

# Pandemic crisis and the institutionalization of the Unified Social Assistance System in the Metropolitan Region of Porto Alegre

*Crise pandêmica e a institucionalização do Sistema Único de Assistência Social na Região Metropolitana de Porto Alegre*

Luciana Pazini Papi<sup>1</sup>   
Gianna Vargas Reis Salgado Dias<sup>2</sup>   
Gislaine Thompson dos Santos<sup>3</sup> 

DOI: 10.22478/ufpb.2525-5584.2021v6n3.60427

Recebido em: 03/08/2021  
Aprovado em: 22/11/2021

**Abstract:** Social Assistance was considered essential to mitigate the effects of the COVID-19 pandemic. This article questions whether the institutionalization process of the Single Social Assistance System in the Metropolitan Region of Porto Alegre (RMPA) can be affected by the conjuncture of the pandemic crisis. By mobilizing the literature on institutional change, we seek to understand how public policy has been implemented in the context, if there have been significant changes in the structures of SA, especially in the working conditions of frontline employees. An online questionnaire was applied to workers working in the AS of the municipalities of RMPA between May and June 2020 and 53 responses from 22 of the 35 municipalities were analyzed. Research findings reveal that the crisis situation did not immediately change the studied municipal Social Assistance structures, on the other hand, made the precariousness already faced more evident.

**Keywords:** social assistance; institutional change; COVID-19 pandemic; implementation of public policies.

**Resumo:** A Assistência Social (AS) foi considerada fundamental para a mitigação dos efeitos da pandemia de COVID-19. Este artigo questiona se o processo de institucionalização do Sistema Único de Assistência Social na Região Metropolitana de Porto Alegre (RMPA) pode ser afetado pela conjuntura da crise pandêmica. Mobilizando a literatura de mudança institucional, buscamos entender como a política pública tem sido implementada no contexto, se houve alterações significativas nas estruturas de AS,

<sup>1</sup> Universidade Federal do Rio Grande do Sul – E-mail: luppapi@yahoo.com.br.

<sup>2</sup> Universidade Federal do Rio Grande do Sul – E-mail: gvargasreis@gmail.com.

<sup>3</sup> Universidade Federal do Rio Grande do Sul – E-mail: gislainethompson@gmail.com.

sobretudo nas condições de trabalho dos servidores de linha de frente. Foi aplicado um questionário on-line com trabalhadores atuantes na AS dos municípios da RMPA entre maio e junho de 2020 e analisadas 53 respostas de 22 dos 35 municípios. Achados da pesquisa revelam que a situação de crise não alterou de imediato as estruturas de AS municipais estudadas, por outro lado, deixou mais evidente as precariedades já enfrentadas.

**Palavras-chave:** assistência social; mudança institucional; pandemia de COVID-19; implementação de políticas públicas.

## **1. Introduction**

The complex scenario of the COVID-19 pandemic showed us how the social protection of a country is essential in mitigating its effects. The importance of public health policy and the need for continuous long-term investments in the Unified Health System (*SUS – Sistema Único de Saúde*) were notorious. But the context also showed that other social policies, such as Social Assistance (SA), are essential to contain the effects of the crisis, whether in aspects related to coordinated actions with health care, or in socioeconomic aspects; since the most vulnerable part of the population is the one that suffers most negatively from the effects of this pandemic.

However, if on the one hand the pandemic drew attention to the indispensability of this public policy; on the other hand, it is known that in recent years, especially after the impeachment of President Dilma (Jinkings, Doria & Cleto, 2016; Souza, 2016; Miguel, 2019), it has been suffering continuous disinvestment both in terms of financial and institutional aspects. All that threatens its continuity and the proposal for a universal public policy, leveraged since 2004 with the Unified Social Assistance System (*SUAS – Sistema Único de Assistência Social*).

Understanding that the institutionalization of public policy as a process initiated by the conformation of rules and norms, followed by the construction of material and symbolic structures that allow it to achieve its strategic objectives and have continuity over time, even in the face of certain opponents (Immergut, 2007, Tolbert; Zucker, 1999; Hall & Taylor, 2003; Pierson, 2004). In this article, we seek to understand the following: can the *SUAS* institutionalization process be affected by the situation of the pandemic crisis? If in the neoinstitutionalist literature, crises are seen as promoting incremental changes - given the gaps left by the norms (Mahoney & Thelen, 2010) – can we assume that the crisis caused by the new Coronavirus may encourage a movement to return to

welfare practices relegating the institutionalization of SUAS, ongoing, in the background?

In order to problematize this debate, in this article we aim to understand how the health policy of the municipalities in the *RMPA* (Greater or Metropolitan Area of Porto Alegre) has been implemented in the context of the COVID-19 pandemic and if there have been significant changes in structures and affected the institutionalization process. Based on the framework about institutional change, we sought to specifically verify the following: 1) if there was maintenance or closure of public SA equipment/facilities; 2) whether there was a reduction, prioritization or expansion of specific services aimed at social protection before COVID-19; and 3) whether there was a quantitative change in the SUAS workforce, whether contracted or volunteer, and how they felt when working in SA services in the face of a pandemic crisis.

Assuming that the structures that make up the first stage of institutionalization (Papi, Dias, Santos & Johansson, 2020) are fundamental for local SA management to deal with the crisis, we verified how front-line workers acted, which inputs/tools they had to perform their functions and how they felt in the pandemic context.

This research adds to the other efforts<sup>4</sup> being made in Brazil to understand the role of sectorial policies in combating the effects of the pandemic. In particular, those concerned with the functioning of social policies at the “front-lines” and how such a context can affect the (de) structuring of public policies and, consequently, their workers.

In order to meet the objectives of the article, in the pages that follow, we present the theoretical discussion, contextualizing how crises can be understood as motivating changes in the routes of institutionalization of public policies and how the trajectory of construction of SA policy in Brazil was developed. Next, we describe the methodology

---

<sup>4</sup> From a search on *CAPES' Portal de Periódicos* (Coordination for the Improvement of Higher Education Personnel Portal of Journals) platform and Google Scholar, we sought to verify whether and how researchers are mobilizing efforts in the investigation of the COVID-19 pandemic context in the scope of SA and health care. This resulted in five academic and instructional texts (Silva; L. F., 2020; Silva; N.; Pinheiro, 2020; Moraes et al, 2020; Andion, 2020). In addition to that, the Bureau of Bureaucracy Studies at the Getúlio Vargas Foundation School of Administration in São Paulo (NEB/EAESP/FGV) carried out a survey on the working conditions of front-line professionals amidst the COVID-19 pandemic in Brazil. A series of reports were launched, based on the three stages of the research, covering the different realities of bureaucrats in different public policies: education, health, social assistance, public security and the judiciary.

used in the work and present our findings, with results and discussions on the process of (de)institutionalization of SA policy in Brazil.

