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Recommendation for funding for a short-duration country programme**

Brazil

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Brazil with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of \$755,000 from regular resources, subject to the availability of funds, and \$13,900,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2001. In addition, the Executive Director recommends that the Executive Board approve an increase of \$4,100,000 in other resources for the year 2000.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

Basic data

(1998 unless otherwise stated)

| | |
|--|-------------|
| Child population (millions, under 18 years) | 60.2 |
| U5MR (per 1,000 live births) | 42 |
| IMR (per 1,000 live births) | 36 |
| Underweight (% moderate and severe) (1996) | 5.7 |
| Maternal mortality rate (per 100,000 live births) (1996) | 160 |
| Literacy (% male/female) (1996) | 86/85 |
| Primary school enrolment (% net, male/female) (1996) | 93/94 |
| Primary school children reaching grade 5 (%) (1995) | 71 |
| Access to safe water (%) (1996) | 83 |
| Routine EPI vaccines financed by Government (%) (1997) | 100 |
| GNP per capita (US\$) | 4 630 |
| One-year-olds fully immunized against: | |
| tuberculosis | 99 per cent |
| diphtheria/pertussis/tetanus | 94 per cent |
| measles | 96 per cent |
| poliomyelitis | 96 per cent |
| Pregnant women immunized against tetanus | 30 per cent |

The situation of children and women

1. In Brazil, the Convention on the Rights of the Child was adapted to the national context as the Child and Adolescent Statute (ECA), introduced in 1990. It has been key in placing child rights on the national agenda and mobilizing the Government and civil society to promote the rights of 60.2 million children and adolescents, representing 36 per cent of the total population. Since 1999, government and civil society partners and UNICEF have been reviewing ECA implementation, in order to define new medium- and long-term goals and identify new priority areas.

2. Over the last decade, Brazil has adjusted to globalization by developing new technologies, promoting privatization and encouraging foreign investment. Following a 50 per cent currency devaluation in 1999, the economy is on a rebound and inflation has been held under 10 per cent. Nevertheless, increases in per capita gross domestic product have not reduced the poverty of millions. According to 1988 World Bank data, socio-economic disparities are greater in Brazil than in any other country in the world. As a consequence of fiscal measures agreed upon with the International Monetary Fund (IMF), economic growth and social investment have suffered, affecting the most vulnerable groups. Twenty-one million

children live in households with incomes below \$37 per month, which represents half the minimum wage of \$75 per month.

3. The infant mortality rate (IMR) decreased from 82 per 1,000 live births in 1980 to 36 per 1,000 in 1998. Nearly half of these were perinatal deaths. Regional disparities range from 22.5 in the south of the country to 83 in the north-east. The under-five mortality rate (U5MR) declined from 135 per 1,000 live births in 1970 to 42 per 1,000 in 1998. Every child has a legal right to a name and nationality, especially since adoption of a 1997 law that guarantees free birth registration. Nonetheless, 27 per cent of the 3.5 million children born each year in Brazil are not registered during their first year and consequently face problems of formal access to health and social services.

4. In 1997, just 8.7 per cent of children under the age of 3 benefited from early childhood services, as opposed to 57.9 per cent of those between the ages of 4 and 6. Although significant advances in primary education have been made, 1.1 million children aged 7 to 14 have never gone to school. These are mainly working children, the disabled, certain ethnic groups, and rural dwellers from the north and north-east of the country. Because of high repetition and drop-out rates, only 65 per cent of school entrants finish eight years of

primary education. Learning is inhibited by short school hours, low parent-teacher expectations and teacher quality. Child labour has declined by 27.5 per cent since 1993, but an estimated 2.9 million children work to help supplement family income, sacrificing their education and well-being. A national strategy to eradicate child labour involves the Government, a wide range of non-governmental organization (NGO) partners, and scholarship programmes that encourage school attendance.

