

# **Brazil**

## **Country programme document 2012-2016**

The draft country programme document for Brazil (E/ICEF/2011/P/L.40) was presented to the Executive Board for discussion and comments at its 2011 second regular session (12-15 September 2011).

The document was subsequently revised, and this final version was approved at the 2012 first regular session of the Executive Board on 10 February 2012.

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*Basic data*<sup>†</sup>  
(2009 unless otherwise stated)

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Child population (millions, under 18 years)	60.1
U5MR (per 1,000 live births)	21
Underweight (% , moderate and severe, 2006)	2
(% urban/rural)	2/2
Maternal mortality ratio (per 100,000 live births, reported 2007)	75 <sup>a</sup>
Primary school enrolment (% , net male/female, 2008)	95/95 <sup>b</sup>
Survival rate to last primary grade (% , 2006)	88 <sup>b</sup>
Use of improved drinking water sources (% , 2008)	97
Use of improved sanitation facilities (% , 2008)	80
Adult HIV prevalence rate (%)	..
Child labour (% , 5-14 years old, 2007-2008)	4 <sup>c</sup>
Birth registration (% , under 5 years, 2008)	91
GNI per capita (US\$)	
One-year-olds immunized with DPT3 (%)	99
One-year-olds immunized against measles (%)	99

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<sup>†</sup> More comprehensive country data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

<sup>a</sup> Fifty-eight deaths per 100,000 live births is the 2008 estimate. The UN Interagency Group (WHO, UNICEF, UNFPA and the World Bank), which produces internationally comparable sets of maternal mortality data, adjusted for under-reporting and misclassification of maternal deaths, including estimates for countries with no data. Comparable time series on maternal mortality ratios for the years 1990, 1995, 2000, 2005 and 2008 are available at [www.childinfo.org/maternal\\_mortality.html](http://www.childinfo.org/maternal_mortality.html).

<sup>b</sup> Survey data.

<sup>c</sup> Indicates data differ from standard definition.

## Summary of the situation of children and women<sup>1</sup>

1. Brazil is the world's fifth largest country, by population and geographical area, with the eighth wealthiest economy.<sup>2</sup> The 190 million people living in the country's 5,565 municipalities include 60 million children and adolescents, of whom 51 per cent are boys and 49 per cent are girls. The population is 84 per cent urban and 16 per cent rural. Afro-Brazilians constitute 51 per cent of the population.<sup>3</sup> Brazil's 215 indigenous groups, speaking 180 languages,<sup>4</sup> live mostly in the semi-arid and Amazon areas of the North and North-East regions. Available estimates for

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<sup>1</sup> Sources in this section, unless otherwise stated: paragraphs 1, 2, 3, 4, 8: National Bureau of Geography and Statistics (IBGE), National Household Survey (PNAD) 2004 to 2009; paragraphs 5,6,7,9: Ministry of Health (MoH), Deaths Notification System (SIM), Births Notification System (SINASC), Interagency Network of Health Information and National Programme on STD/AIDS (PN-DST-AIDS), 2008.

<sup>2</sup> World Bank, World Development Indicators. [http://data.worldbank.org/indicator/NY.GNP.ATLS.CD?order=wbapi\\_data\\_value\\_2009+wbapi\\_data\\_value+wbapi\\_data\\_value-last&sort=desc](http://data.worldbank.org/indicator/NY.GNP.ATLS.CD?order=wbapi_data_value_2009+wbapi_data_value+wbapi_data_value-last&sort=desc).

<sup>3</sup> IBGE/PNAD 2009, page 97, table 1.2.

<sup>4</sup> National Indian Fundation, 2010.

indigenous and *quilombola*<sup>5</sup> communities suggest around 2 million people live in over 2,450 communities. Thirty per cent of Brazilians (57 million people) live in nine metropolitan areas, including the mega-cities of Rio de Janeiro and Sao Paulo, where 3 million live in extreme poverty. Part of this population suffers from exclusion, particularly those living in disadvantaged neighbourhoods. About 35 million people (13 million children) live in the semi-arid area and 24 million people (9 million children) in the Amazon.<sup>6</sup>

