



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for Brazil

Proposed UNFPA assistance: \$13.5 million: \$4 million from regular resources and \$9.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Fourth

Category per decision 2005/13: B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.5	5.0	6.5
Population and development	1.5	3.0	4.5
South-South cooperation	0.5	1.5	2.0
Programme coordination and assistance	0.5	--	0.5
Total	4.0	9.5	13.5

I. Situation analysis

1. Considered a middle-income country and an emerging power, Brazil nevertheless faces inequalities in income distribution, which are exacerbated by gender, race, and generational and regional disparities. These disparities are apparent in the Northeast and North regions and along the peripheries of large urban centres – areas characterized by lower educational levels, poorer health, poor employment conditions and higher levels of malnutrition. Particularly affected by these inequities are indigenous groups, women, young people, and Brazilians of African descent.

2. The 1988 unification of the public health system made health care a basic right of all citizens. Since then, infant mortality (currently 24 deaths per 1,000 live births) has decreased, and life expectancy (71 years) has risen, but serious public health challenges remain. In spite of the high proportion of hospital births (96 per cent), the reduction in maternal mortality has been slow, due to the uneven quality of provider training and patient care. At least 260,000 hospitalizations each year are due to complications from unsafe abortions, reflecting the obstacles faced by low-income women in accessing high-quality reproductive health services. Though the national reproductive and sexual health policies and norms are advanced, to be effective they require sustained advocacy efforts, the mobilization of civil society and capacity-building at the state and municipal levels, along with education and communication strategies.

3. Although the national AIDS programme has managed to reduce the AIDS mortality rate, new challenges have emerged. These challenges are related to changes in the profile of people affected by the epidemic and in alterations in the socio-economic patterns of the disease. The disease is having the biggest impact on the poorer segments of the population. Data also reflect a trend towards the feminization of the epidemic.

4. Government efforts aimed at improving social inclusion of low-income youth fall short of addressing

the needs of young people along the peripheries of large urban centres. Urban violence primarily affects young men and boys of African descent and mixed racial groups, as reflected in mortality and morbidity data. Domestic, sexual and gender-based violence are prevalent. Political will needs to be harnessed at the state and local levels in order to translate federal-level policies into effective cross-sectoral youth programmes that safeguard human rights.

5. The high urbanization rate, currently 83 per cent, is a challenge, since large urban centres suffer from spatial segregation of poor people and deficits in the provision of urban infrastructure. With regard to rural areas, the rational use of natural resources will require effective monitoring, as well as environmental and agricultural policies based on reliable demographic data and analysis.

6. The pluri-annual plan (2004-2007) of the Government provides the framework for national and sectoral action plans. The United Nations system in Brazil seeks to assist the country by helping to optimize resource use in order to improve the quality of life of millions of Brazilians who are not able to fully exercise their human rights. In accordance with the broad poverty reduction objectives contained in the pluri-annual plan, the United Nations Development Assistance Framework (UNDAF) developed in 2005-2006 focuses on supporting and monitoring the social inclusion of excluded and vulnerable population groups.

II. Past cooperation and lessons learned

7. UNFPA assistance to Brazil began in 1973. The current country programme (2002-2006) was approved for \$2.5 million from regular resources and \$12.5 million from other resources. By early 2005, UNFPA had mobilized \$2.7 million and facilitated third-party procurement of male condoms in the amount of \$4.6 million.

