



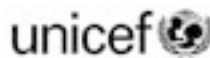
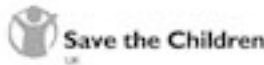
# A Brazil Fit for Children



BRAZILIAN SOCIETY AND THE MILLENNIUM  
DEVELOPMENT GOALS FOR CHILDREN AND ADOLESCENTS



# This is the Child Friendly Monitoring Network



All the tables, graphs and maps relating to each goal, and the full text of this report, are available for free download at:  
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## REDE DE MONITORAMENTO AMIGA DA CRIANÇA – THE CHILD FRIENDLY MONITORING NETWORK

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“Um Brasil para as Crianças – A Sociedade Brasileira e os Objetivos do Milênio para a Infância e a Adolescência”  
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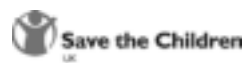
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## Executive Summary

The purpose of this report is to provide support for monitoring the achievement of the Millennium Development Goals as they relate to children and adolescents in Brazil in the coming years, and to imbue the dialogue between Brazilian society and the Government with greater transparency and, at the same time, enable the international community to monitor compliance with the goals enunciated in the United Nations' document entitled "A World Fit for Children" (WFFC).

Prepared by the Child Friendly Monitoring Network (Rede de Monitoramento Amiga da Criança, hereinafter called Rede Amiga), the report focuses upon the four WFFC areas (health, education, protection, and HIV/AIDS) and aims to review initiatives and assess the resources that the Brazilian Government will need to invest in order to achieve these goals. It seeks to provide a benchmark for a monitoring process that is to continue up until 2010, through the production of reports relating to the progress that Brazil has achieved and its prospects of meeting the Millennium Development Goals.

Indicators and trends are examined with a view to appraising prospects for achieving the goals, taking into account such factors as the challenges laid down in the Child Friendly President's Plan of Action (Plano de Ação Presidente Amigo da Criança e do Adolescente - PPAC) that foresees spending of roughly R\$ 56 billion, and constitutes the Brazilian Federal Government's response to the WFFC Goals.

The report also highlights Rede Amiga's concern with inequity since, clearly, only when Brazil manages to produce an environment of equity for its children and adolescents in which their diversity is respected, will it be possible to achieve the goals.

A world fit for children and adolescents is one in which all receive the best possible start to their lives. It is a world in which boys and girls have ample opportunities to develop their individual capacities in a safe and supportive environment.

To promote a safe and healthy start to life, the WFFC proposes that all children should have access to fair, sustainable and efficient healthcare systems, in their own communities; and also that they should have access to information and services that promote a healthy lifestyle.

The Brazilian Government's response to the

goals for health has been the definition of four challenges targeted at enabling "the production of changes in the health status and quality of life of this segment of the population, through the expansion and improved quality of the services provided" (Brazil, PPAC, 2003). This assumes that the Bolsa-Familia (Family Stipend, an income transfer program) and Fome Zero (Zero Hunger) programs, for which investments of over R\$ 17.6 billion have been earmarked, will lead to favorable outcomes in all aspects of the Healthy Lives area.

However, policies that promote healthier lives for children and adolescents tend to skirt the issue of equity, thus indicating that governmental action will follow the tradition of assuming that reducing disparities is the natural outcome of social policies. In the light of this, Rede Amiga recommends that efforts be made:

- ✓ to ensure that policies focus special attention on groups that historically have been excluded, thereby effectively reducing inequities; and
- ✓ to overcome the problem of underreported indicators in the health area, through improvements in existing information systems.

The WFFC acknowledges that education and access to free high-quality social services are key factors for reducing poverty and promoting development. The document states that there is a need to "grant high priority to ensuring that, by 2015, all children have access to and complete primary education that is free, compulsory and of good quality"; and also affirms the aim of ensuring "progressive provision of secondary education".

The main challenge for Brazil relates to the quality of education. Despite the expansion of access to public schooling, specially at the primary level, better access has not been accompanied by improvements in the quality of education.

Quality of education is the central goal of the Brazilian Government's Plan of Action (PPAC). Although it is stressed that it is not the Federal Government's role directly to provide primary education, the Action Plan offers guidance and "technical and financial support for the various levels responsible for Brazilian education" (Brazil, PPAC, 2003).

BRAZIL WILL ONLY ACHIEVE THE GOALS IF IT IS SUCCESSFUL IN PRODUCING AN ENVIRONMENT OF EQUITY

In its assessment of the PPAC, Rede Amiga also notes that changes have been made to Bolsa-Escola (an income transfer program linked to school frequency), one of Brazil's most significant educational initiatives. Since 2004, Bolsa-Escola has been coupled with a series of other income-transfer programs and transformed into Bolsa-Familia. Rede Amiga questions the effectiveness of this unification of social programs and has concerns regarding its impact on the management of educational policy.

Rede Amiga also observes that the education policies of the three government levels have proven relatively ineffective in reducing inequities, thereby revealing the persistence of disparities of access to high-quality education, as a function of household status, the race/ethnic background of pupils, family income, and mother's schooling level. It thus recommends that:

- ✓ work be carried out to reduce such inequity, by increasing the Brazilian Federal Government's capacity to mobilize the states and municipalities in this quest;
- ✓ the PPAC's goals be harmonized with the guidelines of the National Education Plan, specially the debate on the Fund for the Maintenance and Development of Primary Schooling and the Development of Teachers (FUNDEF), and alternative instruments for funding primary education;
- ✓ education be democratized, by strengthening ties between schools and communities and enhancing channels for control over education policies.

The WFFC's approach to Protection from Abuse and All Forms of Violence is based on the premise that all children and adolescents have the right to be protected from all forms of abuse, neglect, exploitation and violence. To this end, goals are defined for combating child labor; providing protection from sexual exploitation; and improving the living conditions of children in especially difficult circumstances.

However, considering the limited funding allocations for actions aimed at ensuring such protection in the PPAC's total budget, and acknowledging that states, municipalities and society as a

whole have a role to fulfill in this effort, Rede Amiga submits the following recommendations:

- ✓ study the structure and functioning of the Guardianship Councils and of the Councils for Children and Adolescent's Rights, with a view to develop strategies for strengthening these institutions;
- ✓ establish quantitative goals for each of the indicators proposed in the PPAC;
- ✓ enhance the Information System on Children and Adolescents (SIPIA), transforming it into a management tool in support of policies targeted at children and adolescents;
- ✓ provide assistance and infrastructure, so that states and municipalities are able to provide information on violations of rights, with the necessary quality and reliability.

In its response to HIV/AIDS, the WFFC has opted to focus upon confronting the worldwide epidemic. Three goals were set to orient countries' efforts in this field. Brazil has responded to the challenge of AIDS with one of the world's most acclaimed programs. Nonetheless, the success of the Brazilian approach to combating AIDS has not been able to avoid the accentuated inequities brought on by the disease in different states and regions, giving rise to a need to reflect deeply upon the Government's strategy for coping with the epidemic in the coming years.

This report concludes with budget estimates relating to commitments assumed by Brazil, with the aim of assessing the gap between the ideal situation for fulfilling rights relating to children and adolescents, and the capacity of the governmental sector to incur the financial costs.

Estimates show that, if current public spending trends are maintained, the Government will spend R\$ 238.7 billion on the fulfillment of the WFFC Goals. Analyses also show that the Brazilian State would have to invest R\$ 429.4 billion in order to fulfill its commitments under the Iberian-American Plan, goals which coincide with the WFFC objectives for education, health and HIV/AIDS. In other words, there is a discrepancy of R\$ 190.7 billion, needed to achieve the results of the international pact, and for which alternative sources of funding must be found.

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IN ITS ASSESSMENT OF THE PPAC, REDE AMIGA ALSO NOTES THAT CHANGES HAVE BEEN MADE TO BOLSA-ESCOLA, ONE OF BRAZIL'S MOST SIGNIFICANT EDUCATIONAL INITIATIVES

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## Main Findings

- ✓ Unless specific public policies are implemented, historical trends show that Brazil will probably achieve only three of the eight measurable World Fit for Children (WFFC) Goals.
- ✓ Paucity of information is an obstacle to the monitoring of WFFC Goals, particularly those relating to maternal mortality, malnutrition, protection and HIV/AIDS.
- ✓ If current public spending levels are maintained, over the course of the decade 2000-2010, only 56% of the resources needed to achieve the WFFC Goals will be disbursed. In the four-year period between 2004 and 2007, the Federal Government will invest between 16% and 20% of the funding needed over the period to achieve these goals.
- ✓ In total, over the 2004-2007 period, the Federal Government will spend R\$ 55.9 billion on its efforts to achieve the WFFC Goals. Additional resources will need to be raised by increasing the priority placed upon policies targeted toward children and adolescents, and from stimulus for closely coordinated initiatives carried out by the states, municipalities, civil society and the international community.
- ✓ Efforts to reduce current inequities and enhance the value of diversity deserve special attention in the strategy of governments, as a means for promoting the achievement of the goals agreed upon.
- ✓ In Promoting Healthy Lives, the main challenges are providing sanitation on the outskirts of cities and integrated health policies for children and adolescents. Combating malnutrition, rather than income transfer policies, should be the main focus of health policies.
- ✓ Reducing maternal and child mortality can best be achieved by reducing the number of cesarean deliveries and coping with inequities in the provision of prenatal care, specially for mothers with low schooling levels.
- ✓ In the Education area, quality of teaching is the main challenge, although huge gaps have to be reduced in relation to the supply of early-childhood education and secondary schooling, the main problem of which are gender disparities and a lack of policies to encourage boys to remain in secondary schools.
- ✓ The goals for early-childhood education can only be achieved through coordinated efforts between the federal, state and municipal governments. For primary schooling, the goal of ensuring universal access is a tough challenge, and one that can only be fully achieved if pursued through strategies for reducing inequities.
- ✓ In the Protection area, there is a need to strengthen the System for Guaranteeing Rights, in line with the precepts laid down in the Brazilian Statute of the Child and Adolescent (ECA). There is also a need for a policy for the referral of victims of sexual abuse, staffed with multidisciplinary teams capable of providing support to such victims.
- ✓ The budgetary allocation for the Program for Eradication of Child Labor (PETI) needs to be increased. Other aspects, such as the age bracket (currently restricted to children of up to 15 years of age) and combating the worst forms of child labor (such as drug and weapons trafficking, cultivating drugs, and commercial sexual exploitation) ought to be covered by the program.
- ✓ In the case of combating of HIV/AIDS, the scope of Brazil's successful approach to facing up to the epidemic now needs to be expanded to reach children and adolescents, in terms of prevention and education, and healthcare services for HIV-positive youths. Also necessary is a consistent policy for the support of orphans of families struck down by the HIV virus.





## Table of The World Fit for Children (WFFC) Goals

Goal	Will the WFFC Goal be achieved? <sup>a</sup>	Capacity for monitoring the indicators <sup>b</sup>	Environment for achieving the goals <sup>c</sup>
<b>Promoting Healthy Lives</b>			
a) Reduce the infant and under-five mortality rate by at least one third by 2010, as a first step in pursuit of the goal of reducing it by two thirds by 2015;	likely	reasonable	favorable
b) Reduce the maternal mortality rate by at least one third by 2010, as a first step in pursuit of the goal of reducing it by three quarters by 2015;	unlikely	poor	unfavorable
c) Reduce malnutrition among children under five years of age by at least one third, with special attention to children under two years of age, and reduce the rate of low birth weight by at least one third of the current rate;	no data available	poor	unfavorable
d) Reduce the number of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third;	likely	reasonable	favorable
e) Develop and implement national early childhood development policies and programs to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development;	-	good	unfavorable
f) Develop and implement national health policies and programs for adolescents, including goals and indicators, to promote their physical and mental health;	-	good	unfavorable
g) Provide access, through the primary health-care system, to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015.	-	good	favorable
<b>Providing Quality Education</b>			
a) Expand and improve comprehensive early childhood care and education, for girls and boys, specially for the most vulnerable and disadvantaged children;	-	good	favorable
b) Reduce the number of primary school-age children who are out of school by 50 per cent and increase net primary school enrolment or participation in alternative, good quality primary education programs to at least 90 per cent by 2010;	most likely	good	very favorable
c) Eliminate gender disparities in primary and secondary education by 2005; and achieve gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality;	unlikely	good	favorable
d) Improve all aspects of the quality of education so that children and young people achieve recognized and measurable learning outcomes specially in numeracy, literacy and essential life skills;	unlikely	good	unfavorable
e) Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programs;	-	reasonable	favorable
f) Achieve a 50 per cent improvement in levels of adult literacy by 2015, specially for women.	unlikely	good	favorable

<sup>(a)</sup> most likely, likely, unlikely and data not available. / <sup>(b)</sup> good, reasonable, poor  
<sup>(c)</sup> very favorable, favorable, unfavorable. The symbol \* - \* indicates lack of a quantitative goal for 2010.  
 In the case of goal b of the Protection area, it indicates that the goal is not relevant to Brazil.



## Table of The World Fit for Children (WFFC) Goals

Goal	Will the WFFC Goal be achieved? <sup>a</sup>	Capacity for monitoring the indicators <sup>b</sup>	Environment for achieving the goals <sup>c</sup>
<b>Protecting Against Abuse, Exploitation and Violence</b>			
a) Protect children from all forms of abuse, neglect, exploitation and violence;	–	poor	unfavorable
b) Protect children from the impact of armed conflict and ensure compliance with international humanitarian law and human rights law;	–	-	-
c) Protect children from all forms of sexual exploitation including pedophilia; trafficking, and abduction;	–	poor	favorable
d) Take immediate and effective measures to eliminate the worst forms of child labor as defined in International Labour Organization Convention (ILO) 182, and elaborate and implement strategies for the elimination of child labor that is contrary to accepted international standards;	–	reasonable	favorable
e) Improve the plight of millions of children who live under specially difficult circumstances.	–	poor	unfavorable
<b>Combating HIV/AIDS</b>			
a) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;	–	poor	very favorable
b) By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counseling and other HIV prevention services available to them, increasing the availability of, and by providing access for, HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counseling and testing, access to treatment, specially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;	–	poor	favorable
c) By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.	–	poor	favorable



# A Brazil Fit for Children

## Introduction

In 2000, the Brazilian Government, alongside the governments of 188 other member states of the United Nations, pledged to achieve the Millennium Development Goals (MDG) by 2015.

At the Special Session of the United Nations General Assembly on Children, in 2002, Brazil and the other member countries pledged to improve living conditions for children and adolescents in Brazil and throughout the world.

The commitments established at this meeting were set forth in the form of a set of goals and targets in the areas of Education, Health, Protection and HIV/AIDS, in a document entitled A World Fit for Children (WFFC). Upon signing this document, the Brazilian Government accepted a commitment before the people of Brazil and of the world, to bring about a series of changes in the lives of children and adolescents.

In Brazil, in December 2003, in response to appeals from society based upon the WFFC Goals, at the 5th National Conference on Children's and Adolescent's Rights, held by the National Council for Children's and Adolescent's Rights (CONANDA), the Brazilian Government presented a Plan of Action for the 2004-2007 period entitled the Child Friendly President's Plan (Plano Presidente Amigo da Criança e do Adolescente – PPAC), describing its proposed strategies and policies for achieving the WFFC Goals.

Various organizations in Brazil came together to form the Child Friendly Monitoring Network (Rede de Monitoramento Amiga da Criança), with a view to accompanying the Government's

## The Millennium Development Goals



*Eradicate extreme poverty and hunger*



*Improve maternal health*



*Achieve universal primary education*



*Combat HIV/AIDS, malaria and other diseases*



*Promote gender equality and empower women*



*Ensure environmental sustainability*



*Reduce child mortality*



*Develop a global partnership for development*

<sup>1</sup> The following organizations participate in the Child Friendly Monitoring Network (Rede Amiga): Associação Brasileira Interdisciplinar de Aids - ABIA; Ação Educativa - Assessoria Pesquisa e Informação; Agere Cooperação em Advocacy; Instituto Ambar; Agência de Notícias dos Direitos da Infância - ANDI; Associação de Voluntários para o Serviço Internacional - AVSI; Cidadania, Estudo, Pesquisa, Informação e Ação – CEPIA; Cípo – Comunicação Interativa; Centro de Recuperação e Educação Nutricional – CREN; Comitê Nacional de Enfrentamento à Violência Sexual contra Crianças e Adolescentes; Fórum Nacional de Prevenção e Erradicação do Trabalho Infantil; Fundação Abrinq pelos Direitos da Criança e do Adolescente; Grupo de Apoio à Prevenção à AIDS - GAPA -BA; Instituto de Estudos Socioeconômicos - INESC; Missão Criança; Fundação Orsa; Plano Internacional Brasil; PÓLIS - Instituto de Estudos, Formação e Assessoria em Políticas Sociais; Save the Children UK; Sociedade Brasileira de Pediatria; Visão Mundial and Viva Rio. The following United Nations Organizations also participate: The International Labour Organization – ILO; United Nations Development Programme – UNDP; the United Nations Education, Scientific and Cultural Organization - UNESCO; and the United Nations Children's Fund - UNICEF

progress in fulfilling these goals. Among the activities that the network (henceforth referred to as Rede Amiga) has been pursuing are the establishment of baseline indicators and estimating projections upon which to base its assessments as to whether Brazil will manage to achieve the goals proposed for 2010 and, in the event that such projections indicate that they will not be achieved, to make recommendations for assuring their achievement.

This report is the consolidation of these initial efforts, and aims to provide inputs for monitoring the Brazilian Government's performance and the progress achieved, as measured by indicators on children and adolescents over the coming years. It also aims to produce for all Brazilian society, and particularly for those segments most involved with issues relating to children and adolescents, an instrument with which to orient actions, while providing greater transparency to the dialogue between the Government and society.

Its elaboration involved efforts on the part of the organizations that comprise the Rede Amiga and a team of consultants contracted to provide support for this task. It was a highly participatory process that entailed the development of indicators; the definition of the content and format of the document; evaluation of the baseline and tendencies of the indicators and of selected public policies; interviews with youths; and consolidation of the analyses and conclusions by the members of the network.

The document is divided into six chapters, including this introduction, and aims to provide details on how the Government and society are responding to the challenges of adapting the WFFC Goals to the Brazilian context, considering its diversity and inequities.

Each of the four main chapters deals with one of the WFFC areas (Health, Education, Protection and HIV/AIDS), and contains:

- ✓ a table in which the WFFC Goals, the challenges posed by the Child Friendly President's Plan (PPAC), and the strategies encompassed by the Pact for Peace (PPAZ) are summarized;
- ✓ an analysis with general recommendations on the area;
- ✓ an analysis of each of the WFFC Goals for children and adolescents, and selected indicators, background and trends;
- ✓ the Federal Government's proposals for each of the goals, within the context of the PPAC, whenever possible indicating strategies, goals and resources allocated under the governmental planning process;
- ✓ an analysis of the likelihood of achieving the proposed results, employing maps, graphs and other instruments;
- ✓ interviews with youths describing their daily experience and perceptions; and
- ✓ a set of recommendations for the Government and for Brazilian society, with the aim of enhancing the feasibility of achieving the WFFC Goals.

Finally, the last chapter provides an analysis of the budgetary resources the Federal Government

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THIS REPORT WAS PREPARED THROUGH A PARTICIPATORY PROCESS INVOLVING ALL THE ORGANIZATIONS THAT COMPRISE REDE AMIGA

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## The "Got an Attitude" Network

*The participation of youths in the discussions and analyses that comprise this report took place through the "Got an Attitude" Network [Rede Sou de Atitude]. This initiative seeks to encourage children, adolescents, and young people throughout Brazil to become politically engaged, through participation in an internet portal ([www.soudeatitude.org.br](http://www.soudeatitude.org.br)), run by youths for youths, that monitors public policies targeted at children, adolescents, and youth in general.*

<sup>2</sup> The baseline comprises a set of indices and social indicators that portray the situation prior to the launching of a monitoring and evaluation system for social-policy projects. It is the starting point of the project.

<sup>3</sup> Further information on the Pact for Peace can be found in the section entitled "A World Fit for Children: the Brazilian response".



needs to devote to the achievement of the WFFC Goals. To this end, a comparison is drawn between budget allocations under the Child Friendly President's Plan (PPAC) and those announced in the Multi-year Action Plan (PPA) for the 2004-2007 period, along with estimates of the spending needed to ensure that Brazil achieves the goals, according to the methodology prepared by the Economic Commission for Latin America and the Caribbean (ECLAC) and the UNICEF Regional Office for Latin America and the Caribbean.

## Keeping an eye on the goals

This report is just the first step in a long-term process led by civil society, through Rede Amiga, involving governments and international bodies.

Rede Amiga pledges, as of this moment, to undertake the task of monitoring the progress of indicators relating to the various WFFC Goals, and the responsibility for producing progress reports on the performance of these indicators and analyses of the effectiveness of governmental efforts, recommending, whenever possible, actions to enhance the achievement of results.

The next Rede Amiga report will bring information on the monitoring of goals and government programs. It will consist of an analysis, in a similar format to this report, focusing upon the outcomes of policies for children and adolescents and, based upon these, an assessment of prospects for the future.

In order to carry out these tasks, and specially data collection for indicators that could not be examined in the present report, Rede Amiga will engage in a dialogue with the Federal Government, with a view to securing the means for refining and deepening its analyses.

At the same time, Rede Amiga will proceed with its efforts to attract new partners and participants, thereby ensuring, year by year, a greater diversity of initiatives and deeper involvement on the part of the various civil society organizations committed to children and adolescents in Brazil and to the fulfillment of the WFFC Goals.

That said, the present report can be seen as the first step the Brazilian Government and society are taking on the path toward a more participatory and transparent form of managing public policies for children and adolescents. It is thus open to permanent criticism and improvement, in order to provide a means for fulfilling the commitment to building a better Brazil for our children and adolescents.

REDE AMIGA  
WILL MONITOR  
THE SCOPE OF  
COMMITMENTS  
ASSUMED BY  
THE BRAZILIAN  
STATE

# A World Fit for Children: Brazil's response to the goals

In order to understand Brazil's response to the challenges posed by the World Fit for Children (WFFC) Goals, it is first necessary to understand the context in which policy-makers and institutions have been investing efforts toward children and adolescents in Brazil in recent years. One of the highpoints of this process was the enactment of the Statute of the Child and Adolescent (Estatuto da Criança e do Adolescente - ECA), in 1990.

While reaffirming the absolute priority of policies for children and adolescents, already established in Art. 227 of Brazil's 1988 Federal Constitution, and highlighting the importance of democratic participation and social control as essential components of such policies, the Statute opened the way for establishing the foundations for a new public-policy model while, at the same time, opening up new spaces for action on the part of civil society organizations.

Also in 1990, during the World Summit for Children, hosted by the United Nations in New York, 71 Heads of State and of Government, and representatives of 80 countries, met to undertake "an urgent universal appeal - to give every child a better future." On that occasion the world leaders signed the International Convention on the Rights of the Child and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s.

Twelve years later, at the Special Session of the General Assembly of the United Nations on Children, alongside another 180 countries, Brazil assumed a commitment to improve the living conditions of the world's children and adolescents, by pledging to fulfill a new set of goals, this time extending to 2015, with intermediate goals for 2010.

As a consequence of wide mobilization, instigated by Fundação Abrinq, during the 2002 election campaign, the four main contenders for Brazil's Presidency pledged to fulfill the WFFC Goals and to make children and adolescents the top priority of Brazilian public policies, and signed the Child Friendly President Term of Commitment.

After the election, the President elect, Luiz Inácio Lula da Silva, confirmed his intention to fulfill the WFFC Goals and reiterated his pledge to strive to improve the status of children and adolescents. He also promised that the Government would ensure transparency in all its actions; that it would provide support for the development of a monitoring and evaluation system; that no spending cuts would be imposed upon funding earmarked for children and adolescents; and that a Plan of Action would be drawn up, involving public debate and approval of the National Council of Children and Adolescents' Rights (CONANDA), in the first year of his administration.

Also in 2002, following the deliberations of the IV National Conference on Children and Adolescents' Rights, held under the auspices of CONANDA, the organizations that had participated in the event submitted a consolidated summary of proposals gathered at municipal, state and regional conferences, and drafted "a proposed agenda for confronting violence, considering that children and adolescents are its first and most hapless victims" (CONANDA, 2002, p. 9).

Known as the Peace Pact (Pacto pela Paz – PPAZ), this agenda comprises a set of nine areas and ten commitments, on the basis of which policies and action plans are to be developed, with the aim of enabling the establishment of a System for Guaranteeing Rights. It should be stressed that the guidelines laid down in this document are perfectly aligned with those expressed in the Child Friendly President's Plan (PPAC) and in the WFFC (for a comparison, see the table on page 22).

Actions carried out by civil society organizations and certain international bodies continued and, with the support of CONANDA and other partners, these institutions encouraged and compelled the Government to translate its commitment into goals and budgets. Such joint action has led to the formation of a network of organizations, united by their common determination to ensure the fulfillment of the commitments assumed.

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The Child Friendly Monitoring Network is comprised of Brazilian organizations and international bodies whose efforts are targeted toward children and young people, and that have joined forces to strive to achieve progress regarding the status of children and adolescents in Brazil<sup>4</sup>, based upon the commitments assumed under the World Fit for Children and the Child Friendly President's Plan of Action.

What is most strikingly innovative about this approach is not only that it entails the monitoring of public policies, previously unheard of in Brazil, but specially that the initiative is being carried out by organizations of Brazilian civil society that, in the pursuit of these objectives, have sought support from each other through diverse forms of articulation.

With a view to putting its plans into effect, Rede Amiga has organized thematic committees comprised of organizations specialized in themes relating to the fulfillment of impact and management goals, and has assumed the task of producing this first report, and of monitoring and assessing, from a civil society perspective, actions that the Government is to carry out in the coming years in compliance with its commitments.

In August 2003, the Brazilian Government, international bodies, and civil society organizations<sup>5</sup> met in Brasilia to take the first step for monitoring the commitments assumed one year earlier; i.e., setting common indicators to be adopted for the monitoring of goals for children and adolescents, up to 2010.

In December 2003, during the 5th CONANDA Conference, the President Lula launched the Child Friendly President's Plan of Action (PPAC) for the 2004-2007 period, whereby it proposes to indicate strategies for meeting the challenge enunciated in the Multi-year Action Plan (PPA) of "reducing the vulnerability of children and adolescents to all forms of violence, and enhancing mechanisms for ensuring their rights." The document highlights the role of civil society in the construction of an agenda for the implementation of this policy.

Photo: Jonathan Nóbrega

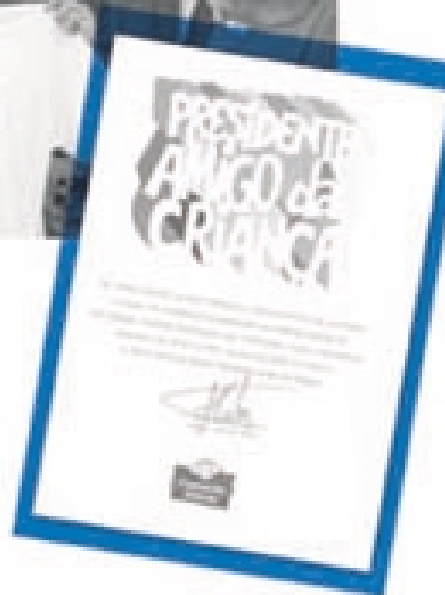


The PPAC comprises a set of governmental programs and actions, contained in the Multi-year Action Plan (PPA), that fulfill the following criteria: they contribute toward the fulfillment of the Term of Commitment; and / or are complementary to its programs and actions.

In total, the plan earmarks resources amounting to roughly R\$ 56 billion, over the four-year period, and identifies 16 challenges the Government proposes to meet. It points to over 200 actions to be carried out over the period and which constitute the focus of the analyses of this report.

On December 1st, 2003, a Presidential Decree created the Management Committee of the Child Friendly President's Plan of Action, responsible for monitoring and supporting implementation of actions targeted at fulfilling the goals of the Plan, under coordination of the Special Secretariat for Human Rights of the Presidency of the Republic, and opened the possibility for civil society organizations to participate in its deliberations.

Other bodies, aside from the Secretariat of Human Rights, with seats on the Committee are: the



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LUIZ INÁCIO  
LULA DA SILVA,  
PLEDGES TO BE  
A CHILD FRIENDLY  
PRESIDENT**

<sup>4</sup> [www.redeamiga.org.br](http://www.redeamiga.org.br)

<sup>5</sup> *The Special Secretariat of Human Rights of the Presidency of the Republic, the National Council of Children and Adolescent's Rights, the Ministries of Health, Education, Social Welfare, Cities, Labor, IBGE, IPEA, INEP, Rede de Monitoramento Amiga da Criança, Brazilian Evaluation Network.*



Ministries of Justice; Education; Health; National Integration; Labor and Employment; Planning, Budget and Management; Cities; Social Development and Combating Hunger<sup>6</sup>; aside from the Institute of Applied Economic Research (IPEA) and the CONANDA. The Brazilian Institute of Geography and Statistics (IBGE) also participates in the Committee in an advisory capacity.

Regarding the roles of each of these government bodies in monitoring the PPAC, it is important to emphasize the role played by the CONANDA in its legal and deliberative functions as the controller of actions designed to ensure the fulfill-

ment of children and adolescents' rights at the federal level (as ascribed by Article 88, indent II of the Statute of the Child and Adolescent – ECA), operating as a liaison between the Government and society in the formulation and management of policies for children and adolescents.

Since its creation, CONANDA has acted as a channel for mediating the interests of governments and those of organized civil society, and played an important role in the negotiations regarding the PPAC, as well as in monitoring and evaluating the actions of the Federal Government in this area.



<sup>6</sup> At the time that the committee was created, the Ministries of Social Welfare and of Food Security had seats. With the ministerial reform of early 2004, these two ministries were merged into the Ministry of Social Development and Combating Hunger.

# A huge, diverse, and unequal country

In order to draft a proposal for monitoring the commitments assumed by the Government, Rede Amiga had to adapt the desired goals and results to local conditions and to the Brazilian context.

The first step was to acknowledge Brazil's dimension, not so much in light of the fact that the country covers an area of eight thousand square kilometers, but, rather, in view of the massive scale of the challenges that need to be addressed. Brazil's diversity in cultural, racial and regional terms is reflected in the variety of its aspirations and needs. Fundamentally, moreover, Brazil is unequal, and it is this inequity that lies at the root of practically every problem Brazilian society currently faces, and that must be confronted in the design of putative solutions, and in the appraisal of the progress so far achieved.

Recognition of Brazil's vastness, both in terms of land mass and population, in turn, leads us to realize that the goal of a Brazil Fit for Children can only be achieved through the inclusion of large contingents of the population. According to the latest Census (IBGE-2000), there are more than sixty million Brazilian children and adolescents between the ages of 0 and 17 years, and this age bracket now accounts for 36% of Brazil's population.

Thus, in order to be effective, the scope of programs and policies targeted at children and adolescents must be of a corresponding order of magnitude. The numbers are gargantuan: primary-school enrolments have surpassed 35 million (INEP, 2002); there are 154,000 public schools (INEP, 2002); estimates place the numbers of children and adolescents (between the ages of 5 and 15 years) engaged in child labor at approximately 3 million (PNAD, 2002); and so forth.

In counterpoint to the complexity of the problems associated with its size, Brazil is rich in its diversity. This applies not only to its renowned

biodiversity, but also to a diversity of possibilities, resources, and significantly, its creative capacity to overcome problems and everyday difficulties, as can be verified in any given region.

Regrettably, such diversity and all the potential that it has to offer are undervalued in the conception of the Nation's development. Indeed, Brazil's diversity has more often served to underpin inequity, rather than being perceived as a source of opportunity. Thus, as stated in the most recent UNICEF report on the situation of children and adolescents in Brazil, "difference is thus transformed into the abettor of intolerable disparities, spawning suffering and conflicts, undermining the self-esteem of those who do not identify with the dominant standard, impoverishing relations and compromising the prospects of groups, organizations and of the entire country." (UNICEF, 2003).

The rise of inequities raises concern because, clearly, it will only be possible to meet the proposed goals if countries manage to produce an environment of equity, in which acknowledgment of the value of diversity is a key component. Clearly, this is not what is happening in Brazil.

Brazil, evidently, is not the only country afflicted by inequities. Indeed, studies and analyses produced by UN agencies indicate that inequity is rising, rather than abating, among the various areas of the world (Segone, 2003), and that Brazil is one of the countries where it is emerging with the greatest intensity.

Inequity in Brazil<sup>7</sup> is not associated merely with income or generational issues. It is manifested by the differences that can be identified in the most varied spaces and dimensions. Indicators point to inequities associated to the race/ethnicity of individuals; stemming from the region in which they live; gender; mother's schooling level, not to mention those stemming from a disability or

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<sup>7</sup> In principle, promoting equity means extending differential treatment to those who do not enjoy equality of conditions, with the aim of developing relations characterized by justice and fairness (UNICEF 2003, p.37).

other factors that maintain a person apart from what the majority regards as 'normal' society.

Inequity is present among boys and girls; among blacks, indios, and whites; between north and south; rural and urban areas. Just as an example, according to the census, 45% of Brazil's children and adolescents live in families whose per capita income amounts to less than one half of the minimum wage; among blacks, however, this proportion rises to 57.5% (IBGE, 2000). The mortality rate among children below 5 years of age in Brazil is twice as high among the poorest 20% of the population, as among the richest 20%.

Inequity is evident even in relation to the most elementary rights, and also as a function of the region in which a child is born. In 2000, under-reporting of births for Brazil as a whole was estimated to be 21.3%; in the North, however, the rate was 48.7%, in stark contrast to 6.3% in the South-east. The consequences of these distortions are found in the barriers of access to public educa-

tion, welfare services, income-transfer programs and (later on in life) to jobs.

Even in those areas in which, in recent years, significant progress has been achieved, such as the expansion of water-supply and sanitation coverage, persistent inequity characterizes or exacerbates relations, widening the gap between the least and most privileged groups.

From both ethical and practical standpoints, "equity generates concrete and symbolic advantages" (UNICEF, 2003), enabling society to reach its full potential in terms of human development.

According to projections by the Organization for Economic Co-operation and Development (OECD), inequity significantly restricts the growth of nations, creating a vicious circle in which it is the key factor underpinning the degree of poverty of any given country in the world, and is the reason for economic underperformance, since it ends up spawning further inequities and more poverty (UNICEF, 2003).

In a text that appraises the prospects for achieving the Millennium Development Goals, various authors<sup>8</sup> have pointed out the impossibility of achieving growth in places where huge inequity prevails. They argue that this situation is exacerbated by the fact that, in many of these countries, much of the progress achieved simply does not reach the poorest segments of the population, which ought to be the main target of such efforts.

Herein resides, most likely, the key point of convergence between the WFFC and the Millennium Development Goals and the goal that states that the main challenge for the United Nations is the eradication of extreme poverty and hunger throughout the world.

The United Nations has set a goal of reducing by half the number of people who live on less than one dollar per day, and aims to bring about a similar reduction in the numbers of persons suffering from hunger. It also recommends: the universalization of primary schooling; the promotion of gender equality; reduction of infant mortality; improvements in maternal health; combating of

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<sup>8</sup> Temple (1999), Persson & Tabellini (1994), Ravallion (2000), Vandermoortele (2003) and Williamson (2003).



HIV/AIDS, malaria and other diseases; sustainable development; and the formation of a global partnership for development.

It is important to stress that the challenge of reducing poverty is the underlying subject of all the discussions held to assess the limits and prospects for achieving the WFFC Goals.

When appraising these challenges, however, we must not overlook the macroeconomic context and the repercussions it may have on the sovereign right of the Brazilian State to set its own priorities and define the areas it deems merit the highest priority in the spending of public resources.

Although this is hardly the place to embark upon a discussion of the Federal Government's efforts to generate successive budget surpluses, public sector indebtedness, the cost of servicing the domestic and foreign debt, or even the Government's fiscal and tax policies, it must nonetheless be emphasized that, in certain situations, decisions related to these issues may significantly affect the prospects for achieving the goals for children and adolescents in Brazil.

From these preliminary considerations, at least two broad conclusions can be drawn. The first is that the scope and complexity of this task are such that they cannot be accomplished by the Brazilian State alone. It constitutes a challenge that all of society must grasp, whereas the Federal Government needs to assume its role as principal

instigator and coordinator of the process. The second conclusion is that it is necessary to acknowledge that Brazil will not succeed in fulfilling the commitments accepted before the General Assembly of the United Nations and the world at large by any means other than the construction of a more egalitarian society and a country that takes pride in its diversity.

In the pages of this report, Rede Amiga will examine the PPAC, using data broken down for a variety of characteristics, and propose strategies for reducing inequities in Brazil.

# A Brazil fit for children and adolescents

In the United Nations' definition, a world fit for children is one in which all children get the best possible start in life and have access to quality primary education. It is a world in which all children, including adolescents, have abundant opportunity to develop their individual capacities in a safe and supportive environment.

In order to achieve such a world, however, it is essential that all countries adopt strategies for reducing inequities, specially those that stem from racial discrimination, discrimination between boys and girls, between urban and rural children, or between those with and without disabilities.

A Brazil fit for children and adolescents must be conceived as a means for achieving this ideal. Brazil is already advancing on the path to achieving some of these goals. There remain, however,

formidable challenges and barriers to be surmounted, including the vanquishing of inequity.

In order to fulfill the international commitments assumed under the WFFC Goals, and more specifically, in order to meet the challenge of transforming Brazilian society through building a nation attuned to the needs and aspirations of its children and adolescents, the Federal Government launched the Child Friendly President's Plan of Action (PPAC), structured so as to respond to four broad commitments.

These commitments, in turn, are reflected in the nine areas proposed under the Pact for Peace (PPAZ) by the National Council for Children and Adolescents' Rights (CONANDA). Based upon the three documents, a broader and more comprehensive agenda is established, comprising a pro-

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**Table 1** Comparison of International and National Goals and Strategies proposed in the Source Documents of this Report

INTERNATIONAL	<b>A World Fit for Children United Nations</b>	<ul style="list-style-type: none"> <li>✓ Promoting healthy lives</li> <li>✓ Providing quality education</li> <li>✓ Protecting against abuse, exploitation and violence</li> <li>✓ Combating HIV/AIDS</li> </ul>
	<b>Brazilian National Plan of Action (The Child Friendly President's Plan of Action - PPAC)</b>	<ul style="list-style-type: none"> <li>✓ Promoting healthy lives</li> <li>✓ Providing quality education</li> <li>✓ Protecting against abuse, exploitation and violence</li> <li>✓ Combating HIV/AIDS</li> </ul>
NATIONAL	<b>Pact for Peace (CONANDA)</b>	<ul style="list-style-type: none"> <li>✓ Health area</li> <li>✓ Education area</li> <li>✓ Culture, sports and leisure area</li> <li>✓ Social welfare area</li> <li>✓ Special protection area</li> <li>✓ Socio-educational measures area</li> <li>✓ Councils of Rights, of Guardians, and Funds area</li> <li>✓ Mechanisms for the fulfillment of rights area</li> <li>✓ Communications media area</li> </ul>

posal from the Government and Brazilian society for building a Brazil fit for children and adolescents. Table 1 provides a comparative analysis of the documents, and of the links between them.

These items of the agenda were transposed to the areas analyzed in this report, involving a series of challenges to which the Brazilian State and society need to respond between 2004 and 2007, emphasizing the role of Government in this task, based upon a set of programs, projects and actions which, in most cases, are foreseen in the budgets and in the Multi-year Action Plan (PPA).

Examination of the indicators and proposed goals, throughout the report, is supported by sets of graphs and maps that (when data is available) represent a historical record of indicators on social and regional inequities; goals for reducing inequity; trends of various indicators for the periods covered by the PPAC and the WFFC.

The selection and compilation of these indicators was no easy task, however, particularly in view of the difficulty in obtaining data and doubts regarding the reliability of the information obtained. In some situations (as in the case of maternal mortality) discrepancies exist between the data used by Rede Amiga and that used by the Government in preparation of the PPAC. Together, however, the Government and civil society (represented by Rede Amiga), are engaged in improving the quality of these indicators.

Prior to embarking upon an analysis of the commitments assumed by the Government, some considerations of a more general nature need to be made. It must be acknowledged that, despite the severity of some of the observations and critical analyses presented in this report, much of the information contained herein only came to light because the Brazilian Government has boldly taken the unprecedented step of launching a Plan of Action for Children and Adolescents, based upon specified goals, outputs, and budget.

Indeed, the mere existence of the PPAC, regardless of whatever appraisal may later be made, is in itself cause for rejoicing, as it represents a significant landmark in the relationship between the State and society and a step forward along the path toward the establishment of participatory

and transparent policies for children and adolescents in Brazil.

Moreover, all the analyses confirmed that the PPAC contains special lines of intervention targeted at the most vulnerable groups, including: promotion of special education; support for children and adolescents in socially vulnerable situations; combating child labor and sexual exploitation; protection from violations of children and adolescents' rights; and support for children with HIV/AIDS.

Nevertheless, generally speaking, actions do not encompass the families of the children, and Rede Amiga believes that, in order to improve the living conditions of children, it is both necessary and feasible to reduce the causes within families, that are at the root of these problems.

## General Recommendations

Rede Amiga has also produced recommendations that do not exclusively relate to a specific commitment assumed by the Government or a specific WFFC Goal. These tend to be suggestions of a more general nature, that ought to permeate all policies and actions targeted at improving the living conditions of Brazilian children and adolescents.

One of these recommendations is that all subsequent Government plans and policies targeted toward children and adolescents should encompass and incorporate a family dimension.

Rede Amiga, while reluctant to contradict the trend toward decentralization and "municipalization" of public policies, understands that the Federal Government has an essential role to play in the effort to fulfill national and international commitments it has assumed. In the light of this, it recommends that:

- ✓ larger investments be made to consolidate the Federal Government's capacity to coordinate and direct the resources and potentialities of states, municipalities, organized civil society and private businesses, toward the goal of achieving a Brazil fit for children;
- ✓ attention be paid to this process of articulation, both in its vertical dimension (coordination among different levels of government) and its

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horizontal dimension, in order to promote synergies among the various sectors and governmental policies at the various levels;

- ✓ review the existing plans (the National Education Plan, the Plan for the Eradication of Child Labor and the National Plan for Combating Sexual Exploitation) from the standpoint of efforts to enhance coordination among policies targeted at children and adolescents;
- ✓ apply pressure on states and municipalities and provide support for their efforts to implement local versions of these and other plans and strategies for the implementation and management of policies for children and adolescents.

In this regard, aside from the issue of fulfilling formal standards and regulations, it is important to identify at which points governmental action and initiatives could be integrated so as to maximize their potential by incorporating contributions from the various sectors of Brazilian society.

In order to assist this process of aggregating contributions toward the design and implementation of regional policies, all policies and programs sponsored by the Federal Government ought to consider regional characteristics. Much of the inequity identified during the course of the analyses on which this report is based, are closely correlated to Brazil's persistent regional disparities. Reducing such inequities needs to be regarded as a strategic goal for government programs, and the diversity and inequity among Brazilian states, municipalities and regions merit acknowledgement in all federal government programs.

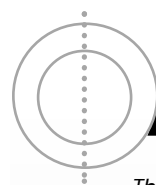
In the analysis it becomes clear that the Federal Government believes that considerable gains can be achieved by improving public-sector management and the effectiveness of public spending. Only in this way will it be possible to achieve the goals proposed, since no substantial increases in funding are foreseen for policies targeted toward children and adolescents.

Based upon this premise, combating corruption, waste, and all forms of dispersion of the scarce resources available must be regarded as an integral component of policies for children and adolescents. It is thus recommended that:

- ✓ the participation of society be enlisted in the control of public policies, in line with a commitment to transparency in all governmental actions;
- ✓ channels for social control be expanded; and
- ✓ instruments for monitoring governmental action be improved.

Although Brazilian society has an important role to play in this line of action, the Government must also be held accountable, specially when it comes to improving the quality of information supplied through the available channels. At a more operational level, it is recommended that:

- ✓ the Government invest in updating websites, upgrading other channels for circulating information, and databases on governmental public policies;



## Approved Municipality

*The UNICEF Seal of Approval for Municipalities is part of a strategy for evaluating public management and social mobilization initiatives that UNICEF has been pursuing since 1999, in partnership with the National Union of Municipal Education Managers (Undime/CE), the Mayors' Association, and the Government of the State of Ceará. Attainment of the Millennium Development Goals (MDG) is the focus of all phases of this work. The second edition of this stamp, concluded in June 2002, entailed awarding certification to 47 of the 184 municipalities in Ceará, fourteen of which received the stamp of approval for the second time. Studies carried out show that the stamp of approval is a powerful tool for introducing a public-policy monitoring culture, as well as an important mechanism for social control, since many segments of the community are involved in the various phases of the process. At present, the seal implies that the municipality is adequately monitoring 10 health and education indicators; 40 indicators used to measure the coverage and quality of public services for the 0-to-5, 6-to-10, 11-to-14 and 15-to-18 year-old populations. These indicators are assessed in accordance with a crosscutting methodology that encompasses the fields of health, education, and protection. Also considered are 5 vectors for social mobilization, which project themes such as children and adolescent participation, gender relations, the communication of children's rights, exemplary practices of the Guardianship Councils, and public campaigns, such as the one for combating the dengue-fever mosquito carried out in 2003.*





- ✓ the Government create monitoring mechanisms for the systematic gathering of information, thus making it possible to improve the quality of the management of sectoral policies, specially in relation to the area of Protection from Abuse, Exploitation and Violence; and
- ✓ governmental programs and policies develop instruments that make use of Brazil's diversity as an element for fostering development and overcoming challenges.

The focus on diversity should be associated to policies targeted at segments traditionally excluded from the national development process. It will not be possible to build a Brazil fit for children if national policies fail to consider huge contingents of Brazilians that have always been relegated to the margins of public policies.

Unquestionably, the most important recommendation for the Brazilian Government is that it take measures to tackle the country's huge inequity. However, members of Rede Amiga have expressed concern as to the risks of adopting 'assistentialist' approaches to combating inequity that create welfare dependency.

Thus, while acknowledging the need for provisional welfare-assistance policies to tackle the most pressing and immediate problems, the Government should clearly enunciate their provisional nature, and seek to focus upon policies of a transforming and emancipatory nature that effectively alter the lives of the targeted individuals and populations.

Lastly, there are four recommendations relating more closely to the role of Rede Amiga and civil society organizations interested in taking an active role in discussions on policies for children and adolescents in Brazil:

- ✓ enhance the role of CONANDA as the forum for the deliberation of public policies targeted at Brazil's children and adolescents;
- ✓ provide more detailed information on programs and the way they are carried out, with a view to ensuring greater transparency and enabling all citizens to understand how the Government intends to implement its proposals (this recommendation is linked to the updating of Internet sites);
- ✓ adopt the methodological approach currently being used to draw up the Budget for Children and Adolescents (OCA 2004) when drafting monitoring reports on the PPAC, so as to make it more accountable to society; and
- ✓ provide civil society organizations access to the Federal Government's Financial Management Information System (SIAFI), as a means of facilitating the monitoring of governmental activities.

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Health

# Promoting healthy lives

Based on the premise that a World Fit for Children is one in which each child receives the best possible start to life, the first section of the WFFC Plan of Action refers to the Healthy Lives area.

Both the Child Friendly President's Plan of Action (PPAC) and the Pact for Peace (PPAZ) set commitments and prescribe strategies to be pursued in order to build a Brazil Fit for Children. Table 2 lists these planning instruments, without attempting to compare or make value judgments with regard to the positions or methodologies adopted.

## Analyses and General Considerations on the Healthy Lives Area

The WFFC strategy for promoting healthy lives entails guaranteeing children and adolescents access to efficient, fair and sustainable primary healthcare systems, in their own communities, and access to information and services that promote healthy lifestyles.

Through the PPAC, the Brazilian Government

**TABLE 2** Comparison of International and National Goals and Strategies for Promoting Healthy Lives

INTERNATIONAL	<p><b>A World Fit for Children Goals</b></p> <ul style="list-style-type: none"> <li>(a) Reduce the infant and under-five mortality rate by at least one third, in pursuit of the goal of reducing it by two thirds by 2015;</li> <li>(b) Reduce the maternal mortality rate by at least one third, in pursuit of the goal of reducing it by three quarters by 2015;</li> <li>(c) Reduce malnutrition among children under five years of age by at least one third, with special attention to children under two years of age, and reduce the rate of low birth weight by at least one third of the current rate;</li> <li>(d) Reduce the number of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third;</li> <li>(e) Develop and implement of national early childhood development policies and programs to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development;</li> <li>(f) Develop and implement of national health policies and programs for adolescents, including goals and indicators, to promote their physical and mental health</li> <li>(g) Provide access, through the primary health-care system, to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015.</li> </ul>
NATIONAL	<p><b>National Plan of Action (Child Friendly President's Plan)</b></p> <ul style="list-style-type: none"> <li>a) Reduction of infant mortality.</li> <li>b) Reduction of maternal mortality and reproductive health services.</li> <li>c) Food security and combating malnutrition.</li> <li>d) Special care for the health and development of children and adolescents.</li> <li>e) Expanded access to sanitation and drinking water.</li> </ul>
NATIONAL	<p><b>The Pact for Peace</b></p> <ul style="list-style-type: none"> <li>a) Provide incentives and support for programs that promote primary healthcare for families and communities, carried out by networks of governmental and non-governmental organizations.</li> <li>b) Ensure availability of specialized integral healthcare services for the prevention, diagnosis and treatment of children and adolescents with special needs.</li> <li>c) Guarantee for expectant mothers integral prenatal and postpartum care and ensure pediatric services in delivery rooms.</li> <li>d) Guarantee access, quality and humane treatment at healthcare services.</li> <li>e) Guarantee public policies for health, by providing funding and technical support for states and municipalities, placing priority upon programs for the prevention, promotion and treatment of users of psychoactive substances, and ensuring continued training for health professionals.</li> </ul>

has provided its response to the WFFC Goals for promoting healthy lives, by defining four challenges aimed at “bringing about a change in the health status and quality of life of this segment of the population, through expansion and improvement in the services provided” (Brazil, PPAC, 2003).

The proposals are based upon a logical model that, having focused upon the principal goal of reducing infant mortality, seeks to identify root causes, and deploy strategies for producing effective outcomes.

The logical premises that underlie both the WFFC and the PPAC place emphasis upon child malnutrition, in view of its demonstrably close relationship to infant mortality.

Although malnutrition does not generally appear on death certificates or reports as the cause of child deaths, studies have shown that over half

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Over half of child deaths  
could be avoided if children  
were adequately fed”

such deaths would not have occurred if the child had been adequately fed. Consequently, Rede Amiga considers this issue to be of fundamental importance for promoting Healthy Lives.

Under the PPAC, the problem of malnutrition is addressed through actions targeted at ensuring food security and income transfers to the poorest families, which comprise the main thrust of the Federal Government’s policy in this area.

Conditions at birth and the services received by mothers at the health services are the next focus. Indicators relating to maternal and child mortality and goals for reproductive health policies address the probable causes of high infant mortality rates (IMR).

High-quality policies for child and youth development, though not as yet a common feature of Brazil’s healthcare actions, could complement the WFFC recommendations and are a feature of certain interventions under the PPAC.

Expanding the water supply and access to

sanitation could, theoretically, achieve significant impacts in terms of promoting healthy lives for children and adolescents. Indeed, it is hardly conceivable that promoting healthy lives can be achieved without addressing the environmental conditions in which children and adolescents live, and for this reason initiatives should seek to address the situation identified in a logical and coordinated manner.

Prior to making specific comments on each one of the goals foreseen in the World Fit for Children and examining the Brazilian responses to the commitments assumed, a few more general considerations need to be made.

The first of these relates to the assumptions that the Federal Government has made with respect to the impacts its actions will achieve in promoting healthy lives. It assumes that indicators on children’s health and maternal mortality, specially, will improve significantly as a consequence of its strategy of unifying all income transfer programs under Bolsa-Familia and through the consolidation of the Hunger Zero (Fome Zero) Program.

The Hunger Zero Program, which is the central pillar of the Government’s food security strategy, is based upon an estimate that roughly 54 million Brazilians do not have sufficient means to provide for their basic needs (Brazil, PPAC, 2003).

Initiatives funded by the Zero Hunger Program account for practically one third of the total PPAC budget for the 2004-2007 period. Over R\$ 17.6 billion are to be spent over this period, thus making Zero Hunger the most important source of funding targeted at ensuring healthy lives for Brazilian children and adolescents.

Although this will be examined more closely in the section relating to the WFFC Goal of Combating Malnutrition, it is worth observing that this goal is the focus of a special governmental strategy that may make all the difference, in terms of the prospects for success or failure in fulfilling its objectives.

Another aspect that should be emphasized relates to the expected impact of government programs and their scope. Whereas, on the one hand, it must be acknowledged that in part the outcomes presented result from initiatives that were already being carried out prior to the



## Health

*In the municipality of Porto Velho (Rondonia), like in other state capitals, cruel realities afflict families that seek out a living in outlying areas of the town. With practically no means of making a living, and with very low quality of life, this population faces a daily struggle against unemployment and low-quality health and education services. Conditions are generally worst in the poorest parts of town, which are often high-risk areas, as is the case of the communities living in the East Sector. Few of the outlying neighborhoods have a health post to serve the needs of the population, thus making the situation even more difficult for these families. Even in neighborhoods that do have health facilities, treatment is provided only for the most common and routine maladies, which is one of the reasons why families move away to other parts of town.*

Glauber Vieira Ramos, 16;  
and William Ferreira  
Sales, 16 – Rondonia



launching of the PPAC, on the other, it must be recognized that different segments of Brazilian society appropriate these outcomes in different ways, and that such factors need to be considered when conducting inequity analyses.

Graph 1.1 shows the evolution of different health indicators, as well as the figures that demonstrate the inequity between whites and blacks, in the Promoting Healthy Lives area. Based on changes recorded between 1996 and 2002, this graphic representation in quadrants enables an immediate perception of changes in these social issues, and the relative participation of blacks and whites in this process. The graph shows only indicators for which the data available enables an analysis over recent years, broken down by factors of race/ethnicity, with a reasonable degree of consistency.

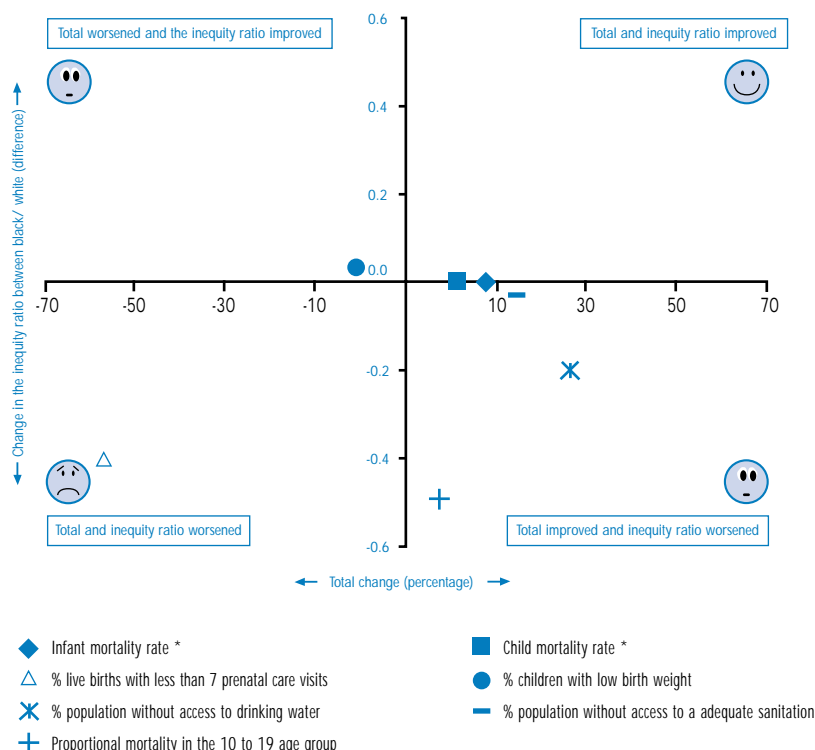
The position of points to the right or left shows the evolution of the indicator, regardless of the conditions of inequity. Points located to the left represent indicators that reflect a deterioration in the national average over the period in question. Points located to the right represent indicators that performed positively over the period.

The position of points at the upper or lower portion of the graph illustrates the change in conditions of inequity between blacks and whites, regardless of the evolution in the national average. Thus, points located in the lower portion of the graph represent indicators for which the inequity situation has worsened, whereas the points located on the upper portion of the graph represent those for which the inequity situation has improved.

The combination of these representations and their organization into quadrants shows the situation of each indicator in the Promoting Healthy Lives area, thereby making it possible to draw the following conclusions: in the upper-right quadrant are the indicators that reflect an ideal or desirable situation, i.e., that reflect positive change in the national average and reduced inequity. In counterpoint, the lower-left quadrant shows indicators in a critical situation, with a worsening of the national average and an increase in inequity between whites and blacks. Based upon these parameters, it is possible to make a rapid assessment of the evolution of the indicators.

### Graph 1.1 Promoting healthy lives

Changes in totals and inequity ratios among blacks and whites, 1996 to 2002\*, Brazil



\* Changes in infant and child mortality rates reflect the 1998 – 2000 period.

The conclusion of this analysis is that, in recent years, the focus of policies that could be used to promote more healthy lives for children and adolescents have failed to address the issue of racial/ethnic inequity. The graph shows that actions have not as yet been specifically targeted toward the black population, which is the segment of the Brazilian population that tends to present the worst situation, and that this situation has not improved over the period. Of the seven indicators assessed, only one (percentage of children with low birth weight) showed any improvement, in terms of inequity between blacks and whites. Nonetheless, this indicator is one for which the national average has deteriorated. Thus, the situation of black children deteriorated at a slightly slower pace than has that of white children.




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IN RECENT YEARS, POLICES TO PROMOTE HEALTHY LIVES FOR CHILDREN AND ADOLESCENTS HAVE FAILED TO ADDRESS THE ISSUE OF RACIAL AND ETHNIC EQUITY

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The data also shows that, between 1998 and 2000, there was a drop in the estimated infant mortality rate (IMR - deaths of children between 0 and 1 year old), and in the under-5 mortality rate (deaths of children less than 5 years old). In this case also, however, there was no change in terms of inequity and the rates remained higher for black children.

Based upon an analysis of the indicators presented, it can be observed that the most critical situation relates to access of pregnant women to prenatal care sessions. Compared to the situation in 1996 (31.7%), in 2002 the percentage of children born to mothers who had attended less than seven prenatal care sessions risen by 56.1%. In 2002, almost half (49.5%) of deliveries in Brazil were to mothers who had not attended the minimum prescribed number of prenatal care sessions. For black children, this percentage rises to 63%.

The deterioration of the national average accompanies a significant increase in inequity between black and white children, confirming the initial analysis that Brazil's public policies have not been concerned with targeting the reduction of racial/ ethnic inequities. Indeed, none of the

seven indicators showed any improvement in the national average and in inequity.

In recent years, policies to promote healthy lives for children and adolescents have failed to address the issue of racial and ethnic equity.

## Initial Recommendations

- ✓ Extra effort needs to be made to ensure that policies focus upon groups that have traditionally been excluded, thereby ensuring progress towards reducing inequity and combating the disparities identified throughout this report, as part of a strategy for hastening the attainment of the WFFC Goals; and
- ✓ Deadlines need to be established and sustainable actions carried out to address underreported infant mortality, under-5 mortality, child malnutrition, and other healthcare indicators that reflect the persistence of such problems.

## Reduce Infant and Child Mortality

**Goal (a):** Reduce the infant and under-five mortality rate by at least one third by 2010 in pursuit of the goal of reducing them by two thirds by 2015

**Proposed goal (a) for equity:** Reduce by at least one third inequity in infant and under-five mortality rates among groups in the worst situations, in terms of housing, income, race/color and mother's years of schooling

### Goals and Indicators

Indicators	Most recent value	Year	2010 Goal	Will the WFFC Goal be achieved <sup>a</sup> ?	Capacity for monitoring the indicator <sup>b</sup>
Infant mortality rate (per 1,000 live births)	27.8	2002	19.8	likely	reasonable
Child mortality rate (per 1,000 live births)	35.1	2000	23.4	likely	reasonable
Proportional mortality from Acute Respiratory Infections (ARI) in children under 5 years	5.4	2002	4.0	most likely	good
Proportional mortality from Infectious or Parasitic Diseases (IPD) in children under 5 years	8.7	2002	5.9	most likely	good
Percentage of children who are exclusively breastfed up to 6 months	9.7	1999	-	-	poor

Source: see the statistical tables in Annex II

<sup>(a)</sup> a most likely, likely, unlikely / <sup>(b)</sup> good, reasonable, poor

The effects of inequity and of the incapacity of public policies to reduce infant mortality are not restricted to differences relating to race. By breaking this indicator down, it can be seen that infant mortality can easily be correlated to race, schooling level and geographical location.

It is for this reason that Rede Amiga decided that the indicators adopted for monitoring the fulfillment of this Goal should be: infant mortality and under-5 mortality, broken down by all available dimensions.

In view of its concern for obtaining a better understanding of the problem and estimating the probability of achieving the goals, Rede Amiga, together with the Federal Government, will also be monitoring deaths from acute respiratory infections (ARI) and infectious and parasitic diseases (IPD) among children under-5 years old, and also the percentage of children that are exclusively breastfed up to the age of four months (even though it is acknowledged that six months would be better). The table above shows the current

situation for each of these variables, when the information is available.

The Federal Government's Child Friendly President's Plan of Action (PPAC), acknowledges that reducing infant mortality is one of the greatest challenges that needs to be overcome in order to promote healthy lives for children in Brazil. It should be stressed that over the past decade, the IMR dropped by 38%, bringing the national average to 27 deaths per 1,000 live births. Nonetheless, when compared to the rates in more economically and socially advanced countries (which are generally below 7 deaths per 1,000 live births), Brazil's rate remains very high (Brazil, PPAC, 2003).

The PPAC takes the view that reducing infant mortality is "part of a long-term trend associated with a complex set of demographic, sanitary, economic and social factors", and pledges to reduce the IMR to 24 deaths per 1,000 live births, by 2007.

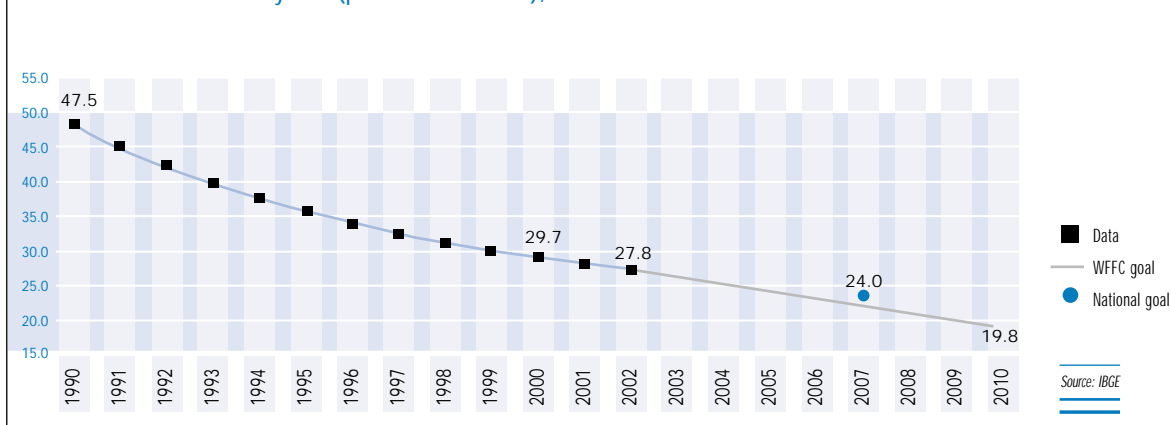
Graph 1.2 shows the evolution of the IMR in Brazil over the past decade and makes a projec-

considerations and analyses on the conditions for achieving this goal





Graph 1.2 Infant mortality rate (per 1000 live births), Brazil



tion for fulfilling the WWFC Goal for 2010, which ought to be 19.8 deaths per 1,000 live births, representing one third of the 2000 baseline situation. The graph also shows the location on the curve of the PPAC goal for infant mortality in 2007.

Graph 1.3 complements information on the historical and projected trend, broken down by dimensions that reveal the problem of inequity in Brazil and its effects on infant mortality. Regardless of the standpoint employed, huge inequities exist between the best situations (represented by the blue points at the bottom of the graph) and the worst situations found (represented by the black points on the upper portion of the graph).

Despite consistent policies in this area, from an examination of Graph 1.2 it can be seen that the goals proposed by the Federal Government have been (and are likely to be) less than adequate for Brazil to achieve the results pledged under the WWFC initiative.

The PPAC, for its part, states that its strategy seeks to “reinforce the trend of declining infant mortality” (Brazil, PPAC, 2003). To this end, it proposes to intensify initiatives targeted at children, and to increase the coverage of the Family Health Program (PSF), of income transfers to poor families under Bolsa-Familia, and immunization and vaccination actions.

With regard to budget resources earmarked for these actions, under the PPAC between 2004 and 2007, R\$ 261 million are to be invested in vaccination and immunization, aside from the fund-

ing earmarked for Bolsa-Familia and for the PSF that are not included here as they are related to other challenges.

The PPAC, however, makes no mention of the specific strategies for reducing under-5 mortality. Not only is the indicator not considered in its analyses, but no expected outcomes are stated for the end of the period.

Since reducing child mortality entails various specific factors and is one of the WWFC Goals, Rede Amiga has studied the evolution of the under-5 mortality indicator, with a view to providing inputs to assist the Government in the design and implementation of strategies targeted toward this age group.

Like the infant mortality rate, the child mortality rate declined over the course of the 1990s.

Graph 1.3 Inequity in infant mortality rate, Brazil, 2000

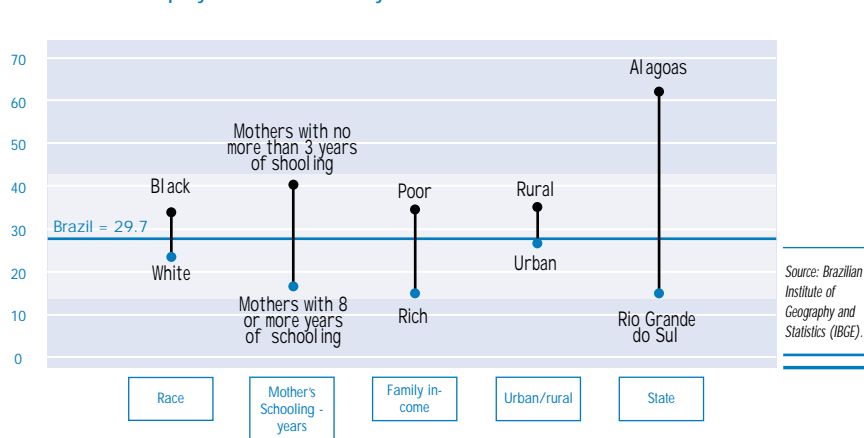
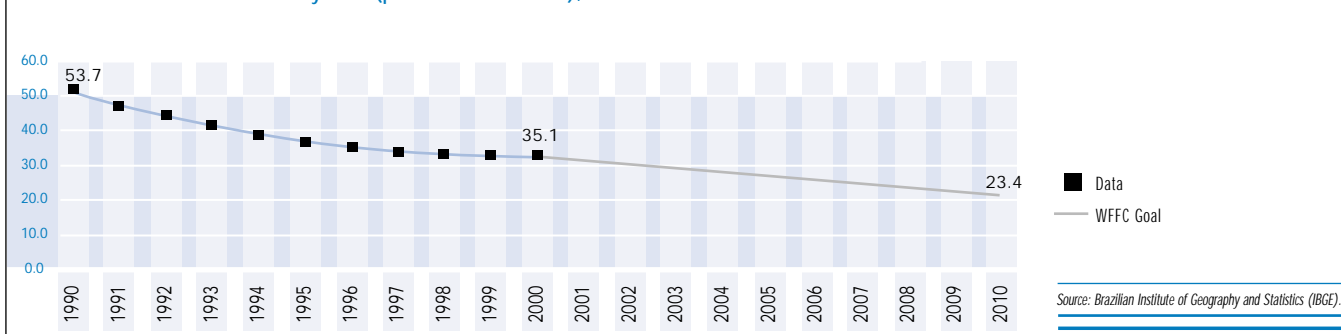




Gráfico 1.4 Under five mortality rate (per 1000 live births), Brazil



According to IBGE estimates, in 2000 the rate was 35.1 deaths per 1,000 live births. Taking this as a baseline, in order to achieve the WWFC Goal, Brazil should seek to bring the child mortality rate down to 23.4 per 1,000 live births by 2010 (Graph 1.4).