2. Millennium Development Goal 1 (eradicate extreme poverty and hunger) has been achieved based on successful government policies, such as the *Bolsa Familia* conditional cash transfer programme, which took 13 million people out of extreme poverty. Yet important challenges remain in reducing geographical, social, demographic and ethnic disparities. According to the national definition of income poverty (families having a net monthly per capita income up to half of the minimum wage),<sup>7</sup> 29 per cent of the population (55 million people) live in poor families and 16.2 million live in extreme poverty.<sup>8</sup> Children and adolescents and Afro-Brazilians of all ages are the hardest hit by poverty. Eradication of extreme poverty is the main development objective of the new Government of Brazil.<sup>9</sup>

3. Although 98 per cent of all children aged 7 to 14 attend school, 535,000 remain out of school (57 per cent boys and 43 per cent girls). Of these, 330,000 (62 per cent) are Afro-Brazilians.<sup>10</sup> Adolescents (ages 15-17) especially lack realization of their right to education: 1.5 million are not enrolled, and each year 400,000 secondary school students drop out before the end of the term. Children with disabilities are particularly excluded from education. In 2007, 463,000 children with disabilities were attending primary school, and only 16,000 were enrolled in secondary schools.

4. Brazil is on track to meet Millennium Development Goal 4 (reduce child mortality) before 2015. Between 1990 and 2008, the under-5 mortality rate dropped 57.5 per cent (from 53.7 deaths per 1,000 live births to 22.8 per 1,000). The infant mortality rate fell 59.7 per cent (from 47.1 deaths per 1,000 live births to 19 per 1,000). The South-Eastern and Southern regions achieved the national goal in 2008, while the North and North-East have not. The infant mortality rate among indigenous populations (41.9 per 1,000 live births) is more than twice the latest official national rate. Disparities also affect infant and neonatal mortality among indigenous populations: out of 19 deaths of children under 1 year (per 1,000 live

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<sup>5</sup> Afro-Brazilian groups living in impoverished rural communities in territories linked to descendents of escaped slaves. Data from Ministry of Social Development (MDS) 2007, "Relatório GT População Quilombola".

<sup>6</sup> Source: IBGE, population estimates 2009 published in Datasus website: [www2.datasus.gov.br/DATASUS/index.php?area=0206](http://www2.datasus.gov.br/DATASUS/index.php?area=0206).

<sup>7</sup> Source: IBGE, Social Indicators Synthesis, 2010, table 4.3.

<sup>8</sup> The Ministry of Social Development, together with IBGE, has recently redefined the methodology for extreme poverty as population living in households with net monthly per-capita income up to BRL 70.00 (\$43) plus population with no declared income matching specific criteria. Source: MDS, May 2011.

<sup>9</sup> President Dilma Rousseff (the first woman to be president of Brazil), was inaugurated on 1 January 2011. A new plan, "*Brasil Sem Miséria*", aimed at lifting 16.2 million people out of extreme poverty, was announced on 2 June 2011.

<sup>10</sup> Afro-Brazilians aged 7 to 14 have a 30 per cent higher risk of not attending school than white children.

births), 13 occur before 1 month of age. In the Northern region of Brazil, 41 per cent of all indigenous children under 5 years suffer from stunting.<sup>11</sup>

5. Despite progress in maternal health, reaching the Goal 5 target of a three-quarters reduction in maternal mortality remains unlikely, although the maternal mortality ratio has dropped by almost half since 1990, from 140 to 75 deaths per 100,000 live births. While fertility rates have decreased steadily for all age groups, the number of pregnancies among girls aged 10 to 14 has slightly increased in recent years.<sup>12</sup> The number of infants born to mothers under 15 went up from 6.9 per 1,000 live births in 1994 to 9.7 in 2007.<sup>13</sup> Birth registration has increased<sup>14</sup> but remains low in the North and North-East regions, especially in the Amazon and semi-arid areas and among indigenous populations.

6. According to estimates,<sup>15</sup> approximately 630,000 Brazilians are living with the human immunodeficiency virus (HIV). Of the 593,000 cases of acquired immunodeficiency syndrome (AIDS) reported from 1980 to 2010, 32,000 were among children under 19 years old. Initiatives to fight vertical transmission have been successful, and the incidence among children under 5 decreased 41.7 per cent from 1997 to 2007. Between 1985 and 2007, there was a strong shift in the male/female ratio of AIDS cases: from 15/1 to 1.5/1. Among adolescents aged 13 to 19, this ratio has already inverted: there are 10 cases among girls for every 8 cases among boys.