8. During the current programme, UNFPA provided strategic support for national poverty-reduction initiatives. These initiatives contributed to: (a) improved sexual and reproductive health

policies and programmes, including those promoting male involvement; (b) the upgrading of technical norms for health service provision; (c) advances in the normative frameworks related to sexual and reproductive health; (d) the promotion of civil society partnerships to sustain demand for reproductive rights and high-quality services; (e) capacity-building of non-governmental organization (NGO) networks to monitor public policy implementation; (f) management training on obstetric care in the context of the national pact to reduce maternal mortality; (g) the development of reproductive health municipal indicators to improve monitoring of access to and the quality of services; (h) improved reproductive health commodity security; (i) the design of a national policy to prevent the trafficking and sexual exploitation of adolescents; (j) improved human resources and sociodemographic data and analysis; (k) the coordination of national positions on emerging issues in population and development; (l) the promotion of linkages between the demographic community and the Government on poverty reduction strategies; (m) population projections for Brazil and major regions for 1991-2030; and (n) South-South cooperation in demographic analysis, the promotion of gender equity and attention to gender-based violence, benefiting Ecuador, Haiti Guinea Bissau and Paraguay.

9. This innovative approach promoted institutional capacity-building and contributed to UNFPA country programme implementation in South-South cooperation countries. It also helped reinforce political commitment to the goals of the International Conference on Population and Development (ICPD). For example, in Haiti, a South-South project stimulated interest in the problem of gender-based violence, helping to place the issue high on the political agenda. In Brazil, South-South activities resulted in strengthened partnerships among UNFPA, the Government and a range of specialized institutions in the country.

10. A UNFPA programme review pointed to the need for: (a) policy-monitoring mechanisms to ensure the development of effective action plans at state and municipal levels; (b) more focused

approaches to serve the poor and the most vulnerable population groups; (c) stronger linkages between poverty reduction strategies, reproductive health and women's empowerment; and (d) initiatives that address regional disparities by promoting cooperation and the exchange of knowledge among the regions of Brazil.

11. Other lessons learned included the need for UNFPA to continue its support to build the capacity of civil society to monitor and advocate reproductive and sexual health policy implementation, and to promote South-South cooperation in areas where Brazil has demonstrated strengths. These areas include: (a) reproductive health legislation and policies; (b) HIV/AIDS prevention strategies; (c) attention to victims of gender-based violence, and (d) demographic census planning and analysis.

III. Proposed programme

12. The proposed programme reflects the UNDAF goals, which are derived from the government pluri-annual plan for 2003-2007 and the national Millennium Development Goal reports for 2004 and 2005. The programme will help the country achieve its development goals by: (a) reducing gender, racial and generational inequalities in access to social services; (b) preventing violence; and (c) promoting equitable and environmentally sustainable economic development.

13. Programme strategies will focus on: (a) implementing existing reproductive and sexual health and gender policy frameworks; (b) increasing demand for high-quality sexual and reproductive health services and improved accountability systems; (c) encouraging the use of demographic studies, models and databases; (d) expanding South-South cooperation; and (e) developing new partnerships in the education, justice and police, environment and economic planning sectors. There are three programme components: (a) reproductive health; (b) population and development; and (c) South-South cooperation.

Reproductive health component

14. The expected outcome for the reproductive health component is: improved access to high-quality, comprehensive, and gender-sensitive sexual and reproductive health services, including by youth and adolescents. This outcome will be achieved through the following outputs.

15. Output 1: Educational and vocational systems strengthen their capacity to promote, from a gender-sensitive perspective, sexual and reproductive health in schools and through non-formal channels. To achieve this output, UNFPA will support: (a) formal and non-formal educational programmes that promote sexual and reproductive health, including those that seek to prevent gender-based violence; (b) the development of training curricula and evidence-based teaching tools and methodologies; and (c) monitoring and evaluation systems to measure the impact of sexual and reproductive health educational activities on the knowledge, attitudes and practices of targeted population groups.

16. Output 2: Health system strengthens its capacity to deliver integrated sexual and reproductive health information and services. This output will be achieved by: (a) ensuring that the current reproductive and sexual health policy environment is maintained and that effective implementation mechanisms are developed; (b) promoting the effective use of technical norms at state and local levels, with attention to specific needs; (c) developing mechanisms to monitor sexual and reproductive health policies and norms at all levels; (e) improving accountability systems in preventing maternal mortality and gender-based violence; (f) improving linkages between the health system and other social services; (g) improving the integration of reproductive health services and HIV/AIDS prevention, diagnosis, counselling and treatment; and (h) providing technical support to improve the logistics system for distributing reproductive health commodities.

