

**ASSOCIAÇÃO SAÚDE  
CRIANÇA:  
Child Health Association**

Dr. Vera Cordeiro



Center for  
Health Market Innovations

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## Case Study - ASSOCIAÇÃO SAÚDE CRIANÇA: Child Health Association

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### Introduction

This case study describes the services provided and current funding structure of the Associação Saúde Criança (ASC), an internationally renowned organization working with children and families in Rio de Janeiro, Brazil.

The organization selects very poor children from Hospital da Lagoa who have been making repeated visits. Their families are then signed up for a program to assist in recovering their health and improving their social and financial conditions. The reach of the organization's work starts with health and branches out to a more social inclusion program.

*Saúde Criança works with some of the most disadvantaged groups: Almost 90 percent of families are female-headed households that live below the poverty line. Saúde Criança Lagoa attends on average of 250 families per month from Rio de Janeiro state. The franchises, 5 others institutions are located in Porto Alegre, Florianópolis, Goiania, São Paulo and Rio de Janeiro.*

The following case study intends to look at the organization's structure, activities and actions related to replicating the program elsewhere.

### Biography of the Founder

Vera Cordeiro, MD, founded Saúde Criança in 1991. Graduating from the Universidade Federal do Rio de Janeiro (UFRJ- Federal University of Rio de Janeiro), Dr. Cordeiro worked for 20 years at Hospital da Lagoa, where she founded the psychosomatic medicine department. She was elected as an Ashoka fellow in 1992, Avina leader in 2000, Schwab Social Entrepreneur in 2001 and Skoll Foundation Social Entrepreneur in 2006 and a member of the Director's Council of PATH. Muhammad Yunus, Nobel Prize winner for 2006, said "Saude Crianca Renascer has created a powerful methodology of social inclusion for the very poor". The history of Saúde Criança and Vera Cordeiro's life is one of chapters of the book *How to Change the World-Social Entrepreneurs and the Power of New Ideas*, by American journalist David Bornstein.

### Saúde Criança

The organization was founded by Dr. Cordeiro while she worked at Hospital da Lagoa, a large

public hospital in the city of Rio de Janeiro. The hospital serves the very poor from various communities.

Dr. Cordeiro noticed that it was not enough to treat children at the hospital, providing them with medical treatment. Children were usually sent home and after a short while re-admitted in the same or worse conditions and many times died. Dr. Cordeiro realized that there was a poverty-illness-hospital admission-readmission-death cycle and decided to attempt to break it.

One of the missions of Saúde Criança is to break the poverty-illness cycle by providing support for discharged children from Hospital da Lagoa and their families. The organization developed a multidisciplinary program that is tailored to each family as Family Action Plans (FAP). This FAP aims to restructure families and enable them to reach a level of self-sustainability. Dr. Cordeiro said that their goal is to lift people from absolute poverty.

There are five dimensions that are encompassed and developed through the FAP:

1. Healthcare
2. Family Income
3. Housing
4. Education
5. Citizenship (understanding of rights, education, documentation etc)

In order to tackle these five spheres, the organization offers the following programs:

1. Direct assistance: providing food, medicines, medical equipment and housing (rebuild/improve rental houses or provide new houses).
2. Technical support: Psychological and psychiatric help, nutrition, legal advice and social assistance.
3. Professional training: Internal and external professional trainings, provision of work tools.
4. Support programs: recreation
5. Citizenship: A hired lawyer assists families in any legal issues, such as obtaining new documents, divorces, abuse filling, labor law, government pensions etc.

The program innovates by tackling poverty through different fronts. The organization has an integral perspective of health. They treat not only the physical disease, but also consider psychological and social factors that lead to pathologies.

### **Delivery of the Solution**

Volunteers perform triage of all released children at Hospital da Lagoa, searching for the high-risk children (those extremely poor, from families under very strained conditions). Mothers go through a thorough interview, where they are asked about family income, family habits, education of children and living conditions. Mothers who are admitted in the program are asked to visit the office of ASC, where they are further interviewed and provided with psychological support, financial assistance for transportation, medicines and food. The whole family is required to take part in the program- ASC pays for educational courses for elder children or to train them professionally as well. Every family must on a monthly basis visit ASC headquarters with updated information on their professional and health developments and provide the organization with receipts and proof of professional programs they are participating in.

