



Final Report

Brazil Country Gender Profile

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(Brazil)

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* - This information presented here was gathered from on-site sources. Therefore, JICA is not responsible for its accuracy.

List of Abbreviation

ADENE Northeast Development Agency
BACEN Brazilian Central Bank
BNDES Social and Economic Development Bank
CNDM National Council for Women's Right
CFEMEA Feminist Organization based in Brasilia
DEAMs Specialized Women Police Stations
DIEESE Socioeconomic Studies and Statistics Inter-Union Depart
EAP (PEA) Economically Active Population
FGV Getúlio Vargas Foundation
FNDE National Educational Maintenance and Development Fund
FUNDEB Maintenance and Development Fund for the Basic Education
GDI Gender Development Index
IBGE Brazilian Geography and Statistics Institute
INCRA National Institute for Settlement and Land Reform.
INEP Anísio Teixeira National Institute of Educational Research and Studies
IPEA Economic and Social Research Institute
LDB Law of Guidelines and Bases of the National Education
MEC Ministry of Education
MTE Ministry of Labor and Employment
MS Ministry of Health
MDS Ministry of Social Development and Fight against Hunger
OECD Organization for Economic Cooperation and Development
OEAP Occupied Economically Active Population
PME Monthly Employment Survey
PNAD National Research by Household Survey
PNLD (NPS) National Program of Schoolbook
PPIGRE Program for Promoting Equality of Gender, Race and Ethnic
SAEB National Schooling Evaluation System
SEADE State System Foundation for Data Analysis
SEBRAE Brazilian Service for Micro and Small Enterprises Support
SOF Feminist Organization based in Sao Paulo
SPM Special Secretariat for Women's Policies
SUS Unified Health System.
UFs Units of the Brazilian Federation
UNDP United Nation Development Program
VIVA RIO an NGO which works to overcome violence and social exclusion throughout Rio de Janeiro.
WEI World Education Indicators

Summary

This report presents an overall analysis on social-economic, health, education and employment issues related to gender. The general situation of women in Brazil highlights inequalities of gender and race, wage differentials between man and woman, as well as poor opportunities to high level positions for women. The implementation of effective policies in the areas of health, sanitation, education, housing, promotion of gender equality should be envisaged to put women in their right place, benefiting their social insertion and contributing to the welfare of the family.

Nevertheless, illiteracy rates must decrease, guaranteeing full insertion of children in the schooling system, which will certainly contribute to decrease child labor. In 2007, despite some national campaigns launched by the Government, domestic violence, including threats with firearms, aggression and marital rape, have been noticed, denouncing women and children abuses. Positive paths have been done in terms of approving “Maria da Penha’s Law”, which guarantees women’s rights, as an instrument to retrain domestic and family violence against Women, in as much protective as preventive ways.

Governmental important programs to alleviate poverty are *Bolsa Familia*, Full Health-care for Women, Maternal and Neonatal Mortality Program, aiming at offering cash resources to poor families, providing health-care, vaccination against tetanus to pregnant women, and also child fetal and newly born children diseases, among other actions, respecting visible regional and racial imbalances.

As Gender mainstreaming actions the National Policy on Women’s Basic Attention has targeted its scope to women in all Brazilian regions, keeping in mind their specificities of age, race and ethnic groups (black women, lesbian, bisexual, indigenous) residents in urban and rural areas of extreme difficult access, in situation of life risk, with health incapacities, imprisoned women, among others.

Nonetheless, the health sector needs to receive more attention from the government in order to solve some critical problems, such as increasing of financial sources, investments in human resources, improvement of the work conditions with more participation of the states in the financing sector.

Educational programs have kept the Government busy and focused on implementing universal education to all Brazilian citizens. Children aged from 7 to 14 have been enrolled in public elementary education. Women are getting more skilled qualifications as in the past three decades; showing more schooling years and also inserting themselves in prestigious professions. Notwithstanding, high dropout rates, grade repetition, lead children to stay at least 11 years to complete the first 8-year course. In the North and Northeast, boys are the most likely to abandon school prematurely, due to their early participation in the family’s income. Brazilian schools have a predominance of old-fashioned books, inadequately pedagogical materials, which are not suited to regional patterns; teachers are unskilled and sometimes receive only half a minimum wage. Besides that infrastructure and facilities are deteriorated by lack of maintenance. Parents do not motivate children to stay in school once they need manpower force for agriculture; and women are important to do household tasks. In the other Regions, women are breaking off these old paradigms and showing their massive presence in elementary schooling levels.

Although women actively participate in agricultural works, they still remain in a supportive role once access to land ownership or small credit is limited. Although government policy and budget specifically for Gender in this sector is hazy, some Programs have been announced such as land reform, incentives to family agriculture, PRONAF Woman, and access to cooperatives.

In conclusion, the 2007 Country Gender Profile presents an example of the commitment of Brazilians in this collective effort, emphasizing strategies for mainstreaming in economics, education, employment, health, human rights and income generation. The process of reporting Women in Development brings together decision-makers, experts, researchers, feminists and special advisors of different institutions who collaborated with their institutional data and personal efforts to set new paths for gender and development.

1 – Basic Profile

1.1 – Socio-Economic Profile

Economic Indicators – 2006/2007

Total GNP	Growth rate of real GDP	Inflation Rate 2006 to 2007	Distribution of family income - (Gini index)	Investment gross fixed (05)	Sources
4.3%	3.7%	4.8%	56.7 (2005)	20.2% of GDP	1 and 2

GDP (US\$)	GNI per capita, Atlas method (current US\$)	MLD Index ⁱⁱ	Inflation, GDP deflator (annual %)	
1.1 trillion	4,730.0	0,6170	4.3	5

Structure of the economy (% of the GDP)

Agriculture	Industry	Manufacturing	Services	Annual growth rate	
5.1	30.9	18.4	64.0	5.3%	1, 2

Population

Total	Women	Women at rural area	Women at urban area	Population growth annual 2006	
184,388 620	94,536 985	15,193 717	79,343 268	1.2%	7

Men	Men at rural sector	Men at urban sector	
89 851 635	16,483 540	73,368 095	7

Human Development Index – HDI – 2007/2008 ⁱ

Brazil's HDI	Life expectancy at birth		Life expectancy at birth, annual estimates	Life expectancy index	
	Men	Women			
0,800	68.4 years	75.9 years	71.7 years	0,779	6

Gender Development Index compared to the HDI ⁱ

GDI as % of HDI	Life expectancy at birth (years) 2004	
	Female as % male	
99.7	110.9%	6

Human Poverty Index (HPI-1) value	Poverty Line (PL)	Estimated earned income, female (PPP US\$) 2005	Estimated earned income, male (PPP US\$) 2005	
9.7%	32.74	6,204	10,664	5 and 6

Crime and Justice

Prison population total 2007)	Prison population (per 100,000 people) 2007	Prison population (% female) 2007	
361 402	191	6	6

Labor Indicators

Minimum wage ¹

Men	Women	

ⁱ. Data refers to 2005 estimations by the Governmental Offices.

ⁱⁱ Stands for the mean log deviation. This is an index of inequality, given by the mean across the population of the log of the overall mean divided by individual income.

¹ Currency from November 2007. Minimum wage is established in R\$ 380 as well as for men and women.

US\$ 218	US\$ 218	4
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Labor Force – 2006 (*)

Industry	Commerce	Services	Others	Average annual growth, 2000-06	
28.3%	33.2%	15.2%	23.3%	1.8 %	2 and 5

Women's Participation in the Labor Force

General Services	Agricultural jobs	Administrative jobs	Commerce	
30.7%	15%	11.8%	11.8%	1

Unemployment Rate (%)

1999	Total	Men	Women	
	17.9	15.9	20.4	2
2006	Total	Men	Women	
	13.8	11.0	16.9	2

Women's political participation

Year women received right to vote	Year women received right to stand for election	
1932	1932	6

Women in government at ministerial level (as % of total) - 2005	Seats in lower house or single house (% held by women) - 2007	Seats in upper house or senate (% held by women) - 2007	
11.4	8.8	12.3	6

Law for Women

Laws and regulations	Content	Source
Maria da Penha's Law	Law number 11.340, from August 7th 2006 create to fight intra-family and domestic violence against women, in as much protective as preventive ways in the terms of the paragraph 8th from article 226 of the Federal Constitution; of the Convention on Elimination of all Kinds of Discrimination Against Women and of the Inter-American Convention to Punish and Eradicate Violence Against Women; determines on the creation of Judgeship of Domestic and Family Violence Against Women; change the dispositions of the Penal Suit Code; the Penal Code and the Law of Penal Execution, among others disposals.	4
Law 119, October 19th 2005	Complementary Law number 119, from October 19th 2005, adding clause to the article 3 of the complementary law number 79, from January 7th 1994, which creates the "National Penitentiary Fund" – FUNPEN, among other disposals to include the maintenance of the "Houses Shelter"	4

Policy and plans on gender

Integrated Plan for Facing the Feminization of AIDS Epidemic and other SDTs	2007	4
Gender and Diversity at School	2006	4
Pro Gender Equity	2005/2006	4
National Plan for Women's Policies	2005	4
Women and Science Program	2005	4
National Plan for Women's Policies	2005	4

Government Organization of Gender

Special Secretariat for Women's Policies – SPM – Presidency of the Republic (PR)	4
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Status of major international human rights instruments

Instrument	Year of ratification/signature	
Convention on the Prevention and Punishment of the Crime of Genocide - 1948	1952	6
Convention on the Elimination of All Forms of Racial Discrimination - 1965	1952	6
International Covenant on Civil and Political Rights	1992	6

International Covenant on Economic, Social and Cultural Rights, 1966	1992	6
International Convention on the Elimination of All Forms of Discrimination Against Women - 1979	1984	6
Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment -1984	1989	6
Convention on the Rights of the Child - 1989	1990	6

Sources:

1. BACEN;
 2. IBGE;
 3. National Treasury Department (STN);
 4. Brazilian Government – Presidency of the Republic;
 - 5 World Development Indicators, April 2007;
 - 6 Human Development Report 2007/2008.
 - 7 IBGE, Counting of the Population 2006.
- (*) Estimation of the population
- * The data takes into account the population from the metropolitan regions and the Federal District.

1.2 – Health Profile

Health Profile

Public expenditure on health (2004)

Public (% of GDP)	Private (% of GDP)	Per capita (% of GDP) PPP (US\$)	Physicians (per 100,000 people) - 2004	Sources
4.8	4.0	1,520	115	3

Region	Fertility rate Total	Gross birth rate (%)	Gross mortality rate (%)	Infant mortality rate (‰)	Life expectation at birth		
					Total	Men	Women
Brazil	2.0	17.3	6.2	25.1	72.4	68.7	76.2
North	2.3	21.9	4.9	25.8	71.3	68.5	74.3
Northeast	2.2	20.2	6.7	36.9	69.4	65.8	73.1
Southeast	1.8	15.5	6.4	18.3	73.8	69.8	77.9
South	1.7	14.0	6.1	16.7	74.4	71.1	78.0
Center-east	2.0	17.9	5.3	19.5	73.5	70.1	77.0

Project IBGE/United Nations Population Fund - UNPF/BRASIL (BRA/02/P02) - 2006

Socio-demographic Indicators and Measures resultant from the Projection of the Population per gender and age by regions for the period of 1991/2030 - IBGE, Research Board, Social Index and Population Coordination.

Projection of Brazil per Gender and age for the period of 1980-2050 - Revision 2004.

Family Planning (2005)

Births attendance rate (%)	Maternal mortality rate (%)	Contraceptive prevalence rate (% of married women aged 15-49) – 1997-2005	% of low birth weight	
16.5	3.3	77	8.1	3

% of the vaccinated (1-year-old children)

BCG	DPT	Polio	Measles	
109.0	99.6	101.2	NA	1 and 2

Nutrition

Population undernourished - (% of total population) - 2004	Children under weight for age - (% of children under age 5) – 1996-2005	
7	6	3

Community Health Service (2000)

Access to safe water (%)	Access to adequate sanitation (%)	
93.2 (urban)	66.8	2

Fetal Deaths (28 weeks)

Total	Male	Female	
16,172	8,676	7,334	1 and 2

HIV/AIDS ^{vi}

Notified cases of HIV/AIDS in Brazilian Population - 2007 (per 100.000)			
Total	Men	Women	
4,277	2,719	1,556	4

Pregnant women infected by HIV/AIDS 2007		
%	Number of cases	
2.1	2,438	4

Sources:

1. Ministry of Health - 2006
2. IBGE, 2006.
3. Human Development Report (2007/2008)
4. UNAIDS Report 2007 (cases notified to the Ministry of Health on June 30 2007)

^{vi} The AIDS/HIV notified cases concerns to those informed by the Health System through its Information Network. Although it includes the total of population infected with the virus in 2007. The table "6.7 – Cases of AIDS/DST in Brazil – 2007" considers the amount of the population that was infected and is still alive.