On the inequity graph, when broken down by a number of dimensions, the evolution of child mortality is no different from infant mortality (Graph 1.5). Whereas Alagoas and Rio Grande do Sul remain the two extremes in terms of the disparities among Brazilian states, inequity relating to race/ethnicity, family income or mother's schooling level, are very similar and of equal concern. But what governmental strategies should be pursued in order to meet this challenge?

In the light of the Government's statement that the evolution of the infant mortality rate over recent years is the result of a series of variables, and that the challenge for the planning period is to 'reinforce' this trend, Rede Amiga raises the following questions.

What are the trends for these rates? The graphs for infant and under-5 mortality both reveal that, although the overall trend has been downward, the declining rate has been diminishing, suggesting that the rates are stabilizing.

It is true that, as these rates decline, the efforts needed to bring them down even further must be increasingly great, in terms of investment, time, and the complexity of actions and interventions required to achieve each percentage point of reduction.

Instructing mothers to use home-made rehydration fluid, for example, may bring about significant reductions in the IMR in locations



## Infant mortality



*In the street where I live and in the neighborhood where I normally go it is very rare to see children in situations of risk, malnourished or without medical assistance. I visited the health services in my community and I was well received by the Community Health Agents. They go from house to house weighing children and scheduling appointments with the doctor, applying vaccinations and providing support and assistance for families. According to the community health agents, it is unusual to hear of children dying, although there are several cases of 2-year olds suffering from undernourishment. Unfortunately, one is led to conclude that malnutrition is the result of a lack of food since, on average, most children are breastfed up to one year of age. It also seems like some mothers are irresponsible and do not breastfeed their children. As a result of the pressure applied by the community health agents, the proportion of mothers who breastfeed and take their children to health posts to be vaccinated and to see the doctor increased. My conversation with the health agents led me to the conclusion that they become friends with the families, and specially with the children, who they are always encouraging to go to school, to social projects, and to other institutions.*

Fabiana Braz, 17 – Bahia

where rates are higher than 100 per 1,000 live births. However, in regions where the IMR is below 20 per 1,000 live births, reducing infant mortality is likely to require investments in basic sanitation or the expansion of medical services of medium or high complexity.

The second question is: from examining the PPAC goal and the government programs that it entails, is it possible to predict how, and to what extent, Brazil will manage to reinforce this trend toward a lower infant mortality rate?

In view of the logic that, as infant mortality declines, the task of reducing rates further becomes more challenging and complex, it would appear on first analysis that the goal proposed by the Government fails to consider the increased efforts required to maintain the downward trend.

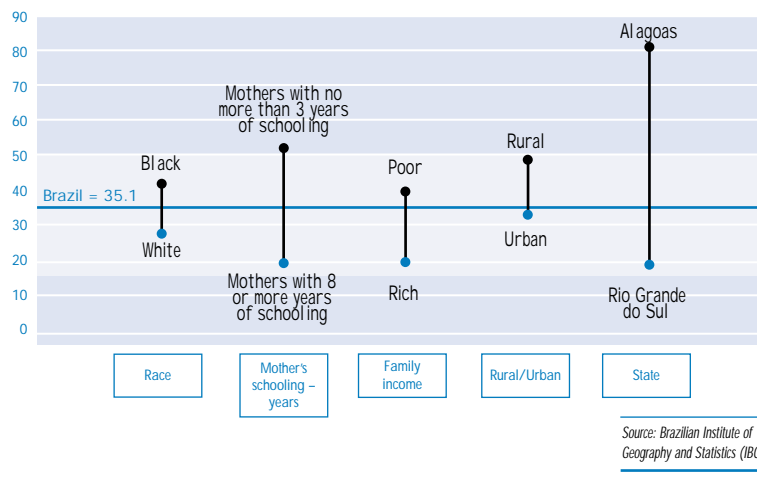
If we take the percentage decline in the IMR for the decade in question (38%, according to the PPAC) it would appear that, if the trend is maintained, in four years, infant mortality ought to decline by around 15%, from its current 27 per 1,000 live births, to 23 per 1,000, by 2007. Considering that the velocity at which the rate is declining is slowing, the Government's goal of achieving a rate of 24 per 1,000 does not appear to reflect the need to reinforce efforts in order to achieve the continuing decline in the trend referred to in the PPAC (Graph 1.4).

An examination of the PPAC initiatives would appear not to bear out the Government's stated intention of reinforcing the decline in the infant mortality trend. Expanding the Family Health Program (PSF), vaccination coverage, or even the number of families receiving income-transfers, would appear to bear little relation to such reinforcement. Another possibility is that the Federal Government expects to achieve efficiency gains in its spending policies, but this is not clearly stated in the Plan.

Map 1 illustrates the inequity between the Brazilian states. The highest IMRs are to be found in Brazil's Northeast region, specially in the States of Sergipe, Alagoas, Pernambuco, Paraíba, Rio Grande do Norte and Maranhão.

The PPAC does not go into detail on its strategy for addressing the inequity identified in the course of this chapter. Neither does it propose concrete measures or interventions for improving

**Graph 1.5** Inequity in under five mortality rate, Brazil, 2000



the coverage of Federal Government initiatives targeted at particular contingents of the population or specific regions of the Country.

Focusing attention upon such inequities matters; and not only from the standpoint of the fairness or ethics of public policies. It also entails the rational allocation of public resources. Map 1 shows these inequities from a regional perspective and, at the same time, illustrates the need to design strategies that provide different approaches for facing up to diverse situations.

From the standpoint of governmental strategies, it would appear reasonable that the North and Northeast should be the central focus for the Government's actions, since it is in these regions that such actions are likely to prove most effective.

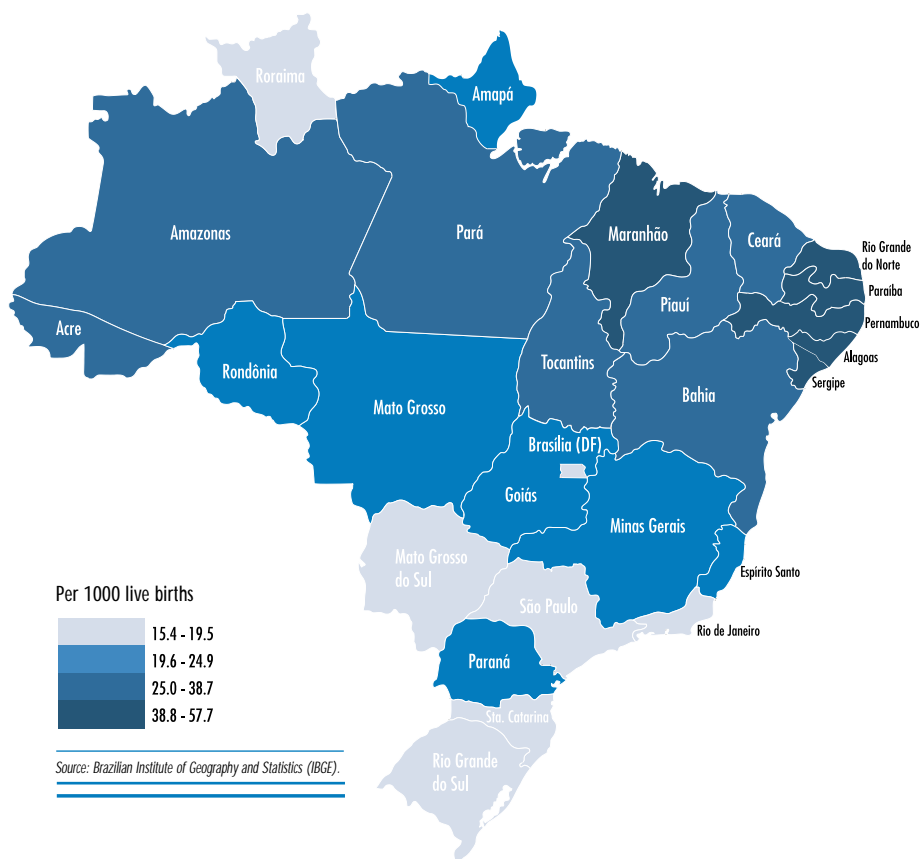
## Recommendations

Increasingly, the maintenance of primary healthcare services is a responsibility of the states and municipalities, and federal funding is now generally of a supplementary nature. In view of this, a federal funding-management approach that targets the poorest areas where such services are weakest, subject to the necessary monitoring, could perhaps provide the 'reinforcement' needed to ensure that the infant mortality rate continues to decline. To this end, it is recommended that the Federal Government, other levels of government and civil society:

THE GOVERNMENT'S GOALS FAIL TO ENCOMPASS THE EFFORTS NEEDED TO REDUCE INFANT MORTALITY BY 2010

- ✓ implement more effective policies that contribute toward the historical trend of declining infant and child mortality rates, so as to enable Brazil to achieve the WFFC Goals, expanding the scope of these policies beyond the field of immunization;
- ✓ incorporate new services and expand existing services for groups that have historically had difficulty in accessing them, with special emphasis upon the need to adopt strategies that actively encourage the inclusion of excluded populations;
- ✓ develop regionally structured actions as a strategy for achieving the goals, acknowledging that reducing inequity is an essential precondition for doing so;
- ✓ direct resources toward the development of qualitative indicators for the monitoring of the infant mortality rate, reducing underreporting of births and infant deaths to below 10%, specially in those regions where such rates are highest;
- ✓ increase investment in actions designed to encourage exclusive breastfeeding of children up to the age of 6 months and a systematic monitoring of breastfeeding indicators.

Map 1 Infant mortality rate in 2002



## Libraries in hospitals

The aim of Fundação Abrinq's Biblioteca Viva [Living Library] Project, that functions in Hospitals, is to humanize the care provided for hospitalized children by training hospital staff to encourage children to read. The project, which enables children and adolescents to have access to good books suitable for their age, has been established in 26 hospitals of the Unified Health System (SUS) in nine Brazilian states. Over the past three years, more than 230,000 children and their escorts have benefited from the initiative. One of the results has been that children are better able to accept their treatment and the need for hospitalization. Additionally, reading has helped the children to cope with their situation, and led to swifter recoveries by relieving tensions and improving their psychological outlook. The Project has also led to greater cooperation among hospital staff. With a view to expanding and decentralizing the Project, a group has been established to ensure its replication in other hospitals.

[www.fundabrinq.org.br](http://www.fundabrinq.org.br)

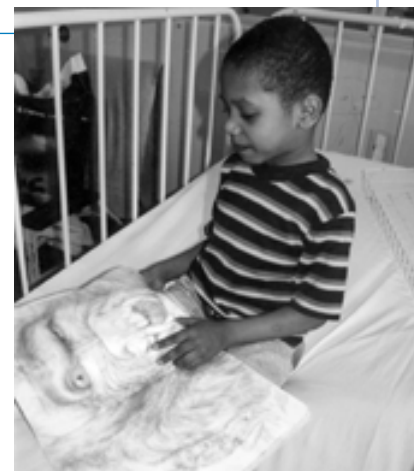


Photo: Tati Wexler

## Reduce Maternal Mortality

**Goal (b):** Reduce the maternal mortality rate by at least one third, by 2010, as a first step toward the goal of reducing it by three quarters by 2015;

**Proposed goal (a) for equity:** Reduce by at least one third the inequity in the percentage of live births to mothers with less than seven prenatal care visits, among the most disadvantaged groups in terms of race/color and mother's years of schooling

### Goals and Indicators

Indicators	Most recent value	Year	2010 Goal	Will the WFFC Goals be achieved? <sup>a</sup>	Capacity for monitoring the indicator <sup>b</sup>
Maternal mortality rate (per 100,000 live births)	53.6	2002	34.4	unlikely	poor
Percentage of live to mothers with less than seven prenatal care visits	49.5	2002	34.3	unlikely	good
Percentage of cesarean deliveries	38.6	2002	25.2	unlikely	good

Source: see the statistical tables in Annex II

<sup>a)</sup> most likely, likely, unlikely / <sup>b)</sup> good, reasonable, poor

Ensuring healthy lives for children also entails providing decent conditions for mothers, both in terms of prenatal and obstetric services, and general healthcare for women. In the World Fit for Children, concern with mothers and their influence upon the living conditions of children and adolescents is reflected in this goal.

Rede Amiga, in collaboration with the Federal Government, has brought this concern for mothers into the Brazilian context through an evaluation of how public policies affect the living conditions of women and of their children, based upon indicators such as the maternal mortality rate; percentage of live births to mothers who have attended fewer than seven prenatal care sessions; and the percentage of cesarean deliveries.

The decision to adopt the percentage of cesarean deliveries as an indicator stems from studies carried out by the Latin American Center for Perinatology and Human Development, linked to the World Health Organization (WHO), that show that both maternal and child morbidity and mortality are higher when a cesarean delivery is performed than under normal delivery.

The Child Friendly President's Plan of Action (PPAC) defines the challenge of promoting healthy lives as reducing maternal mortality and

providing greater attention to reproductive health. The plan sets a goal of achieving a 25% reduction in maternal mortality rates in the capital cities of the Brazilian states, thereby bringing the rate down from 74.5 (per 100,000 live births) in 2001, to 55.9 in 2007.

The Brazilian Government's decision to limit this indicator to state capitals explains the difference between the data presented in the Government's plan and the data shown on the table of indicators in this report, and is justified by greater ease of gathering information on this indicator at the desired intervals.

The decision to adopt the reduction of maternal mortality as a goal is associated to the fact that it is one of the most sensitive indicators for assessing the living conditions of a population, specially as it reflects the disorganization and inadequacy of healthcare services available to women during pregnancy and delivery.

Before embarking upon an analysis of the goals set by the Government for this challenge and assessing how closely they relate to the WFFC Goals, it should be stressed that Rede Amiga is working with fairly unreliable information. The

considerations and analyses on the conditions for achieving this goal



Brazilian Government acknowledges that the maternal mortality rate (estimated at 51.6 deaths per 100,000 live births) in 2000, “fails to reflect the true dimensions of the problem of mortality caused by complications during pregnancy, delivery or postpartum” (Brazil, PPAC, 2003).

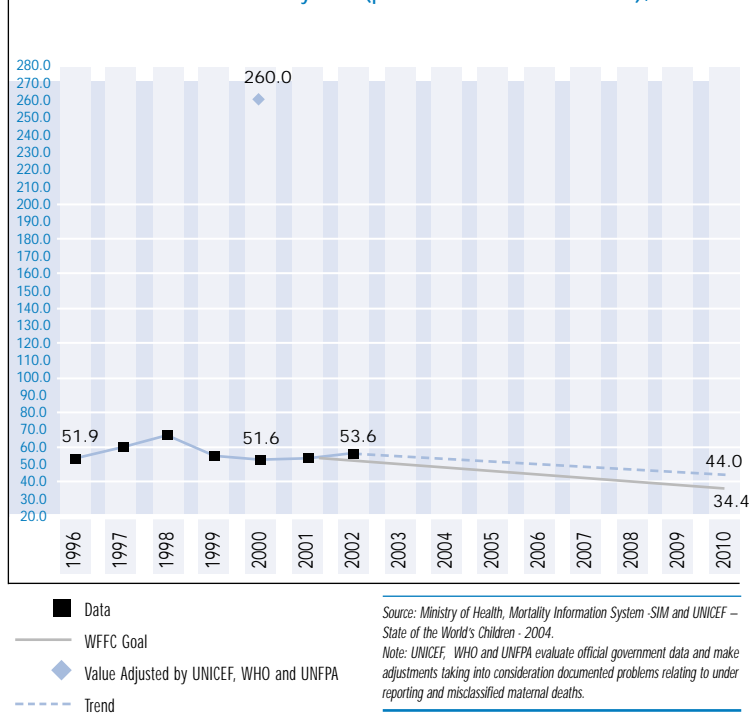
The scope of this distortion is so great that the United Nations Children’s Fund (UNICEF), the World Health Organization (WHO), and the United Nations Population Fund (UNFPA), have developed a methodology for assessing information provided by Brazilian authorities and adjusting it to reflect a more realistic estimate of the situation, based upon an acknowledgement of the high degree of underreporting and the inadequate classification of maternal deaths in Brazil. As Graph 1.6 shows, the isolated point lying outside the curve that refers to the estimate made by these international bodies, is over four times the official reported rate.

Such poor reliability is also the justification given by the Government for proposing that maternal mortality rates in the capital cities of the Brazilian states be used as an indicator for monitoring the outcomes of its actions. From the standpoint of the PPAC, not only is this data more reliable, but it also better represents the impact of governmental efforts. In view of this, an alternative for controlling the degree of uncertainty when monitoring the problem is the use of indirect indicators that point to variables that help explain the problem and apportion its causes.

According to data from the National Feminist Network for Reproductive Rights, the most common causes of maternal deaths in Brazil are eclampsia, hemorrhages, infections and miscarriages and abortions. The majority of these direct causes of maternal deaths could be avoided by adopting relatively simple healthcare measures, such as: higher prenatal-care coverage, improving the quality of the services provided, creation of referral and counter-referral systems, implementing rooming-in at public and contracted maternity wards, improved delivery care, and better human resources training, with a view to improving the quality of care provided during normal deliveries.

Of the above mentioned factors, Rede Amiga has chosen to monitor those relating to prenatal

Graph 1.6 Maternal mortality rate (per 100 thousand live births), Brazil



## Maternal mortality

“The physical installations and hygiene at the health posts and maternity wards are good; however, the demand for services is heavy and, consequently, people usually have to wait in line for treatment. One of the most common complaints has to do with the distance between the health post and maternity wards and some of the communities. Prenatal care is offered, but not postpartum monitoring. One program provides dietary guidance for expectant mothers, but few use this service. Some of the women report that their doctors provide dietary guidance, but only if asked, and most women do not know that they need to follow a particular diet. All they are told about is the importance of breastfeeding their children for the first six months.”

Samadar Oliveira, 18 – Bahia

care, based upon indicators relating to coverage of these services.

As Graph 1.7 shows, during the course of the second half of the 1990s, prenatal coverage rates declined consistently. Whereas in 1996 less than one third of Brazilian women complied with the recommended prenatal care prescriptions (attending fewer than the seven prenatal visits recommended by WHO), in 2000 this rate had risen to over one half (51.4%) of Brazilian expectant mothers. After 2001 this percentage began to decline. Nonetheless, if the rate of decline in the number of mothers that fail to receive adequate prenatal care remains the same as it was for the 2001-2002 period, it is highly unlikely that Brazil will achieve the goals set for 2010, in line with meeting the WFFC Goals.

Based upon the premise that adequate prenatal care increases the possibility of the mother and child surviving, and that good prenatal care implies attending no less than seven prenatal visits, the fact that 49.5% of Brazilian mothers fail to attend seven prenatal visits means that, in general, they are not receiving the recommended level of healthcare services.

The precariousness of the healthcare services does not, however, affect all Brazilian mothers equally. In general, those with the lowest schooling levels are the ones that receive the worst quality care, as can be seen in Graph 1.8, which plots the desired goal of reducing (by one third) inequity for this indicator by 2010.

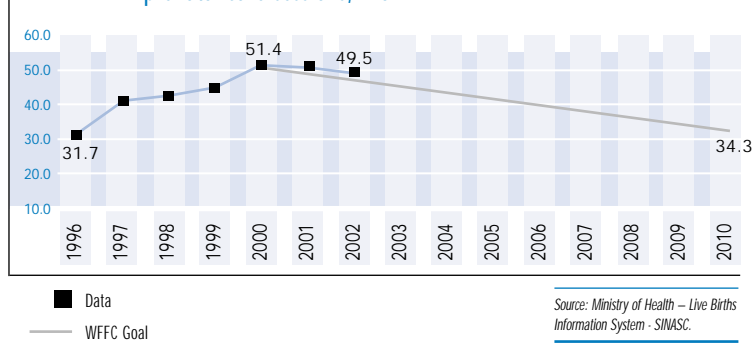
If the indicator is broken down by the mother's years of schooling, it can be observed that, for those with less than one year of schooling, over 75% did not undergo adequate prenatal care. In other words, only one in four Brazilian women with low schooling levels receives adequate prenatal care.

On the other hand, among women who concluded secondary schooling, those who attend university or higher education, the ratio is the exact opposite; i.e., only one in four mothers in this group failed to receive adequate prenatal care. Unless public policies define strategies and mechanisms to revert situations such as these, the inequities relating to the chances of dying during childbirth will remain the same or, depending on

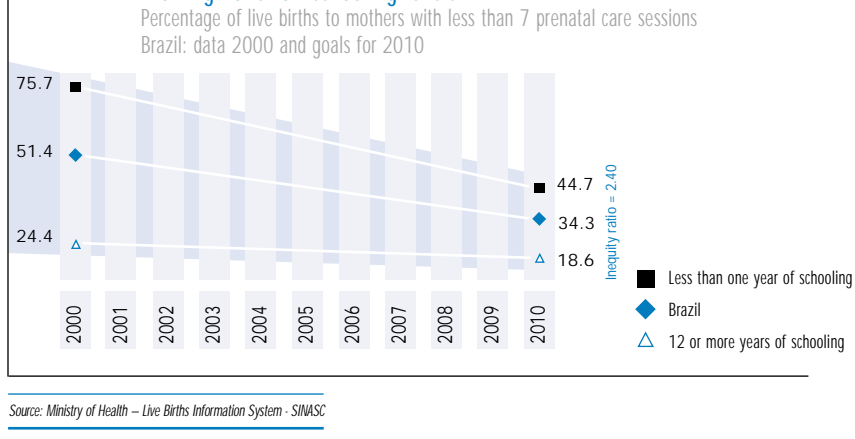
the region and the segment of the population in question, may even get worse.

This same situation arises when prenatal coverage is broken down by state (Map 2). As a rule, the states with the best economic and social indicators are the ones that provide the best delivery and prenatal care conditions. Once again, it is important to consider inequity between Brazilian

**Graph 1.7** Percentage of live births to mothers who attended less than 7 prenatal care sessions, Brazil



**Graph 1.8** Inequity challenge in providing prenatal care for mothers with high and low schooling levels







regions, and to convert these into an essential focus for governmental strategies aimed at achieving the WFFC Goals.

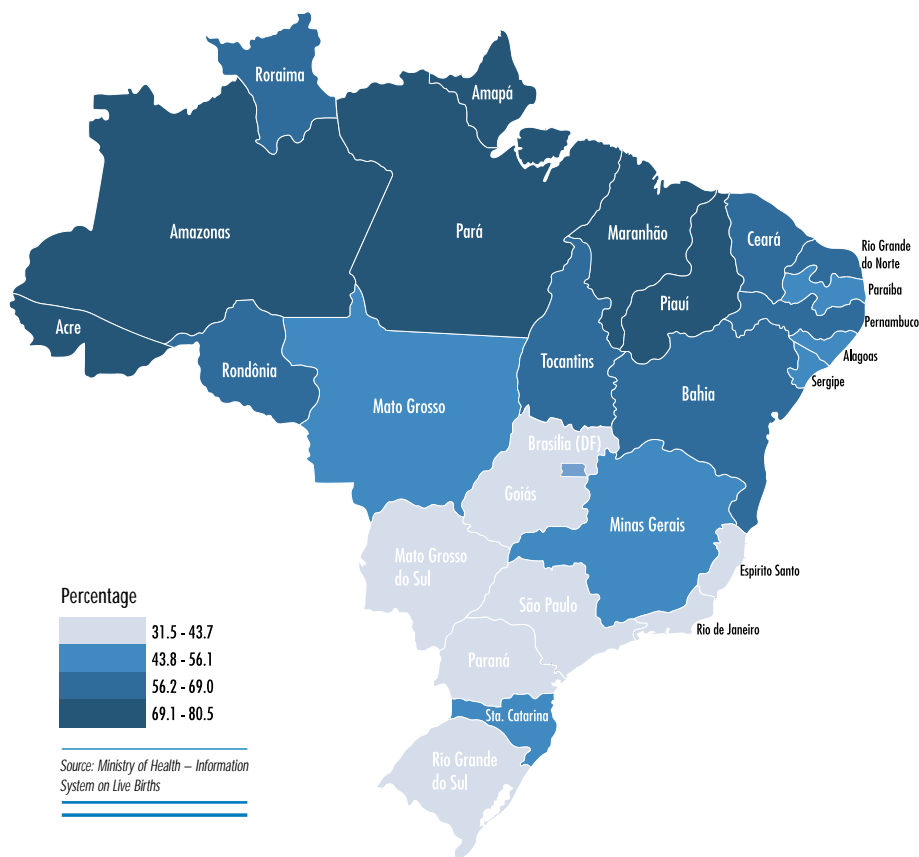
With respect to the percentage of cesarean deliveries, Graph 1.9 shows that this indicator remained practically stable throughout the second half of the 1990s, with only a slight decline in the trend. Regardless of the trend observed, it is remarkable that almost 40% of Brazilian deliveries are by cesarean section, an extremely high proportion when compared to WHO recommendations, that considers 15% a reasonable level of cesarean deliveries.

It is also remarkable that, when broken down by income bracket and mothers' schooling level, it is the women in the higher income brackets and with higher schooling levels (and who, presumably, enjoy better living conditions), that choose to deliver by cesarean section, as the data in the statistical table in Annex II shows.

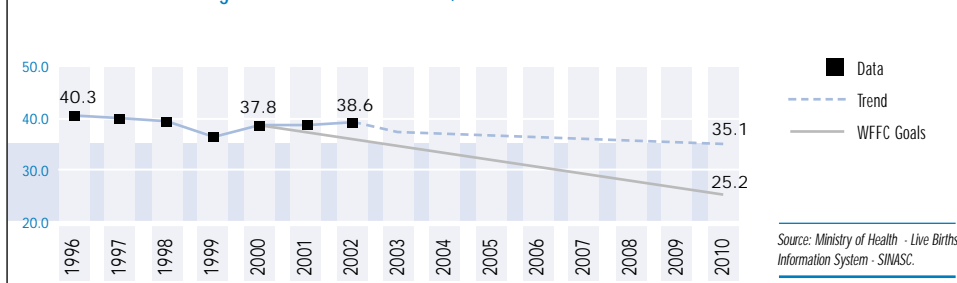
This apparent paradox poses a new challenge for health policies. It would appear that, in order to overcome this situation, governments will need to design public policies targeted specifically at this, better-informed, more educated and more affluent, segment of the public.

Among the strategies the Brazilian Government has adopted to reduce maternal mortality are: the vaccination of women of reproductive age; support for the drafting by municipalities of maternal healthcare plans; the reactivation of state and municipal maternal mortality commit-

**Map 2** Percentage of live births of women with less than 7 prenatal care visits – 2002



**Graph 1.9** Percentage of cesarean deliveries, Brazil



tees, entailing inauguration of 150 committees per year; training of obstetric nurses, midwives and leaders of women's movements; transfer of resources to municipalities for the Program to Humanize Prenatal Care and Childbirth (PHPN); and investment in transport services exclusively for expectant mothers, with a total budget of R\$ 566 million for the four-year period encompassed by the PPAC.

The PPAC also states that, in part, the desired outcomes will stem from an expansion of the Family Health Program (PSF) and from the strengthening of the Community Health Agents Program (PACS). However, as with infant and child mortality, the proportion of resources from these programs that is to be dedicated to meeting this challenge can not be precisely determined.

## Recommendations

Aside from a pressing need to improve the quality of information systems on maternal mortality, thereby enabling more adequate monitoring of policies targeted toward this challenge, Rede Amiga recommends:

- ✓ that initiatives and campaigns targeted toward reducing the number of cesarean deliveries performed in Brazil be intensified, specially by means of disseminating information on the risks this mode of delivery poses to the lives both of mothers and of their children;
- ✓ enlisting active participation of states and municipalities in activities aimed at reducing maternal mortality, by means of incentives, and technical and financial support to those interested in investing in this area.

Furthermore, reducing maternal mortality requires training of prenatal-care professionals, in order to ensure early detection of complications and provide the necessary conditions for referral of the most serious cases to specialized centers.

It is important to stress the need to implement routines for expectant mothers at high risk; to reduce the rate of cesarean deliveries for no specific indication; to establish reference centers for performing tests; to provide adequate monitoring of diagnoses and requests for laboratory tests; to guarantee access to the Family Planning Program and, consequently, to tubal ligation and vasectomy procedures for those that wish them.

An additional consideration relates to the simplified approach to reproductive health in the PPAC. As a rule, the Plan's focus on this issue is directed solely toward expectant mothers, without dealing with other equally important dimensions, such as sex education and policies targeted at men and boys.

THERE IS AN URGENT NEED TO IMPROVE THE QUALITY OF INFORMATION SYSTEMS ON MATERNAL MORTALITY



## Reduce Childhood Malnutrition

**Goal (c):** Reduce malnutrition among children under five years of age by at least one third, with special attention to children under two years of age, and reduce the rate of low birth weight by at least one third of the current rate

**Proposed goal (c) for equity:** Reduce, by at least one third, the inequity in the percentage of children with low birth weight, specially among the most disadvantaged groups in terms of race/color and mother's years of schooling.

### Reduce Childhood Malnutrition

Indicators	most recent value	Year	2010 Goal	Will the WFFC Goals be achieved*?	Capacity for monitoring the indicator <sup>b</sup>
Percentage of children with low birth weight	8.1	2002	5.1	unlikely	good
Percentage of children under five suffering from stunting	-	-	-	no data available	poor
Percentage of children under five suffering from underweight	-	-	-	no data available	poor

Source: see the statistical tables in Annex II

<sup>(a)</sup> most likely, likely, unlikely / <sup>(b)</sup> good, reasonable, poor

Combating malnutrition, in the opinion of Rede Amiga, ought to be the main focus of the Promoting Healthy Lives in Brazil. To this end, three indicators, shown in the Table above, were selected for the monitoring of commitments and outcomes under this goal.

The poor reliability of the data available on malnutrition hampers the establishment of indicators for monitoring this goal. This happens because, since 1996 when the latest Demographic and Health Survey (DHS) was conducted, Brazil has not gathered nationwide data on the prevalence of energy and protein malnutrition among children below the age of 5 years. Thus the only available indicator for monitoring this goal is the percentage of children with low birth-weight.

The Government's response to the World Fit for Children Goal is contained in the Plan for Food Security and the Combat of Malnutrition, which is based upon the premise that "the problem of hunger and malnutrition in Brazil is closely linked to limitations of access to food"; and that "roughly 54 million Brazilians do not have sufficient means to fulfill their basic needs" (Brazil, PPAC, 2003).

The Child Friendly President's Plan (PPAC) stresses the creation of the (now defunct)

Ministry of Food Security and Combating Hunger (MESA) and of the Zero Hunger Program (Fome Zero), Brazil's food security policy, as essential strategies in the Government's commitment to "combating indigence throughout the Country and ensuring that all Brazilians have regular access to high-quality foods."

In the chapter on the Government's proposed interventions and investments, the challenges of ensuring food security and combating malnutrition account for the major portion of the R\$ 55.9 billion allocated under the PPAC for the 2004-2007 period. The R\$ 17.6 billion associated to this challenge represent 31.6% of the total budget; with the major portion being channeled toward income transfers for poor families, and school meals.

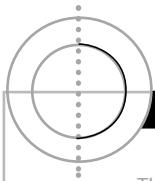
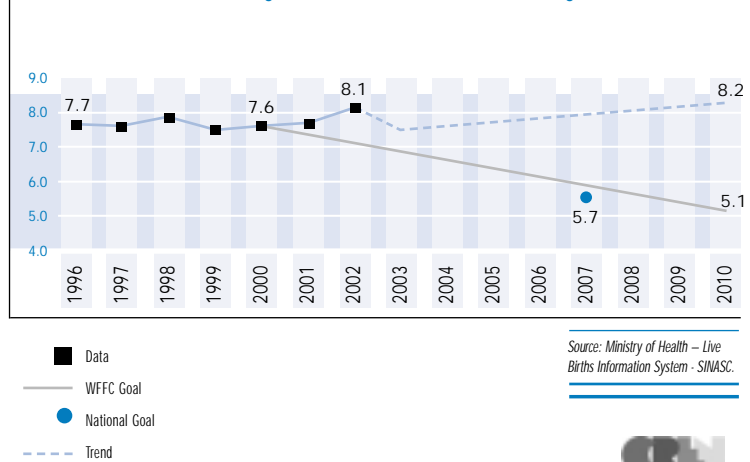
Based upon the evolution of the indicators relating to the portion of children with low birth-weight in Brazil, it would appear unlikely that Brazil will achieve the WFFC Goal. As Graph 1.10 shows, in recent years there has been an increase in the percentage of low birth-weight children, indicating a trend that is out of line with both the international and the PPAC goals.

considerations and analyses on the conditions for achieving this goal



Another point that has caused perplexity is the emphasis placed in the Government's Plan on the relationship between malnutrition, hunger and access to food, since this reduces the causes of this problem to a question of availability of resources. As was pointed out by Monteiro (2003)<sup>9</sup>, hunger and malnutrition are not synonymous. Though all hunger may lead to malnutrition, not always are nutritional deficiencies caused by a lack of food. Indeed, among the most common causes of malnutrition, specially in children, are: early or late weaning; inappropriate introduction of food supplements; poor hygiene in the preparation of foods; inappropriate eating habits; specific vitamin and mineral deficiencies in the diet; and

Graph 1.10 Percentage of children with low birth weight, Brazil



## Center for Nutritional Recovery and Education

*The Center for Nutritional Recovery and Education (CREN) was founded in 1993, as a result of work carried out in the slums [favelas] of São Paulo by health and nutrition professionals of the Federal University of São Paulo. Its purposes are: promoting the growth and development of malnourished children; developing methods for treatment; and training specialized human resources to work with primary healthcare for undernourished children. Services were provided to over 86,500 children and their families, through activities carried out at three levels: semi-hospitalization, outpatients and within the community. The methodology adopted has enabled the development of educational activities and close relationships with families. CREN works with the education of children and their families, strengthening family ties, and opening up contacts with other services, thereby breaking the isolation that is so characteristic of extreme poverty. It also engages in health education activities and promotes human dignity through initiatives targeted at generating supplementary income and vocational training. Such work makes it possible to focus upon families in situations of highest social risk, thereby making optimum use of resources while avoiding overlapping of actions.*

[www.cren.org.br](http://www.cren.org.br)

Photos: Ana Paula Sawaya MacArthur



CREN promotes the growth and development of malnourished children



<sup>9</sup> Monteiro, Carlos Augusto. A dimensão da pobreza, da desnutrição e da fome no Brasil: implicações para políticas públicas. Special Seminar on Hunger and Poverty, Rio de Janeiro, September 2003



the incidence of recurrent infections, particularly diarrheic diseases and intestinal parasites.

It is important to stress that facing up to the problem of malnutrition in Brazil demands more creative and sustainable solutions than those proposed, and must include investments in nutritional education and support for the installation and maintenance of nutritional recovery centers. This, however, is not to gainsay the importance or need for solutions involving the distribution of food or income transfers.

Nonetheless, under the PPAC, the number of families benefited by income transfers, which have the potential of reinforcing outcomes (specially in view of the fact that the focus on school meals is to remain unchanged), is scheduled to be steadily reduced, with a goal of reaching 5.9 million families in 2004, and only 2.9 million families in the final year of the PPAC. The Government needs to justify the reduction in the number of beneficiaries that is to begin in 2005.

With respect to linking school meals to this challenge, it should be observed that, although the school-lunch program accounts for 27% of the total funding allocated to the PPAC, this food will not reach the main target population, since the WFFC Goals refer to children up to the age of 5.

This is not to ignore or belittle the need to focus upon children older than 7 years, nor even the need to provide school lunches as an incentive for children of certain groups to attend school. However, by the age of 7, much of the damage in terms of unrealized growth caused by malnutrition and undernourishment has already been done, or has reached a stage at which remedial action would require much larger-scale investments.

To conclude these remarks on the emphasis the PPAC places upon strategies for ensuring access to resources as a means for overcoming the nutritional problems faced by Brazilian children, the Bolsa-Familia program's goal of attending to the needs of 3 to 6 million families needs to be set against the diagnosis that 54 million Brazilians lack the means to secure fulfillment of their most basic needs.

It should be stressed that Rede Amiga acknowledges and supports the Federal Government's decision to invest heavily in combating hunger, since income transfers to very poor families will

tend to generate significant impacts on various social indicators, including nutritional indicators.

The PPAC also encompasses measures to combat micronutrient deficiencies, though it does not go into a level of detail that would enable evaluation. Such initiatives generally entail improvements in the food provided at schools and preschools, and access to such food is thus conditioned to access to such services, which tend not to be generally available to the poorest segments of the population. This point which, once again, draws attention to the need to reduce inequities, appears not to have been considered in the drafting of the Government's strategies.

On the other hand, it is known that child malnutrition is associated not only to the lack or shortage of regular supplies or of adequate quantities of food, but also to poor access to high-quality education, jobs, decent housing and healthcare services, capable of breaking the vicious cycle of malnutrition-disease-malnutrition. For this reason, it is imperative that efforts be made to identify the malnourished population, with the aim of

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CHILD  
MALNUTRITION IS  
ALSO LINKED  
TO POOR ACCESS  
TO EDUCATION,  
JOBS,  
SANITATION AND  
HEALTH  
SERVICES

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## Food security/ mal nutrition

“

*Knowing how to eat well is a privilege that not everyone has and, for this reason, we think it is important to recall certain situations. We are seriously concerned with the overwhelming number of children and youths who are unable to improve the quality of their diet. That is why we call attention to the educational aspect, because if the youths know the nutritional values of the fruit and vegetables that grow in their backyards, they will be able to adopt a more healthy diet. Clear examples of this are the successful experiences carried out by communities and neighborhood associations in our region, which have demonstrated that simple actions result in significant improvements in the lives of the population.*”

João Netto, 20; Deise Moraes, 21; Nayara Silva, 18; and Jussara Borges, 18 – Bahia

ensuring that they receive the services to which they are entitled.

Many of the actions that aim to provide responses to these problems are components of other strategies designed to meet other challenges within the scope of the PPAC. Nonetheless, not only would they appear to be inadequate, but they fail to comprise an integrated approach toward preventing malnutrition and its underlying causes, aside from offering treatment for malnourished children.

Though the PPAC equates expansion of the coverage of the Family Health Program (PSF) to reduction of the indices of infant malnutrition, it fails to specify how or where the program will bring about lower indices of malnutrition, and neither does it establish a clear relationship between planned investments in basic sanitation and tackling the problem of malnutrition.

## Recommendations

General recommendations for this goal include expanding access to basic sanitation and support for actions that promote access to jobs, education and healthcare systems, with a view to creating a more favorable environment for facing up to the problem and endowing the solution with an outlook that goes beyond the simple relationship between hunger and malnutrition.

With respect to improving the quality of healthcare services, it is of great importance that the Government invest in the establishment, strengthening and enhancing of nutritional surveillance systems so as to ensure more reliable and systematic data collection, and enable the identification of undernourished children. Public policies ought to actively target the most needy and disadvantaged families, since these are generally the ones with the least access to healthcare services.

Further recommendations of Rede Amiga for responding to the challenge of reversing the rising trend toward higher levels of malnutrition among Brazilian children, and increasing food security both for them and for their families include:

- ✓ integrating government programs proposed under the various dimensions of the PPAC, based upon an acknowledgment of the fact that income

transfers and food distribution carried out without regard to other initiatives, will not resolve the problem of malnutrition;

- ✓ linking the resources earmarked for income transfers for poor families to investments in vocational training;
- ✓ investing in the creation of centers for the recuperation of undernourished children, with outpatient and specialized hospital daycare, equipping them to serve as referral centers for providing treatment, home visits, training for health professionals and guidance for the population;
- ✓ providing information for the population on the use of resources and potentialities of their respective regions, as part of a nutritional education program;
- ✓ invest in the training of healthcare professionals, on such themes as food and nutrition, and the identification and diagnosis of malnourished children;
- ✓ in rural areas, expanding the scale of actions for promoting local food production, and ensuring more sustainable strategies for food distribution;
- ✓ maintaining emergency policies, in addition to planning and implementing long-term policies to ensure sustainability;
- ✓ establishing compulsory reporting of birth weight and height on the patient records of children below the age of 5, whenever they receive treatment at the healthcare services, as a means of verifying their nutritional status, so as better to orient public policies targeted at this segment of the population;
- ✓ training Family Health Program (PSF) teams to record the weight and height of all the children whose families they serve;
- ✓ conducting an anthropometrical census of the most needy communities, with the support of duly-trained community health agents and lay agents;
- ✓ encouraging the weighing and measuring of all children at vaccination campaigns;
- ✓ creating and instituting an effective system for the collection, evaluation and consolidation of data from anthropometrical censuses, so as to enable a full assessment of the scope of the problem of infant malnutrition in Brazil;
- ✓ ensuring the monitoring of malnourished children by duly trained teams.

## Expand Access to Drinking Water and Sanitation

**Goal (d):** Reduce the number of households without access to sanitation and drinking water at affordable prices by no less than one third.

**Proposed goal (d) for equity:** Reduce, by no less than one third, the inequity in the percentage of the population without access to drinking water, and the percentage of the population that has no access to adequate sanitation, specially among the most disadvantaged groups in terms of race/color and mother's years of schooling

### Goals and Indicators

Indicators	Most recent values	Year	2010 Goals	Will the WFFC Goals be achieved? <sup>a</sup>	Capacity for monitoring the indicator <sup>b</sup>
Percentage of the population without access to drinking water	12.8	2002	9.6	most likely	reasonable
Percentage of the population without access to adequate sanitation	34.4	2002	23.8	likely	reasonable

Source: see the statistical tables in Annex I

<sup>(a)</sup> most likely, likely, unlikely / <sup>(b)</sup> good, reasonable, poor

Access to clean drinking water and basic sanitation services has a significant influence upon the lives of populations and specially on children and adolescents. As a rule, coverage indicators on access to such services are closely related to child mortality rates and other morbidity indicators in the first years of life. The Child Friendly President's Plan (PPAC) acknowledges the expansion of access to sanitation and safe drinking water as one of the challenges for promoting healthy lives for Brazilian children and proposes to:

- ✓ reduce by 21.5% the percentage of families without access to water mains, thereby bringing this proportion down from 19.1% in 2000, to 15% in 2007;
- ✓ reduce by 22.7% the percentage of families without access a septic tank, thereby bringing this proportion down from its current 23.3%, to 18% by 2007; and
- ✓ reduce by 13.9% the percentage of households not connected to sewage mains, which, according to the 2000 Census was 36%, and bringing it down to 31% by the end of the period covered by the Plan.

It is worth noting that Rede Amiga has adopted different indicators to those used by the Gov-

ernment to evaluate the impact of government programs and the situation of Brazilian children and adolescents with respect to access to water. The PPAC uses the percentage of families without access to the distribution network, whereas Rede Amiga uses the percentage of persons without access to water, encompassing water supply and piped water inside the home.

Graphs 1.11 and 1.12 show that, if current trends in drinking-water and sanitation coverage are maintained, Brazil will probably fulfill the WFFC Goals relating to drinking water, but will likely fall short of those relating to access to sanitation.

However, these analyses need to be qualified. As Table 2 in the PPAC shows, indicators used to describe the "Current Situation" for sanitation actually date back to the 2000 Census. Consequently, the "Change" column does not refer to the 2004-2007 period, but rather to 2000-2007. It can thus be inferred that the figures proposed as goals for 2007 are modest and can probably be achieved without great effort on the part of the Government.

Since the WFFC Goals for the decade use 2001 as the baseline, with the aim of reducing by one third the number of families without access to drinking water and to sanitation by 2010, the

considerations and analyses on the conditions for achieving this goal







## Basic sanitation and drinking water

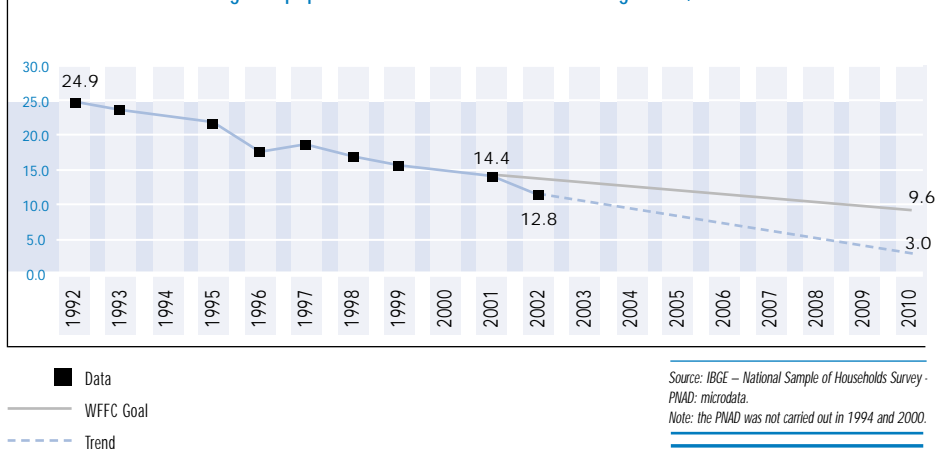
“*The Bomba do Hemetério community in greater Recife comprises roughly 10,000 families. Although most households have septic tanks, sewage generated by the remainder flows into an open ditch, to the detriment of the community's health, contributing to the spread of such diseases as leptospirosis and dengue fever. If this is the situation in a neighborhood with paved streets, where all households have piped water and electricity, imagine how awful it must be at the Sete de Agosto slum, where none of these services are available. Their situation must be desperate, with sewage flowing freely among the houses and children playing barefoot in the mud and filth.*”

Suellen França de Souza, 20; Ana Paula Ferreira, 21; Welber José Rodrigues da Silva, 23; Agadir Sheila R. de Andrade, 23; Paula Ferreira, 21 – Pernambuco

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“*We studied the problem of the garbage heaped in the street, beside the school. The garbage truck comes by only once a week, if at all. We went to the newspapers but far nothing has been done.*”

Josué dos Santos Silva, 15; Renata Carla Florentino Matos, 11; Oscar Tomé Farias Silva, 13; and Marconi Gonçalves, 12 – Paraíba

Graph 1.11 Percentage of population without access to drinking water, Brazil



Government's goals for 2007 need to be reviewed. This applies specially in the case of the proportion of households not connected to sanitation systems, which needs to be brought down well below the proposed 31%.

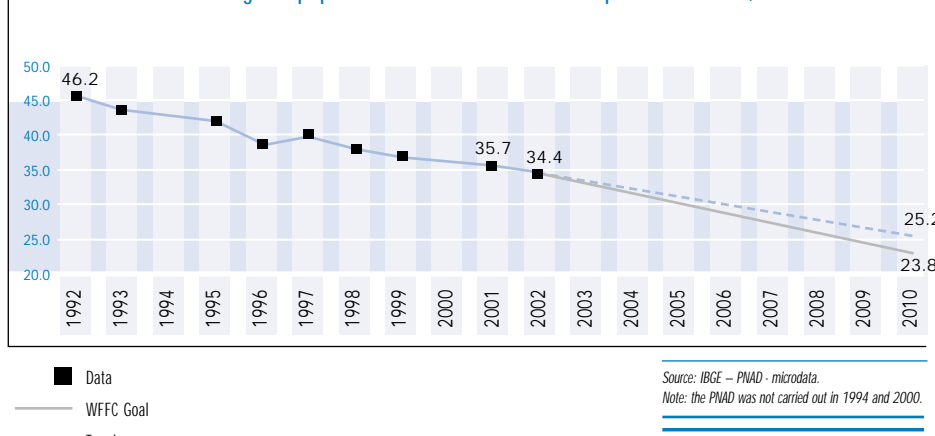
Indeed, the portion of the population without access to safe drinking water (14.4% in 2001) is smaller than the portion not connected to water mains (19.1% in 2000 and 18.9% in 2001). According to the Rede Amiga definition, any household that has piped water in the house, regardless of its source, is considered to have "access to drinking water".

Nonetheless, the indicators proposed by

the Government fail to encompass the equity dimension in the distribution and access to these services and their consequent repercussions in terms of the disparities between the various segments of the population and of regional disparities, given that its analyses make no breakdown for such dimensions.

Graph 1.13 illustrates the differences between the situation of families with children and adolescents with respect to access to drinking water, broken down by race/ethnic group and region of Brazil. The irregularity of the polygon reflects the degree of inequity and its area indicates the overall situation. The more

Graph 1.12 Percentage of population without access to adequate sanitation, Brazil





irregular the polygon, the more unequal the situation. Thus, when making a comparison between regions, the polygon with the smallest area and closest to the center of the graph represents the region with the lowest race/ ethnicity inequity. The farther from the center, the worse the situation.

White or asian children have better access to water than black or indigenous children. This inequity is reflected by the irregularity of the middle polygon (in black, portraying the situation in Brazil as a whole), which reflects the particularly underprivileged situation of indigenous groups.

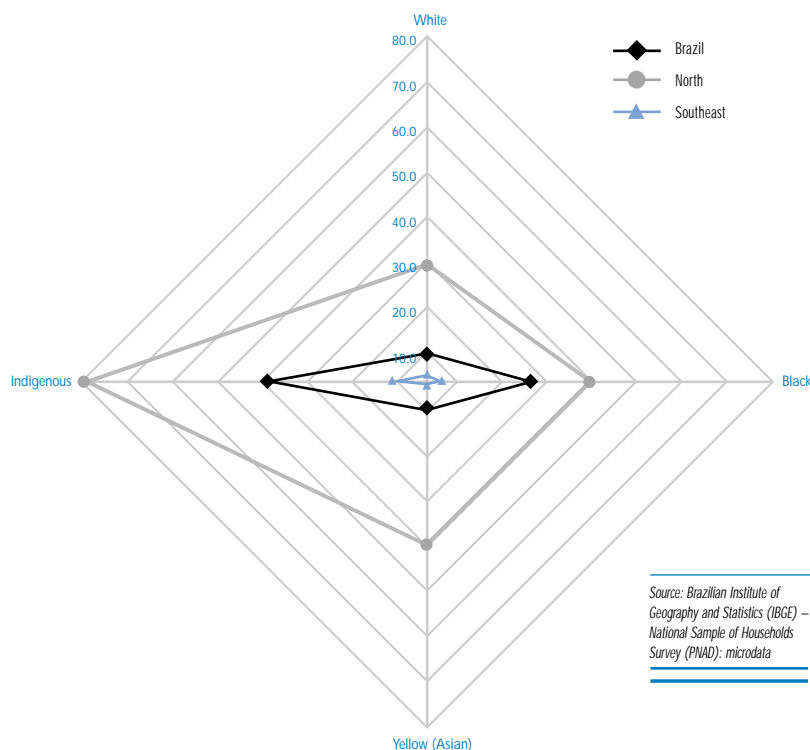
The gray outer polygon represents the North, which is the region with the worst indices in relation to access to water. The Southeast has the lowest percentages of children and adolescents without access to water, nonetheless, the inequity linked to factors of race/ethnicity remain barely the same. The situation of white children is privileged when compared to that of indigenous children.

Using the concept adopted by Rede Amiga, inequity among regions and states, in terms of access of populations to drinking water, can be best understood by examining Map 3. It should be remembered, however, that the only state for which information is available in the North region is Tocantins.

Inequity can also be accounted for by other variables. Graphs 1.14 to 1.19 portray information on the status of drinking water and sewerage, broken down by various dimensions, based upon the National Sample of Households Survey (PNAD 2001). They also illustrate the scope of the inequity ratio and provide estimates of how these indicators should behave if the Government and Brazilian society were to take up the challenge of reducing regional inequity and the goal of building a more equitable society.

The goals of reducing inequity proposed in these Graphs, both in relation to access drinking-water and sanitation coverage, were calculated based upon the logic that they ought to be compatible with the rate of reduction proposed for the goal. Thus, since the WFFC Goal is that the portion of the population without access to water and sanitation be reduced by one third, it is proposed that the inequity ratio be reduced by the same proportion.

**Graph 1.13** Percentage of children and adolescents living in households without access to water, broken down by race/ ethnicity, Brazil and its regions, 2000



Source: Brazilian Institute of Geography and Statistics (IBGE) – National Sample of Households Survey (PNAD): microdata

The greatest inequities with respect to access to drinking water are revealed when the indicator is broken down by income groups. Graph 1.14 shows that, in 2001, whereas 0.7% of the richest fifth of the population had no access to drinking water, for the poorest quintile the figure was 35.8%, which results in an inequity ratio of 52.49.

The challenge of reducing inequity of access to drinking water are not, however, confined to questions of income. When the inequities of access are broken down by other dimensions, such as schooling levels (Graph 1.15) or race/color (Graph 1.16), it becomes clear why governmental strategies targeted toward different segments of the population are needed.

When such inequities are examined from the standpoint of race or schooling levels, the resulting inequity ratios are 3.41 and 8.75, respectively. On the other hand, the portion of the population without access to these services, broken down

by these same factors, corresponds to 28% and 26%, respectively.

As is shown in Graphs 1.17, 1.18 and 1.19, the figures on access to sanitation services also reveal significant inequities. One aspect that differentiates access to sanitation from access to drinking water is the large portions of the population that simply have no access to the former. Whereas, in 2001, 15% of the Brazilian population had no access to drinking water, over 35% had no access to sanitation facilities.

From an equity standpoint, this results in a smaller gap (or inequity ratio) for sanitation than for drinking water. Thus, the inequity ratio, when broken down by race/color, is 1.85 (Graph 1.19); by schooling levels, 2.94 (Graph 1.18); and when comparing the richest and poorest segments of the population it is 6.94 (Graph 1.17).

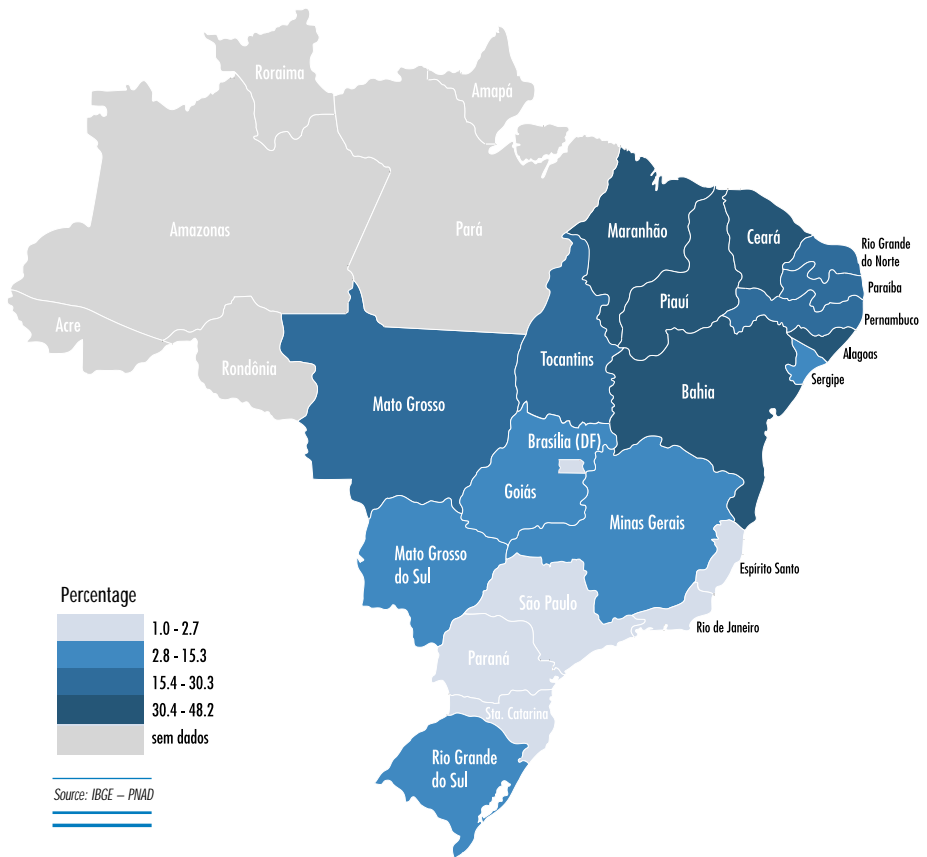
It is important to acknowledge that a major component of the challenge of reducing inequity of access to basic sanitation services consists in ensuring that such services reach the poorest populations, both on the outskirts of large cities and in remote rural areas.

The PPAC does not, however, propose a strategy for tackling inequities of access to basic sanitation services. Although a portion of the Plan targets municipalities with a population under 30,000, quilombola (former slave) communities, villages with population under 2,500 population and small municipalities in the semi-arid region, such initiatives lack scale. Over the four-year period of the Plan such actions aim to benefit some 100,000 children, or 1,300 families or, in the case of the semi-arid region, no more than 200,000 people.

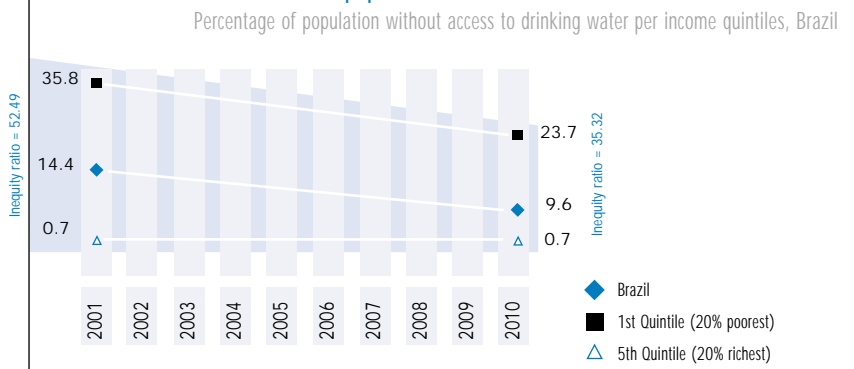
Nonetheless, the challenge of expanding access to sanitation and safe drinking water is to be met through investments of R\$ 12.8 billion over the four-year period. This budget is only surpassed by actions targeted at fostering food security and combating malnutrition (through Bolsa-Família, and school meals), and those designed to improve the quality of primary education (by means of transfers of federal budget funds through FUNDEF) are to receive more funding.

It should be noted, moreover, that a major portion of this funding is from sources linked to

**Map 3** Population without access to drinking water, 2002



**Graph 1.14** The inequity challenge posed by access to drinking water for high and low income population



Source: IBGE – PNAD: microdata.  
 Note: Not including the rural população of Rorônia, Acre, Amazonas, Roraima, Pará and Amapá.



the National Economic and Social Development Bank (BNDES), or to the Time of Service Guarantee Fund (FGTS), rather than to the Federal Government's fiscal and social-security budgets. In other words, they come out of the portion of the funding for which states, municipalities and water-supply utilities are eligible. As a consequence, despite the Federal Government's decision to invest in this area, contracting of this funding is also dependent upon other variables, such as the capacity of the borrower to assume debt and to demonstrate the economic and financial feasibility of the operation.

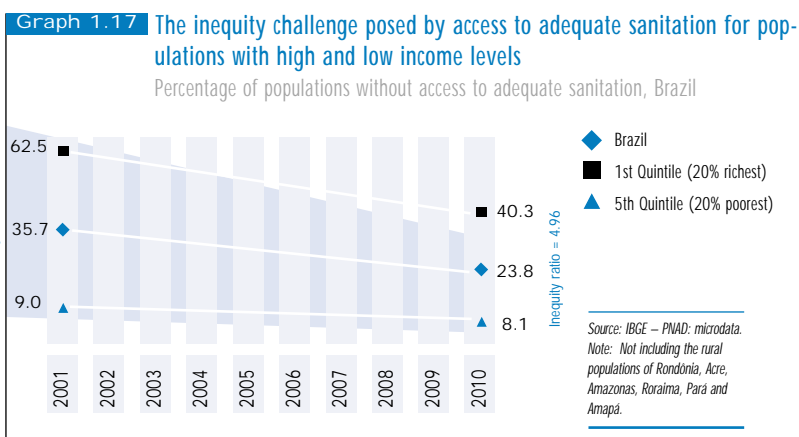
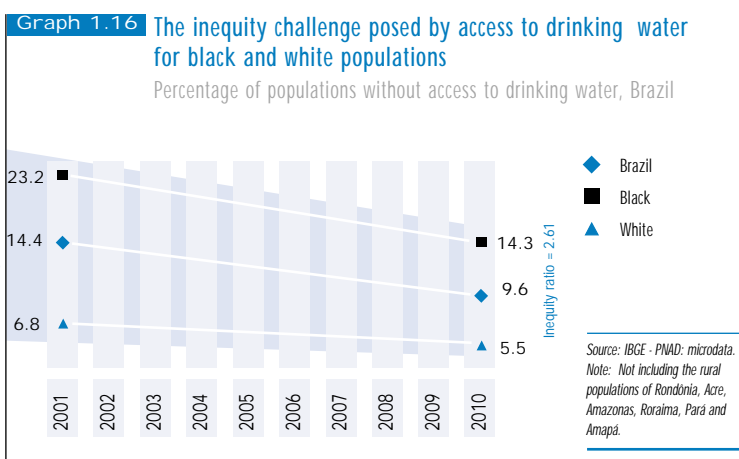
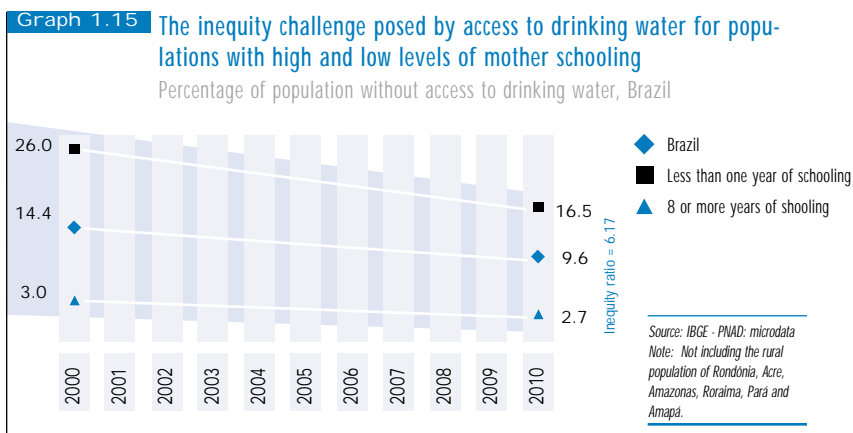
It is worth remembering that of these three goals, which account for over 80% of the total funding under the PPAC for the four-year period, investments in basic sanitation are the ones most susceptible to budget-spending cuts mandated by fiscal adjustment policies. For this reason, investments in this goal will be monitored by Rede Amiga from the moment that funding is released up to its disbursement for the actions.

Rede Amiga is also perplexed by a large number of actions listed in the PPAC as being targeted toward meeting the challenge of ensuring that children and adolescents have adequate access to water and sanitation and, consequently, better prospects for health and development.

The PPAC lists 71 actions that are to be carried out over the four-year planning period under the auspices of three ministries (Cities, Health, and National Integration) with ample involvement of state and municipal governments.

Aside from inconsistencies in terms of the resources and goals listed in the Plan, a remarkably small proportion of the engineering works is actually scheduled to be carried out during the period in question, and would thus seem to bear little relation to achievement of the WFFC Goals.

Of the 71 actions targeted at provision of basic sanitation services listed in the Government's Plan, 48 (or 63% of the total) relate to specific water-supply projects. These include the building of dams, water mains, reservoirs, and other engineering projects for the impoundment and distribution of the drinking water, specially in the Northeast region of Brazil. The merit or relevance of these public works is not in question. However,



when these projects are assessed in terms of the percentage of their execution likely to be concluded during the period covered by the Plan, it becomes apparent that, by 2007:

- ✓ twenty of the projects (i.e., less than half) will have been finished, or will have at least 90% of the work completed;
- ✓ thirteen projects will have between 50% and 90% of the work concluded by the end of the four-year period, and they will thus not make any significant contribution toward the fulfillment of the goal;
- ✓ eight projects will have only 10% to 50% of the work concluded; and
- ✓ seven projects, will not even have 10% of the work carried out. Noticeable among these projects is a dam in the Poxim River Basin in the State of Sergipe on which, according to the construction schedule presented, 0.03% of the engineering works will have been concluded by 2007.

Engineering projects, on which less than 90% of the work is to be concluded during the period, even if aimed toward serving the purposes in question, should not be regarded as contributions toward a strategy for meeting the WFFC Goals.

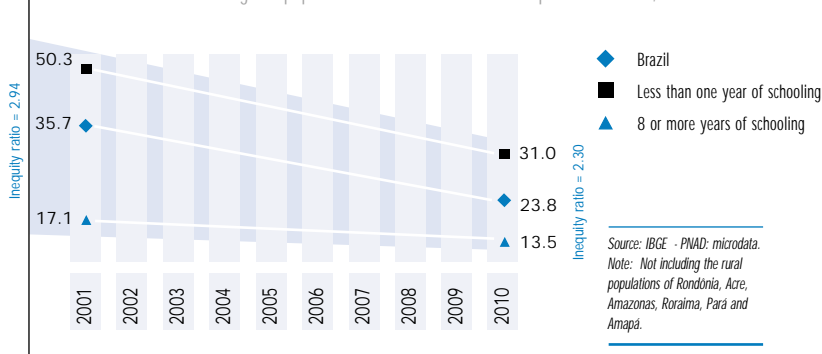
Moreover, a significant portion of these Federal Government initiatives are targeted toward rural communities, whereas, as the figures show, the greater portion of the population that lacks these services lives on the outskirts of large cities. This observation casts doubts on the relevance of the policies of the Ministry of the Cities as governmental efforts to meet de WFFC goals.

## Recommendations

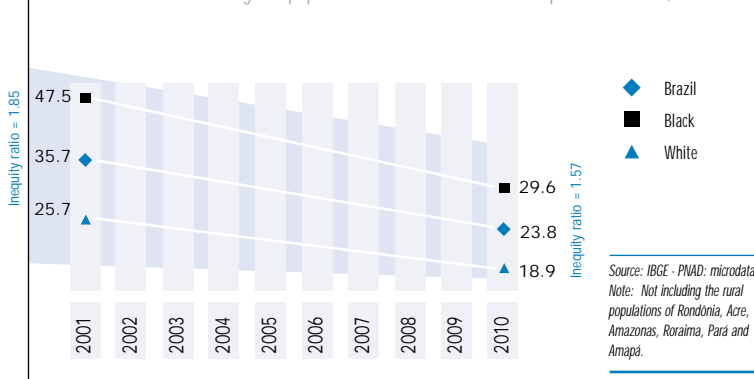
The following suggestions are offered with a view to enhancing the PPAC and correcting inconsistencies, rather than altering the thrust of the Government's actions:

- ✓ include, among the strategies for Promoting Healthy Lives, housing and urbanization programs designed to improve living conditions in favelas (slums) and the outskirts of towns, thereby addressing the pressing problem of inequity that

**Graph 1.18** The inequity challenge posed by access to adequate sanitation for populations with high and low levels of schooling  
Percentage of populations without access to adequate sanitation, Brazil



**Graph 1.19** The inequity challenge posed by access to adequate sanitation for black and white populations  
Percentage of populations without access to adequate sanitation, Brazil



is so apparent in the large metropolitan areas:

- ✓ make sure that funding programs for basic sanitation contain mechanisms and strategies for promoting integration between the formal and informal segments of cities;
- ✓ respect commitments assumed and not allow resources for this area to be subject to spending cuts; and
- ✓ in the event that regulations are approved for public-private partnerships (PPPs) in the sanitation sector, ensure that they contain mechanisms for expanding the supply of services on a more inclusive basis for the less privileged segments of the population and that they promote significant reductions in inequity indexes.