## **2 Theoretical Framework**

### **2.1. *Crises and institutionalization of public policies***

In the debate on institutions and institutionalization processes developed in neoinstitutionalism studies since the 1970s (Berger & Luckmann, 2006; Pierson, 2004; Tolbert & Zucker, 1999), there is a concern to understand the processes that shape institutions, how they remain over time, influencing the political game and public policies<sup>5</sup>. Thus, if institutions can be understood as “formal and informal procedures, norms, routines and conventions inserted in the organizational structure of politics (polity) or political economy” (Hall and Taylor, 2003, p. 196) that condition the behavior of agents, public policies, organizations and endow policies with perpetuity over time. So, institutionalization can be understood as the process that leads to the construction of these procedures and structures, which are autonomous to contingency changes (Immergut, 2007, Tolbert & Zucker, 1999; Hall & Taylor, 2003; Pierson, 2004). Therefore, in this type of analysis, more than just the formal/legal structure (the first stage of institutionalization) of public policies should be taken into consideration, but, also and mainly, the conformation of material and symbolic structures that sustain such policies over time.

However, if the concept of institution points to a set of relatively long-lasting characteristics embedded in processes and policies; and institutionalization as the way that produces behaviors and structures that cannot be changed easily, how should we think about change? Above all, how shall we think about it if the connection between institution and persistence makes neoinstitutionalist approaches focus more on explaining continuities than on anything else? (Mahoney & Thelen, 2010).

Part of the historical neoinstitutionalists explain the changes based on the so-called "critical situations", which can be understood as decisive moments in political life

---

<sup>5</sup> While the sociological aspect brings the perspective that the actions of agents conform to social patterns, which later translate into rules that are reproduced and impacted on them (Berger & Luckmann, 2006; Tolbert & Zucker 1999); the historical aspect postulates the idea that the trajectory of politics and public policies (path dependence) conditions later decisions and policies, encouraging social forces to reproduce and repeat themselves (Pierson, 2004).

in which crucial choices are made, or moments of external transition that lead to certain changes and exclude others, which can lead to a path that will shape politics for years (Lipset & Rockan, 1967; Collier & Collier, 1991).

However, a generation of recent studies, dissatisfied with the idea that only exogenous shocks produce changes, argue that these can occur endogenously and incrementally, accumulating and producing a significant transformation (Mahoney & Thelen, 2010). According to these authors, institutional change often occurs when government problems open space for agents to interpret and implement existing rules in new ways. However, they are only possible because institutions carry in their own dynamics a potential for change that emanates not only from the politically controversial nature, but also from a degree of openness in the interpretation and application of these rules. In short, the authors propose that the basic properties of institutions may contain within themselves the possibilities for change.

This way, incremental changes are expected when there are gaps or weaknesses between the rule and its interpretation; or in the rule and in its fulfillment. Consequently, to explain the change, Streck and Thelen (2005) produced four types of models as follows: a) Replacement, which indicates the removal of old rules and placement of new ones; b) Stratification, the placing of new rules above or alongside existing ones; c) Deviation, when changes in rules occur due to changes in the environment; and, d) Conversion, in which there is a change in the current rules due to their strategic redistribution. Analyzing the United States social security program, which today differs greatly from that conceived in the Roosevelt administration, the authors argue that institutional continuity only appears to exist, as there were continuous short-term institutional changes and adaptations that altered the system, making it possible to, simultaneously, achieve long-term stability.

In the case of *SUAS*, this reference makes it possible to question whether the crisis caused by the new Coronavirus pandemic could accelerate an ongoing process of disrupting the SA policy; given the change in the governmental environment and the demands placed on this public policy. Here, we consider that *SUAS*, even though it is well organized by federal rules (Basic Operational Norms and the National Social Assistance Policy –*PNAS*, acronym in Portuguese), it has some legal gaps, such as weaknesses in financing rules, which leave room for changes; as well as shortcomings in their material and human resources structures in the implementation of the front-line (Streck & Thelen, 2005).

As for the legal gaps, contrary to education and health care policies, SA does not have the obligation of linked constitutional transfers, which makes its funding to fluctuate and dependent on the “capacities” and “choices” of implementing federated entities. This can affect the *SUAS* institutionalization process in the national territory, as it impacts the possibilities of transforming the norms into reality, starting with the composition of the bureaucratic body of public policy. With this weakness, public policy becomes vulnerable to partisan political cycles.

As evidenced in a research carried out in the Metropolitan Region of Porto Alegre (Papi et al, 2020) about the institutionalization<sup>6</sup> of *SUAS*, there are still precarious issues in the region's municipalities in order to be able to complete this process. It was verified how the material, human and symbolic structures were being composed over the years 2010 to 2019, and how workers implemented and got used to the new rules. The research concluded that it is not possible to affirm the existence of a "total institutionalization" of *SUAS* due to the constant fluctuations, in that period, in the construction of structures such as the closing of *CRAS* (Social Assistance Reference Centers) and *CREAS* (Specialized Social Assistance Reference Centers), modification and reduction, in particular, of highly complex services, and a significant drop in the number of statutory workers (those employees hired through public examinations/contests in Brazil, usually for government-related positions). As a result, we understand that in the case of *RMPA*, there were spaces for changes of the “schedule deviations” type, as suggested by Mahoney and Thelen (2009). As we will be showing in the next section, SA took a long time to become a public policy and to this day it bears the marks of its initial trajectory of charity and welfare. When “windows of opportunity”<sup>7</sup> are opened in the public debate for the entry of “immediate” (and short-termism oriented) solutions to problems such as poverty, old solutions such as welfare and volunteerism, for example, are proposed; legacies capable of diverting SA from its universalizing and rights-guaranteeing conception. In the pages

---

<sup>6</sup>In 2020, we carried out the survey “Institutionalization of *SUAS* in the Metropolitan Region of Porto Alegre”, developing a theoretical and methodological framework for measuring Institutionalization. Seeking to identify how this process took place in the *RMPA* and at what stage it is between 2010 and 2019. We focused on the continuities and ruptures in the *SUAS* implementation, in particular, observing the equipment, social assistance services and teams of workers. The findings revealed fluctuations in the provision of services and the number of workers in city halls, thus indicating that the *SUAS* in the *RMPA* is in a stage of semi-institutionalization (Papi et al, no prelo).

<sup>7</sup> Term coined by Kingdon (2003) to understand moments of change from crises. For the author, crises lead to windows of opportunity, enabling the modification of the agenda of public priorities and bringing a moment to define the direction of public action in a given social context.

that follow, we demonstrate the paths taken by the SA policy in Brazil as a way of explaining the stages of construction and deconstruction of this public policy.

## **2.2. *Legacies of social assistance in Brazil and the institutionalization process***

Despite the undeniable normative advance of the SA from the Federal Constitution of 1988 (CF/88), thus raised to the status of public policy composing the Social Security System, and with the elaboration of the Organic Law of Social Assistance (*LOAS – Lei Orgânica da Assistência Social*); the 1990s were marked by a context of decentralization - administrative and financial wise - and State downsizing, bringing great difficulties for the institutionalization of SA at the local level, as idealized (Papi, 2014). Added to the limited municipal conditions to assume new responsibilities in terms of public policies and poor federal coordination, many municipalities continued to implement welfare actions and make political use of the situation of poverty (Papi, 2014).

