Foundation-FIOCRUZ

⁹ Belomo de Souza C., Córdova do Espírito Santo L., Justo Giugliani E. R. (2010). Políticas Públicas de Incentivo ao Aleitamento Materno: A Experiência do Brasil. La Santé de l'homme, INPES Santé Publique France, no. 408 (July–October, 2010).

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UNIVERSAL SCHOOL MEALS

Dating in its earliest form back to the 1940s, the National School-Feeding Programme (*Programa Nacional de Alimentação Escolar – PNAE*)¹⁰ is one of the oldest policies guaranteeing the human right to food in Brazil. PNAE has been greatly expanded over the last decade, and now provides universal school meals to all pupils in primary and secondary state schools, as well as schools teaching young people and adults. In 2015, 42.6 million students in around 250,000 schools benefited from at least one daily, free, nutritious, hot school meal cooked from scratch – regardless of their family's income. PNAE also delivers excellent value for money: the 2015 budget was R\$3.8 billion, around £950 million yearly (given November 2016 conversion rates) or just over £22 per pupil, per annum – a modest sum by any standard.

Currently, the State transfers the following amounts, per student per school day:

- Crèches: **R\$1.00.**
- Pre-school: **R\$0.50.**
- Indigenous and *quilombola* (Afro-Brazilian community) schools: **R\$0.60.**
- Primary and secondary education, and education of young people and adults: **R\$0.30.**
- Full-time school (*ensino integral* refers to pupils who are at school for up to 9.5 hours daily and receive three meals; as opposed to attending school in the morning or afternoon and receiving one meal): **R\$1.00.**
- Pupils from the *Mais Educação* (More Education) programme (this aims to increase the school day and includes other activities such as environmental education, sport and leisure, human rights in education, art and culture, digital culture, media and communications, health promotion, natural sciences, financial education, etc.): **R\$0.90.**
- Pupils who receive after-school specialised education for special needs, i.e. education using Braille, sign language or equipment supporting other special learning needs (*Atendimento Educacional Especializado*): **R\$0.50.**

In recent years, PNAE has been significantly redesigned, first to ensure it was better linked up with the Zero Hunger programme (2003), and then with the National Policy for Food and Nutritional Security (2010). One of PNAE's significant innovations is that since 2009, Brazil's 27 states and more than 5,500 municipalities are obliged by law to ensure that 30 per cent of the funding they receive from the federal government is used to buy agricultural produce directly from family farms. This strategy aims to promote access to healthy diets at school while strengthening family farming and localising production, and in doing so also has the potential to reduce the broader environmental footprint of the programme and shortening supply chains.

The programme also works hard to promote healthy eating habits at school, as mandated by the National Food and Nutritional Security Policy. There have been concerted efforts to include food and nutrition education at school through setting standards around menu composition, such as:

- taking into account traditional practices and local eating preferences across the country
- respecting recommended maximum values for added sugar, fat, saturated fat and salt
- including the mandatory minimum three portions of fruits and vegetables per week (minimum 200g)
- restricting processed and ultra-processed foods with high levels of salt and saturated fats
- excluding all soft drinks with low nutritional content such as fizzy and artificial drinks (100 per cent fruit juice is allowed, sometimes served as dessert).

PNAE is supported and monitored by eight Collaboration Centres on School Food and Nutrition (*Centros Colaboradores em Alimentação e Nutrição Escolar – CECANE*), which were set up in various Federal Universities. The programme is not without its challenges. Ensuring the direct purchase of agricultural products from family farms can be difficult, for reasons ranging from availability (i.e. finding small, local producers in larger, more urban cities) and procurement regulations to recent issues of corruption. This

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¹⁰ Programa Nacional de Alimentação Escolar – PNAE.