1.3 – Education Profile

Commitment to education Educational system

Compulsory	Primary	Secondary	Higher Education	
12 years	9 years	3 years	4 to 5 years	4

Public Expenditure on Education (US\$ million)

Fundamental Education							
Years	Children Education	from 1st to 4th grade	from 5th to 8th grade	Secondary Education	Higher Education (University)	Total ⁱⁱⁱ	Source
2000	0.3	1.2	1.0	0.5	0.9	4.0	3
2001	0.3	1.2	1.1	0.6	0.8	4.0	3
2002	0.3	1.1	1.2	0.7	0.9	4.2	3
2003	0.3	1.1	1.2	0.6	0.7	4.0	3
2004	0.4	1.3	1.1	0.5	0.8	4.0	3

Illiteracy rate 2006 (%)

Illiteracy rate of the population from 15 years old or more compared to Latin America and the Caribbean			Students that have concluded Fundamental Education – Female (Brazil)			
Total	Men	Women				
9.5	8.8	10.3	1,858 615			2
			Latin America and the Caribbean (%)			1
Total	Men	Women				
11.1	11.3	11.0				2

Functional illiteracy (15 years old or more) ^{iv}

Total (%)	Men (%)	Women (%)	Rural (%)	Urban (%)	
23.5	24.1	23.0	45.8	19.3	1 and 4

Enrollment ^v

Children' education				Primary School		Secondary school		
Nursery School		Pre-school		33,282.663		8,906.820		3
1,427.942		5,588.153		Men	Women	Men	Women	
Men	Women	Men	Women	17,086.427	16,196.236	4,091.657	4,815.163	3
742,740	685,576	2,864.454	2,723.699					

Population with higher education (12 years and over) %

2005				2006				
		Men	Women			Men	Women	
Brazil		43.7	56.3			42.5	57.5	1
North		41.7	58.3			40.0	60.0	1
Northeast		39.6	60.4			39.7	60.3	1

ⁱⁱⁱ According published at INEP web site (http://www.inep.gov.br/estatisticas/gastoseducacao/PIB_nivel_ensino.htm). Values are calculated based on mathematical approximation methodology of two decimals digits.

^{iv} Functional Illiteracy refers to the inability of an individual to use reading, writing, and computational skills efficiently in everyday life situations. Illiteracy is the inability to read or write simple sentences in any language.

^v It is important to notice that parents in rural areas do not enroll children in schooling systems, first because they need their help in agriculture, so most of them go to school for the first time when they are 10 years old and stay for some 6 to 7 years just to get basic literacy and insert themselves in the labor force. When they are 17 year-old or more they feel more mature and know they need an official certificate to get a better job, thus most of them stay longer at school. Notwithstanding young men leave school in search of work, while women stay in school longer and finish the educational cycle. As well, it's important to highlight that the data is showed by the total population, including also those who did not declared scholar attendance.

Southeast	45.2	54.8	44.4	55.6	1
South	43.1	56.9	41.1	58.9	1
Center-east	43.2	56.8	42.4	57.6	1

Female ratio of higher education (2002)

Education	Humanities and Arts	Social Sciences	Natural Sciences and Computing	Engineering, Production and Construction	Agriculture and Veterinarian	
62.9%	81.7%	54.6%	42.6%	30.8	42.1	3
Health and Social Welfare			Services (%)			3
72.3%			70.6%			3

Gross primary enrollment (% of school-age population)

Men	146	Literacy (% of population age 15+)	Youth literacy rate (% aged 15 -24)	
Women	135	89	96.8	1 and 5

Sources:

1. IBGE/PNAD, 2006.
2. Latin America and the Caribbean Yearbook 1997. Santiago de Chile: CEPAL, 1998; Latin America and the Caribbean Yearbook 2006. Santiago de Chile: 2007. Available in: <http://www.eclac.cl/publicaciones/>. Accessed in Oct. 2007.
3. INEP/MEC, IPEA/DISOC and IBGE, 2006.
Notes: Does not include inactive and pensioners.
 - a. For 2000 municipality data are estimations. For 2001 and 2002 state and municipality data are also estimations.
 - b. The results are based on data sent to OECD/WEI.
 - c. Based on direct expenses.
4. Ministry of Education
5. Human Development Report (2007/2008)

2 – General Situation of Women in Brazil

During the last two decades of the 20th century, Latin American citizens have moved into democratic regimes and new human rights trends, but despite these developmental increases, a large number of persons still live in absolute poverty. Countries are making real progress in carrying out a bold global action plan that links poverty alleviation to women's rights and universal access to reproductive health (*UNFPA State of World Population 2004*, Press Summary, p. 1). The third Millennium Development Goal is to promote gender equality and to empower women.

Based on these guidelines, nearly all developing countries have incorporated Gender and Development (GAD) issues in their official agenda. This reveals the government concerns towards the population development and the necessity of poverty-reduction strategies, establishing also laws and policies to protect women's and girl's rights; and many have begun to integrate reproductive health services into primary health-care, improving facilities, training and expanding access.

To insert women into the development agenda, poverty should be reduced. In this context, as measured by the Gini coefficient, which is the most commonly used indicator of income inequality, income concentration in the country fell by 4% between 2001 and 2004 from 0.93 to 0.9. Although at first sight this index might seem modest, it represents a substantial reduction in terms of inequality measure; among the 7 countries for which there is information on the evolution of income inequality in the 1990s, less than ¼ have shown inequality reduction rates higher than Brazil's (IPEA:2004).

In fact, during this period the average income of the poorest (10%) increased at an annual rate of 7% whereas the national average income fell by 1% a year. In the period as a whole, the average income of the poorest 20% was some 20 percentage points higher than that of the richest 20%. Therefore, while the perception of the poorest in Brazil was that they were living in a country with a high rate of economic growth, for the richest 20% the country was going through a period of economic stagnation.

As for the inequality generated by the labor market, a first fundamental aspect to be noticed is wage discrimination based on race and gender. As in nearly all countries in the world, the wages of Brazilian women are much lower than those of men. This differential has remained stable, with a slight rising trend between 2001 and 2004, and therefore has not contributed to the fall in income inequality. Wage differentials by race are also high in Brazil (although much lower than gender differentials) and despite the falls recorded in the past decade, their quantitative importance in explaining the recent fall in income inequality is close to none (IPEA:2007).

In addition to race and gender discrimination, the labor market can also be a generator of inequalities if it is segmented. As regards spatial segmentation, possible reductions in high wage differentials between the Units of the Federation (UFs) could be a potential source to explain the fall in income inequality. However, over the past decade labor markets in the different UFs have not become more integrated and therefore this aspect has not contributed to reducing the degree of income inequality, especially concerning women (IPEA, 2007)².

The monthly income rate *per capita* (as per November 2007) is the mostly used parameters to analyze the socioeconomic conditions of the population, showing in 2006, ½ minimum Northeastern wage (39% of households), and 32.5% for the North region. South and Southeast regions present lower percentages 12.5% and 13.6% respectively (IBGE, 2007)³.

² On the Recent Fall in income Inequality in Brazil, IPEA, Brasília: 2007.

³ *Síntese de Indicadores Sociais: Uma Análise das Condições de Vida da População Brasileira*, IBGE, Rio de Janeiro: 2007. Updated information will only be released during the first quarter of 2008.

Table 1 - Monthly wage of employed and active population per gender and monthly income Brazil – 2006 ⁴						
Monthly income and Household situation	10 years old and over people - (in 1000 people)			Monthly income of 10 years old and over people (R\$) (1)		
	Total	Men	Women	Total	Men	Women
Total	156 284	75 326	80 957	587	764	423
Less than 1/2 minimum wage	12 958	3 992	8 965	89	100	84
More than 1/2 to 1 minimum wage	27 107	12 555	14 552	316	313	320
More than 1to 2 minimum wages	32 075	17 758	14 316	522	528	513
More than 2 to3 minimum wages	12 046	7 608	4 438	879	880	878
More than 3 to 5 minimum wages	9 036	5 702	3 334	1 360	1 358	1 365
More than 5 to 10 minimum wages	7 269	4 652	2 617	2 415	2 419	2 409
More than 10 to 20 minimum wages	2 557	1 742	814	4 899	4 923	4 847
More than 20 minimum wages	970	751	219	11 761	11 818	11 567
Urban	131 091	62 152	68 938	647	847	467
Rural	25 193	13 174	12 019	277	374	173

Source: IBGE, National Household Survey (PNAD) 2006.

(1): Not included the population without income declaration.

Table 1.2 - Proportion of monthly income per gender, according to Brazilian Regions Brazil – 2005 ⁴						
Regions	Men			Women		
	Total	Proportion per monthly income <i>per capita</i> (minimum wage) (%)		Total (1)	Proportion per monthly income <i>per capita</i> (minimum wage) (%)	
		Up to 1/2	2 or more		Up to 1/2	2 or more
Brazil	39 222 749	25.7	21.6	17 273 142	24.2	20.4
North	2 927 759	36.5	12.6	1 223 681	33.2	11.6
Northeast	10 074 809	47.3	9.1	4 612 398	39.5	9.3
Southeast	17 007 060	15.7	28.0	7 768 532	16.8	25.7
South	6 361 061	15.2	27.8	2 430 673	14.8	28.3
Center-East	2 852 060	20.9	22.8	1 237 858	22.5	21.7

Source: IBGE, National Household Sample Survey (PNAD), 2005

President Luiz Inácio Lula da Silva, since taking office in 2003, has committed himself in the promotion of sustained development together with equitable income distribution. Society has been called on to participate in the great collective effort against hunger. Also, a series of measures are under way to mobilize resources and, thus, promote the resumption of economic growth with social inclusion, combined with the implementation of special policies to protect women against violence, poverty and discrimination. The implementation of policies in the areas of health, sanitation, education, housing, promotion of gender equality and environment envisage putting women in their right place, benefiting their social insertion and contributing to the welfare of the family.

⁴ By definition, the activity rate corresponds to the percentage of economically active population counted in relation to the 10 years old and over population. As well as the occupational level, this is related to the 10 years old and over population. (IBGE)

According to the Brazilian legislation, the legal work is authorized from 18 years old on, however, children in schooling year can develop apprentice work as interns at private enterprises or even at the public service receiving scholarship as well as expense allowance or even they can do some labor activity as form of participation of any Social Program, as, for example, the conditionality of Bolsa Família Program.

Nevertheless, from the past 6 years there is being an increasing on the number of working children from 10 years old on, which indicates that they are inserted in the informal sector of the economy at the urban areas, as rural workers, as well as workers at family agricultural small business. So that being, they have being studied and considered on surveys and researches data as compounds of labor force and participants on the family income.

Maternal mortality rate was 75.3 per 100,000 live births in 2002. There is however, a high incidence of under-notification of maternal deaths, as a result of several factors. The main one is inadequate filling out of death certificates, particularly as regards the presence of pregnancy. Illiteracy among 15 to 24 year-olds, even though it is dropping, still affects more than 1 million people in this age group. Other indicators also show high dropout rates and poor performance at school, as well as significant regional, and racial inequalities (*Brazilian Monitoring Report on the Millennium Development Goals*, IPEA/IBGE, 2004).

Afro-Brazilian and Women respectively represent 42% and 44.5% of the Brazilian Economically Active Population (PEA). Summed up they correspond to 55 million persons or 68% of PEA in Brazil, that is, a vast majority: 36 million of blacks of both sexes and almost 19 million white women. Nevertheless, special attention is given to 14 million black women which represent 18% percent of the Brazilian PEA, who are submitted to a double, or sometimes triple stigma of discrimination (gender and race, also linked to social discrimination (ILO, 2006: 11). Life expectancy for women is 76.38 years old and 68.3 years old for men, total index of life expectancy is 0.779 (IBGE, 2007, HDR, 2007/2008). Life expectancy for white women is 71 years-old, 40.7% of Afro-Brazilian black women die before 50 years old (SEADE – Fundação Sistema Estadual de Análise de Dados, research undergone in the State of São Paulo in 1995. MORAES, 2005:15). In terms of life quality, white men 41st rank, white women 69th, Afro-Brazilian men 114th, showing the lowest quality of life rate (GDI – Gender Development Index).

Although Brazil is considered as the 5th largest nation in the world and the largest country in South America it shows high inequalities levels in terms of wealth and development – despite having progressed in several policies and programs in the social area. Economically, Brazil also achieved the 11th position in the ranking of the countries with the more significant GDP in the world, but the number of excluded people is astonishing (World Bank: 2007). The country achieved 5% of growth in comparison to other Latin American countries (in the inequality ranking). If the same growth level be maintained, based on the Monthly Employment Research (Pesquisa Mensal de Emprego – PME, published by the Brazilian Geography and Statistics Institute (IBGE), it would be necessary at least 20 years more so that Brazil could achieve a similar level of the countries with the same development pattern (IPEA, 2007: 7).

This new scenario presents more women looking for job opportunities in all professions, with the same rights as men, demonstrating their insertion in discussions concerning GAD, racial inequalities in the country, showing black people discrimination at the work place. Data shows 51.3 % of white men in the labor market in comparison with 48.7% black men; 50.3% of white women compared to 49.7% of black women, totaling 100.0% workers at the national level.(PNAD/IBGE, 2006).

Unemployment rate is 8.7% according to statistical data of October 2007 (IBGE, 2007), which is directly related to the level of the economic activity. During the 1990's, unemployment increased for both sexes, although it is for women that it presented higher rate 9.4%, especially for black women 14.1% in 2005. White men have the lowest unemployment rates 6.5% (PNAD/IBGE, 2007).

The population is getting older both for men as well as for women, due to a decrease in fertility rates (which was of 2.1 births per woman and diminished to 2.0 births in 2006); on the other hand, there has been an increase in life expectation for the Brazilian population).

Migration occurs in adults in reproductive age, 37.9% aging 18-39 years old, and 33.7% 40-59 years old. People migrate from the rural areas to the urban centers.

Expectation of life at birth, between 1996 and 2006, presented an increase of 3.5 years, women situation is more favorable related to men (72.3 to 75.8 years to women and 65.1 to 68.7 to men). Thus, the gross mortality rate decreased from 6.7% in 1996 to 6.2% in 2006 (IBGE/PNAD, 2006).

Table 1.3 - Migration of the Population							
Gender	Resident Population (1 000 people)						
	Total	Place of birth related to the municipality					
		Local population		Migrants			
		Total	Always lived at the municipality	Total	Place of birth related to the Unity of the Federation		
					Local Population		Migrants
Total	Always lived at the Unity of the Federation						
Total	187 228	112 289	96 150	74 935	45 043	38 994	29 892
Men	91 196	55 865	48 000	35 329	21 005	17 972	14 324
Women	96 031	56 424	48 150	39 606	24 039	21 022	15 567

Source: IBGE, National Household Sample Survey (PNAD), 2007

The decrease in infant mortality rate in that region, was the most significant result registered in the country, 37.2‰ (per 1000) in 2002 and 33.9‰ (per 1 000) in 2004 (MS, SVS, SIM)⁵, which shows the implementation of sanitary policies and investments in infrastructure, in health and education sectors in most of the country urban centers.