This panorama changed from 2004 onwards with the center-left governments - a time when a set of institutional initiatives were put in place to materialize the ideas contained in LOAS. The Ministry of Social Development and Fight against Hunger (*MDS*) was created, which sought to articulate and centralize direct income transfer and food security programs. That same year, the National Social Assistance Policy (*PNAS*) was approved and, at the same time, the *SUAS*, which consolidated the idea of articulating the three spheres of government in the implementation of public policy. With that, there was a great advance in the structures of SA in the country: according to the *SUAS* Census, until 2010, of the 5,488 Brazilian municipalities included in the database, 5,465 (99.6%) were qualified in some of the management levels established by the Basic Operational Standard - *NOB/SUAS-2005*.

Within the scope of implementation, there was the creation of public apparatus for providing services, *CRAS* and *CREAS*, the Specialized Service Centers for the Homeless (known as *Centros Pop*), in addition to the regulation of institutional hosting entities. These devices, organized by protection levels – of Basic, Medium and High Complexities – act through different services defined in the Social Assistance Services Classification, from 2009 (Brasil, 2009), offering common nomenclature and objectives in the provision of services.

From the creation of this legal and institutional framework, the State placed itself as one of the main agents of SA policy. At the federal and local levels, there were efforts

**Papi, Dias & Santos. *Pandemic crisis and the institutionalization of the Unified Social Assistance System in the Metropolitan Region of Porto Alegre***

to create bureaucratic state capacities that contributed to the institutionalization of this public policy (Papi, 2017; Couto, Yazbele & Raichelis, 2006).

The government of President Dilma Rousseff (from 2011 to 2015) continued the efforts already applied in *SUAS*, adding a new range of programs and initiatives<sup>8</sup>, as well as increasing federal public investment in the SA policy. If the latter, during Lula's government periods, reached the amount of 27.1 billion reais, in Dilma's governments the investment reached 45.1 billion. For a public policy that does not have the guarantee of mandatory and binding constitutional transfers for its implementation and maintenance, the above data is too important, indicating that from 2004 to 2014 those governments spent important financial amounts for local governments to guarantee social rights, protection and social well-being (Papi and Joner, 2021).

However, given the political coup in 2016 that led to the rupture of the federal government's plan with the inauguration of Michel Temer, Brazil went through a process of instability (Jinkings et al, 2016; Souza, 2016; Miguel, 2019) and public policies have suffered its effects. As a result, local governments were impacted by the increase in poverty and misery<sup>9</sup>, as well as by the drop in revenue arising from the low mobility of the consumption and service sectors arising from the process of political and economic crisis. These factors began to strain local SA structures to respond to social situations more urgently, but with fewer resources and less federal coordination.

Amidst this scenario, the Happy Child Program (*PCF – Programa Criança Feliz*) came into effect. Focused and aimed at supporting the growth process of children up to six years of age and pregnant women, it once again brought the figure of the first lady in the management of social programs. Moreover, it gradually started to place itself as a competitor to the Service for Coexistence and Strengthening Bonds (*SCFV*), not only for using resources that would be destined to *SUAS*, but also for occupying physical structures and resources of the *CRAS*.

With the government of Jair Bolsonaro, the dismantling process of the SA at the federal level did not end. The Ministry responsible for the SA policy, again, had its name

---

<sup>8</sup> The so-called *Brasil Sem Miséria* Plan (*BSM- Brazil Free from Misery*) involved the “Active Search” strategy, which had as its objective the Single Registry for Social Programs (*CadÚnico*) of those people outside the social protection and promotion network to guarantee them access to benefits and services .

<sup>9</sup> According to IBGE (the Brazilian Institute of Geography and Statistics), the proportion of poor people in Brazil in 2016 rose to 25.7% of the population, rising to 26.5% in 2017. Within the group of nearly 55 million poor people, there is a share of 15.2 million people living below the extreme poverty line. Income is less than \$1.90 a day in 2017, equivalent to BRL\$140 a month.



and structure changed: it became the Ministry of Citizenship (MC), with its internal structure completely modified, housing agendas such as culture and sport, social assistance, anti-drug policy and more than 20 areas with different competences (Law No. 13,844/2019). With this, the *MDS* was reduced to the status of a special secretariat, losing its strategic character in the national coordination of the SA policy. As if these institutional changes were not enough, programs were created indicating a likely return to the past of SA, which prioritized charity and volunteerism: the National Voluntary Work Incentive Program (known as *Pátria Voluntária*), in which one of its main objectives is to encourage citizens, non-profit entities and public administration to articulate for the "active participation of civil society in the implementation of actions that transform society" (Brazil, 2019, p. 01).

Finally, and with a fundamental effect on the institutionalization process of SA, was the continuous unfunding process of SA. Between 2014 and 2017, the SA budget was reduced by 45%, especially for *SUAS* services. According to data from the Ministry of Citizenship (2019), the amount invested fell from a level of 6.7 billion in 2014 to 3.8 billion in 2017. Considering the case of the state of RS and federal transfers between the Temer government (2016/2018) and the beginning of the Bolsonaro government (2019/2020), from a global perspective of the financing of the health care policy, there was a loss of resources around 51.70%. Programs were the most affected block, from 49.6 million to 12 million reais (75.76%), followed by Management, which rose from 69.8 million to 39.8 million (42.98%) and Services, which had a decrease in revenue from 354 million to 224.3 million (36.63%). Thus, not even the additional resources transferred in the context of COVID-19 (by Complementary Law 173 and MP 953/2020) were not enough to cover the past unfunding process. According to Papi and Joner (2021), considering that during the period from 2016 to 2020 the financing of Services, Management and Programs lost around BRL\$ 197 million, the resources from COVID-19 totaled BRL\$ 321 million, covering losses and adding another BRL\$ 124 million. However, despite appearing to offset the most recent losses, this amount is lower than those invested in previous governments.

Faced with this scenario of emptying the role of the federal government in the national structuring of *SUAS*, as well as the advancement of the ideals of a minimum state and the abandonment of the perspective of rights, what is the situation of the municipal SA like? Considering that, historically, municipalities depend on federal support and

coordination to develop their local actions and services; and also, the erratic process of institutionalization of the SA policy, we question the following idea: How has the pandemic altered or not this process?

### **3. Methodology**

In order to obtain qualitative data to understand what has changed in the SA structures of the *RMPA* city halls in the context of COVID-19, as well as to unveil the working conditions of its front-line professionals in SA, we applied an online questionnaire with SA municipal workers between early May and mid-June 2020<sup>10</sup>.

The period of application of the questionnaire coincided with the initial months of the pandemic, in which only those services considered essential were authorized for face-to-face assistance. People moving around the city was not recommended, which made it impossible to apply the questionnaire via in-person interview.

The questionnaire was prepared using Google Forms, consisting of 70 open and closed questions. The questions were formulated based on 7 categories: personal and professional data; organization/reorganization of social assistance services in the pandemic; articulation with health care; health and safety of social assistance workers; SA network structure; state or federal support in implementing SA services in the pandemic context.

The questionnaire was sent by email to contacts and managers in each municipality, after telephone calls to raise awareness about the importance of participation. Social media and WhatsApp were also used to send the questionnaire link to workers in the area and to ask for it to be shared with other people who worked in the SA in the municipalities of the *RMPA*.