Mothers arrive at Saúde Criança around 1pm everyday and start the welcome practice with the social workers. They are received by a volunteer who explains the procedures and who has them perform group relaxation exercises. Each family has a folder with interview information and data that is gathered and documented in every monthly visit. The information is also entered into a computer database.

Mothers talk to volunteers who inform them about their development. They are also directed to social workers, a nutritionist and a lawyer if needed. At the end of the interviews, mothers receive medicines, cash, instructions and food (rice, beans, cereals, milk) and other goods for their household.

The solution is delivered far from the user's home. Transportation is subsidized by ASC for the user. Saúde Criança chose to locate its offices in a better neighborhood rather than in the favelas because they see that as more convenient to engage volunteers and it is closer to the Hospital da Lagoa. The organization relies heavily on volunteers that are mostly retired women or housewives from the Brazilian middle and upper middle class. Management sees that by keeping their offices in a neighborhood outside favelas, they ensure the well being of the volunteers. They also give the opportunity for families to access a more pleasant environment when they are interviewing on a monthly basis.

If the family fails to follow the FAP, they are disconnected from the organization. The average duration of each FAP is 2 years (some families reach self-sustainability within 1.5 years and others could take up to 5 years.)

The organization estimates that 60 percent of the families complete their family plan. Around 35 percent of families, after receiving some benefits, find other jobs or move away and end the program. Only 3 percent are disconnected from the program for lack of compliance and 3 percent are disconnected due to special cases (death or others).

### **Use of technology**

The organization has invested recently in developing an electronic platform. All families have a folder and an electronic file. In these folders, records are kept of every family member, including their health, educational and financial evolution throughout the program. Families have fixed monthly visiting dates. On the day of their visit, their folders are taken and given to the volunteers and employees who will interview the family member. There is a special attention to the child who brought the family into the program (since that child was probably in the hospital and receiving medication from the organization). At the end of the visit, the data is input in the electronic system.

Today there is no use of telemedicine or mobile phones in the program. These technologies could make the evaluation phase of the patients' house faster, that is, when the social worker visits a house for evaluation, data could be immediately input in ASC's electronic database.

### **Governance structure**

Saúde Criança has a team of 52 staff members who work as social assistants, nutritionists, psychologists, finance managers, administrators, system analysts, fundraisers, communications director and project coordinators. The organization maintains a diversified board of approximately 30 people—including experts in several professional areas, integrating all the important areas of civil and corporate society. Strategic decisions are discussed in board meetings twice a year with board members and directors. Operational decisions are taken by the executive committee that meets weekly and acts directly in the daily decisions of Saúde Criança.

In 2011 an IT committee was developed on the suggestion of the Board, to develop their IT system and migrate it into a new one. There is also a monthly meeting by the committee in support to the management that discusses main issues and critical problems for the institution.

### **Financing**

ASC receives capital from international institutions, private donors and companies. Other sources of income are through sales of ASC merchandise - key chains and bags in shopping centers in Rio de Janeiro and events (lunches, dinners and shopping bazaars through which they receive income).

The organization also is raising funds from individuals for the creation of an Endowment fund. The Endowment fund will allow the organization to support the franchising/expansion activities and make the organization less vulnerable to temporary donations.

<b>Sources</b>	<b>Amount or proportion (in percent)</b>
Grants	53.53 percent
Donation	46.47 percent

The organization covers the insurance over the property and cars, and provides life insurance to the social workers and drivers who go into the communities.

All other costs are managed by the headquarters. The organization buys food, powder milk and vitamins to donate to the families in large stocks in order to get better prices.