7. Violence<sup>16</sup> against children and adolescents affects girls the most (62 per cent of reported victims); occurs mostly at home (60 per cent of reported cases); and is common in public institutions such as detention centres and schools (20 per cent of reported cases). Girls account for 75 per cent of victims of sexual exploitation, abuse and pornography, particularly Afro-Brazilian girls, and 7 of the 10 states with the highest number of reported cases are in the North and North-East.

8. Brazil currently has 21 million adolescents aged 12 to 17, its largest adolescent population ever. Adolescents are particularly vulnerable to school dropout, becoming parents at a very early age, being exploited in the job market and falling victim to homicide. Of all exogenous factors, homicide is the number one cause of death among adolescents, responsible for more than twice as many deaths as the number two cause, transportation accidents. In 2008, over 7,000 adolescents aged 15 to 19 were murdered.<sup>17</sup> Seventy per cent were Afro-Brazilian and 93 per cent were boys. The number of girls who are victims of homicide has also increased.

9. Brazil remains vulnerable to natural disasters. The number of emergencies almost tripled from 2007 to 2010, mainly in the form of floods, landslides and droughts in all regions. There has been a major increase in emergencies affecting

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<sup>11</sup> The National Survey in Health and Nutrition of the Indigenous Populations, 2009.

<sup>12</sup> Ministry of Health/SINASC 2008.

<sup>13</sup> The Amazon and the semi-arid areas had higher rates (15.9 and 12.0, respectively). Rates refer to North and North-East regions as proxies of Amazon and semi-arid. Source: MoH/SINASC.

<sup>14</sup> Birth under-registration rate fell from 30.3 per cent (1995) to 8.9 per cent (2008) but remains high in the North (15 per cent) and North-East (20 per cent) regions (IBGE).

<sup>15</sup> Epidemiological Bulletin 2010, STDs/AIDS, /Ministry of Health.

<sup>16</sup> Data from Ministry of Justice, System for Childhood and Adolescence, SIPIA and “Disque denúncia”, 2010.

<sup>17</sup> Ministry of Health, SIM.

urban areas. Floods in the Southern region in January 2011 resulted in over 800 deaths.

## **Key results and lessons learned from previous cooperation, 2007-2011**

### **Key results achieved**

10. The establishment of the Pact for Children, a strategy to secure political will among state governments and civil society, served to set targets for intersectoral policy action for the most disadvantaged children and adolescents, as recommended in the 2004 Concluding Observations of the Committee on the Rights of the Child.<sup>18</sup> UNICEF worked continuously with more than 80 per cent of municipal governments in the semi-arid area in a process of advocacy, technical cooperation, capacity development and knowledge management. Through the UNICEF Municipal Seal of Approval (a programme through which awards or other forms of recognition are given to municipalities for their efforts in improving the living standards of children and adolescents), subnational policy implementation intensified and social indicators of participating municipalities improved at higher rates compared to national averages. Infant mortality fell by approximately three times the average decrease in the national rate.

11. The number of underweight children under 2 years old decreased by 85 per cent between 2000 and 2009, and the number of women who had the recommended six antenatal care visits increased 5 per cent from 2006 to 2008. Cooperation with the Ministry of Health resulted in the training of 117,000 community health agents (50.6 per cent of the total) in 19 Brazilian states, including 21,180 childcare and preschool teachers. The Millennium Development Goal Joint Programme — which involves UNICEF, the United Nations Development Programme, International Labour Organization, Pan American Health Organization/World Health Organization, Food and Agriculture Organization of the United Nations and the Brazilian Government — focused on food security and nutrition of indigenous women and children in Mato Grosso do Sul and Amazonas states. The result was strengthened child-health family skills in 10 indigenous communities with a total child population of 8,141 children.

12. A 2009 constitutional amendment expanded mandatory and free schooling for children aged 4 to 17. This major national achievement, supported by UNICEF, strengthened education policies for adolescents. The Municipal Seal mobilization in the semi-arid area improved school attendance rates among adolescents aged 15 to 17. Attendance rates improved 17.8 per cent in states participating in the Pact for Children and 8.5 per cent in other states between 2006 and 2009. The Literacy at the Right Age initiative piloted in Ceará state, which lowered child illiteracy rates, was replicated in the states of Piauí, Rio Grande do Norte and Bahia.

13. The Young People and Adolescents Living with HIV Network was established and recognized as a participant in major national policy structures.<sup>19</sup> The Laços

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<sup>18</sup> Concluding Observations and Recommendations made by the Committee on the Rights of the Child were issued in October 2004 (CRC/C/15/Add.241, 1 October 2004) following the first report Brazil on implementation of the Convention on the Rights of the Child.