## Promote Health Policies for Children and Adolescents

**Goal (e):** *Develop and implement national early-childhood development policies and programs to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development*

**Goal (f):** *Develop and implement national health policies and programs for adolescents, including goals and indicators, to promote their physical and mental health*

### Goals and Indicators

Indicators	Most recent value	Year	Capacity for monitoring the indicator <sup>a</sup>
Proportional mortality in the 10 to 19 age group	2.7	2002	good
Rate of death due to external causes in the 10 to 19 age group (per 100,000 population)	47.6	2002	good

Source: see the statistical tables in annex II

<sup>(a)</sup> good, reasonable, poor

Although these two goals are targeted at different age groups and require separate approaches, the Brazilian Government has grouped them together as components of the same challenge: ensuring healthcare and development for children and adolescents. In its initial justification, the Child Friendly President's Plan (PPAC) states that "the Government's main aims in terms of providing healthcare for this segment of the population are, essentially: to implement surveillance of their health status, growth and development; and to enhance the quality of services at all levels" (Brazil, PPAC, 2003). The Plan specified the following indicators and goals for the challenge:

- ✓ reduce the percentage of deaths from infectious, parasitic diseases and acute respiratory infection among children below the age of 5 years, thereby reducing the rate from 14.8% to 12.3%;
- ✓ reduce by 10.7% the rate of mortality from external causes among the 10 to 19 year-old population, thereby bring it down from 46.7 per 100,000 population (in 2000), to 41.7 by 2007; and
- ✓ increase the portion of the Brazilian population served by the Family Health Program (PSF) teams, from the current 31.9%, to 70% by 2007.

The choice of these two indicators (mortality from infectious diseases and mortality from ex-

ternal causes) is based upon the assumption that progress achieved through policies targeted toward child development and adolescents will result in measurable impacts on these two variables, the first of which relates specifically to children, and the second mostly (though not exclusively) to adolescents.

In practice, actions encompassed by the PPAC approach to Child and Adolescent Healthcare and Development concentrate on chronic diseases, disabilities, psycho-social development, mental health, and drug and substance abuse. Over the four-year period, the PPAC envisages spending R\$ 10 billion on actions such as:

- ✓ support for states and municipalities with populations of over 100,000, through the Children's Health Program;
- ✓ financial incentives for municipalities eligible to receive the variable portion of the Basic Healthcare Floor (PAB);
- ✓ support for the establishment of rehabilitation units, within the scope of the primary health program, for strategic populations and those in specially difficult circumstances;
- ✓ half-yearly monitoring of the development of adolescent boys and girls in the 10 to 14 year age bracket;
- ✓ development of public information actions in

considerations and analyses on the conditions for achieving this goal





the field of primary preventive care and health promotion, reaching 20% of services;

- ✓ strengthening the infrastructure for emergency services;
- ✓ encouraging youth participation in public healthcare policies aimed at adolescents;
- ✓ expansion of services for children and adolescents, victims or perpetrators of violence;
- ✓ services for indigenous communities; and
- ✓ provision of drug treatment and prevention services.

The commitment to expand the Family Health Program (PSF) is positive, and resources allocated amount to 85% of the budget for this goal. Rede Amiga believes that this program could potentially make a positive impact on indicators for promoting child development and the health of adolescents.

On the other hand, most of the actions foreseen under this challenge are focused more upon providing healthcare for adolescents than upon child development, and it is perhaps this tendency that caused the WFFC to establish different goals for these two objectives.

It should not be forgotten that similar actions relating to child development are to be found in other sections of the PPAC, but that there are few links between them.

As a rule, it is hard to identify actions under the PPAC aimed at reducing gender inequity in actions targeted at promoting the health of adolescents, at blacks, or even at boys and girls in specially vulnerable circumstances. In general, health programs for adolescents focus upon teen-age pregnancy and are specially targeted at girls, there being few investments or specialized services for boys within the healthcare system.

## Recommendations

- ✓ Implement a system for providing services, guidance, and (physical, social, psychological) monitoring for boys, specially in low-income areas;
- ✓ stimulate discussion of gender issues at health services, with a view to improving the standards

## Special services

“

*My first research was carried out at the only public health post in the Itapagipana area (Cidade Baixa, Salvador). Upon entering the building, the first impression was of how tired the pregnant teenagers looked, after having waited for hours in line. (...) It just goes to show how precarious the situation is in my community. The health post offers no decent services targeted toward teenagers. What is more, there are no trained staff members to provide such services. There is only one social worker, and she can not cope with all the needs of so many people. Before leaving, I asked a pregnant teenager how it felt to be in her situation.*

*'I feel there are no services directed specifically at me. I have already spent six hours in line,' said Jeane Oliveira, 16 years old, five-months pregnant, who also complained of the lack of information. I can only conclude that in my community there is a pressing need for programs directed at the mental and physical health of adolescents. Moreover, the existing programs do not provide the necessary structure at health posts.*

Paulo Henrique Gonçalves, 18 – Bahia

of care provided, and with the aim of building, along with the children and adolescents, a more just and egalitarian society;

- ✓ finance the establishment of referral centers for adolescents;
- ✓ provide specialized training for health professionals working with adolescents at health centers and clinics, emphasizing the importance of gender issues;
- ✓ create mechanisms to bring the services provided at daycare centers into line with those provided at primary healthcare services, by training staff to deal with this age group;
- ✓ stimulate the participation of boys in orientation and monitoring programs, as well as their involvement in programs and initiatives carried out within their communities.



## Ensure Provision of Reproductive Health Services

**Goal (g):** Provide access, through the primary healthcare system, to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015.

### Goals and Indicators

Indicators	Most recent values	Year	Capacity for monitoring the indicator <sup>(a)</sup>
Percentage of live births to women up to 19 years old, with less than seven prenatal visits	58.3	2002	good

Source: see the statistical tables in annex II

<sup>(a)</sup> good, reasonable, poor

For the monitoring of this goal, Rede Amiga and the Government have selected two indicators that were not used in the formulation of the PPAC, namely:

- ✓ the percentage of live births to mothers up to 19 years old who had attended less than seven prenatal care sessions, and
- ✓ national reproductive health programs, with identifiable goals, indicators and budget resources planned and executed.

Under the PPAC, the challenge was described as reducing maternal mortality and attention to reproductive health. In view of this treatment, the Plan uses only one monitoring indicator (i.e., the maternal mortality rate in state capitals), which it proposes to reduce from 74.5 (per 100,000 live births) to 55.9, as discussed in the previous item.

The Brazilian Government's proposal emphasizes actions that impact maternal mortality and, from the standpoint of reproductive health, are based on the provision of reversible contraceptive methods, tubal ligation and vasectomy. These initiatives are in line with Law 9.263, of 1996, that determines that it is the State's responsibility to provide educational and scientific information for family planning, which is considered a social right.

This law (known as the Family Planning Law) was the outcome of intense mobilization in the National Congress by the women's movement. One of the most significant aspects of the law was the obligation it places upon the Unified Health

System (SUS) to cover the cost of tubal ligation and vasectomies.

The duties and responsibilities of the State to carry out educational initiatives are seldom considered in the allocation of federal investments. The importance of information and education as elements for understanding reproductive and sexual rights, and the family-planning dimension, from a gender perspective, is generally overlooked.

### Recommendations

- ✓ meet the need to provide reproductive health services through policies targeted at boys, given that neither reproduction, nor its social consequences, are the exclusive responsibility of women. All discussions should incorporate a gender perspective;
- ✓ expand actions targeted at promoting reproductive health and an understanding of reproductive rights involving not only the public health network, but also the private health systems; and
- ✓ extend actions targeted at the promotion of programs that encompass sexual rights and the exercise of sexuality, free from STDs and AIDS contamination.

considerations and analyses on the conditions for achieving this goal





**Education**

# Access to quality education

The World Fit for Children (WFFC) document acknowledges that education and access to free high-quality education services are key factors for reducing poverty and promoting democracy, peace, tolerance and development. It also stresses the need to “accord high priority to ensuring that, by 2015, all children have access to and complete primary education that is free, compulsory and of good quality”; along with the aim of ensuring the “progressive provision of secondary education”.

In order to achieve these objectives, a series of goals were set for expanding and improving

educational services, based upon commitments contained in the UNESCO document entitled Education for All, and the concern with improving the quality of education provided at all levels and for all segments of the world population, and specially for those that have traditionally been left aside by public policies for education.

The Brazilian Government and civil society organizations that work with policies for children and adolescents are also committed to education and regard it as a key issue to be pursued in the coming years.

**TABLE 3** Comparison of International and National Goals and Strategies for providing Access to Quality Education

<b>INTERNATIONAL</b>	<b>A World Fit for Children Goals</b>	<ul style="list-style-type: none"> <li>(a) Expand and improve comprehensive early childhood care and education, for girls and boys, specially for the most vulnerable and disadvantaged children;</li> <li>(b) Reduce the number of primary school-age children who are out of school by 50 per cent and increase net primary school enrolment or participation in alternative, good quality primary education programs to at least 90 percent by 2010;</li> <li>(c) Eliminate gender disparities in primary and secondary education by 2005 and achieve gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality;</li> <li>(d) Improve all aspects of the quality of education so that children and young people achieve recognized and measurable learning outcomes, specially in numeracy, literacy and essential life skills;</li> <li>(e) Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programs;</li> <li>(f) Achieve a 50 percent improvement in levels of adult literacy by 2015, specially for women.</li> </ul>
	<b>National Plan of Action (Child Friendly President's Plan)</b>	<ul style="list-style-type: none"> <li>a) Expand and improve early-childhood education.</li> <li>b) Expansion of high-quality Primary Education.</li> <li>c) Promote Special Education.</li> <li>d) Literacy training for youths and adults.</li> </ul>
<b>NATIONAL</b>	<b>Pact for Peace</b>	<ul style="list-style-type: none"> <li>a) Secure in the education budget allocations for early-childhood education.</li> <li>b) Ensure multidisciplinary services for the public-school network.</li> <li>c) Ensure that the Statute of the Child and Adolescent (ECA) is included on school curriculums.</li> <li>d) Implement continuing education programs on the Statute of the Child and Adolescent for teachers, lawyers and court officials, and education managers.</li> <li>e) Foster social mobilization and, when necessary, pursue court action to ensure universalization of early-childhood education.</li> <li>f) Ensure that Councils of Rights work closely with sector-specific Councils for the formulation and supervision of a policy for culture, sport and leisure.</li> <li>g) Enable additional fundraising from State and private companies and individuals, to promote culture, sport, and leisure policy.</li> <li>h) Enable the use of public facilities on weekends, holidays, and at other times when they are vacant for the pursuit of cultural, sports and leisure activities.</li> <li>i) Prepare sports, cultural and leisure projects and programs, with the aim of generating jobs and income.</li> <li>j) Ensure the availability of public facilities so as to facilitate access for children and adolescents to cultural, sports and leisure events, and to such programs and services as libraries, toy marts, video libraries, virtual libraries and comic book libraries, among others.</li> </ul>

## Analyses and general considerations on the education area

For Brazil, the biggest challenge to be faced in this area relates to the quality of teaching and the provision of schooling. Though, indisputably, significant advances have been made with regard to the expansion of public schooling, specially primary schooling, these were not accompanied by comparable improvements in the quality of the education provided. This is an aspect that permeates practically all discussions on the WFFC Goals and Brazil's strategies for achieving them through the Child Friendly President's Plan (PPAC).

The chapter of the PPAC that deals with access to quality education states that, from the standpoint of the Federal Government, the "central objective of actions for education is to ensure access to quality schooling." Moreover, it explains that, though it is not the role of the central authorities to engage in the direct provision of primary education, the federal authorities seek to reinforce the process of decentralization and "provide technical and financial support for other governmental levels responsible for the provision of primary schooling in Brazil." (Brazil, PPAC, 2003).

There is no direct relationship between the challenges set by the PPAC and the WFFC Goals. This is due to specificities of the Brazilian situation, in terms not only of educational issues, but also of other social aspects. Gender disparities in relation to access to education are not a serious issue in Brazil, nor is the situation comparable to other signatory countries where women face systematic discrimination in relation to the right to education.

Any examination of the proposals presented by the Federal Government and their capacity to impact achievement of the WFFC Goals must also bear in mind that the Federal Government is not the direct provider of primary education. It is the municipalities and, to a lesser degree, the states that bear the prime responsibility for providing primary schooling. Thus, the role of articulating and stimulating local initiatives to improve the quality of schooling and education emerges as the principal focus of these analyses. The question is not whether the Federal Government will



## Early childhood education

“

*The public authorities' neglect of early-childhood education is reflected in the growth of private schools. No father earning this 'big-deal' minimum wage offered by 'our Government,' can possibly afford to pay for a child's needs, or prepare the child to go on to the next stages of education. In our municipality, few of the schools provided by the public authorities offer early-childhood education. In order to find a daycare center mothers have to walk a long way. We found a daycare center, recently opened with good facilities, that accepts children from 3 to 7 years old, in morning and afternoon shifts. It provides meals that, according to the students, are good, and also uniforms and school materials, but not in sufficient quantity. The children participate in games and learn as they play, with drawing and physical exercise.*

*With regard to the teachers, the school supervisor did not tell us if they receive any initial training. Even if they do, it is clear that they do not follow the instructions closely. Poorly prepared teachers that do not know how to educate are in charge of these children, who are the Nation's future. At another, older school in the neighborhood, over the years the quality has declined, due to neglect, both on the part of the public authorities and of the surrounding community.*”

Emerson Quaresma, 20; and Izabelly Costa, 15 – Amazonas

manage to carry out all the actions needed to achieve the goals but, rather, whether it will succeed in convincing the states and municipalities to engage in the efforts necessary to bring about the desired outcomes.

It is, moreover, important to consider the changes that have taken place in one of the most important initiatives linked to the universalization of primary schooling in Brazil: the Bolsa-Escola Program. In 2004, this governmental initiative was merged with a series of other income-transfer programs under the name Bolsa-Familia. Financial management and the listing of beneficiaries of the program was transferred from the Ministry of Education (MEC) to the Ministry for Social Development and Combating Hunger. The monitoring of state and municipal financial counterparts and school-attendance records, however, remain the responsibility of the Ministry of Education.

THE QUESTION IS NOT WHETHER THE FEDERAL GOVERNMENT WILL MANAGE TO CARRY OUT ALL THE ACTIONS NEEDED TO ACHIEVE ITS GOALS BUT, RATHER, WHETHER IT WILL SUCCEED IN CONVINCING THE STATES AND MUNICIPALITIES TO ENGAGE IN THE EFFORTS NECESSARY TO BRING ABOUT THE DESIRED OUTCOMES

The question is not whether the Federal Government will manage to carry out all the actions needed to achieve its goals but, rather, whether it will succeed in convincing the states and municipalities to engage in the efforts necessary to bring about the desired outcomes.

It is for these reasons that Rede Amiga intends to monitor this program very closely, in view of its great potential impact on reducing dropout and grade repetition and, ultimately, for improving the quality of teaching and reducing illiteracy among the Brazilian population.

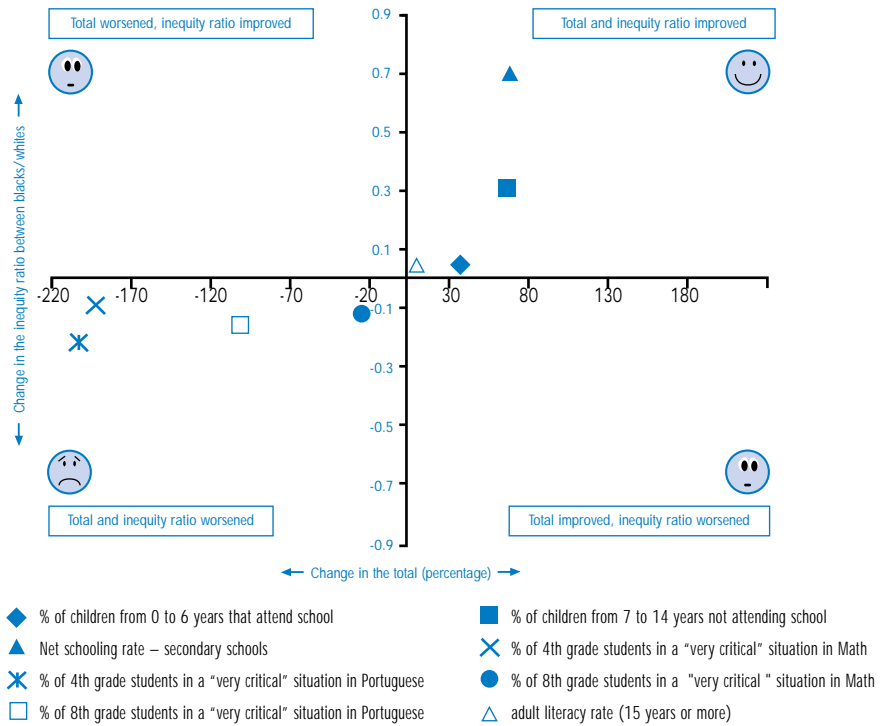
With respect to the challenges that must be met in order to improve the quality of teaching, a recent study carried out by The National Institute for Education Research (Instituto Nacional de Pesquisa Educacional Anísio Teixeira – INEP), showed that the Brazilian education system is producing primary-school 4th graders that can neither read nor write (INEP, 2003). Beyond reflecting functional illiteracy, the study discusses the phenomenon of “schooled illiterates”, i.e., boys and girls that have concluded their primary schooling, and yet know little more than they did when they first entered school.

This situation is not, however, evenly distributed among the Brazilian school-age population. Education policies, pursued by the three levels of government, have proven rather ineffective at reducing disparities and combating inequity. In certain areas significant progress has been achieved, both with regard to improving the overall situation, and in terms of reducing inequity, specially as measured by coverage indicators. On the other hand, when indicators relating to the quality of teaching are examined, there appears to have been an overall decline in the quality of services provided, and this impact seems to have been more severe for the traditionally more vulnerable groups and those that education policies generally fail to reach.

Graph 2.1 presents an assessment of the changes in Brazilian indicators, as well as the inequity between whites and blacks in education policies. The quadrants enable a swift evaluation of the trends portrayed by selected indicators, and of inequities from a race perspective. Data on the left side reflect variables that deteriorated between

**Graph 2.1 Access to high quality education**

Changes in total and inequity ratios between blacks and whites – 1996 to 2002\*, Brazil



\* percentage of students classified as "very critical" on the SAEB tests - the change shown is from 1997 to 2001.



## Primary schooling

We conducted a survey of the communities of São Benedito, Itararé, and Penha to find out what the young people think of the facilities and the teaching at their schools. (...) We were able to see that there are huge differences, both in terms of the quality of education and the installations, between municipal and state schools, and between those located in the best neighborhoods, and those on the outskirts of town. At one state school, the facilities were awful; the bathrooms were filthy and not adequate for students with special needs. The surrounding land is covered with brush and weeds, thus posing a risk from vermin and attracting mosquitoes. (...) Windows and doors are broken, fans do not work properly, and the sports ground has no illumination. At night, the place is the haunt of young drug users. The community municipal school, although its facilities are not so good, has good teachers, a night-school program, and offers good school meals

Marcelo Monteiro de Oliveira, 18; Mery Ellen Ferreira, 18; Tiago Alves Pereira, 18; Marília Lopes Rodrigues, 18 – Espírito Santo



1996 and 2002, whereas those on the right side of the graph reflect indicators that underwent improvement over the period. In terms of inequity between blacks and whites, the indicators in the lower portion of the graph reflect a deterioration of this ratio, whereas those in the upper portion portray positive developments. By combining these quadrants it is possible to make a rapid and objective assessment of the indicators that portray these dimensions.

Graph 2.1 suggests that the main focus of education policies and programs is still upon access to schooling. When education performance is assessed by the Primary Education Evaluation System (SAEB), it becomes evident that there has been a decline in the quality of education, accompanied by an increase in the inequity ratio between black and white children.

In practice, the percentage of children and adolescents in school has increased, and the expansion of access has been greater for black children than for white ones. This is in part explained by the fact that black children, generally, are at the base of Brazil's socioeconomic pyramid and that, over the past decade, since policies designed to promote access to schooling have targeted the low-income population, they have thus served to reduce inequities between racial and ethnic groups.

When indicators on the quality of education are examined, however, the situation raises concern. Each SAEB evaluation has revealed increasing percentages of 4th and 8th grade students in a 'very critical' situation with regard to educational content assimilated<sup>10</sup>, both in Math and in Portuguese language. At the same time, inequity is increasing, since the ratio between the percent-



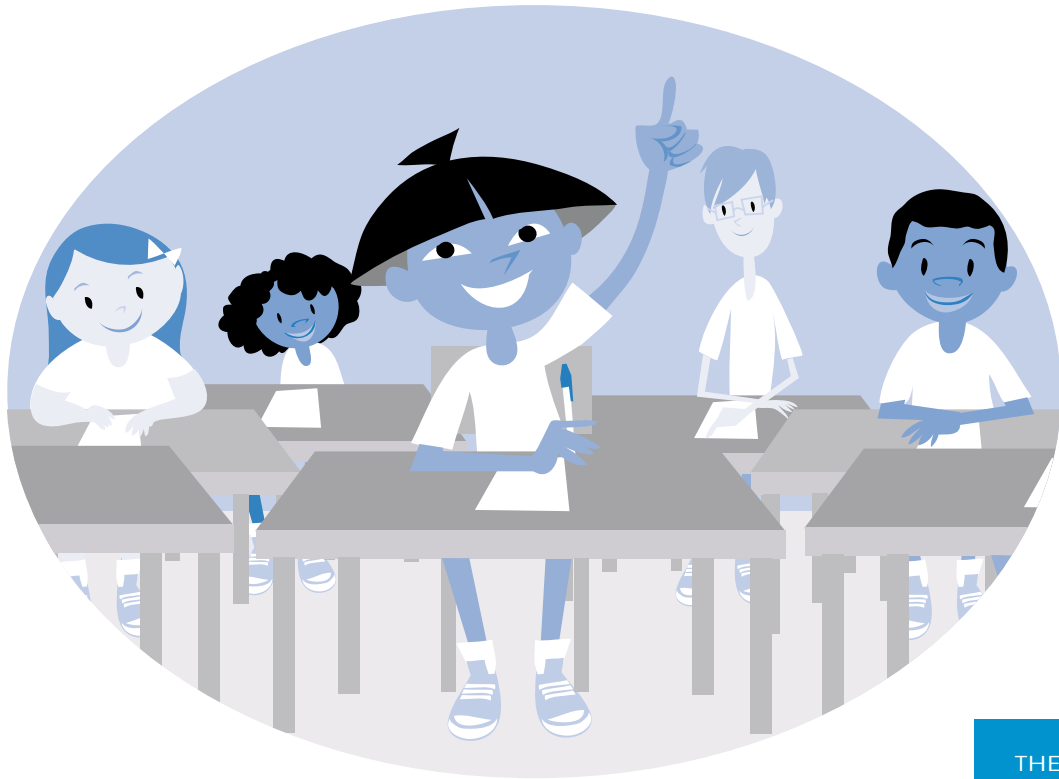
## Interactive School

*The Escola Interativa (Interactive School) project, run by Cipó – Comunicação Interativa (an NGO) – is improving the quality of public schools by providing teachers and student monitors with training in the design of internet sites and the production of radio programs, using innovative formal-education and crosscutting approaches. By producing media products, students and teachers develop knowledge and skills related to such media as the internet, and carry out research that helps create links between curricula items and their daily lives. Co-authorship between teachers and students helps establish more humane relationships within schools and contributes toward the building of a culture of peace. At the end of the process, students and teachers are better positioned to deal with the media, and have a better understanding of its social implications.*

[www.cipo.org.br](http://www.cipo.org.br)

Photo: Ricardo Guimarães





ages of blacks and whites in the 'very critical' category has also increased. The right of access of all Brazilian children to high-quality education is thus in jeopardy, since black children are in a more vulnerable situation than white children.

This finding, however, must be assessed with caution. The decline in the quality of schooling, as measured by the proficiency of students in Math and Portuguese can, at least in part, be explained by the expansion in the supply of primary schooling. To remedy this discrepancy, however, the Government will need to effect significant investments in improving the quality of schooling at all levels.

Inequities in education are not, however, restricted solely to disparities that can be linked to the color or race of individuals. Inequities of access to high-quality education relating to household

status are also clearly evident, and (as the statistical table in annex 2 shows) children and adolescents living in rural areas have much greater difficulty in obtaining access to education than do those living in urban areas.

If the data is broken down by region and state, significant disparities can be identified for practically all indicators. In states of the North and Northeast regions, for example, the challenges demand more incisive governmental initiatives, if the WFFC Goals are to be achieved.

From a more general perspective, an analysis of the PPAC's approach reflects several advances that have been made in relation to commitments assumed by the Brazilian Government, but also points to certain gaps that need to be overcome.

THE DECLINE  
IN THE  
QUALITY OF  
EDUCATION  
AND THE  
INCREASE IN  
INEQUITY  
BETWEEN  
BLACK AND  
WHITE  
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CLEARLY  
REFLECTED BY  
THE SURVEYS  
ON QUALITY  
EDUCATION

<sup>10</sup> For 4th grade students, the assessment 'very critical' in Portuguese means that they have not developed reading skills and are unable to respond to test questions. In Math, this assessment means that they cannot perform simple addition and subtraction problems nor identify simple geometrical figures. For 8th grade students, the assessment 'very critical' in Portuguese means that they have failed to acquire the reading skills required in the 4th grade and, in Math, it means that they can not perform simple 4th grade level mathematical operations.



“  
*The Child Friendly President's Plan makes no provision  
 for non-traditional primary education programs, except  
 Indigenous and Environmental Education*  
 ”

One aspect that stands out is the fact that the PPAC makes no mention of the need to support initiatives targeted at stimulating programs for non-traditional Primary Education, excepting efforts in the areas of Indigenous Education and Environmental Education.

## Initial Recommendations

Although the prime responsibility for achieving the WFFC Goals relevant to education rests with the states and municipalities, efforts to reduce inequities, and specially inter-regional ones, is totally dependent upon the Federal Government's capacity to intervene in areas not foreseen under governmental programs or budgets. For this reason, Rede Amiga recommends that efforts be made to:

- ✓ ensure that Federal Government resources be made available, and that its interest in reducing inequities be made explicit, thereby increasing its capacity to mobilize states and municipalities to this cause;
- ✓ harmonize the PPAC challenges for education with the goals and guidelines of the National Education Plan. Discussions relating to the rules applicable to the Fund for the Maintenance and Development of Primary Schooling and Enhancing the Status of the Teaching Profession (FUNDEF), and other Primary Education funding instruments,

though not encompassed by the Government's Plan, could play an important role in advancing these aims, and specially the focus upon improving the quality of education in Brazil;

- ✓ democratize education, by means of enhancing social control mechanisms and strengthening education councils (in schools, municipalities, and states), that are entrusted with the management of such aspects as school meals, Bolsa-Família, etc., not encompassed by the PPAC, leaving the impression that such issues have now been resolved and require no further action on the part of Federal Government. Rede Amiga does not agree with this assessment;
- ✓ promote closer ties between schools and communities as a strategy to improve the quality of education in Brazil;
- ✓ establish policies for early-childhood education and for secondary schooling, with clear guidelines and budgets compatible with their needs;
- ✓ strengthen channels for dialog and for control of policies, as a sine qua non condition for enhancing the quality of education spending and the prospects for Brazil's achieving the WFFC Goals, despite the meager increase in planned federal expenditures for the education sector over the four-year period;
- ✓ strengthen the Federal Government's role in support of the development of human-resources skills in states and municipalities, specially as they relate to the training of teachers and other education professionals.

## Expand Access to Early-childhood Education

**Goal (a):** *Expand and improve comprehensive early childhood care and education, for girls and boys, specially for the most vulnerable and disadvantaged children;*

### Goals and Indicators

Indicators	Most recent value	Year	Capacity for monitoring the indicator <sup>a</sup>
Percentage of children (0 to 6 years of age) that attend schools	36.5	2002	good
Ratio between public and private enrolments in preschools	2.6	2002	good
Number of children enrolled in preschool	6,130,358	2002	good
Percent of children expected to conclude primary schooling	62.3	2001	good

Source: see the statistical tables in annex II

<sup>a</sup> good, reasonable, poor

No clear measurable indicators have been defined for this WFFC Goal, and this needs to be addressed before a monitoring strategy can be instituted. Rede Amiga, together with the Government, will be monitoring the trends for the indicators shown in the table above.

The first two of these indicators aim to reflect the expansion of coverage of early-childhood education services for children between 0 and 6 years old. The indicator compares enrolment in public and private preschools, with the aim of measuring to what extent the governmental sector is responding to the increased demand. The last indicator seeks to assess the impact of early schooling on children's subsequent performance in primary school.

In line with the WFFC Goals, one of the challenges adopted by the Child Friendly President's Plan (PPAC) is the expansion and enhancement of early-childhood education services. To this end, the Government proposes to increase the proportion of children between the ages of 0 and 6 years from 35%, to 65% by 2007.

The Federal Government is committed to universalizing access to education for all Brazilian children between ages 4 and 14 (Table 3) and, at the same time, proposes to universalize access to

preschool for all children between ages 4 and 6, while also increasing the supply of daycare for children from 0 to 3 years old.

With respect to the ratio of children enrolled in public, as opposed to private schools, the PPAC foresees that enrolment in publicly-funded institutions should rise from the current rate of 2.59 to 5, by 2007.

Firstly, it is worth examining the challenge of increasing the proportion of early-childhood education enrolments in public schools in relation to private ones. Data collected by Rede Amiga shows that, in recent years, this ratio has remained stable. For each child enrolled in early-childhood education at a private school, between two and three are in a public institution.

Expanding this ratio to five, as foreseen in the PPAC, will require a huge investment in the expansion of the daycare, preschools and other facilities that provide education and care for small children. The major portion of such investment will have to be made by municipalities. However, the analysis of the PPAC reveals practically no actions aimed at stimulating municipal or state governments to participate in this effort.

It is also important to bear in mind that the so-

considerations and analyses on the conditions for achieving this goal



cio-educational services targeted at this public are generally provided by municipalities and by non-governmental organizations under a variety of arrangements. Moreover, the fact that public and private institutions have always worked alongside each other in this segment in Brazil, should be considered when implementing policies designed to expand access to early-childhood education and improve the instruments for monitoring indicators relating to the theme.

Articulation between Government and non-governmental organizations is an aspect that deserves attention, in view of the fact that community participation is not discussed in the PPAC, either as a strategy for expanding the number of places in preschools, or with regard to altering the ratio of the public/private provision of such services.

This view is confirmed by an analysis of Graphs 2.2 and 2.3, which show a plotted trend for the indicator on schooling coverage for children up to the age of 6 years, and compares it to the goals defined under the PPAC. Even upon the most superficial examination, it becomes clear that, if the Federal Government in partnership with states and municipalities fails to increase the resources and efforts targeted toward early-childhood education, it is highly unlikely to achieve the goals proposed under the PPAC.

For example, Graph 2.2 shows that, under current conditions and with current rates of investment in early-childhood education, by 2007 the coverage level will have reached 43%, which is far short of the 65% predicted by the Government.

The PPAC foresees that 100% of the children between the ages of 4 and 6 years will be attending school by 2007. This goal seems overly ambitious, considering that, in 2002, one third of all Brazilian children in this age bracket did not attend school, and that the current trend points toward a projected coverage rate of roughly 77.4% (Graph 2.3).

Part of the governmental effort should be directed toward overcoming inequities. Graph 2.4 portrays inequities in the supply of early-childhood education for children from 4 to 6 years old, broken down by race, gender, mother's years of schooling, and family income.

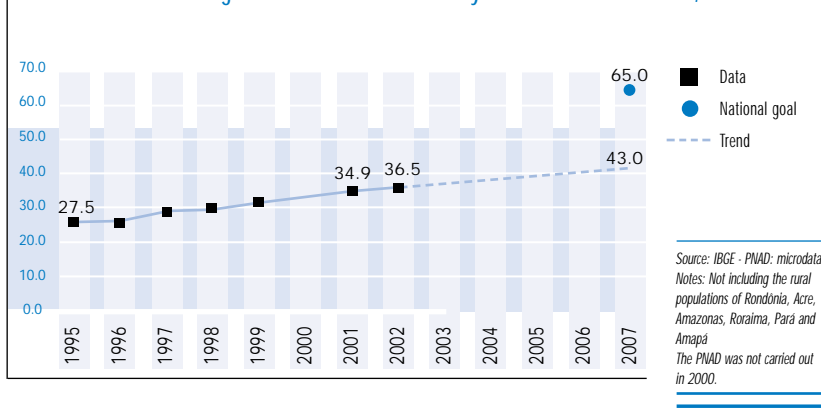
It can be observed that family income and mother's schooling level are the factors most close-

ly correlated to inequities. When broken down by factors of race and gender, the differences are not very significant, but reflect the general trend in Brazilian education, in which girls tend to receive more schooling than boys, and whites tend to have easier access to services than do blacks.

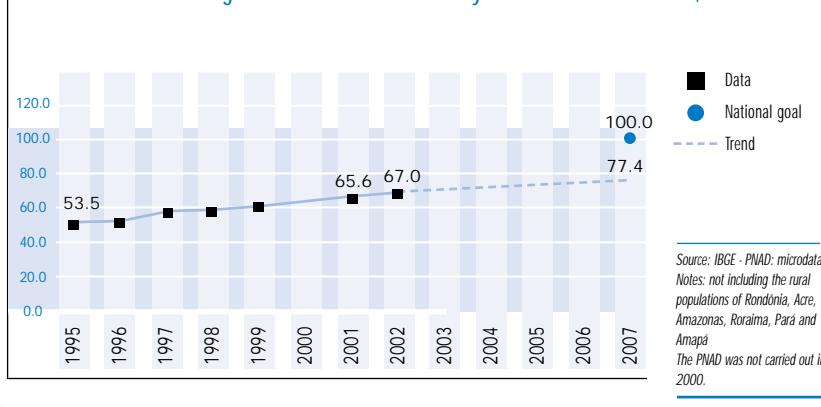
Inequities also appear when differences between the various states of Brazil are examined. Map 4 provides a geo-referenced representation of the status of early childhood education in the Brazilian states in 2002. Owing to methodological limitations of the National Sample of Households Survey (PNAD), the only state in the North region for which information is available is Tocantins.

Contrary to the general trend, the best coverage rates for early-childhood education provided to the 4 to 6 year-old population are to be found

Graph 2.2 Percentage of children from 0 to 6 years that attend school, Brazil



Graph 2.3 Percentage of children from 4 to 6 years that attend school, Brazil



in the Northeast region, and more specifically in the State of Ceará.

These analyses point toward two great challenges which the Government needs to overcome if it is to achieve either the WFFC Goals or those of the PPAC. Firstly, it must encourage its partners to expand the number of enrollments and, secondly, it must ensure a reduction in the inequities identified.

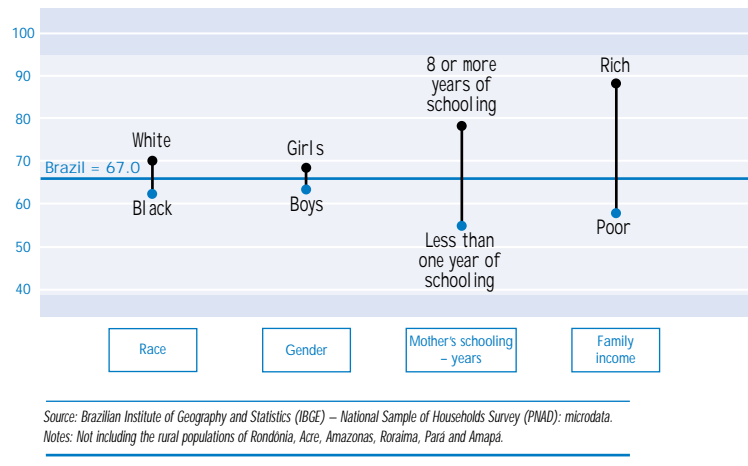
It is also observed that a major portion of governmental initiatives are focused upon projects for the training of teachers and school staff, with emphasis upon social-welfare and protection for children and adolescents. It is also evident that reducing inequities is not a major element of the governmental approach, or at least is not explicitly stated as such.

Considering that one of the major problems facing the expansion of early childhood education is the supply of appropriate physical installations, specially in the poorer areas of municipalities, it is surprising that no budgetary allocations are foreseen for actions targeted at expanding the available infrastructure and physical installations required to meet this goal.

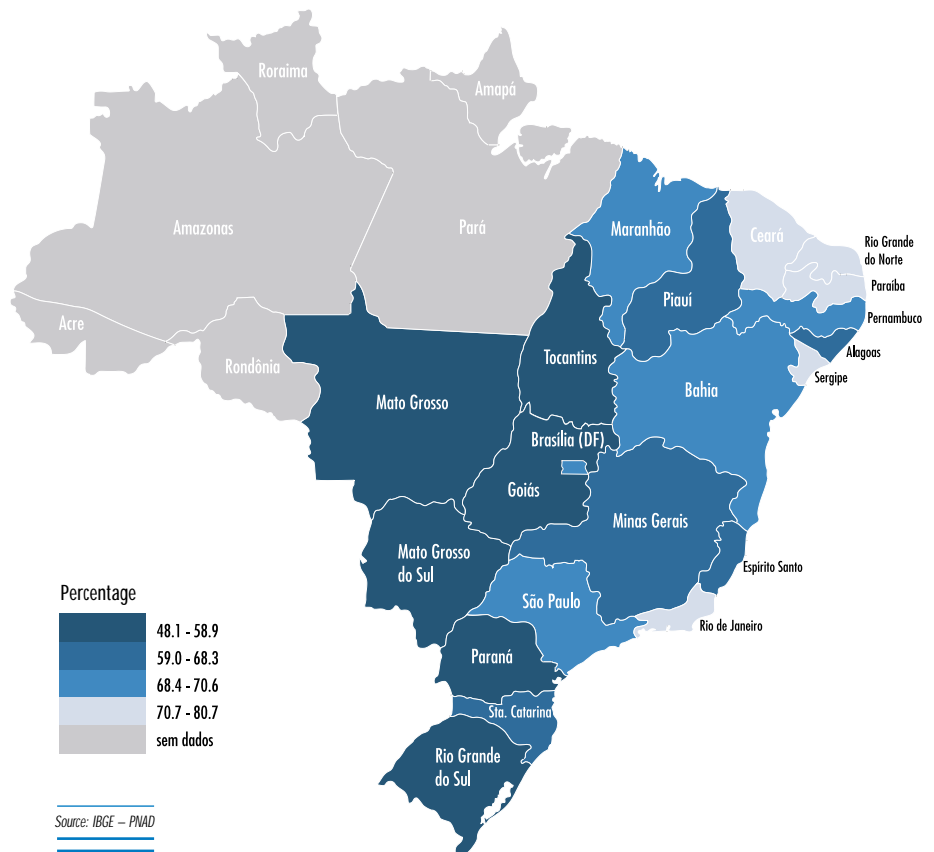
Also, in seeking to understand the Government's strategy for meeting this challenge, it was observed that one of the principal actions foreseen under the PPAC is a strategy for social inclusion, based upon expanded coverage of initiatives targeted at the provision of services for poor children, specially those in daycare that receive Federal Government support. Actions of great importance, such as training for the professionals that are to work with this public and the provision of premises for these schools, are dealt with only in passing under the Federal strategies.

Of the total budget allocated for the challenge of promoting inclusion in schools, targeted at the 0 to 6 year-old population, over 85% (R\$ 846.8 million out of a total of R\$ 981.9 million) is earmarked for the Social Welfare Program for Children, Adolescents and Youth, under the auspices of the Ministry of Social Development and Combating Hunger. In view of the time that has elapsed since the enactment of the Law on Guidelines and Bases for Education, Rede Amiga is intrigued by the fact that the major budget allocations for early-child-

**Graph 2.4** Inequity in the percentage of children from 4 to 6 years that attend school, 2002



**Map 4** Children from 4 to 6 years that attend school, 2002



hood education stem from a social-welfare policy, rather than from education policy.

When examined from a regional perspective, the distribution of supply of early childhood education services among the states is highly unequal. When these indicators are broken down by municipality, the inequities are even more striking, specially considering that municipalities bear the main responsibility for increasing the supply and quality of early childhood education services.

## Recommendations

The forgoing analysis, rather than simply criticizing the Government's proposal, seeks to highlight the main challenges that need to be met by the Brazilian Government in order to effectively achieve the proposed 65% coverage rate for early childhood education. These entail:

- ✓ effective involvement of municipalities and municipal school systems in providing expanded access to early childhood education since, without the full participation of the main providers of such services, it is highly unlikely that Brazil will come close to achieving the goals proposed;
- ✓ the Federal Government needs to commit to ensuring universal access to early childhood education. This should not imply a reduction of the resources targeted toward this segment through social-welfare policies. Rather, the budget of the Ministry of Education (MEC) should earmark allocations for early childhood education amounting to no less than is currently provided under allocations for Social Development. In other words, the challenge entails expanding the share of resources earmarked for early childhood education under the education budget, in line with what is being done at the municipal level.

Furthermore, to enhance the prospects for achieving the goals, Rede Amiga recommends the following actions:

- ✓ increase the number of places and the coverage of early childhood education, while guaranteeing the quality of the services provided;
- ✓ provide technical and financial support for

current daycare and preschools, with a view to increasing the scale of successful experiences and raising the quality of those that fail to meet recommended standards;

- ✓ stimulate collaboration between federal, state, and municipal education authorities, with a view to creating mechanisms for providing federal supplementary funding for early childhood education, in order to ensure a basic standard of service provision;
- ✓ expand initial and continuous teacher training in early childhood education, while acknowledging that this initiative has received the major portion of the resources earmarked for education under the PPAC;
- ✓ establish links between the distribution of teaching materials and teacher training, both of which are covered by the PPAC, with a view to ensuring a more effective use of public investment;
- ✓ propose the development of supplementary materials relevant to the local context, which are closer to the day-to-day experience of the people who work with the children, thereby ensuring that the teaching materials reflect and enhance Brazil's diversity.

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IF CURRENT TRENDS AND INVESTMENT LEVELS FOR EARLY CHILDHOOD EDUCATION ARE MAINTAINED, IT IS LIKELY THAT BY 2007 THE COVERAGE RATE WILL BE 43%, WHICH IS FAR BELOW THE TARGET OF 65% PROPOSED BY THE GOVERNMENT

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## Provide Access to Quality Primary Education

**Goal (b):** Reduce the number of primary school-age children who are out of school by 50 percent and increase net primary school enrolment or participation in alternative, good quality primary education programs to at least 90 percent by 2010;

**Proposed goal (b) for equity:** Reduce, by 50%, the inequity in the proportion of children from 7 to 14 years who do not attend school, among the most disadvantaged groups in terms of gender, income, race/color and mother's years of schooling

### Goals and Indicators

Indicators	Most recent value	Year	Goal for 2010	Will the WFFC Goals be achieved? <sup>a</sup>	Capacity for monitoring the indicator <sup>b</sup>
Net enrollment rate in primary school	93.9	2002	90	already achieved	good
Percentage of children (7 to 14 years) that do not attend school	3.1	2002	1.8	most likely	good

Source: see the statistical tables in annex II

<sup>(a)</sup> most likely, likely, unlikely/ <sup>(b)</sup> good, reasonable, poor

This is a case for which the WFFC Goals need to be adapted to reflect Brazilian conditions since, in the mid 1990s, Brazil achieved net enrollment rates of 90%.

In the Child Friendly President's Plan (PPAC), Brazil's Federal Government has set ambitious objectives for expanding access to schooling. The Plan sets the challenge of achieving a net enrollment rate of 100%, i.e., no children between ages 4 and 14 not attending school, by 2007.

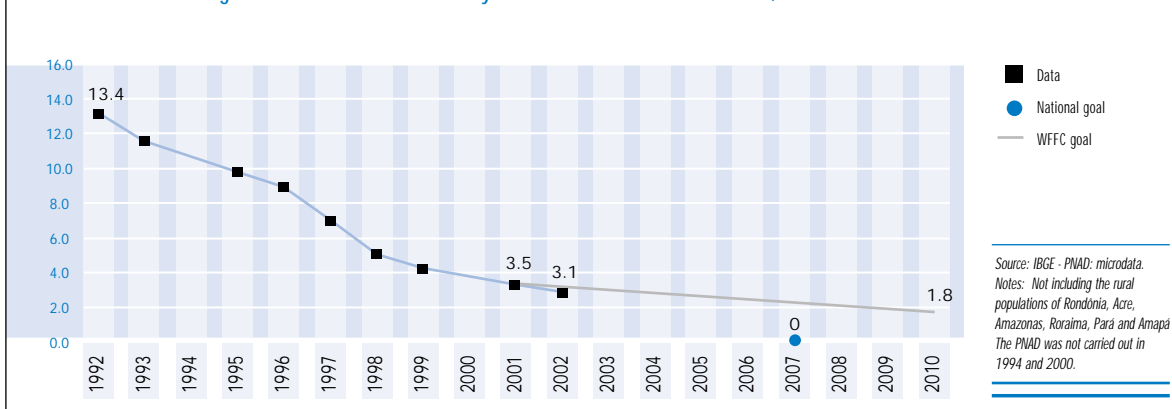
The goal set by the PPAC far outstrips the WFFC Goal, and achieving the level of universal schooling it proposes will be a great challenge.

Ensuring that each and every child between ages 7 and 14 is attending school poses a fairly complex challenge, not because of difficulties relating to the supply of school facilities or infrastructure, or to those relating to the capacity of the public and private school systems to accommodate so many children. The challenge stems from the fact that, in order to achieve enrollment

considerations and analyses on the conditions for achieving this goal



Graph 2.5 Percentage of children from 7 to 14 years that do not attend school, Brazil



rates of 100%, governments will need to target those groups that have traditionally been excluded from schools.

As Graph 2.6 shows, achieving the goal of universal schooling implies targeting specific segments of the Brazilian population that account for the major portion of the 3.5% of children that have generally been passed over by education policies, and populations whose children remain outside the school system.

Graph 2.6 portrays the situation with regard to inequity of access to primary schooling, broken down by race/color of the children. Whereas, in 2001, 2.5% of white children did not attend school, for black children the figure was 4.6%. The graph also shows how the curves for children between 7 and 14 years not attending school should behave up to 2010, in order to reduce the inequity ratio by half over the period. The challenge for the Government will be to reduce the percentage of children not attending school from 3.5%, to 1.8% whereas, for black children, the rate will have to decline from 4.6%, to no more than 2.1%.

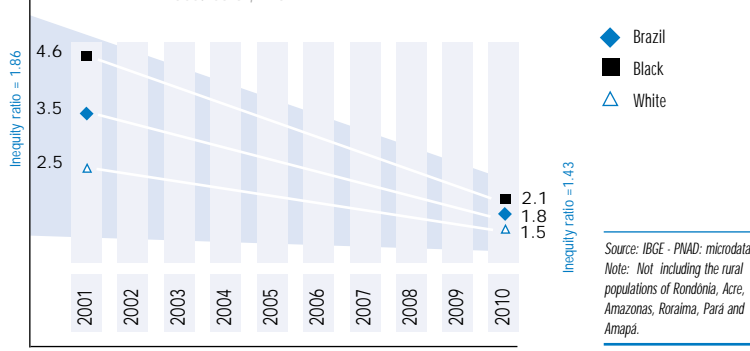
When inequity based upon other dimensions, such as mother's schooling level, (Graph 2.7) or family income (Graph 2.8) are considered, the gaps to be closed are even wider and the tasks more complex. The graphs illustrate the scale of the challenge and the paths that indicators will need to trace by 2010, in order to reduce the inequity that lies at the root of the problem.

Regional factors also underlie the problem of unequal access for Brazilian children to primary schooling. As Map 5 shows, the further north in Brazil, the higher the percentage of children not attending school and, consequently the greater the need for public investment in order to achieve the WFFC Goals.

In view of the paucity of the data available on the situation in the states of Brazil's North region (with the exception of the State of Tocantins), it is not possible to carry out breakdowns of the data. It would appear that, in order to achieve the WFFC Goals and the universalization goals proposed by the Federal Government, it will be necessary to concentrate efforts on the Northeast region. Although the discrepancies do not appear to be very accentuated (given that the lowest value is

**Graph 2.6** The inequity challenge posed by school attendance for black and white children

Percentage of children from 7 to 14 years that do not attend school, by race/color, Brazil



1.3% for the Federal District, and the highest 5.7% for Alagoas), these regional disparities require that the Brazilian State adopt a variety of proposals in order to overcome them.

Another aspect of the challenge is the inclusion of children with special learning needs and those living in remote areas and places where access is difficult, such as indigenous or very poor communities. For these specific segments of the public it is necessary that services be well targeted and adapted to meet their needs.

## School infrastructure



“

*If you walk around town, it is common to see, in front of state schools, huge billboards announcing government works. These signs say: restoration work will be done here, expansion work there, a sports ground will be built, and so on. You don't see signs saying 'so many thousand teachers to be trained'; 'two thousand new school places for children and adolescents'; or even 'so many schools to be equipped with computers'. At the municipal schools, some restoration work may be seen. In Emerson's neighborhood school, classes did not begin at the start of the school year. We do not know when school will start, and this is harming hundreds of children and adolescents.*

Emerson Quaresma, 20; and Izabelly Costa, 15 – Amazonas

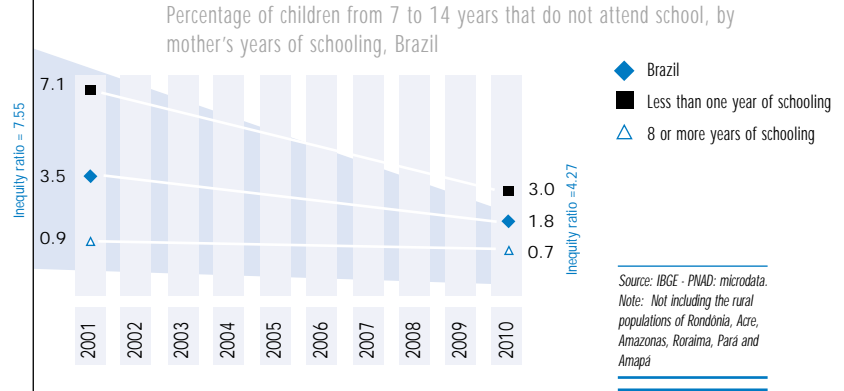


In order to reach these groups, the PPAC foresees activities targeted at provision of special education services for children living in indigenous and quilombola (former slave) communities. However, the low volumes of funding earmarked for these initiatives raises doubts as to whether they will elicit interest on the part of state and municipal governments. The total Federal Government investment earmarked for the fulfillment of this goal amounts to R\$ 16,6 billion for the four-year period, of which just over half is to be channeled through Bolsa-Familia (R\$ 8.4 billion), while an additional R\$ 2.3 billion represents Federal supplements for FUNDEF resources.

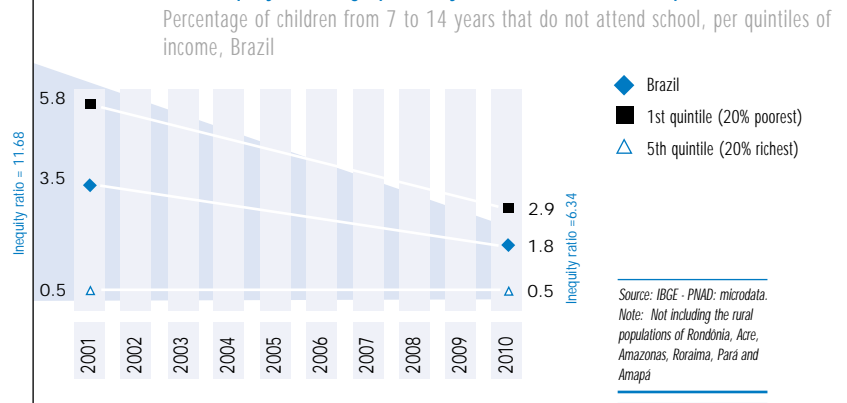
## Recommendations

In the light of the emphasis that the government's strategy places upon income transfers, one of the main recommendations raised by Rede Amiga for this goal is the development of strategies that facilitate access for the poorest families to Bolsa-Familia stipends.

**Graph 2.7** The inequity challenge posed by school attendance for children whose mothers have high/low levels of schooling



**Graph 2.8** The inequity challenge posed by school attendance for poor and rich children



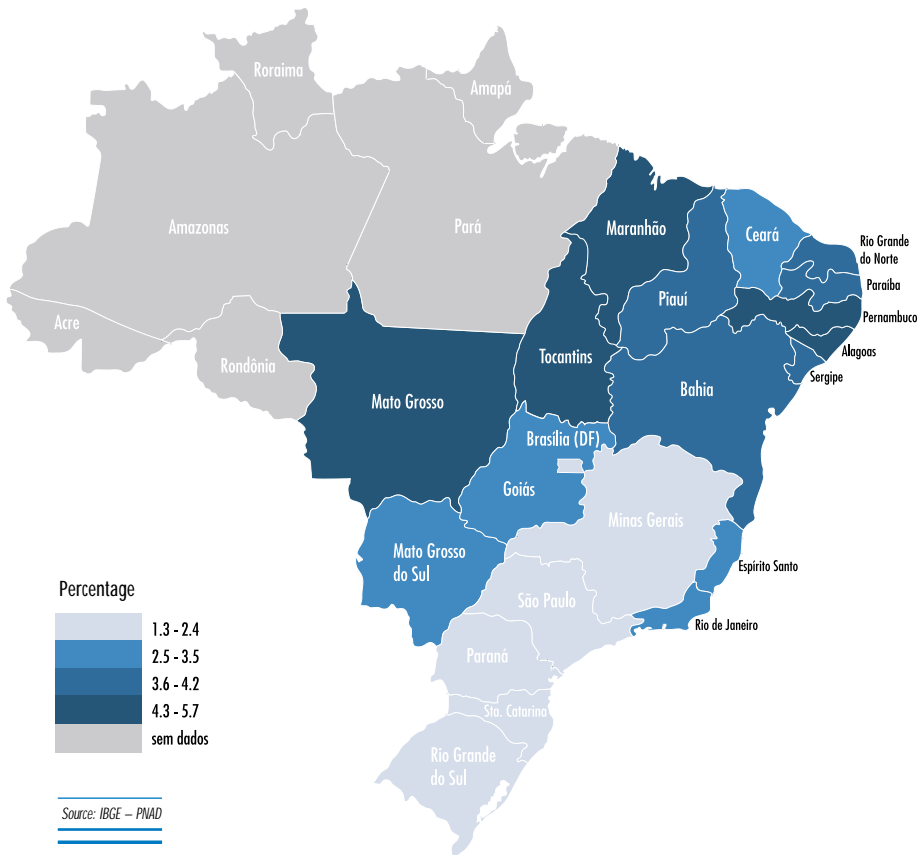
## Dropout and facilities

“

*The students we interviewed at two public schools told us that they do not have sports grounds. They said that they do not like to go to school because there is no space for leisure or fun (almost all the schools in Alagoas are small, with space enough only for classrooms). They complained that they do not have recess, since their play might hurt the preschool children. ... They also said that they only have time for leisure once a year: on Children's Day, when they visit the local television station and participate in games at other public places.*

Claudemir dos Santos Silva, 22; Maria Simone Silva Sales, 18;  
and Thiago da Silva, 19 – Alagoas

Map 5 Children and adolescents 7 to 14 years that do not attend school, 2002



## Access

“

While in other regions, and specially in large cities, people talk about the quality of education, among the riverine communities of the Amazon region the most serious problem is still access to primary schooling.

The municipality of Belterra still lags behind with regard to primary schooling. Of the 23 riverine communities within its limits, two have no schools; only three can offer full primary schooling; eighteen have schools that offer only 1st to 4th grades; and only 30% of the children are beneficiaries of the Federal Bolsa-Escola program. So far the Government has not provided any transport for students living in these communities. The Municipal Secretariat of Education reports that there are no resources available for this. It also claims that it cannot establish schools in all the communities because many of them are family-based villages with only 15 or 20 families. Consequently, the children end up being excluded. The school system ought to reconsider its attitude to places like this. Most of the children and adolescents only study up to the 4th grade, and then stop. In other words, they are born, grow up, have children, grow old, and die, with practically no education; they are oppressed and have to resign themselves to the hardships of this life.”

Pedro Watson Pantoja, 22 – Pará

“

For those who can pay there is the bus and, for students, it is half price. This has led to arguments, because the bus owners are always trying to curtail our right and make us pay the full fare, while the public authorities do nothing, or almost nothing, to help.”

Pedro Watson Pantoja, 22 – Pará; Emerson Quaresma, 20; and Izabelly Costa, 15 – Amazonas

ONE OF REDE AMIGA'S MAIN RECOMMENDATIONS FOR THIS GOAL IS THAT STRATEGIES SHOULD BE DEVELOPED TO FACILITATE ACCESS OF THE POOREST FAMILIES TO BOLSA-FAMÍLIA

The Government could, to this end, develop more powerful instruments to ensure access to schools for children from the more remote communities, those living in places where access is difficult and on the outskirts of towns, since, as was noted earlier, only 0.4% of the resources are earmarked for the inclusion of children from quilombola and indigenous communities or other underprivileged groups.

It is also recommended that interventions be designed to bring schools to such communities, and that investments be made in the expansion of projects that ensure free school transport facilities for these particular segments of the Brazilian population.

Lastly, Rede Amiga recommends that investments be made in training and in the provision of technical support for municipalities, with a view to consolidating the Unified Registration System [Cadastro Único].

## Bol sa-família



“

*The Bolsa-Escola program in our state is linked to the Federal Government's Bolsa-Família program. Since we live in neighborhoods on the outskirts of town, the chances of having neighbors who are beneficiaries of the program are high. There are, however, huge flaws in the distribution of income-transfers: some of the families that really need help do not receive any, since they did not have access to information or could not afford the bus ride to the place where registration takes place. In our town, registration is at only one central location, and this causes huge lines to form. Some freeloaders receive the benefit although they do not really need it.*”

Emerson Quaresma, 20; and Izabelly Costa, 15 – Amazonas

## Education in the Countryside



Photos: Luis Dantas



*The Fundamar Farm School, in the rural municipality of Paraguaçu, operates under an agreement with the State Secretariat of Education of Minas Gerais. The school was founded 20 years ago, and recognizes the local population as the protagonists of a history, with its own time, space and meanings. It has adopted an innovative pedagogical approach, based upon investigation and the building of a common memory and identity, including specific knowledge of the countryside. The result has been enhanced self esteem for students, parents, teachers and the entire community, all of whom feel they are part of a common effort for improving the quality of life and citizenship of men, women, youths and children living in the countryside. Fundamar offers a full range of services for some 500 students, from early-childhood education, through primary schooling, with extra-curricular activities and formal schooling. It also provides transport, meals, medical and dental care.*

[www.fundamar.com](http://www.fundamar.com)

## Gender Issues in Education

**Goal (c):** Eliminate gender disparities in primary and secondary education by 2005 and achieve gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.

### Goals and Indicators

Indicators	Most recent value	Year	Goal for 2010	Will the WFFC Goals be achieved? <sup>a</sup>	Capacity for monitoring the indicator <sup>b</sup>
Net secondary-school enrollment rate, by gender	36.1 (boys) 45.2 (girls) 40.6 (total)	2002	-	unlikely	good
Percentage of young population (18 to 24 years) that have concluded 11 or more grades, by gender	32.1 (man) 41.5 (women) 36.8 (total)	2002	-	-	good

Source: see the statistical tables in annex II

<sup>(a)</sup> most likely, likely, unlikely / <sup>(b)</sup> good, reasonable, poor

In practically all Brazilian education indicators, girls have a minor advantage in relation to boys, and in secondary schooling this advantage is specially significant. It is for this reason that priority has been placed upon analyses of indicators relating to secondary schooling that take gender issues into consideration.

Under the Child Friendly President's Plan (PPAC), the Federal Government has placed the focus on boys. Its objective is to increase the proportion of young people that conclude secondary schooling by 50%, thereby raising it from the current 46.2% to 69.3% by the end of the period. For boys, the PPAC stipulates an increase of 60%, thus bringing it up from the current 40.1% to 64.1%;

whereas for girls, the proportion is to rise by 40%, for the current rate of 52.5% to 73.5% by 2007.

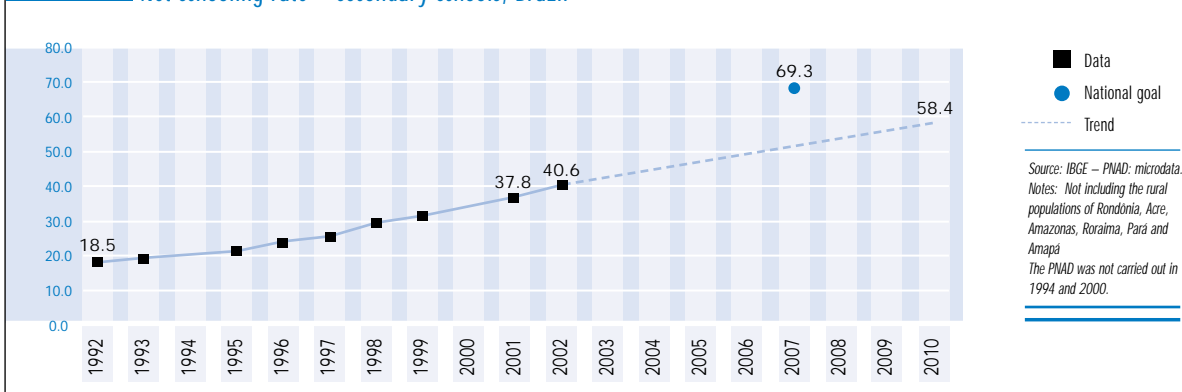
In Brazil, access to primary schooling for both boys and girls is reasonably equitable, though girls tend to have a slight advantage. The gender disparity begins to take on greater proportions when the data on secondary schooling is examined. Among adolescents of the appropriate age group, enrollment rates tend to be rather low (around 41%), and boys are at a considerable disadvantage in relation to girls.

Graph 2.9 sets the scale of the challenge assumed by the Federal Government against the background situation in Brazil over the past

considerations and analyses on the conditions for achieving this goal



Graph 2.9 Net schooling rate – secondary schools, Brazil



Source: IBGE – PNAD: microdata.  
Notes: Not including the rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapá  
The PNAD was not carried out in 1994 and 2000.

decade. If current trends are maintained, by 2010 the secondary-school enrollment rate will have risen to just under 60%. The Government, however, has pledged to bring it up to around 70%, by 2007.

This bold target merits approval of Brazilian society, both for its timing and scope.

Even bolder than the challenge of achieving a secondary-school enrollment rate of 69.3%, however, is the Government's stated aim of reducing the inequity between girls and boys in the same period. Once again, nothing in the trends for this indicator suggests that Brazil will manage to increase their respective rates by anything like the proposed 40% and 60% by 2007.

Although the PPAC contains a variety of actions aimed at increasing inclusion and keeping adolescents in school, no specific actions target gender issues. Consequently, there is no basis for asserting that, by the end of the period, the proportion of boys that continue their schooling beyond the primary school level will have increased by 50% more than that of girls.

Gender inequities are hardly the greatest challenge the Brazilian Government needs to meet in combating the persistent inequities that afflict secondary schooling. Graph 2.11 shows that disparities relating to such factors as race, mother's schooling level and family income are much greater, more persistent and, consequently, much more difficult to overcome.

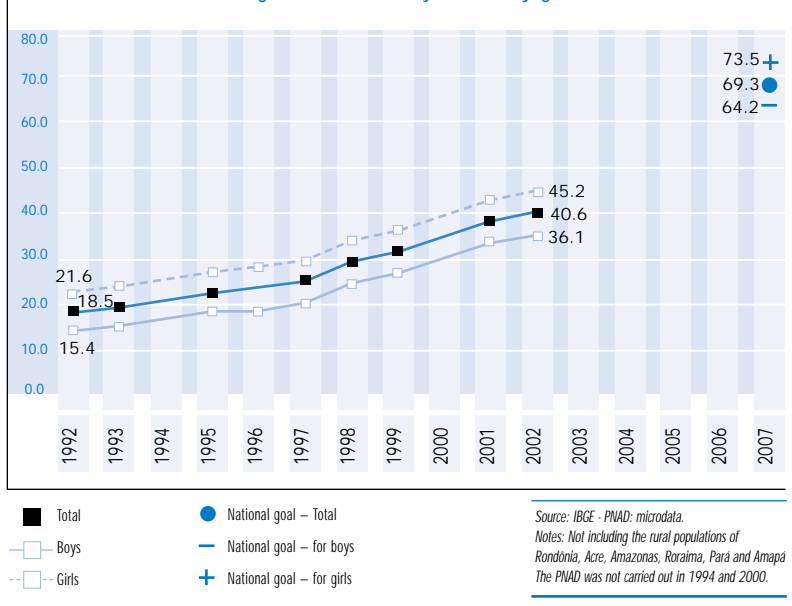
## Recommendations

- ✓ Ensure that gender issues are discussed, specially during teacher training and other human-resources activities within school communities;
- ✓ design interventions that increase the probability of boys remaining in school, even when they have reached an age at which, often, the families and communities believe they would be better off working;
- ✓ improve knowledge on the underlying causes of the disadvantage that boys have in relation to girls in schools, specially in secondary school, so as to improve the design of strategies for intervention;
- ✓ create mechanisms targeted at keeping adolescents in secondary schooling, through strategies such as an expanded Bolsa-Escola (or Bolsa-

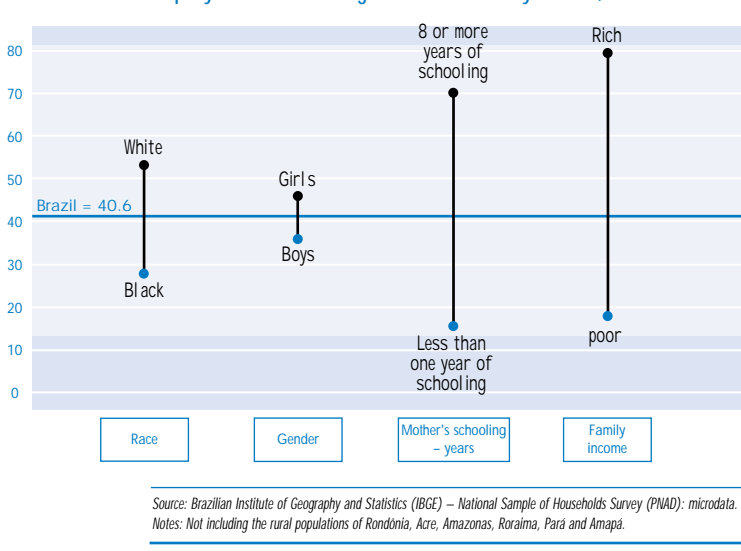
Familia) stipend for families with children enrolled in secondary schooling; and

- ✓ invest in the consolidation and enforcement of the Apprenticeship Law (Law 10.097/2000), that ensures young people work opportunities, linked to their remaining in school, with training and vocational activities to prepare them for the world of work.

**Graph 2.10** Net schooling rate – secondary school, by gender, Brazil



**Graph 2.11** Inequity in net schooling rate – secondary school, 2002



## Quality of Education

**Goal (d):** Improve all aspects of the quality of education so that children and young people achieve recognized and measurable learning outcomes, specially in numeracy, literacy and essential life skills

### Goals and Indicators

Indicators	Most recent value	Year	Goal for 2010	Will the WFFC Goals be achieved? <sup>a</sup>	Capacity for monitoring the indicator <sup>b</sup>
Proficiency of 4 <sup>th</sup> grade students in Math	176.3	2001	–	unlikely	good
Proficiency of 4 <sup>th</sup> grade students in Portuguese	165.1	2001	–	unlikely	good
Proficiency of 8 <sup>th</sup> grade students in Math	243.4	2001	–	unlikely	good
Proficiency of 4 <sup>th</sup> grade students in Portuguese	235.2	2001	–	unlikely	good
Proficiency of 4 <sup>th</sup> grade students by stage of skill acquisition in Math	12.5 classified as "very critical"	2001	–	unlikely	good
Proficiency of 4 <sup>th</sup> grade students by stage of skill acquisition in Portuguese	good 22.2 classified as "very critical"	2001	–	unlikely	good
Proficiency of 8 <sup>th</sup> grade students by stage of skill acquisition in Math	6.7 classified as "very critical"	2001	–	unlikely	good
Proficiency of 8 <sup>th</sup> grade students by stage of skill acquisition in Portuguese	4.9 classified as "very critical"	2001	–	unlikely	good

Source: see the statistical tables in annex II

<sup>(a)</sup> most likely, likely, unlikely / <sup>(b)</sup> good, reasonable, poor

Brazil is among the few countries that have a system for evaluating the skills acquired at school. The Ministry of Education (MEC), using internationally recognized methodologies, applies tests under the Primary Education Evaluation System (SAEB). Such tests are applied every two years, but could be applied annually or twice yearly.

