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UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Brazil

Integrated Health Care for Women and Children

Proposed UNFPA assistance:	\$ 15 000 000
Estimated value of the Government's contribution:	\$104 900 000
Duration:	Five years
Estimated starting date:	January 1985
Executing agency:	World Health Organization/Pan American Health Organization (WHO/PAHO)
Government co-operating agency:	Ministry of Health

BRAZILDemographic Facts

Population by sex		Population density (/sq. km.) .....	16
Total (in 1000) .....	135,564	Average annual change	
Male (in 1000) .....	67,677	Population increase (in 1000) .....	2,856
Female (in 1000) .....	67,887	Births (in 1000) .....	3,929
Sex ratio (/ 100 females) .....	99.7	Deaths (in 1000) .....	1,074
Population in year 2000 (in 1000) .....	179,487	Net migration (in 1000) .....	0
Population by age group		Rate of annual change	
Age 0-14 (in 1000) .....	49,366	Population change total (%).....	2.23
Age 15-64 (in 1000) .....	80,371	Urban (%) .....	3.7
Age 65+ (in 1000) .....	5,828	Rural (%) .....	-1.3
Age 0-14 (percentage) .....	36.4	Crude birth rate (/ 1000) .....	30.6
Age 15-64 (percentage) .....	59.3	Crude death rate (/ 1000) .....	8.4
Age 65+ (percentage) .....	4.3	Natural increase (/ 1000) .....	22.2
Age indicators		Net migration (/ 1000) .....	0.0
Median age .....	21.6	Fertility and mortality	
Dependency: age 0-14 .....	61.4	Total fertility rate .....	3.81
Dependency: age 65+ .....	7.3	Completed family size .....	N/A
Dependency: total .....	68.7	Gross reproduction rate .....	1.86
Youth: 15-24 (in 1000) .....	27,566	Net reproduction rate .....	1.65
Women: 15-49 (in 1000) .....	34,405	General fertility rate (/ 1000) .....	122
Urban-rural population		Child-woman ratio .....	553
Urban population (in 1000) .....	98,599	Infant mortality rate (/ 1000) .....	71
Rural population (in 1000) .....	36,965	Life expectancy: male .....	60.9
Per cent urban (%) .....	72.73	Life expectancy: female .....	66.0
Per cent rural (%) .....	27.27	Life expectancy: total .....	63.4
Population density (/ hectare of arable land) .....	0.91	GNP per capita	
		(U.S. dollars, 1982) .....	2,240

Sources: Area and population density on arable land: derived from Food and Agriculture Organization, FAO Production Yearbook 1980; Gross national product per capita: World Bank, World Development Report 1984; Completed family size: Noreen Goldman and John Hobcraft, "Birth Histories", in Comparative Studies, No. 17 (International Statistical Institute: Voorburg), 1982; all other data: Population Division, United Nations Department of International Economic and Social Affairs, Demographic Indicators by Countries as Assessed in 1982 (computer printout, 1 November 1983) - "population by sex" through "population density (/sq. km.)" as of 1985, and "average annual change" through "life expectancy: total" as of 1980-1985.

## I. SUMMARY

1. UNFPA proposes to provide assistance to the Government of Brazil in the amount of \$15 million over a five-year period, 1985 to 1989, to upgrade the quality, and extend the coverage, of health care for women and children provided through the public health network. These objectives are to be accomplished by implementing the newly-approved government programme for "Integrated Health Care for Women and Children". UNFPA would provide support for: technical assistance (international and local consultants); travel costs for project personnel related to the supervision of the programme; operational research in support of increasing the efficiency and evaluating the performance of the programme; training of medical and paramedical personnel; audio-visual equipment and contraceptive materials.

2. This project, as in all UNFPA-assisted projects and programmes, will be undertaken in accordance with the principles and objectives of the World Population Plan of Action, that is, population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (paragraph 14 (d)), respect for human life is basic to all human societies (paragraph 14 (e)), and all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (paragraph 14 (f)).

## II. BACKGROUND

3. From 1900 to 1980, Brazil's population grew from 17 to 119 million (estimated by the United Nations to have reached 135.6 million in 1985), making it the sixth most populous country in the world and, among those six countries, the one with the highest rate of annual population growth (2.23), followed by India (1.99) and Indonesia (1.76). Although the growth rate is currently declining, Brazil is still one of the few countries to have sustained rates of population growth of over 2 per cent for more than a century.

4. Brazil, which covers 8,511,957 square kilometres, is the sixth largest country in the world in terms of geographical area and by far the largest country in Latin America. Population density is approximately 16 persons per square kilometre and an estimated 0.91 persons per hectare.