<sup>19</sup> The Network secured a seat on the National AIDS Commission, Federal Working Group for Health Prevention in Schools, UNAIDS thematic groups and National Youth Council.

Sul-Sul Horizontal Cooperation Initiative for Brazilian cooperation in HIV/AIDS prevention has prolonged hundreds of lives and enabled national AIDS programmes to strengthen prevention and treatment coverage in all participating countries.<sup>20</sup> UNICEF has contributed to the Brazilian response to HIV/AIDS by providing technical expertise in procurement of supplies, including antiretroviral drugs, generating savings for the Government of \$30 million since 2007.<sup>21</sup>

14. UNICEF technical cooperation contributed to the development of the Ten-Year (2011-2021) National Plan for the Promotion of Children's Rights (known as the Ten-Year NPA) and national public policies for child labour eradication and adolescent worker protection, as recommended by the Committee on the Rights of the Child. Also developed were the National Plan of Action on Family and Community-based Care, a new socio-educational system for adolescents in conflict with the law and the National Programme to Reduce Lethal Violence against Children and Adolescents. The new National Plan for Racial Equality in Education, supported by UNICEF and partners, was implemented in all states and municipalities.

15. Technical support was also provided for identification of indicators to monitor the new plan on racial equality in education in municipalities of the semi-arid area; the inclusion of *quilombola* children up to age 6 in social assistance programmes (especially the Bolsa Família programme); expansion of municipal health and social assistance services for indigenous families; and changes in child protection councils to address indigenous children's issues.

### **Lessons learned**

16. The importance of engaging duty-bearers at all levels (federal, state and municipal) proved fundamental to influencing and designing public policies for children that achieved significant results in addressing disparities and subnational inequity, as recommended by the Committee on the Rights of the Child.

17. The 2009 midterm review recommended a continuous focus on reaching the most disadvantaged populations and addressing subnational disparities, identifying the strong UNICEF presence at national and subnational levels as a key comparative advantage. The ongoing engagement of UNICEF at the local level contributed to upstream dialogue on specific policies; capacity development of local public managers; communication for development to change social norms and behaviours; technical cooperation to improve local information systems; and brokering of partnerships.

18. Strategic partnerships with key actors of society achieved stronger civic engagement with child rights and commitment to influencing and supporting positive change for the most disadvantaged children and adolescents. The strategic

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<sup>20</sup> The countries participating in the Laços Sul-Sul Horizontal Cooperation Initiative for Brazilian cooperation in HIV/AIDS include the Plurinational State of Bolivia, Cape Verde, Guinea-Bissau, Nicaragua, Paraguay, Sao Tome and Principe, and Timor-Leste.

<sup>21</sup> These savings have been partially invested by the Government of Brazil in the development of national production of antiretroviral medications, based on the country's strategic vision of joining the limited pool of producers of generic drugs. The supportive procurement role of UNICEF has helped the Government's Laços Sul-Sul Horizontal Cooperation Initiative (a portion of nationally produced antiretroviral medications have been donated to other countries through South-South cooperation).

partnerships developed with the private sector (beyond fundraising) underscored their role and participation as stakeholders in the social development arena.

19. Advocacy for safe water and gender-sensitive sanitation facilities in every school in the semi-arid area involved with the Pact for Children resulted in policy measures to secure public funding for schools lacking water and sanitation facilities, leading to sustainable results.

20. Adolescence was recognized in the public policy agenda as an age group requiring specific sectoral policies and legislation.<sup>22</sup> The new Government, recognizing that investing in adolescents is required to break entrenched cycles of poverty and inequity, strengthen democracy and increase social participation, has announced a series of policy-related priorities targeting youth. These include generating more educational and professional opportunities; reducing health risks related to early pregnancies and substance abuse; and increasing access to basic services and cash transfer programmes for families with adolescents.