In assessing the need to improve the supply of universal high-quality education and establishing targets, the Child Friendly President's Plan (PPAC)

makes no use of the indicators and parameters produced by SAEB and other evaluation systems.

The SAEB provides information on issues such as the proportion of students with age-grade discrepancies (39.1%), dropout rates (of every 100 students enrolled in the 1st grade of primary school only 41 conclude the 8th grade), and skill levels (59% of 4th-grade students are virtually illiterate, and only 9.6% of 8th-grade students acquire the skills needed to read more complex texts). Nonetheless,

less, none of these indicators were consulted by the Federal Government in preparing its plan.

Indeed, all of the indicators for the PPAC's Education area, shown in Table 3, relate to primary and secondary schooling coverage rates, and the percentages of children between ages 4 and 14 not attending school.

For these analyses and for the subsequent monitoring of the goal, Rede Amiga has selected SAEB proficiency indicators for 4th and 8th grade students of Portuguese and Math, and a related indicator that provides the percentage of 4th and 8th grade students whose grasp of Math and Portuguese skills is described as 'very critical'. Graphs 2.12 and 2.13 show how the percentage of 4th grade students in this category has risen.

On the graph for Portuguese language proficiency, for example, a student with this language-skill level can be regarded as illiterate, despite having spent four years in school and received passing grades in each of the previous grades.

The PPAC's approach to overcoming the alarming situation revealed by the SAEB test results, in relation to the quality of education, appears rather shallow. SAEB data shows that, between 1999 and 2001, the percentage of 4th-grade students whose Math skills were classified as "very critical" rose by 81% ; whereas those whose Portuguese language skills fell into this category rose by 41%. Meanwhile, the portion of 8th-grade students whose Portuguese language skills were classified as 'very critical', rose by 40%.

Despite these findings, most of the interventions foreseen under the PPAC are targeted at teacher training and measures aimed at improving the curriculum, with significant allocations of funds for the School Textbook Program. Though such measures are undoubtedly of importance for enhancing the quality of education, once having been distributed among the states and municipalities, they tend to be very thinly spread.

## Recommendations

Although the PPAC acknowledges the critical problem posed by the poor quality of education, it does not present any specific goals or guide-

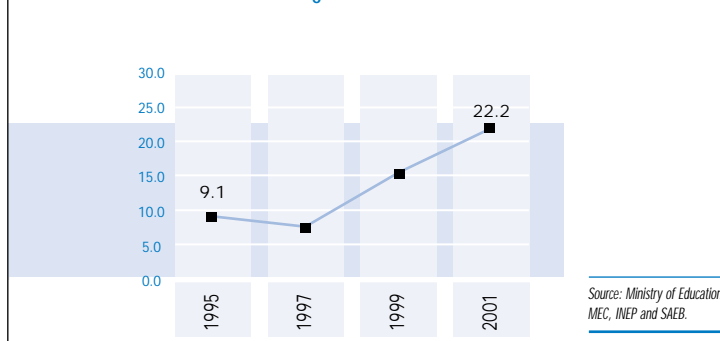
lines to orient government programs over the four-year period. In this regard, Rede Amiga recommends the following:

- ✓ the next draft of the PPAC must include a goal for increasing funding allocations for education, since this critical aspect which affects the quality of education, is not even mentioned in the current draft;
- ✓ among the array of issues the Government proposes to tackle in its efforts to improve the quality of teaching, it will be necessary to discuss questions relating to teachers' pay and the establishment of career plans;
- ✓ the processes of distribution of teaching materials and text books needs to be more closely

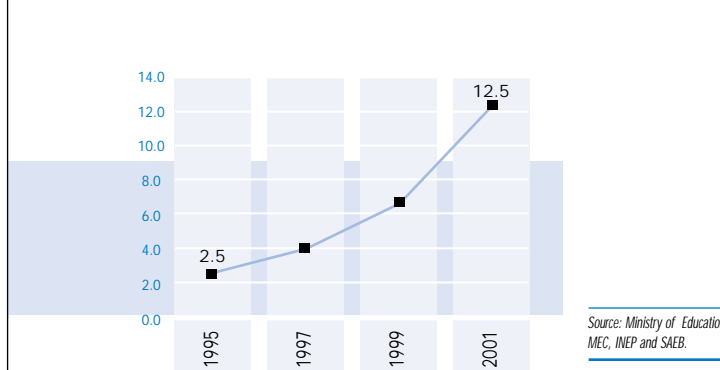
considerations and analyses on the conditions for achieving this goal



Graph 2.12 Percentage of 4th grade students in a "very critical" situation in Portuguese – SAEB, Brazil



Graph 2.13 Percentage of 4th grade students in a "very critical" situation in Math - SAEB, Brazil







linked to continuous training activities for teachers;

- ✓ deeper discussion must be pursued with regard to mechanisms for funding primary education, such as FUNDEF; and
- ✓ in compliance with the law, FUNDEF resources be increased since, according to findings of the National Campaign for the Right to Education, they are proving insufficient to carry out the actions required to effect improvements in the quality of the education provided in states and municipalities.

Rede Amiga also recommends that governmental efforts targeted at improving the quality of education be associated to the development of methodologies for monitoring school and student performance. Experience has proven that merely monitoring grade-repetition, dropout rates and age/grade discrepancies (which are three of the main problems in Brazilian education) does not constitute an assessment of whether students are in fact learning.

The quality of education is also linked to the participation of families in the teaching/learning process. Thus, the Government needs to:

- ✓ develop actions that stimulate parents and communities to participate in school activities, and open schools to the general public with a view to strengthening ties between schools and their surrounding communities;
- ✓ train teachers to enhance the teacher/student relationship by fostering dialogue and openness and focusing upon active participation of children and adolescents;
- ✓ stimulate the development of materials that are relevant to the local context, ensuring that they encompass and enhance the value of Brazil's abundant diversity;
- ✓ Train the school community and provide incentives for the conduction of participatory evaluations, with a view to identify factors that contribute to quality education;
- ✓ strengthen state-level evaluation systems, so as to enhance the participatory aspects of the SAEB and raise awareness among the school community as to the importance of evaluation;

## Projeto Chapada

Photo: Arquivo Projeto Chapada



*Projeto Chapada, linked to Fundação Abrinq's Crer para Ver and Natura Cosméticos' Programs, seeks to improve the quality of public schools in 12 municipalities of the Chapada Diamantina region of Bahia. The aims of the program are to ensure children the right to monitor their own learning process and keep them in school; train coordinators and teachers, and foster greater integration between municipal secretariats of education and local NGOs. Its project for training teaching coordinators has involved 2,022 teachers from 911 municipal schools that reach 51,079 children. Design and monitoring of the program is in the hands of a group of managers, comprised of community representatives, secretariats of education, NGOs, as well as school principals and teachers. The project has achieved 1st grade literacy rates of 73.63%, and reduced dropout by 80%. A law was passed creating the position of Pedagogical Coordinators, and fostering continuous training for teachers and new coordinators. At the beginning of the project, there were no coordinators in 85% of the municipalities. In seven municipalities, Municipal Councils of Children's and Adolescents' Rights (CMDCA) have been established. Organization has improved at the secretariats of education, which now have better knowledge of their teachers and students, and there is now greater popular mobilization in favor of education and of local culture.*

[www.fundabrinq.org.br](http://www.fundabrinq.org.br)



- ✓ encourage state and municipal Governments to establish career and wage plans for teachers;
- ✓ issue regulations that reduce the number of students per classroom;
- ✓ create conditions to strengthen ties between teachers and their schools by, among other things, increasing the proportion of teachers with fixed contracts, reducing the numbers of those on temporary contracts, with a view to strengthening relations between teachers and schools;
- ✓ invest in improving the quality of spending on primary schooling, in view of the fact that resource-management problems have been identified as one of the main causes of poor school performance; and
- ✓ improve the quality of school infrastructure and expand access to materials and pedagogical resources, specially in remote regions most in need of Federal Government support.



## Teacher Training and pay

“*The lack of qualified and motivated teachers causes dropout. Teachers are still very attached to ideas of hierarchy and treat students from public schools differently from those of the private schools. Many teachers miss class and, as a result, students miss class too and end up losing interest in their studies and dropping out.*”

Claudemir dos Santos Silva, 22;  
Maria Simone Silva Sales, 18;  
and Thiago da Silva, 19 – Alagoas.



## Uniforms, text books and school materials

“

*In Manaus, the state and municipal governments provide uniforms, materials and textbooks, but they generally only reach students long after the school year has started. Usually the books and workbooks distributed to students are not fully used, since teachers do not seem to plan their lessons based on the materials the Government provides. The authorities, meaning the State Secretariat of Education (SEDUC) and the Municipal Secretariat of Education (SEMED), do not elaborate master plans for quality teaching, nor do they consult the teachers (who, like all Brazilian teachers, are poorly paid), or ask them what they think would be an adequate program for the school year.*

Emerson Quaresma, 20;  
and Izabelly Costa, 15 – Amazonas

\*\*\*

“

*Students at all public schools in Alagoas are required to wear uniforms. They are not provided for free, however, and this places a heavy burden upon poor families.*

Claudemir dos Santos Silva, 22; Maria Simone Silva Sales, 18; and Thiago da Silva, 19 – Alagoas

“

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*It is necessary to ensure that children and adolescents learn more about their State/municipality/country. (...) Textbooks should contain basic information on the main resources and livelihoods in each region, for example, the importance of sheep and goat herding in the Northeast. These materials should be accessible to the entire population (...). It is important that the children of farmers understand the importance of education.*

João Netto, 20; Deise Moraes, 21; Nayara Silva, 18;  
and Jussara Borges, 18 – Bahia

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STATE AND MUNICIPAL GOVERNMENTS NEED TO ESTABLISH CAREER AND WAGE PLANS FOR TEACHERS

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## Enhance the Value of Diversity in Education

**Goal (e):** Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programs

### Goals and Indicators

The World Fit for Children Goals emphasize diversity and the need to adapt the supply of educational services to individual needs. The WFFC states that all primary education programs should be accessible to children with special learning needs and various types of disabilities. The WFFC document also proclaims that educational programs and materials ought to fully reflect the promotion and protection of human rights, and the values of peace, tolerance and equity among genders.

In its response to these commitments, the Government has set the promotion of special education as one of the challenges to be fulfilled throughout the implementation period of the Child Friendly President's Plan (PPAC), pledging that it will permeate "all levels of schooling, from early-childhood education to higher education," and represent an "important vehicle for the social and educational integration of persons with special learning needs" (Brazil, PPAC, 2003).

Actions foreseen under the PPAC focus principally upon human-resources training, the adaptation of installations and facilities, and distribution of teaching materials for students with special learning needs. Investments amounting to a total of R\$ 70.6 million are foreseen for the 2004-2007 period, yet no goals have been set to determine the extent of the expansion of coverage, nor the supply of such modalities of services.

While acknowledging the Federal Government's efforts, and the importance of the signal they send to states and municipalities in terms of the need to invest in enhancing the value of diversity, Rede Amiga draws attention to the need for public policies that address the diversity of situations and the varying degrees of complexity that such interventions involve.

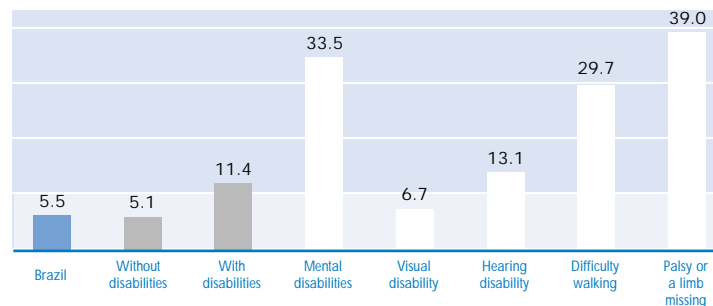
Graph 2.14 provides an objective visualization of the findings of the 2000 Census with regard to the proportion of children in the 7 to 14 year age bracket that do not attend school as a consequence of a deficiency.

It shows that, whereas the national average figure for children not attending school was 5.5%, among children with deficiencies it rises to 11.4%. The graph also shows that access to school is conditioned by the type of deficiency and that, for children that have locomotion difficulties or that suffer from mental deficiencies, the chances of attending school are considerably lower.

considerations and analyses on the conditions for achieving this goal



**Graph 2.14** Percentage of children from 7 to 14 years that do not attend school owing to disabilities, Brazil, 2000



Source: sample of the Census, 2000 – IBGE. Published in the Report on the Situation of Children and Adolescents in Brazil, 2003, UNICEF



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AS THE AGE  
BRACKET  
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WORSE

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Graph 2.14 also shows clearly that, as the age bracket increases, the barriers to access for children with special learning needs tend to get worse, and the proportion of children with deficiencies not attending school rapidly surpasses the proportion of those with no deficiencies, or of those with special learning needs.

It is the view of Rede Amiga that the inclusion of persons with special learning needs is but one of the challenges that must be met by Brazilian society and by the Federal Government. Another challenge entails the treatment of contemporary social themes, already foreseen in the National Curriculum Parameters (PCN), that aim to "prepare students for life"; such as approaches to issues relating to human rights, environmental education, and the prevention of STDs and AIDS.

Lastly, there is a need for projects or courses

aimed at enhancing the value of social and cultural diversity in 2004 or 2005, since the PPAC lacks goals for the support of such actions.

## Recommendations

With a view to providing education that is better adapted to the needs of children and adolescents, Rede Amiga recommends that governmental investments be targeted toward cultural, sports and leisure activities in schools, both during and after class hours, in order to encourage the participation of students and the entire community in such activities.

It also recommends that investments be made in teacher training with a view to enabling them to adopt cross-cutting themes prescribed under the PCN, adapted to the local context.

## Eradicate Adult Illiteracy

**Goal (f):** Achieve a 50 percent improvement in levels of adult literacy by 2015, specially for women

### GOALS AND INDICATORS

Indicator	Most recent value	Year	Goal for 2010	Will the WFFC Goal be achieved? <sup>a</sup>	Capacity for monitoring the indicator <sup>b</sup>
Adult literacy rate (15 years old or older)	88.2	2002	100	unlikely	good

Source: see the statistical tables in annex II

<sup>(a)</sup> most likely, likely, unlikely / <sup>(b)</sup> good, reasonable, poor

Though it may seem out of place to set a goal of reducing adult illiteracy among the commitments to achieve a better world for children, increasing the schooling level of the adult population, and specially of women, has an immediate impact upon children's living conditions. Indeed, as a number of graphs in this report have shown, the more years of schooling that mothers have received, the better their children's standard of living indicators.

Once again, this indicator requires adaptation to the Brazilian context, with respect both to the definition of goals, and to gender issues. In the first case, given that a 50% increase would result in literacy rates of over 100%, Brazil's goal was set at total literacy; in the second, with the exception of the more elderly portion of the population, illiteracy rates tend to be higher among men than among women.

The PPAC goal for 2007 is to achieve a literacy rate of 90.5% among persons over the age of 15 (up from 88.2% in 2001).

As Graph 2.15 shows, the goal proposed under the PPAC is based upon a historical series of declining illiteracy rates in Brazil and, apparently,

ignores the commitments assumed by the Government in its Brasil Alfabetizado (Literate Brazil) Program. As the PPAC goal is less ambitious, it will divert Brazil from the path that would bring it closer to the attainment of 100% literacy rates by 2015. According to Rede Amiga's estimate, shown in Graph 2.15, if the current trend is maintained, 5% of the Brazilian population will still be illiterate in 2015.

Another aspect of the analysis shows that, although the 2000 Census data reveals a rise in the literacy rate over the course of the last two decades of the 20th Century, owing to rapid population growth, the number of illiterates grew continuously over the period. This trend only began to be reversed in the mid 1990s, when the total number of illiterates began to decline. In 2000, there were just over 16 million illiterates 15 years old or over.

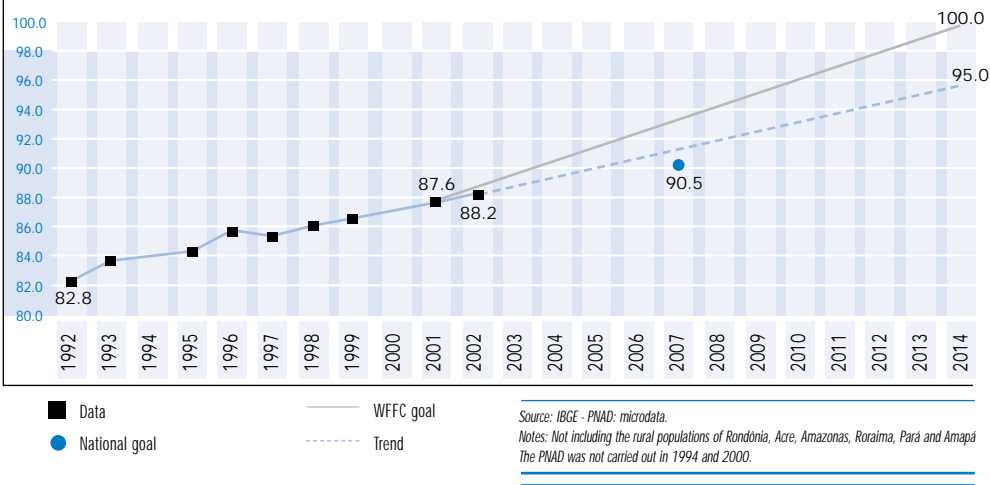
This reduction has not been achieved in a linearly among all the various segments of the Brazilian population. An examination of the age brackets shows that the older the cohort, the higher the illiteracy rate; i.e., illiteracy is less common among

considerations and analyses on the conditions for achieving this goal



“  
Increasing the schooling levels of the adult population,  
and specially of women, has an immediate impact on  
children's living conditions  
”

**Graph 2.15** Literacy rates – 15 years and over, Brazil



THE GOAL OF ACHIEVING AN ADULT LITERACY RATE OF 90.5% BEARS NO RELATION TO THE WORLD FIT FOR CHILDREN GOALS

the younger generations. Nonetheless, even among the younger groups, inequities persist.

Graph 2.16 shows that the difficulties that persons with deficiencies face in obtaining access to primary school and other educational services end up generating other forms of inequity. Whereas 96.4% of adolescents without deficiencies are literate, for adolescents in the same age bracket with any type of deficiency the literacy rate drops to 86%.

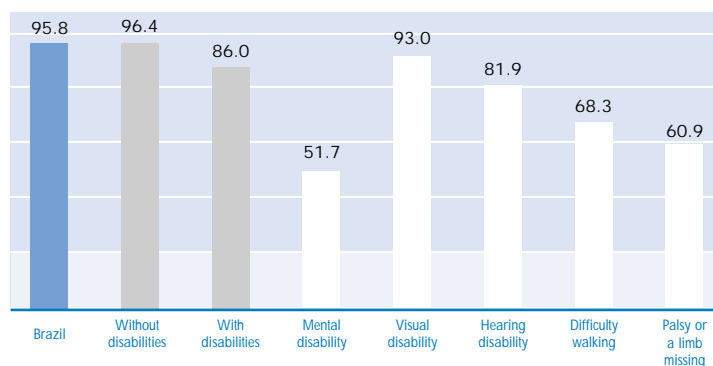
Of the physical disabilities that inhibit access to schooling, the most serious limitation for adolescents is difficulty in walking. Literacy rates among these adolescents are below 70%. This, once again, reveals a lack of concern on the part of governments with the provision of facilities to ensure that children and adolescents with locomotion difficulties have access to schools. The PPAC offers little in the way of strategies for reducing such inequities.

It needs to be stressed that not only is the goal of achieving a 90.5% adult literacy rate out of alignment with the WWFC Goals; it also ignores the target set under the National Education Plan (PNE), approved in 2001, that envisages the eradication of illiteracy in Brazil by the end of the decade.

None of these observations, however, are intended to detract from the importance of the fact

that the Federal Government has given priority to tackling the problem of illiteracy, through the launching of the Brasil Alfabetizado Program, that has funding of around R\$ 1.3 billion for the expansion of the supply of primary schooling for adults, training for teachers, distribution of teaching materials specifically targeted at this segment of the public, transport facilities and school meals. Rede Amiga also commends the Government

**Graph 2.16** Literacy rates for adolescents, by deficiency – Brazil, 2000



Source: sample of the Census, 2000 – IBGE. Published in the Report on the Situation of Children and Adolescents in Brazil, 2003, UNICEF

for its decision to retain the Recomeço Program (Beginning Anew Program), under the new names Fazendo Escola<sup>11</sup> and Proneira<sup>12</sup>.

## Recommendations

Special attention needs to be dedicated to monitoring changes in the most critical indicators, i.e., those relating to higher age brackets, and specially to women.

Furthermore, special attention needs to be devoted to governmental interventions targeted at those portions of the population among which the problem appears to be most critical (such as indigenous and Afrodescendent populations), among segments in which illiteracy rates tend to be highest (people living in rural areas, where average illiteracy rates are three times higher than in urban areas), and in the Northeast region where the highest illiteracy rates are reported.

With regard to the publics targeted by the WFFC and the PPAC, it is important to stress the need for further investment to enhance the monitoring of illiteracy among adolescents in the 15 to 17 age bracket which, currently, affects roughly 500,000 persons, of which almost two thirds are boys.

Of equal concern is the challenge of attracting adults to literacy programs and encouraging them to resume primary schooling. Since adult literacy courses, generally, tend to have very high dropout rates, it is recommended that investments be targeted toward the creation of an environment that is conducive to education and improving adult students' self-esteem. This concern stems from the emphasis placed by government initiatives and funding strategies upon increasing the supply of educational services when, in many

locations the more intractable problems are of a qualitative nature.

In view of this situation, Rede Amiga recommends that:

- ✓ special attention be devoted to the 15 to 17 age bracket (school-age illiterates) and to women, in view of the positive influence that a mother's schooling level has upon the educational prospects of her children and upon child development, as the infant mortality indicators so eloquently show;
- ✓ special attention be devoted to adults living in rural areas;
- ✓ investments be made in campaigns aimed at stimulating demand for adult education services;
- ✓ support be provided for initiatives that focus upon raising the self-esteem of illiterate youths and adults, thereby mitigating one of the main factors behind dropout and truancy at adult literacy courses;
- ✓ continuity of the learning process be ensured once youths and adults have concluded literacy training, by increasing the supply of places for this segment of the public in primary schools, providing encouragement for setting up libraries and reading rooms, and also by providing support for digital-inclusion programs and initiatives specifically targeted at this segment of the population;
- ✓ the progress of children in specially critical situations with regard to schooling be closely monitored, with the aim of vanquishing illiteracy within schools; and
- ✓ guarantee that the process of increasing the supply of places in youth and adult education be linked to mechanisms that ensure the quality of teaching provided.

IT IS  
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THAT SPECIAL  
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ADOLESCENTS  
IN HIGHER AGE  
BRACKETS,  
AND SPECIALLY  
TO WOMEN

<sup>11</sup> The Ministry of Education's Program of Support to States and Municipalities for Primary Education for Youths and Adults.

<sup>12</sup> The Ministry of Agrarian Development's National Program for Education in Land Reform.





**Protection**

## Protection from Abuse, Exploitation and Violence

The commitment established under the World Fit for Children includes five priority goals to be fulfilled by the signatory nations. Based upon the premise that each and every child and adolescent has the right to be protected from all forms of abuse, neglect, exploita-

tion and violence, these goals relate to combatting child labor; protection from all forms of sexual exploitation; and improving the living conditions of millions of children who currently live in extremely difficult circumstances throughout the world.

### Goals and Strategies

**TABLE 4** Comparison of International and National Goals and Strategies for Protection from Abuse, Exploitation and Violence

INTERNATIONAL	World Fit for Children Goals	<ul style="list-style-type: none"> <li>a) Protect children from all forms of abuse, neglect, exploitation and violence;</li> <li>b) Protect children from the impact of armed conflict and forced displacement, and ensure compliance with international humanitarian and human rights law;</li> <li>c) Protect children from all forms of sexual exploitation, including pedophilia, trafficking, and abduction;</li> <li>d) Take immediate and effective measures to eliminate the worst forms of child labor as defined in International Labour Organization Convention No. 182, and elaborate and implement strategies for the elimination of child labor that is contrary to accepted international standards;</li> <li>e) Improve the plight of millions of children who live under especially difficult circumstances.</li> </ul>
	National Plan of Action (Child Friendly President's Plan)	<ul style="list-style-type: none"> <li>a) Provide support for children and adolescents in socially vulnerable situations.</li> <li>b) Combat child labor and provide protection for the work of adolescents.</li> <li>c) Combat sexual exploitation.</li> <li>d) Provide protection from violations of Children's and Adolescent's Rights.</li> </ul>
NATIONAL	Pact for Peace	<ul style="list-style-type: none"> <li>a) Ensure the eradication of sexual violence against children and youths, through deployment of the National Plan for Confronting Violence, Exploitation and Sexual Abuse in the states and municipalities.</li> <li>b) Ensure the prevention and eradication of all forms of child labor and provide protection for working adolescents.</li> <li>c) Provide for the effective application of socio-educational measures, ensuring the full exercise of the right to defense and demystification of the impunity of adolescent perpetrators of offenses, with the aim of fostering a culture of peace.</li> <li>d) Institute and implement, at the three spheres of Government, in articulation with the Office of the Public Prosecutor [Ministério Público], policies targeting children and adolescents, through strengthening the Councils of Rights, of Guardians and Funds, with a view to combating fragmentation and sectoral actions, as a strategy for ensuring full compliance with the Statute of the Child and Adolescent (ECA) and for control of the phenomenon of violence.</li> <li>e) Ensure the central role of the family in the conduct of programs, respecting social, ethnic, and cultural diversities, including gender, generational, physical and mental differences.</li> <li>f) Create, implement and strengthen Councils of Rights, of Guardians and of Social Welfare, providing them with the necessary resources and facilities, and foster the continued education of Council members.</li> </ul>

## Analyses and general considerations

For each one of these goals, the Government and Rede Amiga have sought to identify relevant indicators. One of the principal difficulties identified by the organizations that comprise Rede Amiga in all efforts aimed at providing protection for children and adolescents in Brazil, is the lack of reliable information.

In the majority of cases, fulfillment of the goals is highly dependant upon information that serves to guide the actions of the Government and the society in their efforts to meet the challenges proposed. In this respect, one of the first and most pressing recommendations for the building of a Brazil Fit for Children entails better, more systematic, reliable and accurate knowledge regarding the lives of our children and adolescents.

This lack of consistent information led the WFFC goals for protection to be couched in more descriptive terms, and only in a few cases has it been possible to state goals that can be objectively measured. This has affected the mechanisms used by Rede Amiga to monitor the fulfillment of goals, especially in view of the need to set initial benchmarks for verifying if and how Brazil is progressing along the path toward fulfillment of the goals.

Benchmarks are needed to underpin the analyses and provide parameters for the evaluation of government programs.

The first step was to acknowledge that the Brazilian Statute of the Child and Adolescent (ECA) has already set the parameters. On the other hand, though the Statute provides guidelines and principles to be adopted for the protection of children and adolescents, gaps exist with regard to the implementation of policies and the short-term results that can be expected.

In the light of the commitment to coordinate Brazil's efforts to ensure protection for its children and adolescents, one of the principal benchmarks for defining the requirements of a System for Guaranteeing Rights is the Pact for Peace (PPAZ), pro-

## System for guaranteeing rights and special services



“

*Many children and adolescents from poor communities know nothing about the Government, the Guardianship Councils, the Municipal Councils of Children's and Adolescents Rights, the laws, and the Child Friendly President's Plan of Action. Activities are needed to raise awareness and spread knowledge about these themes, among all people, regardless of age, sex, race, etc.*

*In Rio de Janeiro, there is only one Specialized Police Precinct for Children and Adolescents (DPCA). At these precincts there should be an ombudsman and a hotline to receive complaints relating to children and adolescents, and to take the appropriate measures when called upon.*

*There should also be surveys to verify how children and adolescents who are the victims or perpetrators of violence feel when they are at the Specialized Precinct. The ombudsman's office should maintain links with all the other bodies that work with children and youths.*

*The institutions that apply socio-educational measures are extremely ineffective, and in fact serve as schools for organized crime, since they 'refer' offenders to drug gangs and criminal factions. In these institutions, youths are often subject to abuses of authority, sexual abuse, ill-treatment, physical and psychological violence, and discrimination. The staff has neither training nor methodologies for caring for the inmates and restoring them to society.*”

*João Netto, 20; Deise Moraes, 21; Nayara Silva, 18; and Jussara Borges, 18 – Bahia*

posed by the National Council for Children's and Adolescents' Rights (CONANDA). This Pact contains important parameters that can serve as guidelines for Rede Amiga in its subsequent reports.

The Child Friendly President's Plan (PPAC) reiterates the WFFC goals in the form of four great challenges: support for children and adolescents in socially vulnerable situations; combating child

<sup>13</sup> The PPAC uses the phrase 'protecting the work of adolescents: Rede Amiga takes the view that it is the adolescent, and not the work, that needs protection, and thus considers 'protection of working adolescents' a more adequate wording.



labor and protection of the work of adolescents<sup>13</sup>; combating sexual exploitation; and protection from violations of children's and adolescents' rights. Throughout, this approach is based upon the Statute of the Child and Adolescent, and particularly article 5th.

Only a relatively small portion of the PPAC budget is earmarked for ensuring protection. Of the total allocated for the 2004-2007 period the Federal Government has earmarked only 2% (R\$ 1.22 billion) for the four challenges related to protection. The major portion of this allocation is targeted at combating child labor, and preventive actions designed to protect children and adolescents from various forms of violence. Such low levels of investment would appear to be of little practical effect, when set against the context of a society in which violence is increasingly pervasive.

Although Rede Amiga acknowledges that states, municipalities and society in general have an essential role to play in this effort, nonetheless, in order for the Federal Government to perform its function of mobilizing and stimulating these initiatives, a larger volume of resources will be needed.

## Initial recommendations

Overcoming the problems identified in the protection area depends upon the implementation of the System for Guaranteeing Children's and Adolescents' Rights, and the definition of systematic guidelines for ensuring integral protection for children and adolescents, and of the respective roles and functions of the various organizations involved at the three levels of Government. Initially, deployment of this System will entail integration of the various policies currently being carried out throughout the country.

In addition to recommendations directly related to the individual goals, discussions among the components of Rede Amiga also generated analyses and comments of a more general nature. These underscore the need for a reliable information system and may be applied to the entire Protection from Abuse, Exploitation and Violence area. These include:

- ✓ mapping of the structure and functioning of Guardianship Councils and of Councils of Children's and Adolescents' rights, especially at the municipal level, as a reference to guide a strategy for the strengthening of these bodies through financial and technical support and guidance to orient their establishment and functioning;
- ✓ the establishment of quantitative goals for each of the indicators proposed in the PPAC;
- ✓ improve the quality of the Information System on Children and Adolescents (SIPIA), expanding its capacity to include reports and transforming it into a management support tool for policies targeted at children and adolescents;
- ✓ technical and operational assistance and infrastructure, so as to enable states and municipalities to provide the necessary reliable high-quality information; and
- ✓ guidance to ensure that resources from the National Children's and Adolescents' Rights Fund are spent on policies for protection.

In view of the general nature of the goal proposed, Rede Amiga, together with the Federal Government, has chosen to portray the situation using certain selected indicators that seek to quantify the numbers of children and adolescents involved. Setting a baseline for these indicators was no easy task, owing to the poor quality and scarcity of data.

FACING UP TO THE PROBLEM [OF VIOLATIONS OF CHILDREN'S RIGHTS] DEPENDS UPON THE IMPLEMENTATION OF THE SYSTEM FOR GUARANTEEING CHILDREN'S AND ADOLESCENTS' RIGHTS

## Protection from Abuse, Exploitation and Violence

**Goal (a):** *Protect children from all forms of abuse, neglect, exploitation and violence*

### Goals and Indicators

Indicators	Most recent value	Year	Capacity for monitoring the indicator <sup>(a)</sup>
Number of cases of child and adolescent victims of abuse	no data available	-	poor
Murder rate in the 0 to 17 age group	7.1	2002	good
Number and percentage of children and adolescent in conflict with the law	no data available	-	poor
Number of children and adolescents attended by programs for victims of abuse, neglect or violence	no data available	-	poor

Source: see the statistical tables in annex II

<sup>(a)</sup> a good, reasonable, poor

There is no systematic information on a national scale for the first indicator, i.e., the number of children and adolescents victims of abuse. Indicators on adolescents subject to social-educative measures need further organization and standardization and are not, in their present form, suitable for consistent analysis. Only the murder rate among the population from 0 to 17 years of age provided consistent nationwide figures.

Such difficulties also influenced the decisions of the Brazilian Government which, in its response to demands for the fulfillment of this goal, proposed for the 2004-2007 period, to offer support for children and adolescents in socially vulnerable situations. This explains the more attentive view toward what the PPAC, in compliance with the Statute of the Child and Adolescent (ECA), refers to as 'a reordering of services' (shelters and socio-educational units).

Other than the activities underscored by the Government for providing support for these vulnerable segments of the population, the Plan does not contain objective and measurable goals for the proposed indicators. Consequently, no relationship can be established between the current situation and the goals set for the period in question.

The indicator for the 'number of children in

shelters supported by the Federal Government' presently stands at 24,000. The goal is to reorganize these shelters, in compliance with article 92 of the Statute of the Child and Adolescent, and to develop activities that guarantee the right to family and community life for these children.

Other PPAC goals for the period include: the deployment of actions for promoting the reorganization of socio-educational units according to a pedagogical proposal foreseen by the Statute of the Child and Adolescent: in municipalities with populations of over 200,000, the transfer of socio-educative measures to the municipal authorities; and the creation of inter-institutional 24-hour services centers, in municipalities with populations of over 200,000.

The indicator used by the PPAC places the number of adolescents undergoing socio-educational measures at 9,555 youths in close custody. The goals, on the other hand, refer to incentives and support for socio-educative measures such as open custody; enhanced effort for investigation and punishment of cases of torture, violence and abuse of authority; the furthering of efforts to make the socio-educational system compliant with the precepts of the Statute of the Child and Adolescent, in terms of respect, liberty, growth and development of interned adolescents. They

do not, however, project an expected future, either in terms of the number of young people incarcerated, or of the trends for this indicator.

In its concern with reordering the units, the PPAC acknowledges that 71% of the socio-educational units are in installations that fail to comply with the space and pedagogical requirements set under the Statute of the Child and Adolescent. However, the PPAC sets no measurable goals or deadlines for the future.

The only objectively measurable benchmark among the PPAC goals for the Protection area, relates to the number of children and adolescents protected by the government. The goal is to protect 6,000 children and adolescents, by means of the establishment of protection programs in Brazil's most violent capital cities.

Starting from a situation in which huge gaps exist in the information needed in order to conduct analyses, Rede Amiga has identified data and statistics that could aid Brazilian society in forming a clearer view of the prevailing situation, in relation to the protection of children and adolescents.

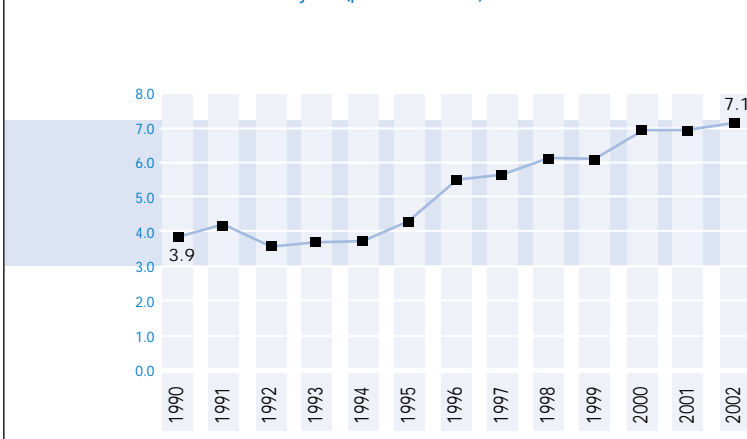
This information includes an alarming rise in figures on deaths from murder among persons in the 0 to 17 age group, which eloquently demonstrate the low effectiveness of mechanisms for the protection of children and adolescents in effect in Brazil (Graph 3.1).

Map 6 shows how violence affects boys and girls in Brazil. It shows the distribution of violence among Brazil's 26 states and the Federal District, thus providing a better perception of where the problem is most acute. States in darker blue are those with the highest murder rates.

By taking these murder rates and breaking them down by different age groups, it becomes evident that although the problem is more serious among the 18 to 24 year-old population, the rate among the 15 to 17 age group has grown significantly, and now exceeds the rate for the population over 25 years old (Graph 3.2).

In support of this analysis, studies and research from various government and non-government sources were consulted, not with a view to making a definitive portrait of the situation throughout Brazil, but rather, with the aim of achieving a

Graph 3.1 Murder rate – 0 to 17 years (per 100 thousand), Brazil



Source: IBGE, Populations Census – Ministry of Health, Death Information System - SIM.

considerations and analyses on the conditions for achieving this goal



general overview of the scale of the challenge that Brazilian society and the Government need to confront.

Another available indicator, though one for which historical series are lacking, is the number of children and adolescents undergoing socio-educational measures. According to the data, there are 10,366 young Brazilians in this category. Of these, 4,880 are in the State of São Paulo. This figure does not include the States of Rio de Janeiro, Piauí and Pernambuco.

In the State of Rio de Janeiro, according to data from Institute of Applied Economic Research (IPEA 2003), between September and October

“ 71% of the socio-educational units are in installations that fail to comply with space and pedagogical requirements set under the Statute of the Child and Adolescent ”

2002, 236 adolescents were arrested for drug trafficking. This number corresponds to approximately 44% of the total number of arrests in the State and raises serious concern with respect to the involvement of adolescents in this type of activity.

Another aspect that needs to be considered relates to conditions in these institutions that provide shelter for children, and to what extent the services are compliant with recommendations and requirements of the Statute of the Child and Adolescent. If the Federal Government is to pursue the goal of reordering these units, it will be necessary to survey present conditions in order to create a baseline.

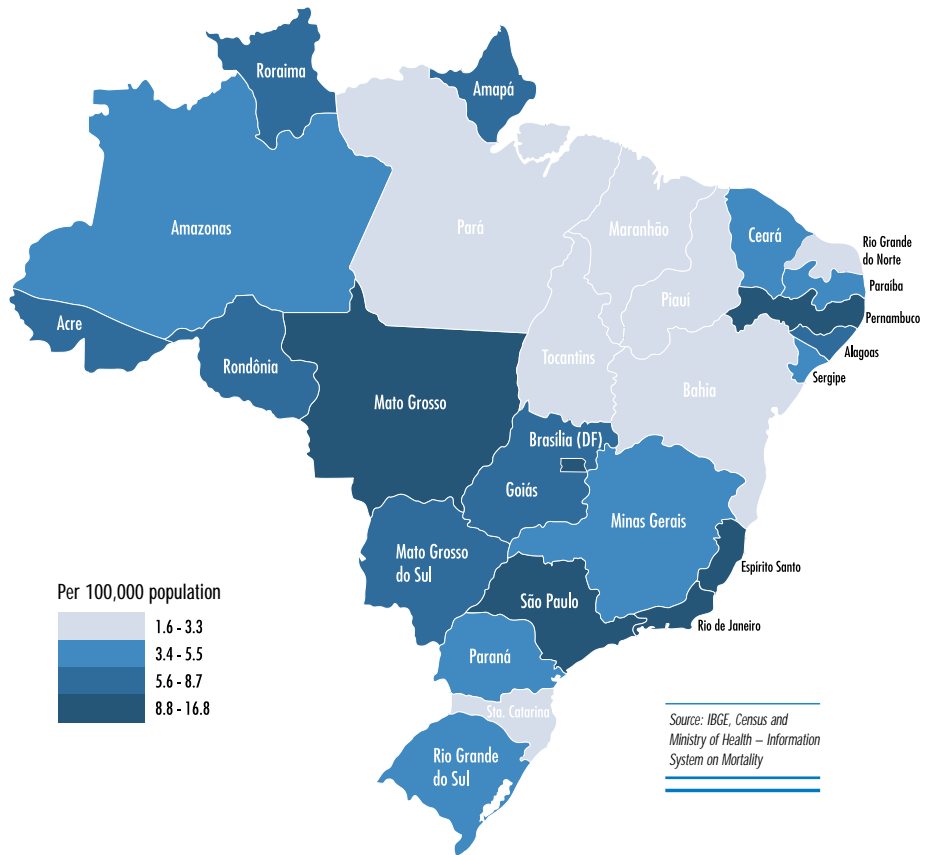
A study carried out recently by IPEA in 2004 on shelters for children and adolescents overseen by the Services Network for Continued Action of the Ministry of Social Development (Rede SAC) presents a more detailed view of the situation in these institutions and on the problems of providing services for this public. Of a total of 626 institutions surveyed, half of them were in the Southeast region, a third of them in São Paulo. The majority of these institutions (65%) are run by non-government organizations, most of which (67.8%) have a strong religious orientation. They offer a variety of services, with no segregation, although only 12.6% of them claim to have adequate installations for people with disabilities.

The survey also found that the main reason for the presence of these boys and girls in these shelters was poverty (24.2%), and that the great majority of them have families (86.7%), thus highlighting the importance of focusing strategies for child protection on families.

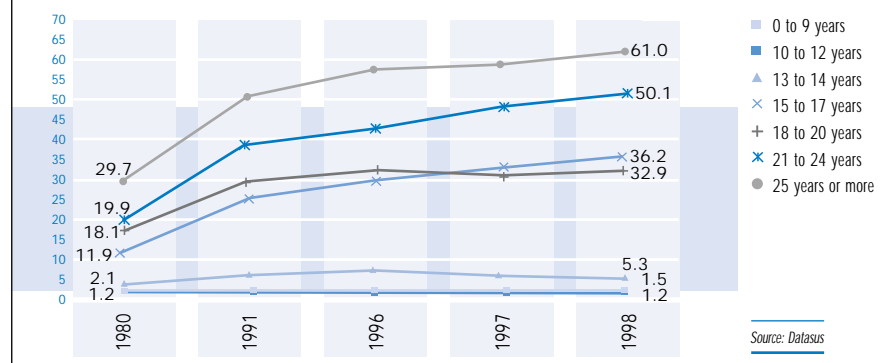
The data presented also provide insights into the problem of racial discrimination and its ramifications on the adoption of children from shelters. According to the IPEA study, when broken down by race, the ratio of black children in shelters rises proportionally as their age advances, from less than 1.5 in the 0 to 3 age group, to over 2.0 by the time they reach 18.

An analysis of government programs focused upon ensuring the right to family and community life for children and adolescents in vulnerable social situations, indicates that new strategies are needed, including the creation of new modalities

Map 6 Murder rate, 0 to 17 years, 2002



Graph 3.2 Murder rate (per 100.000 population), Brazil





of shelters; incentives for legal adoption; strengthening of the Councils for Children's and Adolescents' Rights; and preventive action centered on the families, modeled on the National Plan for Integral Services for Families (Plano Nacional de Atendimento Integral à Família – PAIF).

From the budgetary standpoint, the Plan estimates a total investment of R\$ 164.5 million over the four-year period, of which the resources earmarked for 2004 represent less than 10% (just over R\$ 13 million). Also, according to information in the public budget, these resources are to finance scholarships and training for adolescents of 15 to 17 years old; supervision of working conditions; actions targeted at protecting children and adolescents who have received death threats; as well as attending to adolescents undergoing socio-educational measures.

Another aspect of the Plan that has drawn attention is the low level of investment allocated for preventive action. The only preventive action explicitly focused is support for projects involving the school community in the prevention of violence. Moreover, the Plan foresees such support for a mere eight schools and organizations in the entire country each year.

For actions on a greater scale, such as scholarships for adolescents 15 to 17 years old in socially vulnerable situations, which accounts for half of the budget for the challenge, the Plan does not specify the form such interventions are to take, thus making any analysis of the strategy and its potentialities very difficult.

It is therefore not clear which prerequisites will be adopted in the selection of adolescents that are to benefit from these scholarships, what kind of counterpart will be required, or how the income transfer will be effected so as to counter specific problems and vulnerabilities faced by these groups. Clearer eligibility criteria are needed and more transparent information on how the program is to function, in order to enable analysis and monitoring of the initiative.

Aspects such as the increase in the young person's self-esteem, his social status and, ultimately, his prospects for inclusion and respect within the community, are also important factors in decisions about entering a life of crime, or

“*Most of the boys and girls in shelters have families (86.7%), which highlights the importance of targeting strategies for child protection on families*”

finding a paying job to help support the family. At this point, there is a convergence of the various themes, such as the relationship between violence, income, organized crime and access to work, that have been alluded to in this section on Protection. The role of the State and the inefficacy of legislation regulating the conditions under which young people can work and the process of getting a job, are all aspects that need to be considered, when assessing the fulfillment of the WFFC goals and actions foreseen under the PPAC in the next few years.

## Bol sa-Escol a and dropouts



“*Combating dropout in our state through the provision of Bolsa-Escola stipends is not producing great results. The money is insufficient, and the program lacks supervision to stop opportunists from appropriating the money that should go to poor families. Children and young people tend to drop out, because of bad grades or absences.*”

Claudemir dos Santos Silva, 22; Maria Simone Silva Sales, 18; and Thiago da Silva, 19 – Alagoas

## Recommendations

Given that Rede Amiga, this report, and the PPAC goals set by the Brazilian Government, are aimed at ensuring that civil society will be able to accompany their fulfillment, one of the first recommendations is that the Plan make explicit the mechanisms whereby it proposes to ensure that its initiatives reach groups of children and adolescents who are most vulnerable, and those most neglected by public policies, such as children involved with organized crime, and those subject to social-educative measures.

Similarly, the strategies for integrating these groups of children and adolescents into families and communities lack clarity in the Government planning, though some initiatives are focused upon this objective. Rede Amiga thus recommends that Government action should focus on:

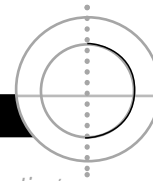


### New Moon

*Associação Lua Nova (New Moon Association) offers adolescent mothers in situations of high risk (homelessness, begging, drug addiction and/or prostitution) the opportunity to live with their children and undergo a therapeutic social process aimed at providing the fundamentals for a future with dignity. This initiative seeks to develop the potential and skills of the mother and avoid separation from her child, who would otherwise, probably be put up for adoption. Emphasis is placed on a family perspective, rather than a fragmented focus, targeted sometimes at the adolescent mother, and sometimes at the child. Lua Nova understands that the experience of motherhood can be a positive event in the girls' lives, and seeks to help them work out a life project that includes their child and reintegration into society. Of the girls who have passed through Lua Nova, only 8% returned to high-risk situations.*

[www.luanova.org.br](http://www.luanova.org.br)

THE PROCESS WHEREBY CHILDREN AND ADOLESCENTS RELEASED FROM SOCIO-EDUCATIONAL INSTITUTIONS ARE TO BE REINTEGRATED BACK INTO THEIR FAMILIES AND COMMUNITIES LACKS CLARITY IN THE GOVERNMENTAL PLAN



- ✓ strengthening initiatives that work with families and communities of children and adolescents who have been released from socio-educational institutions, with a view to easing their reintegration;
- ✓ providing information to children and adolescents on their rights, and on types of abuse and violence, on a permanent and continual basis, through investments that go beyond the periodic awareness campaigns that constitute the traditional approach;
- ✓ establishing a hotline for complaints (disque-denúncia) involving children and adolescents. The hotline should be widely publicized and children and adolescents encouraged to use it in the event that they are victims of abuse, exploitation or violence. It is important to guarantee psychological support, high-quality services, and the ability to respond quickly and effectively to all complaints, and guarantee anonymity and protection for those making complaints.
- ✓ acknowledging the importance of the mental health of children and adolescents in public policies for Protection, and establishing a network of specialized psychological services, with a special focus on areas where the greatest levels of violence are reported, in coordination with local health centers and schools;
- ✓ involving all schools in the System to Guarantee the Rights of Children and Adolescents, by training teachers and staff to identify and deal with cases of abuse and violence and to bring them to the attention of the appropriate councils/authorities. Although the Plan mentions support for projects of this type, Rede Amiga regards the allocation foreseen as being inadequate to produce any significant result; and
- ✓ Strengthen CONANDA and enhance its role in producing policy guidelines for the full protection of children and adolescents, and inform the states and municipalities of such guidelines.

## Domestic violence

*For the past 10 years, Instituto Sedes Sapientiae's Reference Center for Victims of Violence (CNRVV) in São Paulo, has carried out research, instituted prevention measures, and provided services and counseling for victims of domestic violence, as well as for perpetrators. One of the strong points of its preventive approach has been the installation of "neighborhood prophylaxis centers," offering a one-year program of awareness-building and training at daycare centers, schools, community centers, and other facilities. Its approach involves workshops, socio-drama, a newspaper and forums for debate and discussion of themes such as sexuality, gender and health, for adolescents, parents and teachers. The goal is to help communities find alternatives for dealing with violence, through conflict resolution, and the identification, reporting, and prosecution of perpetrators of domestic violence.*

[www.sedes.org.br](http://www.sedes.org.br)

INVOLVE  
SCHOOLS IN  
THE  
GUARANTEE  
SYSTEM,  
TRAINING  
ALL TEACHERS  
AND STAFF  
IN THE  
EDUCATION  
SYSTEM

Photos: Luis Dantas



## Protection of Children from Armed Conflicts

**Goal (b):** *Protect children from the impacts of armed conflicts and ensure compliance with international humanitarian law and human rights instruments*

The specific characteristics of the Brazilian context and the treatment of this issue have led to debate as to what parameters should be used to monitor this goal in Brazil, and especially the appropriateness of characterizing the situation in Brazil as a case of armed conflict.

When death by firearms rates are considered, according to some specialists, the figures in some Brazilian metropolitan regions are comparable to areas of armed conflict.

This position is supported by the fact that in cities such as Rio de Janeiro, the number of deaths in some periods was higher than in civil wars and declared armed conflicts, as studies conducted by various organizations have shown.

"There are strong similarities, under almost any functional aspect, between children employed by drug factions in Rio de Janeiro and 'child soldiers'. But Rio de Janeiro is not at war, and the children in the drug factions are basically armed employees of certain economically motivated groups within the category Organized Armed Violence" (Dowdney, 2003)

This position was ultimately the one that prevailed within Rede Amiga and the Brazilian Government, although the number of children and adolescents involved in organized armed violence has been adopted as an indicator for the last goal under the Protection area.

Consequently, no specific intervention was proposed by the Federal Government with respect to this goal, nor was it subject to deeper analysis by Rede Amiga. However, acknowledgement of the seriousness of the problem of armed violence and the involvement of children and adolescents with organized armed groups has led to special attention being devoted to this theme.

## Armed conflict



*"This goal is not included in the Government's Plan of Action because, from the United Nations' standpoint, armed conflict only applies when a country is involved in a declared war. Brazil is not at war but, in our region, organized armed violence is a part of life. The death rate in Brazil is greater than in many countries involved in declared wars. Many people of different ages kill and die because they are involved in drug trafficking. The Federal Government should take measures to remove children and adolescents from this scenario of organized armed violence, which is very similar to armed conflict, even if it is not war."*

Luciano Arruda Patriota, 19;  
and Rafael Lima de Jesus, 16 – Rio de Janeiro

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BRAZIL IS NOT AT WAR, BUT IN OUR REGION WE ARE EXPERIENCING ORGANIZED ARMED VIOLENCE. THE DEATH RATES IN BRAZIL ARE HIGHER THAN IN MANY COUNTRIES WHERE A DECLARED WAR IS BEING WAGED

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## Combating Sexual Exploitation

**Goal (c):** Protect children from all forms of sexual exploitation, including pedophilia, trafficking and kidnapping.

### Goals and Indicators

Indicators	Most recent value	Capacity for monitoring the indicator <sup>a</sup>
Number of cases of children who are victims of commercial sexual exploitation, including pedophilia, trafficking and kidnapping	5,507 <sup>b</sup>	poor
Number of police inquires on cases of commercial sexual exploitation, including pedophilia, trafficking and kidnapping of children and adolescents	no data available	poor
Number of condemnations in cases of commercial sexual exploitation, including pedophilia, trafficking and kidnapping of children and adolescents	no data available	poor

<sup>(a)</sup> good, reasonable, poor / <sup>(b)</sup> complaints of domestic violence, commercial sexual exploitation and abuse . Source: CECRIA-2004

The paucity of information and lack of objective knowledge on the scope of the problem have made it difficult to construct a baseline and define goals for the period. Nonetheless, the indicators presented in the table above were selected.

In the Child Friendly President's Plan (PPAC), the Brazilian Government assumes the challenge of combating sexual exploitation as one of its lines of action under Protection, and has adopted the number of children and adolescents attended in its specialized centers, and the number of agents trained, as its main indicators.

Although not enough information is available to monitor these indicators (or those proposed by Rede Amiga) at the national level, the PPAC provides the results of a mapping exercise on the trafficking of children, adolescents and women for purposes of sexual exploitation, in which 241 trafficking routes<sup>14</sup> are identified.

The task of gathering data to construct a baseline is hampered by difficulties inherent to the characteristics of sexual exploitation, as is

acknowledged in a United Nations report on the sale of children, child prostitution and child pornography, issued after the visit of the UN Special Rapporteur to Brazil, in November 2003.

The UN report provides some information on the problem, but says little about its scope. It mentions a study by the Brazilian Multi-professional Association for the Protection of Children and Adolescents (ABRAPIA) that 'has compiled data on complaints of sexual exploitation from the Disque-Denúncia hotline'. This survey showed that, in the period between February 1997 and January 2003, 4,893 cases were reported, of which 69% related to child prostitution, and 25% to virtual crimes, whereas only 1% referred to trafficking for the purposes of sexual exploitation.

Since the centralization of the Disque-Denúncia hotline in the Special Secretariat for Human Rights of the Presidency of the Republic, better management of this information has become possible, and between May 15 and November 15, 2003, according to its reports, there were 3,874 complaints of sexual abuse, sexual violence and

considerations and analyses on the conditions for achieving this goal



<sup>14</sup> The Child Friendly President's Plan (PPAC) states that a survey identified 142 trafficking routes. However, in the UN report, and in reports of the Study on Trafficking in Women, Children and Adolescents (PESTRAF) the figure given is 241 routes. This is consistent with information in the PPAC that states that, of these routes, '131 are international; 77 inter-state; and 33 inter-municipal' (Brazil, PPAC, 2003).

sexual exploitation of children and adolescents. Of this total, 509 of the complaints related to commercial sexual exploitation, 1,203 to sexual abuse, whereas the remaining 2,162 related to neglect, physical or psychological violence against children and adolescents.

The Study on the Trafficking of Women, Children and Adolescents (PESTRAF), aside from identifying the abovementioned 241 trafficking routes in Brazil, showed that “30% of the persons who are the object of sexual trafficking are female, black (Afro-Brazilian) adolescents between 15 and 17 years of age.”

The data presented in this study does not appear to have influenced the Government's definition of goals, or its budgeting for the PPAC. The resource allocations are insufficient and the goals vague. Questions of gender and race are hardly considered, and no instruments for targeting attention to the more vulnerable segments of the population are to be found in the Government strategy.

The budget of the PPAC estimates a total of R\$ 113.8 million in investments for the 2004-2007 period, or roughly R\$ 28 million per year, for:

- ✓ implementing initiatives targeted at combating sexual exploitation, especially by means of the creation of a network of specialized centers for children and adolescents that have experienced sexual violence and their families, giving priority to the regions identified as trafficking routes and international borders, and other locations where the commercial sexual exploitation of children and adolescents is known to take place;
- ✓ conducting campaigns for prevention of sexual exploitation and abuse;
- ✓ maintaining services for collecting and processing complaints; and
- ✓ training agents who participate in the System for Guaranteeing the Rights of Children and Adolescents and in combating sexual exploitation.

Lack of knowledge on the scope of the problem of sexual exploitation of children and adolescents hampers any estimate as to the scope of efforts needed to dismantle the existing sexual exploitation networks.

A comparative analysis between the PPAC and the National Plan for Confronting Sexual Violence (PNEVS) which was prepared with ample participation of Brazilian society, leads to the conclusion that the latter was hardly consulted in the drafting of the Government's strategy. In particular, the PPAC pays no heed to the PNEVS' recommendation that a specific approach be dedicated toward the defense of victims and holding perpetrators accountable for their acts.

## Recommendations

Initially, there appears to be a need to redesign the system for receiving and processing complaints of sexual violence, in order better to elucidate the problem and to enable better-quality public interventions. The Government's proposal, that maintains the existing system, is clearly inadequate. There is a need to redesign the national organizational structure, through a reallocation of institutional roles and a redefinition of approaches, with a view to ensuring the defense of victims, and the holding of perpetrators of sexual exploitation of children and adolescents accountable, through a consolidation of the means for collecting and protecting data and information relating to complaints. Rede Amiga also recommends:

- ✓ more coordination between the PPAC and the PNEVS, so that dimensions covered by the latter that were ignored in the first version of the Government's Plan can be incorporated;
- ✓ that, in order better to reach the target public, campaigns for combating sexual exploitation and abuse of children and adolescents use more accessible language, so as to enable better understanding and greater involvement of this public; and
- ✓ that the ephemeral and perfunctory quality that has hitherto characterized campaigns be abandoned, in favor of a more educative and incisive approach, involving schools, teachers and education professionals in the combating of such practices, both through better training, and by strengthening the links between schools and the councils and bodies responsible for this theme.



## System for guaranteeing rights

“*In the municipalities of Contagem, Belo Horizonte and Neves, we are informed that the Municipal Councils for Children's and Adolescents' Rights (CMDCA) field complaints of sexual violence, provide counseling, and refer people to public healthcare and/or social-welfare institutions. These are the basic responsibilities of a Guardianship Council. However, due to a lack of focus, these actions fail to fulfill the demand for such services.*”

Joseph Stephan Santos, 16;  
Eric Juilio Basilio da Silva, 18;  
Diego Versiana Pires Lopes, 17;  
and Jardel Pereira Otoni, 19 –  
Minas Gerais

## Eradicating Child Labor

**Goal (d):** Take immediate and effective measures to eradicate the worst forms of child labor, as defined by ILO Convention 182, develop and implement strategies to eliminate child labor that is contrary to acceptable international standards.

### Goals and Indicators

Indicators	Most recent value	Year	Capacity for monitoring the indicator <sup>a</sup>
Percentage of working children and adolescents, from 10 to 17 years old	19.2	2002	reasonable
Number of working children and adolescents from 10 to 15 years old	2.7 million	2002	good
Number and percentage of children and adolescent benefited by the Program for the Eradication of Child Labor (PETI)	810,823	2003	reasonable
Number and percentage of children and adolescent involved in narcotics planting, drug and arms trafficking	no data available	-	poor

Source: see the statistical tables in annex II

<sup>a</sup> good, reasonable, poor

Originally, the main indicator selected for monitoring the impacts of public efforts to combat child labor and fulfill the WFFC goals was the proportion of working children and adolescents from 0 to 17 years of age. However, owing to the lack of information on working children in the 0 to 9 age bracket, only data relating to the 10 to 17 age bracket were used. Subsequently, an indicator was added to gauge the coverage of the principal governmental initiative targeted at this problem, the Program for the Eradication of Child Labor (PETI). Also, the number and percentage of children involved in the cultivation and trafficking of drugs and of weapons was included, since this is a portion of the population not reached by the PETI.

The Child Friendly President's Action Plan (PPAC) concentrates upon the 5 to 15 age bracket. As a consequence of this decision, combating child labor and the protection of working adolescents<sup>15</sup> are among the challenges the Govern-

ment has assumed under the Protection area, and the baseline adopted is the percentage of children and adolescents in the 5 to 15 years age bracket that were working in 2002 (8.22%). However, the PPAC does not provide any easily measurable goals for the assessment of its actions.

According to the goals for the 2004-2007 period presented in the PPAC, the Federal Government aims to "combat all forms of child labor," and by "promoting awareness campaigns and direct income-transfer programs for families with children in the 5 to 15 age bracket engaged in "the worst forms of child labor," in order to encourage their return to school (Brazil, PPAC, 2003).

Practically the entire R\$ 875 million foreseen under the PPAC for this challenge is allocated to the Bolsa Criança Cidadã (income-transfer program linked to school attendance) (R\$ 497 mil-

PRACTICALLY THE ENTIRE BUDGET FOR PROTECTION IS ALLOCATED TO ACTIONS UNDER THE BOLSA CRIANÇA CIDADÃ AND THE JORNADA ESCOLAR AMPLIADA PROGRAMS

<sup>15</sup> The PPAC uses the phrase 'protecting the work of adolescents'. Rede Amiga takes the view that it is the adolescent, and not the work, that needs protection, and thus considers 'protection of working adolescents' a more adequate wording.



lion) and the Jornada Escolar Ampliada (expanded school day) (R\$ 369.6 million) Programs.

Graph 3.3 shows figures on working children and adolescents between the ages of 10 and 15 years, over the past 11 years. As can be seen, has been a distinct decline in these figures over period, with a fall of more than 40% (10.1 percentage points) between 1992 and 2002.

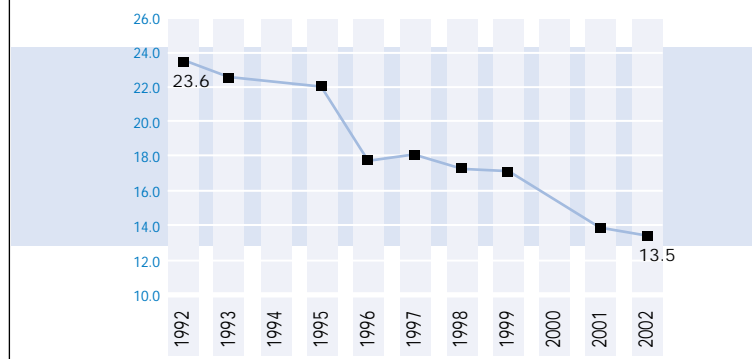
It is important to stress that the period in which the indicator underwent its greatest decline (1995 and 1996), coincides with the period in which the proportion of children and adolescents living in families with per capita incomes of no more than 1/2 of the minimum wage was at its lowest.

This would appear to bear out a strong correlation between family income and the exploitation of child labor. However, when the number of families living on incomes amounting to no more than 1/2 the minimum wage per capita begins to rise, the rate at which the number of working children and adolescents declines tends to slow down. This coincides with the expansion by the Federal Government of the Program for the Eradication of Child Labor (PETI) since 1998.

Since 2001, the curve has tended to stabilize and, as has been shown in previous analyses, the trend of impoverishment of Brazilian families continues. It can only be expected that, for the period covered by the PPAC and for the remainder of the present decade, the problem of child labor will not be resolved, if public policies prove incapable of compensating for the effects of poverty.

On the other hand, although the amounts budgeted for PETI may appear outstanding when compared to the total allocations for the Protection area, it should be pointed out that, when compared to the sums earmarked in 2003, they represent a reduction in total public investment earmarked for combating child labor. According to an analysis carried out by Rede Amiga, the funding allocated for Jornada Ampliada (expanded school day) alone, which is considered to be one of the most important initiatives upon which the success of government strategies for combating child labor depends, in 2004, was reduced by more than 50%.

**Graph 3.3** Percentage of working children and adolescents from 10 to 15 years, Brazil



Source: IBGE - PNAD: microdata. Notes: Not including the rural populations of Roraima, Pará and Amapá. The PNAD was not carried out in 1994 and 2000.

considerations  
and analyses on  
the conditions  
for achieving  
this goal



What needs to be stressed is the contradictory nature of the situation in which the deterioration of family incomes coincides with the reduced propensity of these families to exploit the labor of their children, and the reduction in public investments during the same period (1997-2002). At the same time, it is important to acknowledge the potentially positive effects of such Federal Government programs as Bolsa Família (family income transfer) that offer minimum income guarantees, and which are also implemented by certain states and municipalities.

Along the same lines, the specificities of the problem of child labor present a challenge for the Government, which needs to increase the coverage of its programs, in order to reach out to beneficiaries and improve the quality of its control over the spending on the Bolsa Criança Cidadã (education stipend) Program, while strengthening the PETI and increasing its effectiveness.

The challenges and problems take on a clearer outline when the commitment to reduce child labor rates is coupled with the need to reduce inequity. The complexity of these issues can be evaluated based upon the different manifestations of the problem in the various states of Brazil.

Map 6 shows the percentage of working ado-



lescents, and shows how varied the scenario is from one state to another. Whereas the best situation is to be found in the Federal District where only 2.3% of adolescents work, in the States of Tocantins (20.5%), Ceará (20.6%), Maranhão (22%) and Piauí (22.4%), over one fifth of adolescents between the ages of 10 and 15 work.

Aside from regional disparities, other variables also highlight inequity and influence the likelihood that Brazilian children and adolescents have to engage in work. Graph 3.4 illustrates the inequity, broken down by race, gender, mother's schooling level and family income.

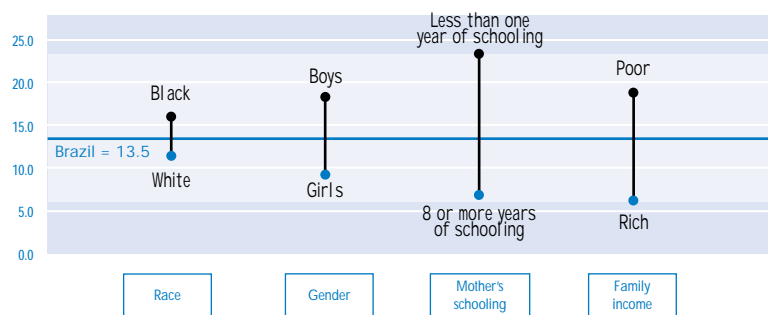
As Graph 3.4 shows, the most telling factor distinguishing children who work, and who do not work, is the mother's level of schooling. The graph shows that the higher the mother's schooling level, the less likely the child or adolescent (below the age of 15) is to work. Thus, investing in literacy and education for mothers would appear to be an effective strategy for delaying the entry of these children and adolescents into the world of work.

The more analysis carried out, the more apparent the complexity of the problem of child labor becomes, and the more links with other public policies emerge. It would seem that the best approach to managing these complex relations is dependant upon the capacity of public policies to reach out to communities, beneficiaries and families.

Part of the solution to the problem of child labor entails the participation and control of society in facing up to the problem. This however raises another challenge, since the forums for eradication of child labor need to be strengthened and the discussions carried out within them need to be expanded. At the same time, access of children and adolescents to institutions under the System for Guaranteeing Rights needs to be expanded, especially in the cases of the Guardianship Councils and the Municipal Councils for Children's and Adolescents' Rights.

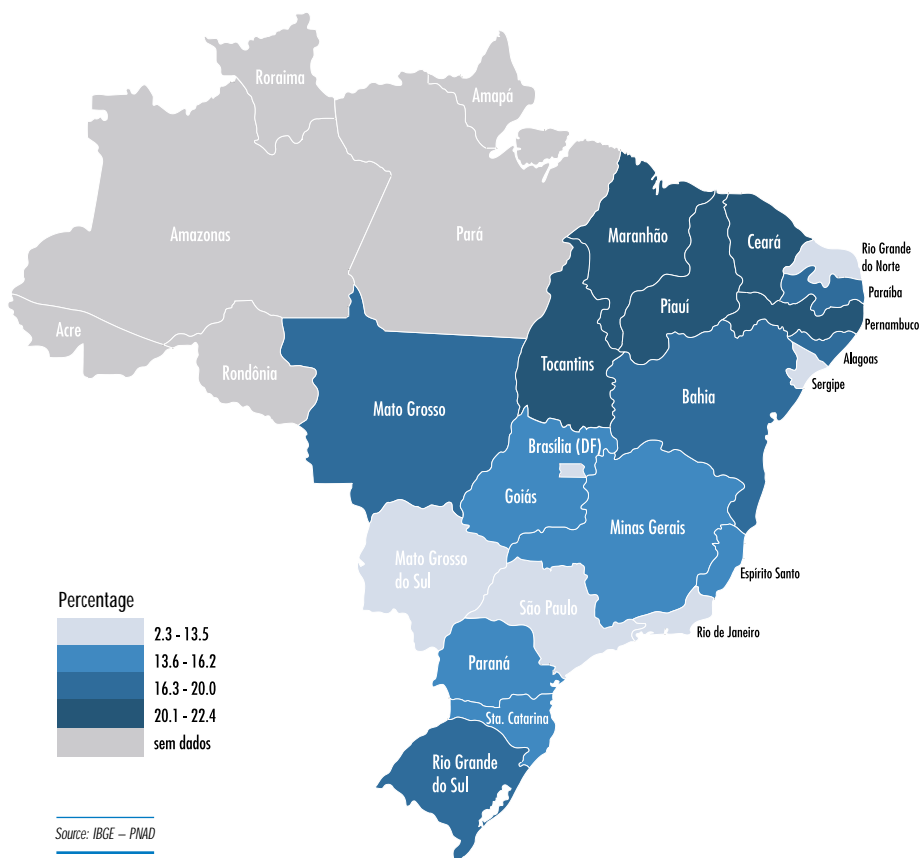
Also in relation to the best forms of organization for public policies, ILO studies indicate that one of the main concerns of the managers of PETI is lack of follow-up actions to support adolescents who cease to be eligible to participate in the program because of their age (ILO, 2002).