Concerning educational rates, the population access to education has been increasing continuously over the last years in Brazil. The attendance at school of some age groups, in 2006, showed a significant increase. For kindergarten children from 0 to 3 years old the percentage doubled from 7.4% in 1996 to 15.5% in 2006. In the subsequent age group, from 4 to 6 years old, the rates changed from 53.8% to 76.0% in the same period, representing a growth of 40%. For elementary education (formerly called primary school), in 2006 the results confirm that school access to the age group from 7 to 14 years old is practically universal without any distinction related to gender or race.

Despite the public provision of education indicates increased numbers of children attending school, elementary education does not guarantee quality, since a significant share of these children actually finishes 4th grade without adequate reading and writing skills, the number of women attending classes is superior to men.

However, the situation is quite worse for students from 15 to 17 years old, age that corresponds to the secondary education. Evidences show that the access to school have been increasing from 69.5% to 82.2% between 1996 and 2006, it is possible to verify that the net frequency rate of that age group comprehending the students attendants of the secondary education, in 2006 do not reach even the half of the segment of the population, which is 47.1%.

In some states of the North and Northeast region, the precariousness of the Educational System is clearly revealed by PNAD data as follows:

In the urban areas, the average of women's schooling years is of 7.4 years, for the total population. In the rural area, those averages are lower and quite different compared to the urban areas: 4.5 and 7.4 year respectively.

The metropolitan regions show the higher average of schooling years, the Federal District has the most elevated rate (10.4 years). In spite of that, the lower average observed was in the rural areas of Piauí and Alagoas (3.2 years), so being, in these areas the women are inserted in precarious occupation and also are illiterate. (Table 2)⁶

⁵ MS: Ministério da Saúde (Ministry of Health), SVS: Secretaria de Vigilância em Saúde, SIM: Sistema de Informações sobre Mortalidade (Mortality Information System).

⁶ It is important to notice that parents in rural areas do not normally enroll children in schooling systems, first because they need their help in agriculture, thus most of them go to school for the first time when they are 10 year old or more; and stay there for some 6 to 7 years just to get basic literacy rate and insert themselves in the labor force. When they are 17 years old or more they feel more mature, stabilized in the labor market and know they need an official certificate to get a better job, thus most of them stay longer at school. Notwithstanding young men leave school in search of work, while women stay in school and finish the educational cycle.

Table 2 - Years of schooling per gender, total and those employed at least for one week						
According to regions - Brazil - 2006						
Regions	Average of schooling years of the 10 years old and over people per household situation and gender					
	Urban					
	Total			employed at least for one week		
	Total	Men	Women	Total	Men	Women
Brazil	7.3	7.2	7.4	8.4	8.0	8.9
North	6.8	6.6	7.0	7.8	7.3	8.5
Northeast	6.4	6.1	6.6	7.3	6.6	8.1
Southeast	7.7	7.7	7.7	8.9	8.6	9.2
South	7.7	7.6	7.7	8.7	8.4	9.0
Center-East	7.4	7.2	7.6	8.4	7.9	9.1
Regions	Average of schooling years of the 10 years old and over people per household situation and gender					
	Rural					
	Total			employed on the week of reference		
	Total	Men	Women	Total	Men	Women
Brazil	4.2	4.0	4.5	4.3	4.1	4.7
North	4.5	4.1	4.6	4.4	4.1	4.8
Northeast	3.5	3.1	3.9	3.4	3.1	3.8
Southeast	4.9	4.7	5.0	5.0	4.8	5.2
South	5.3	5.2	5.4	5.5	5.4	5.7
Center-East	5.0	4.7	5.3	5.0	4.8	5.5

Source: IBGE, PNAD - 2006

The above mentioned data show that the Brazilian 1988 Federal Constitution played a fundamental role to the insertion of all children in the schooling system, guaranteeing the right of free course to all children, independent of race, gender or color. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), literacy represents an essential step to basic education, being indispensable to the effective participation of the society in the XXI Century economies.

Nevertheless, according to data from the National Basic Schooling Evaluation System (SAEB), in 2001, 59% of the pupils in the 4th grade of elementary education had not developed basic reading skills, and 52% were severely deficient in Mathematics.

Literacy among young people in Brazil is moving towards universality. In 2006, the ration of population aged 15 to 24 able to read and write a simple note reached 96.4% in the country (IPEA, 2006).

In what concerns to gender relationship, normally man is accepted as to be the strongest element. Emphasis is given to the female role as being wife and mother, although there is a gradual change to the empowerment of Brazilian women, showing improvements in the life of young women.

Concerning to the family concept, the relations between men and women have been suffering some important changes. The amount of women indicated as the household head increased considerably between 1996 and 2006, from 10.3 million to 18.5 million during this period. This is evident due to migration, as men leave the rural areas to look for better opportunities in metropolitan areas, with the consentient of the family, which remains under the responsibility of women.

Female-headed families, due to low wages and shortage in adult labor, are leading their lives in severe conditions, mainly in those whose heads' educational level is low and with low-age children. Female-headed family's lives with a monthly income of half a minimum wage *per capita*, while the male-headed is 26.8% less than this percentage (PNAD, 2006).

The women's occupation rate increased almost in 5% between 1996 and 2006. The most significant increasing was registered in the Southeast region, where it reached 6.2%.

The women major participation in the labor market is registered in four categories which corresponds to something about 70% of the female working force; general services, 30.7%; agricultural work, 15%; administrative jobs, 11.8%; and commerce 11.8%. The major female participation occurred in the Center-East Region, with 36%; in the Northeast Region, 26.6% were identified as agricultural jobs; the Southeast region had the most expressive percentage of women in the administrative sector; and the commerce absorbed 15.5% in the North Region (IBGE, 2007).

Considering the combination of gender-ethnicity, the situation of Afro-Brazilian women is much worse in all fields. Women's average pay still remains as to 50% of those of men, while black women earn 50% of white women's average (ref. ILO, 2005). According to ILO if the present development rates remain, in a period of 475 years women will get the same level as men (ref. ILO 2005).

Educationally, for the same stereotype reason, major fields of study are prone to be towards humanities or health and medical services.

Barriers to mainstreaming exist in Brazil, especially concerning violence; it is clearly practiced in the Brazilian society regardless to socioeconomic strata or ethnical group and can be noticed mostly in family domestic premises. Rape and sexual abuse of children and teenagers by relatives and/or unknowns frequently happens. Involvement in Sex industry is a present problem, as well. A research initiated in 2006 undergone by the Department of Federal Road Petrol mobilized 1.400 policemen in 26 States and Distrito Federal inclusive, showed 1.819 vulnerable sexual locations in Brazil. The *Guardian Angel Operation* has as its main objective to eradicate the most degrading labor: children and teenagers sexual exploitation. Health, social assistance, education, responsibility and repression have been developed by the Brazilian government aiming at eliminating this stigma of human rights violations which victimize children and adolescents in Brazil (*Guide for Locating Vulnerably Spots to the Sexual Exploitation of Children and Juvenile Alongside of the Brazilian Highways*, Mapping, 2007, ILO:2007).

Official statistical data show that 820,384 women were victims of domestic violence during 2006, and these women looked for help at the Specialized Women Police Stations (Delegacias Especializadas de Atendimento à Mulher – DEAMS, 2006), denouncing their partners. A survey undergone by the Perseu Abramo Foundation revealed that in a universe of 2,502 women over 15 years of age, living in 187 municipalities, one out of every five declared they had suffered some type of violence perpetrated by man. When stimulated by reference to different forms of aggression, 43% of the interviewed women confirmed they had been victims of gender violence. One third admitted that they had already suffered some form of physical violence – threat with firearms, aggressions and marital rape. Although some national campaigns have been launched in the country, especially during the month of November 2007, women are still reluctant to denounce domestic violence, due to affective bonds and, in many cases, for lack of alternatives to support themselves and their children, due to economic dependence in relation to their partners. Domestic and intra-family violence against women in Brazil place an enormous burden in terms of lost of productivity and increased use of social services. Although it does not seem to interfere with the ability to get a job, the violence that women are subject to tends to affect their wages and permanence at their jobs, as a result of the physical and psychological problems that undermine their professional performance (World Health Organization Report on Violence, IPEA, 2004).

Although some discrepancies are found, Brazil has never achieved so many developments as in the three previous decades in the recognition and building up of women's rights. The 1988 Brazilian Federal Constitution brought up expressive advances in terms of equality between men and women in the family, education, health, reproductive issues, fighting violence, in the access to labor and security rights.

Notwithstanding, before the Magna Carta launching, women had already conquered important victories, beginning in 1932 with the voting law. In 1962, the Statute of the Married Women (Law 4121) conferred women a greater decision power over their lives. In 1977, the Divorce Law (Law 6.515) allowed the breaking off of marriage and allowed women the possibility of a new marriage. In 2005 a series of changes have been introduced in the Brazilian Penal Code with Law 11.106. In the past, the 1940 Penal Code was elaborated to and for a patriarchal society, which for years kept women

in an inferiority position, confirming the conservative pattern used in the country. With the changes, the women's figure of "honest woman" – virgins or married – and the adulterous crime have been abolished from the Brazilian Penal Code.

2.1 – General Situation of Women and Government Policy on Gender

2.1.1 – General Situation of Women in Brazil

In 1979 the UN approved the Convention of the Elimination of All Forms of Discrimination Against Women, followed by complete commitment by Brazil only in 1994.

A National Policy for Women was publicly announced in 1997 as a policy on gender based on the Beijing Conference in 1995, thus since 1995 some plans have been put into practice, accordingly the measures for improving women's conditions that lie in the Strategies of Equality.

In 2004 the Special Secretariat for Women's Policies started its mainstreaming activities to insert a gender perspective into existing institutionalized programming procedures, however, ad hoc and experimental. This process included building a Project of Law to guarantee women's rights.

2.1.2 – Government Policy on Gender

(i) Strategies for Mainstreaming: Women's Rights

In November 2004, the Special Secretariat for Women's Policies started the process for building a Bill of Law to guarantee women's rights. Through a concerted group between the Brazilian Government and Non-Governmental agencies (Advocacy, Agende, Cladem, Cfemea, Cepia and Themis) sent to Congress the Project of Law N° 4.559/04, which is now known as "Maria da Penha's Law", and was approved on August 7, 2006, as Law N° 11.340.

Maria da Penha's Law is the most complete juridical instrument that Brazil's disposes in terms of women rights to fight intra-family and domestic violence against women, in as much protective as preventive ways. It is also a historical mark of integration between the internal juridical order (constitutional and legal) and the external order, in terms of human rights for the protection of women.

Many other mechanisms for strengthening the participative processes were implemented in Brazil in the past four years, among them, the Three Partite Commission for Opportunities and Treatment Equality of Gender and Race in Labor, which is coordinated by the Ministry of Employment and Labor.

Brazil has been very active participating as actor in the international dialogues with International Organizations of the UN System. Counting with the support of Non-Governmental Organizations, Brazil participated in 2004 at the 9th Regional Conference about Woman of Latin America and the Caribbean. In 2005 Brazil participated of the 49th Session of the Commission on the Status of Women, in New York (Beijing + 10).

Brazil is signatory of the Convention on the Elimination of all Forms of Discrimination and Violence against Women (CEDAW/UN) since 1984.

In its institutional structure, Brazil counts with the National Council on Women Rights (CNDM), created in 1985, to promote policies to help eliminate all forms of discrimination against women and to ensure its participation in the political, economical, and cultural activities in the country. The CNDM is composed of 20 entities of civil society, 13 ministries, and 3 highly skilled women recognized by their gender issues expertise.

To help develop the implementation of governmental policies, the SPM has diffused in all states of the country mechanisms for formal denouncing violation on women's rights, as well as services to care for victims of violence, among others.

(ii) GAD: Alleviation of Poverty

Bolsa Família Program (PBF) - It is a Program of direct income transferring to families in poverty situation (with monthly income from US\$ 33.25 to US\$ 66.49⁷) and in extremely poverty situation

⁷ Exchange quotation of October 11th 2007. US\$ 1,00 is equal to R\$ 1,81, exchange index rate.

(with monthly income of US\$ 33.00), according to the 9th January 2004 Law N° 10.836 and the Decree N° 5.749 of April 11th 2006. The beneficiaries have to attend the conditionality imposed by the Program, such as children school frequency. The BPF integrates the Zero Hunger (Fome Zero), which aims to assert human rights to proper nourishment, constant visits to medical centers, contributing to the eradication of poverty and hunger on the more vulnerable population (Ministry of Social Development and Fight Against Hunger).

Communities Productive Organization (PRODUZIR) - Ministry of Regional Integration - Established in 2004 prioritizing household-head women, this Program provides access to easy term credits along with techno-managerial training for men and women to form or to improve their own enterprises. The Program aims at changes in the strategically models and its processes, bringing out a new systemic view of economic and social insertion of the excluded population in municipalities out of the national economic range. PRODUZIR sets together the population, foster entrepreneurship capacities, and promotes the potentialities of the region, increasing income generation and improving life conditions.

Letter of Credit Program – Credit facilities for house purchase and dwellings, priority being given to household-head women. The concession of credit and personal documentation to rural labor women is inserted into the Harvest Plan 322.000 women benefited with the credit lines from the Family Agriculture National Program (PRONAF) 2004/2005, including 122.000 personal documents for women in the rural area, which is inserted into the National Documentation Program for Rural Labor Women, implemented in 2004. PRONAF Woman benefits rural labor women in getting micro credit for the launching of rural activities, which includes some technical assistance (PRONATER). During 2004/2005 it approved 2.598 contracts amounting US\$ 11,733,768.22⁸. Commercialization of products is under National Family Agriculture Fair and Land Reform. (ref. SEPIIR Report 2005).