5. In a statement outlining Brazil's views on population, for the benefit of those attending the International Conference on Population, President João Baptista de Oliveira Figueiredo said, "Questions of population cannot be examined in isolation, as distinct from all the others which, taken together, determine the greater or lesser degree of economic and social development. They must necessarily be considered within the broader scope of political and economic projects that take into account the desires and needs of society in all areas".

6. According to the United Nations Population Division, the current rate of growth is considered satisfactory in view of the country's size and vast unsettled areas. Thus, no policy of intervention with respect to natural increase or

population growth has been adopted. However, at the 1974 World Population Conference, Brazil expressed its support for the right of individuals and couples to freely determine their family size. This declaration was followed by the Government's decision in 1977 to provide contraceptive information and subsidized family planning services through the public health sector to women for whom pregnancy would be a health risk. This position was further reinforced during the recent International Conference on Population in Mexico where the Brazilian delegation stated, "Since the 1970's, the Brazilian Government has been willing to incorporate in the field of health care those activities related to family planning. The President of the Republic has just approved a set of guidelines, according to which family planning will be considered as an integral part of public health activities. Providing information and the means for the exercise of individual decisions with respect to family size are actions which will be incorporated in public health services at the federal, state and municipal levels". Furthermore, the Government continues to search for ways to regulate urban development, to encourage regional growth in order to settle the sparsely inhabited north and west regions of the country and to create a strong internal market for trade and industry. The level of international migration is viewed as significant and unsatisfactory.

7. From 1973 to 1984, UNFPA provided almost \$3.3 million in population assistance to the Government of Brazil, most of which has been in support of initiatives in the area of maternal and child health care. At the twenty-sixth session of the Governing Council in June 1979, UNFPA assistance to the Government of Brazil in the amount of \$1.1 million was approved in support of a maternal and child health care demonstration project in Rio de Janeiro. This project was successful in the delivery of MCH/FP services in selected low-income urban areas (favelas) in and around Rio de Janeiro. Specifically, it developed an integrated family health services referral, information and evaluation system, promoted the adaptation of these services and systems by other agencies and institutions located throughout Brazil and trained an integrated, multidisciplinary Brazilian MCH/FP project team. UNFPA also provided assistance to a project to help strengthen regional planning capabilities through population studies in the State of Maranhao located in north-eastern Brazil, in the amount of \$893,209. Assistance to this project supported intensive training of state planning personnel, the establishment of a population information system for regional planning and population studies in relation to socio-economic development. This has led to the integration of population variables related to this region into Brazil's overall regional and national development planning processes.

8. In addition to UNFPA assistance, external support in the area of maternal and child health care and family planning has been provided by several international and non-governmental organizations. The World Health Organization/Pan American Health Organization (WHO/PAHO), which would be the executing agency of this project, has provided technical support for several years in various aspects of maternal and child health care and family planning. Bilateral assistance has been received from the Canadian International Development Agency for an academic exchange and training programme with the Brazilian Institute of Municipal

Administration in the area of urban and regional planning. Several non-governmental organizations, such as the Association for Voluntary Sterilization, Church World Service, Center for Population and Family Health of Columbia University, Development Associates, Family Health International, Family Planning International Assistance, The Ford Foundation, International Planned Parenthood Federation, The Johns Hopkins University, The Pathfinder Fund, The Population Council, The Rockefeller Foundation and World Neighbors, have supported research efforts and have helped provide technical assistance and training on a wide range of MCH/FP topics and services.

### III. THE PROJECT

9. The current project is based on earlier experiences with pilot maternal and child health care and family planning projects and on intensive discussions with the Government as to the scope and direction of UNFPA's support to the recently-adopted national health strategy. The overall objective of this strategy is to: (a) extend the coverage of the public health system by making more effective use of the existing human and technical resources; (b) increase the preventive and curative capacity of the health system; and (c) redirect the demand for over-extended hospital services towards the network of health posts and centres by strengthening the preventive and educational aspects of the public health services.

10. The national programme for "Integrated Health Care for Women and Children" has been identified as a priority programme in the implementation of the new health strategy. The primary objective of this programme is to decrease the morbidity and mortality rates of women and children by reducing the risk factors to which these groups are exposed. It is expected that the introduction of this new, integrated approach to health care for women and children will improve the quality of services being offered by the public health network, including provision of family planning services and information on topics related to human reproduction and family welfare. In quantitative terms, the programme foresees 96 per cent of the public health units implementing the system of integrated health assistance for women and children by the end of the five-year period, which corresponds to the duration of the project. It is within this overall framework that UNFPA is being requested to provide assistance for the design and implementation of an intensive and extensive nation-wide training programme for the medical and paramedical personnel in the public health sector to introduce the programme, as well as to strengthen supervision at the state, regional and local levels, ensuring compliance with the programme.