**Graph 3.4** Inequity in the percentage of working children and adolescents from 10 to 15 years, 2002



Source: Brazilian Institute of Geography and Statistics (IBGE) – National Sample of Households Survey (PNAD) – microdata.  
Notes: Not including the rural populations of Rorônia, Acre, Amazonas, Roraima, Pará and Amapá.

**Map 7** Working children and adolescents 10 to 15 years, 2002



Source: IBGE – PNAD

According to statements made by such adolescents, upon reaching the age limit and leaving the Program, they have no opportunity to continue with their studies or activities that are conducive to their development, and they end up working in the same capacity as they did before entering PETI.

Moreover, programs with links to PETI, and which could serve to expand the prospects for adolescents leaving the program, such as the Programa Nacional do Primeiro Emprego (First Job Program) and other actions designed to help adolescents on the path toward decent jobs or to continue their schooling, appear not to have been given much emphasis in the Government's Plan.

Once again, analysis of the Government's strategies would appear to point toward an attempt to make a positive impact through Federal Government income transfer programs targeted at the poorest and traditionally most excluded families. However, in view of doubts regarding the long-term sustainability of these policies, and the risk that they may create welfare dependency or be used to cultivate pork-barrel relationships, Rede Amiga has issued warnings and recommends that more emancipatory approaches be pursued.

Moreover, the PPAC does not contain any specific actions for children and adolescents involved in organized crime, drug trafficking or other activities that require different approaches. Unquestionably, specific approaches and resources are needed to face up to these challenges.

## Recommendations

- ✓ Bring PETI into compliance with ILO Convention 182, placing its focus upon all working 5 to 17 year olds, and not just the 7 to 15 age group, as it is at present;
- ✓ expand and improve PETI actions with families, especially with a view to developing sustainable sources of income;
- ✓ develop and implement specific actions for children and adolescents who have been subjected to some of 'the worst forms of labor'; such as sexual exploitation, cultivating drugs, and drugs and arms trafficking;

- ✓ expand the coverage of the Bolsa Cidadã Program and improve control over its spending;
- ✓ establish regional goals, priorities and themes as parameters to define criteria for inclusion of children and adolescents in the PETI, giving preference to regions of the country and economic areas in which the problem is most serious;



## Child Labor

“

*Lack of jobs for adolescents and young people in riverine communities has always been a problem. Young people have the traditional options, specially farming. We do not consider these very attractive, specially since we see our parents working for years, with no improvement in their social and economic conditions. Because it is so difficult for young people to find good schools in our region, their only option is to work. Families do not earn enough to live on, and thus can not afford to stop the young from trading school for the wages of manual labor.*

*Young people living along the river banks need to be made aware of the importance of eradicating child labor, and business ventures that bring opportunities and fair economic alternatives and benefits for their communities. We are not saying that good jobs are only found in large factories, stores, and so on, but neither do we want to submit to the grueling manual labor that farming involves. Rather, what we want is the development of something in between, that does not harm our rivers and forests, nor ourselves.*

*We realize that most of the vocational training programs sponsored by the government are directed at the urban young (and we are aware that the situation is not easy for them either). There are few projects aimed at making use of natural resources and of the potential of young people for fostering sustainable economic development. The few existing experiences directed specifically towards young people are run by NGOs.*

Pedro Watson Pantoja, 22 – Pará



- ✓ expand PETI coverage to all forms of child labor;
- ✓ guarantee funding so as to ensure that all children included in the PETI benefit from Jornada Ampliada (expanded school day), since, in the PPAC, only half of these children are to be benefited;
- ✓ develop mechanisms to orient actions under the Jornada Ampliada (expanded school day) to ensure that it is carried out in line with local conditions and in articulation with the school curriculum;
- ✓ promote the application of Apprentice Law (10.097/00);
- ✓ ensure access of adolescents leaving PETI to programs and initiatives that provide continuity for their personal development, especially other public policies such as the Programa Nacional do Primeiro Emprego (First Job Program), vocational training initiatives and those designed to stimulate entrepreneurship, such as those carried out under the Sistema S<sup>16</sup>;
- ✓ involve traffic police in the referring of cases of child labor in the streets to the Municipal Guardianship Councils and Councils for Children's and Adolescents' Rights, rather than leaving them to sporadic enforcement activities carried out by the police forces;
- ✓ create a system for identification of children in situations of vulnerability, especially child labor, based on coordination with school records (such as enrollments, which cover 97% of Brazilian children) or other mechanisms for registration (in partnership with civil society and the Guardianship Councils); and
- ✓ launch and execute the National Plan for Prevention and Eradication of Child Labor and Protection for Adolescent Workers.



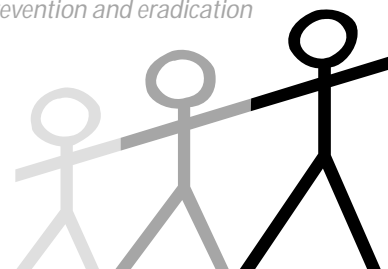
## The Child Friendly Company Program and Sectoral Pacts

*Fundação Abrinq established the Programa Empresa Amiga da Criança - PEAC [Child Friendly Company Program] in 1995, in the belief that the defense of children and adolescents' rights and the exercise of citizenship require special attention when addressing issues relating to Child Labor. To promote involvement and mobilize companies in the various economic sectors to participate in its initiatives, the Program awards the Child Friendly Company Seal to businesses that comply with 10 commitments related to child labor, health, education, civil rights and social investment in projects and actions that benefit children and adolescents.*

*The Program promotes entrepreneurial mobilization and, besides awarding the Child Friendly Seal, uses a strategy of signing Sectoral Pacts with the business sectors most likely to exploit child labor. Ten such pacts have been signed with sectors in which production chains were found to benefit, directly or indirectly, from child labor.*

*This strategy has not only stopped child and adolescent labor in the sugar cane, oranges, footwear and tobacco industries in many regions of the country, but has also promoted various forms of action aimed at guaranteeing full protection for children, in line with precepts enshrined in the Statute of the Child and Adolescent (ECA). Such pacts are the product of articulation among hundreds of organizations and institutions representing the different segments of society, including unions and companies; municipal, state and federal governments; NGOs; Public Prosecutor's Offices, and the Courts, and have produced concrete results in terms of the prevention and eradication of child labor.*

[www.fundabrinq.org.br](http://www.fundabrinq.org.br)



<sup>16</sup> Network of quasi-governmental organizations including: the Brazilian Service for Support of the Micro and Small Company (SEBRAE); the Social Service for Industry (SESI); the National Service for Industrial Learning (SENAI); and the Social Service for Commerce (SESC).

Goal (e): Improve the situation of millions of children living in especially difficult circumstances

## Goals and Indicators

Indicators	Most recent value	Year	Capacity for monitoring the indicator <sup>b</sup>
Percentage of children and adolescents, from 0 to 17 years of age, living in families with per capita monthly family earnings of no more than half the minimum wage	47.3	2002	good
Number of children in shelters	no data available	–	poor
Number of adolescents undergoing socio-educational measures	10,366 <sup>a</sup>	2002	reasonable
Number of children and adolescents involved in organized armed violence	no data available	–	poor
Percentage of children up to 1 year of age without a birth certificate	24.4	2002	reasonable
Number and percentage of children and adolescent working in garbage dumps	no data available	–	poor
Number of children who work and/or live in the street	no data available	–	poor

Source: see the statistical tables in annex II

<sup>(a)</sup> Does not include data from the States of Rio de Janeiro, Pernambuco and Piauí  
<sup>(b)</sup> good, reasonable, poor

In view of the scope of this goal, in order to find benchmarks to enable monitoring, it was first necessary to identify who the children that live in especially difficult conditions were, and where they were located.

Once again, the paucity of information and data means that initially monitoring is restricted to a very narrow set of indicators. Moreover, the reliability and accuracy of the data leaves much to be desired.

The indicator proposed by the PPAC for this goal relates to the number of organizations that participate in the System for Guaranteeing the Rights of Children and Adolescents. According to the PPAC, "at present there is an insufficient number of entities participating in this system", which comprises a total of 19 specialized Superintendencies; 20 Public Defender's Offices; 27 Defense Centers; and 3,785 Municipal Guardianship Councils.

To protect children and adolescents from violations of their rights, over the four-year period,

the Government intends to invest a total of R\$ 69.7 million in actions such as:

- ✓ installation of Guardianship and Rights Councils;
- ✓ creation of Public Defender's Offices Juvenile Courts, and Public Prosecutor's Offices, and Specialized Police Precincts;
- ✓ expansion of the Information System on Children and Adolescents (SIPIA), as a response to the pressing need for quality information for management of policies targeted at this public; and,
- ✓ installation of inter-institutional 24-hour help desks in municipalities with populations of over 200,000.

Some of the data relating to the indicators, and especially those on the situation of children in Federal Government shelters, have been examined in previous chapters. The study conducted by the Institute for Applied Economic Research (IPEA) mentioned earlier, states that approximately

considerations and analyses on the conditions for achieving this goal





20,000 children and adolescents are in shelters supported by the Federal Government. Of these, most are boys (58.5%); afro-descendants (63.6%); between the ages of 7 and 15 (55.2%). According to the same report, practically a third of these children spend between two and five years in the shelters, despite the provision of the Statute of the Child and Adolescent that states that such measures should be exceptional and provisional.

Also mentioned earlier were the figures provided by the Special Secretariat for Human Rights on adolescents (12 to 18) undergoing socio-educational measures. The total of 6,982 adolescents incarcerated in close custody, mentioned in this report (which does not contain figures on Rio de Janeiro, Piauí and Pernambuco), stands in contrast to the figure of 9,555 adolescents deprived of liberty shown in the table presented by the PPAC. Regardless of this discrepancy, this data serves as an initial benchmark for the process of monitoring, and as an input for the incipient process of information management on children and adolescents in Brazil.

Even more dubious is the data on the involvement of Brazilian adolescents in situations of armed violence. As was mentioned in the section on the WFFC goal for children and adolescents in areas of armed conflict, in some Brazilian metropolitan regions the casualty figures are as alarming, or even more alarming, than those in some countries that are officially at war. These areas cannot be considered war zones, simply because the armed criminals that run the drug trade do not aim to take the place of the State. In view of this, information was collected in certain metropolitan regions, with a view to providing an idea of what the situation in these locations is, with regard to violence.

Rio de Janeiro is certainly the city with most studies and data available on violence among children and adolescents and, for this very reason, most of the data used to generate the baseline for this indicator refers to this region. However, Rio de Janeiro is not the only Brazilian city that is afflicted by this problem.

While the problem of high murder rates is not equally distributed throughout the various Brazilian states, one inference can be extended to prac-

## The various forms of violence

“

*There are various kinds of violence in our low-income community:*

- ◆ *Police violence (abuse of police authority)*
- ◆ *Physical and psychological violence and discrimination (in schools, homes and in the street)*
- ◆ *Organized armed violence (due to domination by drug trafficking factions)*
- ◆ *Discrimination (race, social class or gender)*
- ◆ *Violence against those who have disabilities*

*Considering all these kinds of violence, the Government Action Plan ought to include more approaches for dealing with all these problems.*”

*Luciano Arruda Patriota, 19; e Rafael Lima de Jesus, 16 – Rio de Janeiro*

tically all the Brazil's regions and cities. Regardless of the baseline murder rates among children and adolescents, and especially those involving firearms, these rates have been rising steadily throughout the decade. In support of this claim, graphs 3.5 and 3.6 show the rise in numbers of deaths from firearms in Rio de Janeiro, São Paulo and Recife.

For a more specific analysis of organized armed violence and its impact on children and adolescents, studies carried out in the city of Rio de Janeiro will be used. According to the Stockholm International Peace Research Institute, between 1978 and 2000, the Colombian Civil War

“

*In some Brazilian metropolitan regions the casualty figures are as alarming, or even more alarming, than those in some countries that are officially at war*

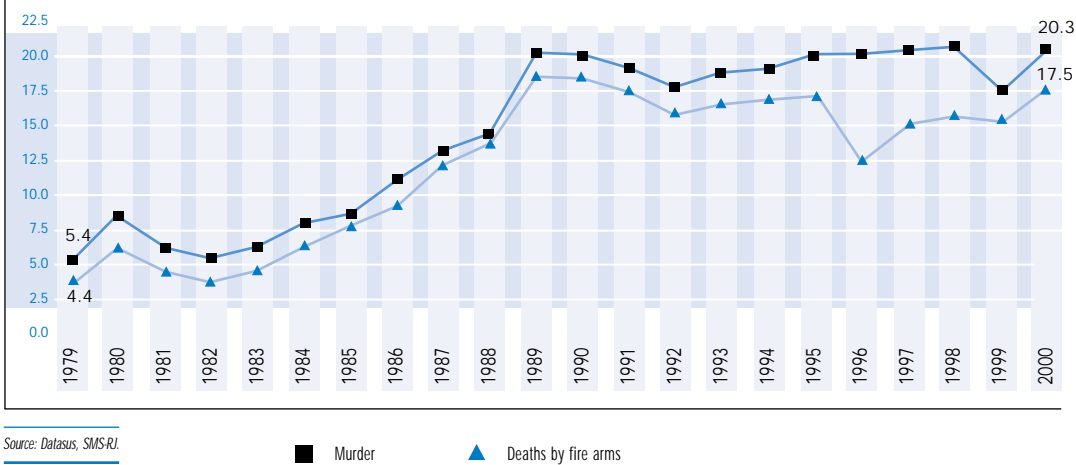
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caused 39,000 deaths. By contrast, in the same period, according to information taken from a study by two NGOs, Viva Rio and the Institute for Religious Studies (ISER), there were 49,913 deaths from firearms<sup>17</sup> in the Municipality of Rio de Janeiro.

The same study reports that, in the conflict between Israel and Palestinians in the occupied

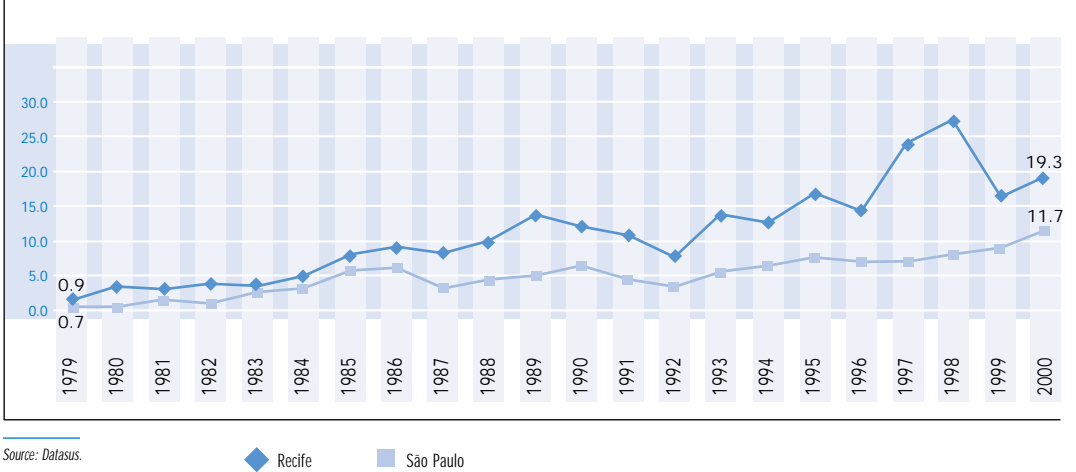
territories, 467 children and adolescents died between December 1987 and November 2001<sup>18</sup>. In the same period, 3,937 children and adolescents died from gunshot wounds<sup>19</sup> in Rio de Janeiro. More recent data show that, between February 2000 and December 2001, 612 children and adolescents below the age of 18 were killed by small arms in the city, (practically one death a

**Graph 3.5** Murder rate by fire arms among youths below the age of 18, in the municipality of Rio de Janeiro (per 100.000 population)



REGARDLESS OF THE BASELINE MURDER RATES AMONG CHILDREN AND ADOLESCENTS, AND ESPECIALLY THOSE INVOLVING FIREARMS, THESE RATES HAVE BEEN RISING STEADILY THROUGHOUT THE DECADE

**Graph 3.6** Mortality rate from fire arms among youths below the age of 18 in Recife and São Paulo



<sup>17</sup> DATASUS – Ministry of Health, Secretariat of Health of the Government of the State of Rio de Janeiro  
<sup>18</sup> Israeli Center for Information on Human Rights in the Occupied Territories.  
<sup>19</sup> DATASUS – Ministry of Health, Secretary of Health of the Government of the State of Rio de Janeiro.





day!). Even more alarming, in 2001, a total of 52 children were murdered by policemen on patrol<sup>20</sup>.

Most of these deaths result from confrontations between drug trafficking factions and the police, or between rival drug gangs. According to estimates provided by security specialists, these factions 'employ' around 1% of the population of the slums (favelas) of Rio de Janeiro, i.e., around 10,000 people, most of whom are armed. Of this total, it is estimated that between 50% and 60% are less than 18 years old.

The fact that the overwhelming majority of those involved with these armed groups are boys goes a long way toward explaining why the victims and perpetrators of murders involving individuals between the ages of 0 and 17 are generally males. Graph 3.7 shows that, while the murder rate among women throughout Brazil is similar to the rate for the state with the lowest death rate in the Country, the murder rate for men is well above the national average, and is comparable to the rate for Rio de Janeiro, where the problem is most severe.

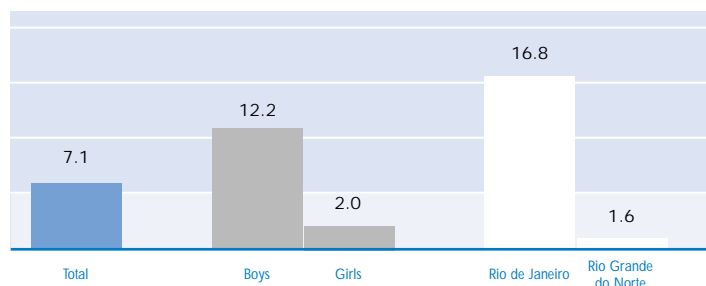
Though this is not the only form of violence to which children and adolescents are exposed on a daily basis, unquestionably, it is the most crushing kind of violence that exacts the greatest toll from people who live in poverty and misery. As Graph 3.8 shows, practically half of all Brazilians between the ages of 0 and 17 live in households with per capita incomes amounting to no more than half of one minimum wage, and this situation has remained unchanged since the beginning of the 1990s.

The graph also shows how gains achieved in the mid 1990s (discussed in the section on the goal for child labor) have been lost in more recent years. It also shows that achieving the Millennium Development Goal of reducing poverty by half is an ever more remote prospect for Brazil.

Poverty is not equally distributed either. Years and decades of regressive economic policies, that concentrated income and wealth, have not only placed Brazil among the countries where such

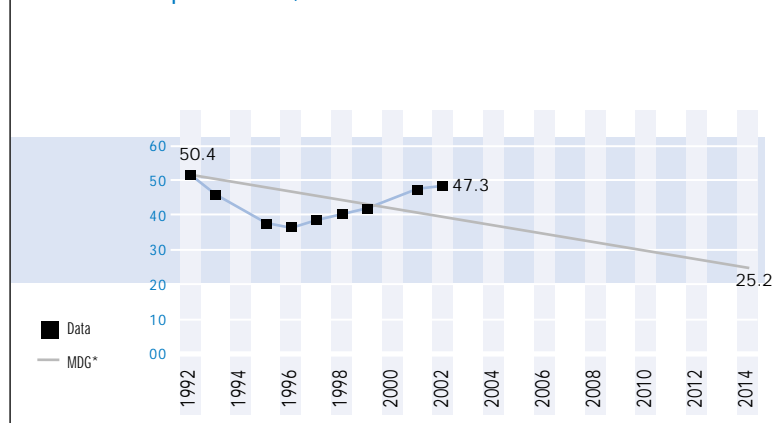
**Graph 3.7** Iniquity in deaths by murder, by gender and by state

Murder rate for youths from 0 to 17 years (per 100,000 population), 2002



Source: IBGE, Populations Census – Ministry of Health, Death Information System - SIM.

**Graph 3.8** Percentage of children and adolescents from 0 to 17 years living in poor families, Brazil



Source: IBGE - PNAD: microdata.

Notes: Not including the rural populations of Roraima, Acre, Amazonas, Roraima, Pará and Amapá: The PNAD was not carried out in 1994 e 2000.

\* This indicator is adapted to reflect the Millennium Development Goal. The original goal was "Reduce by half the proportion of people living on less than a dollar a day".

<sup>20</sup> Source: Secretariat of Public Security– State of Rio de Janeiro (SSP-RJ)

assets are most concentrated, but have also produced an extremely iniquitous dynamic that reinforces inequity and accentuates them over time. Graph 3.9 shows the distribution of poverty in Brazil, broken down by race and by mother's schooling level.

In addition to this direct indicator of poverty, for identifying situations of exclusion among Brazilian children and adolescents Rede Amiga uses another indicator: the proportion of Brazilian children up to 1 year of age with no birth certificate (Graph 3.10). Such children are deprived from birth of the most elementary rights that are incumbent upon the Brazilian State and society to provide, and that are ensured under the Constitution.

Based upon the assumption that a birth certificate is the first requisite for opening up access for children to even the most basic of public services, the fact that a child has no birth certificate is indicative of the degree of precariousness and need in which such a child and its family lives, especially since the determination that such registration must be free.

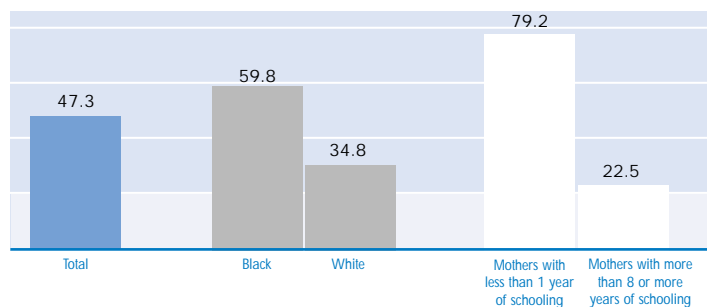
In the Federal Government's strategy, the goal of ensuring that each and every child has a birth certificate is part of the challenge of protecting children and adolescents from violations of their rights, though it also relates to the first challenge, i.e., providing support for children and adolescents in socially vulnerable situations.

Graph 3.10, however, shows that over the last decade there has been very little change in the percentage of children not registered at birth. This is curious, in view of the fact that in 1997 a law was passed whereby this service must be provided free of charge. This would appear to indicate that other dimensions of social exclusion and inequity need to be taken into account when designing a strategy for affording protection for children, and ensuring them their basic right to formal registration.

## Recommendations

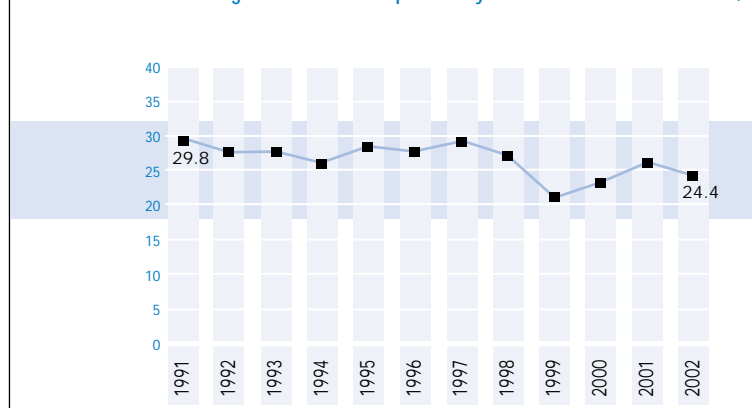
The PPAC's proposal for strengthening the System for Guaranteeing the Rights of Children and Adolescents in the states and municipalities is an important component of the huge challenge to be assumed by the Government and by society.

**Graph 3.9** Income inequity  
Percentage of children and adolescents living in poor families, 2002



Source: Brazilian Institute of Geography and Statistics (IBGE) – National Sample of Households Survey (PNAD): microdata.  
Notes: Not including the rural populations of Roraima, Acre, Amazonas, Roraima, Para and Amapá.

**Graph 3.10** Percentage of children of up to one year without birth certificates, Brazil



Source: IBGE, Directory for Research, Coordination Unit for Populations and Social Indicators – Civil Registry Statistics 1991-2002

When the Government's proposals for meeting these challenges are examined more closely, it immediately becomes evident that the PPAC does not furnish the financial and operational capabilities needed to fulfill its aims. Though, unquestionably, the Government's aims are noble and the measures it proposes are necessary for achieving the goals, and thus merit the full support of society, the scale of the proposed governmental initiatives, once again, raises concern.

Also of concern is the concentration of government programs in municipalities with population of over 200,000, since smaller municipalities also face similar difficulties, but are endowed with even less investment capacity. Moreover, an investment of little more than R\$ 17 million per year would not appear to be sufficient to foster significant advances in ensuring that the rights of Brazil's children and adolescents are effectively respected. In the light of these challenges, Rede Amiga presents the following recommendations for government programs over the next few years.

- ✓ Set a goal for reducing poverty, based upon the Millennium Development Goals which Brazil has pledged to uphold, to be used as a baseline for assessing whether and to what extent public policies and other efforts being carried out by the Government and by society are contributing toward the fulfillment of the goals;
- ✓ ensure that the principles enunciated in the Statute of the Child and Adolescent (ECA) for socio-educational measures and for the system of shelters are being fulfilled in all institutions, be they governmental and non-governmental;
- ✓ define and implement strategies for enhancing the coverage of the Civil Registry of Births, encompassing not only registration campaigns and enforcement of the law that ensures that registration shall be free, but also additional activities, such as mobile registry offices and other similar initiatives;
- ✓ restore the essential role played by health services in providing guidance for parents, oversight, and in demanding compliance with the law regarding the registration of children;
- ✓ mapping the incidence of child labor in garbage dumps, thereby enabling the Govern-

## Bagunção Cultural Group's

*Near the end of 1991, just for fun, the young people of the Alagados neighborhood in Salvador, Bahia, formed a tin-can band, since few other leisure opportunities or outlets for their talents existed in the community. These kids came to the attention of Joselito Crispim, a young homeless street educator, who joined them and began to put on shows at various community events. As the idea spread, other people started tin-can bands, and they got together and formed the Bagunção Cultural Group. Today the Bagunção Cultural Group's 235 participants are involved in activities in areas such as: dance, music, recycling and environmental preservation, vocational training, and reading.*

[www.bagunsite.org.br](http://www.bagunsite.org.br)

## Culture and Sport



“

*Theater, dance, and football based on education; a literary and artistic movement for kids. Such approaches could be a way out; or better, a way in, so as that our children and young people take straighter paths, less marked by stigma. But to achieve this, we need public policies, funding and the participation of organized civil society.*”

Emerson Quaresma, 20; and Izabelly Costa, 15 – Amazonas

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“

*In Salvador, there are projects to help young people leave the streets, learn something they like, have access to other cultures, and take more interest in their studies. Most of these projects are run by non-government organizations. Some municipal projects exist but, from what we have seen of the installations, their funding is insufficient.*”

Gilson Gomes, 19 – Bahia

ment better to target its efforts to eradicate this form of child labor;

- ✓ identify and invest in initiatives for eradicating child labor in garbage dumps, especially in view of the ease with which such areas can be mapped and design strategies targeted at children and adolescents that work in such dumps;
- ✓ assume a proactive role in the institutional re-organization of the socio-educational system, and the System for Guaranteeing Rights, and mobilize states, municipalities and society to face up to these problems;
- ✓ define and implement an official centralized information system, with a view to keeping track of the numbers and of the status of adolescents that have committed offenses;
- ✓ carry out preventive actions to inhibit involvement of children and adolescents in organized armed violence, and propose initiatives for the reintegration of children and adolescents who are removed from these situations under govern-

mental programs, such as PETI, or other initiatives promoted by organized civil society;

- ✓ provide support for the creation of national and local protection networks, that guarantee the safety of children and adolescents who work for criminal groups, thus offering them an alternative;
- ✓ promote the reintegration of children and adolescents who have been involved with organized armed violence, whenever possible, in schools, families and communities;
- ✓ install, in low-income communities, attractive and suitable sports, cultural and educational facilities for children and adolescents at risk of involvement with organized crime (drugs, arms trafficking etc.);
- ✓ guarantee access to schools and reintegration into society for those who have undergone socio-educational measures; and
- ✓ draw up a national plan for the reform of the juvenile justice system, in consonance with the precepts of the Statute of the Child and Adolescent.

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REDE AMIGA  
RECOMMENDS  
THAT A NATIONAL  
PLAN FOR THE  
REFORM OF THE  
JUVENILE  
JUSTICE SYSTEM  
BE DRAFTED, IN  
CONSONANCE  
WITH THE  
STATUTE OF THE  
CHILD AND  
ADOLESCENT

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## The Struggle for Peace

Photos: Kita Pedroza



*Luta pela Paz (Struggle for Peace) is a social project and a boxing academy, registered with the Brazilian Boxing Federation, where training is provided for some 70 pupils between the ages of 12 and 25, of both sexes, living in the Complexo da Maré slum in Rio de Janeiro. As well as training, these young people have weekly classes on citizenship and peaceful conflict-resolution. The project helps channel aggressive tendencies through sport, and offers young people in this poor community the prospect of a better future. By presenting positive alternatives, the project aims to prevent involvement of children and young people in organized armed violence. Luta pela paz is an initiative of Viva Rio, and receives support from the Laureus Sports for Good Foundation, the Nova Holanda Residents' Association, Halliburton, and Dreams Can Be*

[www.lutapelapaz.org.br](http://www.lutapelapaz.org.br)



**HIV/Aids**

Concerned with the spread of HIV/AIDS in the world, and with its “devastating effects on children and those who provide care for them”, the signatory nations of A World Fit for Children resolved to take “urgent and aggressive action” to confront the pandemic. To this end, three broad

goals were set to orient the actions of countries and governments. These goals are reflected in the challenges issued by the Brazilian Government under the Child Friendly President’s Plan of Action (PPAC), as Table 5 shows.

### Goals and strategies

**Table 5** Comparison of International and National Goals and Strategies for Combating HIV/AIDS.

A World Fit for Children Goals	
INTERNATIONAL	<p>a) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;</p> <p>b) By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counseling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counseling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;</p> <p>c) By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.</p>
National Plan of Action (Child Friendly President’s Plan)	<p>a) Prevention of the transmission of STDs and AIDS.</p> <p>b) Provide support for children and adolescents infected by HIV/AIDS.</p> <p>c) Provide support for orphans and children of HIV-positive mothers.</p>

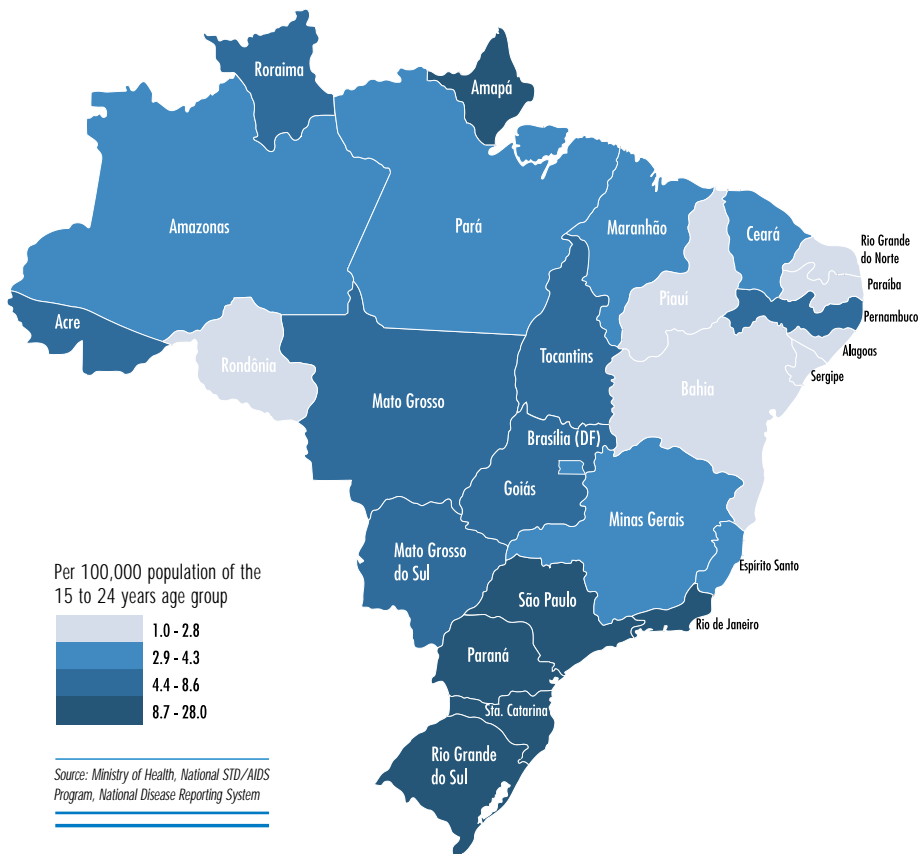
## Analyses and General Considerations

Brazil has one of the best-structured programs for combating HIV/AIDS in the world. Thus, while Brazil is closer than many other countries to attaining the WFFC goals in this area, at the same time, new and more complex challenges relating to the pandemic and its impacts upon Brazilian society are emerging, especially in relation to children born infected as a consequence of mother-to-child transmission, and who live with HIV/AIDS.

Notwithstanding the success of governmental initiatives to staunch the spread of AIDS, the epidemic has affected states and regions unevenly. As Map 8 shows, it is the wealthier and more urbanized regions of Brazil that the problem has been most intense (although the most recent epidemiological surveys have indicated that the disease is increasingly spreading to the interior of the country, and thereby raising new and more complex challenges for the Brazilian authorities).

The way in which the PPAC challenges have adapted the WFFC goals to the Brazilian context, and the manner in which Rede Amiga has defined its strategies for monitoring and analyzing its proposals, is conditioned by a very specific set of local conditions. It is necessary to acknowledge that Brazil's public policies for facing up to the threats posed by HIV/AIDS have generally met with considerable success, and that the Brazilian approach to fulfilling the WFFC goals must reflect this context.

Map 8 New AIDS cases among youths (15 to 24 years), reported in 2001





## Reducing the Prevalence of HIV/AIDS

**Goal (a):** By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.

### Goals and Indicators

Indicators	Most recent value	Year	Capacity for monitoring the indicator <sup>a</sup>
Prevalence of HIV among young people from 15 to 24 years old	no data available	-	poor
Number of new AIDS cases reported for young people from 15 to 24 years old	2,756	2001	reasonable

Source: see the statistical tables in annex II

<sup>(a)</sup> good, reasonable, poor

Aside from the principal goal of this area, the AWFFC also includes a commitment on the part of governments to redouble efforts to combat the stigma and discrimination associated with people living with HIV/AIDS, and to challenge stereotypes of gender, age and race that affect the promotion of sexual and reproductive health and the prevention of HIV/AIDS infection, and to encourage the involvement of men and boys in this effort.

From a monitoring standpoint, this goal was linked to two main indicators: the prevalence of HIV among young people from 15 to 24 years of age; and the number of new reported AIDS cases among this age group. The difficulties with prevalence data, especially in view of the characteristics of HIV transmission and infection, have led to the use of estimates produced by the HIV Sentinel Surveillance Project of the Ministry of Health.<sup>21</sup> The advances and success of the Brazilian program for combating HIV/AIDS led to a reassessment of the goal and, consequently, the challenge set by the PPAC is: stabilize the prevalence of HIV among men and women between the ages of 15 and 24 years. From the monitoring standpoint, this entails taking

## HIV/Aids



“Despite the success of social mobilization initiatives and educational campaigns, their scope has not been sufficient to encompass the full demand for condom distribution, access to information, and funding for ongoing initiatives carried out by communities, schools and NGOs. Inequality in relations between men and women are often reinforced by practices within schools. The clear and objective discussion of such themes is rarely included in school curricula.”

André Luiz da Silva Sobrinho, 21; Carolina Silva Gomes, 19; Klebiana de Oliveira Gomes, 19; and Larissa Pinheiro Spinelli, 18 – Rio Grande do Norte

<sup>21</sup> See [www.aids.gov.br](http://www.aids.gov.br) for details on *Vigilância Sentinela do HIV* and estimates for HIV infection in Brazil 1997-2000.

as baseline a prevalence level of 0.65% for the Brazilian population as a whole, (0.83% for men and 0.47% for women). The goal for the 2004-2007 period is thus the maintenance of these levels.

The Federal Government's proposal aims to stem the spread of STDs and AIDS among the 15 to 19 year old age group, by means of distributing condoms for men and for women.

Investments amounting to R\$ 271.6 million are to be allocated for actions to be carried out through the Ministries of Health and of Education, the Special Secretariat for Human Rights, and through state and municipal secretariats of education and of health, and other state and municipal bodies, and organizations of civil society that work with youths.

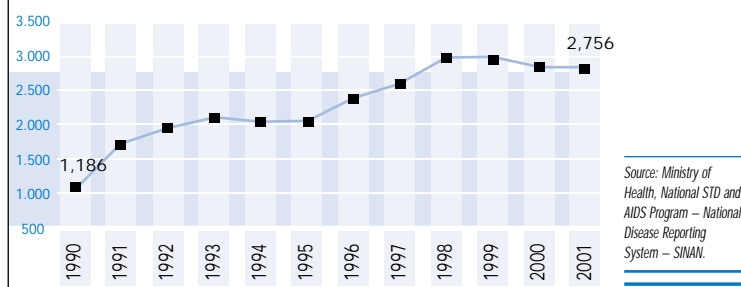
Graph 4.1, that provides information on the number of new AIDS cases reported in the 1990-2001 period, shows that the numbers of reported new cases among young people stabilized after 1998. Though, on the one hand, this reflects the success of the Government policy for this segment of the population, on the other, it provides no guarantee that current prevalence rates will be maintained.

It is also important to remember that this stabilization has not occurred evenly among all segments of the population. Indeed, recent data from the Ministry of Health's STD/AIDS Coordination show that the incidence of AIDS has been increasing among women in general, and especially, among girls in the 13 to 19 age bracket.<sup>22</sup>

Given that the actions proposed under the PPAC for prevention of the transmission of STDs and HIV among youths in the 15 to 19 age group amount to no more than the distribution of male and female condoms, Rede Amiga fails to understand how such current trends relating to the epidemic, especially the spread of the disease among women and into the interior of the country, are to be addressed.

It is important to emphasize that the distribution of condoms must be accompanied by educational approaches, public information on the

**Graph 4.1** Number of new AIDS cases reported among youths 15 to 24 years, Brazil



status of the epidemic, how transmission takes place, and the importance of condom use during sexual relations.

Aside from the allocation of R\$ 271.6 million, the PPAC provides no details as to how governmental strategies are to be pursued, and how they relate to current initiatives, such as the Health and Prevention in Schools project that is being carried out as a joint initiative by the National STD/AIDS Coordination and the Ministry of Education.

This initiative seeks to make condoms available to young people, while at the same time engaging them in educational activities and debates on sexuality and HIV/AIDS. According to a Ministry of Health report, within the framework of the Multi-year Action Plan (PPA), the goal of this project is to reach 200 municipalities in 2004.

Although the number of municipalities in which the project is operating is likely to increase over the four-year period covered by the PPAC, the total number of schools reached by the project is minimal, especially when compared to the vast number of public and private schools that teach adolescents in the 15 to 19 age group.

Despite the modest scope of the Health and Prevention in Schools project, one of its principal merits is the fact that it has enlisted the cooperation of the Ministry of Education in the effort to stem the spread of STDs and AIDS. Particularly positive have been the initiatives targeted toward teacher training and the preparation of special

considerations and analyses on the conditions for achieving this goal



<sup>22</sup>For data and research on STDs and AIDS, see: [www.aids.gov.br](http://www.aids.gov.br)

teaching materials which, in 2004, began to receive support from the National Education Development Fund (FNDE).

This project addresses one of the main challenges identified by the Rede Amiga for the approach to combating HIV/AIDS, i.e., bringing the debate on how to stem the spread of HIV/AIDS and other STDs into Brazilian classrooms. It also adopts an approach that the Federal Government has sought (somewhat timidly) to pursue, i.e., a broader distribution of condoms, thereby ensuring that a greater portion of the Brazilian population, and especially the younger segments, participate and have access to effective prophylactic measures against the spread of AIDS.

## Recommendations

- ✓ Expand the scope of actions for the prevention of STDs and AIDS to include smaller municipalities, in response to the recently-identified trend of the spread of the disease in the interior;
- ✓ invest in constant upgrading of the quality of information and data, especially through the Sentinela Project and the compulsory reporting of AIDS cases;
- ✓ better evaluation of campaigns to encourage HIV testing, ensuring that they are accompanied by psychological and social counseling, and that the necessary laboratory infrastructure is in place to attend to the demand;
- ✓ maintain current policies for prevention and treatment of HIV/AIDS, including the free provision of drugs and laboratory tests, thus ensuring that Brazil maintains its position of leadership with regard to these policies;
- ✓ expand the scope of educational activities to all

THE  
DISTRIBUTION OF  
CONDOMS MUST  
BE CARRIED OUT  
IN ASSOCIATION  
WITH  
EDUCATIONAL  
PRACTICES

**ABIA**  
Associação Brasileira Interdisciplinar de AIDS

## THE YOUTH AND SOCIAL DIVERSITY PROJECT

*The Juventude e Diversidade Sexual (Youth and Sexual Diversity Project) aims to promote the sexual health and citizenship of adolescents and youths that engage in homosexual practices. Although homosexual children and adolescents face developmental problems similar to those faced by heterosexuals, they tend to be more susceptible to sexual abuse and domestic violence and, consequently, more vulnerable to STDs and AIDS.*

*With the aim of treating discrimination, the Brazilian Interdisciplinary Association for AIDS (ABIA) has produced leaflets on such themes as "Youths and Homosexuality: What parents need to know" and "Rites and sayings of young gays," both targeted toward parents and educators, in an effort to show how violence can harm the health, education and citizenship of their children.*

*Also, a campaign with the slogan "Sexual Rights are Human Rights" was launched, with a poster and bookmarks that provide the addresses of the Guardianship Councils in the State of Rio de Janeiro, and postcards with information on laws that ensure the rights of homosexuals.*



*Campaign material for promoting the health and citizenship of homosexual youths*

[www.abiaids.org.br](http://www.abiaids.org.br)



municipalities on a permanent basis, especially those targeted at adolescents and young people, in schools and in their communities. Although not mentioned in the Child Friendly President's Plan, the Federal Government's Multi-year Action Plan (PPA) foresees financial incentives to states and municipalities that carry out actions designed to improve the quality of services for the prevention of HIV/AIDS and STDs:

- ✓ orient health and education programs so that they take into account different sexual orientations and respond to the concrete needs of all adolescents, exempt from value judgments, prejudice or discrimination.
- ✓ expand existing programs that focus on adolescents from a gender perspective and the guarantee of sexual rights; and
- ✓ encourage the promulgation by states and municipalities, of laws that mandate the execution of programs for the prevention of AIDS and other sexually transmitted diseases in public schools, thereby creating a legal framework to ensure that such programs will be carried out in Brazilian public schools.

## Sexual Counseling in Schools

*More than three years ago, the Municipal Secretariat of Education and Culture of Paulo Afonso, Bahia, formed a partnership with GAPA/BA, to strengthen preventative actions in the municipality, acknowledging schools as the most important focus for Continued Sexual Counseling Programs.*

*In August of 2003, Municipal Law 956/03 emphasized sexual education projects, thus enhancing their credibility and leading to the formation of various partnerships within the community. Currently, every school in the municipality offers sexual education, under the guidance of a pedagogical coordinator, with a special focus on the prevention of STDs and AIDS, and involving the students' families.*

*These actions have consolidated the prevention work in schools and communities, with a greater focus on adolescents, with a view to fostering a culture of preventive attitudes.*

[www.gapabahia.org.br](http://www.gapabahia.org.br)

## Reducing Vertical Transmission of HIV/AIDS

**Goal (b):** By 2005, reduce the proportion of nursing infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing prenatal care have information, counseling and other HIV-prevention services available to them; increasing the availability of the services and promoting access for HIV-infected women and babies to effective treatment, to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counseling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of continuous care

### Goals and Indicators

Indicators	Most recent value	Year	Capacity for monitoring the indicator <sup>a</sup>
Percentage of pregnant women, from 10 to 49 years, infected with HIV, by ages group	0.6	2001	poor
Percentage of children, under 2 years old, of mothers with HIV/AIDS, who received breast-milk substitutes	no data available	-	poor
Number of babies and children (under 14 years) infected with HIV by vertical (mother-to-child) transmission	10,577	2003	poor

Source: AIDS Epidemiological Bulletin (2003)

<sup>(a)</sup> good, reasonable, poor

In defining the indicators to be used to monitor the fulfillment of this goal in Brazil, Rede Amiga selected the following: the percentage of pregnant women (from 10 to 49 years old) infected with HIV; the percentage of children (below the age of 2 years) of mothers with HIV/AIDS, that receive breast-milk substitutes; and, the number of babies and children (under 13 years) infected by vertical transmission.

However, many difficulties were faced in identifying and gathering data of the desired quality. It is perhaps for this reason that the indicators adopted by the PPAC for these goals differ from those selected by Rede Amiga.

The governmental goal set in the PPAC establishes the challenge of reducing the prevalence of HIV among babies, from the present 3.7%, to 2%, i.e., a reduction of 45.95%. It also sets the challenge of raising, from 50% to 100%, the coverage of children of HIV-positive mothers that receive milk formula for 6 months. For the latter challenge, the Plan foresees an investment of R\$ 17 million over the four-year period.

Examination of the strategy adopted by the Federal Government point to certain aspects that need to be reviewed. Firstly, there seems to be a mismatch between the approach pursued for this initiative and its goals. Rede Amiga views the provision of breast-milk substitute for a period of 6 months as an insufficient guarantee that the child will be confirmed as HIV-negative. A more appropriate time period before determining whether the child should be reported as a case of AIDS is 18 months, by which time it should be safe to determine whether sero-conversion has taken place or not. Consequently, both the Government's policy for providing breast-milk substitute, and a more appropriate moment for assessing whether a child has contracted HIV by vertical transmission, would be 18 months, rather than 6 months as foreseen in the PPAC.

Another point that needs to be observed, and that perhaps poses an additional challenge for governmental action, concerns reducing inequity posed by the alarmingly limited supply of obstet-

considerations and analyses on the conditions for achieving this goal



ric services for HIV-positive women living in the poorer regions of the country. It is Rede Amiga's view that the Government will only be able to claim success in this area if it is able to ensure the provision of high-quality obstetric care for all HIV-positive mothers even in the most remote regions.

Aside from these considerations, there is an additional caveat relating to monitoring of government programs, since Rede Amiga considers that the indicator adopted by the PPAC for this challenge is inadequate. It fails to measure either HIV prevalence among babies or rates of vertical transmission, but instead states the prevalence of HIV in babies as a proportion of total prevalence.

The corollary to this observation is that, if this indicator were adopted, it would be possible for Brazil to achieve the 2% reduction in the prevalence of HIV among babies, even as the rate of vertical transmission rises. This possibility becomes clear in the light of data from a report entitled the HIV-AIDS Epidemic among Young People (Brazil 1991-2001), from which the figure of 3.7% was selected as the baseline for this indicator.

The first paragraph of this report states that, in the period analyzed there was a decline in the share of the up-to-19-years age group as a proportion of the total of reported AIDS cases in the period, "from 6.3% of all cases (731 of 11,674) in 1991, to 3.7% (641 of 17,503) in 2000, as a consequence of the introduction of anti-retroviral drugs in 1996, which reduced the rate of mother-to-child transmission from 16% to around 12%, in 2000."

As can be gleaned from the information in the report, the most appropriate indicator for monitoring changes in the problem of vertical transmission would be mother-to-child transmission, with a baseline of 12%, since the indicator selected could mask the results. Although the rate has declined by almost 100%, having gone down from 6.3% to 3.7% (a 3.6 percentage point drop), in absolute terms, the reduction was of little more than 12%, since the number of cases dropped from 731 to 641 in one decade.

The same report also states that, based on the estimate that there were 17,200 HIV-positive pregnant women in Brazil in 2001, the coverage level for such women receiving injected AZT at delivery was 34.8%. This is clear evidence of the

need to "improve services for women and children, making available the necessary prophylactic measures to prevent vertical transmission of HIV."

The document also underscores "the great impact of the introduction of chemo-prophylactic measures" in reducing vertical transmission, and of improvements in the quality of prenatal, postpartum and neonatal care. Estimates show that these measures prevented 3,371 infections in the 1994-2002 period.

## Recommendations

The progress achieved and success of the Brazilian program for combating AIDS are undeniable, as are its positive impacts on children with AIDS and the children of HIV-positive mothers. Nonetheless, there is considerable room for further progress. Rede Amiga makes the following recommendations.

- ✓ Expand and improve delivery services for HIV-positive mothers in regions of Brazil where they are lacking or deficient;
- ✓ ensure that the Community Health Agents and Family Health Programs expand their coverage for pregnant women who test positive for HIV and syphilis, and take early preventive measures to avoid mother-to-child transmission of congenital syphilis and HIV in the prenatal care and outpatient services of primary healthcare network;
- ✓ coordinate with the Program to Humanize Prenatal and Delivery Care (PHPN), with a view to expanding services for HIV-positive pregnant women and at delivery, so as to ensure that they are tested, receive counseling and adequate treatment;
- ✓ ensure that the Family Planning Program takes measures to expand services for HIV-positive women, orienting them to conceive at times of least risk to their health and to avoid vertical transmission of HIV; and
- ✓ carry out action plans in selected maternities in all of the Brazilian states, under the auspices of 'Projeto Nascer-Maternidades', with a view to reducing the incidence of mother-to-child transmission of HIV; reducing morbidity/mortality from congenital syphilis; and improve the quality of delivery services.

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REDE AMIGA  
RECOMMENDS  
THAT ACTIONS BE  
CARRIED OUT IN  
COMBINATION WITH  
THE COMMUNITY  
HEALTH AGENTS  
AND FAMILY  
HEALTH PROGRAMS

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**Goal (c):** By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance

### Goals and Indicators

Indicators	Most recent values	Year	Capacity for monitoring the indicator <sup>a</sup>
Number of children orphaned by HIV/Aids, by gender	29,929	1987-1999	poor

Source: Brazil, Ministry of Health (2003)

<sup>(a)</sup> good, reasonable, poor

The indicator that Rede Amiga has adopted for this goal is the number of orphans with HIV/AIDS in Brazil, and the national policies and strategies in place to ensure the rights of AIDS orphans. A report entitled The AIDS-HIV Epidemic among Young People (A Epidemia de HIV-AIDS entre Jovens) provides an estimate that, in the 1997-1999 period, 29,929 children (up to 15 years of age) became orphans as a consequence of maternal AIDS, thus providing baseline parameters for assessing the effectiveness of governmental action.

The PPAC mentions only one action targeted at providing support for orphans infected with HIV/AIDS, under the Ministry of Health's Health-care Program for People with HIV/AIDS and other STDs. This initiative, which has a budget of R\$ 48 million for the 2004-2007 period, entails involvement of other ministries, organizations of civil society, and state and municipal health secretariats.

An examination of the PPAC shows that the expenditure on each orphan is of the order of a little less than R\$ 35.00 per month. However, in view of the lack of clarity as to how the Federal Government intends to implement its proposal, there is little more that can be said with respect to this approach, its potential for bringing about compli-

ance with the WFFC goal, or even its prospects for meeting the challenge proposed under the PPAC.

Aside from the lack of detail in the strategy proposed, and running the risk of touching on challenges apparently not covered by the PPAC, but which might be addressed by actions encompassed by the Government's Program, Rede Amiga's assessment of the approach to this goal points to a lack of practical actions targeted at ensuring the integration of HIV-positive orphans into the school system, free of any form of discrimination or prejudice.

The governmental strategies presented in the PPAC fail to mention any policies or plans targeted toward integration of boys and girls with HIV, or who are AIDS orphans, into society. The successes of Brazil's policies for AIDS are thus producing new challenges, such as how to integrate this fairly significant contingent of boys and girls with HIV into society and ensuring them equality of

considerations and analyses on the conditions for achieving this goal



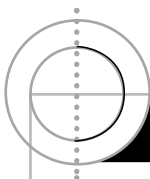


right and opportunities. In 2001 there were almost 10,000 reported cases of AIDS among persons of 19 years or under.

## Recommendations

The lack of services for HIV-positive children and adolescents, and especially those who have lost their mothers and fathers to the pandemic, is probably the principal flaw in Brazilian policy for facing the issue. It is for this reason that, aside from efforts to design a policy targeted specifically toward this public, Rede Amiga recommends:

- ✓ that more investment be targeted toward training teachers, healthcare professionals and social workers, with a view to preparing them to meet the challenges of working with HIV-positive children;
- ✓ that Referral Centers be established to receive HIV-positive children, which serve as models of integration (as opposed to segregation) while meeting the specific needs of this group of children and adolescents; and
- ✓ that investments be channeled toward guidance and the development of policies to provide support for couples that intend to adopt a child with HIV/AIDS.



## Casa Vida and the Viva Rachid Project

*Casa Vida de Apoio a Crianças e Adolescentes Portadores de HIV/AIDS is an institution that provides support for children and adolescents with HIV/Aids in the City of São Paulo. It was inaugurated in 1991 and is managed by Father Júlio Lancellote. Casa Vida I provides services for children from 0 to 6 years of age, and Casa Vida II from 7 to 15 years of age.*

*Viva Rachid, is a project that has been working in Recife (Pernambuco), for the past 12 years, and is considered a model of social inclusion for children living with AIDS. It has achieved good results through working in partnership with the local hospital and providing psychological support. Its principal aim is to restore family ties and foster social integration.*

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IN 2001 THERE  
WERE ALMOST  
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# Budget Analysis

# Budget analysis for achieving the goals

In this chapter, the commitments assumed by Brazil under the A World Fit for Children goals will be examined from a budgetary perspective, in order to identify and quantify the gap between the investments needed to achieve the goals and the current capacity of the Government to cover the costs of meeting them, according to current trends.

The starting point for this analysis was a document entitled “Las Necesidades de la Inversión en la Infancia para Alcanzar las Metas de la Agenda del Plan de Acción Iberoamericano,” produced by UNICEF Regional Office for Latin America and the Caribbean, and by the Economic Commission for Latin America and the Caribbean (ECLAC), which contains an analysis of the costs of meeting goals relating to:

- ✓ access to early-childhood education and to primary and secondary schooling;
- ✓ access for mothers and children to services and healthcare during pregnancy, delivery and post-partum;
- ✓ vaccination against preventable diseases;
- ✓ treatment of early-childhood diseases;
- ✓ HIV/AIDS prevention, care and therapy; and
- ✓ access to water supply and sanitation.

The costs of meeting the WFFC Goals that coincide with the goals and trends identified in the Ibero-American Action Plan were compared with the budgets for programs and actions contained in the Brazilian Federal Government's Multi-year Action Plan (PPA) and the Child Friendly President's Action Plan (PPAC).

The goals for the Protection area were not examined, in view of the fact that the methodologies used by UNICEF and ECLAC did not encompass these aspects, probably owing to the difficulties of establishing an “optimal situation” for coverage of these services and policies.

PPAC resources were appraised alongside al-

locations specified in the PPA 2004-2007, according to the methodology for monitoring the Budget for Children and Adolescents (Orçamento Criança, generally referred to as OCA, developed by UNICEF, Fundação Abrinq and INESC). It must be understood that the Multi-Year Action Plan (PPA) is the Federal Government's official planning document for the four-year period, and that long-term programs and actions cannot be incorporated into the Annual Budget Law (LOA), unless they are explicitly mentioned in the PPA. The differences identified in these planning instruments result, basically, from:

- ✓ descriptions of programs and/or actions in the PPAC that have no correspondence to those of the same area in the PPA;
- ✓ differences in appropriation criteria for PPAC resources, incorporating allocations for certain actions targeted at the general population, without weighing for the corresponding target age group, in line with the suggested OCA methodology; and
- ✓ sums relating to sanitation and water-supply in the PPAC, which are not mentioned in the PPA or in the Federal Budget.

We may therefore conclude, through the analysis, that large discrepancies exist between the Federal Government's investment programs and the estimated investment needs for achieving the WFFC Goals. Before advancing further with this analysis, we must examine the instruments that underpin this chapter.

### *The Ibero-American Action Plan – UNICEF/ECLAC*

This document, prepared by the UNICEF Regional Office for Latin America and the Caribbean and ECLAC, presents the goals agreed upon by Brazil for improving living conditions for children and adolescents in the 2000-2010 period, in the ar-

BRAZIL  
SHOULD  
INVEST 44%  
MORE TO  
ACHIEVE THE  
WFFC GOALS

eas of early-childhood education, secondary schooling, maternal and child healthcare, combating HIV/AIDS, water supply and sanitation, and provides an analysis of the investments these will entail.

This methodology makes projections for the trends and goals in three economic scenarios: an optimal scenario, a historic GDP-growth trend, and a zero GDP growth, comparing the resources available to investment needs and assessing the shortfalls. This chapter presents results for the historic trend and for the zero-growth scenarios.

### *The Brazilian Federal Public Budget (Multi-year Action Plan – PPA<sup>23</sup>)*

One of the first instruments examined by Rede Amiga in order to assess the Brazilian Government's actions was the Multi-year Action Plan (PPA) for the 2004-2007 period. This choice is justified by the fact that the PPAC and the PPA draw actions for the same time period and because the PPA is the Brazilian Government's official planning and budget document, drawn up by the Executive Branch and approved by the Congress. Therefore, actions and expenditures in the PPAC must also be contained in the PPA, otherwise they are not officially authorized.

The draft of the 2004-2007 PPA examined in this report is dated October 2003, since in June 2004 the final version had not yet been enacted by the Congress.

### *The Methodology For Monitoring the Public Budget for Children and Adolescents (Orçamento Criança e Adolescente – OCA)*

In its analyses of the public budget, Rede Amiga uses a methodology known as OCA,<sup>24</sup> that stands for the Budget for Children and Adolescents and examines programs and actions contained in the PPA that relate to the realization and non-violation of children and adolescents' rights.

The OCA methodology can be broken down into two steps. The first entails identifying, in the PPA, those actions that impact policies for children and adolescents, whereas in the second the portion of budgeted resources allocated for each action or project that effectively benefits children and the adolescents is calculated.

This distinctive approach explains the discrepancies in figures associated with programs and actions, in the PPA and in the OCA. For some of the items assessed, the allocations foreseen in the OCA are the result of a multiplication of the totals reported in the PPA by coefficients, according to the following orientations:

- ✓ Government actions oriented toward the population as a whole, such as primary healthcare, water supply and sanitation, are weighed by the proportion of the age group of the target population over the total resident population;
- ✓ The sums for programs and actions directed towards specific groups are weighed by the proportion of the age group of the target population (number of people reached, student enrollments) over the total number of individuals in the specific group<sup>25</sup>.

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IN ITS BUDGET ANALYSES, REDE AMIGA USES A METHODOLOGY KNOWN AS THE BUDGET FOR CHILDREN AND ADOLESCENTS (OCA)

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<sup>23</sup> The Bill of the Budget Law (PPA) defines government priorities for a four-year period and must be submitted by the President to Congress prior to August 31 of the first year of the Presidential term.

<sup>24</sup> The Instituto de Pesquisa Econômica Aplicada IPEA, in partnership with the Fundação de Assistência ao Estudante (FAE) and with support from UNICEF, developed the first methodological proposal of the so-called Children's Budget (Orçamento Criança). A second methodological proposal, presented in the current year, originated from a project known as 'Keeping an Eye on the Children's Budget' (Projeto de Olho no Orçamento Criança), an initiative of the Fundação Abrinq, the Instituto de Estudos Socioeconômicos (IN-ESC) and UNICEF ([www.orcamentocrianca.org.br](http://www.orcamentocrianca.org.br)). This new methodology allows civil society to monitor the public budget at the federal, state and municipal levels, in line with the WFFC Goals.



## The Brazilian Action Plan for Children (Child Friendly President's Action Plan – PPAC)

Using the instruments referred to above, Rede Amiga has undertaken an analysis of the goals and resources enumerated by the Federal Government in the PPAC, verifying whether they would be sufficient to achieve the WFFC Goals; when such resources were deemed to be insufficient, it has sought to estimate the additional amount needed in order to achieve the goals.

Among the commitments under the Child Friendly President's Plan are the presentation of budgetary planning for the fulfillment of the WFFC Goals and a commitment to ensure that allocations for the PPAC, organized in accordance with the areas established under the WFFC, are protected from spending cuts. It is for this reason that Rede Amiga has compared each of the actions listed in the Detailed Budget Proposal Table of the PPAC with the corresponding items in the PPA. Among the initial difficulties faced were the following:

- ✓ descriptions of programs and/or actions in the PPAC do not always correspond to the same items in the PPA. This might be because different teams were responsible for producing these documents. Some of the descriptions in the PPAC are to be found in earlier annual budget documents, such as the PPA for the period 2000-2003, which has an entirely different structure of programs and actions; and
- ✓ the sums allocated for sanitation and water supply in the PPAC are much higher than those in the PPA, due to the inclusion of programs funded by the Time of Service Guarantee Fund (FGTS), and other such funding sources as the National Social and Economic Development Bank (BNDES), that are not part of the PPA, since they are not considered components of the Federal Budget.

## Analysis and General Considerations

As previously mentioned, the starting point for this study was an analysis of the resources necessary to fully achieve the goals stated in the Ibero-American Action Plan, which coincide with the WFFC Goals, examining projected government expenditure until 2010, provided that current levels of investment are maintained.

The 'Goals' column in the following tables represents an ideal situation of fulfilled demands, and is arrived at by taking the unitary cost of services, multiplied by the maximum coverage for the population to be reached. The figures in the 'Trends' column depend on the rate of GDP growth, the GDP share or public spending, expenditure on specific actions, and the projected target population that could effectively be served by the governmental sector.

From the document produced by UNICEF and ECLAC and adapted for this analysis<sup>25</sup>, it is possible to gather some preliminary evidence on the scope of the challenge, in financial terms, that the Brazilian Government will need to overcome in order to achieve the goals.

Table 6, which provides results for the 2000-2010 period, contains a comparison of the resources that will be needed to achieve the goals and the projected trend of government spending (both for the historic growth scenario and for the zero GDP growth scenario) on actions related to the goals, showing the shortfall between the projected resources and those necessary for the fulfillment of the goals.

It can be observed that the greatest gaps relate to education goals, making comparison with the PPA and the PPAC for the 2004-2007 period difficult, as will be seen below, since neither of these two Federal Government planning instruments take into account the planned expenditures of states and municipalities.

THE ALLOCATIONS FOR SANITATION AND WATER SUPPLY IN THE CHILD FRIENDLY PRESIDENT'S PLAN OF ACTION (PPAC) ARE GREATER THAN THOSE IN THE BRAZILIAN MULTI-YEAR ACTION PLAN (PPA)

<sup>25</sup>In the case of professional training for persons with disabilities, for example, the coefficient results from a comparison between the number of students (0 to 17 years of age) enrolled in special education, and the total number of enrollments.

<sup>26</sup> Modifications were introduced into the original calculation: values were updated for 2002 and 2003 and transformed to 2002 currency; parameters were updated (GDP, total population and reference population in the different areas, total expenditure on government actions) for the four-year (2000-2003) period. Using information on the past period, the reference value for some of the original projections was modified, such as the total costs of each action group, or rate of growth of the population served.

The Brazilian Constitution and the Law on Guidelines and Bases for Education (LDB), in establishing priorities and powers for each sphere of government with regard to the implementation of education policy, determined that the states, Federal District, and municipalities will be largely responsible for providing education and particularly for ensuring the provision of primary education. Consequently, any analysis that fails to consider the investments of states and municipalities in education underestimates public expenditure on education.

In order to adjust and consider the relationship between goals and budgets for each sphere

of government (i.e., federal, state, and municipal governments), the goals and figures on education spending for each sphere were subjected to the same methodological treatment<sup>27</sup>, and the results are shown in Table 7.

It should be stressed that budget goals were established according to an ideal situation for meeting the demand, and, when projecting the values for the trend, only public-sector costs and their impact on meeting the demands for the area were considered.

In other words, when the goal for early-childhood education is to place 80% of children (4 to 6 years) in school, this implicitly assumes that the dif-

ANY ANALYSIS THAT FAILS TO TAKE INTO ACCOUNT THE INVESTMENTS OF STATES AND MUNICIPALITIES IN EDUCATION WILL SURELY UNDERESTIMATE PUBLIC EXPENDITURE ON EDUCATION.

**Table 6** Brazil's commitments under the Ibero-American action plan for the 2000-2010 Period

Values in thousands of *reais*, 2002

GOAL	Historic Growth Scenario			% Gap
	Goal	Trend	Gap	
1. Early-Childhood Education	89,245,023	42,519,482	46,725,541	52.36
2. Secondary Schooling	178,054,056	89,022,375	89,031,681	50.00
3. Maternal and Infant Health	79,894,938	56,524,007	23,370,931	29.25
4. Child Health	45,298,510	23,832,399	21,466,110	47.39
5. HIV/AIDS	10,633,375	6,605,688	4,027,688	37.88
6. Water	9,444,381	7,792,985	1,651,396	17.49
7. Sanitation	16,843,389	12,417,934	4,425,455	26.27
<b>TOTAL</b>	<b>429,413,671</b>	<b>238,714,869</b>	<b>190,698,803</b>	<b>44.41</b>

GOAL	Zero Growth Scenario			% Gap
	Goal	Trend	Gap	
1. Early-Childhood Education	89,245,023	39,907,195	49,337,827	55.28
2. Secondary Schooling	178,054,056	83,553,072	94,500,984	53.07
3. Maternal and Infant Health	79,894,938	53,029,046	26,865,893	33.63
4. Child Health	45,298,510	22,380,309	22,918,201	50.59
5. HIV/AIDS	10,633,375	6,238,155	4,395,220	41.33
6. Water	9,444,381	7,314,204	2,130,177	22.55
7. Sanitation	16,843,389	11,655,008	5,188,381	30.80
<b>TOTAL</b>	<b>429,413,671</b>	<b>224,076,989</b>	<b>205,336,682</b>	<b>47.82</b>

Source: UNICEF/ECLAC, for the original data.  
Compiled by M. A. Fernandes

<sup>27</sup> Parameters were updated (GDP, total population, reference population in the different areas, as well as total expenditures on government programs) for the four-year period (2000-2003), and modifications of the reference values of projections of the total costs of action groups and of the rate of growth of population served (enrollments).

ference in cost must be covered by the government, and that the greater financial load will be assigned to municipal governments (Table 7).

The same rationale applies to secondary schooling, which is the area most penalized by the shortfall of resources when gross values are considered. Since, according to Brazil's 1988 Constitution, meeting the demand for secondary education is mainly the responsibility of state governments, the financial burden of providing the greater portion of the resources necessary to achieve these goals must fall upon the states.