The organization procures assets through donations or sponsorship. For example, companies like IBM and McKinsey support and donate equipment. Cars and vans were also donated. Private donors assist in financing the organization: 30 percent of whom are individuals and 70 percent of whom are institutional. ASC is sponsored by a large number of institutions and private companies. It also receives the support of more than 743 contributing members, 150 volunteers and 328 Godmothers and Godfathers. Among the companies who donate to ASC are: Mckinsey & Company, Skoll Foundation, Ursula Zindel-Hilti Foundation, Unimed, Deloitte and Johnson & Johnson.

In 2010, Vera Cordeiro secured with private donors R\$ 1,009,396 (US\$ 600,830) for the creation of ASC's trust fund. Their goal is to raise R\$ 10,000,000 (US\$ 5,953,000) for the trust fund.

The average cost of the program for each family is R\$ 615 (US\$ 362) per month and on average US\$ 7,200 at the end of the 24 month program.

### **Staff**

The organization relies heavily on the work of volunteers as a way to keep their staff budget short. For management and strategy work, ASC hires long-term employees. SEE APPENDIX 1

### **Measuring Impact**

There is a department to measure and evaluate the impact and results of the work. Together with McKinsey & Co., the organization developed indicators of impact. In addition to measuring the development of families that are in current programs, the organization wants to study long term impact. A group of researchers from Georgetown University is carrying out a research project to measure the impact of the work in the families after 2 years. The research will compare results with of families affiliated to ASC with families that were not affiliated to the ASC program but were seen by other public hospitals and have the same socio-economic conditions.

### **Development and results**

McKinsey assisted the organization to structure its action plans and services offered as a pro-bono project in the late 90's. Later the consulting company assisted ASC to develop a franchising program. Today, Dr. Cordeiro believes the program is fully replicable in different states and countries. There are 23 hospitals being served by franchises of the organization in 6 different Brazilian states. The government of Belo Horizonte, capital of the state of Minas Gerais (inland Brazil) has adopted the model as public policy.

Each month 1,000 families are assisted through all Saúde Criança franchises. Since 1991, 2,958 families have been assisted and 2,644 professional education courses have been offered. It is estimated that since the implementation of ASC activities, the average income of these families has increased by 32 percent and expenditures for re-admissions at public hospitals dropped by 66 percent.

Saúde Criança received the Global Development Award for the most innovative non governmental organization in the world in 2003 and a Skoll Award for Social Entrepreneurship in 2006. In October 2009, the Saúde Criança Association celebrated 18 years by affirming a new guiding principle, "Health is social inclusion." This idea will bring a sharpened focus to Saúde Criança's work to help low-income families restructure themselves and connect with mainstream society—to promote their health and prosperity in the most powerful way possible.

### **Replication of Saúde Criança**

Their focus is now on replicating the model in Brazil and abroad. Since 1993, the organization advised different organizations on how to implement their multi-layered inclusion program. The first organization to replicate ASC's model was Reviver that covers Hospital dos Servidores in Rio

de Janeiro. Since 1993, 23 more organizations around Brazil have adopted the method and activity models.

In 2010, concerned about quality of service and responsiveness of these 23 organizations, ASC developed a franchise model with McKinsey & Co. This model aims to create better responsiveness and a stronger image and brand. With well-known and high quality service standards, Saúde Criança will be able to start other units in different parts of Brazil and internationally. Their goal is to build transparent, focused, responsible and sustainable franchises of the organization.

Other replication strategy of Dr. Cordeiro is to engage governments. Just as the government of Belo Horizonte has adopted their methodology, the government of the city of Rio de Janeiro is establishing a partnership with ASC. Through this type of partnership, ASC trains workers and shares their techniques, explains the impact of their work and helps them set goals.

### **Replication Manual**

ASC's management has elaborated a manual to guide organizations interested in replicating their model. According to their replication manual, the following items are the most important guidelines for the replication process:

1. Identify and select a public health institution that serves children and teenagers (e.g. hospital, clinic, etc.) to be affiliated with. In Brazil, the organization works with large public hospitals in very poor neighborhoods. Patients do not pay for services at all, since they are the poorest of the poor.
2. Understand the Family Action Plan (FAP) to promote the social advancement of the families assisted in the aforementioned public institution. Implement the steps.
3. Remain transparent in all financial actions and encourage external audit of accounts rendered. ASC in Brazil is reviewed by private accountants and are very strict about their sources of funding and transparency.
4. Secure resources through volunteers, godparents, contributory partners, foundations, private companies, universities, schools and international institutions, with an ultimate goal of self-sustainability.
5. Employ not only a considerable number of volunteers, but also paid employees. Volunteers are extremely important in this model in regards to attending the families. Paid employees are fundamental for the management of the organization.
6. Apply to enter the Saúde Criança Franchise.
7. Legalize the project as an official NGO according to the requirements of the country in which it will serve.

