



## Economic and Social Council

Distr.: Limited  
21 July 2006

Original: English

**For action**

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### United Nations Children's Fund

Executive Board

#### Second regular session 2006

6-8 September 2006

Item 4 of the provisional agenda\*

### Draft country programme document\*\*

#### Brazil

#### *Summary*

The Executive Director presents the draft country programme document for Brazil for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$4,620,000 from regular resources, subject to the availability of funds, and \$85,380,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

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\* E/ICEF/2006/18.

\*\* In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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*Basic data<sup>†</sup>*  
*(2004 unless otherwise stated)*

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Child population (millions, under 18 years)	62.2
U5MR (per 1,000 live births)	34
Underweight (% , moderate and severe, 1996)	6
Maternal mortality ratio (per 100,000 live births, 2001)	64
Primary school attendance (% net, male/female, 2000/2001)	98/91
Primary schoolchildren reaching grade 5 (% , 2000/2001)	80 <sup>a</sup>
Use of improved drinking water sources (% , 2002)	89
Adult HIV prevalence rate (% , 15-49 years, end 2003)	0.7
Child work (% , children 5-14 years old)	7 <sup>b</sup>
GNI per capita (US\$)	3 090
One-year-olds immunized against DPT3 (%)	96
One-year-olds immunized against measles (%)	99

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<sup>†</sup> More comprehensive country data on children and women are available at <http://www.unicef.org>.

<sup>a</sup> Reaching grade 4.

<sup>b</sup> Differs from standard definition.

### **The situation of children and women**

1. Brazil has a population of some 180 million, 62 million of whom are under 18 years of age — almost one third of the entire child and adolescent population of Latin America and the Caribbean. With a gross domestic product of \$860 billion, Brazil has the world's ninth largest economy, and the largest in Latin America.

2. In 2003, the United Nations Development Programme (UNDP) estimated Brazil's Gini coefficient at .593, placing the country in eighth place in the world for social inequality. Almost 47 per cent of national income is concentrated in the hands of the richest 10 per cent of the population; the poorest 10 per cent receive only 0.7 per cent of national income.

3. While Brazil is a middle-income country, 27.6 per cent of its people, or around 50 million Brazilians, lived in poverty in 2004, 22 million (44 per cent) of whom were children under age 18. In recent years, favourable macroeconomic conditions and massive cash transfers to poor families from the Government's *Bolsa Familia* (family grant) programme have helped to reduce the poverty rate from 31.3 per cent in 2003 to current levels. Official 1990-2004 data indicate that Brazil is on track to reach Millennium Development Goal 1 on reducing poverty.

4. However, as highlighted in the United Nations Common Country Assessment (CCA), national trends also mask striking racial, ethnic, gender, geographic and urban/rural disparities, which constitute the greatest obstacles to attainment of many

Millennium Development Goals. For example, black children<sup>1</sup> are 78 per cent more likely to live in poverty<sup>2</sup> than white children, and children living in rural areas are twice as likely to be poor than those living in urban areas. In the semi-arid region,<sup>3</sup> home to 13 million children, 75 per cent of children and adolescents are poor.

5. Brazil is also on track to meet Goal 4, as the infant mortality rate (IMR) fell from 47.5 in 1990 to 26.6 in 2004. But again, disparities remain: poor children are over twice as likely to die as rich children, and black children are 50 per cent more likely to die than white children. Indigenous children's IMR is double that of white children. Regarding Goal 5, maternal mortality remained high, partly due to low prenatal coverage, particularly among black and indigenous women and women living in the semi-arid region.

6. Out of 3.2 million children who survive their first year of life, 550,000 do not have a birth certificate (2004). Almost 90 per cent of the 11 million children under 3 do not attend day-care centres, and only 55 per cent of children 4-6 attend pre-school. Over 70 per cent of poor children never attend school during their early childhood. Malnutrition among children under 1 has declined more than 60 per cent over the past five years, but there are still over 100,000 malnourished children in that age group. Regarding Goal 7, some 87 per cent of the population makes use of improved drinking water sources (Brazilian Institute of Geography and Statistics, 2000) and 66 per cent uses improved sanitation facilities. The richest 20 per cent of the population has 50 times greater access to improved water sources than the poorest 20 per cent.