Program for Promoting Equality of Gender, Racial and Ethnic (PPIGRE) – It is a Program of the Ministry of Agrarian Development (MDA) and the National Institute of Colonization and Land Reform. Its main objectives target the development of social and public policies, aiming at the inclusive improvement of the poorest of the poor, the economic rights of women rural worker, native population, and the Afro-Brazilian descendants' slaves, known as Historical Remaining of Negro Slavery Communities (Quilombos)⁹, throughout support to the production, access and right of the land usage.

National Plan of Land Reform II (PNRA II) - Acknowledges the legality of gender as one of the structural aspects in the social relations and includes women as political agents in the implementation of land reform and in the consolidation of the family agriculture. The governmental Decree N° 981, October 2nd 2003, regulates the obligation of the land commonage. From 1994 until 2005, 937,560 rural workers have been settled by the government.

National Program for Sustainable Development of Rural Territories – This Program, working together with the Program for Promoting Equality of Gender, Racial and Ethnic aim to stimulate and enlarge the participation of the women workers in the settlement of territorial development process through the Territorial Development Plans.

Technical Advisory and Environmental Preservation – Combines the traditional knowledge of the settled land labor to recent scientific experiences, created in 2004. It promotes gender equality in the context of national agrarian reform, providing land property to women, educational access and social security in the new distributed rural areas.

⁸ Exchange quotation of October 25th, 2007. 1 USD = 1.78971 BRL.

⁹ These traditional cultures are ethnic groups, constituted by rural or urban black population that defines it selves from relations with the land, the common origin, the territory, ancestrally and peculiar cultural practices. The amount of communities is estimated in about 3 thousand in all over the country.

Environmental Management – Aiming to implement the sustainable development and life quality of the settled. It promotes: the environmental diversity, the rational and sustainable exploitation of the natural resources, and the utilization of the licensing system as an instrument of environmental management of the settled families.

Installation Credit – Gives initial support to the settled families of the Land Reform to the projects created or recognized by the National Institute for Settlement and Land Reform (INCRA).

Infrastructure – Grants financial support to the rural basic infrastructure for the settlements such as roads building or recovering, implantation of system water supply and building rural electricity system.

Consolidation and Emancipation Program for Land Reform Settlements – It is the result of an agreement between the Brazilian Government and Inter-American Development Bank (IDB), executed by INCRA, aiming to consolidate and develop the settlements. It also implements the families to be integrated to the familiar agriculture segment. The Program is being installed in eight municipalities benefiting 11 thousand families in 82 settlements. (INCRA)

Sun Land (Terra Sol) – Created in 2004 by INCRA promotes the sustainable development and the Land Reform qualification giving support to the Organizations of Agriculturists Settled. Stimulate activities of agro-industrialization, commercialization and other activities, such as rural tourism and handiwork.

Light for All (Luz para Todos) – It is an integrated action, coordinated by the Ministry of Mines and Energy (MME) in which the Ministry of Agrarian Development (MDA) and INCRA takes part indicating the rural settlements qualified to receive electrical energy.

National Program for Education at Land Reform (PRONERA) – Aim to increase the educational levels of the rural workers settled.

National Program for Documentation of the Women Rural Worker (PNDTR) – It was created in 2004 by the MDA, aiming to promote the right of women's fully citizenship and economic autonomy. From its implementation until today, more than 350 thousands documents were expedited, in 638 municipalities with more than 190 thousands women castrated. According to data of Especial Secretariat for Aquiculture and Fishing (SEAP) emitted 920 fisher's identities, among women and men, during 2004 until 2006.

National Program for Strengthening the Familiar Agriculture (PRONAF) – Since 2004/2005 Harvest Plan Brazilian women have a specific credit line to recognize and stimulate the rural women work in the familiar agriculture and in the Land Reform.

Pro-Dwelling Program- developed by Federal and State governments to provide access to dwellings for men and women with the same priority as mentioned above.

(iii) Mainstreaming Strategies in Employment

National Program for Qualification (PNQ) – The main objective of this Program is training of public policies advisors, who will be able to offer information, handle methodological tools for guaranteeing the implementation of gender and racial relations. Most of the activities implemented under the National Program for Qualification (PNQ) are listed below:

National Strengthening Institutional Program for Gender Equality, Poverty Eradication e Income Generation (GPE) – Provides the insertion and strengthening of race and gender in the politics of poverty eradication, and labor and income generation, a strategic action to reduce the incidence of poverty, decreasing social inequalities, as well as the deficit in informality in the country.

Special Secretariat for the Promotion of Policies of Racial Equality (SEPPIR) – is an official agency which was implemented in March 2003 at national level.

Program Gender, Race and First Employment (*Programa Brasil Gênero e Raça e Primeiro Emprego*)- inserted into the National Plan for Qualification, Solidarity Economy. Tripartite Commission for Opportunities and Treatment Equality of Gender and Race in Labor, implemented at the national level (ILO, 2006: 16).

Sectorial Qualification Plan – Citizenship Domestic Labor (Trabalho Doméstico Cidadão)- this plan targets to promote the social and professional qualification of household maids, upgrading their school level, strengthening their syndicate association, setting-up plans for future activities, in a context of public policies, guaranteeing rights, and strengthening the citizenship of these workers (*Gênero, Raça, Pobreza e Emprego: O Programa GRPE no Brasil*, ILO, 2006: 16).

(iv) Mainstreaming Actions in Health

National Policy of Full Health-care for Women: Principles and Guidelines, launched by Ministry of Health in 2004, revised on April 17, 2006, to include the Family Health Security Program and Community Family Health Agents;

National Pact for Maternal and Neonatal Mortality Reduction – to avoid cesarean births and vaccination against tetanus to pregnant women, as well as child fetal diseases and newly born children diseases;

National Pact for Life – launched by Ministry of Health in 2004, is a commitment assumed by the Health Administration Advisors to give priority to the control of Uterine, Breast Cancer and Cervical Cancer. Including 80% of health assistance to preventive cancer examinations and high frequency surgeries;

Special Attention to Prevent AIDS/STD – In partnership with the Ministry of Health, the Special Secretariat for Women's Policies (SPM) stimulated and supported the building up of 39 special attendance services for women, especially in what concerns to sexual violence. Presently there are 121 hospitals which take part of the *Rede de Atenção Integral para Mulheres e Adolescentes em Situação de Violência Sexual*, a special network of public hospitals to take care of women in case of sexually transmitted diseases, HIV/AIDS, emergency contraception.

Actions related to full health-care for women, taking into account challenges posed by AIDS, infectious and parasitic diseases that continue to represent public health problems as malaria, tuberculosis and leprosy. Up to 2003, about 310 thousand cases of AIDS had been diagnosed in Brazil. The Southeast and South regions presented the largest concentration of cases in the period between 1980 and 2003: 84%. The Southeast, however, despite the high incidence rate, is the only region that shows a consistent declining trend since 1998. Comparing recently figures with those of 2002, the national rate fell 31.5% - from 18.7 to 12.8 people infected by HIV per 100 thousands inhabitants – and the rate in the Southeast region, 41% - 29 per 100 thousand to 17.1 per 100 thousand. There was an increase trend in the number of cases in some states of the North and Northeast regions, related to alterations in the social-economic patterns of the disease, which began to strike harder within the poorer segments of the population. Official data reveal significant evolution in the number of cases associated to heterosexual transmissions: 17.4%, the average in the 1980-1991 period, to 56.1% in 2002. One of the major contributing factors to this is the increase of the syndrome's incidence among women. And the higher the number of infected women, the more orphans there will be as a result of maternal AIDS, between 1989 and 1999, it is estimated that the number of children who lost their mothers as a result of the syndrome rose sharply from 383 to about 5,500 (IPEA/IBGE, 2004).

As a consequence of AIDS mortality, the Brazilian government implemented antiretroviral therapies easily available in the market, and launched in 2004 a universal and free access to antiretroviral drugs which have been established in the country. Another indicator to analyze the fight against HIV is the rate of condom use (12.9%) in relation to other contraceptive methods, used by women aged 15 to 49 years.

According to official reports, in 2003 the National Sexually Transmitted Diseases (STDs) and AIDS Program conducted a survey aimed at investigating the knowledge, attitudes, practices and behaviors related to AIDS, to assess the vulnerability of the population (IPEA/IBGE, 2004).

The Brazilian response to the AIDS epidemic completed twenty-four years in 2007. The model of care created in 1983, three years after the first case was reported in Brazil, was consolidated in 1986, with the establishment of the Brazilian STD/AIDS Program. In these years, the response to the epidemic was expanded and strengthened on all battlefronts: prevention, treatment, research, human rights and social organization, as well as access to antiretroviral (ARV) therapy and treatment, offering eight country generic versions at low-cost. The biggest challenge is to achieve an effective drop in new cases.

Prevention of AIDS/STD – approximately 165 patients is in treatment with 17 anti-retrovirus medicines distributed for free by the Unified Health System. In 2004, Brazilian Government spent US\$ 260 million in ARV medicine, almost 80% was used to acquire 8 kinds of imported medicines. In 2005 about 170 thousand people were submitted to the anti-retrovirus treatment. For 2008 the estimative is that 215 thousand people will be attended, comprehending an amount of US\$ 525 million expenditure with imported medicines. (Ministry of Health, 2006).

Approval of Law Granting Contraception Assistance by SUS – Among the above mentioned hospitals, 53 are technically able to offer services to interrupt pregnancy in case of rape of sexual abuse, which are approved by Law N° 10.778 dated of November 24, 2003.

Project of Violence Vigilance and Accidents in Sentinel Services - Projeto de Vigilância de Violências e Acidentes em Serviços Sentinelas (VIVA) – this is project of violence vigilance and accidents in sentinel services, approved in June 2004, under Presidential Decree N° 5.099, aiming at knowing the epidemiological profile of violence's and accidents officially notified by hospitals and specialized health services. During the period 2003-2006 more than 6.800 staff members have already been trained to offer special attention to women victims of domestic and sexual violence

(v) Violence

Brazilian women have been always subordinated to male power. Authoritarian regimes in the country have a poor record of delivering improvements in living standards, which obliterates women's empowerment. Women lacked a language; they needed to gain control, which would allow them to change their roles in political groups. Even though these Brazilian women felt voiceless in a political context and were unable to express their resentment, they started helping poor and working-class women to articulate their demands for improved urban infrastructure, schools, health-care, and political participation.

Defining domestic violence in Brazil requires looking at a wide spectrum of issues across communities. They range from rape, beatings, and insults faced by women at one end, to husbands not getting their meals on time at the other end. Presently women are gaining awareness of their rights, as they secure a livelihood, and are becoming less tolerant of irresponsible behavior by men; acquiring new capabilities and higher skills to face different job opportunities. Nevertheless, there is still a strong code of silence surrounding violence; women are ashamed and sometimes blame themselves for their husband's wrath. Because of this strong code of silence, it is difficult to gather reliable statistical data. Nowadays, based upon the supportive actions of the Brazilian Government, of non-governmental organizations, women are being trained and getting skills to face abuses, through gender awareness and counseling Programs. The Special Secretariat for Women's Policies eagerly worked in the design and implementation of a National Policy for Facing Violence Against Women. With this initiative, the Brazilian Government changed the perspective to confront violence against women, recognizing that the State must assume the responsibility for its elimination.

National Policy for Facing Violence against Women – provides guidelines on how to give assistance to women victims of domestic and sexual violence and budget appropriation to construct more shelters for them; proposals for changing the penal code related to rape and for the aggressor being given an appropriate and more just punishment; campaigns drawing the attention to human

rights. It has as main target to empower women to break up with the perverse cycle of violence they are used to. Nowadays, there exist 63 Shelter-houses, 83 Reference Centers to take care of women in case of violence, 14 Women's Public Defensive Offices, 392 Specialized Police Stations (DEAM) throughout the country specially to attend to women victims of violence. Summarizing, there are 160 special agencies in the country, excluding the DEAMs. From this total amount, the Special Secretariat for Women's Policies (SPM) supported technically and financially 93.12% of the services: 18 in the North Region, 23 in the Northeast, 13 in the Center-West, 77 in the South-East and 18 in the South. US\$ 15 million dollars have been officially allocated in the period of 2003-2006 to provide assistance to women in case of violence. In 2006, 19 Reference Centers to take care of women in case of violence and 15 Shelter-houses have been added to the Program (ref. *Memória 2003-2006*, Secretaria Especial de Políticas para as Mulheres/Presidência da República).

Focusing on public security, training has been scheduled to benefit the policemen and policewomen to fight human traffic with the specific objective of sexual exploitation. A good example should be given in what concerns to the Communitarian Security Councils (CONSEG), which were created in São Paulo, in 1985, aiming at a participative community leadership in terms of public security issues. The design and launching of the project had as its main objective the expansion of the KOBAN system and enhancement of the services to the population concerning public security throughout São Paulo state.

The "Koban System" refers to the set up those BCSs, *chuzaishos*, platoons, companies or battalions provide local residents with community policing-initiatives.

In 1992 the Directorate (Comando da Corporação) launched a new strategy of citizenship approach following the 1868 Japanese model. It is important to highlight that the Military Police had already started some Educational Programs to decrease domestic violence, drugs and violence in schools and at the communities. These activities have also been extended to some Platoons; giving special emphasis on problems related to nearby regions. Presently São Paulo has 99.000 military policemen, 80.000 are men and approximately 10.000 are women.

The project has enlarged its activities to 20 police stations; of course this is only the beginning as São Paulo has 268 police pilot bases in the State.

The Communitarian Base at Rotary Square, for example, is next to the University, to SENAC School, and during the month of September 2007, it provided the population with 689 household visits. In this contact with the population, it shows that the policeman is there to cooperate with the people and not to punish them. It takes care of security, of transit infringements (561 in total), and flagrant imprisonment. A work executed by a group of 16 policemen. Besides these tasks, it promotes meetings with the civil society, shows, movie sessions at the squares, games and sports activities for the population (site visit and interviews at the Military Police in São Paulo, October 11, 2007).