### **Assistance Process**



The assistance to the public can be divided into the following phases/steps.

1. Selection of children/families

ASC proposes that there should be a single criterion for selecting the participants for the program. For example, the families taken into the program are selected through “the child that is interned or recently discharged” by the affiliated public hospital and whose family’s psycho-social situation places the child at risk.

This selection of the child/family is done by the employees of the affiliated organization (hospital, clinic) under the criteria agreed with the NGO. The family is then referred to the NGO.

**Responsible Party:** To be selected

**Participants:** Affiliated public institution professionals

**Document:** Direction Guide, completed by a participant

**Selection:** Daily, according to the needs

2. Reception at the NGO

Once the selected family is directed to the NGO, the suggested procedures are as follows:

A. Registration

At the NGO the Operations Coordinator receives the responsible family member for the child (who does not have to be present). The Direction Guide provided by ASC provides model questions that must be answered by the family and data is input in the database. The Operation Coordinator opens a file that will contain all the family history throughout the program. The family member is directed to the Social Work team for the initial evaluation.

**Responsible Party:** NGO Operational Coordinator

**Participants:** Referred family

**Document:** Direction Guide

**Attendance:** Days and schedule to be determined

B. Initial Evaluation

During the initial interview, the following evaluations are made:

Social Work Evaluation

A social worker from the team will interview the representative of the family and determine his/her participation in the program according to ASC Basic Criterion of Participation and Attendance. Families that do not meet enrollment criteria are dismissed and are guided back to the person of referral at the affiliated health institution and that is shown on the record.

Qualifying families are registered in the database and assigned a monthly ASC visiting day. The interviewer is responsible for explaining the process and goals of the NGO as well as the rights and responsibilities of the families. He/She opens an Evaluation Form, records the basic needs of

the family in the Basic Benefit Record (i.e. diapers, food, filters, etc) and schedules the compulsory domiciliary evaluation within 30 days.

Once this evaluation is completed, a monthly program is created for the family. They receive every month Nutritional, Psychological, Psychiatric, Social Service, Legal and Professional Training. On every visit, the family performance is assessed and their commitment to the programs directed for them is measured. The FAP is tailored and adapted through each visit and development.

**Responsible Party:** Social Work Initial Evaluation Coordinator

**Participant sections:** Social Work

**Documents:** Initial Evaluation Form, Family Notebook, Basic Benefits Record

**Attendance:** To be determined

#### Nutritional Evaluation

A professional nutritionist will record the child's Nutritional Evaluation, assessing weight, height, issues like malnutrition, overweight, obesity or other health conditions. If the child is unable to visit the NGO, the Nutritionist will provide a Nutritional Monitoring Record to be completed by a professional who has access to the child.

Based on the interview with the family representative, the nutritionist will assess and prescribe food supplements (i.e. vitamin enriched milk, vitamin supplements etc) donated to the family by the NGO. The nutritionist completes his/her evaluation and records the diagnostics and monthly needs in the FAP. The family is directed to the Psychology section.

**Responsible Party:** Nutritionist

**Participant sections:** Nutrition

**Documents:** Initial Evaluation Form, Nutritional Monitoring Record and FAP

**Attendance:** To be determined

#### Psychological Evaluation

A professional psychologist will evaluate the family representative psychologically, indicating the need for professional care in the FAP. The psychologist will schedule the compulsory participation of the family representative in the Reception Group (session that promotes group dynamics and interaction amongst the program participants.) The family is directed to Professional Training Coordinator.