7. With a primary education enrolment rate of 98 per cent, Brazil has almost reached Goal 2 of universal primary education. Nonetheless, there are almost 800,000 children aged 7-14 out of school, 500,000 of whom are black. Dropout rates are high, and disparities between age and grade level are pronounced. In the poorest regions, such as the North and North-east, a mere 40 per cent of children finish primary schooling. Even in the more developed regions, such as the South and South-east, this proportion rises to only 70 per cent. A key challenge for primary education is to improve quality.

8. There are 21 million adolescents aged 12-18, 11 per cent of the population, and more than 3.5 million of them are not in school. Of every 100 students who enter primary school, 59 finish grade 8, and only 40 graduate from secondary school. School dropout and truancy occur for different reasons, including violence and early pregnancy. In 2003, 340,000 adolescents aged 12-17 became mothers; a third of them were from the North-east region, and the majority were black.

9. The Brazilian response to HIV/AIDS is globally recognized as one of the best, but there are still significant challenges to ensuring universal access to prevention, treatment, and care for children and adolescents. Although the national rate of mother-to-child transmission was halved between 1993 and 2005 (from 16 to 8 per cent), there are significant regional differences, with 12 per cent in the North-east

<sup>1</sup> Race refers to self-perception as reported to the National Household Survey conducted by the Brazilian Institute of Geography and Statistics.

<sup>2</sup> Poor children are those living in families with up to half the minimum wage per capita, per month; rich children are those living in families with five times the minimum wage per capita, or more, per month.

<sup>3</sup> The semi-arid region comprises some areas and populations of 11 states, 9 from the North-east and 2 from the South-east.

and 15 per cent in the North. In addition, the number of AIDS cases among blacks and women continues to grow at a much higher rate than for whites and men. In 1985, the male-to-female ratio of AIDS cases was 23 to 1; today it is 1.5 to 1. Among adolescents, this ratio has already inverted, and there are now 1.5 AIDS cases among girls for every boy. Over half of the 20,000 new infections per year occur among those aged 15-24. This is due mainly to the fact that although condom use among adolescents has increased in the last decade, close to 40 per cent of them still do not use condoms with casual partners. It is crucial to sustain efforts to achieve Goal 6.

10. The Secretary-General's Study on Violence against Children, the report of which is due November 2006, has indicated that violence in every age group in Brazil has increased over the last decade. Notification and information systems are weak. Data indicate that 75 per cent of physical violence against children under 10 years old, and 49 per cent of sexual abuse of children aged 2-5, are committed by family members; for adolescents, most violence occurs outside the home. Homicides of adolescents aged 15-19 increased fourfold in the last two decades, reaching 7,961 in 2003. Black boys of poor families in urban areas are disproportionately affected. Homicides are often linked to drugs and arms trafficking, with some involvement of law enforcement agents. Adolescent girls are the most affected by sexual exploitation, with twice as many victims being black and indigenous, and girls from the poorest families being 8 times more likely to be sexually exploited than other girls.

11. Brazil relies heavily on institutionalization in cases of child protection and adolescents in conflict with the law. In both cases, about two thirds of those interned are black. There are some 80,000 children estimated (2004) to be in residential care, although only 5 per cent are orphaned children. In any one year, some 30,000 adolescents receive sentences requiring custody, but only 30 per cent of the sentences are for violent crimes, for which custody is reserved in law. Some custodial units are the locus of cruel, inhuman and degrading treatment or punishment, and deaths. Progress in municipal implementation of non-custodial community service orders, which result in lower recidivism rates, needs to be accelerated.

12. Brazil's 1990 Children and Adolescents Statute provides a model legal framework with innovative implementation mechanisms, but as observed by the Committee on the Rights of the Child, coordination of this system is weak. Eighty-seven per cent of Brazil's 5,565 municipalities now have a Child Rights Council tasked with designing integrated policies for children, and some 4,691 Child Protection Councils work at district level, responding to child rights violations. Though effective, specialized institutions (child-friendly police stations and courts, and specialized legal aid) are scant. Capacity-building and the promotion of coordinated efforts are needed for the roughly 120,000 new child protection agents.

