I. Contextual Framework

1. Brazil is an immense and diverse country in terms of culture, ethnicity and socio-economic conditions, with a population of almost 190 million people, of whom almost 60 million are under the age of 18, almost one third of the entire child and adolescent population of Latin America and the Caribbean. A middle income country with the world’s ninth\(^2\) largest economy – but where 50 million people live in poverty – including 41% \(^3\)of all children under 18.

2. President Luis Inácio Lula da Silva commenced his second mandate in office in January 2007. The platform of President Lula’s government for 2007-2010 focuses on five main areas: (1) fighting social exclusion, poverty and inequality; (2) continuing to develop the new model of development based on growth, with a more equitable distribution of income and environmental sustainability; (3) quality universal education; (4) broadened democracy and political dialogue; and (5) a greater role for Brazil in world events.

3. Brazil has ratified most international human rights instruments, and has made a standing invitation to all UN Special Rapporteurs to visit the country. The most recent of these was made by the UN Special Rapporteur on Summary, Arbitrary and Extrajudicial Executions, examining one of the greatest human rights challenges facing the country today, which also affects children and adolescents.

4. Brazil’s 1988 Federal Constitution provides the legal framework for the universalization of rights enjoyment for all citizens. While significant progress was made in the public healthcare and education systems, a new social protection system is in the process of being rolled out since December 2004.

5. Brazil’s commitment to improving living conditions for children and adolescents in Brazil is underpinned by both the 1988 Brazilian Federal Constitution (Art. 227) and the Children and Adolescents Statute of 1990. The Statute reaffirmed the principle of absolute priority for children and adolescents in public policies as established in Art. 227 and highlighted the importance of democratic participation and social control as essential components of such policies.

6. Brazil has consolidated its democratic institutions with a number dedicated to promoting and defending human rights. The Ministério Público at federal and state levels is charged with defending constitutional rights and does this by combining the role of independent Ombudsman with that of public prosecution service, with a specialized coordination for promoting and defending child rights. The public defence system of legal aid requires strengthening.

7. The Special Secretariat for Human Rights (SEDH), created by Law No. 10,683, is the branch of the Presidency of the Republic that articulates and implements public policies to promote and protect human rights. The National Council for Children’s and Adolescent’s Rights (CONANDA) falls under the Secretariat. The Mission of CONANDA is to guarantee the rights of

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\(^2\) World Bank 2007

\(^3\) IBGE Sample Household Survey 2006
children and adolescents, with absolute priority in public policy, through the joint effort of government and civil society in formulation, articulation, deliberation and monitoring of policy.

8. The 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 the district level, responding to child rights violations. However, effective, specialized institutions (child-friendly police stations and courts, and specialized legal aid) are rare. Concerted capacity-building and the promotion of coordinated efforts between these child protection agents is needed.

II Trends.

1. Despite impressive advances in the last decade in relation to infant mortality and school matriculation rates, national figures mask extreme inequalities. Brazilian society is among the most culturally and racially diverse in the world, but also one of the most unequal. This applies to Infant mortality, with IMR rates for afro-descendent children 50% higher and for indigenous children 100% higher than for white children; to maternal mortality with afro-descendent women three times more likely to have inadequate pre-natal care than white women; and to primary education, which for instance 40% of children in the poor semi-arid region do not complete.

2. In 2004 the Committee on the Rights of the Child’s examining Brazil’s implementation of the Convention on the Rights of the Child noted ‘‘with extreme concern the dramatic inequalities based on race, social classes, gender and geographic location which significantly hamper progress to the full realization of children rights enshrined in the Convention.’’ The Committee which recommended UNICEF technical assistance to the government in six thematic areas of ‘‘unfinished business’’ and gave most emphasis in its recommendations to redressing inequalities, reducing violence against children including homicides and within the juvenile justice system, and in improving the coordination of mechanisms to implement the Convention throughout the country. Brazil’s next report to the Committee was due in October 2007.

3. Official 1990-2004 data indicate that Brazil is on track to reach Millennium Development Goal 1 on reducing poverty. The government has made a firm commitment to reduce poverty and inequality. Government policy combining income redistribution and macroeconomic stability has had an impact on the 50 million people still living in poverty. After decades of immobility, inequality has decreased slightly through a reduction in poverty; more than 5 million people have emerged from poverty in the last three years. The Bolsa Família conditional cash transfer programme reached its target of 45 million people as of June 2006. The poverty rate, as measured by the amount of people living below 1 dollar PPP per day or R$ 40 per month, in 20054, fell from 35 per cent of the population in 1993 to 19.31 per cent in 2006. According to the National Household Survey, the degree of income inequality between the 50 per cent poorest share and 10 per cent richest share has been declining since 2000. The Gini coefficient fell from .593 in 2001 to .559 in 2006. Yet Brazil remains among the five most unequal countries in the world, and the largest in terms of the child population affected.

4. Brazil is also on track to meet Goal 4, as the infant mortality rate (IMR) fell from 47.5 in 1990 to 25.1 in 2006 per thousand live births. 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

4 As measured by the Getulio Vargas Foundation, a renown Brazilian think-tank.
white children. Indigenous children’s IMR is double that of white children. Regarding Goal 5, maternal mortality remained high, partly due to low prenatal care coverage, particularly among black and indigenous women and women living in the semi-arid region.

5. 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.

6. 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 retention and quality.

7. 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.

8. 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 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.

9. In terms of Millenium Declaration commitments, situation analysis undertaken for the Secretary-General’s Study on Violence Against Children demonstrates that violence in every age group in Brazil has increased over the last decade, making this one of the most serious challenges to be faced in the country. 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 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 several times more likely to be sexually exploited than other girls.