**Responsible Party:** Psychologist

**Participant sections:** Psychology

**Documents:** Initial Evaluation Form, FAP and Family's Notebook

**Attendance:** To be determined

#### Professional Training Evaluation

A Professional Training Coordinator assesses the professional skills and employment condition of adult family members. Once they understand who has the greatest potential, the Coordinator

elects a family member to go through a professional training program. ASC prefers to train and empower the mother. The opportunities are however not exclusive for women- it could be an elder child. There is limit of two people per family for training. Exceptions are authorized on a case-by-case basis.

**Responsible Party:** Professional Training Coordinator

**Participant sections:** Professional Training

**Documents:** Initial Evaluation Form and FAP

**Attendance:** To be determined

### 3. Initial Domiciliary Visit

The domiciliary visit is the last component of the Initial Evaluation. A member of the Social Work team does the visit. Different elements are assessed: family composition, familiar environment, house condition, including sanitation, water treatment and house supplies. Socioeconomic data is also collected. Any urgent housing repair is recorded in the FAP, so that future action is taken - usually through aid for house repairs and improvement.

**Responsible Party:** Social Worker

**Participant sections:** Social Work

**Documents:** Initial Evaluation Form, FAP

**Attendance:** Ongoing as needed

### 4. Creating the Family Action Plan (FAP)

The FAP is at the core of the ASC model and essential to create a long lasting impact. The FAP is tailored to each family (see form in appendix).

**Responsible Party:** Attendance Team Coordinator

**Participant sections:** Social Work

**Documents:** FAP

**Attendance:** First monthly attendance

The FAP is composed by five main areas, each with specific goals and actions: Health, Citizenship, Housing, Education and Income Generation. Each action has a target date, accomplishing and note section to be completed by each interviewer at every monthly meeting. For example,

Action	Planned Date	Date of Accomplishment
Complete Vaccination Record	February / 2007	April / 2007

Since the families usually receive assistance for 2 years, the FAP can be adapted as they develop and according to the context of the NGO.

#### A. Health

- To attend to the child and his/her family during the process of medical treatment until the health of every child in the family is at least in satisfactory clinical condition

- To assist with appointment scheduling and follow-up with hospital visits to ensure few or no missed appointments
- To monitor the child and family's nutritional behavior, provide nutritional counseling and record anthropomorphic data (i.e. height, weight)
- To guide and ensure the vaccination of all children per family and secure their regular attendance at an accessible health center
- To provide medications, vitamin-enriched foods and orthopaedic and breathing medical supplies when necessary to aid in the improvement of the child's health condition (i.e. inhaler, air liquefier, crutches, vitamin-enriched milk, etc.)
- To provide psychological and psychiatric counseling and support of all family members
- To provide educational courses on hygiene, family planning, substance abuse, violence, domestic accidents and child development

#### B. Citizenship

- To guide family members in obtaining necessary citizenship documents and/or government benefits when applicable
- To offer educational lectures related to citizenship and rights of citizens

#### C. Housing

- To evaluate a family's housing condition
- To provide training, tools and donated labor to refurbish a family's home so that it meets health standards
- To ensure that all water and electric installations are in good condition
- To assist a family in obtaining property documents when applicable

#### D. Education

- To mandate and guide the enrollment of all children between the ages of 5 – 17 per family in a school

#### E. Income Generation

- To provide eligible family members professional training and/or reference to employment opportunities so that at least one adult in the family is working and has a formal or informal wage
- To offer participation in entrepreneurial events.

#### 5. Monthly Attendance

Once the FAP is elaborated, the family representative must attend monthly meetings at ASC. On these meetings, all interviews are repeated and progress is assessed. Parents receive meal, food donations, school materials, toys, diapers, condoms and other aid as needed. Transportation vouchers are distributed to families and recorded in the database.