(vi) Placing Women in the "Right" Places: Access to Power

National Program for Promoting Equality of Opportunities to Government Positions – according to statistical data from Superior Electorate Court (Tribunal Superior Eleitoral - TSE), in 2004, 51.45% of women were members of the national electorate. Summing up this corresponds to 55,577,708 women electors in a global universe of 109,986,178 voters. These figures show a balanced percentage of 50.22% in 1994 (47,597,230 women electors); 50.16% in 1996 (50,803,039); and 49.99% in 1998 (53,013,835 women voters) (UNIFEM, 2007: 39)¹⁰.

Women are encouraged to enroll themselves into political positions, following some official norms such as minimum age 35 years old for President, Vice-President and Senator; 30 for Governor, State Deputy-Governor of the Federal District; 21 for Federal Deputy; State Deputy or District Deputy, Mayor, Deputy-Mayor and Peace Judge, 18 for Councilman (City Father) (UNIFEM, 2007: 39).

Law 9.504 of 1997 was an important landmark to settle up women's candidatures, establishing a minimum range of 30% and maximum of 70% for candidatures of both sexes, in 1994 (previous to the legislation), women candidates summed up to 7.18%; 2002 14.84% (TSE data; *apud* UNIFEM, 2007:

¹⁰ PIOVESAN, Flavia. *Direitos civis e políticos: a conquista da cidadania feminina*, in: **O Progresso das Mulheres no Brasil**, UNIFEM, Ford Foundation, Cepia – Cidadania, Estudo, Pesquisa, Informação e Ação, Brasília: 2006, p. 33-52.

40)¹¹. In 1995 there was a percentage of 22% of women's candidatures at the Municipal Chambers, resulting in 12% of elected Councilwomen.

Legislative Power: Chamber of Deputies, 6% of women participation (1995-1998) compared to 513 parliamentarians; increasing to 8.19% in 2002. At the Senate women's insertion shows an invisibility of only 2.46% in 1995; 6.17% in 2000, among a total amount of 81 men (ICC-Brasil, Cepia, 2004, *apud* UNIFEM, 2007: 41).

Historical facts reveals that only in 1932 the first woman was elected as Federal Deputy, increasing in number during the 1980s, averaging from 8 to 45 elected women from 1982 to 2006, as the table below

Year	Candidates (Women)	Elected
1 932	1	1
1 935	-	2
1 946	18	-
1 950	9	1
1 954	13	3
1 958	8	2
1 962	9	2
1 965	13	6
1 970	4	1
1 974	4	1
1 978	-	4
1 982	58	8
1 986	166	26
1 990	-	29
1 994	189	32
1 998	352	29
2 002	509	49
2 006	652	45

Source: Electoral Supreme Court, 2006.

It is important to highlight that in 2004, considering a total of 5,562 municipalities in the country, 1,631 cities had no Councilwomen in their official lists. The majority of 2,087 cities elected only a percentage of 10 and 19.9% of women candidates. In 431 municipalities, figures show that from 30% to 39.9% of women have been elected. In 93 cities, from 40% to 49.9% of women candidates were successful and won elections. As a conclusion, we may say that in only 23 cities women became the majority at the Municipal Chamber (UNIFEM, 2007: 42).

Executive Power: a the State Executive Power during the period of 1994, 1998 and 2000 only one woman (4%) was elected as Governor in a total of 27 women candidates. 2002 this participation showed an increase of 8%, with two elected Governors (UNIFEM, 2007: 42). The same happens at the municipal level showing a percentage of only 3% of Mayor Representatives in 1995 (4,972 cities); and 5% from 1998 to 2000 (5,505 cities). High level advisors in 1995 were 17%; and 15% respectively in 1998 and 2000. Employees at the public direct administration show a percentage of 52.14% of women.

¹¹ According to José Eustáquio Diniz Alves, author of *A Mulher e a Política de Cotas*, 2004, during 60 years, from 1932 to 1992, the Brazilian women got only 7% of the official chairs at the Legislative Court, in 1994 they were 8% in the Legislative Assemblies and 6% at the Federal Chamber. Although the parties are encouraged to insert women into political positions, it does not means that they fill in the official 30% quota. During the 2004 municipal elections women candidatures for Municipal Chambers summed up 22%, and 12% of Councilwoman. See: *O Progresso das Mulheres no Brasil*, UNIFEM, Ford Foundation, Brasilia: 2006, p. 40.

Ministry for Foreign Affairs had in 1995 only three women in the post of Ambassador, among 98 men. This number increased in 1998 3.87%, and totalized 4.45% in 2000.

Judiciary Power: women representativeness at the Supreme Courts is extremely reduced; up to 1995 no women had been able to occupy an official post. In 1998, women’s participation reached 2%, 2001 8.20%, and in 2003 increased to 9.09%, as described in the following table.

	Women	%	Men	%	Total
Federal Superior Court (STF)*	2	18.18	9	81.81	11
Superior Justice Court (STJ)**	6	18.75	26	81.25	32
Superior Labor Court (TST)***	4	17.39	19	82.60	23
Total	12	18.18	54	81.81	66

Source: STF, STJ and TST, 2007.

* Minister Ellen Gracie Northfleet and Carmem Lúcia Antunes Rocha.

** Ministers Eliana Calmon, Fátima Nancy Andrighi, Laurita Hilário Vaz, Denise Martins Arruda, Maria Thereza Rocha de Assis Moura and Chief Judge Jane Ribeiro Silva.

*** Ministers Maria Cristina Peduzzi, Rosa Maria Weber Candiota da Rosa, Maria de Assis Calsing and Dora Maria da Costa.

It is important to highlight that in the history of the Federal Superior Court – STF, up to 2000, no women had been nominated as minister, and only in 2001 Minister Ellen Grace Northfleet was nominated by President Lula.

The Justice Superior Court (STJ) has 28 male ministers and 4 women ministers. On the other hand the Labor Superior Court (TST) has presently 16 male ministers and only 1 woman. Although the empowerment of women has been noticed, new initiatives to sensitize the juridical area motivating the professionals in questions related to human rights with gender perspectives, as well as providing training courses. Unfortunately, these issues have not been done in relation to racial and ethnic insertion.

(vii) Making Women Visible Through Data

An important Brazilian strategy for mainstreaming concentrates on expanding the data and improving the system for collecting and reporting data about women, such as: Newsletters “Em questão”, “SEPPIR News”, “Dito e Feito”. These newsletters feed society as well as CFemea, Advocacy, Cladem, Cepia, “Democracia Viva” from IBASE (the first Hunger Zero implemented in Brazil by Herbert de Souza) and Themis, NGO's, International Organizations etc, with information on what is going on concerning to Gender; CNDM Internet Home Page under installation by the time of this survey; connection between CNDM and radio and TV network for Brazil-wide transmission of debates and interview concerning Gender is now underway. Official census data as IBGE, PNAD, IPEA and SPM and SEPPIR help census takers, statisticians and gender experts to improve the quality of Brazil’s data.

2.1.3 – National Machinery

The Four Year Budgetary Plan (PPA) 2008-2011 recently sent to the Congress considers a set with the three main mainstreaming agenda for women: Education Development Plan (PDE); Growth Acceleration Plan (PAC) and the Social Agenda, alongside with a set of 56 priority goals. Ten Government goals guide the Plan (PPA), from which 3 aims to overcome inequalities: (i) social; (ii) gender, ethnic and race groups; (iii) and regional inequalities.

The main purpose of these goals is to strengthen democracy through gender, race and ethnic equality and citizenship with transparency, social dialogue and human rights promotion. Those mainstreaming issues relate to the eradication of inequality in gender and race, to children and juveniles, aiming at the good respect to elderly people, physically and mentally disabled people, as well as Lesbians, Gays, Bisexuals and Transgender – LGBT, so that they can acquire prominence,

enabling their fully participation in society, being discussant members of public policies (Cfemea, 2007).

The Governmental mainstreaming goals are:

1. Promote social inclusion and inequality reduction;
2. Promote economic, sustainable environmental growth, access to labor and income generation;
3. To propitiate equality access to education and knowledge; increasing its quality and valorizing the diversity;
4. To strengthen Democracy through gender, race and ethnic equality; foster citizenship with transparency, social dialogue and human rights promotion;
5. To establish efficient and integrative infrastructure in the National Territory;
6. To reduce regional inequalities through the use of local potentialities;
7. To strengthen the international sovereign insertion and South-American integration;
8. To raise the systemic competitive level of the Brazilian economy aiming at the use of technology innovation;
9. To promote a pacific social environment and to guarantee the citizens integrity;
10. To promote quality access to Social Security, under the universality and equality perspective, ascertain of its democratic character and decentralization.

According to Cfemea, the Special Secretariat for Women's Policies – SPM, the For Year Budgetary Plan considers the following action Programs¹²:

(i) Sexual Violence Against Children and Juveniles Confrontation	US\$ 484.250,863,00
(ii) Prevention and confrontation of violence against women	US\$ 15.675,788,56
(iii) Administrative support	US\$ 3.250.149,31
(iv) Management of the gender transversality in public policies	US\$ 3.648.983,49
(v) Citizenship and effective promotion of women's rights	US\$ 4.105.037,36

¹² The amounts are expressed in US Dollar. To obtain the real investments in Brazilian Reais multiply the values above per 1.75,394, the UDUS Dollar value per R\$ 1 in November 5th, 2007.

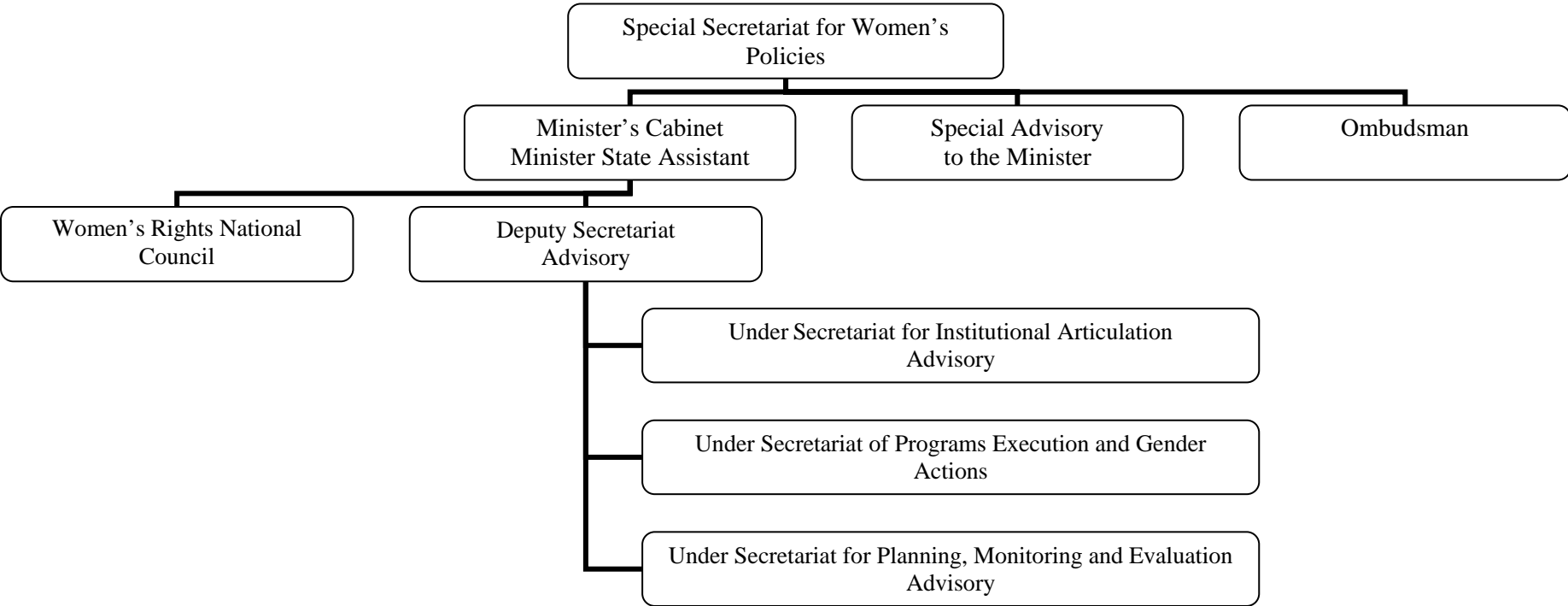
Main implementing mainstreaming strategies related to Gender by other ministries and agencies

National Machinery	Special Secretariat for Women's Policies – SPM – Presidency of the Republic (PR) (since 2004)
No. of Staff	1 President and 20 Councilors (Appointed by Brazilian President), who are representatives of civil society, 13 representatives from Federal Ministries and 3 representatives considered as of high level knowledge.
Function	Coordinating between ministries and agencies for planning and implementation of the National Policy for Woman.