### **Key results and lessons learned from previous cooperation, 2002-2006**

#### **Key results achieved**

13. To reduce maternal and infant mortality and to ensure the survival, development, participation and protection of children under 6 and care for pregnant women, UNICEF brought to the public agenda the development of policies to

strengthen family and municipal competencies in these areas. With UNICEF coordination, some 24 governmental and non-governmental organizations (NGOs) and cooperation agencies participated in the production of materials and the training of 22,000 community health agents, pre-school caregivers and teachers, and 700 radio broadcasters. These actors are reaching over 2.4 million families and 2.1 million children below age 6 in 718 municipalities of 14 Brazilian states. With government and civil society partners, UNICEF also advocated for the implementation of state birth registration commissions, launched a national campaign with the commercial network TV Globo, and advocated for the offering of birth registration services in maternity units. These activities contributed to reducing under-registration from 24.5 per cent in 2002 to 16.7 per cent in 2005.

14. To improve learning and promote quality education, UNICEF, in partnership with the Ministry of Education, the Union of Municipal Education Managers (UNDIME), National Council of Education Secretariats, UNDP, the United Nations Educational, Scientific and Cultural Organization and others, mobilized a wide range of partners and provided technical and financial support to improving teaching and learning, especially among the vulnerable and excluded. UNICEF has supported initiatives in indigenous education, education for children of *Quilombola* (former slave) communities, education for racial equality, and the inclusion of exploited child labourers in the sisal-producing region, garbage dumps, and other pockets of poverty. In partnership with the Ministry of Education, the Semi-arid Education Network and NGOs, UNICEF supported the production and dissemination of textbooks designed to be relevant to children living in the 11 states of the semi-arid region, activities for the inclusion of children with disabilities in schools, and mobile libraries. The latter has increased from almost zero in 1999 to 1,066 in 2006 in 94 municipalities, covering 34,000 children in the states of Bahia and Sergipe.

15. In partnership with the Center for Studies and Research in Education, Culture and Community Action (CENPEC) of the *Fundação Itaú Social* (Bank Itaú Social Foundation), UNDIME, and the National Board of Municipal Social Welfare Managers, UNICEF provided technical support at the national and regional levels for implementation and expansion of the Programme to Enhance Education, which now includes 1,037 Brazilian municipalities in 17 states (2006). To improve participatory school management, UNICEF, jointly with the Ministry of Education, UNDP and other partners, provided financial and technical support and capacity development to municipal education councils in 3,292 municipalities. In addition, 1,618 municipalities received training for the establishment and management of School Councils, supported by training materials and consultants provided by UNICEF.

16. Action in HIV/AIDS aimed to contribute to national efforts to ensure universal access to prevention, treatment and care. In partnership with the National STD (sexually transmitted disease) /AIDS Programme, the United States Centers for Disease Control and Prevention (CDC), United Nations agencies, media companies and NGOs, UNICEF has supported the following: (a) the implementation of rapid HIV testing for pregnant women in the North and North-east through procurement of 110, 000 rapid tests and the training of health care professionals; (b) the development of a self-assessment instrument to evaluate adolescent vulnerability to HIV/AIDS; and (c) the development and implementation of Brazil + 7 (*Laços Sul-Sul*, “South-South Cooperation”), an initiative between Brazil, Bolivia, Cape Verde,

Guinea-Bissau, Nicaragua, Paraguay, Sao Tome and Principe, and Timor-Leste aimed at ensuring universal access to prevention, care and treatment in these countries, with a special focus on children, adolescents, and pregnant women.

17. In 2002-2006, UNICEF promoted greater participation by adolescents. On the basis of a national survey, the “Voice of Adolescents,” and a report on the situation of adolescents, UNICEF, together with the Ministries of Health and Education, the Children’s Rights News Agency (ANDI), NGOs, and more than 2,500 adolescent groups, developed a strategy for education and health policies for the prevention of STDs, HIV/AIDS, and comprehensive youth development within the context of the national Health and Prevention Programme for schools. This resulted in *Programa Pro-Jovem* (“programme for youth”), launched in 2005, aimed mostly at providing greater visibility for 8 million low-income low-schooling adolescents and the establishment of the National Socio-Educational System for adolescents who have committed criminal offences.