After collecting the data, the content of the 53 responses obtained from workers in 22 out of 34 municipalities<sup>11</sup> in the region was analyzed. The closed questions were tabulated and analyzed descriptively, identifying the frequency of the results.

Having made these methodological considerations, we proceeded to analyze and discuss the data.

### **4. Results**

---

<sup>10</sup> The questionnaire was voluntary participation and was disseminated through the municipal structures responsible for SA, mapped and contacted by us.

<sup>11</sup> Namely: the municipalities of Alvorada, Arroio dos Ratos, Cachoeirinha, Campo Bom, Canoas, Capela de Santana, Eldorado do Sul, Esteio, Glorinha, Gravataí, Ivoti, Montenegro, Nova Santa Rita, Novo Hamburgo, Parobé, Portão, Porto Alegre, Rolante, Santo Antônio da Patrulha, São Leopoldo, Sapucaia do Sul and Viamão.

The *RMPA* is made up of 34 municipalities of different sizes and socioeconomic realities, housing 4.4 million inhabitants, equivalent to 38.2% of the population of the state of Rio Grande do Sul (Rio Grande do Sul, 2020). The socioeconomic indicators of the sample municipalities, presented in Table 1, follow similar patterns: most have a low GDP per capita when compared to state and country averages, and an MHDI (Municipal Human Development Index) higher than the Brazilian average, but lower than the state average of 0.746. Out of the 22 municipalities, 11 (50%) joined *SUAS* between 2004 and 2010, and another 9 (40%) after 2010.

**Table 1:** Socioeconomic characteristics of the sample municipalities

Municipality	Size	Per capita GDP	MHDI	Joined <i>SUAS</i> in
Alvorada	Large	12,524.18	0.699	2005
Cachoeirinha	Large	38,959.54	0.757	2005
Canoas	Large	55,103.53	0.75	2005
Gravataí	Large	45,089.08	0.736	2010
Novo Hamburgo	Large	35,013.51	0.747	2014
Porto Alegre	Large	49,740.90	0.805	2011
São Leopoldo	Large	33,905.58	0.739	2005
Sapucaia do Sul:	Large	22,477.13	0.726	2010
Viamão	Large	14,049.15	0.717	2016
Campo Bom	Medium	43,365.16	0.745	2009
Esteio	Medium	37,789.87	0.754	2006
Montenegro	Medium	51,695.39	0.755	2017
Parobé	Medium	20,340.79	0.704	2010
Glorinha	Small	44,378.89	0.714	2004
Arroio dos Ratos	Small	16,592.98	0.698	2008
Capela de Santana	Small	17,250.61	0.661	2011
Rolante	Small	27,098.22	0.688	2011
Portão	Small	31,050.80	0.713	2012
Santa Antônio da Patrulha	Small	29,928.6	0.717	2015
Eldorado do Sul	Small	13,360.15	0.717	2017
Glorinha	Small	44,378.89	0.714	2004
Ivoti	Small	40,144.18	0.784	Not Stated

**Source:** IBGE (2020). NS (NI, in Portuguese): the information was not stated

It is, therefore, worth making some considerations about the population size of the sample. In the *RMPA* as a whole, 51.5% of the municipalities are small (up to 50,000 inhabitants); 21.2%, medium (up to 100,000 inhabitants); and the other 24.4% are large-sized (over 100,000 inhabitants). Thus, among the 22 cities in the sample, there is an overrepresentation of large cities (36.3%) to the detriment of small ones (40%). This deviation is greater when considering the total number of respondents: out of the 53 respondents, 36 (67.9%) are from large cities; 7 (13%), from medium-sized municipalities; and 10 respondents (18%) are from small ones. The differences in terms of frequency are summarized in Table 1.

**Table 1:** Comparison of the municipal size of the metropolitan region of Porto Alegre, the sample municipalities and the respondents

Size	RMPA		Municipalities		Respondents	
	No.	%	No.	%	No.	%
Small<50 thousand inhabitants	18	52.94	9	40.91	10	18.87
Medium from 50 thousand to 100 thousand inhabitants	7	20.59	4	18.18	7	13.21
Large>100 thousand inhabitants	9	26.47	9	40.91	36	67.92
<b>Overall</b>	34	100	22	100	53	100

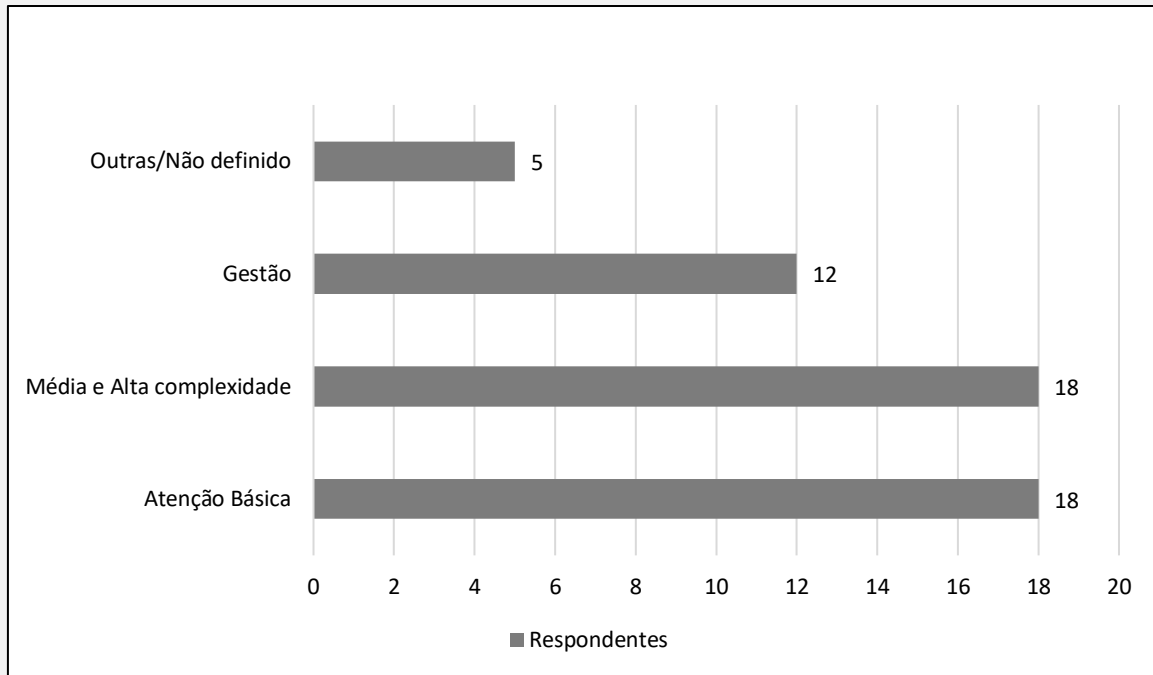
**Source:** Data put together by the authors of this paper based on IBGE (2020) and research data (2020).