5. Adolescents have limited leisure and educational opportunities and channels for expression. They are vulnerable to violence and HIV/AIDS, and early pregnancy is a risk for girls. Thirteen per cent of 15-19-year-old girls are mothers. Most live in the north-east of the country and have fewer than eight years of education. The maternal mortality rate (MMR) decreased from 200 per 100,000 live births in 1990 to 160 in 1996. However, despite the fact that 91.5 per cent of deliveries take place in health facilities, there are 5,137 deaths annually from pregnancy-related causes — the highest in Latin America. Risk factors include early pregnancy, poor prenatal care, lack of trained staff and basic equipment, and high incidence of delivery under poor conditions (40 per cent are caesarean deliveries).

6. The Ministry of Health estimates that there are 500,000 people in Brazil who are HIV-positive. In the 1980s, for every 17 infected men there was only 1 infected woman; in 1999, the ratio was 2 infected men to every infected woman. This trend has repercussions in the number of children infected with AIDS through mother-to-child transmission (80 per cent) and in the number of AIDS orphans (around 30,000). The Brazilian Government and NGOs have made HIV/AIDS prevention a top priority.

7. Fifty million Brazilians lack access to proper water and sanitation, most of them living in semi-arid regions. In the Amazon region and urban slums, drinking water and sanitation infrastructure are lacking. The incidence of such illnesses as malaria, leprosy and dengue is increasing.

Programme cooperation, 1994-2000

8. The 1994-2000 country programme concentrated on World Summit for Children goals and on “the right

to have rights” for all children and adolescents. Under the promotion of child rights programme, UNICEF supported social rights and the ECA by building public awareness, contributing to policy development favouring child and adolescent rights, and strengthening civil society involvement. Guardianship Councils were formed to assist children with special needs, victims of violence and those without a family. Today, 2,640 Councils function in 43 per cent of the 5,507 municipalities. The justice system was strengthened through local Rights Councils that monitor policy implementation. Many of the 2,365 Municipal Councils and other public-civil society bodies, instituted by the ECA to protect child rights, have been supported. Judges, attorneys and police have also been trained to respect and promote the ECA. In cooperation with the International Labour Organization (ILO) International Programme on the Elimination of Child Labour (IPEC), UNICEF helped raise awareness of child rights abuses and the health risks of child labour. In 1994, child labour was barely recognized as a concern; by the year 2000, the federal budget allocated \$105 million to help eradicate the problem.

9. Under the social policies programme, data on children and adolescents were disseminated and social expenditures monitored. The UNICEF country office participated in the 1999 regional evaluation of implementation of the Convention on the Rights of the Child, brought a rights perspective to the evaluation of the Child Labour Initiative with ILO/IPEC and the World Bank, and supported monitoring and evaluation of Education for All and World Summit commitments.

10. The education programme used multiple strategies to promote child rights and improve the quality of primary education. In partnership with civil society and the private sector, campaigns on child rights and enrolment of out-of-school children placed education on the political agenda and increased social demand for education. UNICEF worked closely with the Ministry of Education, national government organizations, municipal education secretariats and the World Bank to channel resources and capacity-building efforts towards the poorest regions and municipalities. Capacity of the 5,507 municipal education secretariats and councils responsible for overseeing primary school funding was strengthened. UNICEF also supported projects addressing the needs of school-age children, through after-school sports, recreation, tutoring, and cultural activities, to encourage enrolment. The issue of

inclusion of disabled children in regular schools received attention.

11. In the health and nutrition programme, UNICEF supported mobilization campaigns and capacity-building for better use of public funds and more reliable health data. Child mortality surveillance committees were established to identify ways to reduce infant and maternal mortality. Health professionals were trained in improved prenatal care and in the evaluation of patient treatment in hospitals. The number of baby-friendly hospitals grew from 5 in 1994 to 146 in 1999. Exclusive breastfeeding for the first three months of life increased from 3.6 per cent in 1989 to 40.3 per cent in 1996. Media materials were prepared on hypertension, high-risk pregnancy, sex education and HIV/AIDS. Sustained media attention encouraged the Government to monitor salt producer compliance with iodine fortification laws, resulting in a fall in goitre incidence from 14.1 per cent in 1974 to 1.4 per cent in 1994. UNICEF supported the NGO Child Pastorate to train over 100,000 community volunteers in family-focused work in nutrition, early childhood care and first aid, leading to a 70 per cent reduction in IMR. UNICEF also supported decentralization of basic health services through the Family Health Programme. Today, 113,000 community health promoters are working throughout Brazil.