18. UNICEF, together with more than 25 partners, conducted situation analyses, a national consultation, and capacity-building for health, education, social assistance, public security personnel and child protection councils on ‘child-friendly’ responses to physical and sexual violence and exploitation. This built capacity for diagnosis, notification, specialized care, and law enforcement. Brazil has seen an impressive 47-per-cent reduction in child labour among children 5-15 in the last decade, with 2.4 million fewer children in this age group working in 2003 than in 1993. Together with partners, UNICEF supported studies, evaluations and mobilization campaigns (including a National Caravan against Child Labour, involving 23,000 children), to secure the commitment of the Government to expand the national child labour eradication programme to the 2.7 million children under 16 still working. UNICEF and partner support also contributed to the establishment by the Ministry of Social Development of 1,072 specialized reference centres for victims of physical and sexual violence. Finally, a National Action Plan to Promote Family and Community-Based Care was developed with UNICEF technical assistance.

19. The level of racial and ethnic inequity in Brazil was highlighted through the disaggregation of data related to the Millennium Development Goals in UNICEF research and publications, including participative surveys with indigenous and excluded groups, in cooperation with agencies of the Government.

20. A major achievement in 2005 was the expansion of the UNICEF Municipal Seal of Approval, an initiative initially piloted in Ceará state, to encompass 1,179 municipalities out of a total of 1,444 in the semi-arid region. The Seal is awarded to municipalities that achieve significant advances in health, education, protection and the participation of children and adolescents. The initiative has already contributed to the creation of 170 Child Rights Councils and to the participation of almost 7,700 schools and 1.8 million children in the elaboration of education projects to protect the environment. Eleven state Governors, federal Ministers, and various civil society partners, joined the National Pact for a World Fit for Children and Adolescents in the semi-arid region, committing to the fulfilment of all Millennium Development Goals at the municipal level. An evaluation in Ceará indicated that the initiative had strengthened municipal management and improved health and education.

### Lessons learned

21. During the mid term review (MTR), partners acknowledged that their association with UNICEF helped to mobilize support for children and that UNICEF was innovative and successful in bringing together the three levels of government, NGOs, and other partners into the policy dialogue.

22. Support for demonstration projects at the local and regional levels has contributed to increasing direct knowledge on children's rights for the shaping of public policy.

23. The situation analyses carried out by UNICEF and its partners have supported advocacy, mobilization of support, fund-raising and the positioning of child rights violations on the policy agenda.

24. Initiatives such as the Municipal Seal of Approval and Family Competencies, based on a results-oriented framework and on mobilizing support at all levels, have enabled greater synergies and economies of scale.

### The country programme 2007-2011

#### Summary budget table

<i>Programme components</i>	<i>(In United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survive and develop	—	13 022 655	13 022 655
Learn	1 121 206	15 535 219	16 656 425
Protect oneself and others from HIV/AIDS	—	6 796 405	6 796 405
Grow up free from violence	1 121 206	13 810 304	14 931 510
Be first priority in public policies	2 377 588	28 246 257	30 623 845
Cross-sectoral costs	—	7 969 160	7 969 160
<b>Total</b>	<b>4 620 000</b>	<b>85 380 000</b>	<b>90 000 000</b>

#### Preparation process

25. In 2004/2005, a highly participatory MTR included representatives of all sectors of Brazilian society, including children and adolescents, from all regions. In response to the MTR, UNICEF further focused on thematic priorities and work in the semi-arid and Amazon regions and in metropolitan areas with high rates of homicide against adolescents. These efforts will continue in the new programme. In 2005, UNICEF contributed to the preparation of the CCA and a human rights-based United Nations Development Assistance Framework (UNDAF), which defined five key priorities. The proposed country programme was reviewed and endorsed by Government, civil society and private sector representatives, including children and adolescents, at a meeting in April 2006.

#### Goals, key results and strategies

26. The country programme for 2007-2011 will support Brazil in meeting its obligation to ensure that each child and each adolescent enjoys his/her right to

survive and develop, learn, protect him/herself and others from HIV/AIDS, and grow up free from violence. A fifth cross-cutting goal is that children and adolescents are given first priority in public policies.