The 53 professionals analyzed are mostly statutory workers approved and hired through public examinations/contest (41 respondents or 77.3%), with higher education (48 respondents or 90.5%, 58% of them graduated in Social Work and another 25% in Psychology); and, at the time of the survey, 94.3% of them were working; the only 3 respondents who indicated that they were not working at that time were on leave because they were part of the risk groups for Covid-19.

Chart 1 shows us that 36 respondents (68%) work in Primary Care services, mostly in *CRAS* (17 respondents), and in Medium Complexity Special Protection services such as in *CREAS* (9); and acting, therefore, in activities of direct assistance to families and individuals in vulnerable situations, such assisting the homeless population, victims of violence, among others.

**Chart 1:** Distribution of respondents by municipal sector (open response, n = 53)<sup>12</sup>

<sup>12</sup> Basic attention/care services: *CRAS* (17) and *CadÚnico* (1); Medium/high complexity: *CREAS* (9), *FASC* (3), institutional care (2), shelter for children and adolescents (1), Medium Complexity (1), Special Social Protection (1), Social approach service for the population living on the streets (1); Management: Municipal Secretariats linked to Assistance/Social Development (7), Management (3), Municipal Council (1), Management and reception centers (1); Other / Not defined: Social Assistance (2); Municipal Health Department (2) and no response (1)



Source: Research data (2020).

#### **4.1. *Changes in social assistance structures in the RMPA in the context of covid-19: results***

In general, respondents indicated that all teams continued operations, with employees belonging to risk groups for Covid-19 working remotely. In only 7 municipalities, respondents indicated that services operate with reduced and/or special hours (although some services are maintained around the clock, such as shelters). In the other 15 municipalities, service remained normal, although with some adjustments such as the scheduling of workers, shifts, booking of appointments, collective activities and cancellation of home visits. Among the issues reported, the problem of reduced teams can be observed: "Reduction of working hours ... *There are no work shifts because there aren't enough professionals for that and with the amount we have it is possible for everyone to work and still maintain the required physical distancing*" (Interviewee 51). It is also mentioned, the lack of structure to provide services in the pandemic:

The centers are open forty hours a week. I am talking about the CRAS and CREAS, that's what I know about them. However, our teams were reduced. They were reduced before the pandemic. With the pandemic, due to the sick leave of some colleagues considered as risk groups, teams got even more reduced. This has been very difficult. . . . Eventual food aid benefits increased (Interviewee 43).

In 20 municipalities, there was a report of an increase in the demand for SA services due to Emergency Assistance, the first installments of which were being paid

during the research period. More than guidance to beneficiaries about the procedures for this benefit, the effects caused by the lack of information that would be provided by the federal government and other state bodies becomes evident as follows: "There was an intense increase in the demand of users asking for help to request benefit (financial aid), to consult its availability, to be informed on how it works, to know the reason for it not being granted. We do not receive any training from Caixa (a state-owned Brazilian financial services company) . . ." (Interviewee 22).

In 9 of the 22 cities analyzed, new services were created during the pandemic, the most common being the implementation of services remotely and the creation of reception centers with the possibility of isolation for suspected cases of Covid-19; and in 18 of the 22 municipalities, respondents indicated that they had no closure of public social assistance facilities<sup>13</sup>.

With reduced teams, one of the possible solutions would be to prioritize some essential services. In 4 municipalities, respondents indicated that all services continued to be a priority - consequently, it can be understood that there was no prioritization of services in these municipalities. In 11 municipalities, respondents indicated the prioritization of services - from CRAS (in 7 of them), from the distribution of occasional benefits/kits with basic food staples (3), from CREAS (3) and from shelters and temporary housing (2).

We also questioned people about the use of voluntary work in these cities. In the majority of cases (12 out of 22), respondents indicated that voluntary work is not being used, but in seven municipalities there was an indication of use. In general, there does not seem to have been an increase in the number of volunteers during the analyzed period. Furthermore, out of the 22 municipalities considered, only respondents from Porto Alegre, Esteio and Campo Bom indicated that there had been dismissals of Social Assistance workers since the beginning of the pandemic.

Even so, 50 respondents (almost 95%) responded that the number of workers was insufficient to meet the daily demands of SA in the municipality where they work. In the capital and in other municipalities, reports indicate the use of minimal teams, the

---

<sup>13</sup> Namely: Alvorada, Arroio dos Ratos, Cachoeirinha, Campo Bom, Canoas, Capela de Santana, Eldorado do Sul, Esteio, Ivoti, Montenegro, Nova Santa Rita, Parobé, Portão, Rolante, Santo Antônio da Patrulha, São Leopoldo, Sapucaia do Sul and Viamão. There were closures in Glorinha (*CadÚnico*, *CRAS*, *CREAS* and *Centro POP*), Novo Hamburgo (*Centro POP*) and Gravataí (*CRAS*, *CREAS* and *Centro POP*). In Porto Alegre, some respondents pointed out that there were no closures and others that there was closure of some shelters.

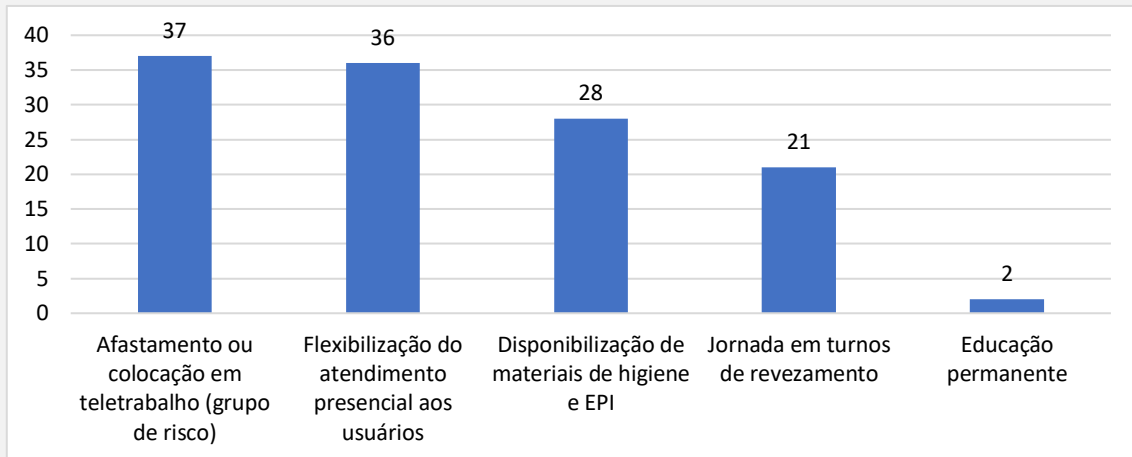
outsourcing of services, the failure to rebuild teams in the face of dismissals, and the absence of public examinations/contest. More severe cases were reported by respondents from seven municipalities - 4 large ones, namely, Cachoeirinha, Canoas, São Leopoldo and Sapucaia: teams smaller than the minimum composition defined by the NOB-RH (Basic Operational Standard for Human Resources) operating during the pandemic. In some cases, this has led to the closing of facilities: "We were unable to maintain the minimum teams, which is why 1 CRAS and 1 CREAS were closed (Interviewee 53)"; "There is no team with a minimum number of professionals according to *SUAS* regulations. This was even the reason stated by the management team to close *Centro Pop*" (Interviewee 20).