## The country programme, 2012-2016

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survive and develop	--	15 000	15 000
Learn	--	18 000	18 000
Protect and be protected from HIV/AIDS	--	8 000	8 000
Grow up free from violence	1 350	18 000	19 350
Be an adolescent	--	7 000	7 000
Advocate, generate knowledge, communicate and unite for children's rights	1 030	13 250	14 280
Cross-sectoral costs	1 370	11 000	12 370
<b>Total</b>	<b>3 750</b>	<b>90 250</b>	<b>94 000</b>

### Preparation process

21. The Brazilian Agency for Cooperation (within the Ministry of External Relations) coordinated the country programme exercise, which involved consultations with all relevant stakeholders in the Brazilian government. The 2008 Strategic Moment of Reflection and the 2009 midterm review and gender review and equity analysis were critical in defining the programme's framework, which is designed to address the recommendations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women. These processes also took into account strategic priorities enunciated by the new Government,<sup>23</sup> the Common Country Assessment and the United Nations

<sup>22</sup> These policies include: expansion of cash transfer programmes to families with adolescents aged 15 to 17; adjustments in national juvenile justice standards expanding the use of open custody measures by municipalizing their application; and making secondary education obligatory.

<sup>23</sup> The pluri-annual plan for 2012-2015 is currently under preparation.

Development Assistance Framework (UNDAF) 2012-2015, as well as consultations with a variety of partners nationwide.

### **Programme and component results and strategies**

22. The overall goal of the country programme is to support Brazil in meeting, by 2016, its commitment to ensure more equitable realization of the right of each Brazilian boy, girl and adolescent to survive and develop, to learn, to be protected from HIV/AIDS, to grow up free from violence, to be an adolescent and to be an absolute priority in public policies.

23. The programme will contribute to universalizing children's rights and achieving the Millennium Development Goals with equity in support of the national priority to eradicate poverty in Brazil and globally. The focus will be on the most disadvantaged children and adolescents, in terms of where they live (the Amazon and semi-arid areas and the poorest urban centres); ethnic origin (Afro-Brazilians and children from indigenous groups); personal condition (having disabilities, living with HIV or being victims of prejudice or discriminatory practices); gender; and vulnerability to emergencies.

24. UNICEF will continue to support multi-level, upstream, evidence-based advocacy to influence equity-driven and gender-sensitive policies, laws, budgets and results-based planning processes at federal, state and municipal levels. UNICEF will also provide advice to the Government of Brazil in the implementation of global normative standards concerning children and adolescents. Emphasis will be placed on developing capacities at national and subnational levels; strengthening local capacities to monitor and evaluate public policies; identifying data gaps; combating inequalities; and mainstreaming gender in national policies. Good practices that address disparities and inequities and ensure children's rights will be identified, evaluated and disseminated, building on the country's global partnerships and horizontal collaboration agenda.

25. Strategic alliances for children will be strengthened, including with national and local government, civil society, young people's organizations and other United Nations agencies. This will take place through institutional and community capacity development; promotion of intersectoral cooperation; advocacy and leveraging of resources at federal and state levels; and fundraising with the private sector to ensure adequate levels of other resources for programme implementation.

26. The programme will support gender equality by advocating for disaggregated data and gender analysis and promoting women's and girls' political voices and strategic gender roles. UNICEF will play its normative role in supporting the Government to develop guidelines that give priority to children in disaster risk reduction, prevention and emergency response and to work with schools to reduce their environmental vulnerabilities.

27. Policy advice and technical cooperation will be provided to ensure that public policies support implementation of specific strategies to reduce racial and ethnic inequities, such as through developing knowledge about institutional racism. Communication for development will be supported to mainstream discussions on racial and gender equality among families, adolescents and communities, and to promote social and behavioural change.



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

28. The programme will contribute to the Ten-Year NPA and the Government pluri-annual plan (2012-2015), which focuses on (a) inclusive development and eradication of extreme poverty; (b) growth in employment and income generation that is environmentally sustainable and reduces inequalities; (c) strengthening of democracy with the promotion and expansion of social dialogue, ethics, transparency and citizenship; (d) better quality of life with improved public services and infrastructure for all; (e) equality in rights and opportunities; and (f) national sovereignty and an increased role for Brazil internationally.

29. The programme is synchronized with the UNDAF to ensure greater United Nations coherence. Programme components contribute directly to all four UNDAF focus areas: Millennium Development Goals for all; green economy and decent work; public security and citizenship; and South-South cooperation.

### **Relationship to international priorities**

30. The country programme is based on the principles of the Convention on the Rights of the Child and its Optional Protocols, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of Persons with Disabilities, the United Nations Declaration on the Rights of Indigenous Peoples and the Hyogo Framework for Action. The programme will support Brazil to advance beyond the Millennium Development Goals and the Millennium Declaration and the recommendations of the Committee on the Rights of the Child, focusing attention on the inclusion of all boys and girls. Furthermore, the programme responds to the focus areas of the UNICEF medium-term strategic plan as well as the country's Bicentennial Educational Goals for 2021.