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type of procurement requires producers to be organised in cooperatives or associations, and special initiatives to ensure the logistics of distribution are viable. A study carried out in the state of São Paulo showed that only around 50 per cent of municipalities had carried out local procurement under PNAE.¹¹ There are good reasons for this: the legal requirement for this is still very new, which means municipalities and schools have not yet fully adapted to it, given the law requires changes in institutional procedures, as well as culture. Furthermore, it may still be more convenient to buy goods from intermediaries, many small farmers are not organised in cooperatives or have a DUAT¹² (the certification needed to access family farming policies), and managing the costly and complex logistics of the food supply chain in large metropolitan regions is often beyond many schools' ability. There is also a strong lobby by those who have traditionally responded to government procurement calls. Another challenging factor is citizens' social participation in the programme. A range of local School-Feeding Councils were created in order to oversee PNAE's funding and implementation, including the purchase of food products, the quality of food, the acceptance of food by students, and the development and implementation of menus according to national standards. The councils are formed by civil servants, civil society representatives, teachers and parents of students. However, not all councils are fully up and running.

¹¹ Slater Villar B., Schwartzman F., Lourenço Januario B., Fernandes Ramos J. (2013). Situation of the municipalities of São Paulo state in relation to the purchase of products directly from family farms for the National School Feeding Program (PNAE). *Rev Bras Epidemiol* 2013; 16(1): 223–226.

¹² The Right of Use and Enjoyment of Land (*Direito de Uso e Aproveitamento da Terra*).

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HOLIDAY HUNGER

Research shows that school meals are key to enabling access to nutritious and healthy food for extremely poor children and that this is often compromised during the school holidays, when few schools offer school meals to tackle holiday hunger. A number of municipalities in Brazil have been working to address this issue, aware that many children are going hungry and that holiday hunger undoes much of the investment made during term time.

School meals are fundamental for children from poorer families and are often the only healthy and nutritious meal they get, particularly since working parents rarely get enough leave to provide care for their children during the school holidays. In addition to addressing nutritional needs, holiday school meals help ensure children's broader physical, mental and emotional development.

Some schools have also set up programmes that provide recreational activities – such as art, culture and sport – for the children receiving holiday school meals, which especially benefit those from low-income families. Some states have experienced difficulties in securing the political support needed to pass the amendment for the provision of holiday school meals. This is partly because of cost and partly because it requires some schools to open during the holidays (January, February and sometimes July), a time when school staff are also on leave and school buildings are being repaired. However, a number of municipalities have demonstrated it is feasible: only some schools need to be opened, and the budget allocation is generally sufficient, as savings in procurement can be made that enable the extension of the programme with minimal or no additional costs.

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LINKING SMALL FARMERS' PRODUCTION TO FOOD ASSISTANCE

One of Brazil's main innovations in food and nutrition security has been linking access to adequate and healthy food to the promotion of local smallholders and family farms. Programmes such as PNAE and the Food Purchasing Programme (*Programa de Aquisição de Alimentos* – PAA) have the capacity to secure pre-negotiated prices in institutional markets for small local producers, while at the same time increasing the quantity and availability of local, fresh produce in schools, community restaurants, hospitals and other public services. They also stimulate the formation of shorter production and consumption chains, and help establish a new type of relationship between producers and consumers. As a result, it becomes normal for school pupils to eat healthier foods, and means people gain a new perspective on family farms, revitalised local markets and more environmentally sustainable production practices.¹³ In countries such as the UK, buying local, healthy, fresh produce is often impossible for those on a low income and difficult for farmers to deliver, but Brazil's PNAE and PAA shows it is possible to do this with the right legal, fiscal and political incentives.

In countries such as the UK, buying local, healthy, fresh produce is often impossible for those on a low income and difficult for farmers to deliver, but Brazil's PNAE and PAA shows it is possible to do this with the right legal, fiscal and political incentives

¹³ Triches R. M. and Schneider S. (2010) School feeding and family farming: reconnecting consumption to production. *Saúde e Sociedade* 19 (4) São Paulo Oct-Dec. 2010