Taking as a reference the historic growth rate of the GDP, that adds up to R\$ 15.4 trillion, the shortfall in the goal for early-childhood education means that there is a need for additional investment of the order of 0.3% of the GDP, which presumably must be covered by the government sector, 93.3% of which must be provided by the

municipal governments. The gap in the goal for secondary education for the same period, in the same scenario would be 0.58% of GDP, of which 82.8% would need to be covered by resources from the state governments.

The question that this poses is the following: what strategy should the Federal Government, in its role as coordinator of governmental education policies, pursue in order to fill the resources gap for early-childhood education and secondary schooling?

In part, the answer lies in the PPAC. However, the data presented in the preceding tables cover the whole decade, whereas the PPAC data refers to the 2004-2007 period. To enable a more specific analysis, Table 8 provides the values of goals for this period, and serves as a basis for comparison with other previously-mentioned budgets.

**Table 7** Brazil's commitments under the Ibero-American action plan - Education goals

Values in thousands of reais, 2002

EDUCATION GOALS	Historic Growth Scenario		
	Goal	Trend	Gap
1. Early-Childhood Education	89,245,023	42,519,482	46,725,541
Under the Federal Government	83,779	40,255	43,523
Under State Governments	7,534,555	3,838,374	3,696,182
Under Municipal Governments	81,626,689	38,640,852	42,985,836
2. Secondary Education	178,054,056	89,022,375	89,031,681
Under the Federal Government	18,913,030	9,456,021	9,457,009
Under State Governments	148,305,304	74,148,776	74,156,528
Under Municipal Governments	10,835,721	5,417,578	5,418,144

EDUCATION GOALS	Zero Growth Scenario		
	Goal	Trend	Gap
1. Early-Childhood Education	89,245,023	39,907,195	49,337,827
Under the Federal Government	83,779	37,866	45,913
Under State Governments	7,534,555	3,365,554	4,169,002
Under Municipal Governments	81,626,689	36,503,776	45,122,913
2. Secondary Education	178,054,056	83,553,072	94,500,984
Under the Federal Government	18,913,030	8,888,385	10,024,645
Under State Governments	148,305,304	69,593,054	78,712,250
Under Municipal Governments	10,835,721	5,071,633	5,764,089

Source: UNICEF/ECLAC, for original data.  
Prepared by M. A. Fernandes

WHEN THE EARLY-CHILDHOOD EDUCATION GOAL IS STATED AS PLACING 80% OF CHILDREN (4 TO 6 YEARS) IN SCHOOL, THIS IMPLICITLY ASSUMES THAT THE DIFFERENCE IN COST MUST BE COVERED BY THE GOVERNMENT SECTOR



### The investments necessary for achieving the WFFC Goals between 2004 and 2007 and the investments foreseen in the Government Plans

It is important to stress that the resources necessary to achieve the goals are not limited to federal public resources. The Brazilian states and municipalities also have fundamental roles in providing resources for the achievement of the goals; nonetheless, the Federal Government also has an important role in articulating policies.

The Ibero-American Action Plan methodology lays out expenditures by topic (early-childhood education, secondary schooling, maternal and infant health, child health, combating HIV/AIDS, water supply and sanitation) and, to enable comparison, the actions identified in the OCA and the actions of the PPAC received the same treatment.

Table 9 provides a comparison between the estimates of resources necessary for achieving the

goals, public spending trends according to the ECLAC/UNICEF methodology, and the resources to be spent by the Federal Government, according to the OCA and according to the PPAC.

The "Trend" column should be compared with those related to the other budgets. While the column "Goal" represents the ideal situation, figures in the "Trend" column depend on the rate of GDP growth, the share of the GDP that public spending represents, expenditure on specific actions, and the projected target population that could effectively be served by the governmental sector.

An analysis of Table 9 demonstrates that, in the 2004-2007 period, the Federal Government will invest between 16% and 20% of the resources necessary to achieve the WFFC Goals for the peri-

WHAT STRATEGY SHOULD THE FEDERAL GOVERNMENT, IN ITS ROLE AS COORDINATOR OF GOVERNMENTAL EDUCATION POLICIES, PURSUE IN ORDER TO FILL THE RESOURCES GAP FOR EARLY-CHILDHOOD EDUCATION AND SECONDARY SCHOOLING?

**Table 8** Commitment of Brazil to the Ibero-American action Plan for the 2004 a 2007

Values in thousands of *reais*, 2002I

GOAL	Historic Growth Scenario			% Gap
	Goal	Trend	Gap	
1. Early-Childhood Education	31,923,147	15,471,906	16,451,242	51.53
2. Secondary Schooling	63,841,940	32,393,287	31,448,653	49.26
3. Maternal and Infant Health	25,285,498	20,699,767	4,585,731	18.14
4. Child Health	14,188,121	8,600,364	5,587,757	39.38
5. HIV/AIDS	3,412,687	2,176,800	1,235,887	36.21
6. Water	3,454,645	2,768,153	686,492	19.87
7. Sanitation	5,988,129	4,518,613	1,469,516	24.54
<b>TOTAL</b>	<b>148,094,167</b>	<b>86,628,890</b>	<b>61,465,278</b>	<b>41.50</b>

GOAL	Zero Growth Scenario			% Gap
	Goal	Trend	Gap	
1. Early-Childhood Education	31,923,147	14,561,703	17,361,445	54.39
2. Secondary Schooling	63,841,940	30,487,609	33,354,331	52.25
3. Maternal and Infant Health	25,285,498	19,482,012	5,803,486	22.95
4. Child Health	14,188,121	8,094,409	6,093,712	42.95
5. HIV/AIDS	3,412,687	2,048,740	1,363,947	39.97
6. Water	3,454,645	2,668,874	785,771	22.75
7. Sanitation	5,988,129	4,252,786	1,735,343	28.98
<b>TOTAL</b>	<b>148,094,167</b>	<b>81,596,132</b>	<b>66,498,035</b>	<b>44.90</b>

Source: UNICEF/ECLAC, for original data.  
Compiled by M. A. Fernandes

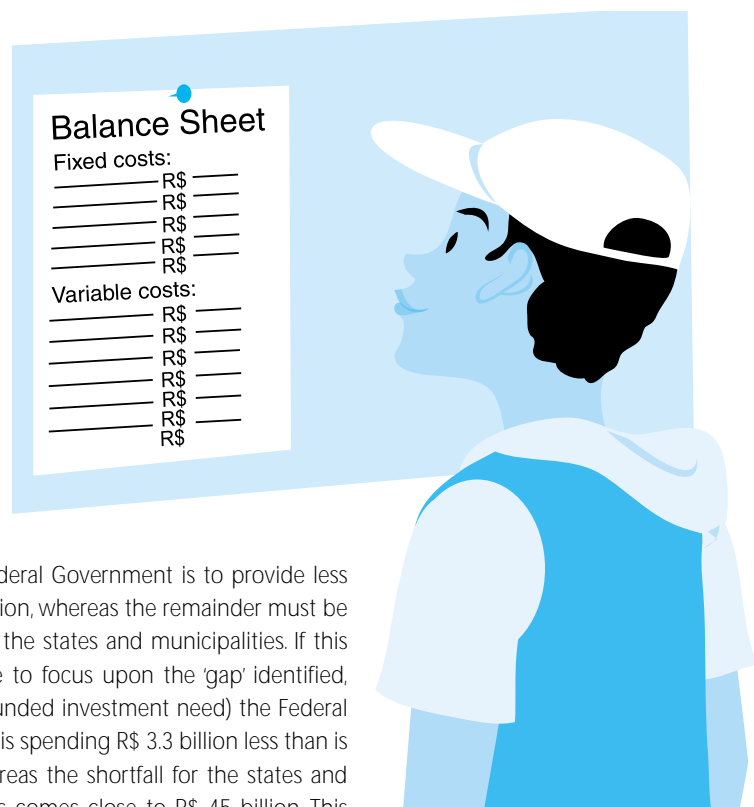
od. A large part of the shortfall can be explained by the fact that many of the goals depend on state and municipal investments, specially in the case of education.

At the other extreme of the analysis, the resources earmarked for child health and maternal and infant healthcare come closer to meeting the ideal volume of resources estimated according to the budgets presented by the Federal Government. Taking the PPAC as a reference, investments amounting to R\$ 27.8 billion are earmarked, whereas in an ideal situation the sum would be R\$ 39 billion, i.e., the sums proposed for the plan are sufficient to fulfill 70% of the projected needs.

Regardless of the situation or policy, it is clear that success will depend upon the capacity of the Federal Government to coordinate with the state and municipal governments, with Brazilian civil society and with the international community, to mobilize the resources needed to achieve the WFFC Goals.

Table 10, which provides estimates of public-investment goals, trends and the gap, for the 2004-2007 period, within a historic GDP-growth scenario, gives a breakdown of the relative share of each level of government in the effort to achieve the education goals foreseen in WFFC.

Of an estimated total of R\$ 95.7 billion needed to achieve the Ibero-American Action Plan



goals, the Federal Government is to provide less than R\$ 7 billion, whereas the remainder must be furnished by the states and municipalities. If this analysis were to focus upon the 'gap' identified, (i.e., the un-funded investment need) the Federal Government is spending R\$ 3.3 billion less than is needed, whereas the shortfall for the states and municipalities comes close to R\$ 45 billion. This analysis shows just how challenging the proposed goals are, and underscores the importance of the Federal Government's role in mobilizing and coordinating the efforts of the other spheres of government.

THE FEDERAL GOVERNMENT WILL INVEST BETWEEN 16% AND 20% OF THE RESOURCES NECESSARY TO ACHIEVE THE WFFC GOALS

**Table 9** Comparison between the plans: Ibero-American - OCA - PPAC 2004 a 2007 Period

Values in thousand of reais, 2002

GOAL	Ibero-American		OCA	PPAC
	Goal	Trend		
1. Early-Childhood Education	31,923,147	15,471,906	13,287	13,287
2. Secondary Schooling	63,841,940	32,393,287	660,764	122,742
3. Maternal and Infant Health	25,285,498	20,699,767	20,234,257	27,866,380
4. Child Health	14,188,121	8,600,364		
5. HIV/AIDS	3,412,687	2,176,800	1,480,268	336,667
6. Water	3,454,645	2,768,153	1,496,213	1,276,958
7. Sanitation	5,988,129	4,518,613		
<b>GOAL TOTAL</b>	<b>148,094,167</b>	<b>86,628,890</b>	<b>23,884,789</b>	<b>29,616,035</b>

Sources: Ibero-American Action Plan (UNICEF/ECLAC); PPA 2004-2007, for the data for Children and Adolescents Budget (OCA) and PPAC Compiled by M. A. Fernandes

### Comparative Analysis of the Child Friendly President's Plan of Action (PPAC) and the Brazilian Multi-Year Action Plan (PPA)

To conclude the analysis of the relationship between public budgets and the investments needed to achieve the WFFC Goals, it is necessary to carry out a more detailed study and to secure a better understanding of the relationship between the PPAC and the PPA. It is also necessary to verify to what extent budgetary allocations exist to fund the actions that comprise these plans. Thus, the analysis that follows begins by identifying PPAC actions and their corresponding budgetary allocations in the Federal Government's PPA.

The actions presented in the PPAC were identified in the PPA and re-grouped to enable a comparative analysis with the OCA and, aside from the difficulties mentioned at the beginning of this chapter, it was also found that:

- ✓ the sums earmarked for basic sanitation in the PPAC are much higher than those in the PPA, as a consequence of the inclusion of programs with FGTS and BNDES funding. These non-budgetary resources amount to a total of some R\$10.7 billion for the period;
- ✓ in the PPAC itself, there are discrepancies between the figures presented in Table 1 (Budget Proposal) and in the Detailed Table that presents the figures for each action. Comparing the figures for Goal 1 and its clusters, it becomes clear that the difference is caused by the fact that the total sum for the Family Health Program (PSF) that appears on the spreadsheet was projected for the total population, whereas in Table 1, it seems to have been weighed to reflect only the child and adolescent population, and;
- ✓ the unification of income-transfer programs targeted at low-income families in the PPA, and the breakdown of the same resources in the PPAC, also hampers any comparison of the totals.

As a consequence of these discrepancies, it is worth noting that the final figures for the PPAC goals considered in the present analysis are from Table 1 on page 14 of the Child Friendly President's Action Plan document, published in Octo-

**Table 10** Commitments of Brazil to Education in the Ibero-Americano action plan – period 2004 – 2007

Values in thousand of *reais*, 2002

EDUCATION GOALS	Historic Growth Scenario		
	Goal	Trend	Gap
1. Early-Childhood Education	31,923,147	15,471,906	16,451,242
Under the Federal Government	25,320	12,272	13,048
Under State Governments	2,943,152	1,426,431	1,516,721
Under Municipal Governments	28,954,675	14,033,203	14,921,472
2. Secondary Education	63,841,940	32,393,287	31,448,653
Under the Federal Government	6,625,885	3,361,962	3,263,923
Under State Governments	53,177,917	26,982,381	26,195,536
Under Municipal Governments	4,038,138	2,048,944	1,989,194

Source: UNICEF/ECLAC, for original data.  
Compiled by M. A. Fernandes

ber 2003, and not the figures on the spreadsheet that accompanied the text. Nonetheless, investigation of each one of the PPAC actions within the PPA did not reveal a perfect and unequivocal correspondence between programs and actions in the two plans.

Moreover, with a view to providing the present analysis with greater consistency, the values assigned, both in the PPA and in the PPAC were adjusted and compared using the OCA methodology.

Table 11 provides a consolidation of the figures for the four WFFC areas. The column "Considered by the OCA" presents the figures for PPA actions targeted at children and adolescents, identified according to OCA methodology. The column "Considered by the PPAC (a)" presents PPAC figures, adapted to the OCA methodology, considering only those that are also to be found in the PPA. The columns entitled "PPAC" (p.14) and "PPAC" (spreadsheet) present the figures in the PPAC document and in the Detailed Table of the Child Friendly President's Action Plan – Actions and Budgets, respectively.

The greatest discrepancies are to be found in the Promoting Healthy Lives and Protection from Abuse, Exploitation and Violence areas. A more detailed explanation as to the causes of these discrepancies, and their possible implications for estimates of the investments necessary to achieve the WFFC Goals, is required.

UNIFICATION  
OF INCOME-  
TRANSFER  
PROGRAMS  
HAMPERS ANY  
COMPARISON  
BETWEEN THE  
RESOURCES OF  
THE BRAZILIAN  
FEDERAL PUBLIC  
BUDGET (PPA)  
AND THE  
BRAZILIAN PLAN  
OF ACTION FOR  
CHILDREN (PPAC)

**Table 11** Differences between OCA and PPAC

BY AREA (GOAL)	Considered the OCA (R\$ (x 1000))	Considered the PPAC (R\$ (x 1000)) (a)	PPAC (p. 14) (R\$ (x 1000))	PPAC (spreadsheet) (R\$ (x 1000))
1. Promoting Healthy Lives	21,730,470	29,143,338	35,341,513	41,685,262
2. Access to Quality Education	12,866,655	9,231,957	19,039,662	19,039,662
3. Protection from abuse, Exploitation and Violence	25,431,058	10,096,565	1,223,713	1,223,713
4. Combating o HIV/AIDS	1,480,268	336,667	336,667	336,667
<b>TOTAL OF 4 AREAS (GOALS)</b>	<b>61,508,451</b>	<b>48,808,527</b>	<b>55,941,555</b>	<b>62,285,304</b>

(a) Applying OCA methodology.  
Compiled by M. A. Fernandes

Explanations for the Promoting Healthy Lives area are mainly related, as has already been mentioned, to differences in appropriations of resources for sanitation and water supply. As previously explained, funding from the BNDES and FGTS for sanitation, that are not part of the PPA, were enumerated under this area.

Moreover, in the PPAC, resources earmarked for these actions are announced as being targeted toward children and adolescents when, in fact, they aim to benefit the population as a whole.

The table below shows the discrepancies found, based upon the total of PPAC resources earmarked for 'Expanding Access to Sanitation and Quality Drinking Water' (R\$ 12,866.3 million). In assessing these discrepancies, it can be seen that the result (R\$ 2,383.6 million) corresponds to 99% of the total allocation for the sanitation sub-area in the PPA.

Such discrepancies are to be found not only in the sanitation area, however. Table 7 lists discrepancies related to the areas of food security and combating malnutrition. Based on the premise that the PPAC figures, whenever possible, underwent the OCA methodological treatment, the discrepancies are due to the failure, in the PPAC, to weigh the values of income transfers that provide food security for families (amounting to a total of R\$ 11,963.8 million), according to a ratio that considers the contingent of the population in the 0 to 18 age group, and the total beneficiary population.

It should also be observed that discrepancies relating to actions in sanitation are drastically re-

duced when given the same methodological treatment, as compared to the situation shown in the Table entitled Assessing the Differences – Sanitation.

When the analysis relating to the Access to Quality Education area is considered, it immediately becomes apparent that the PPA makes no reference to the action described in the PPAC as 'Support for Teacher Training for Early-Childhood Education (children 1 to 6); valued at R\$ 71.7 million, which lists UNICEF and UNESCO as 'training institutions'.

On the other hand, some discrepancies (such as those found in Table 13), and specially those relating to primary schooling, result from the failure of the PPAC to list such actions as "Money Direct to Primary Schools" (Dinheiro Direto na Escola de Ensino Fundamental - Program 1061, Action 0515), valued at R\$ 1,533,358,000, or "Support for Development of Primary Schooling" (Apoio ao Desenvolvimento do Ensino Fundamental – Program 1061, Action 0509), valued at R\$ 326,383,000.

#### Assessing the Differences - Sanitation

	R\$ milhões
a) PPAC – Expansion of Access to Sanitation and Quality Drinking Water	12,866.3
b) Action with FGTS and BNDES included in PPAC and not in PPA	-10,739.0
c) Action in sanitation in PPAC but not in PPA	-375.0
d) Action in sanitation in PPA with no correspondence in PPAC	631.3
	<b>2,383.6</b>

Compiled by M. A. Fernandes

INVESTIGATION OF EACH OF THE ACTIONS WITHIN THE BRAZILIAN CHILD FRIENDLY PRESIDENT'S PLAN OF ACTION (PPAC) AND IN THE BRAZILIAN MULTI-YEAR ACTION PLAN (PPA) DID NOT RESULT IN PERFECT AND UNEQUIVOCAL MATCH BETWEEN PROGRAMS AND ACTIONS IN THE TWO PLANS

Also missing from the PPAC are resources corresponding to R\$ 76 million, relating to various actions under Program 1061, that are included in the PPA. The sum of these accounts for 98.2% of the discrepancies in the values of appropriations for primary education between the PPAC and those identified for the PPA, having applied the OCA methodology.

When the PPA budget for Literacy Training for Youths and Adults is weighed using the coefficient resulting from the population of 15 to 24 years with up to 7 years of schooling, compared with a total population of 15 years or more in the same situation, the larger figure in the PPAC is explained. As for sub-areas 2.10. (Cultural Diffusion) and 2.12. (Research), there are a variety of programs and actions that are listed in the PPA but do not appear in the PPAC.

Consequently, the totals considered in the PPAC underestimate the sums that will need to be invested by the Federal Government in promoting quality education over the four-year planning period. A total of over R\$3.6 billion is overlooked in the PPAC, thus constituting a budget underestimate of approximately 25% for this area.

Comparative analyses, using the OCA methodology, also revealed significant discrepancies between the figures presented in the two plans with regard to the Protection from Abuse, Exploitation and Violence area, for which the PPAC values amount to less than half of the total allocations in the PPA, as Table 14 shows.

An analysis of the resources allocated for Control and Eradication of Child Labor, reveals a discrepancy of R\$ 369,559,000, caused by failure of the PPAC to register allocations for "Attending to children and adolescents in the extended school day" (Program 0068, Action 2060).

In the Income Generation (First Job) and Professional Training sub-areas, the figures presented in the PPAC were identified as referring to only one action for each sub-area, whereas in the PPA five additional actions were linked to the First Job Program and twenty-one to Federal Government investments in Professional Training.

The most significant discrepancies between the PPA and the PPAC in the Protection area are related to allocations for Income Transfers to Fami-

**Table 12** Differences between OCA and PPAC – Consolidation by area (Goal)

### 1. Promoting Healthy Lives

BY SUB-AREA	Considered by OCA (R\$ (x 1000))	Considered by PPAC (R\$ thousand) (a)	Differences OCA – PPAC (R\$ (x 1000))
1.1. Healthcare and combating Infant and Maternal Mortality	4,381,017	9,944,300	-5,563,283
1.2. Food Security and combat of Malnutrition	9,650,325	17,250,266	-7,599,941
1.3. Sanitation	958,254	1,276,958	-318,704
1.4. Housing	537,959	0	537,959
1.5. Prophylactic and Therapeutic Support	2,709,712	0	2,709,712
1.6. Control of Illnesses and Injuries	3,249,261	625,300	2,623,961
1.7. Research	7,432	0	7,432
1.8. Administrative Activities	236,509	46,514	189,996
<b>TOTAL FOR AREA 1</b>	<b>21,730,470</b>	<b>29,143,338</b>	<b>-7,412,868</b>

(a) Applying OCA methodology.  
Compiled by M. A. Fernandes

**Table 13** Differences between OCA and PPAC – Consolidation of area (Goal)

### 2. Access to quality Education

BY SUB-AREA	Considered by OCA (R\$ (x 1000))	Considered by PPAC (R\$ (x 1000)) (a)	Differences OCA – PPAC (R\$ (x 1000))
2.1. Early-Childhood Education	13,287	13,287	0
2.2. Primary Education	5,971,817	3,999,598	1,972,219
2.3. Secondary Education	660,764	122,742	538,022
2.4. Adult and Youth Literacy	71,551	596,241	-524,690
2.5. Actions that involve more than one education level	276,294	88,062	188,233
2.6. Assistance to students	11,391	0	11,391
2.7. Teaching material, Transport, Uniforms	3,727,371	3,657,575	69,797
2.8. Training and Qualifying Teachers	616,721	745,418	-128,697
2.9. Training Human Resources for Different Teaching Levels	9,992	0	9,992
2.10. Cultural Diffusion	487,270	717	486,553
2.11. Sports and Recreation	158,470	0	158,470
2.12. Research	702,521	8,318	694,203
2.13. Administration	159,206	0	159,206
<b>TOTAL FOR AREA 2</b>	<b>12,866,655</b>	<b>9,231,957</b>	<b>3,634,698</b>

(a) Applying OCA methodology.  
Compiled by M. A. Fernandes

lies. In the PPAC there is a shortfall of R\$ 10.3 billion which in the PPA is earmarked for 'Variable income transfers directed at families benefiting from similar welfare programs that have been abolished' (Program 1335, Action 003V), the main counterpart demanded for which is that children aged 7 to 15 years (or 6 to 15 years) remain in school.

A comparison of the budget for the Combating HIV/AIDS area (Table 15), reveals that the greatest discrepancies relate to figures for "Distribution of Medicine for Treating persons with HIV/AIDS." This results from the fact that the PPAC lists only one action targeted at supplying milk formula to children of HIV-positive mothers, whereas the PPA earmarks R\$ 2,336.2 million for the distribution of drugs for treating HIV/AIDS patients which, when the calculation is weighed for the infected portion of the population<sup>28</sup> in relation to the total population, results in the figures that appear in the OCA column (R\$ 1.1 billion).

## Conclusions and recommendations

When the goals and projected expenditures (trends) are compared using the ECLAC/UNICEF methodology, and taking current GDP figures for the period as the baseline, it becomes clear that the funding shortfall for the early-childhood education goal implies a need for additional investments amounting to 0.3% of GDP, of which 93.3% must be provided by the municipalities. The gap for secondary education, on the other hand, is estimated at 0.58% of GDP, with 82.8% of the resources needed coming from state sources.

Such gaps are not restricted to education policies, however. Analyses of the proposed funding for health policies (including funding for actions for HIV/AIDS), that were subjected to the methodology prescribed in the ECLAC/UNICEF document, place the shortfall relating to the goals and the public-spending trends at around R\$ 13 billion.

It is important to note that, owing to methodological limitations, no analysis of the shortfall of resources needed to meet goals and the Brazilian

**Table 14** Differences between OCA and PPAC – Consolidation by area (Goal)

### 3. Protection from abuse, exploitation and violence

BY SUB-AREA	Considered by OCA (R\$ (x 1000))	Considered by PPAC (R\$ (x 1000)) (a)	Differences OCA – PPAC (R\$ (x 1000))
3.1. Guarantee the Rights of Families, Children and Adolescents	1,153,345	1,057,029	96,316
3.2. Combat Sexual Exploitation of Children and Adolescents	132,318	132,318	0
3.3. Eradicate Child Labor	899,333	529,774	369,559
3.4. Generate income (First Job)	1,036,284	858	1,035,426
3.5. Professional Education	1,263,785	7,610	1,256,175
3.6. Social Welfare	2,210,435	0	2,210,435
3.7. Income Transfers to Families	18,647,591	8,352,568	10,295,023
3.8. Research	1,286	0	1,286
3.9. Training Professionals	10,613	9,088	1,525
3.10. Administrative Activities	76,068	7,320	68,748
<b>TOTAL FOR AREA 3</b>	<b>25,431,058</b>	<b>10,096,565</b>	<b>15,334,493</b>

(a) Applying OCA methodology.  
Compiled by M. A. Fernandes

**Table 15** Differences between OCA and PPAC – Consolidation by area (Goal)

### 4. Combating HIV/AIDS

SUB-AREA	Considered by OCA (R\$ (x 1000))	Considered by PPAC (R\$ (x 1000)) (a)	Differences OCA – PPAC (R\$ (x 1000))
4.1. HIV/AIDS Prevention and Healthcare	348,370	319,667	28,703
4.2. Distribution of Drugs for Treatment of People with HIV/AIDS	1,089,663	17,000	1,072,663
4.3. Administrative Activities	42,235	0	42,235
<b>TOTAL FOR AREA 4</b>	<b>1,480,268</b>	<b>336,667</b>	<b>1,143,601</b>

(a) Applying OCA methodology.  
Compiled by M. A. Fernandes

State's traditionally allocation levels, were applied to the Protection area, and that this presumably means that additional investment needs exist that were not covered in the results of this analysis.

This situation indicates a need for deeper discussions on the strategies that governments can employ to fill the gaps identified. One conclusion

<sup>28</sup> (% male infected x % 0-17 years male population) + (% female infected x % 0-49 years female population).

that can be drawn is that, in order to close these gaps, it will be necessary to come up with fiscal measures that effectively increase the volume of resources available for achieving the WFFC Goals.

Since the adoption of measures that would increase the gross taxation rate would apparently not be feasible, the only alternative left to the Government is a review of its priorities, with reduction of spending in other areas in order to channel resources toward the attainment of the WFFC Goals.

This is not to suggest that investments targeted at improving the efficiency and efficacy of public expenditure should be cancelled, specially if these are to result in more comprehensive and effective policies being carried out with current levels of spending.

In the case of education specifically, one possibility that should be examined is freeing resources currently targeted toward primary schooling, in view of the drop in demand resulting from the decline in the numbers of children in the 7 to 14 age group. According to an OECD study, in 2002, the Brazilian 5 to 14 year-old population accounted for 20% of the total population; in 1992, this segment accounted for 21.2%. By 2012, this age group is likely to account for only 19.8% of the total population.

The same OECD report also estimates that the 15 to 19 year-old population, i.e., the segment that should be in secondary schools, has risen from 9.6% of the population in 1992, to 10.7% in 2002; and projections show that by 2012 it will account for 10% of the total population, thus entering into a declining trend in the final ten years of schooling.

In order to carry out budgetary monitoring of the OCA and the PPAC, it is essential that all actions have corresponding allocations in the PPA, the Federal Government's official planning document.

Monitoring the goals for the Education and Health areas, in accordance with recommendations contained in the Ibero-American Action Plan, will only be possible if close coordination is maintained between the Federal, state and mu-

nicipal governments, and provided that such monitoring is centralized, preferably at an institution that is part of the Federal Government.

It is likewise important that the Federal Government respect funding allocations identified in the OCA but not mentioned in the PPAC, and the management commitments established in the Child Friendly President Term of Commitment, specially the pledge not to allow spending cuts or restrictions to affect such allocations, since Rede Amiga considers these resources to be of fundamental importance for meeting the WFFC Goals.

Regarding articulation, it is important that close coordination be maintained between the federal, state and municipal levels of government, and also with civil society and with the international community, in order to mobilize resources that will make it possible to achieve the WFFC Goals. Should this not be done, it seems unlikely that Brazil will meet its international commitments, either in the 2004-2007 period or for the year 2010.

Lastly, it is important that civil society organizations be afforded access to the Federal Government's Financial Management Information System (SIAFI), in order to ensure transparency and to facilitate monitoring of public spending.

THE FUNDING SHORTFALL FOR THE EARLY-CHILDHOOD EDUCATION GOAL IMPLIES A NEED FOR ADDITIONAL INVESTMENTS AMOUNTING TO 0.3% OF GDP, OF WHICH 93.3% MUST BE PROVIDED BY THE MUNICIPALITIES



## Glossary

<b>ABIA</b>	Associação Brasileira Interdisciplinar de Aids (Brazilian Inter-disciplinary Association for AIDS)	<b>OECD</b>	Organization for Economic Co-operation and Development
<b>ABRAPIA</b>	Associação Brasileira Multiprofissional de Proteção à Infância e Adolescência (Brazilian Multi-professional Association for the Protection of Children and Adolescents)	<b>PACS</b>	Programa de Agentes Comunitários de Saúde (Community Health Agents Program)
<b>AIDS / HIV</b>	Acquired Immunodeficiency Syndrome / Human Immunodeficiency Virus	<b>PCN</b>	Parâmetros e Referências Curriculares Nacionais (National Curricular Parameters and References)
<b>ANDI</b>	Agência de Notícias dos Direitos da Infância (News Agency for Children's Rights)	<b>PEAC</b>	Programa Empresa Amiga da Criança (Child Friendly Company Program)
<b>ARI</b>	Acute Respiratory Infection	<b>PESTRAF</b>	Pesquisa sobre o Tráfico de Mulheres, Crianças e Adolescentes (Study on the Trafficking of Women, Children and Adolescents)
<b>AVSI</b>	Associação de Voluntários para o Serviço Internacional (Association of Volunteers for International Service)	<b>PETI</b>	Programa de Erradicação do Trabalho Infantil (Child Labor Eradication Program)
<b>BNDES</b>	Banco Nacional de Desenvolvimento Econômico e Social (National Economic and Social Development Bank)	<b>PHPN</b>	Programa de Humanização do Pré-Natal e do Nascimento (Program to Humanize Prenatal and Delivery Care)
<b>CEPIA</b>	Centro de Pesquisa, Informação e Ação (Research, Information and Action Center)	<b>PID</b>	Parasitic or Infectious Diseases
<b>CMDCA</b>	Conselho Municipal dos Direitos da Criança e do Adolescente (Municipal Council for Children's and Adolescents' Rights)	<b>PNAD</b>	Pesquisa Nacional por Amostra de Domicílios (National Sample of Households Survey)
<b>CNRVV</b>	Centro de Referência das Vítimas da Violência (Referral Center for Victims of Violence)	<b>PNE</b>	Plano Nacional de Educação (National Education Plan)
<b>CONANDA</b>	Conselho Nacional dos Direitos da Criança e do Adolescente (National Council for Children's and Adolescents' Rights)	<b>PNEVS</b>	Plano Nacional de Enfrentamento à Violência Sexual (National Plan for Confronting Sexual Violence)
<b>CREN</b>	Centro de Recuperação e Educação Nutricional (Center for Nutritional Recovery and Education)	<b>PPA</b>	Plano Plurianual (Multi-Year Action Plan – Brazilian Government Planning Instrument)
<b>DHS</b>	Demographic and Health Survey	<b>PPAC</b>	Plano Presidente Amigo da Criança e do Adolescente (Child Friendly President's Plan of Action)
<b>DPCA</b>	Delegacia de Proteção da Criança e do Adolescente (Police Precinct for Protection of Children and Adolescents)	<b>PPAZ</b>	Pacto Pela Paz (Pact for Peace)
<b>ECLAC</b>	Economic Commission for Latin America and the Caribbean	<b>PPP</b>	Public Private Partnership
<b>ECA</b>	Estatuto da Criança e do Adolescente (Statute of the Child and Adolescent)	<b>PSF</b>	Programa Saúde da Família (Family Health Program)
<b>FGTS</b>	Fundo de Garantia do Tempo de Serviço (Time of Service Guarantee Fund)	<b>SAEB</b>	Sistema de Avaliação da Educação Básica (Primary Education Evaluation System)
<b>FUNDEF</b>	Fundo de Manutenção e Desenvolvimento do Ensino Fundamental (Fund for the Maintenance and Development of Primary Education)	<b>SEBRAE</b>	Serviço Brasileiro de Apoio às Micro e Pequenas Empresas (Small and Micro Business Support Service)
<b>GDP</b>	Gross Domestic Product	<b>SEDUC</b>	Secretaria de Educação do Estado (State Secretariat of Education)
<b>IBGE</b>	Instituto Brasileiro de Geografia e Estatística (Brazilian Institute of Geography and Statistics – Census Bureau)	<b>SEMED</b>	Secretaria Municipal de Educação (Municipal Secretariat of Education)
<b>ILO</b>	International Labour Organization	<b>SENAI</b>	Serviço Nacional de Aprendizagem Industrial (National Industry Training Service)
<b>IMR</b>	Infant Mortality Rate	<b>SESC</b>	Serviço Social do Comércio (Social Service for Commerce)
<b>INEP</b>	Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira (National Institute for Education Research and Studies)	<b>SESI</b>	Serviço Social da Indústria (Social Service for Industry)
<b>INESC</b>	Instituto de Estudos Socioeconômicos (Institute for Socio-economic Studies)	<b>SIAFI</b>	Sistema Informatizado de Administração das Finanças do Governo Federal (Federal Government Financial Management System)
<b>IPEA</b>	Instituto de Pesquisa Econômica Aplicada (Institute of Applied Economic Research)	<b>SIPIA</b>	Sistema de Informação para a Infância e Adolescência (Information System on Children and Adolescents)
<b>LDB</b>	Lei das Diretrizes e Bases da Educação (Law of Guidelines and Bases for Education)	<b>STD</b>	Sexually Transmitted Disease
<b>NGO</b>	Non-Governmental Organization	<b>UN</b>	United Nations Organization
<b>OCA</b>	Orçamento da Criança e do Adolescente (Budget for Children and Adolescents)	<b>UNDIME/CE</b>	União dos Dirigentes Municipais de Educação do Ceará (Union of Municipal Education Managers of Ceará)
		<b>UNDP</b>	United Nations Development Programme
		<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
		<b>UNFPA</b>	United Nations Population Fund
		<b>UNICEF</b>	United Nations Children's Fund
		<b>WFFC</b>	A World Fit for Children
		<b>WHO</b>	World Health Organization

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**Annex I**



## Technical Note

This Annex presents definitions of the indicators, with relevant information on those for which it was possible to obtain data. The indicators are grouped according to data source, with reference to the areas and goals to which they relate, namely: 1. Promoting Healthy Lives; 2. Access to Quality Education; 3. Protection from Abuse, Exploitation and Violence; and 4. Combating HIV/AIDS. Further details on the indicators and how they were calculated can be found at: [www.redeamiga.org.br](http://www.redeamiga.org.br)

### A – Ministry of Health

#### A.1 – Information System on Mortality (SIM) and Information System on Live Births (SINASC)

Data from the Information System on Mortality (SIM) and the Information System on Live Births (SINASC) databases was provided to Rede Amiga on March 8, 2004 by the Ministry of Health's Secretariat of Health Surveillance. The Secretariat also supplied a program for accessing the data, named TABWIN. The SIM data cover the 1990-2002 period, and the SINASC data the 1996-2002 period.

- ✓ Proportional mortality from acute respiratory infections (ARI) in children under 5 years of age (goal 1a): percentage of deaths in children under 5 from ARI, in relation to total deaths in the same age group.
- ✓ Proportional mortality from infectious or parasitic diseases (IPD) in children under 5 years of age (goal 1a): percentage of deaths from IPD in children under 5, in relation to total deaths in the same age group.
- ✓ Maternal mortality rate (Goal 1b): number of deaths of women from obstetric causes, per 100,000 live births.
- ✓ Percentage of live births to mothers attending less than 7 prenatal sessions (goal

1b): percentage of live births to mothers with less than 7 prenatal visits, in relation to total live births.

- ✓ Percentage of cesarean deliveries (goal 1b): percentage of live births from cesarean section in relation to total live births.
- ✓ Percentage of children with low birth weight (goal 1c): percentage of live births with birth weight under 2,500 grams, in relation to total live births.
- ✓ Proportional mortality in the 10 to 19 age group (goal 1f): percentage of deaths of children and adolescents between 10 and 19 years old, in relation to total deaths.
- ✓ Mortality rate from external causes in the 10 to 19 age group (goal 1f): number of deaths from external causes of children and adolescents aged 10 to 19, per 100,000 inhabitants in the same age group. The population estimates are from IBGE.
- ✓ Percentage of live births to mothers up to 19 years old with less than 7 prenatal visits (goal 1g): percentage of live births to mothers up to 19 years old, with less than 7 prenatal visits, in relation to total live births, to mothers in the same age group.
- ✓ Mortality rate for persons of 0 to 17 years from homicide (goal 3a): number of deaths from homicide of children and adolescents from ages 0 to 17, per 100,000 inhabitants in the same age group. Population estimates are from IBGE.

#### A.2 – National STD/AIDS Program – National Reporting System on new AIDS cases (SINAN)

The AIDS data comes from the internet page of the National STD/AIDS Program (<http://www.aids.gov.br>), which provides access to Ministry of Health data on reported AIDS cases. The Ministry of Health updates data as new reports are received, even if they refer to previous years. For this rea-

son, subsequent queries may produce figures that are different from those presented in this report. Data presented herein was provided on April 27, 2004. Presented in this report. The date presented herein was provided on April 27, 2004.

- ✓ Number of new AIDS cases notified in young people 15 to 24 years (goal 4a): number of new AIDS cases notified in young people 15 to 24 years old.
- ✓ Proportion of new AIDS cases reported among young people of 15 to 24 years per 100,000 inhabitants in the same age group (goal 4a): number of new AIDS cases reported in young people 15 to 24 years old, per 100,000 inhabitants in the same age group. Population data is from IBGE.
- ✓ Percentage of expectant mothers 15 to 49 years old infected with HIV (goal 4b): indirect indicator for the percentage of pregnant women from 10 to 49 years infected with HIV. This data came from a 2000 sample survey. The estimate of 0.61% has a confidence interval of 95%, between 0.48% and 0.73%.

#### A.3 – Secretariat for Health Policies – Sample studies

- ✓ Percentage of children that are exclusively breastfed up to 6 months (goal 1a): percentage of children fed exclusively on mother's milk when completing 180 days of life, in relation to the total number of children in the same age group. The data come from a sample study carried out in 1999 only in Brazilian state capitals.

### B – Brazilian Institute of Geography and Statistics (IBGE)

#### B.1 – National Sample of Households Survey (PNAD)

PNAD indicators were taken from IBGE micro-data, from 1992 to 2002, excluding

years when the survey was not carried out (1994 and 2000). It is important to remember that PNAD is a sample survey, and is therefore less precise than Census data. The level of imprecision is informed by the standard deviation of the percentages, on which IBGE can be consulted, should there be interest. This information may be important to the analysis and use of the data.

The indicators calculated here do not necessarily reflect the calculation methodology adopted by IBGE in its tables, in terms of selection of variables in the questionnaires, although an effort was made to comply as closely as possible with the IBGE standard. There follows definitions and explanations of the indicators:

PNAD does not cover the rural areas of Rondônia, Acre, Amazonas, Roraima, Pará and Amapá.

- ✓ Percentage of the population without access to drinking water (goal 1d): percentage of the population in permanent private dwellings with indoor piped water supply, in relation to the total population living in permanent private dwellings. Indoor piped water means water available in at least one room.
- ✓ Percentage of the population without access to adequate sanitation (goal 1d): percentage of the population in permanent private dwellings where the outflow from the bathroom or toilet is to "sewage mains or storm drains," "septic tank connected to the storm drains," or "septic tank connected to the sewage mains or storm drains" in relation to the total population resident in permanent private dwellings.
- ✓ Percentage of children 0 to 6 years of age who attend school (goal 2a): percentage of children 0 to 6 years old (inclusive) who attend a preschool or daycare center, in relation to the total number of children in the same age group. The same indicator was calculated for the 0 to 3 and 4 to 6 age groups.
- ✓ Net Primary Schooling Rate (goal 2b): percentage of children from 7 to 14 years of

age who attend primary schools in relation to the total number of children in the same age group.

- ✓ Percentage of children 7 to 14 years who do not attend school (goal 2b): percentage of children of 7 to 14 years who do not attend school in relation to the total number of children in the same age group.
- ✓ Net Secondary Schooling Rate, by gender (goal 2c): percentage of adolescents 15 to 17 years old who attend secondary schools, in relation to the total number of adolescents in the same age group, by gender.
- ✓ Percentage of young population (18 to 24 years) with 11 or more grades concluded (goal 2c): percentage of people from 18 to 24 years with 11 or more years of schooling, in relation to the total number of people in the same age group. IBGE considers years of schooling the number of grades concluded.
- ✓ Adult Literacy Rate (15 years or more) (goal 2f): percentage of people 15 years or more who are literate, in relation to the total number of people in the same age group. IBGE defines a literate person as one who "can read and write at least a simple note in his own language" (IBGE, 2002). This indicator was also calculated for the 15 to 19 age group.
- ✓ Percentage of children and adolescents 10 to 17 years old working (goal 3d): percentage of children and adolescents 10 to 17 years old working, in relation to the total number of children and adolescents in the same age group. The same indicator was calculated for the 10 to 15 and 16 to 17 age groups.
- ✓ Percentage of children and adolescents 0 to 17 years of age who live in households with monthly per capita earnings of no more than half of a minimum wage (goal 3e): percentage of children and adolescents of 0 to 17 years of age who live in households with monthly per capita earnings of no more than half of a minimum wage, in relation to the total number of children and adolescents in the same age group.

## ***B.2 – Directory of Research – Coordination for Population and Social Indicators - Estimates***

For infant and child mortality rates, the IBGE estimates were considered, in view of the high levels of underreporting of such deaths. Estimates of underreporting of births were obtained from an IBGE publication entitled: Estatísticas do Registro Civil 2002.

- ✓ Infant Mortality Rate (goal 1a): number of deaths of children below 1 year old, per 1,000 live births.
- ✓ Child Mortality Rate (goal 1a): number of deaths of children below 5 years of age, per 1,000 live births.
- ✓ Percentage of children of up to 1 year of age without a birth certificate (goal 3e): 100 minus the percentage covered by the civil registry service. This percentage estimate is obtained by adding the number of registered births in the year, to those registered in the year subsequent to the birth, whereas the interval between the birth and the registration should not exceed 90 days, divided by the estimated number of births in the year.

## ***C – National Institute for Education Studies and Research – Anísio Teixeira (INEP)***

### ***C.1 – Primary Education Evaluation System (SAEB)***

To obtain more detailed information on the results of the SAEB evaluations, INEP micro data for the 1995-2001 period were consulted. SAEB is a bi-annual sample evaluation of the performance of 4th and 8th grade primary school students, and 3rd grade secondary school students, in Portuguese and Math.

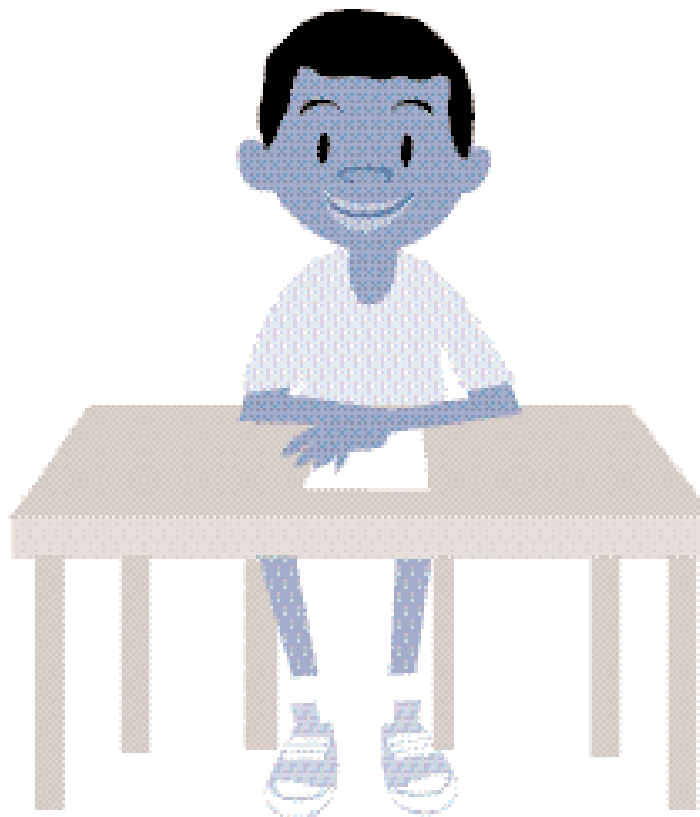
- ✓ Students' command of a given subject in a given grade (goal 2d): average individual SAEB test scores in each subject. The indicator was calculated for 4th and 8th grade primary school students, in Portuguese and Math.



- ✓ Percentage of students in a given grade whose performance is classified as "very critical" (goal 2d); percentage of 4th grade primary school students who scored less than 125 in Portuguese and Math; percentage of 8th grade Primary School students who scored less than 150 in Portuguese; and less than 175 in Math.

### C.2 – Education Census

- ✓ Number of enrollments in early-childhood education (goal 2a); number of children enrolled in early-childhood education, including daycare and preschools.
- ✓ Ratio of public/private enrollments in early-childhood education (goal 2a); number of enrollments in early-childhood education in public institutions, divided by the number of enrollments in private institutions.
- ✓ Average expected primary-school conclusion rate (goal 2a); average time a student takes to conclude a schooling level, within a cohort group, considering current transition rates for each level.



### D – Other sources

- ✓ Number of adolescents undergoing socio-educational measures (goal 3e); data from the Ministry of Justice, Department for Children and Adolescents. The data refers to June 2002 and was broken down by gender and by type of socio-educational measure: internment, provisional internment, and parole.
- ✓ Number of children and adolescents attended by the Program for the Eradication of Child Labor (PETI) (goal 3d); data obtained in April 2004, from the Ministry of Social Development and Combating Hunger – PETI National Office.

### III – TRENDS IN HISTORICAL SERIES

For indicators relating to numerical goals for the World Fit for Children and/or the Child Friendly President's Plan, models were adjusted by simple linear regression to

enable better visual assessment of the trend shown by the historical series and, if possible, of the prospects for achieving the goal. This model was not always appropriate for the data and, therefore, the trend line is not shown on some graphs.

In the models, the variable "year" was used as an explanatory variable, and the value for each indicator was employed as an independent variable. The trend lines do not seek to provide precise forecasts of future trends, but rather to assist visualization of the relationship between the goal and the general trend shown by the figures.

### IV – INEQUITY RATIOS

The ratios between the values of extreme categories of disaggregated indicators enable an analysis of the inequity situation for each indicator. Below each group

of categories in the table of data, a line indicates a value for the inequity ratio and the categories considered in the calculation. This value is obtained by dividing the greatest by the smallest percentage, using the extremes for each category. In the case of race/ethnicity, the categories considered are always black / white.

For example, if we break down the percentage of children and adolescents (7 to 14 years) not attending school by per-capita family income group, the most recent data (2002) shows that 0.7% of children in the richest quintile do not attend school, whereas in the poorest quintile the figure is 4.5%. By dividing the larger percentage (4.5%) by the smaller percentage (0.7%), we arrive at a value of over six, which indicates that, in 2002, poorer children were six times more likely not to attend school than were the richer ones.



### Goals for inequity ratios

Inequity ratio goals were also calculated for indicators for which numerical goals exist. It will not be possible to achieve national goals unless inequity between different groups of children and adolescents is reduced. With a view to reducing such inequity, the same goal set for the numerical indicator was adopted for the inequity ratios. For example, if the goal is to reduce the percentage of the population without access to drinking water by a third, this same proportion was applied to the reduction of inequity between rich and poor, black and white, and people with less or more years of schooling.

In an ideal equity situation, all categories have the same value for the indicator, resulting in an inequity ratio of 1. Based on this reasoning, the goal for reducing inequity was applied to numbers in excess of this ideal value. For example, take the percentage of live births to mothers with less than 7 prenatal visits, broken down by mother's years of schooling. The inequity ratio between children born to mothers with low schooling, and to mothers with higher schooling, (in 2000, the baseline year) was 3.11. The goal of reducing this by one third was applied to the excess of 1, which is 2.11. Thus, the goal is that the inequity ratio should amount to an excess of no more than 1.4 in 2010 (which represents a third of 2.11), and therefore the inequity ratio should be no more than 2.4 in 2010.

Taking as an example (once again) the percentage of live births to mothers with less than 7 prenatal visits, broken down by the mother's years of schooling, the goal is a one third reduction in the total percentage and in inequity. This means bringing the total value down from 51.4% (in 2000) to 34.3% (by 2010), with the inequity ratio between mothers of high and low schooling levels dropping from 3.11 (in 2000) to 2.40 (by 2010). To meet these criteria, the percentages of live births to mothers with low and high schooling levels must pass from 75.5% to 44.7%; and from 24.4% to 18.6%, respectively. It can be observed that the reduction for the less privileged (low schooling) group was 41%, or over one third. With respect to the more privileged category, the reduction was 24%, which is lower than the overall goal.

Technical information on the formulas used to obtain these figures is available at: [www.redeamiga.org.br](http://www.redeamiga.org.br).





**Annex II**



**Goal (a):** Reduce the infant and under-five mortality rates by at least one third by 2010 in pursuit of the goal of reducing them by two thirds by 2015.

**Table 1A** Infant mortality rate (per 1,000 live births)

	1990	1995	1998	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>Total</b>	47.5	36.6	32.0	30.8	29.7	28.7	27.8	19.8
<b>Rural/Urban</b>								
Urban	-	-	29.8	-	27.0	-	-	-
Rural	-	-	38.8	-	35.2	-	-	-
Inequality ratio rural/urban	-	-	1.30	-	1.30	-	-	-
<b>By income quintiles</b>								
1st quintile (poorest 20%)	-	-	38.4	-	34.9	-	-	-
2nd quintile	-	-	31.0	-	28.1	-	-	-
3rd quintile	-	-	21.6	-	24.0	-	-	-
4th quintile	-	-	19.0	-	17.3	-	-	-
5th quintile (richest 20%)	-	-	17.4	-	15.8	-	-	-
Inequality ratio poorest 20%/richest 20%	-	-	2.21	-	2.21	-	-	-
<b>By race/color</b>								
White	-	-	25.2	-	22.9	-	-	-
Black + brown	-	-	37.1	-	33.7	-	-	-
Brown	-	-	38.5	-	33.0	-	-	-
Black	-	-	36.4	-	34.9	-	-	-
Asian	-	-	-	-	-	-	-	-
Indigenous	-	-	-	-	-	-	-	-
Inequality ratio black + brown/white	-	-	1.47	-	1.47	-	-	-
<b>By mother's schooling level</b>								
Up to 3 years of schooling	-	-	53.0	-	40.2	-	-	-
4 to 7 years of schooling	-	-	29.3	-	26.6	-	-	-
8 or more years of schooling	-	-	18.4	-	16.7	-	-	-
Inequality ratio up to 3/8 or more years of schooling	-	-	2.87	-	2.40	-	-	-

**Goal (a) for equity:** Reduce by at least one third inequality in infant and under-five mortality rates among groups in the worst situations, in terms of housing, income, race/color and mother's years of schooling.

**Table 2A** Under 5 mortality rate (per 1,000 live births)

	1990	1995	1998	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>Total</b>	53.7	41.4	37.1	36.0	35.1	-	-	23.4
<b>Urban/Rural</b>								
Urban	-	-	36.8	-	34.8	-	-	-
Rural	-	-	50.0	-	47.3	-	-	-
Inequality ratio rural/urban	-	-	1.4	-	1.4	-	-	-
<b>By income quintiles</b>								
1st quintile (poorest 20%)	-	-	43.0	-	40.7	-	-	-
2nd quintile	-	-	33.7	-	31.9	-	-	-
3rd quintile	-	-	25.5	-	24.1	-	-	-
4th quintile	-	-	22.5	-	21.3	-	-	-
5th quintile (richest 20%)	-	-	20.1	-	19.0	-	-	-
Inequality ratio poorest 20%/richest 20%	-	-	2.1	-	2.1	-	-	-
<b>By race/color</b>								
White	-	-	30.1	-	28.5	-	-	-
Black + brown	-	-	46.9	-	44.4	-	-	-
Brown	-	-	48.6	-	43.5	-	-	-
Black	-	-	46.0	-	46.0	-	-	-
Asian	-	-	-	-	-	-	-	-
Indigenous	-	-	-	-	-	-	-	-
Inequality ratio black + brown/white	-	-	1.6	-	1.6	-	-	-
<b>By mother's schooling level</b>								
Up to 3 years of schooling	-	-	54.3	-	51.4	-	-	-
4 to 7 years of schooling	-	-	33.3	-	31.5	-	-	-
8 or more years of schooling	-	-	21.3	-	20.2	-	-	-
Inequality ratio up to 3 years/8 or more years of schooling	-	-	2.5	-	2.6	-	-	-

<b>By State</b>	1990	1995	1998	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>North Region</b>	45.1	35.8	31.7	30.6	29.5	28.6	27.7	19.7
Rondonia	38.9	30.8	27.6	26.7	25.9	25.2	24.6	17.3
Acre	54.0	43.1	38.2	36.8	35.5	34.3	33.2	23.6
Amazonas	42.7	34.9	31.7	30.9	30.1	29.4	28.8	20.1
Roraima	43.5	28.2	22.4	21.0	19.7	18.7	17.8	13.2
Para	45.3	35.4	31.2	30.1	29.0	28.1	27.3	19.4
Amapa	37.1	30.1	27.3	26.6	26.0	25.4	24.9	17.3
Tocantins	50.6	36.8	32.0	30.9	29.9	29.1	28.4	20.0
<b>Northeast Region</b>	73.4	56.4	48.8	46.7	44.7	43.0	41.4	29.8
Maranhao	75.0	59.4	52.5	50.6	49.0	47.6	46.3	32.7
Piaui	63.7	47.5	40.1	38.1	36.2	34.6	33.1	24.2
Ceara	74.5	51.4	42.5	40.3	38.3	36.6	35.1	25.5
Rio Grande do Norte	74.5	55.8	48.4	46.4	44.7	43.2	41.9	29.8
Paraiba	80.1	59.7	51.9	50.0	48.3	46.8	45.5	32.2
Pernambuco	77.6	59.6	51.9	49.8	48.0	46.3	44.8	32.0
Alagoas	100.1	79.1	68.4	65.4	62.5	60.0	57.7	41.7
Sergipe	69.1	53.5	46.8	45.0	43.4	41.9	40.6	28.9
Bahia	64.1	50.0	44.1	42.5	41.0	39.8	38.7	27.4
<b>Southeast Region</b>	32.5	25.5	22.7	22.0	21.3	20.7	20.2	14.2
Minas Gerais	37.0	27.7	24.0	23.1	22.2	21.4	20.8	14.8
Espirito Santo	32.4	26.3	23.6	22.8	22.1	21.5	20.9	14.7
Rio de Janeiro	31.6	24.7	22.0	21.3	20.6	20.0	19.5	13.7
Sao Paulo	31.0	23.1	20.0	19.3	18.6	18.0	17.4	12.4
<b>South Region</b>	28.0	22.4	20.1	19.4	18.9	18.3	17.9	12.6
Parana	37.0	27.7	24.0	23.0	22.2	21.4	20.7	14.8
Santa Catarina	32.6	24.5	21.2	20.3	19.5	18.8	18.2	13.0
Rio Grande do Sul	24.6	19.0	17.0	16.5	16.1	15.7	15.4	10.7
<b>Central-West Region</b>	33.3	26.1	23.1	22.3	21.6	21.0	20.4	14.4
Mato Grosso do Sul	32.7	24.7	21.8	21.0	20.3	19.7	19.2	13.6
Mato Grosso	36.1	27.9	24.6	23.7	22.9	22.2	21.5	15.2
Goiás	33.9	26.4	23.4	22.6	21.9	21.3	20.7	14.6
Distrito Federal	28.2	21.7	19.4	18.8	18.3	17.9	17.5	12.2

<b>By State</b>	1990	1995	1998	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>North Region</b>	52.9	40.6	36.9	-	34.1	-	-	-
Rondonia	49.4	-	30.5	-	28.5	-	-	-
Acre	68.4	-	44.5	-	41.7	-	-	-
Amazonas	49.5	-	35.7	-	33.5	-	-	-
Roraima	50.3	-	24.5	-	21.3	-	-	-
Para	57.8	-	38.3	-	35.3	-	-	-
Amapa	40.7	-	31.1	-	29.9	-	-	-
Tocantins	58.6	-	39.9	-	36.6	-	-	-
<b>Northeast Region</b>	87.3	63.4	54.7	-	50.9	-	-	-
Maranhao	95.1	-	58.2	-	53.4	-	-	-
Piaui	74.8	-	47.7	-	44.3	-	-	-
Ceara	88.5	-	47.9	-	42.1	-	-	-
Rio Grande do Norte	88.6	-	56.9	-	52.8	-	-	-
Paraiba	96.5	-	56.5	-	51.8	-	-	-
Pernambuco	92.8	-	56.8	-	50.6	-	-	-
Alagoas	126.2	-	86.0	-	79.8	-	-	-
Sergipe	83.4	-	59.3	-	50.4	-	-	-
Bahia	73.4	-	55.0	-	49.4	-	-	-
<b>Southeast Region</b>	36.6	29.1	26.9	-	25.3	-	-	-
Minas Gerais	41.2	-	28.9	-	27.0	-	-	-
Espirito Santo	39.6	-	28.5	-	27.1	-	-	-
Rio de Janeiro	38.4	-	25.1	-	24.4	-	-	-
Sao Paulo	34.4	-	24.2	-	22.7	-	-	-
<b>South Region</b>	35.2	27.0	25.7	-	22.0	-	-	-
Parana	42.8	-	27.2	-	24.6	-	-	-
Santa Catarina	36.4	-	24.9	-	23.0	-	-	-
Rio Grande do Sul	27.5	-	19.8	-	18.8	-	-	-
<b>Central-West Region</b>	41.0	31.6	26.2	-	26.2	-	-	-
Mato Grosso do Sul	37.6	-	26.4	-	25.2	-	-	-
Mato Grosso	45.4	-	29.1	-	27.3	-	-	-
Goiás	39.7	-	27.8	-	27.0	-	-	-
Distrito Federal	31.1	-	22.1	-	21.1	-	-	-

Source: Brazilian Institute of Geography and Statistics (IBGE). Note: "-" means data not available

Source: Brazilian Institute of Geography and Statistics (IBGE). Note: "-" means data not available

**Table 3A** Proportional mortality from Acute Respiratory Infections (ARI) in children under 5 years

	1990	1995	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>Total</b>	-	-	6.4	5.9	5.6	5.4	4.0
<b>By race/color</b>							
White	-	-	6.6	6.2	5.8	5.4	4.2
Black + brown	-	-	7.5	6.8	6.4	6.0	4.4
Brown	-	-	7.4	6.6	6.3	5.9	4.3
Black	-	-	8.2	8.3	7.7	6.7	5.5
Asian	-	-	6.2	5.5	7.3	6.5	3.7
Indigenous	-	-	12.2	12.9	10.5	10.8	8.6
Inequity ratio black + brown/white	-	-	1.12	1.08	1.11	1.10	1.06
<b>By State</b>							
<b>North Region</b>							
Rondonia	-	-	6.8	6.4	6.3	6.4	4.2
Acre	-	-	5.9	6.0	5.7	5.5	4.0
Amazonas	-	-	4.1	6.4	6.6	6.8	4.3
Roraima	-	-	8.9	5.9	5.9	5.5	3.9
Para	-	-	6.6	9.1	3.4	2.7	6.1
Amapa	-	-	6.5	6.6	6.9	6.6	4.4
Tocantins	-	-	4.2	3.4	4.1	8.7	2.2
<b>Northeast Region</b>							
Maranhao	-	-	5.8	5.3	5.3	4.9	3.5
Piaui	-	-	5.5	5.0	5.0	3.5	3.4
Ceara	-	-	5.2	3.3	4.6	3.7	2.2
Rio Grande do Norte	-	-	8.3	6.6	5.8	4.5	4.4
Paraiba	-	-	5.4	6.2	6.1	7.1	4.2
Pernambuco	-	-	4.2	4.2	3.8	3.7	2.8
Alagoas	-	-	5.5	5.4	5.5	6.1	3.6
Sergipe	-	-	6.4	7.1	6.1	6.0	4.7
Bahia	-	-	3.6	5.3	5.1	5.6	3.6
<b>Southeast Region</b>							
Minas Gerais	-	-	7.0	6.5	6.1	5.9	4.3
Espirito Santo	-	-	6.7	6.1	5.8	4.7	4.1
Rio de Janeiro	-	-	4.1	3.7	4.1	3.4	2.5
Sao Paulo	-	-	7.0	6.2	5.7	6.3	4.1
<b>South Region</b>							
Parana	-	-	7.4	7.1	6.7	6.5	4.8
Santa Catarina	-	-	6.4	5.9	5.1	4.6	3.9
Rio Grande do Sul	-	-	6.1	5.7	5.2	4.3	3.8
<b>Central-West Region</b>							
Mato Grosso do Sul	-	-	5.1	5.7	4.1	3.7	3.8
Mato Grosso	-	-	7.4	6.3	5.7	5.4	4.2
Goiás	-	-	5.8	5.6	4.4	5.2	3.7
Distrito Federal	-	-	7.8	6.7	6.4	7.2	4.5
	-	-	6.8	5.9	3.5	5.3	3.9
	-	-	4.9	5.1	4.1	4.9	3.4
	-	-	3.6	4.8	3.6	3.0	3.2

Source: Ministry of Health - Mortality Information System (SIM). Note: "-" means data not available

**Table 4A** Proportional mortality from Infectious or Parasitic Diseases (IPD) in children under 5 years

	1990	1995	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>Total</b>	15.0	12.6	10.2	8.9	8.7	8.7	5.9
<b>By race/color</b>							
White	-	-	8.9	8.1	7.7	7.6	5.6
Black + brown	-	-	11.2	10.5	10.4	10.4	6.7
Brown	-	-	11.0	10.4	10.3	10.4	6.6
Black	-	-	13.2	11.7	12.0	10.9	7.5
Asian	-	-	12.1	8.1	7.3	9.5	5.4
Indigenous	-	-	20.2	22.7	17.4	22.0	15.1
Inequity ratio black + brown/white	-	-	1.26	1.30	1.35	1.37	1.20
<b>By State</b>							
<b>North Region</b>							
Rondonia	24.0	14.3	10.0	9.9	9.4	10.1	6.6
Acre	24.7	17.0	9.8	7.6	8.2	6.7	5.1
Amazonas	19.1	18.8	6.5	7.5	8.5	12.4	5.0
Roraima	24.4	11.1	10.6	10.9	9.8	10.4	7.2
Para	18.7	18.2	15.7	10.8	6.4	8.8	7.2
Amapa	24.5	15.2	9.4	10.0	9.3	10.6	6.7
Tocantins	17.6	8.9	5.1	5.9	8.5	4.5	3.9
<b>Northeast Region</b>							
Maranhao	26.3	15.0	13.5	11.8	12.8	12.9	7.8
Piaui	16.3	16.6	13.9	10.8	10.8	10.8	7.2
Ceara	21.6	13.7	10.8	8.7	10.2	8.8	5.8
Rio Grande do Norte	25.5	13.2	11.5	10.6	9.9	9.9	7.0
Paraiba	16.8	20.0	23.0	14.0	13.9	14.6	9.4
Pernambuco	18.2	16.7	9.6	9.9	8.0	7.6	6.6
Alagoas	13.3	10.1	9.8	9.4	8.4	8.3	6.3
Sergipe	12.8	15.2	12.3	11.4	9.7	12.1	7.6
Bahia	14.2	17.5	17.0	13.7	14.7	12.4	9.1
<b>Southeast Region</b>							
Minas Gerais	22.8	18.1	13.1	8.7	11.4	9.0	5.8
Espirito Santo	20.2	18.3	10.8	9.3	9.8	9.8	6.2
Rio de Janeiro	12.4	10.0	7.8	7.0	6.9	6.7	4.6
Sao Paulo	12.2	11.8	8.3	7.0	7.2	7.2	4.7
<b>South Region</b>							
Parana	13.9	10.3	8.9	6.4	5.9	5.4	4.3
Santa Catarina	14.9	10.5	8.2	7.3	7.4	7.0	4.9
Rio Grande do Sul	11.4	8.8	7.2	6.9	6.7	6.5	4.6
<b>Central-West Region</b>							
Mato Grosso do Sul	13.9	9.7	7.5	7.5	7.0	6.1	5.0
Mato Grosso	14.9	11.1	7.8	7.0	7.0	6.3	4.7
Goiás	14.9	8.9	7.9	9.3	6.8	7.2	6.2
Distrito Federal	11.6	8.4	6.8	7.0	7.0	5.3	4.6
	15.6	12.2	9.4	9.0	7.8	8.5	6.0
	15.0	14.6	11.6	12.5	9.9	12.7	8.4
	17.2	15.6	11.7	10.1	9.2	10.0	6.8
	15.5	11.9	7.4	7.3	7.1	6.4	4.9
	15.4	6.1	7.2	5.4	4.4	5.7	3.6

Source: Ministry of Health - Mortality Information System (SIM). Note: "-" means data not available

**Table 5A** Percentage of children who are exclusively breastfed up to 6 months

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b>	-	-	9.7	-	-	-
<b>North Region</b>	-	-	9.0	-	-	-
Porão Velho	-	-	6.3	-	-	-
Rio Branco	-	-	4.8	-	-	-
Manaus	-	-	7.0	-	-	-
Boa Vista	-	-	7.0	-	-	-
Belém	-	-	19.8	-	-	-
Macapá	-	-	10.8	-	-	-
Palmas	-	-	7.9	-	-	-
<b>Northeast Region</b>	-	-	10.7	-	-	-
São Luís	-	-	18.1	-	-	-
Terestina	-	-	11.8	-	-	-
Fortaleza	-	-	13.9	-	-	-
Natal	-	-	10.9	-	-	-
João Pessoa	-	-	6.3	-	-	-
Recife	-	-	11.9	-	-	-
Macacó	-	-	8.2	-	-	-
Aracaju	-	-	9.5	-	-	-
Salvador	-	-	6.7	-	-	-
<b>Southeast Region</b>	-	-	8.3	-	-	-
Belo Horizonte	-	-	5.5	-	-	-
Vitoria	-	-	10.8	-	-	-
Rio de Janeiro	-	-	-	-	-	-
São Paulo	-	-	7.6	-	-	-
<b>South Region</b>	-	-	12.9	-	-	-
Curitiba	-	-	10.9	-	-	-
Florianópolis	-	-	18.4	-	-	-
Porto Alegre	-	-	8.2	-	-	-
<b>Central-West Region</b>	-	-	7.9	-	-	-
Campo Grande	-	-	4.9	-	-	-
Cuiabá	-	-	3.7	-	-	-
Goiânia	-	-	6.3	-	-	-
Brasília	-	-	13.0	-	-	-

Source: Ministry of Health - Secretariat for Health Policies - Sample Surveys. Notes: Survey conducted only in state capitals. "-" means data not available

Goal (b): Reduce the maternal mortality rate by at least one third, by 2010, as a first step toward the goal of reducing it by three quarters by 2015.