### **Programme components**

31. UNICEF will work with a wide range of government and civil society partners in all six programme components to ensure children's rights.

32. **Survive and develop.** The main goals are to support government attainment of Millennium Development Goal targets for maternal and child survival and to strengthen capacities of duty-bearers and rights-holders in the Amazon and semi-arid areas and disadvantaged neighbourhoods of large urban centres. The focus will be on women and girls, Afro-Brazilians and indigenous people. Expected results are: (a) reduced rates of maternal mortality (30 per cent in five years) and neonatal mortality (5 per cent yearly); (b) reduction of pregnancy among children and adolescents (20 per cent in five years); (c) promotion of food and nutrition security to reduce chronic malnutrition, especially among indigenous children of the Amazon area, from 41 per cent in 2009 to 35 per cent in 2016; and (d) implementation of the National Policy for Early Childhood Development.

33. The UNICEF contribution will be in building the capacities of health workers to improve key family and community practices regarding child and maternal health, complemented by policy inputs, partnerships, communication for development, knowledge sharing, and monitoring and support of national indicator systems. Surveys to monitor the nutritional status of children will be supported to inform and strengthen public policy response.

34. **Learn.** This component will support government and civil society efforts to realize the right to universal quality schooling for all children aged 4 to 17. Efforts will be directed at monitoring and analysing school dropout and academic failure rates to inform inclusive policy responses. The objective is to enable access, permanence and learning, targeting the geographic areas where the most disadvantaged children live (Amazon, semi-arid and urban). Nationwide capacity development programmes for teachers, managers and local educational actors will be supported. In collaboration with the Ministry of Education, state and municipal education departments and social organizations, UNICEF will participate in monitoring the 2011-2020 National Education Plan and Bicentennial Educational Goals for 2021 and in generating and disseminating knowledge and strengthening partnerships to guarantee universal access and quality education for children and adolescents, including children with disabilities.

35. **Protect and be protected from HIV/AIDS.** In support of the country's response to HIV/AIDS, the programme will focus on geographic disparities and inequalities related to gender, race, ethnicity and other forms of discrimination. Expected results are: (a) reduction of vertical transmission rates in the North and North-East regions; (b) reduction in the number of new AIDS cases among young people, especially girls and Afro-Brazilians; (c) inclusion of the rights and demands of HIV-positive children, adolescents and young people in health, education and social assistance policies; and (d) increased participation of youth in discussions about policies on AIDS and other sexually transmitted diseases (STDs) and their prevention in schools.

36. Strategies will include: (a) capacity development to support implementation of the strategy to prevent vertical transmission of HIV in the Amazon and semi-arid areas; (b) strengthening and institutionalizing the national policy on STDs/HIV/AIDS prevention in schools; (c) promoting the development of HIV prevention policies focused on disadvantaged groups; (d) strengthening the HIV+ Youth Network at national, regional and local levels; and (e) providing procurement services and supporting South-South cooperation, including strengthening youth participation and prevention projects in schools in Laços Sul-Sul countries.

37. **Grow up free from violence.** This component will support Brazil in aligning the legal standards, mission and goals of public institutions with the principles of the Convention on the Rights of the Child and CEDAW and the Ten-Year NPA to improve the protection of girls and boys against all forms of violence, abuse and discrimination. Intersectoral action at all levels of government will be strengthened to increase birth registration rates; prevent physical, sexual and other forms of violence against adolescent boys and girls; and strengthen the Child Rights Guarantee System. Advocacy and communication will support positive social change.

38. Expected results are: (a) the Child Rights Guarantee System is strengthened at municipal level in the Amazon and semi-arid areas and urban centres; and (b) violence within the family, at home and in communities, institutions and educational settings is prevented and reduced, with a focus on indigenous and Afro-Brazilian children and adolescents living in disadvantaged neighbourhoods of large urban centres.

39. Strategies will include: (a) technical support for implementation of the Ten-Year NPA; (b) strategic development of child protection indicators at municipal

level; (c) strengthening of operational mechanisms for the protection and promotion of children's rights, including during emergencies; (c) facilitating coordination and synergy among key actors; (d) strengthening protocols that address child and adolescent victims and those in contact with the justice system by promoting open custody and socio-educational measures at municipal level; and (e) communication for development to promote social change and build strategic partnerships with civil society, including the private sector.