27. Two other cross-cutting goals/perspectives are those of reducing racial and gender disparities in society and facilitating, promoting and empowering adolescents as key actors in the political, social, economic and cultural spheres.

28. To contribute to Brazil's commitment to the universal realization of rights, UNICEF will focus on vulnerable, invisible and forgotten children in four disadvantaged geographic/demographic areas: (a) the semi-arid region, where the worst social indicators are found, and 75 per cent of children and adolescents live in poverty; (b) the Amazon region, home to 5.8 million children and adolescents of considerable ethnic and social diversity, spread thinly over huge areas of low social and institutional development; (c) large pockets of poverty in metropolitan areas where children and adolescents suffer from high rates of homicides and other violence; and (d) the frontier areas, including that between Argentina, Brazil and Paraguay, where a recent joint situation analysis identified high rates of sexual exploitation, HIV/AIDS and low birth registration. The country programme will also respond in areas where emergencies arise.

29. Following the MTR suggestion, the capacities of children, adolescents and families to claim their rights through Rights Guarantees mechanisms will be strengthened. Strategies will include promoting knowledge on the situation of children and adolescents and the social technologies to improve the situation; mobilizing society and developing partnerships; monitoring to ensure that adequate resources are invested in policies for children and adolescents; and documenting results.

30. The country programme will also support the Government's participation in South-South cooperation with countries in Latin America,<sup>4</sup> Asia and Africa. This will include sharing information on good practices, inter-country technical assistance, and mobilizing support for the process from donor country bilateral organizations.

31. A focus on excluded and vulnerable children and adolescents' rights will be supported through alliance-building with central, regional and local governments, NGOs, the private sector and international organizations, which will include leveraging resources and expertise towards the achievement of the Millennium Goals and the strengthening of national policies.

#### **Relation to national priorities and the UNDAF**

32. The Government development plan for 2004-2007 is organized around three national priorities: (a) social inclusion and the reduction of inequalities; (b) growth with employment and income-generation that is environmentally sustainable and reduces regional inequalities; and (c) the promotion and expansion of citizenship and the strengthening of democracy. The UNDAF, closely linked to these priorities, aims for five strategic outcomes: (a) excluded and vulnerable populations enjoy the right to public services (outcome 1); gender and racial/ethnic inequalities are

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<sup>4</sup> The Mercosul (Southern Common Market) is seen as an important sphere to stimulate exchange between countries and inter-country technical assistance (Brazil, Paraguay and Argentina).

reduced (outcome 2); violence is reduced, and peace, conciliation and justice are promoted (outcome 3); effective, transparent and participatory public policies and management are ensured as mechanisms for the promotion and enforcement of human rights (outcome 4); and the more efficient use of available resources to promote equitable and environmentally sustainable economic development is guaranteed (outcome 5).

### **Relation to international priorities**

33. The country programme is based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and will contribute directly to the achievement of the Millennium Declaration and Millennium Development Goals. As recommended by the Committee on the Rights of the Child in its 2004 Concluding Observations, UNICEF will focus on strengthening child rights implementation mechanisms and on five specified areas for technical cooperation with the Government. Each programme component corresponds to a focus area of the UNICEF medium-term strategic plan for 2006-2009.

### **Programme components**

34. **Survive and develop.** The aim of this programme is to realize the rights of more than 21 million children aged 0-6 to survival, nutrition, birth registration, care and protection, and integral development, contributing to UNDAF outcomes 1 and 2. Together with the Ministry of Health, the Ministry of Education, the Ministry of Social Assistance at the three levels of government, as well as UNDIME, the National Council of Municipal Departments of Health, the Child Pastorate of the Catholic Church, the Pan American Health Organization, media networks, and various other partners, UNICEF will strengthen the capacity of 90,000 community health workers in 2,500 municipalities, including the 1,444 municipalities of the semi-arid region, who will reach 10 million families and their children and 40,000 day-care centre and preschool teachers. UNICEF will continue to promote the materials and methods to enable the most vulnerable — in this region, in indigenous communities, or in pockets of poverty — to acquire the knowledge and capacities needed to care for and protect their young children.