Table 6A Maternal mortality rate (per 100,000 live births)

	1990	1995	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>Total</b>	-	-	57.1	51.6	50.2	53.6	34.4
<b>By State</b>							
<b>North Region</b>							
Roraima	-	-	63.1	63.0	50.1	53.2	42.0
Paraná	-	-	38.6	28.7	35.4	37.6	19.2
Acre	-	-	40.2	52.5	13.4	37.9	35.0
Amazonas	-	-	54.8	93.2	51.2	60.9	62.1
Roraima	-	-	20.7	61.6	52.1	55.6	41.1
Pará	-	-	76.9	57.8	38.5	52.3	38.5
Amapá	-	-	44.1	35.1	54.7	63.2	23.4
Tocantins	-	-	83.1	72.8	60.1	57.2	48.5
<b>Northeast Region</b>							
Maranhão	-	-	56.3	57.4	57.2	60.8	38.2
Piauí	-	-	55.9	78.4	85.6	91.6	52.2
Ceará	-	-	44.5	75.1	80.1	83.5	50.0
Rio Grande do Norte	-	-	81.8	71.8	68.4	64.9	47.9
Paraíba	-	-	25.9	37.2	26.2	30.0	24.8
Pernambuco	-	-	22.0	26.1	29.3	40.7	17.4
Alagoas	-	-	52.9	49.0	47.5	44.5	32.7
Sergipe	-	-	51.9	50.3	25.5	40.4	33.5
Bahia	-	-	75.4	83.5	62.7	75.5	55.7
<b>South Region</b>							
Paraná	-	-	58.9	50.9	63.6	63.7	34.0
Santa Catarina	-	-	54.7	46.7	43.6	45.9	31.1
Rio Grande do Sul	-	-	46.5	43.5	33.9	38.2	29.0
Espirito Santo	-	-	42.8	44.5	24.5	43.6	29.7
Rio de Janeiro	-	-	74.9	73.7	69.7	74.1	49.1
São Paulo	-	-	51.6	38.1	39.1	39.1	25.4
<b>Southwest Region</b>							
Paraná	-	-	61.9	53.1	52.2	56.6	35.4
Santa Catarina	-	-	83.0	68.0	65.2	57.5	45.3
Rio Grande do Sul	-	-	43.5	37.2	42.1	43.9	24.8
<b>Central-West Region</b>							
Mato Grosso do Sul	-	-	50.3	46.4	44.2	62.5	30.9
Mato Grosso	-	-	57.2	39.1	54.1	60.3	26.1
Goiás	-	-	52.6	37.0	82.4	85.1	24.7
Distrito Federal	-	-	53.1	66.7	42.0	56.8	44.5
	-	-	69.1	27.5	59.3	63.9	18.3
	-	-	42.6	35.4	31.0	34.9	23.6

Source: Ministry of Health - Mortality Information System (SIM). Note: "-" means data not available

Table 7A Percentage of live births to mothers with less than seven prenatal care visits

	1990	1995	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>Total</b>	-	-	45.1	51.4	50.6	49.5	34.3
<b>By race/color</b>							
White	-	-	41.2	44.0	42.2	40.0	31.0
Black + brown	-	-	55.9	64.0	63.8	63.2	40.4
Brown	-	-	55.8	64.0	63.9	63.4	40.5
Black	-	-	58.4	63.2	62.9	61.4	39.9
Asian	-	-	29.5	62.5	64.8	62.8	41.7
Indigenous	-	-	56.6	68.6	68.9	68.2	45.7
Inequity ratio black + brown/white	-	-	1.36	1.46	1.51	1.58	1.30
<b>By mother's schooling level</b>							
less than 1 year of schooling	-	-	68.2	75.7	76.2	75.4	44.7
1 to 3 years of schooling	-	-	54.3	69.7	68.9	66.4	46.5
4 to 7 years of schooling	-	-	54.5	56.7	56.4	56.0	37.8
8 to 11 years of schooling	-	-	37.4	42.2	41.8	41.4	28.1
More than 11 years of schooling	-	-	20.8	24.4	23.2	22.6	18.6
Inequity ratio than 1 year/over 11 years of schooling	-	-	3.28	3.11	3.29	3.33	2.40
<b>By State</b>							
<b>North Region</b>							
Roraima	-	-	62.4	71.5	71.2	72.3	47.7
Paraná	-	-	64.8	65.0	68.2	69.0	43.3
Acre	-	-	59.5	80.8	76.2	79.9	53.9
Amazonas	-	-	67.1	73.0	74.8	75.3	48.6
Roraima	-	-	62.2	66.0	55.9	67.2	44.0
Pará	-	-	59.4	71.0	70.3	70.9	47.3
Amapá	-	-	56.8	76.1	80.9	80.5	50.7
Tocantins	-	-	68.0	71.9	66.7	67.6	47.9
<b>Northeast Region</b>							
Maranhão	-	-	49.1	63.8	63.3	62.9	42.5
Piauí	-	-	50.8	73.8	73.7	74.9	49.2
Ceará	-	-	63.9	76.3	75.1	73.4	50.9
Rio Grande do Norte	-	-	48.5	68.8	69.3	65.5	45.8
Paraíba	-	-	41.4	65.9	62.2	62.0	44.0
Pernambuco	-	-	47.2	59.0	54.9	56.1	39.4
Alagoas	-	-	60.8	60.0	60.3	58.9	40.0
Sergipe	-	-	60.2	58.3	55.3	54.9	38.9
Bahia	-	-	29.9	46.1	45.2	46.6	30.7
	-	-	40.5	61.2	61.7	62.4	40.8
<b>South Region</b>							
Paraná	-	-	38.8	40.8	40.0	38.2	27.2
Santa Catarina	-	-	44.4	52.6	51.4	48.9	35.0
Rio Grande do Sul	-	-	45.5	45.8	47.6	43.7	30.5
<b>Central-West Region</b>							
Mato Grosso do Sul	-	-	48.5	41.6	41.2	38.6	27.7
Mato Grosso	-	-	34.3	35.0	33.5	32.7	23.3
Goiás	-	-	44.7	46.2	42.0	38.7	30.8
Distrito Federal	-	-	37.3	39.8	35.8	31.5	26.5
	-	-	51.4	55.1	50.2	45.6	36.7
	-	-	48.5	47.8	45.5	42.6	31.9
	-	-	45.8	46.3	43.7	43.2	30.8
	-	-	29.7	37.3	39.3	39.5	24.9
	-	-	42.5	47.3	41.9	44.1	31.6
	-	-	49.4	44.6	42.6	42.3	29.7
	-	-	56.1	55.9	51.9	47.4	37.3

Source: Ministry of Health - Information System on Live Births (SIMASC). Note: "-" means data not available

Table BA Percentage of cesarean deliveries

	1990	1995	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>Total</b>	-	-	36.9	37.8	38.1	38.6	25.2
<b>By race/color</b>							
White	-	-	45.2	45.6	46.3	47.1	29.0
Black + brown	-	-	27.3	27.5	27.5	27.5	20.1
Brown	-	-	27.2	27.5	27.6	27.5	20.2
Black	-	-	27.9	26.8	26.8	27.5	19.7
Asian	-	-	32.8	26.7	26.4	26.2	17.8
Indigenous	-	-	18.5	17.7	17.5	17.4	11.8
Inequity ratio white/black + brown	-	-	1.66	1.66	1.68	1.71	1.44
<b>By mother's schooling level</b>							
Less than 1 year of schooling	-	-	14.0	15.2	14.8	14.9	13.2
1 to 3 years of schooling	-	-	32.2	24.0	23.9	24.9	16.0
4 to 7 years of schooling	-	-	33.7	32.5	32.1	31.6	21.7
8 to 11 years of schooling	-	-	50.9	47.4	47.2	46.9	31.6
More than 11 year of schooling	-	-	66.0	64.3	65.1	65.6	41.6
Inequity ratio over 11 years/ less than 1 years of schooling	-	-	4.73	4.23	4.40	4.40	3.15
<b>By State</b>							
<b>North Region</b>							
Rondonia	-	-	27.0	27.4	27.5	28.1	18.3
Acre	-	-	40.2	43.5	45.5	46.8	29.0
Amazonas	-	-	21.2	23.2	23.3	23.4	15.4
Roraima	-	-	24.8	25.2	24.0	23.3	16.8
Pará	-	-	22.3	22.3	25.1	22.6	14.9
Amapá	-	-	26.5	26.7	27.1	28.5	17.8
Tocantins	-	-	15.3	14.3	17.4	17.3	9.6
<b>Northeast Region</b>							
Maramhão	-	-	29.5	29.4	28.1	29.1	19.6
Piauí	-	-	24.3	25.5	26.3	26.9	17.0
Ceará	-	-	22.5	23.8	23.2	22.4	15.9
Rio Grande do Norte	-	-	29.4	29.2	28.8	29.2	19.5
Paraíba	-	-	25.4	27.2	28.7	29.8	18.1
Pernambuco	-	-	26.3	27.6	28.4	28.6	18.4
Alagoas	-	-	33.6	33.1	32.1	32.9	22.1
Sergipe	-	-	28.4	29.5	30.6	31.1	19.7
Bahia	-	-	21.7	22.2	23.2	26.4	14.8
<b>Southeast Region</b>							
Minas Gerais	-	-	19.0	18.8	20.6	23.0	12.5
Espirito Santo	-	-	19.6	21.2	22.3	22.8	14.1
Rio de Janeiro	-	-	45.3	46.3	46.9	47.5	30.9
São Paulo	-	-	40.0	40.5	40.5	41.5	27.0
<b>South Region</b>							
Paraná	-	-	41.8	43.5	44.2	44.6	29.0
Santa Catarina	-	-	47.9	49.1	49.4	48.7	32.7
Rio Grande do Sul	-	-	46.8	48.0	49.2	50.1	32.0
<b>Central-West Region</b>							
Mato Grosso do Sul	-	-	40.5	42.1	43.2	44.1	28.1
Mato Grosso	-	-	42.2	43.6	44.9	45.1	29.1
Goiás	-	-	40.1	41.5	42.2	43.7	27.7
Distrito Federal	-	-	39.2	41.0	42.1	43.2	27.3
<b>Central-West Region</b>							
Mato Grosso do Sul	-	-	42.7	43.4	44.2	44.3	29.0
Mato Grosso	-	-	42.5	42.8	42.6	43.5	28.5
Goiás	-	-	46.3	44.9	45.3	45.5	29.9
Distrito Federal	-	-	43.7	44.9	45.5	44.7	29.9
	-	-	37.2	39.6	42.0	42.8	26.4

Source: Ministry of Health - Information System on Live Births (SIMUS). Note: "-" means data not available



Goal (c): Reduce malnutrition among children under five years of age by at least one third, with special attention to children under two years of age, and reduce the rate of low birth weight by at least one third of the current rate.

Table 9A Percentage of children with low birth weight

	1990	1995	1999	2000 (baseline)	2001	2002	2010 (goal)
<b>Total</b>	-	-	7.6	7.6	7.9	8.1	5.1
<b>By race/color</b>							
White	-	-	7.4	7.4	7.7	7.8	5.0
Black + brown	-	-	7.5	7.6	7.9	8.0	5.0
Brown	-	-	7.5	7.5	7.8	8.0	5.0
Black	-	-	8.3	8.4	8.7	8.9	5.6
Asian	-	-	6.6	6.4	6.6	6.7	4.2
Indigenous	-	-	5.8	6.4	6.5	7.3	4.3
Inequality ratio black + brown/white	-	-	1.02	1.02	1.03	1.03	1.01
<b>By mother's schooling level</b>							
Less than 1 year of schooling	-	-	7.8	7.8	7.9	8.2	5.0
1 to 3 years of schooling	-	-	8.0	7.5	7.7	7.9	5.0
4 to 7 years of schooling	-	-	7.3	7.8	8.1	8.2	5.2
8 a 11 years of schooling	-	-	5.7	7.5	7.8	8.1	5.0
More than 11 years of schooling	-	-	6.6	6.9	7.1	7.4	4.7
Inequality ratio less than 1 year/ more than 11 years of schooling	-	-	1.18	1.12	1.12	1.10	1.08
<b>By State</b>							
<b>North Region</b>							
Rondonia	-	-	6.2	6.2	6.4	6.7	4.1
Acre	-	-	5.2	4.0	5.4	6.0	2.7
Amazonas	-	-	7.0	6.5	6.4	6.1	4.4
Roraima	-	-	6.8	7.0	6.6	7.3	4.7
Pará	-	-	5.9	5.9	6.8	6.9	3.9
Pará	-	-	6.1	6.2	6.2	6.5	4.1
Amapá	-	-	6.2	7.2	8.3	8.0	4.8
Tocantins	-	-	6.0	6.2	6.5	6.4	4.1
<b>Northeast Region</b>							
Maranhão	-	-	6.7	6.7	6.9	7.1	4.4
Piauí	-	-	6.8	6.8	6.9	6.7	4.5
Ceará	-	-	6.7	6.3	6.3	6.4	4.2
Rio Grande do Norte	-	-	6.5	6.0	6.5	6.8	4.0
Paraíba	-	-	6.9	6.9	7.4	7.6	4.6
Pernambuco	-	-	6.2	6.3	6.1	6.1	4.2
Alagoas	-	-	7.1	7.0	7.0	7.5	4.7
Sergipe	-	-	6.4	6.4	6.4	6.9	4.3
Bahia	-	-	6.8	6.7	7.2	7.6	4.4
<b>Southeast Region</b>							
Minas Gerais	-	-	6.9	7.0	7.3	7.6	4.7
Espirito Santo	-	-	8.3	8.5	8.9	9.1	5.7
Rio de Janeiro	-	-	8.8	8.7	9.1	9.4	5.8
São Paulo	-	-	7.2	7.4	7.5	7.6	4.9
<b>South Region</b>							
Paraná	-	-	8.5	8.5	9.0	9.2	5.7
Santa Catarina	-	-	8.2	8.5	8.9	9.0	5.7
Rio Grande do Sul	-	-	8.0	8.1	8.4	8.6	5.4
<b>Central-West Region</b>							
Mato Grosso do Sul	-	-	7.7	7.9	8.2	8.3	5.2
Mato Grosso	-	-	7.3	7.2	7.8	7.9	4.8
Goiás	-	-	8.7	8.7	9.0	9.3	5.8
Distrito Federal	-	-	7.1	7.0	7.2	7.4	4.7
Mato Grosso do Sul	-	-	7.2	7.0	6.8	7.2	4.7
Mato Grosso	-	-	6.3	6.4	6.3	6.4	4.2
Goiás	-	-	6.8	6.7	7.1	7.2	4.5
Distrito Federal	-	-	8.1	8.3	8.7	8.8	5.5

Source: Ministry of Health - Information System on Live Births (SIMASC). Note: "-" means data not available

Goal (c) for equity: Reduce, by at least one third, the inequity in the percentage of children with low birth weight, especially among the most disadvantaged groups in terms of race/color and mother's years of schooling.

Goal (d): Reduce the number of households without access to sanitation and drinking water at affordable prices by no less than one third.

Goal (d) for equity: Reduce, by no less than one third, the inequity in the percentage of the population without access to drinking water, and in the percentage of the population that has no access to adequate sanitation, especially among the most disadvantaged groups in terms of race/color and mother's years of schooling

Table 10A Percentage of the population without access to drinking water

	1992	1995	1999	2001 (baseline)	2002	2010 (goal)
<b>Total<sup>(1)</sup></b>	24.9	21.5	16.0	14.4	12.8	9.6
<b>By income quintiles<sup>(1)</sup></b>						
1st quintile (poorest 20%)	55.5	48.0	40.0	35.8	34.8	23.7
2nd quintile	27.9	23.9	17.3	15.5	13.7	10.3
3rd quintile	14.4	12.3	8.1	7.6	6.6	5.1
4th quintile	7.1	4.1	2.3	2.5	2.0	1.7
5th quintile (richest 20%)	1.7	1.0	0.6	0.7	0.5	0.7
Inequity ratio poorest 20%/richest 20%	33.50	48.63	62.47	52.49	71.14	35.32
<b>By race/color<sup>(1)</sup></b>						
White	13.2	10.6	7.7	6.8	6.1	5.5
Black + brown	38.9	34.7	25.9	23.2	20.7	14.3
Brown	39.4	35.7	26.9	24.1	21.7	14.9
Black	35.3	26.3	18.8	16.6	13.3	10.3
Asian	2.5	4.1	3.8	5.1	4.2	3.4
Indigenous	50.0	68.0	32.6	27.7	20.4	18.4
Inequity ratio black + brown/white	2.95	3.26	3.36	3.41	3.37	2.61
<b>By years of schooling<sup>(1)</sup></b>						
Less than 1 year of schooling	51.7	47.9	29.3	26.0	23.2	16.5
1 to 3 years of schooling	32.8	30.4	24.2	22.5	20.3	15.0
4 to 7 years of schooling	15.0	13.0	11.2	11.0	10.7	7.4
8 or more years of schooling	4.1	3.6	2.7	3.0	2.9	2.7
Inequity ratio less than 1 year/ 8 or more years of schooling	12.73	13.36	10.78	8.75	7.96	6.17
<b>By State</b>						
<b>North Region<sup>(1)</sup></b>						
Rondonia	40.6	38.1	27.9	28.9	24.4	19.2
Acre	29.4	21.9	14.6	20.6	16.3	13.7
Amazonas	50.0	43.6	39.0	38.8	36.1	25.8
Roraima	23.0	23.6	16.7	22.0	16.4	14.6
Para	24.4	10.0	5.0	12.8	3.8	8.6
Amapa	46.5	47.2	35.8	32.9	30.3	22.0
Tocantins	18.3	28.9	24.0	18.4	7.3	12.3
<b>Northeast Region</b>	66.6	54.4	38.2	37.3	34.9	24.9
Maramhao	51.2	47.3	38.8	34.8	32.4	23.2
Piaul	74.9	68.4	59.7	52.2	46.1	34.8
Ceara	61.8	60.5	50.7	48.2	48.2	32.1
Rio Grande do Norte	57.0	53.8	42.4	33.8	31.3	22.5
Paraiba	45.9	44.3	26.9	24.0	22.5	16.0
Pernambuco	39.0	37.0	31.0	29.5	29.5	19.7
Alagoas	41.8	40.3	30.0	33.3	33.7	22.2
Sergipe	37.9	33.0	24.8	18.0	15.3	12.0
Bahia	50.8	45.0	37.9	35.1	31.8	23.4
<b>Southeast Region</b>	9.9	7.4	4.2	3.5	2.9	2.3
Minas Gerais	10.8	16.8	10.1	7.8	7.1	5.2
Espirito Santo	17.6	14.8	6.4	5.0	2.6	3.3
Rio de Janeiro	9.2	6.7	3.6	3.6	2.6	2.4
Sao Paulo	4.1	2.5	1.4	1.3	1.0	0.9
<b>South Region</b>	12.5	8.2	4.5	3.6	2.5	2.4
Parana	14.9	9.6	5.3	4.6	2.7	3.0
Santa Catarina	9.7	6.1	3.8	1.8	1.1	1.2
Rio Grande do Sul	11.8	8.0	4.2	3.5	3.0	2.5
<b>Central-West Region</b>	24.3	19.1	11.7	9.5	7.7	6.3
Mato Grosso do Sul	22.6	15.9	10.7	6.8	3.9	4.5
Mato Grosso	34.8	31.6	22.3	20.3	17.7	13.5
Golds	25.1	19.4	9.8	7.7	6.8	5.1
Distrito Federal	11.0	6.1	4.4	3.2	1.1	2.2

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata. Notes: " - " means data not available. (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

Table 11A Percentage of the population without access to adequate sanitation

	1992	1995	1999	2001 (baseline)	2002	2010 (goal)
<b>Total<sup>(1)</sup></b>	46.2	43.0	37.9	35.7	34.4	23.8
<b>By income quintiles<sup>(1)</sup></b>						
1st quintile (poorest 20%)	76.9	71.6	67.5	62.5	64.2	40.3
2nd quintile	56.4	53.7	46.8	43.8	41.7	29.2
3rd quintile	39.5	37.6	32.0	30.9	29.5	20.6
4th quintile	17.2	22.0	18.4	18.8	17.4	12.5
5th quintile (richest 20%)	12.4	10.3	8.3	9.0	8.4	8.1
Inequity ratio poorest 20%/richest 20%	6.20	6.93	8.13	6.94	7.61	4.96
<b>By race/color<sup>(1)</sup></b>						
White	34.1	31.3	27.0	25.7	24.8	18.9
Black + brown	60.8	57.4	51.0	47.5	45.7	29.6
Brown	62.0	59.0	52.7	49.2	47.5	30.6
Black	51.8	44.7	38.6	35.9	32.8	22.3
Asian	18.8	15.9	15.5	14.5	15.7	9.6
Indigenous	62.5	80.4	57.5	45.7	44.6	30.5
Inequity ratio black + brown/white	1.79	1.83	1.89	1.85	1.84	1.57
<b>Years of schooling<sup>(1)</sup></b>						
Less than 1 year of schooling	71.9	69.4	53.8	50.3	48.7	31.0
1 to 3 years of schooling	57.5	55.4	50.6	48.0	46.3	32.0
4 to 7 years of schooling	39.0	37.2	35.3	35.0	34.7	23.3
8 or more years of schooling	19.0	18.3	16.7	17.1	17.1	13.5
Inequity ratio less than 1 year/ 8 or more years of schooling	3.78	3.78	3.21	2.94	2.84	2.30
<b>By State</b>						
<b>North Region<sup>(1)</sup></b>						
Rondonia	63.7	59.5	48.9	50.2	44.6	33.5
Acre	54.4	30.6	20.9	41.8	53.5	27.9
Amazonas	51.8	56.3	44.2	53.1	44.4	35.4
Roraima	46.8	40.7	11.4	15.5	26.0	10.4
Para	62.5	61.2	50.2	46.1	40.3	30.7
Amapa	65.5	87.0	62.2	43.5	45.2	29.0
Tocantins	97.6	98.0	86.8	87.1	80.4	58.1
<b>Northeast Region</b>	71.1	68.5	64.9	58.6	59.2	39.1
Maramhao	79.7	76.1	72.7	65.2	62.3	43.5
Piaul	68.7	66.7	57.3	55.9	60.0	37.3
Ceara	65.6	67.1	70.2	63.7	61.1	42.4
Rio Grande do Norte	67.0	69.4	60.2	43.9	57.8	29.3
Paraiba	63.6	57.8	55.7	55.2	54.7	36.8
Pernambuco	70.3	70.5	67.7	60.9	65.7	40.6
Alagoas	88.4	79.2	70.2	74.4	76.2	49.6
Sergipe	65.0	64.1	55.0	33.8	38.9	22.5
Bahia	71.4	66.3	62.1	56.1	53.1	37.4
<b>Southeast Region</b>	25.3	22.0	17.2	16.8	15.5	11.2
Minas Gerais	43.6	40.3	32.1	29.3	28.0	19.6
Espirito Santo	48.0	40.3	33.1	38.3	28.8	25.5
Rio de Janeiro	19.8	15.3	15.6	14.6	14.7	9.7
Sao Paulo	16.5	14.2	9.3	9.7	8.7	6.5
<b>South Region</b>	43.6	39.6	32.4	31.5	28.4	21.0
Parana	61.2	61.2	45.0	42.0	40.4	28.0
Santa Catarina	35.1	26.1	21.2	19.8	17.1	13.2
Rio Grande do Sul	31.6	26.2	26.4	27.7	23.0	18.5
<b>Central-West Region</b>	67.2	65.2	59.2	57.0	55.4	38.0
Mato Grosso do Sul	94.2	93.9	82.8	80.4	83.5	53.6
Mato Grosso	78.4	76.6	71.2	62.0	52.4	41.3
Golds	71.7	70.0	66.0	64.5	66.9	43.0
Distrito Federal	12.5	9.1	4.2	9.4	2.9	6.3

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata. Notes: " - " means data not available. (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

Goal (f) Develop and implement national health policies and programs for adolescents, including goals and indicators, to promote their physical and mental health.

Table 12A Proportional mortality in the 10 to 19 age group

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b>	2.9	2.9	2.7	2.7	2.7	2.7
<b>By gender</b>						
Male	3.5	3.5	3.4	3.4	3.4	3.4
Female	2.0	2.0	1.8	1.7	1.7	1.6
Inequality ratio male/female	1.73	1.70	1.92	1.97	2.05	2.11
<b>By race/color</b>						
White	-	-	2.2	2.1	2.1	2.0
Black + brown	-	-	4.1	4.1	4.0	4.0
Brown	-	-	4.5	4.5	4.3	4.3
Black	-	-	2.8	2.9	2.8	2.8
Asian	-	-	1.7	1.6	1.1	1.1
Indigenous	-	-	5.1	4.7	5.3	5.7
Inequality ratio black + brown/white	-	-	1.91	1.95	1.92	2.01
<b>By State</b>						
<b>North Region</b>	4.4	4.5	4.4	4.2	4.2	4.3
Rondonia	4.9	5.5	4.4	4.4	4.1	4.2
Acre	4.9	5.4	4.8	3.9	4.8	4.9
Amazonas	4.7	4.8	4.8	4.1	4.5	4.2
Roraima	6.7	4.2	8.2	6.5	4.4	5.4
Pará	3.9	4.0	3.9	3.8	4.0	4.2
Amapá	7.2	6.9	6.8	7.4	5.3	6.8
Tocantins	3.5	3.5	3.7	3.6	4.2	3.7
<b>North-east Region</b>	2.7	2.9	2.9	3.0	2.9	2.8
Maranhão	2.8	3.2	3.8	4.0	3.6	3.5
Piauí	2.3	2.7	2.8	2.8	3.0	3.0
Ceará	2.5	2.8	2.7	2.9	2.7	2.6
Rio Grande do Norte	2.2	2.5	2.6	2.8	2.5	2.2
Parabá	2.2	2.6	2.6	2.5	2.1	2.2
Pernambuco	2.7	2.9	3.0	3.1	3.2	3.1
Alagoas	2.7	2.7	2.7	3.3	3.3	2.9
Sergipe	2.9	3.2	3.0	3.1	3.0	2.8
Bahia	3.0	3.0	3.0	2.9	2.8	2.8
<b>Southeast Region</b>	2.9	2.7	2.6	2.5	2.5	2.5
Minas Gerais	2.4	2.4	2.2	2.1	2.0	2.1
Espirito Santo	3.4	3.5	3.7	3.4	3.3	3.7
Rio de Janeiro	2.9	2.8	2.4	2.3	2.2	2.4
Sao Paulo	3.0	2.7	2.7	2.8	2.8	2.6
<b>South Region</b>	2.6	2.5	2.1	2.0	2.0	2.1
Paraná	2.7	2.8	2.3	2.3	2.3	2.5
Santa Catarina	3.0	2.9	2.2	2.2	2.2	2.4
Rio Grande do Sul	2.3	2.2	1.8	1.7	1.7	1.7
<b>Central-West Region</b>	3.9	3.9	3.5	3.6	3.3	3.3
Mato Grosso do Sul	3.3	3.8	3.2	3.3	3.1	3.1
Mato Grosso	4.8	4.4	3.9	3.8	3.8	4.2
Goiás	3.4	3.3	3.2	3.3	2.9	3.0
Distrito Federal	4.7	4.8	4.2	4.1	4.4	3.5

Source: Ministry of Health - Mortality Information System (SIM). Note: "-" means data not available

Table 13A Rate of death from external causes in the 10 to 19 age group (per 100,000 population).

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b>	44.0	46.7	45.0	46.8	46.2	47.6
<b>By gender</b>						
Male	72.1	75.1	74.7	77.2	77.5	79.8
Female	15.8	18.2	15.0	15.8	14.4	14.9
Inequality ratio male/female	4.56	4.13	4.99	4.89	5.38	5.35
<b>By State</b>						
<b>North Region</b>	29.5	34.5	33.6	32.1	32.6	37.0
Rondonia	55.0	51.9	46.5	48.7	46.8	54.8
Acre	28.0	50.8	29.5	38.1	38.1	48.6
Amazonas	32.1	39.6	41.2	33.1	31.3	33.8
Roraima	69.5	33.2	116.3	75.9	54.1	67.3
Pará	24.3	24.6	23.0	22.5	26.2	29.3
Amapá	42.2	88.6	68.6	68.0	55.1	77.9
Tocantins	11.0	23.0	26.4	31.8	35.8	33.7
<b>North-east Region</b>	24.1	28.5	31.2	34.0	34.2	35.3
Maranhão	13.7	13.8	13.4	17.4	19.1	20.4
Piauí	10.6	16.2	17.7	21.9	25.2	27.2
Ceará	16.7	28.1	29.0	32.9	30.9	32.0
Rio Grande do Norte	18.3	27.1	27.5	33.4	29.0	29.1
Parabá	21.9	30.6	24.0	28.9	21.4	30.4
Pernambuco	43.3	45.9	62.9	64.9	68.3	62.6
Alagoas	33.6	29.4	32.4	38.5	40.4	41.8
Sergipe	35.2	44.1	36.1	38.1	40.1	39.2
Bahia	22.3	25.3	27.6	27.6	27.9	31.0
<b>Southeast Region</b>	62.8	61.3	58.9	60.3	59.5	59.9
Minas Gerais	31.1	34.1	28.7	27.5	29.5	32.6
Espirito Santo	47.7	58.5	69.0	65.3	62.9	75.0
Rio de Janeiro	94.8	90.1	75.9	76.1	73.4	80.4
Sao Paulo	69.2	65.3	67.6	71.2	69.8	65.2
<b>South Region</b>	46.2	50.6	40.5	42.7	41.7	44.8
Paraná	42.0	49.2	41.9	48.3	45.7	51.0
Santa Catarina	46.9	52.5	38.1	39.4	39.4	41.9
Rio Grande do Sul	50.3	50.8	40.4	39.7	39.0	40.2
<b>Central-West Region</b>	40.0	54.8	51.1	54.6	51.7	53.5
Mato Grosso do Sul	47.2	63.2	55.6	55.8	51.1	56.9
Mato Grosso	34.8	44.6	48.0	54.3	51.6	62.4
Goiás	32.1	49.8	47.2	49.6	47.3	48.0
Distrito Federal	58.7	72.3	59.7	65.9	63.5	51.7

Source: Brazilian Institute of Geography and Statistics (IBGE) - Population Census and Ministry of Health - Mortality Information System (SIM). Note: "-" means data not available

Goal (g):  
 Provide access, through the primary health-care system, to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015.

**Table 14A** Percentage of live births of women up to 19 years old, with less than seven prenatal visits

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b>	-	-	51.8	59.5	59.0	58.3
<b>By gender</b>						
Male	-	-	51.8	59.6	59.1	58.4
Female	-	-	51.8	59.4	58.8	58.2
Inequity ratio male/female	-	-	1.00	1.00	1.01	1.00
<b>By race/color</b>						
White	-	-	48.9	52.9	51.4	49.4
Black + brown	-	-	59.6	68.3	68.2	67.8
Brown	-	-	59.4	68.3	68.2	67.8
Black	-	-	62.4	68.0	67.7	66.7
Asian	-	-	34.6	68.8	70.4	70.5
Indigenous	-	-	59.7	73.3	71.7	70.6
Inequity ratio black + brown/white	-	-	1.22	1.29	1.33	1.37
<b>By mother's schooling level</b>						
Less than 1 year of schooling	-	-	70.3	77.5	78.4	78.0
1 to 3 years of schooling	-	-	58.6	74.1	73.4	71.5
4 to 7 years of schooling	-	-	58.3	61.6	61.6	61.5
8 to 11 years of schooling	-	-	45.9	50.0	49.7	49.5
More than 11 years of schooling	-	-	36.2	38.5	37.3	36.8
Inequity ratio less than 1 year/ 11 or more years of schooling	-	-	1.94	2.02	2.10	2.12
<b>By State</b>						
<b>North Region</b>						
Rondonia	-	-	65.7	75.6	75.4	76.3
Acre	-	-	69.3	69.8	73.1	74.1
Amazonas	-	-	62.3	84.5	80.7	83.2
Roraima	-	-	70.4	77.0	78.5	78.1
Pará	-	-	68.9	72.0	63.6	73.8
Amapá	-	-	61.8	74.5	74.1	75.2
Tocantins	-	-	61.7	80.1	85.8	85.0
	-	-	72.4	77.4	73.2	72.7
<b>Northeast Region</b>						
Maramháo	-	-	52.9	68.2	67.8	67.7
Piauí	-	-	53.7	77.0	77.1	78.2
Ceará	-	-	66.2	78.9	77.6	76.6
Rio Grande do Norte	-	-	51.0	71.3	72.8	68.4
Paraíba	-	-	44.2	70.1	67.0	67.5
Pernambuco	-	-	50.3	62.8	57.8	59.6
Alagoas	-	-	65.6	65.0	64.9	63.4
Sergipe	-	-	63.2	61.4	57.4	58.0
Bahia	-	-	32.3	49.7	49.4	51.3
	-	-	44.8	66.7	67.4	68.3
<b>Southeast Region</b>						
Minas Gerais	-	-	46.6	49.6	49.2	47.5
Espírito Santo	-	-	50.8	60.2	59.7	57.5
Rio de Janeiro	-	-	53.9	55.5	57.3	52.8
São Paulo	-	-	51.9	51.3	51.7	48.6
	-	-	41.9	43.5	42.0	41.8
<b>South Region</b>						
Paraná	-	-	51.4	54.0	50.4	46.8
Santa Catarina	-	-	43.0	46.8	42.7	38.2
Rio Grande do Sul	-	-	57.9	62.6	58.5	54.1
	-	-	57.4	57.3	54.8	52.8
<b>Central-West Region</b>						
Mato Grosso do Sul	-	-	51.5	52.7	50.3	50.4
Mato Grosso	-	-	33.9	42.6	45.8	46.3
Goiás	-	-	47.3	52.4	47.4	49.5
Distrito Federal	-	-	56.0	51.6	49.1	48.7
	-	-	67.6	68.1	64.6	62.3

Source: Ministry of Health - Information System on Live Births (SIMASC). Note: "-" means data not available

Goal (a): Expand and improve comprehensive early-child hood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children.

**Table 15A** Percentage of children (0 to 6 years of age) that attend schools

	1992	1995	1999	2001 (baseline)	2002
<b>Total</b> <sup>(1)</sup>	-	27.5	31.8	34.9	36.5
<b>By gender</b> <sup>(2)</sup>					
Male	-	27.1	31.3	34.9	35.7
Female	-	28.0	32.4	34.9	37.4
Inequality ratio female/male	-	1.03	1.04	1.00	1.05
<b>By income quintiles</b> <sup>(3)</sup>					
1st quintile (poorest 20%)	-	20.7	25.5	28.2	30.2
2nd quintile	-	25.8	29.4	33.5	35.8
3rd quintile	-	29.2	34.0	37.6	40.0
4th quintile	-	36.0	40.0	48.1	48.1
5th quintile (richest 20%)	-	50.4	54.8	57.5	59.6
Inequality ratio richest 20% / poorest 20%	-	2.44	2.15	2.04	1.97
<b>By race/color</b> <sup>(4)</sup>					
White	-	28.8	32.6	35.4	38.0
Black + brown	-	26.1	31.0	34.5	35.0
Brown	-	26.2	31.1	34.5	35.0
Black	-	24.0	29.8	35.4	37.6
Asian	-	37.1	39.9	39.8	43.6
Indigenous	-	30.9	21.9	14.5	23.8
Inequality ratio white/black + brown	-	1.11	1.05	1.03	1.09
<b>By mother's schooling level</b> <sup>(5)</sup>					
Less than 1 year of schooling	-	18.8	25.1	29.4	30.5
1 to 3 years of schooling	-	21.1	26.8	29.6	29.8
4 to 7 years of schooling	-	24.0	26.6	31.4	29.8
8 or more years of schooling	-	39.1	39.9	40.3	42.9
Inequality ratio 8 or more years/ less than 1 year of schooling	-	2.08	1.59	1.41	1.40
<b>By State</b>					
<b>North Region</b> <sup>(6)</sup>					
Rondonia	-	27.3	29.7	30.1	32.0
Acre	-	28.5	26.5	25.7	23.9
Amazonas	-	30.8	21.5	26.7	28.4
Roraima	-	26.5	28.6	26.6	29.5
Para	-	27.0	37.1	35.4	34.8
Amapa	-	30.1	34.5	35.2	36.8
Tocantins	-	21.5	22.5	28.7	29.4
<b>Northeast Region</b>					
Maranhao	-	28.2	35.1	37.2	37.7
Piaui	-	26.9	35.8	35.3	34.4
Ceara	-	29.9	33.7	38.2	33.2
Rio Grande do Norte	-	29.7	38.9	44.7	44.4
Paraiba	-	32.6	42.4	40.9	43.7
Pernambuco	-	29.5	36.2	36.0	38.8
Alagoas	-	29.2	34.0	35.9	37.6
Sergipe	-	24.1	27.2	33.4	33.8
Bahia	-	31.3	43.6	39.5	37.4
<b>Southeast Region</b>					
Minas Gerais	-	26.1	32.1	34.1	35.5
Espirito Santo	-	29.0	31.6	36.6	38.6
Rio de Janeiro	-	23.5	28.9	32.8	34.1
Sao Paulo	-	27.4	30.3	33.9	37.0
<b>South Region</b>					
Parana	-	35.1	37.1	39.7	42.6
Santa Catarina	-	30.1	31.2	37.8	39.6
Rio Grande do Sul	-	24.2	28.5	31.2	33.6
<b>Central-West Region</b>					
Mato Grosso do Sul	-	23.6	26.8	30.7	34.6
Mato Grosso	-	26.5	35.1	41.4	41.9
Goiás	-	23.5	26.6	26.5	27.9
Distrito Federal	-	23.9	27.5	27.6	30.7
<b>Central-West Region</b>					
Mato Grosso do Sul	-	21.6	26.4	26.8	32.6
Mato Grosso	-	20.0	25.0	28.3	28.3
Goiás	-	23.9	26.8	25.5	28.2
Distrito Federal	-	32.1	33.2	34.0	37.7

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata.  
Notes: -, " " means data not available.  
(1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

**Table 16A** Percentage of children (0 to 3 years of age) that attend schools

	1992	1995	1999	2001 (baseline)	2002
<b>Total</b> <sup>(1)</sup>	-	7.6	9.2	10.6	11.7
<b>By gender</b> <sup>(2)</sup>					
Male	-	7.7	9.0	10.8	11.6
Female	-	7.5	9.5	10.4	11.7
Inequality ratio female/male	-	1.03	0.94	1.03	0.99
<b>By income quintiles</b> <sup>(3)</sup>					
1st quintile (poorest 20%)	-	5.0	5.8	6.5	7.1
2nd quintile	-	5.7	7.4	9.2	10.4
3rd quintile	-	7.0	9.6	11.8	12.4
4th quintile	-	10.2	12.6	15.6	19.7
5th quintile (richest 20%)	-	22.5	26.8	28.3	31.9
Inequality ratio richest 20% / poorest 20%	-	4.49	4.61	4.32	4.49
<b>By race/color</b> <sup>(4)</sup>					
White	-	8.7	10.5	11.4	13.2
Black + brown	-	6.2	7.8	9.6	9.9
Brown	-	6.2	7.7	9.4	9.6
Black	-	6.3	9.0	11.0	14.0
Asian	-	8.8	9.0	17.4	16.4
Indigenous	-	12.6	4.2	5.7	3.6
Inequality ratio white/black + brown	-	1.40	1.34	1.19	1.33
<b>By mother's schooling level</b> <sup>(5)</sup>					
Less than 1 year of schooling	-	4.0	4.0	5.9	7.2
1 to 3 years of schooling	-	5.0	6.5	6.7	6.8
4 to 7 years of schooling	-	5.5	6.4	6.8	8.2
8 or more years of schooling	-	13.4	14.3	15.8	16.5
Inequality ratio 8 or more years/ less than 1 year of schooling	-	3.32	3.55	2.66	2.28
<b>By State</b>					
<b>North Region</b> <sup>(6)</sup>					
Rondonia	-	5.6	5.9	7.2	7.7
Acre	-	4.9	6.5	4.5	4.8
Amazonas	-	11.2	1.7	3.3	3.7
Roraima	-	3.7	4.2	5.4	7.2
Para	-	7.7	7.9	14.0	15.6
Amapa	-	7.2	9.0	8.9	9.8
Tocantins	-	1.3	2.4	14.9	5.1
<b>Northeast Region</b>					
Maranhao	-	3.6	2.1	3.2	3.0
Piaui	-	7.1	9.3	10.5	10.7
Ceara	-	4.8	7.8	7.2	7.1
Rio Grande do Norte	-	7.9	8.9	10.1	9.1
Paraiba	-	8.8	11.3	16.6	15.0
Pernambuco	-	11.6	15.2	14.8	15.8
Alagoas	-	4.9	9.0	9.4	10.3
Sergipe	-	8.9	9.7	11.5	12.1
Bahia	-	6.9	8.8	8.1	7.6
<b>Southeast Region</b>					
Minas Gerais	-	9.1	13.9	11.4	9.5
Espirito Santo	-	5.3	6.8	7.8	9.4
Rio de Janeiro	-	8.3	9.7	11.6	13.2
Sao Paulo	-	4.9	7.6	8.8	9.6
<b>South Region</b>					
Parana	-	10.4	12.0	12.5	14.5
Santa Catarina	-	9.5	9.8	12.5	14.5
Rio Grande do Sul	-	8.6	10.5	11.8	13.6
<b>Central-West Region</b>					
Mato Grosso do Sul	-	8.5	9.6	11.3	13.2
Mato Grosso	-	9.2	12.4	18.7	18.7
Goiás	-	8.4	10.6	10.5	11.2
Distrito Federal	-	5.5	6.6	6.7	8.4
<b>Central-West Region</b>					
Mato Grosso do Sul	-	6.4	8.1	7.2	11.9
Mato Grosso	-	4.3	4.7	6.3	6.8
Goiás	-	2.8	5.1	4.3	6.3
Distrito Federal	-	12.2	10.5	11.8	12.0

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata.  
Notes: -, " " means data not available.  
(1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

**Table 17A** Percentage of children (4 to 6 years of age) that attend schools

	1992	1995	1999	2001 (baseline)	2002
<b>Total</b> <sup>(1)</sup>	-	53.5	60.3	65.6	67.0
<b>By gender</b> <sup>(1)</sup>					
Male	-	52.2	59.8	65.0	65.6
Female	-	54.8	60.8	66.2	68.4
Inequality ratio female/male	-	1.05	1.02	1.02	1.04
<b>By income quintiles</b> <sup>(1)</sup>					
1st quintile (poorest 20%)	-	42.4	51.3	57.4	58.1
2nd quintile	-	51.5	57.5	63.0	66.0
3rd quintile	-	57.8	63.6	69.4	71.8
4th quintile	-	65.5	73.0	77.6	79.8
5th quintile (richest 20%)	-	83.0	86.9	90.7	90.0
Inequality ratio richest 20% / poorest 20%	-	1.96	1.70	1.58	1.55
<b>By race/color</b> <sup>(1)</sup>					
White	-	56.3	62.2	67.9	69.6
Black + brown	-	50.5	58.2	63.3	64.3
Black	-	50.9	58.6	63.5	64.3
Brown	-	45.4	54.2	61.9	64.2
Asian	-	68.7	78.0	82.3	80.5
Indigenous	-	58.5	51.5	24.3	47.5
Inequality ratio white/black + brown	-	1.12	1.07	1.07	1.08
<b>By mother's schooling level</b> <sup>(1)</sup>					
less than 1 year of schooling	-	35.0	47.4	53.7	55.0
1 to 3 years of schooling	-	42.3	50.5	56.1	55.9
4 to 7 years of schooling	-	50.8	54.2	60.5	61.7
8 or more years of schooling	-	73.8	76.1	78.5	79.1
Inequality ratio 8 or more years/ less than 1 year of schooling	-	2.11	1.61	1.46	1.44
<b>By State</b>					
<b>North Region</b> <sup>(1)</sup>					
Rondônia	-	55.0	60.3	60.1	62.1
Acre	-	52.2	52.3	53.2	49.0
Amazonas	-	51.8	53.5	55.0	61.6
Roraima	-	54.9	58.6	54.2	57.1
Pará	-	54.0	71.7	72.3	58.5
Paraíba	-	61.2	66.6	68.6	70.3
Amapá	-	49.1	55.1	52.5	61.1
Tocantins	-	43.4	51.5	47.5	52.0
<b>Northeast Region</b>	-	56.1	67.2	70.5	72.0
Maranhão	-	55.2	70.9	68.5	68.5
Piauí	-	58.3	65.2	71.7	67.4
Ceará	-	57.4	73.9	79.5	80.7
Rio Grande do Norte	-	64.4	76.0	75.7	78.5
Paraíba	-	61.4	72.2	69.7	73.8
Pernambuco	-	55.6	64.4	68.1	69.6
Alagoas	-	46.4	52.2	66.3	66.4
Sergipe	-	66.2	76.6	75.1	74.7
Bahia	-	53.4	62.2	66.7	69.8
<b>Southeast Region</b>	-	55.1	59.4	69.4	63.5
Minas Gerais	-	47.9	54.9	62.8	63.5
Espírito Santo	-	53.5	55.2	62.8	66.9
Rio de Janeiro	-	68.1	68.2	74.4	75.2
São Paulo	-	54.7	59.0	69.1	70.6
<b>South Region</b>	-	45.0	50.8	55.3	56.6
Paraná	-	43.6	49.5	55.2	58.3
Santa Catarina	-	51.8	60.6	68.9	68.3
Rio Grande do Sul	-	43.1	46.5	47.5	48.1
<b>Central-West Region</b>	-	48.1	53.9	54.5	57.0
Mato Grosso do Sul	-	42.4	49.6	51.8	58.9
Mato Grosso	-	42.4	49.6	50.8	51.5
Goiás	-	49.2	53.6	53.2	54.2
Distrito Federal	-	59.4	65.1	65.1	69.0

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata.  
Notes: -, " means data not available  
(1) Not including rural populations of Rondônia, Acre, Amazonas, Roraima, Pará and Amapá.

**Table 18A** Ratio between public and private enrollments in preschools

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b>	-	3.2	2.8	2.7	2.6	2.6
<b>Rural/Urban</b>						
Urban	-	-	2.4	2.4	2.2	2.2
Rural	-	-	21.6	25.1	19.7	18.7
Inequality ratio rural/urban	-	-	9.11	10.64	8.88	8.40
<b>By gender</b>						
Male	-	-	2.8	2.7	2.6	2.6
Female	-	-	2.8	2.8	2.6	2.6
Inequality ratio female/male	-	-	1.01	1.01	1.01	1.00
<b>By State</b>						
<b>North Region</b>						
Rondônia	-	5.4	4.2	4.4	4.2	4.6
Acre	-	3.1	2.6	2.6	2.4	2.4
Amazonas	-	5.6	11.0	11.0	11.5	13.8
Roraima	-	7.1	1.8	2.1	2.3	2.7
Pará	-	9.3	7.0	8.2	5.3	3.9
Paraíba	-	5.2	5.6	6.2	6.0	6.8
Amapá	-	5.3	3.5	3.1	1.9	2.4
Tocantins	-	5.5	5.8	4.9	3.9	3.5
<b>Northeast Region</b>	-	2.9	2.5	2.6	2.6	2.5
Maranhão	-	3.0	3.6	3.6	3.6	3.5
Piauí	-	3.5	3.9	3.6	3.4	3.5
Ceará	-	2.4	1.7	2.0	2.0	2.1
Rio Grande do Norte	-	2.0	2.2	2.1	2.3	2.0
Paraíba	-	4.4	4.0	3.9	4.2	4.0
Pernambuco	-	1.8	1.4	1.2	1.2	1.2
Alagoas	-	2.0	2.5	2.9	3.6	3.5
Sergipe	-	3.1	5.3	5.0	5.0	4.7
Bahia	-	4.7	2.7	3.1	3.1	3.0
<b>Southeast Region</b>	-	3.5	2.9	2.7	2.6	2.5
Minas Gerais	-	4.2	2.4	2.3	2.2	2.2
Espírito Santo	-	3.7	5.6	6.1	5.9	5.5
Rio de Janeiro	-	2.0	1.3	1.3	1.2	1.3
São Paulo	-	4.6	3.9	3.6	3.3	3.2
<b>South Region</b>	-	2.6	3.1	3.1	2.7	2.7
Paraná	-	1.6	2.2	2.3	2.2	2.2
Santa Catarina	-	3.3	3.9	3.8	3.4	3.6
Rio Grande do Sul	-	3.6	4.6	4.2	3.1	2.9
<b>Central-West Region</b>	-	1.9	1.8	1.9	1.8	1.8
Mato Grosso do Sul	-	2.0	2.9	2.8	2.9	3.0
Mato Grosso	-	2.1	3.5	4.0	4.8	4.8
Goiás	-	2.3	2.3	1.8	1.5	1.4
Distrito Federal	-	1.1	0.6	0.9	0.9	1.0

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - Education Census.  
Note: -, " means data not available



**Table 19A** Number of children enrolled in preschools

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b>	-	5,749,234	5,067,256	5,338,196	5,912,150	6,130,358
<b>Rural/Urban</b>						
Urban	-	-	4,439,967	4,691,686	5,150,062	5,374,879
Rural	-	-	627,289	646,510	762,088	755,479
<b>By gender</b>						
Male	-	-	2,573,663	2,715,322	3,009,010	3,120,999
Female	-	-	2,493,593	2,622,874	2,903,140	3,009,359
<b>Public/Private</b>						
Public	-	-	3,720,251	3,914,411	4,277,582	4,424,201
Private	-	-	1,347,005	1,423,785	1,634,568	1,706,157
<b>Daycare/Preschool</b>						
Daycare	-	-	831,978	916,864	1,093,347	1,152,511
Preschool	-	-	4,235,278	4,421,332	4,818,803	4,977,847
<b>By State</b>						
<b>North Region</b>						
Rondonia	-	551,964	342,780	354,973	420,929	440,772
Acre	-	38,462	35,333	34,370	34,045	34,045
Amazonas	-	13,027	17,670	17,924	21,361	23,624
Roraima	-	139,772	48,461	50,870	54,928	60,180
Pará	-	9,990	15,877	17,312	20,118	17,825
Amapá	-	297,000	169,127	176,629	221,478	239,486
Tocantins	-	17,355	17,944	20,764	25,216	24,200
	-	36,358	38,368	39,396	43,458	41,412
<b>Northwest Region</b>						
Maranhão	-	2,503,072	1,493,582	1,560,645	1,759,804	1,787,024
Piauí	-	312,320	223,404	231,550	267,115	279,025
Ceará	-	155,573	107,320	113,183	118,534	117,813
Rio Grande do Norte	-	567,537	323,175	345,830	388,249	389,626
Paraíba	-	116,438	118,326	126,949	137,587	142,887
Pernambuco	-	256,061	112,282	111,975	126,178	123,488
Alagoas	-	330,028	168,018	169,273	211,490	213,838
Sergipe	-	90,832	59,814	65,354	69,947	67,453
Bahia	-	78,631	86,180	84,758	91,882	89,459
	-	595,352	295,063	311,773	348,822	363,435
<b>Southeast Region</b>						
Minas Gerais	-	1,902,646	2,268,245	2,400,078	2,600,454	2,746,067
Espírito Santo	-	430,020	502,906	526,602	580,761	601,086
Rio de Janeiro	-	90,872	103,631	108,690	124,226	131,788
São Paulo	-	470,261	335,819	375,544	412,510	438,239
	-	911,493	1,325,889	1,389,242	1,482,957	1,574,954
<b>South Region</b>						
Paraná	-	497,240	680,469	723,941	797,944	810,913
Santa Catarina	-	156,731	291,107	307,483	311,807	314,336
Rio Grande do Sul	-	189,801	202,271	212,527	226,764	233,513
	-	150,708	187,091	203,931	259,373	263,064
<b>Central-West Region</b>						
Mato Grosso do Sul	-	294,312	282,180	298,559	333,019	345,582
Mato Grosso	-	47,576	55,082	59,911	66,740	71,629
Goiás	-	57,691	50,084	56,201	61,524	64,586
Distrito Federal	-	139,836	113,863	105,046	124,332	126,135
	-	49,209	63,151	77,401	80,423	83,232

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - Education Census. Note: "...", "-" means data not available

**Table 20A** Average proportion of children expected to conclude primary schooling

	1990	1995	1999	2000 (baseline)	2001
<b>Total</b>	-	51.9	61.1	59.3	62.3
<b>By State</b>					
<b>North Region</b>					
Rondonia	-	29.0	37.3	37.8	42.3
Acre	-	28.8	46.1	46.3	48.0
Amazonas	-	35.5	46.5	48.4	53.1
Roraima	-	37.6	50.1	52.6	46.7
Pará	-	26.8	34.1	34.5	35.5
Amapá	-	21.9	33.3	36.4	35.3
Tocantins	-	44.1	48.8	51.7	65.5
	-	38.3	28.6	21.6	39.1
<b>Northwest Region</b>					
Maranhão	-	41.0	50.7	49.5	50.3
Piauí	-	39.1	44.7	43.6	46.5
Ceará	-	23.4	43.3	43.0	39.6
Rio Grande do Norte	-	65.5	63.8	69.4	63.8
Paraíba	-	36.2	59.7	50.1	55.9
Pernambuco	-	33.4	52.1	47.0	51.4
Alagoas	-	37.8	51.0	54.3	53.6
Sergipe	-	36.6	57.2	52.8	50.4
Bahia	-	41.0	47.6	41.6	45.9
	-	39.3	45.9	44.6	44.6
<b>Southeast Region</b>					
Minas Gerais	-	55.3	64.4	68.7	73.5
Espírito Santo	-	58.2	60.7	64.7	73.6
Rio de Janeiro	-	51.7	63.7	58.7	61.6
São Paulo	-	49.2	61.3	64.6	64.0
	-	56.2	74.8	73.3	78.8
<b>South Region</b>					
Paraná	-	54.4	63.1	64.1	69.2
Santa Catarina	-	49.5	60.6	61.1	65.7
Rio Grande do Sul	-	57.0	66.8	69.3	76.7
	-	58.1	63.4	66.2	68.4
<b>Central-West Region</b>					
Mato Grosso do Sul	-	50.7	52.2	49.9	55.0
Mato Grosso	-	39.9	48.0	40.5	50.8
Goiás	-	26.6	45.1	50.5	54.4
Distrito Federal	-	63.0	55.2	49.1	55.4
	-	63.6	64.8	58.2	60.2

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - Education Census. Note: "...", "-" means data not available

Goal (b): Reduce the number of primary school-age children who are out of school by 50 percent and increase net primary school enrolment or participation in alternative, good quality primary education programs to at least 90 percent by 2010.

**Table 21A Net enrollment rate in primary schools**

	1992	1995	1999	2001 (baseline)	2002
<b>Total<sup>(1)</sup></b>	81.4	85.5	92.5	93.4	93.9
<b>By gender<sup>(2)</sup></b>					
Male	80.0	84.3	91.9	93.1	93.5
Female	82.8	86.7	93.1	93.7	94.3
Inequality ratio female/male	1.04	1.03	1.01	1.01	1.01
<b>By income quintiles<sup>(3)</sup></b>					
1st quintile (poorest 20%)	69.9	76.2	88.7	90.3	91.9
2nd quintile	82.1	86.3	93.2	93.6	94.2
3rd quintile	88.6	91.2	94.8	95.3	95.4
4th quintile	93.0	94.9	95.9	96.8	96.3
5th quintile (richest 20%)	94.6	96.6	96.4	97.0	95.9
Inequality ratio richest 20% / poorest 20%	1.35	1.27	1.09	1.07	1.04
<b>By race/color<sup>(4)</sup></b>					
White	87.5	90.2	94.4	94.9	94.9
Black + brown	75.3	80.9	90.7	91.9	92.9
Brown	75.5	80.8	90.9	92.1	92.9
Black	73.8	81.4	88.5	90.0	93.1
Asian	95.3	95.3	96.3	95.8	92.5
Indigenous	74.6	57.3	82.7	78.2	82.6
Inequality ratio white/black + brown	1.16	1.12	1.04	1.03	1.02
<b>By mothers' schooling level<sup>(5)</sup></b>					
Less than 1 year of schooling	64.2	70.5	86.1	88.7	90.1
1 to 3 years of schooling	79.2	82.6	91.4	92.3	93.0
4 to 7 years of schooling	88.4	90.6	94.3	94.5	94.9
8 or more years of schooling	94.5	95.4	96.2	96.3	96.1
Inequality ratio 8 or more years/1 year of schooling	1.47	1.35	1.12	1.09	1.07
<b>By State</b>					
<b>North Region<sup>(6)</sup></b>					
Rondonia	82.6	86.3	91.6	92.2	92.2
Acre	87.7	90.2	94.7	92.7	92.9
Amazonas	88.4	89.9	88.8	93.1	93.9
Roraima	82.8	84.9	91.1	91.9	92.1
Para	95.4	96.9	97.5	94.4	83.0
Amapa	82.3	84.9	91.0	92.0	92.4
Tocantins	93.8	90.2	95.6	91.8	91.8
<b>North-East Region</b>					
Maranhao	69.7	76.1	89.2	90.7	91.6
Piaui	71.2	79.4	89.1	86.6	88.1
Ceara	66.4	71.0	90.6	93.1	92.7
Rio Grande do Norte	78.5	85.5	93.0	93.5	92.6
Paraiba	69.4	77.4	92.5	93.2	93.2
Pernambuco	75.6	80.8	89.1	90.0	92.5
Alagoas	64.8	67.6	84.7	90.6	91.4
Sergipe	77.9	83.9	90.5	91.2	91.4
Bahia	69.0	75.8	90.0	90.5	91.3
<b>South-East Region</b>					
Minas Gerais	88.1	91.0	94.2	94.8	95.2
Espirito Santo	84.0	88.6	94.3	94.9	95.7
Rio de Janeiro	87.7	87.2	93.2	93.5	94.0
Sao Paulo	85.8	89.3	92.1	91.4	92.3
<b>South Region</b>					
Sao Paulo	91.1	93.3	94.9	96.1	96.1
Parana	86.9	90.3	95.2	95.5	95.9
Santa Catarina	85.3	89.3	94.0	95.2	96.2
Rio Grande do Sul	86.6	91.1	96.4	96.8	96.4
<b>Central-West Region</b>					
Mato Grosso do Sul	88.7	91.0	95.6	95.0	95.4
Mato Grosso	85.9	88.1	93.6	94.7	93.9
Mato Grosso do Sul	87.2	87.6	93.3	95.4	95.0
Goiás	85.0	89.2	92.2	94.1	92.6
Goiás	83.3	85.9	93.9	94.4	94.2
Distrito Federal	92.2	92.9	94.8	95.2	93.6

Source: Brazil Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD); microdata. Note: "... means data not available. (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

Table 22A Percentage of children (7 to 14 years) that do not attend school

	1992	1995	1999	2001 (baseline)	2002	2010 (goal)
<b>Total<sup>(1)</sup></b>	13.4	9.8	4.3	3.5	3.1	1.8
<b>By gender<sup>(2)</sup></b>						
Male	14.4	10.7	4.7	3.7	3.4	1.8
Female	12.4	8.8	3.9	3.3	2.7	1.7
Inequality ratio male/female	1.17	1.21	1.19	1.13	1.23	1.06
<b>By income quintiles<sup>(3)</sup></b>						
1st quintile (poorest 20%)	22.3	16.5	6.8	5.8	4.5	2.9
2nd quintile	13.5	9.7	4.3	3.6	3.3	1.8
3rd quintile	8.0	6.0	3.0	2.1	2.1	1.1
4th quintile	4.2	2.7	1.7	0.9	1.0	0.5
5th quintile (richest 20%)	2.6	1.1	0.7	0.5	0.7	0.5
Inequality ratio poorest 20%/richest 20%	8.72	15.42	9.61	11.68	6.77	6.34
<b>By race/color<sup>(4)</sup></b>						
White	9.0	6.7	3.0	2.5	2.3	1.5
Black + brown	17.8	12.9	5.6	4.6	3.8	2.1
Brown	17.4	12.8	5.5	4.4	3.8	2.0
Black	20.8	13.2	6.7	6.0	3.9	2.7
Asian	2.1	2.0	1.1	0.0	1.9	0.0
Indigenous	23.0	36.7	13.1	10.9	14.2	5.4
Inequality ratio black + brown/white	1.98	1.94	1.88	1.86	1.67	1.43
<b>By mothers' schooling level<sup>(5)</sup></b>						
Less than 1 year of schooling	28.0	22.2	8.8	7.1	6.4	3.0
1 to 3 years of schooling	15.1	11.8	5.2	4.7	3.9	2.4
4 to 7 years of schooling	7.5	5.7	3.1	2.7	2.4	1.4
8 or more years of schooling	1.8	1.5	1.1	0.9	0.9	0.7
Inequality ratio less than 1 year/8 or more years of schooling	15.34	14.98	7.81	7.55	7.25	4.27
<b>By State</b>						
<b>North Region<sup>(6)</sup></b>						
Rondonia	12.0	8.6	4.8	4.8	4.9	2.4
Acre	9.0	6.7	3.1	5.7	4.9	2.8
Amazonas	10.5	8.5	7.8	4.6	4.5	2.3
Roraima	10.8	8.8	4.6	4.7	6.0	2.4
Para	3.4	3.1	1.7	3.0	1.5	1.5
Amapa	11.9	9.0	4.9	5.0	4.3	2.5
Tocantins	5.2	7.8	3.1	0.6	4.9	0.3
<b>North-East Region</b>						
Maranhao	20.3	15.0	5.9	4.8	4.2	2.4
Piaui	22.2	15.1	5.3	5.0	5.5	2.5
Ceara	23.0	13.8	4.9	3.5	4.1	1.8
Rio Grande do Norte	19.2	15.2	5.2	4.2	3.5	2.1
Paraiba	18.5	13.0	4.7	4.3	3.8	2.1
Pernambuco	19.2	12.8	4.3	3.7	4.2	1.9
Alagoas	19.7	14.6	7.9	5.9	4.3	2.9
Sergipe	29.5	28.1	11.9	7.2	5.7	3.6
Bahia	13.9	11.1	6.4	3.9	3.8	2.0
<b>South-East Region</b>						
Minas Gerais	19.1	14.1	5.0	4.6	3.8	2.3
Espirito Santo	9.1	6.4	3.3	2.6	2.2	1.3
Rio de Janeiro	12.7	8.1	3.9	3.0	2.4	1.5
Sao Paulo	10.5	11.0	5.3	4.2	3.5	2.1
<b>South Region</b>						
Sao Paulo	8.5	5.8	3.2	3.3	2.6	1.7
Parana	7.2	5.3	2.7	2.0	1.8	1.0
Santa Catarina	11.6	8.3	3.5	3.0	2.1	1.5
Rio Grande do Sul	13.9	9.7	4.7	3.5	2.3	1.7
<b>Central-West Region</b>						
Mato Grosso do Sul	10.8	8.3	4.0	2.9	2.2	1.5
Mato Grosso	12.1	11.3	5.0	2.6	3.4	1.3
Goiás	12.8	8.6	6.5	3.3	4.4	1.7
Goiás	11.2	8.2	3.0	2.9	2.5	1.5
Distrito Federal	5.4	4.6	2.1	2.5	1.3	1.3

Source: Brazil Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD); microdata. Note: "... means data not available. (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

Goal (c):  
Eliminate gender  
disparities in  
primary and  
secondary  
education by  
2005  
and achieve

gender equality  
in education by  
2015, with a  
focus on  
ensuring girls'  
full and equal  
access to and  
achievement in  
basic education  
of good quality.

Table 23A Net secondary-school enrollment rate

	1992	1995	1999	2001 (baseline)	2002
<b>Total<sup>(1)</sup></b>	18.5	22.5	33.3	37.8	40.6
<b>By gender</b>					
Male	15.4	18.9	29.0	33.2	36.1
Female	21.6	26.3	37.7	42.4	45.2
Inequality ratio female/male	1.41	1.39	1.30	1.28	1.25
<b>By income quintiles<sup>(b)</sup></b>					
1st quintile (poorest 20%)	4.4	6.3	11.4	14.6	17.4
2nd quintile	9.7	13.2	23.6	27.6	31.4
3rd quintile	17.8	21.3	36.4	42.4	46.5
4th quintile	30.2	37.1	53.7	60.4	63.4
5th quintile (richest 20%)	50.7	59.0	73.2	76.6	78.4
Inequality ratio richest 20% / poorest 20%	11.57	9.39	6.42	5.26	4.50
<b>By race/color<sup>(b)</sup></b>					
White	27.4	32.6	44.7	50.7	53.1
Black + brown	9.3	12.1	21.5	25.1	28.6
Brown	9.6	12.1	22.1	25.5	28.4
Black	6.6	12.6	17.0	20.9	30.8
Asian	61.4	67.1	78.6	75.3	57.0
Indigenous	9.7	3.9	20.3	20.8	25.7
Inequality ratio white/black + brown	2.94	2.69	2.08	2.03	1.86
<b>By mothers' schooling level<sup>(b)</sup></b>					
Less than 1 year of schooling	4.8	5.7	10.6	13.5	15.2
1 to 3 years of schooling	10.9	12.3	20.7	23.8	25.9
4 to 7 years of schooling	24.4	27.1	35.2	39.9	42.3
8 or more years of schooling	54.0	55.6	63.8	66.8	69.2
Inequality ratio 8 or more years/less than 1 year of schooling	11.17	9.82	6.03	4.94	4.55
<b>By State</b>					
<b>North Region<sup>(b)</sup></b>					
Rondonia	12.1	17.2	24.9	27.3	29.6
Acre	15.4	23.0	31.3	33.8	38.3
Ceará	6.4	19.5	31.1	28.0	32.8
Amazonas	16.4	16.3	25.4	29.9	32.5
Roraima	20.0	24.3	45.0	41.7	36.7
Pará	10.9	16.9	21.1	23.0	24.1
Amapá	20.0	20.5	33.0	26.2	40.5
Tocantins	4.5	12.0	21.8	29.3	30.5
<b>Northeast Region</b>	9.6	11.6	17.1	20.9	23.1
Maranhão	9.1	10.7	14.7	18.1	18.8
Piauí	7.6	11.0	13.9	21.8	16.3
Ceará	7.6	12.1	19.8	25.0	28.9
Rio Grande do Norte	10.4	15.8	21.1	29.8	29.7
Paraíba	9.8	13.9	20.1	19.0	18.5
Pernambuco	13.2	13.9	18.7	22.3	24.8
Alagoas	9.0	12.6	13.6	13.7	18.9
Sergipe	11.2	8.7	17.6	19.9	23.2
Bahia	8.8	9.6	15.5	23.4	20.4
<b>Southeast Region</b>	24.6	29.4	43.1	49.0	53.1
Minas Gerais	15.0	19.7	34.1	38.2	43.7
Espírito Santo	19.2	25.4	38.0	42.8	47.3
Rio de Janeiro	25.3	27.4	37.2	44.8	44.2
São Paulo	29.7	35.5	49.9	56.4	61.8
<b>South Region</b>	23.7	29.8	45.4	49.0	51.4
Paraná	21.5	26.6	48.9	49.3	51.6
Santa Catarina	20.9	29.1	41.7	54.3	55.0
Rio Grande do Sul	27.6	33.7	44.0	45.7	49.1
<b>Central-West Region</b>	17.9	21.5	32.9	37.8	40.7
Mato Grosso do Sul	18.5	24.1	33.9	35.8	39.3
Mato Grosso	15.4	17.9	27.8	38.5	39.2
Goiás	15.2	18.9	31.0	35.5	39.7
Distrito Federal	27.5	29.7	42.4	44.6	47.6

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata.  
Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata.  
Notes: "... means data not available."  
(1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Pará and Amapá.