Agency	Implementing strategies
Special Secretariat for Women's Policies (since 2004)	<ul style="list-style-type: none"> ▪ National Policy for Facing Violence against Women. ▪ Establishment of Specialized Police Stations (DEAMs), specially attending to women victims of domestic and sexual violence; ▪ Construction of more shelter-houses for women ▪ Establishment of Reference Centers to assist women in case of violence, as well as law assistance in order to protect women's rights; ▪ Communitarian Security Councils (CONSEG); ▪ Implementation of Women's Public Defensive Offices; ▪ Provision of means of communication such as Newsletter ▪ Internet Home Page, and TV Network to share information on Gender.
Ministry of Education & Sports (since 2002)	<ul style="list-style-type: none"> ▪ Elimination of gender stereotype in curriculum, educational book. ▪ Implementation of the Teacher Evaluation Fund intended to improve teacher's salaries and provide them educational training (female forms the great majority of basic educational teachers); ▪ Programa Brasil Alfabetizado (Brazil Alphabetized Program); ▪ Women and Science Program; ▪ Programa Gênero e Diversidade na Escola (Gender and Diversity at School); <p>Pro Gender Equity.</p>
Ministry of Health (since 2001)	<ul style="list-style-type: none"> ▪ National Pact for Maternal and Neonatal Mortality Reduction ▪ National Policy for Integral Attention to Women's Health; ▪ National Pact for Life; ▪ National Policy for Basic Attention; ▪ Nutritional education, improvement of health services and implementation of family planning ▪ Special Attention to Prevent AIDS/STD; ▪ Approval of Law Granting Contraception Assistance by SUS.
Ministry of Labor and Employment (since 2003)	<ul style="list-style-type: none"> ▪ Provision of professional education through the National Program for Worker Qualification, stating that at least 30% of the places are to be granted for women ▪ Establishment of the Income and Employment Generation Program, providing access to easy terms credits along with techno-managerial training for men and women to form or to improve their enterprises.
Land Reform Extraordinary Ministry (since 2004)	<ul style="list-style-type: none"> ▪ Settlement of families through the Land Reform Program, attention being given to household-head women.
Partnership between Federal, State, and Municipal government and Society (since 2003)	<ul style="list-style-type: none"> ▪ Credit facilities for house purchase and dwellings, especially through the Brazilian Savings Bank (CAIXA)
National School of Public Administration	<ul style="list-style-type: none"> ▪ Access to power regardless to gender through a national Program for promoting equality of opportunities in the government

(since 2005)	
Ministry of Social Development and Fight Against Hunger (since 2004)	<ul style="list-style-type: none"> ▪ It is a Program of direct income transferring to families in poverty situation and in extremely poverty situation the beneficiaries have to attend the conditionality imposed by the Program, such as children school frequency.

Chart 1 – The Special Secretariat for Women’s Policies – SPM – Presidency of the Republic (PR) organization chart is as follow:



3 – Current Situation of Women by Sector

3.1 – Education

In 2007 there are around 203,900 public schools for basic education (82.6% public and 17, 4% private). From this amount, 54, 8% are located in urban area (corresponding to 86.6 million of the enrollment) and 45, 2% in rural areas, (corresponding to 13, 3 % of the enrollment). Although 36,968,000 illiterate children are accounted in the country. Educational Development Plan (PDE), aiming at a high quality basic education. Basic Educational Fund will allocate R\$ 1 billion in 2007 to benefit 1.000 cities. A full set of action emphasizing the prevention of gender discrimination is planned. Investments in Quilombos areas and Native Indian locations started in 2004. According to IBGE/PNAD, the total enrollment rate per gender for the fundamental education in 2006 was 17.086.427 of men and 16.196.236.

[General Situation]

The Educational System in Brazil comprises three levels. The first 9-year is called Primary Education and is compulsory for 7-year old children and over. The next step comprises of Secondary or Technological Education which is 3-year, followed by Higher Education, which may last from 4 to 7 years. In addition, there is the Preschool providing day care for children under 7 years old, where children initiate the first steps to literacy.

For all the mentioned levels there are public and private schools. Until the Secondary level, the wealthiest go to private schools, which provides a better quality of education, whereas to the others rest the Public ones. Once the higher level is reached, the scenario inverts and a very small number of students from public school have enough skill to pass the entrance examination for the universities and colleges and when they do some, most of them go to private ones whose exams are generally considered easier. Normally, the less privileged goes to a night school and pays for it.

All educational indicators have presented expressive improvement in the last decade. According to the Brazilian Government data schooling rates increased from 91.2% for people from 5 to 17 years old in 2005, to 92.% in 2006 (PNAD, 2006). College attendance is 13.2% higher than in 2004, showing an addition of 15.3% in the private sector than in 2005. Negative rates concerning students at pre-school and medium level reveals that the demographic structure has decreased.

Illiteracy rates were 10.2% in 2005, decreasing to 9.6% in 2006, in all Regions for all age group age. In the Northeast where the rate is higher 20% in 2005, it fell down to 18.9% in 2006. For 15 years old children illiteracy rates were 11% in 2005, but decreased to 10.4% in 2006 (PNAD, 2006).

Index ratio is not better because there are schooling setbacks; pupils over 10 years of age attending primary school, for instance, are only considered in the calculation of the net attendance ratio in elementary education, raising its percentage. According to data from the School Census, there was a dropout rate in elementary education of 8.7% in Brazil. Therefore, by next year (2008) it is estimated that at least 90% of male and female children will attend primary school, and 75% of children will attend secondary school (data show 73% men, 78% women, secondary school enrollment ratio in 2005, HRD 2007/2008).

The permanence at school has increased for all ages and in all regions, but the Northeast presents more evident negative rates. Regional imbalances also stand out in the analysis of higher schooling levels. In the South and Southeast regions, on average 55.1% of young people aged 15 to 17 attend secondary education, the contrast is even bigger: the variation ranges from 5.1% of 18 to 24 year-olds in the Northeast to 13.7% in the South. Disaggregation of this indicator per race and gender provides a perspective on the social inequalities rooted in the country in terms of education.

In higher education, net attendance ratio level for females calls the attention 11.3% against 8.3% for males. Gender imbalances, in this case, weights against males, since them, more than females, end up dropping out of school to try to enter the labor market. Notwithstanding, in the analysis of school attendance according to race, the contrast increases considerably. Young whites aged 15 to 17 in secondary level have almost doubled the attendance (53.4%) of young blacks and mulattos (29.2%) in higher education. In higher education, as is the emphasis of this last point, this difference increases

fourfold, and this same picture is found in all the regions in the country (whites 16.5% and 4.8% black and mulattos) (IPEA, 2004, HDR, 2007/2008). Although the HDR 2007/2008 presents an adult literacy rate (2002-2004) of 88% for men and 89% for women, it should be highlighted that the problem of poor academic performance and repetition cannot be hidden by Ministry of Education (MEC). It is relevant to restructure the organization of education in special classes, provided training of teachers and production and distribution of teaching materials, for the main actors in this field: state and municipal governments, universities, the “S” System (Industry Social Service – SESC, National Service of Industrial Training – SENAI, National Service for Commerce Training and trade union movements. With the internal restructuring of the Ministry of Education, carried out in 2004, the Secretariat for Continued Education, Literacy and Diversity was created, and is responsible for the implementation of the literacy, and for the inclusion of gender in the curricula, avoiding stereotypes which used to discriminate women in previous years.

[Government Policy and Budget of Gender]

The Brazilian women are getting more skilled qualifications as in the past; they have more schooling years than men, and have inserted themselves in prestigious professions considered exclusive to men.

The insertion of women in the labor market in the period 1992-2002 is characterized by advances and set backs. It shows the intensity and permanently increases of the Economically Active Population (economically active population as referred in Brazil- EAP), on the other hand, high rates of unemployment and the bad quality of work conditions for women are evident in the Brazilian society. The most educated and skilled women have got jobs and access to careers which had never been occupied by women, such as directorate and management posts; notwithstanding there are women occupying precarious posts and working in the informal sector. “People wonder why it is so difficult to create jobs in Brazil; it is due to the lack of dynamism in the Brazilian economy. They also wonder what kinds of jobs have been created in Brazil. What are the current impediments? It is true that women in the informal sector are not inserted in this context. Actually, the job positions that are being created are meant for workers or professionals with more education. It is important to highlight that the supply of jobs for workers with less than five years of education dropped by 8 percent between 1992 and 1996. On the other hand, workers with five to eight years of education saw job offers increase by almost 20 percent, and job openings for those with nine to eleven years of education increased by 28 percent. We can see, therefore, that behind the 8 percent growth of the total job openings, there is a very significant growth of opportunities for workers with medium and high levels of education.¹³

The changes in the Brazilian labor market have been significant, especially relating to the creation of jobs in industry and factories. The generation of new job opportunities is not due to the lack of dynamism in the economy, but to factors related to how the labor market works; these factors are associated with the fast growth of productivity. The growth of productivity depends on better qualified workers who can produce high quality goods with less effort.

The impact of education over women’s life, taking into consideration differences in schooling years among women workers and men, reveals that women have higher schooling degrees than men, in 2002, 37% of women and 26% of men had more than 11 years of schooling. These figures show that in ten years schooling years for women workers raised from 23% to 37%. In 2002, 59% of the students who finished basic education (9-11 years of schooling) were women; according to statistical data from Medium Research Statistical Data (Censo do Ensino Médio, Ministry of Education, UNIFEM, 2006: 69.¹⁴

Relevance is given to women enrolled in technical courses, in several specialties such as general services, health, arts; and showing 63% of women’s participation at under graduation levels.

¹³ Bijos, Leila. *Gender, Power, Financial Access, and Development in Latin América: Comparing Brazilian and Bolivian Cases*, **Law and Business Review of the Americas**, Vol. 12, Summer 2006, Nº 3, Southern Methodist University (SMU) Dedman School of Law, Texas, USA, p. 341-360.

¹⁴ Bruschini, Cristina, Lombardi, Maria Rosa & Unbehaum, Sandra. *Trabalho, renda e políticas sociais: avanços e desafios*, in: *O Progresso das Mulheres no Brasil*, UNIFEM, Ford Foundation, Cepia, Brasília: 2006, p. 40.

Reviewing traditional courses, such as education, health, social welfare, humanities and arts; it is noted that women are enrolling themselves in social sciences, business and law (from 50.6% to 54.6%). Other women are inserting themselves in engineering, production, construction, medicine, showing an increase of 20.8% to 30.8% during 1990 to 2002. Women are also considered as younger than men: 62% engineers; 47% architects; 49% doctors; 65% lawyers; and more than half of these women who are attorneys and judges are 39 years old or less (UNIFEM, 2006: 70-72).

Advances in these areas are a consequence of the 1996 Cooperation Protocol, which was established between the Ministry of Education and the Ministry of Justice, this latter represented by its National Council for Women's Rights (CNDM), with the view of implementing a set of actions emphasizing the prevention of gender stereotype in curriculum, educational books and in strategies for teachers training, such as:

- Promote gender equality as a component of the strategies for teachers training;
- Curricular revision focusing the ban of all kinds of prejudice and discrimination;
- Implementation of the National Program for Educational Books highlighting gender equality, classifying them as “recommended”, “reservedly recommended” or “excluded” as they present any trace of prejudice and/or discrimination;
- Intervention in publicity campaigns and seminars “Women and Advertisement”, radio Programs, such as “*Mulherio*” (womenfolk), and mobilizations during the International Women’s Day (IWD), celebrated on 8 March, and the International Day for the Elimination of Violence against Women, designated as 25 November, were good examples of the work performed by the Special Secretariat for Women’s Policies (SPM).

In December 2006 the Maintenance and Development Fund for the Basic Education - FUNDEB was created by the 53 Constitutional Amendment Law, on December 19th, 2006, and regulated by the Provisory Measure 339, on December 29th, 2006. Its implementation started on January 1st, 2007.

It is an accounting Fund composed by financial resources from the 3 Federates Entities (Federal, State and the Municipalities) stipulating that 20% of the rates transfers from the States, Federal District and the Municipalities will be used for all Basic Education through FUNDEB, which promotes the distribution of the resources based on the students number in the public basic education according to the last Schooling Census.

According to its regulation, 60% of FUNDEB’s resources have to be used annually to the remuneration of the teaching profession. Since the great majority of basic educational teachers are female, government claims this is the greatest measure towards the improvement of women's wages.

However, according to UNESCO, the teacher’s wages are still deficient, Brazil has the 3rd worst salary average for teachers in the beginning of career: from US\$ 177.67 to US\$ 400 per month in the end of the career. The situation is even worse in the Northeast region, according to the same UNESCO report, the amount paid per hour of class is about R\$ 0.98, corresponding to US\$ 0.55.

Federal expenditure with education amounted to US\$ 51 billion (ref. Min. Fazenda, Tesouro Nacional, 2006).

Since 1995 the National Educational Maintenance and Development Fund (FNDE) has been developing Programs in order to promote federal decentralization of funds for all schools throughout the country, so local governments themselves manage the funds received from the federal government to enhance school facilities and to the teaching-learning process. As a whole, the Program covers:

- Annual Work Plan: local governments present an Annual Work Plan and the federal government may finance construction or enlargement of school premises, plus purchase of furniture, equipment and teaching materials requirements;
- Program of Technical Assistance: budgeted funds are given to States and Municipalities to get TV sets, VCR's and parabolic antennas.
- National Program of Schoolbook: distribution of text books through schools all over the country.

According to the National Educational Maintenance and Development Fund (FNDE), between 1994 and 2005 the National Program of Schoolbook – NPS (PNLD), acquired, for utilization in the school years from 1995 to 2006 1.077 billion books distributed for an annual average of 30.8 million of students enrolled in about 163.7 thousand schools.

In 2006, the NPS bought and distributed a lot of dictionaries for about 764 thousand classes of 147.7 thousand public schools of the fundamental education, benefiting 29.8 million students.

[Primary Education]

Schooling education plays a fundamental role in terms of preparing the citizens to their professional life, since kindergarten beginning at 3 years old, which has as main objective the complete development of children up to 6 years old, in its physical, psychological, intellectual and social aspects, complementing family's education and the interrelation with the community. To allow children to receive the proper education, the Brazilian Government supports private day nurseries, or equivalent institutions, for 3 year old children, pre-schools for children of 4 year old up to 6 year old (LDB art. 29 and 30).

The next step is basic education which continues up to high school and graduate level. PNAD 2006 highlights great changes in the educational country scope, especially comparing the same source dated of 1996. 2006 gross schooling attendance rates related to some age segments presented a relatively significant result. For children which age range from 0 to 3 years old, percentage figures changed from 7.4% to 15.5%. Education for children from 4 to 6 year old presents an increase percentage ranging from 53.8% to 76.0%, which is an increase of 40% in schooling attendance. These are very important results for the Brazilian Government, once the investment in children's education will result in powerful social and economic changes in a near future. The Brazilian government, following the third Millennium Development Goals is promoting gender equality and empowering women. Its main target is to eliminate gender disparity in primary and secondary education, as well as in all levels of education no later than 2015. In Brazil, formal education no longer represents a major obstacle in achieving gender equality for women.