Other reports point out that the lack of employees is not exclusive to this pandemic moment, as stated by Interviewee 21 "Since 2015, the CRAS and CREAS teams have been reduced by about 50%. It's no different in the management body" and, according to respondent 43 "It hasn't even had the minimum teams proposed by NOB-RH, let alone now. It's quite outdated. . . They disbanded the HR team in our municipality".

Returning to the guiding questions of the research, the analysis shows that there was no generalized closure of public facilities during the pandemic; or significant layoffs. However, given the choice of most city halls to remove workers from risk groups and in view of a history of staff shortage, workers found themselves overloaded to perform social protection activities during a health crisis.

Ordinance No. 337 of 2020 established the need to guarantee the regular offer of social assistance services and programs as part of the fight against the pandemic; as well as stipulated measures of prevention, caution and reduction of transmission risks to be adopted by municipalities and states. According to the responses obtained, the main adaptations made by the city halls in the sample were the removal or placement in telecommuting of professionals from a risk group and the flexibility in the provision of face-to-face service to users, as shown in Graph 2.

**Chart 2:** Work structures provided by city halls to operate in the face of the pandemic, by respondents (n = 53)



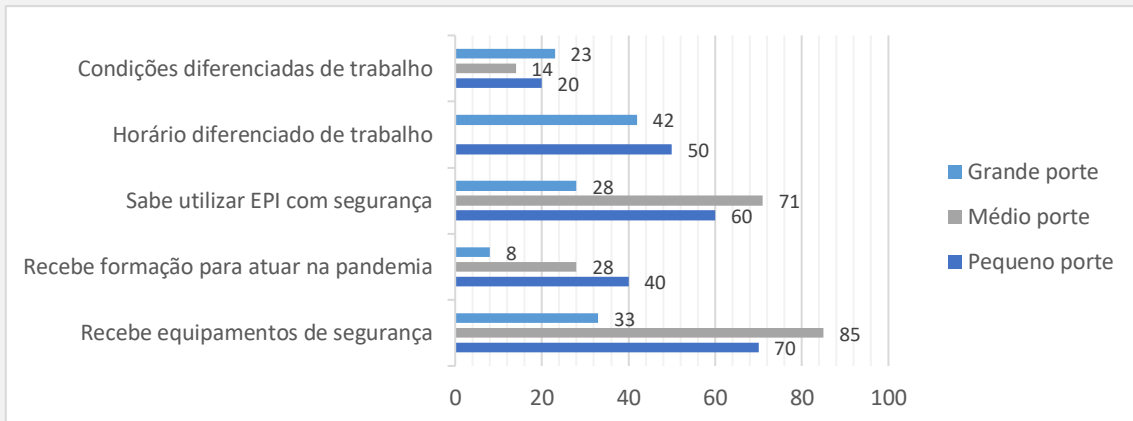
**Source:** Research data (2020).

It is noteworthy that about 48% of respondents indicated that their city halls were not providing hygiene materials and PPE, basic instruments for operating in a pandemic. When we asked workers who continued to work in person about what contributions they were receiving, only half of them indicated receiving the necessary PPE; 40% said they have different working hours; 22% differentiated working conditions; 2.7% indicated receiving psychological support from the city hall; and none of the respondents were receiving additional wages for working during the pandemic. And, even though half of them were receiving PPE, only 42% said they knew how to use their PPE safely and only 18% reported receiving information and training to operate appropriately during this context - it is known that hygiene/sanitary measures and the use of masks, for example, are only effective through strict compliance with established protocols and rules.

When we show the city size cutout (Chart 3), the picture worsens among large cities, which are overrepresented in our sample, and in which only 33% of respondents indicated that they were receiving the necessary PPE and 8.3%, received information and training to operate in the midst of the pandemic.



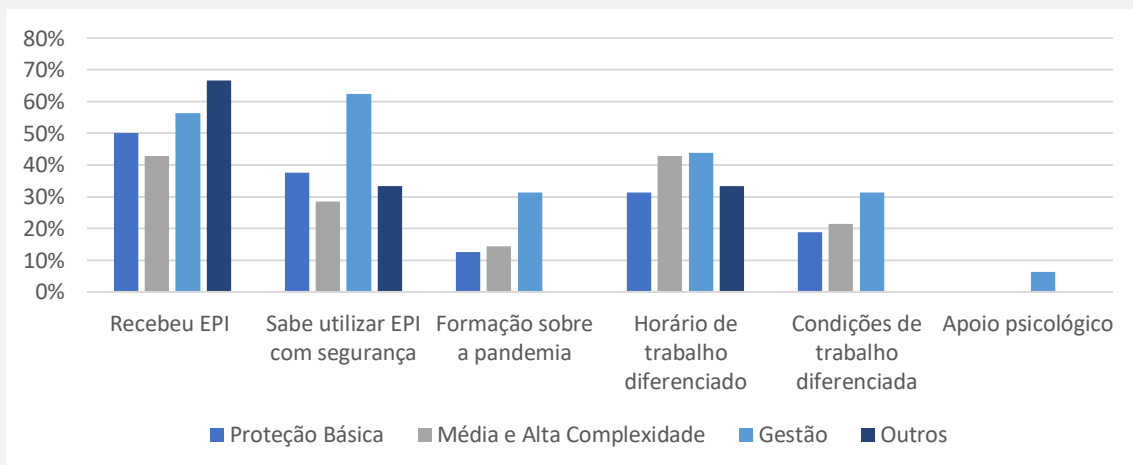
**Chart 3:** Work structures provided by city halls to operate in the face of the pandemic (Percentage of responses by municipal size, n = 53)



**Source:** Research data (2020).

When we analyze the responses in relation to the work sectors (Chart 4), it can be seen that management workers, working mostly in the Municipal Secretariats, are the ones who most reported having received equipment, information and other differentiated conditions compared to workers at the front-lines. This fact reveals an inversion of priorities in the SA policy by the analyzed municipalities, as the workers who should be more protected and trained to serve the vulnerable public were the ones who were most vulnerable themselves.

**Chart 4:** Proportion of workers, by activity level, who received institutional support related to the pandemic



**Source:** Research data (2020).

When asked about how they felt while performing their work during the pandemic, on a scale of 1 to 5 (totally insecure to totally safe), the average of the answers was 2.2, showing strong insecurity among professionals. In the word cloud below,





to “handle” the pandemic crisis; but they do not represent changes that affect the ongoing institutionalization of SA. The changes that occurred, in terms of physical structure, were not significant, as few municipalities created new services for and during the pandemic; and in most of them there was no closure of public SA equipment and facilities.

The continuity of the SA situation in the *RMPA* refers to the precarious conditions already underway before the pandemic and which became more evident in the context of the health/sanitary crisis. The lack of workers and their few conditions affected the feeling of security and mental health of those who were already overloaded on a daily basis. The discrepancy in the treatment and support of those who work in management area and those who work at the “front-lines” were other elements that stood out equally. These facts imply the weakening of the most important link - between norms and viability of material and symbolic structures that maintain public policies over time (Immergut, 2007, Tolbert & Zucker, 1999; Hall & Taylor, 2003; Pierson, 2004) for the institutionalization of the SA policy - the worker. This is a fundamental element to be resolved by local governments, which increasingly place themselves as a space of resilience to the national dissolution of *SUAS* and its (de)institutionalization.