17. Output 3: Civil society networks advocate effectively for high-quality reproductive and sexual health services. To achieve this output,

UNFPA will support: (a) capacity-building for leading civil society organizations to advocate for information and rights-based service delivery; (b) training for professionals in the legislature, judiciary and ombudsmen offices; (c) the use of a knowledge base on sexual and reproductive health issues; and (d) the development of databases to support demand and advocacy initiatives.

Population and development component

18. The expected outcome of the population and development component is: linkages between population, poverty, social and regional inequalities, and the environment are incorporated into national and local policies, plans and programmes. The outputs are as follows.

19. Output 1: Strengthened institutional capacities for developing strategies to reduce poverty and inequalities. This output will be achieved through: (a) studies on the linkages between population, development, poverty and inequality; (b) capacity-building regarding these linkages at the national, regional and municipal levels; and (c) improved monitoring and evaluation of national policies and plans.

20. Output 2: Government and non-governmental entities are trained in generating, analysing and using disaggregated data and indicators. To achieve this output, UNFPA will: (a) improve the reliability of data; (b) develop data dissemination mechanisms; and (c) improve local capacities to use data for policy design in the context of emerging population issues.

21. Output 3: Strengthened institutional capacities to design, implement, monitor and evaluate policies on the use of natural resources and the linkages between resource use and population. To achieve this output, UNFPA will support a better understanding of the linkages between the sustainable use of natural resources and population dynamics and will develop mechanisms to promote the rational use of natural resources, taking into account demographic trends.

South-South cooperation component

22. The expected outcome for the South-South cooperation component is: strengthened institutional capacities in partner countries in the areas of population and development, reproductive health and rights, and gender equity.

23. Output 1: Brazilian institutions increase the transfer of expertise in key population and reproductive health areas to selected Latin American, Caribbean and Portuguese-speaking partner countries. To achieve this, UNFPA will support assessments of interest and the capacities of selected Brazilian institutions in the population field to provide technical cooperation and capacity-building in designing cooperation projects.

24. Output 2: Improved capacity of recipient countries to receive technical cooperation and use know-how transferred by South-South cooperation projects. This output will be achieved by: (a) identifying technical expertise requests by interested countries; (b) designing and organizing specialized technical missions to countries; (c) developing joint cooperation projects; (d) developing South-South dialogue and exchange networks; and (e) monitoring the impact of South-South projects.

IV. Programme management, monitoring and evaluation

25. The country programme will use a results-based methodology and will monitor activities through a joint monitoring and evaluation plan, in coordination with partner institutions. The Government (through the Brazilian Cooperation Agency) and UNFPA will establish a programme management working group to oversee programme implementation and provide guidance. UNFPA will conduct annual country programme reviews together with the Brazilian Cooperation Agency, and will participate in the UNDAF project working groups and the midterm review.

26. The UNFPA country office will seek to strengthen collaboration with NGOs, academic institutions and associations, and social networks,

making use of their comparative advantages in programme execution, advocacy and policy dialogue.

27. The UNFPA country office in Brazil consists of a representative, two assistant representatives, an operations manager and administrative personnel, as per the approved country office typology. To strengthen programme implementation, UNFPA will earmark funds for a national programme officer, a communications officer and three national project personnel. UNFPA will pursue resource mobilization efforts with bilateral donors and other potential donors, the Government and the private sector. The UNFPA Country Technical Services Team in Mexico City, Mexico will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR BRAZIL