40. **Be an adolescent.** This component will support the development of a multisectoral public policy focusing on strengthening social inclusion and participation of adolescents to reduce inequalities that prevent their positive development in society. The main strategies will emphasize: (a) advocacy and capacity development to support the rights of adolescent boys and girls to exercise citizenship, through the development of a legal framework to institutionalize their right to take part in decision-making processes; (b) providing a life-skills training curriculum focusing on citizenship, using communication and digital devices as well as non-violent conflict resolution methods; and (c) producing gender- and race-sensitive knowledge and communication for development to change social norms, attitudes and practices towards adolescents, to build positive perceptions of them as agents of social change.

41. Expected results include: (a) adoption of a multi-sectoral policy on adolescents aimed at upholding their rights, including to information and skills; (b) access to services, such as education, health, recreation and justice; (c) a safe and supportive environment; and (d) opportunities to participate and have their voices heard. Special attention will be given to integrated protective, adolescent-focused initiatives aimed at reducing lethal violence and health risks related to pregnancy and substance abuse.

42. **Advocate, generate knowledge, communicate and unite for children's rights:** This component will support the government's national plan to advance the well-being and rights of boys, girls and women. It will focus on reducing poverty and making inequity more visible to ensure that, by 2016, specific social policies prioritize the most disadvantaged children and adolescents, including in public budgets. The component will also support the country's global cooperation agenda.

43. Expected results are: (a) improved knowledge and data on drivers of inequity; (b) increased behaviour and social change; (c) improved reporting on the situation of the most disadvantaged children; (d) strengthened institutional capacities of municipal actors; (e) further development of strategic partnerships with a wide spectrum of actors; and (f) a prominent emphasis on universalizing child rights in the country's global horizontal and humanitarian cooperation agenda.

44. Key strategies will include: (a) systematizing and disseminating good practices and lessons learned, within Brazil and internationally; (b) evaluating public policies and their capacity to reach the most disadvantaged; (c) promoting behaviour and social change through evidence-based advocacy for inclusive pro-child policies that are sensitive to gender and race; (d) communication to improve quality reporting on the situation of the most disadvantaged children; and (e) strategic partnerships with the Government, civil society and the private sector based on the principles of horizontality, mutual trust, responsibility, common values and knowledge-sharing.

45. The Municipal Seal methodology will continue to focus on developing the capacities of local actors, based on human rights programming and results management. It will also address analysis of public budgeting to assess the impact of social investments, including cash transfer programmes, in reducing the inequities affecting the most disadvantaged Brazilian children and adolescents. In addition, promotion of the right to practice safe and inclusive sport, including for children with disabilities, will be used as a catalyst for achieving the Millennium Development Goals, as well as to address inequities and promote social change. The objective is to ensure that upcoming sports events in Brazil (the World Cup in 2014 and the Olympic/Paralympic Games in 2016) leave a positive social legacy for children and adolescents.

46. **Cross-sectoral costs** encompass cross-cutting and operational functions to ensure effective and efficient implementation of the country programme, including communication, planning, monitoring and evaluation, and programme management. This component also includes costs for mobilization of resources.

### **Major partnerships**

47. UNICEF will work in partnership with all levels of government, other United Nations agencies, academic institutions, civil society, the media, the private sector and the international community including bilateral partners as relevant, to realize the rights of all children. Positive business practices and child-focused corporate social responsibility will be promoted with the private sector and the media.

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

48. The Brazilian Agency for Cooperation will be the main coordinating body for programme implementation and monitoring, to be carried out with the involvement of relevant public institutions. Annual and five-year plans will guide integrated efforts in monitoring and evaluation. A midterm review will be conducted in 2014, and progress will be assessed during annual review meetings. Annual equity-based situation analyses on children, adolescents and women will be developed thematically. National and subnational monitoring systems, supported by DevInfo, will provide information on progress and results achieved.

49. Efforts to obtain data and evidence will be mobilized at all levels of government, through studies, surveys and evaluations. Central to UNICEF cooperation will be evaluation of equity-driven government social programmes; analysis of data and knowledge in partnership with major government institutions; and implementation of triangular horizontal cooperation with the Brazilian Government, and with the involvement of the Brazilian Agency for Cooperation.

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