#### Objectives of the project

11. The major objectives of the proposed UNFPA project are to: (a) strengthen the administrative and managerial capacity of the teams responsible for the programme for "Integrated Health Care for Women and Children" at the federal and state levels; (b) establish technical guidelines for the implementation of the programme in the service network; (c) train the personnel working in the service

network in order to carry out the activities included in the programme; (d) increase the awareness of the population of the main health problems and the means available to resolve them; (e) establish a system for continuous registration of clinical activities and of reports to the administrative levels, so as to allow for the permanent evaluation of the programme; (f) obtain data through basic operational research on the health conditions of the target population and on the means to solve the problems involved in implementing the programme.

### Project activities

12. In order to achieve these objectives, a detailed work plan has been formulated, which includes: (a) recruitment of short-term consultants and training of staff at the federal level to assist the Ministry of Health in designing and implementing the programme for the 26 states of Brazil, so that 11 states will be included in 1985, 8 in 1986 and 7 in 1987, beginning with states with well-developed public health networks and, subsequently, including more remote and less developed states in the interior; (b) preparation of the technical guidelines for the implementation of the programme for "Integrated Health Care for Women and Children" at all levels of the public health system, and evaluation and revision of the guidelines in 1986 and 1988 to reflect the experience gained from service delivery based on the integrated health care strategy; (c) training of approximately 10,000 medical doctors, 3,500 nurses, 10,000 auxiliary nurses and 35,000 health attendants to provide health care services in accordance with the programme; (d) design, implementation and dissemination of operational research projects in support of the national programme in areas such as contraceptive methods, health education strategies for women and female morbidity/mortality; (e) design and production of health education materials to be disseminated through the public health care network and the mass media; (f) biannual assessments of programme achievements on the basis of an upgrading of the service statistics system to allow for the incorporation of information to measure the performance of the health establishments included in the programme.

13. In addition to the biannual evaluation of programme and project achievements, the project document permits effective monitoring since the work plan identifies measurable goals for training and supervision which are the major components of the project. Also, in-depth mid-term and final evaluations of the project would ensure adequate provisions for monitoring and evaluation.

14. The Government counterpart contribution, totalling \$104,900,000, includes, aside from the normal operating costs (infrastructure, salaries, equipment), a supplementary transfer of resources from the federal level to the states to strengthen and upgrade medical equipment, health centres and posts, laboratories and personnel in the public health network, which indicates the Government's strong commitment to the successful realization of this programme. WHO/PAHO would be the executing agency for this project.

15. UNFPA assistance in the amount of \$15,000,000 would provide for a resident international adviser (24 m/m), administrative support personnel and short-term national consultants to assist the Ministry of Health in the introduction of the

programme at the state level. Sub-contracts with Brazilian universities are foreseen to design and carry out the training of medical doctors and supervisors in areas requiring specialized instructors and equipment. National research institutes would also be called upon to carry out specific studies in support of the programme (contraceptive methods, female morbidity/mortality, etc.). Training of medical and paramedical personnel at all levels of the public health system, as well as of supervisory personnel to assess and reinforce compliance with the programme, would also be funded. In addition, expendable and non-expendable equipment and supplies would be provided, including health education materials, audio-visual equipment for use in training activities and contraceptive supplies to complement locally produced materials.

#### Financial summary

16. The proposed UNFPA contribution, by components, subject to availability of funds, is as follows:

	\$
Consultants	80,000
Local personnel/supervision	1,847,100
Sub-contracts	1,194,800
Training	9,321,300
Equipment	2,515,800
Miscellaneous	<u>41,000</u>
TOTAL	<u><u>15,000,000</u></u>

17. The status of project development, as of June 1985, is expected to be as follows:

	\$
Approved and allocated	983,600
Approved for allocation pending Governing Council decision	<u>14,016,400</u>
TOTAL	<u><u>15,000,000</u></u>

#### IV. RECOMMENDATION

18. The Executive Director recommends that the Governing Council:

(a) Approve the programme in Brazil in the amount of \$15,000,000 over the five-year period, 1985 to 1989; and

(b) Authorize the Executive Director to make the appropriate arrangements with the World Health Organization/Pan American Health Organization.