National priority: social inclusion and reduction of social inequalities UNDAF outcome: excluded and vulnerable populations enjoying the right to public services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Improved access to high-quality, comprehensive, and gender-sensitive sexual and reproductive health services, including by youth and adolescents</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Adolescent fertility rate • Condom use at last high-risk sex • HIV prevalence rate among 15- to 24-year olds • Proportion of births attended by skilled health personnel • Maternal mortality ratio 	<p>Output 1: Educational and vocational systems strengthen their capacity to promote, from a gender-sensitive perspective, sexual and reproductive health in schools and through non-formal channels</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Educational curriculum parameters include sexual and reproductive health, HIV/AIDS and gender dimensions <p>Output 2: Health system strengthens its capacity to deliver integrated sexual and reproductive health information and services</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Proportion of service delivery points with high-quality training <p>Output 3: Civil society networks advocate effectively for high-quality reproductive and sexual health services</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of civil society networks with improved advocacy skills 	<p>Ministry of Health; Ministry of Education; Special Secretariat for Women's Affairs; National AIDS programme; Special Secretariat for Human Rights</p> <p>Civil society networks working with women's rights; bilateral cooperation agencies, academic institutions</p>	\$6.5 million (\$1.5 million from regular resources and \$5 million from other resources)
<p>National priorities: (a) social inclusion and reduction of social inequalities; and (b) environmentally sustainable growth, with employment and income generation, which reduces regional inequalities</p> <p>UNDAF outcomes: (a) excluded and vulnerable populations enjoy the right to public services; and (b) more efficient use of available resources to promote equitable and environmentally sustainable economic development</p>				
Population and development	<p>Outcome: Linkages between population, poverty, social and regional inequalities, and the environment are incorporated into national and local policies, plans and programmes</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Use of social and demographic variables in formulating poverty reduction strategies • Key national reports indicate that population variables are considered in environmental policies 	<p>Output 1: Strengthened institutional capacities for developing strategies to reduce poverty and inequalities</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Proportion of gross domestic product is expended on social programmes • Social expenditure is applied to income-transfer programmes <p>Output 2: Government and non-governmental entities are trained in generating, analysing and using disaggregated data and indicators</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Increase in government and non-governmental entities using indicators in public policy development <p>Output 3: Strengthened institutional capacities to design, implement, monitor and evaluate policies on the use of national resources and the linkages between resource use and population</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Existence of an institutional mechanism to monitor population and environmental policies 	<p>National, regional and local governments; Ministry of Planning; Ministry of the Environment; Special Secretariat for Women's Affairs; Special Secretariat for the Promotion of Racial Equality; parliamentarians</p> <p>Civil society networks; academic and research institutions; Latin American Population Association; civil society organizations</p>	\$4.5 million (\$1.5 million from regular resources and \$3 million from other resources)

National priority: social inclusion and reduction of social inequalities				
UNDAF outcome: excluded and vulnerable populations enjoy the right to public services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
South-South cooperation	<p><u>Outcome:</u> Strengthened institutional capacities in partner countries in the areas of population and development, reproductive health and rights, and gender equity</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of reports on development programmes in partner countries that identify and recognize the contribution of South-South cooperation 	<p><u>Output 1:</u> Brazilian institutions increase the transfer of expertise in key population and reproductive health areas to selected Latin American, Caribbean and Portuguese-speaking partner countries</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Brazilian institutions and centres of excellence assessed and included in South-South programme <p><u>Output 2:</u> Improved capacity of recipient countries to receive technical cooperation and use know-how transferred by South-South cooperation projects</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> South-South cooperation projects achieving proposed objectives 	<p>Ministry of Foreign Affairs; Ministry of Health; Ministry of Planning; Special Secretariat for Women's Affairs; National AIDS programme; Brazilian embassies; Brazilian Cooperation Agency</p> <p>Demographic study units of universities; centres studying poverty; NGO networks working with women's rights; HIV/AIDS and reproductive and sexual health</p> <p>UNFPA country offices in the Latin America and the Caribbean region</p>	<p>\$2 million (\$0.5 million from regular resources and \$1.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>