At the arrival for the monthly meeting, the team of volunteers listens and records the progress of the family representative. Depending on the requests and needs the volunteer directs the

representative to the specific areas. In order to receive the benefits, the representative must show the signature of the interview with volunteers at every meeting. Four times a year, interviewers perform a Periodic Evaluation of the family, to ensure that all information is up-to-date in the database. The specific areas of intervention where the families are directed to, based on the progress and demands of the FAP include:

Social Work:

- To coordinate *Project Heal, Project Home and the Adolescents Group*
  - *Project Heal:* To provide one-hour educational lectures for the responsible party of the family on his/her day of attendance in order to promote family self-sustainability. Topics are selected based on the perceived need of families assisted and can include, but are not limited to, domestic violence, family planning, hygiene, stress management, etc. Topics change monthly or periodically throughout the year as decided by the Social Work team.
  - *Project Home:* To provide the resources and aid necessary to restructure a family's home so that it meets the goals of the FAP.
  - *Adolescents Group:* To provide sexual education to adolescents of assisted families through bimonthly meetings and interactive activities. Transportation and food should be provided by the NGO for all participants.

Psychology:

- To provide counseling to family members and evaluate their emotional status so that each member's health status meets the goals of the family's FAP.
- To coordinate the *Reception and Reflection Groups*
  - *Reception Group:* To introduce the responsible party of each new family to the mission, vision and work of the NGO. Sessions are held monthly for all new families of that month and are obligatory for families to receive benefits.
  - *Reflection Group:* For families who have achieved one year of participation with the NGO, to evaluate the family's progress, commitment and reflect on the activities of the past year through an open-ended reflection session with the responsible party of the family. The psychologist will also begin to prepare the family for the closing process.

Nutrition:

- To conduct monthly nutritional assessments of the assisted child and record height/weight data.
- To provide counseling and education on healthy eating habits.
- To prescribe specific vitamin-enriched food benefits (i.e. milk, supplements) when necessary that a family will receive upon fulfilling its responsibilities.

Professional Training

- To create and provide job training opportunities
- To identify and recruit eligible family members for professional opportunities
- To record attendances and absences and monitor the progress of participants

Legal Services

- To educate and assist families in obtaining citizenship documents, government benefits (i.e. welfare programs) and identification documents for all family members

<b>Health</b>	<ul style="list-style-type: none"> <li>-All members of the family's health is average or good</li> <li>-All children are well-nourished</li> <li>-All children ages 0-10 per family have an up-to-date vaccination card</li> </ul>
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<b>Citizenship</b>	-All family members have legal citizenship and identification documents -Family is receiving government welfare benefits if applicable
<b>Housing</b>	-Family's home environment is safe and meets health standards -Home contains walls, floor, ceiling, plumbing and electric installations in good or regular conditions and the home has at least two rooms, one of them a bathroom.
<b>Education</b>	-All physically able children ages 5-17 per family are enrolled in school
<b>Income</b>	-At least one adult per family earns an income of at least the minimum wage

## 6. Closure of the Program

The completion of the program occurs on average within a two-year period from the beginning of the program or when the pre-established goals are achieved. Professionals of each section of the NGO must approve the family achievement and evaluate whether the FAP goals have been met. Once approved, the closure request is directed to the Social Work team to conduct the final evaluation and a final domiciliary visit within 30 days of the expected closing date.

The family receives from the Team Coordinator a 'Benefits History', a document that contains all the attendances, goods and aids received and the evolution of the family throughout the program. All documents must be signed.

In cases of non-compliance with the responsibilities, participation ethics, non-attendance for two consecutive months without explanation and inability to contact the family, the FAP is closed and assistance terminated.