10. 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.

11. In response to the UN World Report on Violence against Children and the country’s own challenges in this regard, the government launched an Agenda to reduce violence against children, increase the effectiveness of responses for child and adolescent victims of violence, to implement a new juvenile justice system, support family and community-based care solutions and improve data collection and monitoring of child protection challenges, bringing together the actions of several ministries and budgets for 2007-2010.

III Capacity Building efforts

1. There remain large gaps in the capacity of policy managers and civil society bodies to secure and monitor budgets for children and to adopt concepts of governance based on results for children, both of which are the focus of UNICEF capacity-building efforts.

2. Given the historical legacy of slavery and racism, an important challenge is to support changes in attitudes and practices related to indigenous and afro-descendant children, promoting greater racial and ethnic equality in the education system and in the media. A second challenge is to combat racism in institutions. Prejudice, ignorance and racist stereotypes in society have led to limits in the provision of adequate services based on culture, colour or ethnic group. This was made evident recently in research on access and quality of health services for afro-descendents and indigenous populations. Inadequacies in the production of reliable information on a national scale in historical series, hinders a full understanding and response to the situation of indigenous and afro-descendent children in Brazil. UNICEF invests advocacy and mobilization efforts to improve the availability of desaggregated data necessary to develop relevant, focused and sufficient public policies and services for them.

3. Whilst Brazil has a vibrant organized civil society that was active in mobilizing for, drafting and monitoring implementation of Brazil’s Children and Adolescent’s Statute, there are considerable gaps in public understanding and exercise of rights. Public education on child rights and on non-violent and non-discriminatory child rearing practices, continues to be necessary.

4. UNICEF in Brazil is working to guarantee each child and adolescent’s right to 1) survive and develop, 2) learn, 3) protect themselves and others from HIV/AIDS, 4) grow up free from violence and 5) be first in public policies, to make the MDGs a reality for all children. Given Brazil’s unique levels of inequality specific attention is given to redressing regional disparities in the semi-arid and Amazon regions and in poor urban communities, redressing historical social exclusion of afro-descendants and indigenous communities, and promoting adolescents participation and citizenship. UNICEF’s added value in Brazil lies in its capacity to mobilize actors in civil society, government and the private sector for children’s rights, leveraging the formulation of public policies, resources and attitudes to change the lives of millions of children.

5 Perpétuo (2000) and Chacham (2000)
5. A key role of UNICEF in Brazil is in strengthening mechanisms for implementing the Convention on the Rights of the Child - known as the Child Rights Guarantees System. The system comprises policy making and law enforcement actors - including judges, prosecutors, child rights councils, child protection councils, and ministries responsible for education, health and social assistance who need to work together to ensure results for children. UNICEF supports normative development at federal level and training at local level, offering methodologies (participative diagnosis, integrated planning tools) for ensuring that these agents function in a more integrated way.

6. UNICEF is cooperating with UNDP in designing a human right programming capacity building programme for the UNCT and partners under Action 2, as a means of underpinning UN presence and focus in the country. The Country Office is also participating in an International Case Study on "Child Protection" being promoted by a consortium of Oxford, Victoria and UC Davis Universities with the Innocenti Centre and UNICEF offices, which will focus on the effectiveness of Brazil’s unique Child Rights and Child Protection Councils.

7. UNICEF has forged and joined partnerships linking municipal, state and federal government with research institutions, civil society organizations, associations, NGOs and the private sector, in support of the MDGs. UNICEF and the Abrinq Foundation promoted the creation of the Child-Friendly Monitoring Network - an association of more than 30 local and international NGOs that advocate for government compliance with the goals of ‘A World Fit for Children’. Another example is UNICEF’s technical support to the Brazilian Congressional Caucus for Children’s Rights, a non-partisan group of 25 Senators and 134 Deputies who promote legislation and budgets for children in Congress.

8. At the state and municipal level, UNICEF has launched the National Pact for a World Fit for Children and the UNICEF Municipal Seal of Approval which is awarded to municipalities that achieve significant advances in health, education, protection, and the participation of children and adolescents. To promote these improvements UNICEF makes available good practices and technologies and provides training to municipal staff and civil society groups organizing community forums, and the production of materials. The UNICEF Seal goes beyond monitoring the situation of children; it plays an important role in stimulating municipalities to mobilize local actors, exchange experiences, and build consensus across sectors and between municipal, state and federal governments to put child rights at the centre of local government.

9. UNICEF Brazil is also working with private sector to look beyond resource mobilization, to “put children into the DNA of business.” This means bringing child rights to the heart of how companies do their business - in their investments, with their employees, suppliers and clients. This approach goes beyond changing the productive processes or re-thinking labour and commercial relations, and involving corporations in public policy debates and evaluation processes. To this end UNICEF and the Ethos Foundation developed the “Corporate Child Development Index” (IDI-E), inspired by UNICEF Child Development Index.

10. At the Brazilian government’s request UNICEF has helped strengthen South-South Cooperation between Brazil and other countries in Latin America, Africa, and Asia by facilitating innovative initiatives and diverse learning missions and exchanges. For example, the Laços Sul-Sul (South-South Ties) involves Brazil, Bolivia, Cape Verde, Guinea-Bissau, Nicaragua, Paraguay, São Tome and Principe, and East Timor in an initiative of horizontal cooperation to respond to the HIV epidemic through joint elaboration of strategies, resulting in anti-retroviral treatment for children for the first time in four countries and significant increases in access to PMTCT in all participating countries.