35. Municipal social actors such as mayors, judges, prosecutors, radio broadcasters, counsellors, teachers, and health and education technicians, among others, will also receive support, guidance, and training in the provision of care and services for young children. Awareness-building campaigns for families on birth registration will be conducted together with other partners, such as NGOs, media companies, and associations of notaries, so that all children obtain a free birth certificate in their first year of life. Support will continue to be provided for the establishment and use of birth registration posts in maternities and hospitals.

36. **Learn.** In line with the UNDAF and Brazil's commitment to guarantee the right to universal primary education, UNICEF will focus on quality education for children and adolescents aged 0-17, and on improving access for the 800,000 children aged 7-14 currently not in school (including children from black, indigenous and *Quilombola* communities, children with special education needs, and those who live in the semi-arid region). UNICEF will also focus on ensuring access to secondary education for 8 million adolescents with low levels of income

and schooling. Advocacy with the National Congress and Ministers will aim to ensure that funding from the proposed Fund for the Maintenance and Development of Primary Education and Enhancing the Status of Education Professionals is gradually increased and fairly allocated, so as to expand access to early childhood education (day care and pre-schools) and primary and secondary schooling. Furthermore, UNICEF will promote participatory management of schools; support the capacity development of education managers and municipal councils, families, and NGOs; and continue the partnership with CENPEC/Bank Itaú to improve new learning opportunities through the strengthening of complementary and/or after-school activities. Methodologies and indicators for promoting quality, and contextualized education models to address ethnic and cultural diversity, will continue to be produced with the support of the Ministry of Education, research institutions, universities and the various state and municipal school systems. With a wide range of partners, UNICEF will also mobilize the support and build the capacity of mayors, educational managers, and municipal secretaries of education to enhance school readiness for children and to support early, child-friendly and inclusive learning environments.

**37. Protect oneself and others from HIV/AIDS.** Within the context of the global “Unite for children, Unite against AIDS” campaign, and in partnership with the Brazilian Government, CDC, United Nations agencies, media companies, and NGOs, UNICEF will pursue several objectives: (a) reduce the rate of mother-to-child transmission of HIV to close to zero by 2008; (b) help 7 million adolescents to protect themselves from HIV; (c) guarantee that children and adolescents infected or affected by HIV/AIDS have their right to participate in family and community life fulfilled; (d) and ensure treatment for 100 per cent of mothers, children and adolescents who are HIV-positive. This programme will contribute to reaching UNDAF outcomes 1 and 2. Furthermore, through technical and financial support, advocacy, communication, and mobilization, and with the support of its various partners, UNICEF will continue to encourage pregnant women, children, and adolescents to claim their right to universal access to HIV/AIDS prevention, treatment, and care. UNICEF will also continue addressing gender and racial/ethnic vulnerabilities that fuel the spread of the pandemic. The Brazil + 7 Initiative will be strengthened.

**38. Grow up free from violence.** Within the umbrella of UNDAF outcome 3, and in partnership with the Brazilian Government, United Nations agencies, the media, NGOs and a range of actors in the Child Rights Guarantees system, UNICEF will focus on three main areas: (a) combating physical and sexual abuse against children in the home; (b) preventing violence against adolescents, including homicides and sexual exploitation, with special attention paid to racial and gender components; and (c) promoting the reform of child protection and juvenile justice policies and practices to reduce institutionalization and violence by law enforcement agents against children and adolescents.

**39.** Together with the above-mentioned partners, UNICEF will focus on services for families to strengthen their role in better protecting children, educating them in an environment free of violence, and promoting positive behaviour in the home. UNICEF will also promote the active participation and leadership of adolescents, enabling them to exercise their citizenship and build alternatives to violence in the community. This will include participation in both school and complementary activities to increase adolescents’ access to information and cultural, sport and

communication activities. UNICEF will support improvements in services for child and adolescent victims of violence, including access to justice, and respect for their right to live in family and community settings. This will include building capacity and greater interaction between the Child Rights Guarantees System and the new Unified Social Assistance System. UNICEF strategies will encompass communication for a change in attitudes and practices and the development and dissemination of innovative experiences and effective technologies.