Brazilian educational Program which comprises the Law of Guidelines and Bases of the National Education (LDB, Law n. 9.394 of 20 Dec. 1996) in its Article 5° says that "the access to basic schooling is a public right and any citizen, group of citizens, communitarian association, syndicate representatives, class entity or any other legally constituted organization, as well as the Public Ministry can demand the Public Power to provide the right means for the population". Basic education means developing the learning capacity in children, teaching them to read and write; and calculation knowledge. Additionally, children will be able to understand the social and natural environment where they live in, the political organization, technology issues, arts, costumes and values imbued in the society, sharing friendship and being cordially between men and women. The learning capacity will be important for the acquisition of life values and attitudes, strengthening the links with the family, human solidarity, reciprocal tolerance, which are fundamental basis for life in society.

Although women have a higher schooling level than men, the discrimination against women is unveiled when one analyzes the indicators of their participation in the labor market and in the political sphere, aggravated by the domestic violence that they suffer. Besides hindering the empowerment of women, the Brazilian culture creates other types of imbalances and even paradoxes, such as the disadvantage of men in terms of education. Pressured to seek work at an early age, youngsters end up dropping out of school. Once the activities of girls are traditionally domestic, with more flexible schedules, they generally manage to finish school. Presently, women stay in school and finish the educational cycle. There is an evident increasing female presence in school in relation to males. Statistical data from the National Household Sample Survey of the Brazilian Institute of Geography and Statistics (IBGE), show that women look for jobs between 18 and 25 years of age, which does not necessarily mean that they stopped studying. The analysis of men and women in elementary education varies very little 97% for both, regardless of race, remaining close to the Brazilian total average (gross enrollment for male 145 and 137 for women) (HDR, 2007/2008).

As to the proportion of literate men and women in the 15 to 24 age group (102.5%), there are no disparities, and along the decade the small difference recorded decreased steadily – from 104.8% in 1992, to 102.5% in 2002. The Human Development Report 2007/2008 presents a total adult literacy rate of 88% for men and 89% for women.

Although young women are still more literate than men, it is possible to say that there is gender equality in terms of the country's general average.

[Impact of Economic Policy on Educational Policy]

Since 2003 some companies and foundations have become involved in adult education and training. The following table presents updated statistical data (2006) concerning illiteracy of the population from 15 years old or more (total and %) according to age groups and race, showing a total amount of 14,391 million people with no education, affecting adult people of 40 to 59 years old (36.4%), the incidence is greater when one analyzes black or colored groups, which amounts to 67.4%, as shown by table 5 below:

Table 5 - Illiteracy of the population of 10 years old and over, total and per age groups, per gender according to the Brazilian Regions - 2005-2006						
Age groups and gender	Population of 10 years old and over (1 000 people)					
	Brazil	Great Regions				
		North	Northeast	Southeast	South	Center-East
2005						
Total (1)	152 916	11 440	41 252	66 652	22 808	10 764
Men (1)	73 880	5 651	20 012	31 962	11 015	5 238
Women (1)	79 036	5 788	21 240	34 690	11 793	5 525
10 to 14 years old	17 216	1 658	5 275	6 600	2 428	1 254
Men	8 799	829	2 716	3 405	1 221	627
Women	8 416	829	2 559	3 195	1 207	627
15 to 17 years old	10 659	923	3 280	4 254	1 430	772
Men	5 363	451	1 644	2 162	720	386
Women	5 296	471	1 636	2 092	711	387
18 to 24 years old	24 434	2 078	7 306	9 998	3 288	1 763
Men	12 283	1 017	3 687	5 041	1 666	872
Women	12 150	1 061	3 619	4 957	1 622	891
25 and over	100 545	6 777	25 389	45 748	15 662	6 970
Men	47 398	3 350	11 964	21 323	7 409	3 352
Women	53 148	3 427	13 425	24 424	8 253	3 618
Illiteracy (1)	15 574	1 219	8 250	4 014	1 228	865
Men (1)	7 747	674	4 417	1 717	525	414
Women (1)	7 827	544	3 832	2 297	702	451
10 to 14 years old	579	89	369	80	25	17
Men	404	58	265	54	15	12
Women	175	31	104	26	10	5
15 to 17 years old	203	21	128	33	16	5
Men	143	14	95	22	9	3
Women	60	7	33	10	7	2
18 to 24 years old	799	74	539	118	39	28
Men	531	50	366	77	20	18
Women	268	24	174	41	19	11
25 and over	13 984	1 034	7 212	3 776	1 147	814
Men	6 664	550	3 691	1 561	481	381
Women	7 320	483	3 521	2 216	667	433
2006						
Total (1)	156 284	11 815	42 089	68 054	23 242	11 084
Men (1)	75 326	5 889	20 392	32 421	11 211	5 414
Women (1)	80 957	5 927	21 697	35 633	12 030	5 669
10 to 14 years old	17 702	1 711	5 468	6 767	2 449	1 308
Men	9 017	865	2 786	3 454	1 251	661
Women	8 685	845	2 682	3 313	1 198	646
15 to 17 years old	10 425	947	3 173	4 093	1 457	754
Men	5 231	489	1 601	2 011	740	390
Women	5 194	458	1 572	2 082	718	365
18 to 24 years old	24 285	2 101	7 175	9 930	3 283	1 796
Men	12 059	1 057	3 560	4 931	1 635	876
Women	12 227	1 044	3 615	5 000	1 648	919
25 and over	103 872	7 057	26 273	47 264	16 052	7 226
Men	49 020	3 477	12 445	22 025	7 586	3 487
Women	54 852	3 580	13 828	25 239	8 467	3 739
Illiteracy (1)	14 927	1 220	7 946	3 741	1 198	821

Men (1)	7 425	653	4 265	1 568	537	401
Women (1)	7 502	567	3 681	2 173	661	420
10 to 14 years old	536	78	351	74	20	13
Men	365	50	248	47	13	8
Women	170	28	103	27	7	5
15 to 17 years old	166	25	97	29	10	5
Men	120	20	69	20	8	3
Women	46	6	28	9	2	2
18 to 24 years old	673	61	452	106	31	23
Men	434	37	301	65	16	14
Women	239	24	151	41	15	9
25 and over	13 552	1 056	7 046	3 532	1 137	781
Men	6 506	546	3 647	1 436	500	376
Women	7 046	510	3 399	2 096	637	404

Source: IBGE, National Household Sample Survey (PNAD), 2005-2006)

(1) Including ignored age population.

Nevertheless, IBGE 2007 shows that in 2007 this number is higher than the one presented in 2006, amounting to 36.968,000 people. Due to high dropout rates, there is a high incidence of grade repetition, thus in most of the cases it takes an average of 11 years for a student to complete the first 8-year course, boys in the North and Northeast are the most likely to abandon school prematurely, mainly by their early premature participation in the family's income. Adults from 25 to 39 years old present high illiteracy rates; respectively 21.6% and 37.1% in the North Region. In the Northeast 22.6% of adults which are 25 to 39 years old are not able to learn due to poverty, difficult access to school, difficulties in learning as educational methods are old-fashioned, curricula and teaching materials are not adequately suited to regional patterns, teachers are not skilled for the profession, there is an absence of infrastructure and facilities, and besides that parents need manpower force in agriculture.

Women are important to do household tasks and they are not motivated to attend formal classes. Nevertheless, women are breaking off these old paradigms and showing their presence in secondary and higher education, although it is possible to find discrimination affecting the lives of blacks and mulattos of both genders, which ends up moving them away from school. IPEA report (2004) points out that, despite women's educational advances, there are certain spaces in higher education that they traditionally occupy. There is a predominance of women in courses in the social and human sciences, whereas men dominate in the exact sciences courses. That is, areas related to care and aspects of the private world end up being occupied by women, while activities associated with the public world, by men. In the Brazilian case, it is observed that the target and indicators proposed for the monitoring and assessment of its fulfillment are insufficient to address the issue of gender equality. Improved access to education is not enough to promote gender equality and empower women.

3.2 – Health

From 1990 to 2002, infant mortality rate in Brazil fell 41.1‰. Recent data mainly concerning infant mortality presents a reduction comparatively to 2002 25.1‰ to 22.5‰ 2004 showing a 7.4% variation. In what concerns to maternal mortality rate, it shows in 2000 a rate of 52.36‰ increasing to 54.37‰ in 2004, and presenting a decrease to 35 in 2005 per 100, 000. Cesarean in 2004 represented 42.72% of births in the public sector.

[General Situation]

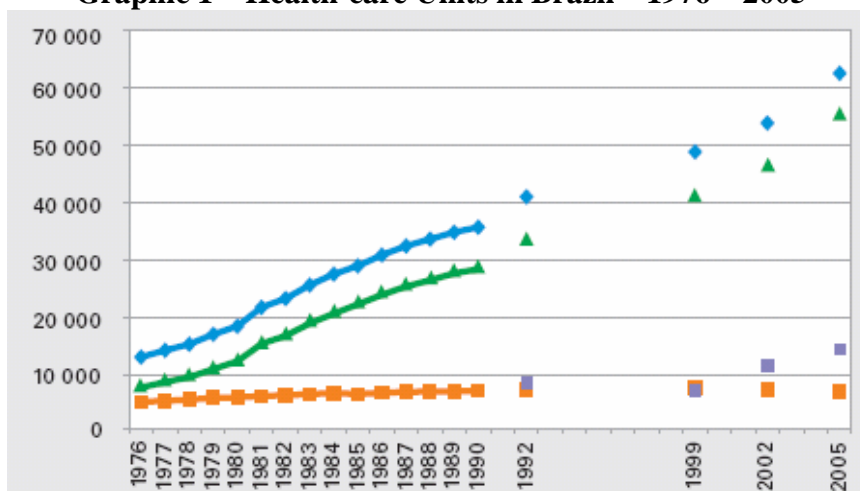
In 2005, the Medical-Sanitary Assistance Research (AMS) pointed a number of 83.379 Health-care Units in Brazil, including those specialized on services for expectant mothers (skilled attendant - doctor, nurse or midwife); health-care of the family, specially women and children, and agents for children and pregnancy women vaccination, in such case 3.606 were deactivated, 2.769 were extinguished and 77.004 are working partially. The set of standing establishments or working in partial activities is 75.517 and counts with 1.487 outsourcing health-care units in its dependencies. That means an increasing of 17.8% related to the 2002 Research, which means an annual gross growing rate of 5.6%.

The public and private sectors showed a different behavior, as per the Brazilian regions. The public sector obtained a higher growth in the North (2.7% per year), Northeast (7.0% per year) and Southeast (5.8% per year), while in the private sector the increasing was registered in the South region (5.0% per year) and in the Center-east (15.2% per year).

The health units without a hospitalized system represent 73.0% of the total establishments, and between 2002 and 2005, it showed an increase of 19.2%. (IBGE - Medical-Sanitary Assistance Research, 2005).

The graphic below shows the historical analysis of the health indicators from 1976 to 2005, both for men and women.

Graphic 1 – Health-care Units in Brazil – 1976 – 2005



Source: IBGE - Medical-Sanitary Assistance Research 1976-2005

◆ Total
 ▲ without hospitalization
 ■ with hospitalization
 ■ Diagnosis and therapy support service

The number of units without admittance to hospitalization researched by the AMS in 2005 was of 55.328, higher in 19.2% than that registered in 2002. Although the annual growing rate is higher in the private sector (7.4%), in the public sector the annual rate was 5.6%, being responsible for 74.6% of the units without hospitalization. In 2002 this proportion was 75.6%, women suffer more with this chaotic situation.

The number of medical assistance offered by the units without hospitalization is focused essentially in the main specialty (75.0%), the others are made only in 24.4% of these units.

The ambulatory attendance without doctor occurs in 8.044 units. In the North and Center-east regions the proportion of units without hospitalization is 40.2% and 23.3%, respectively. The South detains the minor percentage, 9.4%. Pregnant women face difficulties in getting doctor's appointment.

From the total of 5.842 establishments that registered neonatal rates, 1.013 (17.3%) there are no hospitalization units. Official Brazilian data show that since the mid 1970's child mortality (of children under 5 years of age) and infant mortality (of children under 1 year of age) have been decreasing at an escalating pace in Brazil (IPEA/IBGE 2004).

The immunization main service informed 29.653 establishments without hospitalization. In the units that offer basic attendance, immunization appears in 68.5% of them. In 1990, for every thousand live births, 53.7 died before reaching the age of 5. In 2002, this number fell to 33.7 – a 37.2% reduction. Among children under 1 year, the drop was even more expressive: 42.1%. The rate went down from 48.0 to 27.8. In twelve years therefore, both dropped by more than one third.

Due to a general educational level increase and a drop in fecundity from 2.9 to 2.3 children per woman, between 1991 and 2000, as well as to basic measure for prevention and treatment of diseases, including access to sanitation, health conditions have improved in the country. The elimination of measles is a good example of the reach of public policies in the health area, as it was caused by malnutrition. Measles vaccination went from 79% in 1996 to 100% in 2000. From the very first year, no death occurred from measles in the country and the last case of infection was reported in 2000 (IPEA/IBGE 2004).

In relation to other transmissible diseases, due to a significant increase in vaccination in the first year of life (95%), the DPT (diphtheria, whooping cough and tetanus) decreased, as well as polio and BCG (tuberculosis). Public services have also had an impact in the drop of child mortality rates from diarrhea (59%) and acute respiratory infections. In the case of diarrhea, parents were taught how to administer a homemade solution for oral dehydration. Mortality from acute respiratory infections was reduced through the use of simplified standard diagnosis and treatment procedures by health services.

There are approximately 51.0% of the work places of higher education in the establishments with hospitalization. Considering physicians and nurses' percentage is of 56.6% and 57.2%, respectively. The number of physicians per health unit is 6.9%; however in the establishments with hospitalization this value reaches 41.7%.

The public sector is responsible for 50.7% of the higher education work places, and for 54.1% of technicians and assistants.