# APPENDIX 1

Date	How many numbers per Unit	Qualification	Location	Hiring/ contracting	Task (s) performed	Supervision/Quality assurance	Training	Salaries	Salaries USD	Incentives	Retention	
Sl. No	<i>Category of personnel</i> How many of each category of staff? Specify names, if any, contracted to lead or to co-lead projects?	Education, Experience	Where: geographically?	Whether the staff in this category is on permanent roll or contract? Description	Role description (if documented, specify)?	Who supervises, how? MBS/ Reporting systems?	When (Stage in employment)? How often? what type? In-house or otherwise? Material & methods, who handles?	If not willing to share, collect broad range		Monetary and Non-monetary	Attrition rates - last one year	
a	Administrative Assistants	4, junior and senior	High school, College	RJ	permanent	financial/administrative duties	responds directly to the Administrative Analyst	No formal training	R\$ 1,076 to 1,800	652 to 1090	no	over a year
b	Senior Administration Analyst	1	college	RJ	permanent	financial/administrative duties	Responds to Operations Manager	No formal training	3,000	1,818	no	over a year
c	Operations Manager	2	college	RJ	permanent	financial/administrative duties	Responds to Exec Director	No formal training	4,564	2,766	no	over a year
d	Finance Manager	1	college	RJ	permanent	financial/administrative duties	Responds to Exec Director	No formal training	4,149	2,515	no	over a year
e	Social Workers	3	college	RJ	permanent	Interview families, home visits, hosting families and implementing group activities at ASC	Responds to Operations Coordinator	No formal training	R\$ 1,500 to 1,688	909 to 1023	no	over a year
f	Cleaners, office boy etc	8	Primary and secondary education	RJ	permanent	help organize the facilities, cleaning services, and office work	Responds to Operations Coordinator	No formal training	R\$ 515 to 850	312 to 515	no	over a year
g	Nutritionist	1	college	RJ	permanent	Provides families with nutritional advice, and distributes food and medicines according to health needs	Responds to Operations Coordinator	No formal training	1,266	767	no	over a year
h	Lawyer	1	college	RJ	permanent	Provides families with any legal services- from paternity, divorces, labor law, registrations etc	Responds to Operations Coordinator	No formal training	1,583	959	no	over a year
i	Receptionist	1	Secondary education	RJ	permanent	receptionist	Responds to Operations Coordinator	No formal training	1,050	636	no	over a year
j	Psychology coordinator	1	college	RJ	permanent	Coordinates volunteers and social workers	Responds to Operations Manager	No formal training	2,111	1,279	no	over a year
k	Operations Coordinator	1	college	RJ	permanent	Coordinates daily visits, and the work of social workers, volunteers	Responds to Operations Manager	No formal training	2,638	1,599	no	over a year
l	Fund Raising Coordinator	1	college	RJ	permanent	coordinate fundraising	Responds to Operations Manager	No formal training	3,000	1,818	no	over a year
m	Communications Coordinator	3	college	RJ	permanent	coordinate public relations	Responds to Operations Manager	No formal training	R\$2,500 to R\$3,000	from 1,515 to 1,818	no	over a year
n	Events Coordinator	1	college	RJ	permanent	coordinates events	Responds to Operations Manager	No formal training	2,700	1,636	no	over a year
o	ITCoordinator	1	college	RJ	permanent	Coordinates IT	Responds to Operations Manager	No formal training	2,500	1,515	no	over a year
p	Projects Coordinator	1	college	RJ	permanent	Coordinates special projects	Responds to Operations Manager	No formal training	3,000	1,818	no	over a year
q	Professionalization Coordinator	1	college	RJ	permanent	Coordinates Professional courses for families	Responds to Operations Manager	No formal training	2,100	1,273	no	over a year
q	Instructor for manicure and waxing courses	1	Secondary education	RJ	permanent	Coordinates Professional courses for families	Responds to Operations coordinator	No formal training	1144	693	no	over a year
q	Sewing ladies	8	Primary and secondary education	RJ	permanent and contract	Produce Tshirts and others for sales	Responds to Product Coordinator	No formal training	563	341	no	over a year
q	Driver	2	Secondary education	RJ	permanent and contract	drives social workers to visits	Responds to Product Coordinator	No formal training	1086	658	no	over a year
q	Executive assistants	2	college	RJ	permanent	assist Management	Responds to Exec Director	No formal training	2700	1,636	no	over a year
q	Sales representative	7	Primary and secondary education	RJ	permanent	Sells t-shirts and ASC promotional goods at kiosks in shipping centers	Responds to Product Coordinator	No formal training	510	309	no	over a year
q	Executive Director	1	college	RJ	contract	Founder and strategy management	Responds to Board	No formal training	6179	3,745	no	over a year