12. In the north and semi-arid north-east of the country, UNICEF supported, through the environment and children programme, government and NGO partners in the promotion of locally sustainable technology and adaptation of basic services to regional needs. UNICEF supported NGO training in coping with chronic drought and in construction of rainwater cisterns, and lobbied for government investment in sustainable development in the semi-arid region. Teachers were trained to include environmental education in their classes. Uniting environmental and child labour concerns, UNICEF persuaded sanitation engineers to join with development banks and environmental activists to remove 47,000 children from work in garbage dumps. This coalition now provides over 2,000 scholarships; organizes after-school and school enrichment sessions; makes families aware of child rights and child labour risks; and introduces more systematic recycling efforts.

13. The social mobilization and communication programme identified the media as a strategic partner. Since 1992, when UNICEF supported the creation of

the News Agency for Child Rights (ANDI), quality coverage of this area has become a priority for the national media. Training courses have been organized for journalists to keep them abreast of evolving social agendas and child rights issues. In 1999, the media cooperated in publicizing the national campaign for free birth registration, which resulted in the registration of 520,000 children in three months. Through mobilization activities, increased civil society participation has been achieved. Since 1986, UNICEF has collaborated with TV Globo on the Annual Child Hope Campaign, reaching an audience of 60 million with programming on children and adolescents, generating contributions equal to 9.5 per cent of UNICEF programme funds.

Lessons learned from past cooperation

14. In 1997, the mid-term review process identified the value-added benefits of the intersectoral project approach. The sectoral nature of past programming processes has been modified through selection and implementation of intersectoral theme areas such as child labour, sexual exploitation and early childhood care and development.

15. UNICEF has a comparative advantage in its five zone offices in the poorest regions of the country, and in its capacity to promote and support the development of policies and strategies, networking with agencies like the World Bank and local counterparts and mobilizing financial resources for programmes. UNICEF maximizes its impact by coordinating simultaneous multilevel initiatives, including local-level service delivery and capacity-building in the most disadvantaged regions with national-level advocacy, mobilization and policy development efforts.

16. The two UNICEF Private Sector Division (PSD) offices, in São Paulo and Rio de Janeiro, have enabled UNICEF to maintain and initiate new contacts with civil society and private sector partners, leading to increased funding for and participation in child rights issues.

17. Partnership with the media to promote child rights has continued to gain importance. Both the Child Hope campaign and cooperation with ANDI highlight the critical role of the media in the defence of child and adolescent rights.

Recommended programme cooperation, 2001

Estimated annual expenditure

(In thousands of United States dollars)

| | <i>Total</i> |
|--|---------------|
| Regular resources | |
| Legal and social protection system | - |
| Reduction of disparities | - |
| Universal public policies | - |
| Protection and fulfilment of children's rights | - |
| Cross-sectoral costs | 755 |
| Subtotal | 755 |
| Other resources | |
| Legal and social protection system | 973 |
| Reduction of disparities | 3 197 |
| Universal public policies | 3 753 |
| Protection and fulfilment of children's rights | 1 807 |
| Cross-sectoral costs | 4 170 |
| Subtotal | 13 900 |
| Total | 14 655 |

Country programme preparation process

18. This recommendation contains a request to extend the current UNICEF programme of cooperation until the end of 2001, and to increase the "other resources" funding ceiling for the year 2000 (based on expected third- and fourth-quarter fund-raising with National Committees and the Brazil PSD offices). During this period, the Brazil Common Country Assessment (CCA) will be finalized, the United Nations Development Assistance Framework (UNDAF) exercise will begin, United Nations programme cycles will be harmonized, and the first decade of child rights implementation will be evaluated.