Table 24A Percentage of young population (18 to 24 years) that have concluded 11 or more grades

	1992	1995	1999	2001 (baseline)	2002
<b>Total<sup>(1)</sup></b>	17.4	19.8	27.5	33.2	36.8
<b>By gender<sup>(b)</sup></b>					
Male	14.7	16.7	23.4	28.5	32.1
Female	20.1	23.0	31.6	37.8	41.5
Inequality ratio female/male	1.37	1.38	1.35	1.33	1.29
<b>By income quintiles<sup>(b)</sup></b>					
1st quintile (poorest 20%)	3.2	4.1	7.0	10.1	9.0
2nd quintile	6.6	7.6	13.4	16.5	20.6
3rd quintile	12.5	13.9	22.7	29.6	34.9
4th quintile	22.9	27.2	38.5	48.2	53.0
5th quintile (richest 20%)	47.0	56.7	68.2	74.2	78.3
Inequality ratio richest 20% / poorest 20%	14.69	13.85	9.76	7.32	8.73
<b>By race/color<sup>(b)</sup></b>					
White	24.0	27.4	37.4	44.0	47.9
Black + brown	9.9	11.0	16.3	21.5	25.0
Brown	10.1	11.1	16.5	21.8	24.9
Black	8.5	9.7	15.4	19.4	25.9
Asian	53.6	65.1	77.7	70.0	65.5
Indigenous	2.2	4.2	16.8	16.9	22.9
Inequality ratio white/black + brown	2.43	2.49	2.29	2.04	1.92
<b>By State</b>					
<b>North Region<sup>(b)</sup></b>					
Rondonia	15.5	16.0	22.2	23.9	28.4
Acre	20.4	21.0	25.0	28.0	32.9
Ceará	18.4	19.2	28.8	24.4	32.7
Amazonas	18.1	19.3	28.0	25.0	32.4
Roraima	26.7	13.4	27.0	29.3	39.0
Pará	15.3	14.4	19.7	20.6	23.8
Amapá	11.5	12.4	23.8	21.7	35.5
Tocantins	6.4	12.3	17.6	23.4	28.1
<b>Northeast Region</b>	11.6	12.3	16.5	20.0	22.6
Maranhão	8.8	10.1	17.0	17.3	24.5
Piauí	8.9	11.4	8.2	18.3	17.7
Ceará	11.6	11.0	15.9	23.0	28.9
Rio Grande do Norte	15.7	14.9	21.5	23.4	26.3
Paraíba	14.3	13.6	19.2	17.2	20.4
Pernambuco	13.2	13.2	18.6	22.7	22.9
Alagoas	9.2	11.9	16.4	13.6	13.0
Sergipe	11.0	12.6	15.9	23.2	20.5
Bahia	11.2	12.7	15.6	19.2	21.2
<b>Southeast Region</b>	21.0	24.7	34.1	42.3	46.2
Minas Gerais	15.8	16.8	23.5	34.4	38.8
Espírito Santo	16.3	20.7	30.4	33.4	39.6
Rio de Janeiro	24.1	26.7	33.7	37.3	41.1
São Paulo	22.7	28.2	39.7	48.6	52.2
<b>South Region</b>	19.5	22.8	33.2	38.6	42.6
Paraná	17.8	20.8	33.3	40.2	46.0
Santa Catarina	19.0	22.2	33.1	41.2	40.8
Rio Grande do Sul	21.6	25.4	33.1	35.5	40.4
<b>Central-West Region</b>	17.1	18.2	25.7	31.0	36.6
Mato Grosso do Sul	15.5	18.1	26.0	34.4	37.0
Mato Grosso	14.2	15.0	24.9	27.5	35.9
Goiás	14.4	15.5	22.9	27.8	33.5
Distrito Federal	27.9	28.0	31.8	39.2	44.2

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata.  
Notes: "... means data not available."

Goal (d):  
 Improve all aspects of the quality of education so that children and young people achieve recognized and measurable learning outcomes, especially in numeracy, literacy and essential life skills.

**Table 25A** Proficiency of 4th grade students in Portuguese

	1995	1997 <sup>(1)</sup>	1999 <sup>(2)</sup>	2001 <sup>(2)</sup>
<b>Total</b>	188.3	186.5	170.7	165.1
<b>By gender</b>				
Male	185.5	182.4	167.3	161.0
Female	191.8	190.7	174.7	173.2
<b>By race/color</b>				
White	193.4	191.5	177.2	174.0
Black + brown	184.1	182.3	165.0	161.3
Brown	186.9	—	—	—
Black	173.8	—	—	—
Asian	193.4	188.1	173.9	168.5
Indigenous	—	182.3	170.2	168.9
<b>By State</b>				
<b>North Region</b>	172.6	172.0	160.2	156.9
Rondonia	170.6	173.5	162.5	160.5
Acre	168.5	163.2	154.2	148.7
Amazonas	176.1	176.9	169.0	162.4
Roraima	171.5	161.8	166.5	157.0
Pará	172.7	171.1	158.2	156.5
Amapá	165.1	167.8	164.4	155.8
Tocantins	171.4	172.8	151.1	147.6
<b>Northeast Region</b>	178.0	177.8	157.5	146.9
Maranhão	164.9	173.9	157.0	146.7
Piauí	188.0	181.3	155.4	152.0
Ceará	179.8	182.3	156.2	145.1
Rio Grande do Norte	177.6	172.7	154.4	142.4
Paraíba	178.2	179.3	168.2	155.9
Pernambuco	177.5	174.9	156.3	149.1
Alagoas	172.0	170.3	156.6	148.1
Sergipe	183.4	175.4	158.7	149.6
Bahia	182.0	180.3	157.6	143.5
<b>Southeast Region</b>	194.9	193.3	179.8	178.8
Minas Gerais	195.2	208.1	178.7	176.4
Espírito Santo	181.1	176.8	173.8	170.2
Rio de Janeiro	194.5	183.2	182.5	179.8
São Paulo	196.2	191.1	179.9	180.4
<b>South Region</b>	191.4	191.1	179.1	175.9
Paraná	197.5	193.4	179.5	173.1
Santa Catarina	189.0	197.0	180.9	176.6
Rio Grande do Sul	186.5	185.7	177.7	178.7
<b>Central-West Region</b>	193.4	183.1	170.5	164.4
Mato Grosso do Sul	191.0	184.6	171.8	156.7
Mato Grosso	172.3	171.5	159.4	152.2
Goiás	198.6	186.6	174.1	167.3
Distrito Federal	204.5	186.7	174.1	185.6

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - National Primary Education Evaluation System (SAEB). Note: "—" means data not available

(1) In 1997 rural areas of the North region were not covered

(2) In 1999 and 2001 only rural areas in the Northeast region and in the States of Mato Grosso and Minas Gerais were surveyed.

**Table 26A** Proficiency of 4th grade students in Math

	1995	1997 <sup>(1)</sup>	1999 <sup>(2)</sup>	2001 <sup>(2)</sup>
<b>Total</b>	190.6	190.8	181.0	176.3
<b>By gender</b>				
Male	192.7	192.6	181.3	179.0
Female	189.1	189.2	181.1	176.9
<b>By race/color</b>				
White	196.4	196.2	187.2	185.5
Black + brown	186.0	186.1	175.8	172.2
Brown	187.8	—	—	—
Black	179.3	—	—	—
Asian	190.6	189.2	182.4	178.3
Indigenous	—	189.9	182.8	177.7
<b>By State</b>				
<b>North Region</b>	174.5	174.9	171.3	163.6
Rondonia	175.1	180.2	173.5	170.9
Acre	168.3	167.7	164.2	153.6
Amazonas	179.2	177.8	175.3	167.8
Roraima	179.4	166.8	169.6	168.8
Pará	172.9	173.3	171.2	161.8
Amapá	167.5	171.1	169.2	160.0
Tocantins	175.7	177.1	167.5	160.7
<b>Northeast Region</b>	179.5	181.0	168.9	158.7
Maranhão	174.2	174.9	167.8	155.4
Piauí	189.4	178.3	171.6	162.2
Ceará	178.3	184.5	168.3	154.1
Rio Grande do Norte	180.9	179.4	166.2	156.5
Paraíba	179.1	182.4	174.8	166.7
Pernambuco	181.7	178.1	165.9	159.1
Alagoas	174.8	173.0	171.7	159.7
Sergipe	182.8	180.5	173.1	164.9
Bahia	179.3	185.7	168.7	159.6
<b>Southeast Region</b>	198.5	197.7	188.9	189.8
Minas Gerais	203.0	211.4	188.9	190.4
Espírito Santo	186.0	181.8	185.5	185.5
Rio de Janeiro	195.1	188.6	188.3	187.2
São Paulo	198.8	195.7	189.4	190.8
<b>South Region</b>	192.3	197.1	188.5	188.1
Paraná	198.0	199.7	187.1	187.3
Santa Catarina	197.3	205.6	195.0	191.0
Rio Grande do Sul	184.9	190.1	186.3	187.5
<b>Central-West Region</b>	193.9	189.2	183.2	175.7
Mato Grosso do Sul	192.6	190.3	182.3	167.7
Mato Grosso	180.6	177.9	174.5	166.1
Goiás	198.8	193.4	186.8	177.3
Distrito Federal	197.2	191.0	185.5	197.5

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - National Primary Education Evaluation System (SAEB). Note: "—" means data not available

(1) In 1997 rural areas of the North region were not covered

(2) In 1999 and 2001 only rural areas in the Northeast region and in the States of Mato Grosso and Minas Gerais were surveyed.

**Table 27A** Proficiency of 8th grade students in Portuguese

	1995	1997	1999	2001
<b>Total</b>	256.1	250.0	232.9	235.2
<b>By gender</b>				
Male	254.8	247.5	227.2	229.1
Female	258.0	252.4	238.1	241.0
<b>By race/color</b>				
White	265.4	256.7	239.0	243.6
Black + brown	245.6	241.7	224.0	226.5
Brown	247.8	—	—	—
Black	235.9	—	—	—
Asian	257.3	245.3	243.0	241.0
Indigenous	—	249.4	235.9	229.3
<b>By State</b>				
<b>North Region</b>				
Rondonia	241.0	241.8	226.3	229.2
Acre	236.5	243.7	221.6	237.4
Amazonas	228.2	229.6	219.4	222.5
Roraima	236.4	239.0	226.1	221.2
Pará	256.1	249.1	229.6	235.7
Amapá	232.7	242.4	233.3	232.5
Tocantins	222.0	233.4	221.7	227.9
<b>Northeast Region</b>				
Maramhão	230.4	241.2	224.5	221.6
Piauí	219.8	230.1	214.2	215.6
Ceará	226.6	243.4	227.7	228.9
Rio Grande do Norte	237.8	243.9	230.1	219.6
Paraíba	234.9	237.5	222.6	228.2
Pernambuco	237.1	241.0	225.1	224.6
Alagoas	230.3	242.8	218.8	217.8
Sergipe	217.7	228.6	219.3	216.6
Bahia	238.5	237.8	228.1	226.5
<b>Southeast Region</b>				
Minas Gerais	229.4	246.4	229.2	225.9
Espirito Santo	266.8	251.5	235.3	240.3
Rio de Janeiro	264.6	255.8	238.4	242.5
São Paulo	248.0	240.6	238.0	240.6
<b>South Region</b>				
Paraná	263.7	259.4	244.8	247.4
Santa Catarina	269.5	248.1	230.7	237.2
Rio Grande do Sul	261.9	259.3	239.3	246.4
<b>Central-West Region</b>				
Mato Grosso do Sul	258.4	261.3	235.3	240.5
Mato Grosso	256.9	257.4	242.1	245.9
Goiás	268.4	258.2	242.4	252.4
Distrito Federal	256.5	254.0	235.7	237.2
	251.2	256.5	232.0	244.8
	247.2	239.7	231.5	231.9
	254.0	256.5	236.2	232.3
	273.6	260.7	242.4	249.1

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - National Primary Education Evaluation System (SAEB). Note: "—" means data not available

**Table 28A** Proficiency of 8th grade students in Math

	1995	1997	1999	2001
<b>Total</b>	253.2	250.0	246.4	243.4
<b>By gender</b>				
Male	262.2	257.0	252.9	249.4
Female	247.4	245.0	240.8	238.0
<b>By race/color</b>				
White	262.7	258.4	254.3	252.9
Black + brown	242.4	238.0	236.8	233.7
Brown	244.1	—	—	—
Black	234.6	—	—	—
Asian	258.5	257.3	249.7	251.7
Indigenous	—	244.1	242.1	238.2
<b>By State</b>				
<b>North Region</b>				
Rondonia	238.3	236.2	233.6	231.9
Acre	226.0	241.7	225.6	240.7
Amazonas	236.8	227.5	225.6	223.1
Roraima	237.4	234.7	236.3	226.3
Pará	247.9	229.1	237.7	234.6
Amapá	226.8	239.7	234.5	235.5
Tocantins	226.3	236.4	237.0	231.8
<b>Northeast Region</b>				
Maramhão	231.8	230.0	225.4	232.3
Piauí	218.9	224.6	225.4	228.8
Ceará	231.9	251.1	238.7	239.6
Rio Grande do Norte	236.7	243.8	240.6	226.2
Paraíba	233.3	240.3	232.3	233.7
Pernambuco	237.9	237.7	235.8	232.0
Alagoas	232.6	237.3	230.0	226.0
Sergipe	223.4	227.9	231.7	225.5
Bahia	241.0	238.4	239.3	231.6
<b>Southeast Region</b>				
Minas Gerais	232.4	245.7	240.3	232.3
Espirito Santo	262.3	252.9	250.1	249.7
Rio de Janeiro	265.0	261.6	251.4	254.9
São Paulo	247.8	243.2	252.9	246.4
<b>South Region</b>				
Paraná	258.5	258.3	258.1	251.5
Santa Catarina	263.4	248.1	247.0	247.1
Rio Grande do Sul	268.6	259.0	254.8	255.3
<b>Central-West Region</b>				
Mato Grosso do Sul	254.9	263.5	246.5	247.4
Mato Grosso	254.5	261.4	265.0	260.1
Goiás	264.9	253.3	258.9	260.4
Distrito Federal	252.7	254.8	248.5	244.8
	246.8	262.3	248.0	250.8
	245.5	236.3	242.7	239.0
	247.3	258.4	247.9	240.3
	275.0	258.9	256.5	247.6

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - National Primary Education Evaluation System (SAEB). Note: "—" means data not available

**Table 29A** Percentage of 4th grade students whose Portuguese Language skills were classified as "very critical" on the SAEB tests

	1995	1997 <sup>(1)</sup>	1999 <sup>(2)</sup>	2001 <sup>(2)</sup>
<b>Total</b>	9.1	7.2	15.8	22.2
<b>By gender</b>				
Male	10.5	8.6	18.0	25.1
Female	7.3	5.9	13.3	16.0
Inequality ratio male/female	1.44	1.46	1.35	1.57
<b>By race/color</b>				
White	7.7	6.8	13.7	17.3
Black + brown	10.0	7.7	17.7	23.2
Brown	9.0	-	-	-
Black	13.5	-	-	-
Asian	7.0	5.3	11.9	18.8
Indigenous	-	8.7	18.1	18.3
Inequality ratio black + brown/white	1.30	1.13	1.29	1.34
<b>By State</b>				
<b>North Region</b>	13.7	9.6	18.5	22.6
Rondonia	13.8	8.9	16.1	21.5
Acre	14.6	11.9	21.8	30.8
Amazonas	11.2	7.3	10.3	18.5
Roraima	10.6	14.6	15.4	23.9
Pará	14.0	10.3	20.2	21.0
Amapá	22.2	7.8	16.2	24.5
Tocantins	14.5	10.3	27.2	30.7
<b>Northeast Region</b>	12.9	9.8	21.5	33.4
Maranhão	21.6	10.9	20.1	31.9
Piauí	8.9	5.4	20.5	27.4
Ceará	7.9	7.9	23.9	37.7
Rio Grande do Norte	11.7	11.6	24.3	38.5
Paraíba	13.0	7.8	13.4	24.1
Pernambuco	12.9	11.2	21.8	32.9
Alagoas	15.1	12.0	21.1	31.7
Sergipe	8.1	10.1	20.7	29.7
Bahia	12.8	10.1	22.4	35.8
<b>Southeast Region</b>	6.6	6.4	13.4	15.8
Minas Gerais	5.2	3.8	14.9	17.5
Espírito Santo	10.2	9.6	10.9	16.9
Rio de Janeiro	5.5	10.1	9.5	13.9
São Paulo	7.3	6.2	14.2	15.4
<b>South Region</b>	9.5	4.0	10.0	13.5
Paraná	9.7	3.0	10.1	15.2
Santa Catarina	6.3	3.7	8.2	13.0
Rio Grande do Sul	10.9	5.2	10.9	11.8
<b>Central-West Region</b>	5.8	6.2	13.0	20.5
Mato Grosso do Sul	3.8	4.0	11.4	25.2
Mato Grosso	14.5	10.0	20.1	27.2
Goiás	4.4	5.2	10.3	18.4
Distrito Federal	2.4	6.3	13.1	9.3

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - National Primary Education Evaluation System (SAEB). Note: "-" means data not available.  
 (1) In 1997 rural areas of the North region were not covered.  
 (2) In 1999 and 2001 only rural areas in the Northeast region and in the States of Mato Grosso and Minas Gerais were surveyed.

**Table 30A** Percentage of 4th grade students whose Math skills were classified as "very critical" on the SAEB tests

	1995	1997 <sup>(1)</sup>	1999 <sup>(2)</sup>	2001 <sup>(2)</sup>
<b>Total</b>	2.5	4.3	6.9	12.5
<b>By gender</b>				
Male	2.0	3.8	7.8	12.0
Female	2.9	4.7	6.0	10.5
Inequality ratio male/female	0.69	0.80	1.30	1.14
<b>By race/color</b>				
White	2.1	3.9	5.7	9.6
Black + brown	2.8	4.5	7.9	12.0
Brown	2.8	-	-	-
Black	2.8	-	-	-
Asian	1.6	6.1	6.3	12.8
Indigenous	-	5.1	5.1	10.6
Inequality ratio black + brown/white	1.33	1.17	1.39	1.25
<b>By State</b>				
<b>North Region</b>	4.0	6.1	7.3	13.3
Rondonia	2.2	6.1	7.5	10.4
Acre	2.9	5.4	9.3	21.1
Amazonas	1.4	5.3	5.2	11.3
Roraima	2.8	7.9	7.7	14.8
Pará	6.3	6.6	7.4	13.9
Amapá	4.2	5.5	6.7	15.6
Tocantins	1.8	5.7	9.8	13.4
<b>Northeast Region</b>	4.6	6.0	9.5	19.8
Maranhão	5.7	6.2	8.9	19.7
Piauí	5.0	6.2	6.4	16.7
Ceará	4.4	4.8	11.7	25.2
Rio Grande do Norte	4.5	4.1	11.1	22.1
Paraíba	3.9	6.5	6.5	14.9
Pernambuco	3.1	7.5	12.4	19.4
Alagoas	2.7	8.1	6.4	17.9
Sergipe	2.6	5.2	8.3	14.4
Bahia	5.7	5.8	8.6	19.5
<b>Southeast Region</b>	1.2	3.8	6.3	8.8
Minas Gerais	1.0	2.4	6.4	9.2
Espírito Santo	3.4	4.8	4.1	6.7
Rio de Janeiro	1.4	3.9	5.9	7.3
São Paulo	1.1	4.3	6.5	9.3
<b>South Region</b>	2.5	2.4	4.4	5.8
Paraná	2.3	2.6	6.8	7.0
Santa Catarina	2.2	1.4	2.4	4.9
Rio Grande do Sul	2.9	2.8	2.9	5.0
<b>Central-West Region</b>	1.7	3.0	4.3	10.6
Mato Grosso do Sul	0.7	2.9	4.8	13.1
Mato Grosso	4.7	5.2	5.9	15.6
Goiás	1.2	2.0	3.3	8.5
Distrito Federal	1.1	2.9	4.6	5.2

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - National Primary Education Evaluation System (SAEB). Note: "-" means data not available.  
 (1) In 1997 rural areas of the North region were not covered.  
 (2) In 1999 and 2001 only rural areas in the Northeast region and in the States of Mato Grosso and Minas Gerais were surveyed.



**Table 31A** Percentage of 8th grade students whose Portuguese Language skills were classified as "very critical" on the SAEB test

	1995	1997	1999	2001
<b>Total</b>	3.0	2.4	2.5	4.9
<b>By gender</b>				
Male	3.2	3.2	3.1	6.2
Female	2.5	1.7	1.9	3.6
Inequality ratio male/female	1.27	1.90	1.60	1.73
<b>By race/color</b>				
White	1.8	2.2	2.1	3.9
Black + brown	3.8	2.7	3.1	5.5
Brown	3.3	-	-	-
Black	5.8	-	-	-
Asian	4.4	1.5	0.7	4.7
Indigenous	-	2.8	3.6	5.3
Inequality ratio black + brown/white	2.15	1.21	1.45	1.40
<b>By State</b>				
<b>North Region</b>				
Rondonia	4.3	2.3	2.5	4.1
Rondonia	5.0	1.0	4.5	1.7
Acre	4.7	4.4	1.2	5.6
Amazonas	5.6	2.9	2.3	6.2
Roraima	4.6	2.1	2.9	5.9
Para	1.4	1.5	2.5	1.9
Amapa	3.7	2.6	0.3	2.2
Tocantins	9.2	3.5	2.4	5.8
<b>Northeast Region</b>				
Maranhão	8.0	3.0	3.3	7.3
Maranhão	10.6	4.9	4.4	8.3
Paraíba	7.3	2.8	4.7	4.3
Ceará	5.4	4.3	1.7	9.7
Rio Grande do Norte	5.8	3.5	3.1	4.0
Paraíba	5.0	2.2	3.5	6.1
Pernambuco	7.8	1.8	5.2	7.0
Alagoas	13.8	3.8	3.4	8.0
Sergipe	4.4	4.3	2.1	4.9
Bahia	9.4	2.0	2.4	6.3
<b>Southeast Region</b>				
Minas Gerais	1.3	2.5	2.3	4.6
Minas Gerais	1.5	1.4	2.3	2.8
Espirito Santo	2.9	2.2	1.1	2.5
Rio de Janeiro	2.0	1.1	1.9	2.4
São Paulo	0.9	3.5	2.5	6.2
<b>South Region</b>				
Paraná	1.7	1.4	2.3	2.5
Paraná	2.5	0.7	2.0	4.0
Santa Catarina	1.0	1.0	1.4	1.3
Rio Grande do Sul	1.1	2.4	3.1	1.6
<b>Central-West Region</b>				
Mato Grosso do Sul	2.1	1.7	1.4	3.0
Mato Grosso do Sul	3.8	1.2	2.4	1.7
Mato Grosso	2.3	2.5	1.8	5.1
Goiás	1.8	1.6	1.1	2.5
Distrito Federal	0.9	1.4	1.1	2.5

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - National Primary Education Evaluation System (SAEB).  
Note: "-" means data not available

**Table 32A** Percentage of 8th grade students whose Math skills were classified as "very critical" on the SAEB test

	1995	1997	1999	2001
<b>Total</b>	4.7	5.6	4.8	6.7
<b>By gender</b>				
Male	3.2	4.2	4.4	5.4
Female	5.5	6.1	5.0	7.7
Inequality ratio female/male	1.71	1.45	1.16	1.42
<b>By race/color</b>				
White	3.1	4.7	3.8	5.2
Black + brown	6.1	6.8	6.0	8.2
Brown	5.8	-	-	-
Black	7.3	-	-	-
Asian	3.9	4.9	2.9	4.8
Indigenous	-	5.3	4.5	4.7
Inequality ratio black + brown/white	1.98	1.44	1.59	1.58
<b>By State</b>				
<b>North Region</b>				
Rondonia	6.2	6.1	4.8	7.3
Rondonia	6.3	5.3	6.8	4.7
Acre	10.1	9.4	7.3	10.4
Amazonas	6.2	6.5	4.4	8.0
Roraima	4.6	7.7	5.7	6.6
Para	3.4	4.5	3.2	5.9
Amapa	8.2	4.7	3.2	6.0
Tocantins	12.4	9.3	7.7	11.2
<b>Northeast Region</b>				
Maranhão	10.0	7.6	7.1	10.5
Maranhão	13.6	11.6	8.7	13.1
Paraíba	5.7	5.4	7.1	7.3
Ceará	9.1	8.9	7.0	11.2
Rio Grande do Norte	10.6	6.4	8.2	8.7
Paraíba	8.2	10.7	9.3	9.8
Pernambuco	9.6	6.5	8.4	12.1
Alagoas	13.1	8.7	6.4	11.4
Sergipe	7.1	7.3	6.4	8.8
Bahia	10.1	5.4	5.2	8.7
<b>Southeast Region</b>				
Minas Gerais	3.2	5.8	4.2	5.8
Minas Gerais	1.9	5.5	4.4	4.5
Espirito Santo	4.5	4.5	2.9	5.1
Rio de Janeiro	3.3	2.0	2.9	4.4
São Paulo	3.4	7.1	4.6	6.8
<b>South Region</b>				
Paraná	2.6	3.1	3.3	2.8
Paraná	3.7	3.3	5.1	3.3
Santa Catarina	1.8	1.7	1.0	3.1
Rio Grande do Sul	1.8	3.7	2.3	2.2
<b>Central-West Region</b>				
Mato Grosso do Sul	3.9	3.3	4.8	4.7
Mato Grosso do Sul	3.9	2.3	3.5	4.3
Mato Grosso	5.7	8.4	5.5	6.8
Goiás	4.5	1.8	4.7	4.8
Distrito Federal	1.1	2.5	5.6	2.4

Source: Ministry of Education (MEC), National Institute of Education Studies and Research Anísio Teixeira (INEP) - National Primary Education Evaluation System (SAEB).  
Note: "-" means data not available

Goal (f):  
Achieve a 50  
per cent  
improvement in  
levels of  
adult literacy  
by 2015,  
especially for  
women.

Table 33A Adult literacy rate (15 years old or older)

	1992	1995	1999	2001 (baseline)	2002	2015 (goal)
<b>Total<sup>(1)</sup></b>	82.8	84.5	86.7	87.6	88.2	100.0
<b>By gender<sup>(1)</sup></b>						
Male	83.4	84.6	86.7	87.5	88.0	100.0
Female	82.2	84.4	86.7	87.7	88.3	100.0
Inequality ratio female/male	1.01	1.00	1.00	1.00	1.00	1.00
<b>By income quintiles<sup>(1)</sup></b>						
1st quintile (poorest 20%)	67.3	70.4	74.2	77.0	76.9	100.0
2nd quintile	76.7	78.9	81.7	82.9	83.3	100.0
3rd quintile	83.9	83.3	84.9	85.6	86.0	100.0
4th quintile	89.8	93.2	94.1	94.0	94.4	100.0
5th quintile (richest 20%)	97.1	98.1	98.6	98.3	98.6	100.0
Inequality ratio richest 20% / poorest 20%	1.44	1.39	1.33	1.28	1.28	1.00
<b>By race/color<sup>(1)</sup></b>						
White	89.4	90.5	91.7	92.3	92.5	100.0
Black + brown	74.3	76.6	80.2	81.8	82.8	100.0
Brown	74.7	76.8	80.4	81.9	82.7	100.0
Black	71.2	74.8	79.1	81.3	83.3	100.0
Asian	95.5	95.1	95.0	95.8	95.3	100.0
Indigenous	73.5	56.6	79.5	78.8	83.3	100.0
Inequality ratio white/black + brown	1.20	1.18	1.14	1.13	1.12	1.00
<b>By State</b>						
<b>North Region<sup>(1)</sup></b>						
Rondonia	85.8	86.6	87.8	88.8	89.6	100.0
Acre	89.5	90.9	90.4	89.8	91.4	100.0
Amazonas	85.6	84.2	84.5	83.3	87.0	100.0
Roraima	90.3	89.6	91.2	92.3	93.7	100.0
Pará	85.9	87.2	87.6	88.9	89.3	100.0
Amapá	87.8	89.3	90.5	92.7	93.8	100.0
Tocantins	72.4	75.8	79.1	81.5	81.9	100.0
<b>Northeast Region</b>						
Maranhão	67.2	69.5	73.4	75.7	76.6	100.0
Piauí	64.7	68.3	71.2	76.6	77.1	100.0
Ceará	63.2	64.9	68.4	70.6	70.4	100.0
Rio Grande do Norte	65.5	68.5	72.0	75.2	77.3	100.0
Paraíba	70.0	70.5	74.5	75.8	77.3	100.0
Pernambuco	64.6	67.8	74.1	72.8	72.9	100.0
Alagoas	69.0	70.2	75.2	78.0	78.5	100.0
Sergipe	64.1	65.2	67.2	69.4	68.8	100.0
Bahia	72.5	73.7	76.1	78.6	79.8	100.0
<b>Southeast Region</b>						
Minas Gerais	68.8	71.7	75.5	77.1	78.3	100.0
Espírito Santo	89.1	90.7	92.2	92.5	92.8	100.0
Rio de Janeiro	83.8	85.9	87.8	88.3	88.9	100.0
São Paulo	82.2	85.9	88.9	88.5	89.2	100.0
<b>South Region</b>						
Paraná	91.7	93.2	94.0	94.4	94.9	100.0
Rio Grande do Sul	91.1	92.3	93.8	94.0	94.1	100.0
<b>Central-West Region</b>						
Mato Grosso do Sul	89.8	90.9	92.2	92.9	93.3	100.0
Mato Grosso	87.1	88.5	89.8	91.4	92.1	100.0
Goiás	91.2	92.6	93.2	94.1	94.5	100.0
Distrito Federal	91.4	92.2	94.0	93.8	93.7	100.0
<b>Central-West Region</b>						
Mato Grosso do Sul	85.5	86.7	89.2	89.8	90.3	100.0
Mato Grosso	86.2	86.7	89.1	89.7	91.0	100.0
Goiás	84.2	84.7	88.2	88.8	89.8	100.0
Distrito Federal	83.7	84.8	87.5	88.3	88.7	100.0
Distrito Federal	91.1	93.5	94.9	94.5	94.3	100.0

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata. Notes: "... means data not available. (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Pará and Amapá.

Table 34A Adult literacy rate - 15 to 19 years

	1992	1995	1999	2001 (baseline)	2002
<b>Total<sup>(1)</sup></b>	91.7	93.2	96.0	96.8	97.1
<b>By gender<sup>(1)</sup></b>					
Male	89.2	90.7	94.7	96.1	96.2
Female	94.3	95.7	97.3	97.5	98.1
Inequality ratio female/male	1.06	1.06	1.03	1.02	1.02
<b>By income quintiles<sup>(1)</sup></b>					
1st quintile (poorest 20%)	81.1	85.0	90.6	92.6	93.3
2nd quintile	91.4	92.9	95.7	96.8	97.0
3rd quintile	96.1	96.7	98.6	98.4	98.4
4th quintile	98.4	99.5	99.3	99.3	99.6
5th quintile (richest 20%)	98.6	99.6	99.8	99.7	99.8
Inequality ratio richest 20% / poorest 20%	1.22	1.17	1.10	1.08	1.07
<b>By race/color<sup>(1)</sup></b>					
White	96.0	96.8	97.9	98.5	98.4
Black + brown	87.4	89.6	94.0	95.2	95.9
Brown	87.5	89.5	94.1	95.2	95.9
Black	86.2	89.7	93.4	94.7	96.2
Asian	97.8	100.0	100.0	98.6	98.3
Indigenous	93.4	74.2	94.4	87.1	89.3
Inequality ratio white/black + brown	1.10	1.08	1.04	1.03	1.03
<b>By State</b>					
<b>North Region<sup>(1)</sup></b>					
Rondonia	93.8	95.9	96.6	96.6	97.7
Acre	96.5	98.4	99.6	98.6	98.8
Amazonas	95.5	93.4	96.9	95.8	94.2
Roraima	96.9	96.6	96.4	97.4	99.0
Pará	100.0	98.3	98.5	98.5	98.0
Amapá	92.1	95.9	96.4	95.7	97.3
Tocantins	96.7	98.3	95.4	99.3	99.3
<b>Northeast Region</b>					
Maranhão	89.2	92.5	95.2	96.4	96.4
Piauí	81.0	83.7	90.5	92.8	93.6
Ceará	79.1	85.4	89.2	92.8	92.9
Rio Grande do Norte	78.0	79.6	87.9	90.9	90.0
Paraíba	79.2	82.1	91.0	93.2	94.1
Pernambuco	81.7	86.6	92.8	94.0	93.2
Alagoas	77.1	82.7	91.6	91.3	92.0
Sergipe	83.7	85.5	90.1	92.0	93.0
Bahia	76.5	73.7	82.9	89.6	89.9
<b>Southeast Region</b>					
Minas Gerais	84.3	84.3	92.7	93.9	94.7
Espírito Santo	83.3	85.5	92.2	94.0	95.9
Rio de Janeiro	97.0	97.9	98.7	98.9	98.9
São Paulo	94.8	96.3	97.8	98.5	98.3
<b>South Region</b>					
Paraná	96.0	98.0	97.8	97.6	98.4
Rio Grande do Sul	97.3	97.2	98.9	98.6	99.0
<b>Central-West Region</b>					
Mato Grosso do Sul	97.8	98.4	99.1	98.9	99.0
Mato Grosso	96.0	96.7	98.5	98.6	98.7
Goiás	96.4	95.7	98.7	98.3	98.9
Distrito Federal	95.8	97.1	98.4	98.4	98.4
Distrito Federal	95.4	96.1	98.3	98.5	98.6
Distrito Federal	97.2	98.6	98.7	99.3	99.3

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata. Notes: "... means data not available. (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Pará and Amapá.

# PROTECTION FROM ABUSE, EXPLOITATION AND VIOLENCE

Goal (a):  
Protect  
children from  
all forms of  
abuse, neglect,  
exploitation  
and violence.

**Table 35A** Death by homicide rate among persons 0 to 17 years (per 100,000 population)

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b>	3.9	4.4	6.0	6.7	6.7	7.1
<b>By gender</b>						
Male	6.7	7.4	10.0	11.3	11.3	12.2
Female	1.1	1.4	1.8	2.0	1.9	2.0
Inequity ratio male/female	5.80	5.15	5.49	5.59	5.90	6.20
<b>By State</b>						
<b>North Region</b>						
Rondonia	2.9	3.1	3.9	3.7	4.0	4.1
Acre	6.0	4.2	4.9	4.2	7.6	6.6
Amazonas	3.5	5.6	1.2	3.5	4.2	8.1
Roraima	3.4	3.8	5.3	4.2	3.6	3.4
Para	7.9	3.1	30.5	12.9	3.9	8.2
Amapá	2.0	1.8	1.9	2.4	3.1	3.3
Tocantins	3.8	15.6	13.2	11.7	10.3	8.7
<b>Northeast Region</b>						
Maranhão	2.1	2.7	3.4	4.1	4.8	4.7
Piauí	1.1	1.3	0.8	1.4	1.6	1.8
Ceará	0.7	0.5	0.5	1.8	2.6	2.5
Rio Grande do Norte	1.1	2.3	2.6	3.2	3.4	3.7
Paraíba	1.8	2.0	1.7	1.4	2.2	1.6
Pernambuco	2.0	2.5	2.2	3.8	3.4	4.7
Alagoas	5.6	6.0	12.7	12.5	14.1	12.6
Sergipe	2.8	3.7	3.3	5.7	6.4	6.0
Bahia	1.6	3.5	3.7	4.7	4.4	5.5
<b>Southeast Region</b>						
Minas Gerais	1.2	2.2	1.2	1.8	2.8	2.9
Espírito Santo	6.5	6.7	9.5	10.3	9.9	10.7
Rio de Janeiro	1.0	1.3	1.8	2.8	3.3	3.8
São Paulo	3.8	7.5	12.7	11.0	11.5	13.6
<b>South Region</b>						
Paraná	12.6	13.9	14.2	14.8	14.1	16.8
Santa Catarina	7.4	6.8	11.5	12.5	11.6	11.7
Rio Grande do Sul	2.6	2.8	3.4	4.2	3.8	4.4
<b>Central-West Region</b>						
Mato Grosso do Sul	1.8	3.1	3.8	5.0	4.2	5.5
Mato Grosso	1.0	1.5	1.9	1.9	1.8	2.3
Goiás	4.2	3.2	3.8	4.8	4.4	4.5
Distrito Federal	2.3	4.8	6.1	7.2	6.9	8.1
	2.3	5.1	6.5	6.1	5.4	7.7
	1.6	4.8	5.9	6.8	7.7	8.9
	1.6	2.7	3.8	5.4	5.3	7.2
	5.1	9.5	11.8	13.5	11.6	9.8

Source: Brazilian Institute of Geography and Statistics (IBGE) - Population Census e Ministry of Health - Mortality Information System (SIM).  
Note: "-" means data not available

Goal (d): Take immediate and effective measures to eradicate the worst forms of child labor, as defined by ILO Convention 182, develop and implement strategies to eliminate child labor that is contrary to acceptable international standards.

Table 36A Percentage of working children and adolescents, from 10 to 17 years old

	1992	1995	1999	2001 (baseline)	2002
<b>Total<sup>(1)</sup></b>	29.7	27.9	22.3	19.2	19.2
<b>By gender<sup>(2)</sup></b>					
Male	38.3	35.7	29.0	24.7	24.6
Female	21.0	19.9	15.5	13.7	13.7
Inequality ratio male/female	1.83	1.80	1.87	1.80	1.80
<b>By income quintiles<sup>(3)</sup></b>					
1st quintile (poorest 20%)	35.7	34.0	28.9	23.3	23.5
2nd quintile	29.4	30.7	21.8	18.7	19.0
3rd quintile	28.6	25.0	20.2	19.3	18.9
4th quintile	25.7	22.3	18.1	16.7	17.1
5th quintile (richest 20%)	17.2	14.5	11.7	10.1	11.3
Inequality ratio poorest 20%/richest 20%	2.08	2.35	2.47	2.30	2.08
<b>By race/color<sup>(4)</sup></b>					
White	27.2	25.2	19.5	17.3	17.2
Black + brown	32.2	30.5	25.0	21.1	21.0
Brown	32.2	30.8	25.2	21.5	21.4
Black	32.0	28.0	22.7	17.6	16.7
Asian	21.0	13.6	10.0	13.9	11.6
Indigenous	42.6	69.8	42.1	31.0	32.9
Inequality ratio black + brown/white	1.18	1.21	1.28	1.22	1.22
<b>By mother's schooling level<sup>(5)</sup></b>					
Less than 1 year of schooling	42.4	41.7	35.6	29.9	30.2
1 to 3 years of schooling	35.9	34.8	29.5	24.9	26.3
4 to 7 years of schooling	24.7	24.4	20.8	18.2	18.6
8 or more years of schooling	10.8	11.3	10.4	10.1	10.2
Inequality ratio less than 1 year/8 or more years of schooling	3.92	3.70	3.42	2.97	2.95
<b>By State</b>					
<b>North Region<sup>(6)</sup></b>					
Rondonia	23.9	22.4	20.0	15.4	16.5
Acre	23.6	20.4	14.3	12.3	19.0
Amazonas	22.8	19.5	13.0	15.0	19.4
Roraima	18.5	18.7	11.6	10.2	10.6
Para	14.6	13.1	13.2	9.0	6.0
Amapa	24.2	23.3	21.7	16.0	17.0
Tocantins	11.5	13.4	14.4	7.9	7.0
<b>Northeast Region</b>	37.7	33.4	39.1	28.7	28.7
Maranhao	34.9	34.1	29.3	24.5	24.6
Piaui	41.9	42.9	41.2	32.9	26.7
Ceara	35.6	39.0	35.5	25.4	28.7
Rio Grande do Norte	35.9	35.9	30.5	25.0	25.2
Paraiba	32.5	27.9	18.2	16.7	17.6
Pernambuco	37.6	34.3	26.3	19.3	24.0
Alagoas	34.8	31.8	26.0	23.2	24.8
Sergipe	28.1	28.0	17.6	25.6	21.6
Bahia	25.6	28.2	27.5	18.7	20.1
<b>Southeast Region</b>	33.7	32.6	28.8	24.2	25.0
Minas Gerais	23.9	21.7	15.7	14.4	13.8
Espirito Santo	32.2	29.7	24.4	20.1	20.7
Rio de Janeiro	35.4	29.4	23.5	21.1	20.1
Sao Paulo	14.9	12.7	8.0	7.5	7.7
<b>South Region</b>	22.0	20.2	13.2	13.3	11.7
Parana	35.6	33.8	25.8	22.9	23.1
Santa Catarina	36.3	35.9	26.4	22.3	22.1
Rio Grande do Sul	34.3	30.0	24.4	23.1	23.6
<b>Central-West Region</b>	31.6	27.3	22.0	18.5	19.3
Mato Grosso do Sul	31.9	30.4	24.7	17.9	22.8
Mato Grosso	31.2	29.8	21.2	24.2	23.8
Goiás	36.1	30.9	20.9	20.3	20.5
Distrito Federal	16.3	11.5	9.8	7.2	5.7

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata. Notes: \* - means data not available (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

Table 37A Number of working children and adolescents from 10 to 15 years old

	1992	1995	1999	2001 (baseline)	2002
<b>Total<sup>(1)</sup></b>	23.6	21.9	17.0	13.9	13.5
<b>By gender<sup>(2)</sup></b>					
Male	30.9	28.1	22.4	18.3	17.7
Female	16.2	15.5	11.5	9.4	9.4
Inequality ratio male/female	1.91	1.81	1.95	1.95	1.89
<b>By income quintiles<sup>(3)</sup></b>					
1st quintile (poorest 20%)	32.0	29.8	25.3	19.7	19.0
2nd quintile	23.2	24.0	16.2	13.0	13.0
3rd quintile	20.2	16.9	12.3	11.6	11.6
4th quintile	16.1	14.0	10.6	9.1	9.2
5th quintile (richest 20%)	11.1	8.5	6.2	5.2	6.1
Inequality ratio poorest 20%/richest 20%	2.89	3.52	4.10	3.79	3.09
<b>By race/color<sup>(4)</sup></b>					
White	20.9	18.9	13.7	11.5	11.6
Black + brown	26.3	24.7	20.1	16.1	15.4
Brown	26.4	25.2	20.4	16.4	15.9
Black	25.0	20.0	16.9	12.7	10.8
Asian	16.5	9.6	6.8	11.4	3.9
Indigenous	39.1	71.0	42.4	23.4	29.9
Inequality ratio black + brown/white	1.25	1.31	1.47	1.40	1.33
<b>By mother's schooling level<sup>(5)</sup></b>					
Less than 1 year of schooling	36.1	34.8	29.8	24.3	23.2
1 to 3 years of schooling	29.6	28.6	24.3	19.1	20.2
4 to 7 years of schooling	18.8	19.0	15.4	12.9	13.2
8 or more years of schooling	7.6	7.8	6.7	6.2	6.4
Inequality ratio less than 1 year/8 or more years of schooling	4.72	4.46	4.43	3.90	3.64
<b>By State</b>					
<b>North Region<sup>(6)</sup></b>					
Rondonia	18.3	17.7	16.4	11.0	11.3
Acre	15.2	14.1	8.3	7.2	12.8
Amazonas	17.5	17.5	10.7	9.4	14.2
Roraima	13.6	14.7	8.5	6.1	6.8
Para	7.7	5.8	8.6	5.5	1.6
Amapa	19.0	18.5	18.2	12.3	11.9
Tocantins	6.2	8.0	10.9	5.4	3.6
<b>Northeast Region</b>	31.5	28.6	35.2	21.5	20.5
Maranhao	30.2	29.4	25.1	20.4	19.6
Piaui	38.3	39.4	37.0	28.9	22.0
Ceara	30.4	34.7	31.6	22.2	22.4
Rio Grande do Norte	25.8	30.3	25.9	20.2	20.6
Paraiba	33.5	29.8	23.3	13.1	12.6
Pernambuco	30.7	27.6	22.4	15.6	20.0
Alagoas	23.5	22.9	14.4	18.8	20.5
Sergipe	20.2	23.6	21.9	14.3	17.1
Bahia	28.5	27.2	24.0	14.3	13.5
<b>Southeast Region</b>	17.1	14.7	10.0	8.4	8.1
Minas Gerais	26.1	23.1	17.9	14.3	14.1
Espirito Santo	29.4	22.6	18.2	16.0	14.2
Rio de Janeiro	9.4	7.0	4.1	4.1	4.3
Sao Paulo	14.2	12.4	7.1	6.3	5.8
<b>South Region</b>	28.6	27.5	18.4	16.1	16.5
Parana	29.7	28.7	18.8	15.5	15.4
Santa Catarina	28.5	25.8	18.1	16.3	16.2
Rio Grande do Sul	27.6	25.1	18.2	16.5	17.9
<b>Central-West Region</b>	24.8	20.7	16.0	12.3	12.5
Mato Grosso do Sul	24.5	22.8	18.6	11.6	13.0
Mato Grosso	27.5	24.2	24.4	18.1	17.4
Goiás	28.9	23.4	14.5	13.2	13.7
Distrito Federal	11.1	6.5	4.9	3.4	2.3

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata. Notes: \* - means data not available (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

**Table 3BA** Number of working children and adolescents from 16 to 17 years old

	1992	1995	1999	2001 (baseline)	2002
<b>Total<sup>(1)</sup></b>	50.3	47.3	37.9	35.1	35.3
<b>By gender<sup>(1)</sup></b>					
Male	63.5	59.6	48.1	43.8	44.3
Female	37.0	34.3	27.3	26.3	26.2
Inequality ratio male/female	1.72	1.74	1.76	1.67	1.69
<b>By income quintiles<sup>(1)</sup></b>					
1st quintile (poorest 20%)	52.2	50.5	42.0	36.9	40.1
2nd quintile	50.8	52.2	38.4	36.0	36.3
3rd quintile	52.9	48.4	40.4	39.0	38.2
4th quintile	51.6	45.7	36.5	35.3	36.4
5th quintile (richest 20%)	35.8	31.8	25.4	22.3	23.6
Inequality ratio poorest 20%/richest 20%	1.46	1.59	1.65	1.65	1.70
<b>By race/color<sup>(1)</sup></b>					
White	48.1	45.5	36.2	33.9	33.4
Black + brown	52.5	49.3	39.8	36.3	37.2
Brown	52.3	49.3	39.9	36.8	37.8
Black	54.1	49.3	38.7	31.3	31.8
Asian	32.5	24.1	17.4	21.0	34.4
Indigenous	54.3	63.9	41.2	50.7	39.8
Inequality ratio black + brown/white	1.09	1.08	1.10	1.07	1.11
<b>By mother's schooling level<sup>(1)</sup></b>					
Less than 1 year of schooling	62.5	62.2	52.4	46.3	48.4
1 to 3 years of schooling	58.1	56.1	45.7	42.7	44.8
4 to 7 years of schooling	48.2	44.7	38.5	36.0	36.3
8 or more years of schooling	25.0	25.4	22.6	22.5	22.8
Inequality ratio less than 1 year/8 or more years of schooling	2.50	2.44	2.31	2.05	2.12
<b>By State</b>					
<b>North Region<sup>(1)</sup></b>	43.9	38.6	30.5	28.0	31.9
Rondonia	51.0	40.8	30.4	28.1	37.0
Acre	38.9	26.0	19.6	33.1	33.4
Amazonas	35.7	32.4	20.6	21.4	21.7
Roraima	41.2	55.6	28.0	17.7	21.0
Para	43.1	38.6	32.0	26.8	32.3
Amapa	30.8	35.7	24.6	14.6	17.5
Tocantins	60.3	51.9	52.5	48.3	53.1
<b>Northeast Region</b>	51.0	49.8	42.5	36.8	38.5
Maramhaio	54.6	55.0	55.0	45.0	40.2
Piaui	53.5	52.6	47.7	35.2	47.4
Ceara	54.1	54.8	45.0	40.6	38.8
Rio Grande do Norte	53.2	44.4	33.6	26.9	31.3
Paraiba	50.9	49.1	36.9	30.7	36.4
Pernambuco	47.7	45.9	37.0	35.4	36.1
Alagoas	43.0	43.0	27.5	41.9	35.2
Sergipe	41.5	43.1	42.0	33.2	38.1
Bahia	52.1	49.8	43.3	35.0	39.8
<b>Southeast Region</b>	46.7	44.1	32.2	31.6	30.0
Minas Gerais	53.0	51.2	43.8	37.2	39.6
Espirito Santo	55.0	51.4	39.8	37.9	36.7
Rio de Janeiro	32.1	29.5	18.7	17.5	17.9
Sao Paulo	48.5	45.3	30.4	33.1	28.6
<b>South Region</b>	59.0	54.7	46.4	43.6	42.4
Parana	58.1	59.3	47.7	43.0	41.7
Santa Catarina	63.7	58.7	52.4	45.1	46.8
Rio Grande do Sul	57.3	47.1	41.5	43.2	40.7
<b>Central-West Region</b>	53.9	47.6	39.5	37.1	39.3
Mato Grosso do Sul	57.9	53.5	43.8	38.6	48.3
Mato Grosso	59.0	48.7	51.0	42.1	43.5
Goiás	58.4	52.6	39.8	41.3	41.1
Distrito Federal	32.4	26.8	21.7	18.3	16.3

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD); microdata. Notes: "-" means data not available. (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapa.

**Table 39A** Number and percentage of children and adolescents benefited by the Program for the Eradication of Child Labor (PETI)

	1992	1995	1999	2001 (baseline)	2002	2003
<b>Total</b>	-	-	-	749,353	809,228	810,823
<b>Urban/rural</b>						
Urban	-	-	-	289,340	310,536	314,316
Rural	-	-	-	460,013	498,692	496,507
<b>By State</b>						
<b>North Region</b>						
Rondonia	-	-	-	62,215	78,290	78,965
Acre	-	-	-	11,756	12,234	12,234
Amazonas	-	-	-	10,038	13,783	13,783
Roraima	-	-	-	6,368	13,181	13,181
Para	-	-	-	7,339	8,724	9,144
Amapa	-	-	-	19,754	20,363	20,618
Tocantins	-	-	-	2,340	3,080	3,080
<b>Northeast Region</b>						
Maramhaio	-	-	-	460,304	473,301	473,321
Piaui	-	-	-	58,747	59,584	59,584
Ceara	-	-	-	18,498	24,021	24,021
Rio Grande do Norte	-	-	-	9,465	12,802	12,802
Paraiba	-	-	-	39,337	39,287	39,287
Pernambuco	-	-	-	18,511	36,664	36,694
Alagoas	-	-	-	120,207	126,068	126,058
Sergipe	-	-	-	23,194	25,014	25,014
Bahia	-	-	-	38,010	32,052	32,052
<b>Southeast Region</b>						
Minas Gerais	-	-	-	134,335	117,809	117,809
Espirito Santo	-	-	-	83,381	88,775	89,676
Rio de Janeiro	-	-	-	28,352	34,012	33,651
Sao Paulo	-	-	-	7,220	7,330	7,290
<b>South Region</b>						
Parana	-	-	-	19,538	19,613	19,613
Santa Catarina	-	-	-	28,271	27,820	29,122
Rio Grande do Sul	-	-	-	40,376	64,780	64,780
<b>Central-West Region</b>						
Mato Grosso do Sul	-	-	-	27,963	38,801	38,801
Mato Grosso	-	-	-	10,356	23,222	23,222
Goiás	-	-	-	2,057	2,757	2,757
Distrito Federal	-	-	-	103,077	104,082	104,081
	-	-	-	25,690	26,470	26,475
	-	-	-	11,128	11,692	11,686
	-	-	-	64,087	63,748	63,748
	-	-	-	2,172	2,172	2,172

Source: Ministry for Social Development and Combating Hunger: Child Labor Eradication Unit (PETI).

Goal (e):  
Improve the  
situation of  
millions of  
children living  
in especially  
difficult  
circumstances.

**Table 40A** Percentage of children and adolescents, from 0 to 17 years, living in households with per capita monthly earnings of no more than half the minimum wage

	1992	1995	1999	2001 (baseline)	2002
<b>Total</b> <sup>(1)</sup>	50.4	38.4	40.5	46.2	47.3
<b>By gender</b> <sup>(1)</sup>					
Male	50.5	38.2	40.3	45.8	47.1
Female	50.3	38.6	40.7	46.7	47.4
Inequity ratio female/male	1.00	1.01	1.01	1.02	1.01
<b>By race/color</b> <sup>(1)</sup>					
White	37.5	25.7	28.0	32.9	34.8
Black + brown	63.7	51.6	53.3	59.6	59.8
Brown	63.7	52.0	53.5	59.8	60.4
Black	63.2	47.8	51.4	57.5	54.7
Asian	17.6	10.0	20.5	29.0	24.3
Indigenous	74.2	66.2	60.4	63.0	60.0
Inequity ratio black + brown/white	1.70	2.00	1.91	1.81	1.72
<b>By mother's schooling level</b> <sup>(1)</sup>					
Less than 1 year of schooling	75.0	66.6	73.0	78.4	79.2
1 to 3 years of schooling	65.5	55.4	60.8	67.9	70.0
4 to 7 years of schooling	48.8	34.6	41.3	50.7	53.0
8 or more years of schooling	18.9	11.9	14.4	20.2	22.5
Inequity ratio less than 1 year/ 8 or more years of schooling	3.97	5.60	5.06	3.88	3.51
<b>By State</b>					
<b>North Region</b> <sup>(1)</sup>					
Rondonia	58.8	41.6	46.3	52.5	55.2
Acre	47.4	30.2	27.7	42.8	41.9
Amazonas	46.6	32.2	48.6	47.7	53.9
Roraima	57.3	39.9	48.3	53.8	57.4
Pará	35.4	8.6	25.4	44.9	53.8
Amapá	60.2	42.3	48.2	54.8	55.5
Tocantins	50.3	30.3	42.8	33.2	51.5
<b>Northwest Region</b>	74.2	61.7	55.1	57.7	61.7
<b>South Region</b>					
Mato Grosso do Sul	70.3	61.2	63.5	69.4	70.7
Mato Grosso	50.1	68.4	70.8	72.2	74.2
Paraná	81.3	68.1	70.8	71.6	73.2
Ceará	75.4	63.8	66.2	70.9	70.2
Rio Grande do Norte	75.4	57.6	58.5	62.4	63.6
Pernambuco	74.5	60.9	60.7	72.1	69.8
Alagoas	72.9	54.0	57.9	67.3	67.9
Sergipe	71.8	64.3	66.5	74.4	77.7
Bahia	68.2	52.7	56.0	62.8	63.3
<b>Southwest Region</b>	70.8	60.3	62.2	68.2	71.6
<b>Central-West Region</b>					
Mato Grosso do Sul	37.4	24.3	26.3	32.6	33.6
Mato Grosso	55.3	39.4	40.9	46.0	46.5
Distrito Federal	57.3	39.1	37.7	49.0	45.7
Santa Catarina	33.4	24.8	24.0	31.0	29.1
Rio Grande do Sul	27.4	14.5	18.3	24.6	27.4
<b>South Region</b>					
Paraná	39.2	26.6	28.8	32.1	31.8
Santa Catarina	47.5	31.6	32.2	36.8	34.0
Rio Grande do Sul	33.6	21.5	23.0	22.3	23.0
<b>Central-West Region</b>					
Mato Grosso do Sul	33.6	24.2	28.7	32.8	34.6
Mato Grosso	46.7	32.6	32.7	39.0	39.7
Distrito Federal	49.9	30.7	34.7	39.0	38.4
Mato Grosso do Sul	51.5	33.9	31.2	39.3	40.7
Alagoas	47.6	38.1	35.5	41.9	41.6
Distrito Federal	34.3	18.8	25.8	31.7	34.8

Source: Brazilian Institute of Geography and Statistics (IBGE) - National Sample of Households Survey (PNAD) - microdata. Notes: -, - means data not available. (1) Not including rural populations of Rondonia, Acre, Amazonas, Roraima, Para and Amapá.

**Table 41A** Number of adolescents undergoing socio-educational measures – total

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b> <sup>(1)</sup>	-	-	-	-	-	10.366
<b>By gender</b> <sup>(1)</sup>						
Male	-	-	-	-	-	9.860
Female	-	-	-	-	-	506
<b>By State</b>						
<b>North Region</b>						
Rondonia	-	-	-	-	-	628
Acre	-	-	-	-	-	49
Amazonas	-	-	-	-	-	85
Roraima	-	-	-	-	-	203
Pará	-	-	-	-	-	32
Amapá	-	-	-	-	-	148
Tocantins	-	-	-	-	-	102
<b>Northwest Region</b> <sup>(1)</sup>	-	-	-	-	-	9
Mato Grosso do Sul	-	-	-	-	-	1,749
Mato Grosso	-	-	-	-	-	456
Paraná	-	-	-	-	-	-
Ceará	-	-	-	-	-	479
Rio Grande do Norte	-	-	-	-	-	111
Paraíba	-	-	-	-	-	214
Pernambuco	-	-	-	-	-	-
Alagoas	-	-	-	-	-	45
Sergipe	-	-	-	-	-	64
Bahia	-	-	-	-	-	380
<b>Southeast Region</b> <sup>(1)</sup>						
Minas Gerais	-	-	-	-	-	5,399
Espírito Santo	-	-	-	-	-	397
Rio de Janeiro	-	-	-	-	-	122
São Paulo	-	-	-	-	-	4,880
<b>South Region</b>						
Paraná	-	-	-	-	-	1,660
Santa Catarina	-	-	-	-	-	596
Rio Grande do Sul	-	-	-	-	-	230
<b>Central-West Region</b>						
Mato Grosso do Sul	-	-	-	-	-	834
Mato Grosso	-	-	-	-	-	930
Distrito Federal	-	-	-	-	-	180
Alagoas	-	-	-	-	-	95
Distrito Federal	-	-	-	-	-	213
Distrito Federal	-	-	-	-	-	442

Source: Ministry of Justice - Special Secretariat for Human Rights - Department for Children and Adolescents - FOMACRAD (June 2002). Notes: -, - means data not available. (1) Does not contain data on Rio de Janeiro, Pará or Pernambuco.



**Table 42A** Number of adolescents undergoing socio-educational measures – confinement

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b> <sup>(1)</sup>	-	-	-	-	-	6,982
<b>By gender</b>						
Male	-	-	-	-	-	6,614
Female	-	-	-	-	-	368
<b>By State</b>						
<b>North Region</b>						452
Rondonia	-	-	-	-	-	24
Acre	-	-	-	-	-	85
Amazonas	-	-	-	-	-	118
Roraima	-	-	-	-	-	32
Pará	-	-	-	-	-	128
Amapá	-	-	-	-	-	56
Tocantins	-	-	-	-	-	9
<b>Northeast Region<sup>(1)</sup></b>						1,156
Maramiáio	-	-	-	-	-	313
Piauí	-	-	-	-	-	-
Ceará	-	-	-	-	-	389
Rio Grande do Norte	-	-	-	-	-	39
Paraíba	-	-	-	-	-	179
Penambuco	-	-	-	-	-	-
Alagoas	-	-	-	-	-	30
Sergipe	-	-	-	-	-	60
Bahia	-	-	-	-	-	146
<b>Southeast Region<sup>(1)</sup></b>						3,577
Minas Gerais	-	-	-	-	-	220
Espirito Santo	-	-	-	-	-	44
Rio de Janeiro	-	-	-	-	-	-
São Paulo	-	-	-	-	-	3,313
<b>South Region</b>						1,160
Paraná	-	-	-	-	-	333
Santa Catarina	-	-	-	-	-	104
Rio Grande do Sul	-	-	-	-	-	723
<b>Central-West Region</b>						637
Mato Grosso do Sul	-	-	-	-	-	180
Mato Grosso	-	-	-	-	-	65
Goiás	-	-	-	-	-	32
Distrito Federal	-	-	-	-	-	360

Source: Ministry of Justice - Special Secretariat for Human Rights - Department for Children and Adolescents - FOMACRAD (June/2002)

Notes: "-": means data not available

(1) Does not contain data on Rio de Janeiro, Piauí or Pernambuco.

**Table 43A** Number of adolescents undergoing socio-educational measures – provisional confinement

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b> <sup>(1)</sup>	-	-	-	-	-	2,675
<b>By gender</b>						
Male	-	-	-	-	-	2,566
Female	-	-	-	-	-	109
<b>By State</b>						
<b>North Region</b>						74
Rondonia	-	-	-	-	-	25
Acre	-	-	-	-	-	0
Amazonas	-	-	-	-	-	35
Roraima	-	-	-	-	-	0
Pará	-	-	-	-	-	0
Amapá	-	-	-	-	-	14
Tocantins	-	-	-	-	-	0
<b>Northeast Region<sup>(1)</sup></b>						497
Maranhão	-	-	-	-	-	121
Piauí	-	-	-	-	-	-
Ceará	-	-	-	-	-	60
Rio Grande do Norte	-	-	-	-	-	55
Paraíba	-	-	-	-	-	26
Penambuco	-	-	-	-	-	-
Alagoas	-	-	-	-	-	15
Sergipe	-	-	-	-	-	0
Bahia	-	-	-	-	-	220
<b>Southeast Region<sup>(1)</sup></b>						1,458
Minas Gerais	-	-	-	-	-	146
Espirito Santo	-	-	-	-	-	78
Rio de Janeiro	-	-	-	-	-	-
São Paulo	-	-	-	-	-	1,234
<b>South Region</b>						443
Paraná	-	-	-	-	-	215
Santa Catarina	-	-	-	-	-	117
Rio Grande do Sul	-	-	-	-	-	111
<b>Central-West Region</b>						203
Mato Grosso do Sul	-	-	-	-	-	0
Mato Grosso	-	-	-	-	-	30
Goiás	-	-	-	-	-	173
Distrito Federal	-	-	-	-	-	0

Source: Ministry of Justice - Special Secretariat for Human Rights - Department for Children and Adolescents - FOMACRAD (June/2002)

Notes: "-": means data not available

(1) Does not contain data on Rio de Janeiro, Piauí or Pernambuco.

**Table 44A** Number of adolescents undergoing socio-educational measures – semi-liberty

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total<sup>(1)</sup></b>	-	-	-	-	-	709
<b>By gender</b>						
Male	-	-	-	-	-	680
Female	-	-	-	-	-	29
<b>By State</b>						
<b>North Region</b>						
Rondonia	-	-	-	-	-	102
Acre	-	-	-	-	-	0
Amazonas	-	-	-	-	-	50
Roraima	-	-	-	-	-	0
Para	-	-	-	-	-	20
Amapá	-	-	-	-	-	32
Tocantins	-	-	-	-	-	0
<b>Northeast Region<sup>(1)</sup></b>						
Maranhão	-	-	-	-	-	96
Piauí	-	-	-	-	-	22
Ceará	-	-	-	-	-	-
Rio Grande do Norte	-	-	-	-	-	30
Paraíba	-	-	-	-	-	17
Pernambuco	-	-	-	-	-	9
Alagoas	-	-	-	-	-	0
Sergipe	-	-	-	-	-	4
Bahia	-	-	-	-	-	14
<b>Southeast Region<sup>(1)</sup></b>						
Minas Gerais	-	-	-	-	-	364
Espírito Santo	-	-	-	-	-	31
Rio de Janeiro	-	-	-	-	-	0
São Paulo	-	-	-	-	-	333
<b>South Region</b>						
Paraná	-	-	-	-	-	57
Santa Catarina	-	-	-	-	-	48
Rio Grande do Sul	-	-	-	-	-	9
<b>Central-West Region</b>						
Mato Grosso do Sul	-	-	-	-	-	0
Mato Grosso	-	-	-	-	-	0
Goiás	-	-	-	-	-	8
Distrito Federal	-	-	-	-	-	82

Source: Ministry of Justice - Special Secretariat for Human Rights - Department for Children and Adolescents - FOMCIRAD (June/2002)

Notes: "-" means data not available

(1) Does not contain data on Rio de Janeiro, Piauí or Pernambuco.

**Table 45A** Percentage of children up to 1 year of age without a birth certificate

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total<sup>(1)</sup></b>	-	28.6	20.9	22.7	25.6	24.4

Source: Brazilian Institute of Geography and Statistics (IBGE), Department of Research, Coordination for Population and Social Indicators - Civil Registry Statistics 1991-2002

Note: "-" means data not available

Goal (a) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.

**Table 4.6A** Prevalence of HIV among young people from 15 to 24 years

	1990	1995	1999	2000 (baseline)	2001	2002
<b>Total</b>	1,186	2,106	2,977	2,780	2,756	-
<b>By gender</b>						
Male	949	1,439	1,703	1,490	1,360	-
Female	237	667	1,274	1,290	1,396	-
<b>By years of schooling</b>						
Less than 1 year of schooling	17	78	84	103	96	-
1 to 3 years of schooling	442	678	1,036	968	813	-
4 to 7 years of schooling	165	530	831	807	813	-
8 to 11 years of schooling	114	261	398	413	497	-
More than 11 years of schooling	44	49	62	64	69	-
<b>By State</b>						
<b>North Region</b>						
Rorondônia	7	73	118	96	115	-
Acre	1	6	3	11	5	-
Amazonas	1	-	4	1	7	-
Roraima	2	36	36	39	28	-
Pará	-	-	-	2	5	-
Amapá	3	24	53	27	42	-
Tocantins	-	4	13	8	12	-
Maranhão	-	3	9	8	16	-
<b>Northeast Region</b>						
Maranhão	85	125	347	288	288	-
Piauí	5	10	38	45	38	-
Ceará	2	6	20	9	17	-
Rio Grande do Norte	13	23	52	43	62	-
Paraíba	1	12	14	10	16	-
Pernambuco	4	10	24	30	14	-
Alagoas	30	28	79	71	73	-
Sergipe	2	8	17	9	16	-
Bahia	4	6	22	4	4	-
South Region						
Bahia	24	22	81	67	48	-
Minas Gerais	929	1,399	1,735	1,545	1,310	-
Espirito Santo	55	139	179	194	144	-
Rio de Janeiro	5	18	76	40	20	-
São Paulo	87	194	368	338	344	-
Paraná	782	1,048	1,112	973	802	-
<b>South Region</b>						
Paraná	102	382	653	722	878	-
Santa Catarina	15	119	231	226	181	-
Rio Grande do Sul	37	136	130	127	180	-
<b>Central-West Region</b>						
Rio Grande do Sul	50	127	292	369	517	-
Mato Grosso do Sul	63	127	124	128	164	-
Mato Grosso	19	33	35	25	27	-
Goiás	17	27	9	14	31	-
Distrito Federal	10	39	64	59	90	-
Distrito Federal	17	28	16	30	16	-

Source: Ministry of Health - National STD/AIDS Program - National Disease Reporting System - SINAN. Note: "-" means data not available

**Table 4.7A** Number of new AIDS cases reported among young people (15 to 24 years) per 100,000 population

	1990	1995	1999	2000 (baseline)	2001
<b>Total</b>	4.2	7.0	9.2	8.2	8.0
<b>By gender</b>					
Male	3.4	4.8	5.2	4.4	3.9
Female	1.7	4.4	7.9	7.6	8.1
Inequality ratio male/female	1.98	1.07	0.67	0.58	0.49
<b>By State</b>					
<b>North Region</b>					
Rorondônia	0.3	3.3	4.5	3.4	4.0
Acre	0.4	2.1	1.1	3.7	1.7
Amazonas	1.2	0.0	3.5	0.8	5.5
Roraima	0.5	7.5	6.4	6.2	4.3
Pará	0.3	0.0	0.0	2.9	6.9
Amapá	0.2	2.4	4.2	2.0	3.0
Tocantins	0.0	5.9	13.2	7.5	10.7
<b>Northeast Region</b>					
Maranhão	1.0	1.4	3.6	2.8	2.8
Piauí	0.5	1.0	3.4	3.6	3.0
Ceará	0.4	1.1	3.5	1.4	2.7
Rio Grande do Norte	1.1	1.7	3.7	2.9	4.1
Paraíba	0.2	2.3	2.6	1.8	2.8
Pernambuco	0.6	1.5	3.5	4.2	2.0
Alagoas	2.1	1.8	5.0	4.3	4.4
Sergipe	0.4	1.4	3.0	1.5	2.6
Bahia	1.3	1.8	6.1	1.0	1.0
<b>South Region</b>					
Bahia	1.0	0.9	2.9	2.3	1.6
Minas Gerais	7.9	11.2	13.0	11.1	9.2
Espirito Santo	1.8	4.3	5.3	5.5	4.0
Rio de Janeiro	1.0	3.3	12.8	6.3	3.1
São Paulo	3.8	8.1	14.7	12.9	13.0
Paraná	13.4	16.6	16.1	13.6	11.0
<b>South Region</b>					
Paraná	2.4	8.8	14.5	15.5	18.6
Santa Catarina	0.9	6.8	12.7	12.4	9.8
Rio Grande do Sul	4.2	14.5	13.5	12.5	17.4
<b>Central-West Region</b>					
Rio Grande do Sul	3.1	7.6	16.8	20.2	28.0
Mato Grosso do Sul	3.3	5.9	5.2	5.3	6.6
Mato Grosso	5.4	8.6	8.7	6.1	6.4
Goiás	4.1	5.5	1.8	2.7	5.8
Distrito Federal	1.2	4.3	6.3	5.8	8.6
Distrito Federal	4.9	7.3	3.6	6.5	3.4

Source: Ministry of Health - National STD/AIDS Program - National Disease Reporting System - SINAN and Brazilian Institute of Geography and Statistics (IBGE) - Population Census Note: "-" means data not available