COMMUNITY RESTAURANTS

Rapid urbanisation, massive rural-urban migration in search of jobs and better lives, and changes in the way the workforce is organised – among them the greater participation of women in the labour market – means that many workers in Brazil now eat meals that are prepared outside the home, particularly in urban centres. This also means people's food expenditure is higher, which is difficult for those living on low incomes. This poses a new challenge for the right to food: how to ensure the urban poor can eat healthy and affordable meals. The Community Restaurants (*Restaurante Popular*) are an example of food and nutrition public infrastructure, aimed at urban adults who might be more likely to experience food insecurity. The Community Restaurants (CRs) are part of the operational structure of the National System for Food and Nutritional Security (*Sistema Nacional de Segurança Alimentar e Nutricional – SISAN*), which is designed to promote and protect the human right to healthy and adequate food. These restaurants are principally destined to provide accessibly priced healthy meals to those who need to eat when they are out in urban centres. The CRs are large buildings, set in popular areas, and provide at least 1,000 meals daily. This service is not targeted, which means anyone can eat there, and as such the CRs cater to a diverse public, including homeless people, informal urban workers, the elderly and students. Some of the CRs have also experimented with procuring part of their supplies through the local Food Acquisition Programme (*Programa de Aquisição de Alimentos – PAA*).

Community Restaurants: the price is right

The main factor motivating people to eat in the Community Restaurants (CR) is price.¹⁴ In 2010, the average cost of a CR meal was R\$2.80 – around 70 pence in November 2016. Approximately 10 per cent of the meals are subsidised by the State and sold for R\$1.00 on a first come, first served basis. The price is affordable for more than 95 per cent of CR users.¹⁵ An assessment of the users' socio-economic status showed that the Community Restaurants have higher coverage among the elderly (those aged over 61) and among economically active people aged 21–40 years.¹⁶ A considerable number of users are poor, but not suffering extreme poverty and food insecurity, which sparked an (inconclusive) debate regarding whether the programme should be targeted. The dominant official discourse on Community Restaurants is that strict targeting tends to stigmatise the poor and the spaces they use. The official recommendation is to make Community Restaurants open to all, ensuring a more diverse public. The restaurants are strategically located in high-traffic places. Those located in large city centres such as São Paulo and Rio de Janeiro tend to reach extremely vulnerable social groups such as the homeless. Other restaurants might be located in low-income neighbourhoods, but don't always reach the poorest, which shows the importance of doing research on proposed sites before building community restaurants.

Financing Community Restaurants

Originally, the federal government financed the infrastructure and the purchase of equipment for the CRs, while local municipal governments – selected through public calls for tenders – were responsible for the management and maintenance of the CRs. Municipalities can also opt for direct management of the CRs or to outsource the operation, often to civil society organisations, although they are still responsible for guaranteeing the subsidies required to maintain the low prices. As with other public programmes in Brazil, CRs face a range of challenges, with many of these restaurants in Rio de Janeiro and other cities already cutting down on the number of meals produced daily and turning away vulnerable citizens due to a lack of resources.

An important characteristic of these restaurants is their multi-functionality. They offer value for money in helping mainstream the delivery of other social services to certain

¹⁴ Martins Sobrinho F., Cardoso Silva Y., Silva Abreu M. N., Cardoso Lisboa Pereira S., Santiago Dias Júnior C. (2014). Determinants of food and nutrition insecurity: a study conducted in Low-budget Restaurants in Belo Horizonte in the state of Minas Gerais, Brazil. *Ciência & Saúde Coletiva* 19(5) Rio de Janeiro.

¹⁵ Gonçalves M. P., Campos S. T., Sarti F. M. (2011) Políticas públicas de segurança alimentar no Brasil: uma análise do programa de Restaurantes Populares. *Revista Gestão & Políticas Públicas*, 1:92–111.

¹⁶ Ibid. Gonçalves et al., 2014.

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segments of the population, which makes them attractive for city governments grappling with homelessness and other vulnerable and undernourished populations. The CRs are often multi-use spaces, hosting a variety of other activities, ranging from food education and social assistance to the elderly to information on public services. They also provide an important space for government workers to deliver health and social services. It is a challenge to go beyond the offer of cheap meals, but there is significant added-value in turning these 'popular' restaurants into spaces for dialogue and the development of intersectoral strategies among practitioners responsible for programme implementation. This also helps promote complementarities among public initiatives.



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