19. The country programme is based on lessons from the 1997 mid-term review and on a 1999 internal UNICEF planning process, during which a new programme was defined, including: legal and social protection systems; reduction of disparities; universal public policies; and protection and fulfilment of

children's rights. The proposed short-duration programme was discussed and approved by the Brazilian Cooperation Agency, the UNICEF national counterpart. At the same time, United Nations agencies have agreed to harmonize their programme cycles beginning in 2002.

Country programme goals and objectives

20. The goal of this one-year programme is to guarantee "the right to have rights" for all children and adolescents. Programme objectives are to: (a) guarantee legal and social rights in line with the ECA; (b) contribute to the reduction of disparities in the realization of children's rights; (c) contribute to the formulation, implementation and evaluation of public policies that promote the rights of children, adolescents and women; and (d) mobilize civil society for the protection and fulfilment of children's rights.

Relation to national and international priorities

21. The programme builds upon government and NGO commitments to the ECA, aiming to contribute to the fulfilment of Brazil's implementation of the Convention on the Rights of the Child, World Summit for Children, Education for All, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. Programme strategies respond to government priorities and civil society concerns of addressing child rights disparities, and reflect UNICEF organizational priorities, expressed in the medium-term plan and priority actions in favour of children.

Programme strategy

22. This short-duration programme will retain the strategies of the 1994-2000 country programme, including: social and political mobilization for child rights; capacity-building for decentralization to address disparities; and expansion of service delivery models for the most vulnerable and excluded children. New strategies will respond to programme structure modifications and the life-cycle approach.

23. Under the *legal and social protection system programme*, UNICEF will work to strengthen the judicial system through creation of more courts for the defence of children and adolescents; work with the Parliamentarian Front to keep child rights on the political agenda; and establish additional Rights and Guardianship Councils. Centres assisting children with special needs will also be strengthened. In response to recent revolts in detention centres, UNICEF will advocate for more humane programmes. Staff in these centres will be trained to provide youths with formal primary education, life skills training and recreational activities.

24. In the *reduction of disparities programme*, support for responsive educational strategies in the north and north-east regions will continue, particularly culturally and linguistically appropriate interventions for indigenous groups. Lobbying and training will be promoted among 75 NGOs and 10 cooperation agencies in the semi-arid north-east region to address chronic drought. Child labour eradication and school enrolment efforts will continue, with attention given to

children working in waste dumps. Basic health services will be strengthened through expansion of the Family Health Programme, increasing the number of health promoters from the current 113,000 to 200,000, as well as the number of baby-friendly hospitals.

25. In the *universal public policies programme*, efforts will be made to strengthen government and NGO capacity to formulate, implement and monitor policies. Studies will be conducted on perinatal and obstetric care and early childhood care for survival, growth and development (ECC-SGD), and information will be disseminated on the situation of children and adolescents, focusing on promoting policies for ECA fulfilment. IMR and MMR reduction efforts will include: establishment of surveillance committees; creation of mechanisms to examine maternal deaths; and training of health staff to improve prenatal care. In cooperation with the Ministry of Health, a social policy will be adopted for the non-obligatory fortification of wheat and maize flour with iron, and new strategies will be designed for the national HIV/AIDS prevention programme.

26. Government and civil society activities to reach 1.1 million out-of-school primary-school-age children will be supported, especially in the Amazon and rural areas, and for working children, the disabled and certain ethnic groups. Efforts with federal, state and municipal education authorities will strengthen decentralized management capacities for provision of services, use of funds and monitoring of social expenditures. After-school programmes will be expanded, with private sector, NGO and government participation, as part of school inclusion and child labour eradication efforts, and the school scholarship programme will be promoted. An integrated mobilization, policy development and service model strategy will be developed for ECC-SGD activities. In partnership with the Child Pastorate, 100,000 community agents will be supported to begin monitoring psychosocial as well as physical development. In cooperation with *Comunidade Solidária*, an NGO led by the First Lady, efforts will be made to place early childhood development on the political agenda.