40. **Be first priority in public policies.** UNICEF will maintain its leadership in mobilization for evidence-based public policy development through this cross-cutting programme, which is relevant to all UNDAF outcomes. The programme will promote relevant racial, ethnic, gender and regional disaggregation of data and knowledge on the situation of children and adolescents, systematize good practices and lessons learned and develop methodologies to achieve measurable results in the lives of children.

41. With partners, UNICEF will implement key communication strategies: (a) produce and disseminate publications, including the annual report on the *Situation of Brazilian Children and Adolescents*; (b) inform, advocate and mobilize the actions of governments, legislators, the judiciary, civil society, the media and the private sector to prioritize children's rights; and (c) build the capacity of actors, including at the municipal level, to monitor and advocate for the adequate allocation of resources for children and adolescents in the public budget. All of these activities will help to strengthen and monitor public policies as part of the attainment of the Millennium Development Goals for all. UNICEF will especially consolidate the capacities of the institutional actors in the child rights protection system to ensure effective enforcement of human rights standards for children, and the wider use of mechanisms by families and children to claim their rights, in line with UNDAF outcome 4.

42. These strategies will be reinforced through the strengthening of partnerships and networks across society, leading to their more qualified participation in the formulation, implementation and oversight of public policies for children. In line with Millennium Development Goal 8, efforts will go towards stimulating the social responsibility of the private sector. In partnership with the Ethos Institute, a child development index for the largest private firms will be developed, assessing efforts towards child-development-friendly policies, for their staffs and outsourcing firms.

43. To ensure Millennium Development Goal achievement at the municipal level and the development of local capacities, UNICEF will continue to expand and consolidate the Municipal Seal of Approval initiative for the semi-arid region.

44. **Cross-sectoral costs** will cover management and support of the country programme for Brasilia and Zone Offices. Other resources will finance most programme activities and related staff costs.

### **Major Partnerships**

45. Collaboration will continue with Ministries, Congress, and the Judiciary at the federal level, and with states and municipalities. Major partners will also include federal, municipal and state child rights councils, NGOs, civil society, adolescent groups, academic institutions, the media, the private sector, other United Nations

agencies and regional/sub-regional groups. Partnerships for each programme are described above.

### **Monitoring, evaluation and programme management**

46. The child-related goals in international and national commitments will be monitored by the Child-Friendly Monitoring Network, which will receive support in producing updated, disaggregated and quality data. This Network, founded by UNICEF and the Abrinq Foundation, comprises approximately 30 NGOs and Government and international agencies. UNICEF will also support reporting to and following up on recommendations of the Committee on the Rights of the Child, with Brazil's second, third and fourth periodic reports to be submitted in October 2007.

47. Key programme indicators will include the following: (a) budget expenditures for social-sector development and the child budget; (b) the number of basic social services having improved quality care standards; (c) rates of access of women and children to inclusive quality basic social services and their utilization; and (d) knowledge, attitude and behavioural change among different groups of rights-holders. Disaggregated databases of child indicators in *DevInfo* will continue to be produced jointly with the Brazilian Institute of Geography and Statistics and disseminated across the country.

48. The priority areas and strategies will be implemented by the central office in Brasilia and the seven zonal offices, located in the North, North-east and Central-south regions. In addition to carrying out specific projects in their areas, the zonal offices also engage in advocacy and representation with state Governors and institutions, mayors, and entities at the municipal level. To ensure ongoing integration of efforts among the Brasilia and zonal offices and between sectors and programmes, programmes will continue to be implemented through thematic groups.

49. A five-year Integrated Monitoring and Evaluation Plan will be developed for the overall programme and for each zonal office, within national strategic result frameworks for each priority area. The plan's evaluation component will highlight parenting and child care and the Municipal Seal initiative.

50. The MTR will be conducted in 2009 in the context of the UNDAF MTR. Yearly work plans will be prepared with national and local-level counterparts. Programmes will be monitored through quarterly, mid-year and annual programme implementation reviews, as well as through regular field monitoring and periodic analyses of processes and outcomes with partners at all levels. The United Nations Resident Coordinator System will be fully utilized for joint programme reviews. The Brazilian Agency for Cooperation is the overall coordinating Government authority.