Another element to be analyzed is the process of change in the political “environment”, brought about by Bolsonaro’s government and the pandemic, which can lead to a change in public policy over time. As we have shown, the ongoing federal unfunding and lack of coordination can make local institutionalization efforts fragile to meet the numerous and complex social demands.

## **5. Final Considerations**

This article aimed to verify whether the situation of the pandemic crisis of the new Coronavirus affected the process of institutionalization of *SUAS* in the *RMPA* - which could also modify the SA policy - in terms of maintenance or closing of public facilities, reduction or prioritization of social assistance services, and decrease or increase in the number of workers, as well as how they felt for performing services in a context of a health crisis.

As a theoretical perspective, we mobilized part of the literature on neoinstitutionalism that discusses the possibilities for change in the institutionalization of public policies: they can be exogenous crises, from political life, to institutions, which can lead to long-term changes (Lipset & Rockan, 1967; Collier & Collier, 1991); or

incremental changes within the internal origin of institutions, with the modification of rules based on new perceptions and interpretations of the agents involved in public policies (Mahoney & Thelen, 2010).

The question about a possible change in the institutionalization of the SA policy in the *RMPA* through the pandemic crisis made us look at the recent past of Brazilian politics and how it has made its decision-making process, both at the federal and municipal levels, in terms of the management of SA. We find, already in progress, a non-financial prioritization of health policy, its conception and guidelines for social protection as a right to replace others and with its exhausted front-line workers.

The pandemic did not produce changes in institutionalization, until the closing of this research, but revealed that critical situation, which was previously underway. The research thus indicates that a change has been taking place for at least 4 years in the *SUAS* institutionalization, which may be of the 'Deviation' type (Streck and Thelen, 2005), or even due to "critical situations" in the political environment with decision-making that can lead to substantial transformations (Lipset & Rockan, 1967; Collier & Collier, 1991): starting in 2016, due to the political-institutional coup against the government at that time, the SA policy has been transfigured and maintained such situation until the culmination of the pandemic crisis (as described in section 2.2 of this article).

In addition, we were able to show that both large and small municipalities have experienced such a precarious course while controlling a health crisis, and thus they find themselves alone, in terms of federative (lack of) coordination and (un)funding. Also, as it was a research carried out in the first year of the pandemic, we have evidenced manifested effects in the SA policy through the perceptions, feelings and rules in force involving the workers: work pressure, fear, anxiety, isolation, strict protocols of social distancing and little instructional support on how SA should operate in the face of a pandemic crisis.

We believe that the research contributes to the opening of a follow-up research agenda – within a mid to long term period - of the situation of institutionalization of SA in the *RMPA* over the duration of the pandemic: were new SA management and execution rules elaborated from 2021 on? If there are new rules, were these carried out by the municipalities, states or the Union? Did the municipalities create new structures, such as services and benefits, given the advance of the pandemic from 2021 on? To what extent has the pandemic affected the amount of financial resources allocated to the maintenance

**Papi, Dias & Santos. *Pandemic crisis and the institutionalization of the Unified Social Assistance System in the Metropolitan Region of Porto Alegre***

of public facilities, services, benefits and payment of wages for SA workers at the municipal level? In view of the maintenance of sanitary protocols for the use of PPE, isolation and social distancing, how have SA workers been feeling when working “at the front-lines”, exposed to sanitary risks?

Anyway, the institutionalization of *SUAS* in the *RMPA* and in Brazil has been changing (or being modified) since the year 2016 and new research must be done to understand the magnitude of the changes and whether local governments will be spaces that rely on resilience or federal dependency. For this purpose, the literature on federative coordination and policy dismantling (Bauer, Jordan, Green-Pedersen & Héritier, 2012) can be insightful. This article is part of a research agenda on the institutionalization and dismantling process of Public Policies, developed at the Center for Research in Municipal Management (*NUPEGEM*), therefore it only brings partial findings. The agenda must be carried on with these new theoretical and empirical questions being further investigated in the future.

## **6. References**

Alcock, P. (2003). The subject of social policy. In: P. Alcock, A. Erskine, & M. May(eds.), *The Student's Companion to Social Policy* (pp. 3-10). Blackwell/Social Policy Association, Oxford.

Andion, C. (2020). Atuação da sociedade civil no enfrentamento dos efeitos da COVID-19 no Brasil. *Revista de Administração Pública*, 54(4), 936-951. Recuperado de <http://dx.doi.org/10.1590/0034-761220200199>

Bauer, M. W., Jordan, A., Green-Pedersen, C. & Héritier, A. (2012). Dismantling Public Policy: Preferences, Strategies, and Effects. *Oxford University Press*.

Berger, P, & Luckmann, T. (2006). *A construção social da realidade*. Rio de Janeiro: Editora Vozes.

Capella, A. C. N. (2007). Perspectivas teóricas sobre o processo de formulação de políticas públicas. In G. Hochman et al. (Org.). *Políticas Públicas no Brasil*. Rio de Janeiro: Fiocruz.

Confederação Nacional dos Municípios. (2018). [Site]. Recuperado de <https://www.cnm.org.br/index.php/comunicacao/noticias/o-estado-de-s-paulo-divulga-estudo-da-cnm-sobre-impactos-do-programa-crianca-feliz-aos-municipios>

Conselho Federal de Serviço Social. (2018). [Site]. Recuperado de <http://www.cfess.org.br/arquivos/2017-NotaPublicaCFESS-NaoAoProgramaCriancaFeliz.pdf>

Collier, R. B., & Collier, D. (1991) *Shaping the Political Arena: Critical Junctures, the Labor Movement, and Regime Dynamics in Latin America*. Princeton University Press [Reissued in 2002 by the University of Notre Dame Press.]

Couto, B. R. (2006) *O Direito Social e a Assistência Social na Sociedade Brasileira: uma equação possível?* São Paulo: Cortez.

Couto, B. R., Yazbek, M. C., & Raichelis, R. (2010). A Política Nacional de Assistência Social e o SUAS: apresentando e problematizando fundamentos e conceitos. In B. R.

Couto, M. C. Yazbek, M. O. S. Silva, & R. Raichelis. *O Sistema Único de Assistência Social no Brasil: uma realidade em movimento* (Cap. 2. pp. 32-65). São Paulo: Cortez. Decreto nº 8.869, de 05 de outubro de 2016. Institui o Programa Criança Feliz.

Decreto nº 9.906, de 09 de julho de 2019. Institui o Programa Nacional de Incentivo ao Voluntariado, o Conselho do Programa Nacional de Incentivo ao Voluntariado, o Prêmio Nacional de Incentivo ao Voluntariado e o Selo de Acreditação do Programa Nacional de Incentivo ao Voluntariado.