27. National free birth registration efforts will be expanded. UNICEF will work with the Institute of Social and Economic Studies (INESC) to monitor social sector expenditures and train municipal decision-makers, guaranteeing that social sector funding will

benefit the poorest. Expansion of the Ceará State certification strategy, which rewards municipalities for progress in the areas of health, education and rights, is also planned.

28. Under the *protection and fulfilment of children's rights programme*, UNICEF will provide the media with quality information on the situation of children's rights. The Radio for Children project will expand distribution of its monthly bulletin to 5,000 radio stations, and journalists will receive training in improving the quality of educational information. The National Child Hope Campaign will raise awareness of child rights and mobilize financial resources. Support will be given to broaden awareness on issues of child labour, health, ECC-SGD, peace in schools, and children working in waste dumps. Assistance will be provided to promote youth participation, prioritizing adolescent-designed strategies and initiatives, the creation of student associations and the design of methodologies to promote discussions on prevention of sexually transmitted diseases, HIV/AIDS and teenage pregnancy. UNICEF will continue to support the final steps of ECA evaluation and the definition of new goals. Public and civil society mobilization will be undertaken by disseminating information on the ECA and by organizing media events.

29. Budget allotments in regular and other resources assigned to *cross-sectoral costs* relate to all four programmes mentioned above, covering cross-cutting activities of a national, intersectoral and advocacy nature; regional initiatives; staff training; technical and support staff, consultant salaries and travel; and operational costs not covered by the support budget.

Monitoring and evaluation

30. Monitoring and evaluation actions will focus on the results and impact of government policies and UNICEF-supported projects, using World Summit for Children and government sectoral indicators, and specific zone indicators based on priority projects. Primary areas of focus include: child rights; reduction of IMR and MMR; child labour; primary school enrolment and completion rates; and adolescent participation. New indicators will be developed for the ECC-SGD area. Post-mid-term adjustments in project implementation and office and programme structures will be assessed through a participatory approach to provide inputs for future programme design.

31. Internal information systems will be strengthened with the National Bureau of Statistics and sectoral counterparts to monitor global and regional trends in achievements for women and children, and will provide information for advocacy and mobilization. Monitoring of social sector investment and expenditure will continue. Specific studies and evaluations will be carried out, including: final review of World Summit achievements; completion of the child labour eradication evaluation with ILO/IPEC and the World Bank; the 10-year ECA evaluation process; preparation of a new national demographic and health research plan; a domestic violence situation analysis; and evaluation of the Ceará State certification strategy.

Collaboration with partners

32. UNICEF will collaborate with all levels of government in programme development. Partnerships with NGOs, the media, trade unions, the private sector and United Nations agencies will be strengthened, especially in areas of child rights monitoring, child labour eradication, community health, birth registration, after-school activities and early childhood development. Media linkages will focus on mobilization and advocacy, while private sector partnerships will be expanded in fund-raising, joint project development and political advocacy. Cooperation with United Nations agencies will be strengthened through the CCA and UNDAF processes, while collaborative plans with the World Bank and Inter-American Development Bank will be expanded in the areas of education, child labour, child rights and ECC-SGD initiatives.

Programme management

33. Country programme coordination will be carried out with the Brazilian Cooperation Agency, while national ministries, state/municipal secretariats, and organizations representing decentralized government and NGOs will share programme management responsibilities for sectoral and intersectoral projects. Programme management will emphasize coordinated efforts between the Brasilia Office, the five zone offices and the two PSD offices. With the installation of the programme manager system (PROMS), zone offices will have greater autonomy in programme implementation and monitoring. Decentralization of

implementation, monitoring and evaluation will enhance UNICEF work, within the framework of decentralization policies and civil society participation. Planning, mid-year reviews and annual reporting will be merged into programme monitoring. Based on the modified office and programme structure, an intersectoral design will be used, promoting a child rights approach, based on the life cycle. Management will be participatory, allowing joint decision-making with zone offices and cluster groups.