Dias, G. V. R. S. (2019). *O arranjo institucional de proteção social do serviço de acolhimento à pessoa idosa: oferta e regulação por meio da atuação da Prefeitura de Porto Alegre e da Sociedade Porto Alegrense de Auxílio aos Necessitados*. (Dissertação de Mestrado). Curso de Políticas Públicas - Universidade Federal do Rio Grande do Sul, Porto Alegre.

Diniz, E. (2007). *Globalização, Estado e Desenvolvimento. Dilemas do Brasil no Novo Milênio*. Rio de Janeiro: FGV.

Draibe, S. (2003). A política social no período FHC e o sistema de proteção social. *Tempo Social*, 15(2), 63-101.

Draibe, S., & Riesco, M. (2011). Estados de bem-estar social e estratégias de desenvolvimento na América Latina: um novo desenvolvimentismo em gestação? *Sociologias*, 13(27), 220-254.

Esping-Andersen, G. (1991). As três economias políticas do Welfare State. *Lua Nova*, (24).

Faria, C. A. P. de. (2007). Uma genealogia das teorias e tipologias do Estado de Bem Estar Social. In M. G. Delgado, & L.V. Porto (Orgs.) *O Estado de Bem-Estar Social no Século XXI*. São Paulo: LTR.

Hall, P. A., & Taylor, R. C. R. (2003). As três versões do neoinstitucionalismo. *Lua Nova*, (58), 193-223.

Immergut, H. (2007). O Núcleo Teórico do Neoinstitucionalismo. In E. Saravia, & E. Ferrarezi. *Políticas Públicas – coletânea, 1*. Brasília: ENAP.

**Papi, Dias & Santos. *Pandemic crisis and the institutionalization of the Unified Social Assistance System in the Metropolitan Region of Porto Alegre***

Jinkings, I., Doria, K., & Cleto, M. (2016). *Por que gritamos golpe?* Editora Boitempo. ISBN: 9788575595008, 2016.

Kingdon, J. W. (2003). *Agendas, alternatives and public policies*. (2nd ed.). Ann Arbor: University of Michigan.

Lipset, S.; & Rokkan, S. (1967). "Cleavage Structures, Party Systems, and Voter Alignments: An Introduction." In *Party Systems and Voter Alignments: Cross-National Perspectives*, edited by Seymour M. Lipset and Stein Rokkan. New York: Free Press, 1-64.

Mahoney, J.; & Thelen, K. (2010). A theory of gradual institutional change. In J. Mahoney, & K. Thelen. *Explaining institutional change: ambiguity, agency, and power*. New York: Cambridge University Press.

Manning, N. (2003). Social needs, social problems and social welfare. In P. Alcock, A. Erskine, & M. May (eds.), *The Student's Companion to Social Policy* (pp. 35-41). Blackwell/Social Policy Association, Oxford.

Menicucci, T., & Gomes, S. (2018). *Políticas sociais: conceitos, trajetórias e a experiência brasileira*. Rio de Janeiro: Fiocruz.

Mestriner, M. L. (2008). *O estado entre a filantropia e a assistência social* (3ª Ed). São Paulo: Cortez.

Miguel, L. F. (2019). *O Colapso da democracia no Brasil, da Constituição ao Golpe de 2016*. Editora Expressão Popular. ISBN: 9788577433629

Moraes, E. N. de, Viana, L. de G., Resende, L. M. H., Vasconcellos, L.de S., Moura, A. S., Menezes, A. ... Rabelo, R. (2020). COVID-19 nas instituições de longa permanência para idosos: estratégias de rastreamento laboratorial e prevenção da propagação da doença. *Ciência & Saúde Coletiva*, 25(9), 3445-3458. Recuperado de <http://dx.doi.org/10.1590/1413-81232020259.20382020>.

*Norma Operacional Básica Da Assistência Social - NOB SUAS, de agosto de 2010*. Dispõe sobre o aprimoramento da Gestão Qualificação dos Serviços Socioassistenciais.

Papi, L. P. (2017). *A dinâmica federativa de Brasil e Argentina: estudo comparado sobre as mudanças nos desenhos de formulação e implementação de políticas de combate à pobreza e de assistência social* (Tese de Doutorado). Instituto de Filosofia e Ciências Humanas, Programa de Pós-Graduação em Ciência Política - Universidade Federal do Rio Grande do Sul. Porto Alegre.

Papi, L. P., Dias, G. V. R. S., Santos, A. P. P., & Johansson, M. H. (2020). Institucionalização de Políticas Públicas: do que estamos falando? *XLIV EnANPAD* (No prelo).

Papi, L. P., & Joner, W. (2021). Descoordenação federativa e desfinanciamento da política de assistência social sob o governo Bolsonaro: uma análise nos municípios do



**Papi, Dias & Santos. *Pandemic crisis and the institutionalization of the Unified Social Assistance System in the Metropolitan Region of Porto Alegre***

Rio Grande do Sul. VIII EBAP. Recuperado de <https://sbap.org.br/>

Pierson, P. (2004). *Politics in Time: History, Institutions, and Social Analysis*. Princeton, Princeton University Press.

*Portaria n° 337, de 24 de março de 2020*. Dispõe acerca de medidas para o enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus, COVID-19, no âmbito do Sistema Único de Assistência Social. Recuperado de <https://www.in.gov.br/web/dou/-/portaria-n-337-de-24-de-marco-de-2020-249619485>

*Portaria n° 54, de 1° de abril de 2020*. Recuperado de <https://www.in.gov.br/en/web/dou/-/portaria-n-54-de-1-de-abril-de-2020-250849730>

Rosa, T. B. (2019). *A implementação do Sistema Único de Assistência Social na Região Metropolitana de Porto Alegre a partir do Marco Regulatório das Organizações da Sociedade Civil* (Dissertação de Mestrado). Instituto de Filosofia e Ciências Humanas, Programa de Pós-Graduação em Políticas Públicas - Universidade Federal do Rio Grande do Sul, Porto Alegre.

Silva, T. D., Natalino, M., & Pinheiro, M. B. (2020). *População em Situação de Rua em Tempos de Pandemia: um levantamento de medidas municipais emergenciais*. Brasília: Ipea.

Silva, I. L. da, & Lucena Filho, E. L. (2020). Saúde Mental e Assistência Social: desafios durante a Covid-19. *Revista Psicologia & Saberes*, 9(19), 138-146.

Souza, J. (2016). *A Radiografia do Golpe*. Editora Leya. ISBN-13 978-8544104460  
Sposati, A., Falcão, M. do C., & Teixeira, S. M. F. (1989). *Os direitos (dos desassistidos) sociais*. São Paulo: Cortez.

Streeck, W., & Thelen, K. (2005). Introduction: Institutional Change in Advanced Political Economics. In W. Streeck, & K. Thelen (Eds), *Beyond Continuity – Institutional Change in Advanced Political Economics*. Oxford: Oxford University Press, 2005.

Tolbert, P. S., Zucker, L. G. (1999). A institucionalização da teoria institucional. In, S. R. Clegg, C. Hardy, & W. R. Nord, *Handbook de estudos organizacionais*. (v. 3, pp. 194-22). São Paulo: Atlas.