The number of physicians per 1.000 inhabitants was 2.7 in 2002, increasing to 2.9 in 2005. This indicator shows an increasing in relation to 2002 varying from 4.1% in the South Region to 14.6% in the Center-east Region. There is an overall of 322.368 physicians, from which 122.654 are female (AMS Research and Medical Council).

[Government Policy and Budget]

In the health sector, Federal expenditure for 2007 reached US\$ 22 billion, with an estimated total of US\$ 35 billion for 2008 (radio interview with President Lula and Minister Temporão of Health, on November 5, 2007).

In May 2007, the Brazilian Government published a measure package integrated to the Family Planning Program. Among the measures there is the reduction contraceptive pill's price at the drugstores authorized by the Government; opening of financing line credit to the maternities which attend the Unified Health System (Sistema Único de Saúde – SUS); distribution of educational material in schools, community centers and Health of the Family Program; publicity of planning family stimulation campaign.

Although the family planning is still discussion focus by the civil society, is expressive some aspects revealed by the maternity indexes according to family income. Between 1996 and 2006, there was an increasing in the proportion of women with child who lived with a family income until half of a minimum wage per capita, from 69.3% to 74%, that is 4.7 percent point.

Nevertheless, in the proportion of women with a family income of two minimum wages or more there has been a reduction of 6.7 percentage point, reaching 47.7% in 2006. Data shows that today there is a higher quantity of children in Brazilian poor families.

Table 6 – Women from 15 to 49 years old according to live births and its respective percentage distribution per number of births according to the Regions – 2006					
Regions	Women from 15 to 49 years old who had live births				
	Total	Total (in 1 000 people)	Percentage distribution per number of live births (%)		
			1 child	2 children	3 or more children
Brazil	51,974	32,741	30.9	33.3	35.8
North	3,700	2,562	26.1	29.2	44.7
Northeast	13,996	8,897	28.1	29.7	42.2
Southeast	22,504	13,640	33.4	34.9	31.7
South	7,614	4,881	33.8	35.4	30.9
Center-east	3,809	2,523	26.9	37.5	35.6

Source: IBGE, PNAD - 2006.

To reduce regional disparities, the Government launched a Unified Health System (UHS) (*Sistema Único de Saúde: SUS*) in 1990, aiming at creating a new health system throughout the country by strengthening regional health administration.

The system involves the following three key points:

- (i) decentralization (mandate of authority to states and municipalities),
- (ii) providing of comprehensive medical services for prevention and medical treatment in local communities (emphasis on public sanitation projects, such as the control of infectious diseases and environmental sanitation) and
- (iii) participation of residents.

Focusing on decentralization it has contributed to enlarge the access of the population to health services and Programs, as well as to provide a complete health assistance, democratizing the sector, counting upon the help of several actors: advisors, workers, councilors; in the planning; in the formulation, and also in the execution of these essential actions to promote equity. These different levels comprise local levels, a better identification of health necessities to the population, better training capacity of national employees, as well as the participation of civil society in the decision-making.

Nevertheless, the decentralization process does not immediately improve services, and does not guarantee a greater proximity of civil society in the decision-making process. This process is intermingled by old and vicious mechanisms which benefit a special segment of the population, instead of directing its attention to the population. Besides that, States and municipalities do not include Mainstreaming Programs to insert the development of women, prioritizing sexual and reproductive rights, violence against women and other important demands for women. Governmental Programs are full of old and traditional cleavages giving attention only to children and maternity care. With this in mind, the Brazilian Government launched the National Policy for Integral Attention to Women's Health. In this context, the Pact for Health (Judicial Directive N° 399, of February 22, 2006) (BRASIL, 2006c) also instituted three important components: (i) the Pact for SUS Defense; (ii) Pact for Life; (iii) Administration Pact.

[GAD: Health of the Family Program]

The National Policy on Basic Attention was launched officially through Judicial Directive N° 648/GM on March 28, 2006, including in its scope the Family Health Program (*Programa de Saúde da Família – PSF*), and the Health Communitarian Agents Program (*Programa Agentes Comunitários de Saúde - PACS*).

Since the inauguration of the Family Health Program in 1994, the basic health system has been strengthening its actions and widening its scope. By March 2006, there was 25,162 Family Health staff implemented in 4,898 Brazilian cities, offering a percentage of 45.3% in terms of health coverage to the population (Department for Basic Attention - Departamento de Atenção Básica/SAS/MS, 2006).

[Reproductive Health]

Aiming at making women visible through data, the Ministry of Health launched in the period of 2003-2006 important strategies to contribute to the insertion of black women into national policies. Since 2004 the National Policy pays close attention to the existing diversity in 5,564 Brazilian municipalities, which are member of 26 States and the Federal District, which show different developmental and organizational levels in their health-care assistance, as well as in management systems.

As mainstreaming actions the National Policy on Women's Basic Attention has targeted its scope to women of all their life cycles, keeping in mind their specificities of age, race and ethnic groups (black women, lesbian, bisexual, indigenous, residents in urban and rural areas of extreme difficult access, in situation of life risk, with health incapacities, imprisoned women, among others).

On March 8, 2004 President Luiz Inácio Lula da Silva officially launched the National Pact for Maternal and Neonatal Mortality Reduction, aiming at reducing the number of deaths during child bearing in Brazil. In this context, it was signed the Judicial Directive N° 1.067GM on March 28, 2006, instituting the National Policy on Obstetrics and Neonatal.

Statistical data from Ministry of Health show that the total budget for health is not enough to cover the necessities of the country. Minister of Health has stated that health is a priority for the development of the country and also is the opinion of the Tripartite Commission which has sent a Constitutional Amendment to be discussed and approved at the Congress, requesting an increase in financial resources. Ministry of Health says that there are 13 million people suffering from hypertension, 4.5 million with diabetes and there is no financial budget to cover these treatments in public institutions. Besides that half percent of Brazilian women do not have a pre-neonatal adequate treatment.

This chaotic health situation reveals that diseases as tuberculosis and syphilis can return to large urban centers such as Rio de Janeiro, and triple frontier (Argentine, Uruguay and Paraguay) if financial resources will not be allocated to the sector, evidencing the increase of AIDS and a high mortality in children, specially indigenous and migrant ones.

Emphasis is put on the necessity of improving the educational level of health councilors, administrative staff, offering skilled courses, at Federal, State and Municipal levels.

Pregnancy on the women population from 15 to 49 years old					
Per number of children and Brazilian Regions - 2005					
Regions	15 to 17 years old				
	Total	Total	Percentage distribution per number of newborn (%)		
			1 child	2 children	3 or more children
Brazil	5 288 782	375 631	88.3	10.6	1.1
North	428 288	52 877	85.6	13.8	0.6
Northeast	1 634 279	150 665	87.0	11.4	1.6
Southeast	2 089 278	105 405	88.7	10.7	0.6
South	709 197	30 574	92.1	5.9	1.9
Center-East	385 596	31 307	93.6	5.4	1.0
Regions	18 to 24 years old				
	Total	Total	Percentage distribution per number of child borned (%)		
			1 child	2 children	3 or more children
Brazil	12 094 230	4 322 343	62.6	25.9	11.5
North	967 919	477 116	50.6	30.8	18.6
Northeast	3 599 657	1 444 662	56.9	28.5	14.6
Southeast	4 938 690	1 469 555	69.4	22.5	8.1
South	1 615 459	536 398	70.8	23.2	6.1
Center-East	885 796	356 379	61.8	27.1	11.1
Regions	25 to 49 years old				
	Total	Total	Percentage distribution per number of child borned (%)		
			1 child	2 children	3 or more children
Brazil	33 807 665	27 568 012	23.6	34.5	41.8
North	2 280 382	2 001 519	16.7	29.7	53.7
Northeast	8 623 605	7 114 265	19.9	29.6	50.5
Southeast	15 032 346	11 895 780	26.5	36.9	36.5
South	5 167 169	4 266 155	27.5	36.5	36.0
Center-East	2 492 576	2 109 264	19.5	38.6	41.9

Source: IBGE, National Household Sample Survey (PNAD) 2006.

Although the Brazilian Government has launched a Program of Health and Prevention of Pregnancy at Schools, there is a high level of pregnant teen-agers in the country. Courses such “Child-Bearing Humanitarian Course” in a partnership with JICA have been training Health Administrators and nurses in the States of Ceará, Minas Gerais, Paraná, Rio Grande do Sul, Rondonia and São Paulo.

The main objectives of the course are to train and sensitize the participants to the abortion causes, as well as to listen to women and inform them of the necessities of familiar planning.

One example is at Porto Velho/RO, where 40 doctors and 25 nurses give health assistance to the population. Doctor’s specialties are divided into anesthesiologists, urologists, obstetrics and pediatrics. The Municipal Maternity Hospital Mother Hope (Maternidade Municipal Mãe Esperança), a public institution has been inaugurated a year and half ago, and it has already taken care of 5,000 births attendance. Mothers from all over the region go to the hospital to receive free care, despite the Brazilian national health policy orient mothers to start medical visits at the third pregnant month, most mothers only go to the hospital at the moment of giving birth to the child. Up to now, the Maternity has no history of maternal mortality. The great incidence of attendance is of young girls raging from 10 to 19 years old. Mothers receive iron vitamin at the moment of child bearing and the baby is officially registered at the hospital. Other medical care such as the ear examination and HIV/AIDS is done at the moment the child comes do life.

Unfortunately, nurses complained about the lack of financial resources from Ministry of Health to maintain the hospital, despite the disadvantaged conditions of the population who do not have access to safe water (only a few percentage has), there is no adequate sanitation conditions, and the population shows a high degree of illiteracy, few women have 8 complete years of formal education. The region has a high percentage of violence against women, as it is a frontier region which prostitution and violence proliferate, especially due to precious mineral stones in the whole extension

of the frontier line. There is a high migratory flux of internal migrants (32%), who go to the place fascinated by the dream of becoming rich once they find some precious stones.

As emphasized by Ministry of Health, in the specific example of Rondonia, the training courses held in Japan have benefited the nurses to disseminate knowledge and new technologies, designing new training in the region, as the example of the course Child-Bearing Humanitarian Course, which has a length full-time period of 45 days, being a catalyst tool to train new specialists, spread out high quality nursing care, motivating the implementation of a continuous educational Program. With the main objective of designing and executing standardized norms and procedures new future goals will be set up, as well as hope for an excluded population who are far away from developed regions.

It should be necessary to highlight that to obtain a substantial reduction of infant mortality it is necessary to reduce the incidence of deaths from infectious diseases in the period between four months and 1 year age (post-neonatal mortality). However, in the last years, the country has entered a phase where the causes related to the conditions of the pregnant mother, child-birth and the newborn infant are increasingly prominent, particularly in the period going from birth up to four weeks of life (neonatal period). The reduction of infant mortality in Brazil, similarly to what has already happened in developed countries, depends to a greater extent on prevention of deaths in this period, although there is still room for reduction of post-neonatal mortality, mainly in the North and Northeast regions (IPEA/IBGE, 2004).

The highest risks of death during the neonatal period correspond to infants born with low weight and deliveries carried out before term, especially in the North and Northeast regions. Prenatal clinics and hospitals should offer a high quality care, with technological equipment and staff qualification terms, in order to guarantee the infant's survival in the first days of life. The same orientation should guide perinatal mortality (fetal deaths at 22 weeks of pregnancy added to deaths in the early neonatal period up to the seventh day after birth), to the extent that it involves the same endogenous causes and requires similar prevention methods in all Brazilian regions.

Visits to members of the households should be emphasized by health agents, as well as the monitoring of health pregnant women, mothers who are breastfeeding, newborns and the whole child population.

Household situation and age groups	Women from 15 years old and over (in 1000 people)		Live births (1 000 people)					
	Total	Who had children	Total			Life Births		
			Total	Men	Women	Total	Men	Women
Total	70 744	49 724	161 939	83 161	78 779	158 661	81 152	77 509
From 15 to 19 years old	8 679	1 098	1 328	679	649	1 310	670	640
-From 15 a 17 years old	5 188	397	438	221	217	431	216	215
-From 18 e 19 years old	3 491	702	890	458	432	879	454	425
From 20 a 24 years old	8 681	3 567	5 663	2 939	2 724	5 603	2 898	2 705
From 25 a 29 years old	8 041	5 204	10 235	5 245	4 990	10 083	5 155	4 927
From 30 a 34 years old	7 232	5 806	13 354	6 851	6 503	13 147	6 724	6 423
From 35 a 39 years old	6 935	6 038	15 605	8 104	7 501	15 335	7 927	7 408
From 40 a 44 years old	6 695	5 946	17 267	8 876	8 391	16 963	8 697	8 266
From 45 a 49 years old	5 711	5 152	17 024	8 744	8 280	16 660	8 530	8 129
Urban	60 765	42 266	130 499	66 916	63 583	127 835	65 295	62 540
Rural	9 979	7 458	31 441	16 245	15 196	30 826	15 856	14 970

Source: IBGE, National Household Sample Survey (PNAD) 2006.

Brazil	2.33
North	3.14
Northeast	2.59

Southeast	2.10
South	2.16
Center-East	2.15

Source: IBGE, National Household Sample Survey (PNAD) 2006

Official statistical data show that the total fecundity rate dropped significantly (57%) between 1970 and 2000. The only group that had an increase in specific fecundity rate in this period was the 15 to 19 group. It is important to integrate actions to support youths and educative actions that address sexuality with clear and easy-to-understand information, concerning methods to avoid pregnancy, such as oral contraceptive pills, contraceptive patch (Evra), injection, spermicidal, condoms, intrauterine devices or diaphragms (IUD), standard family planning, such as natural birth control methods, and others. Reports on the actions of the Ministry of Health between 1998 and 2006 indicate that, in this period, reproductive health was prioritized. A broader agenda has been established in the second term of Lula's Government to benefit women's health-care. One basic point means guaranteeing the access to family planning, providing educative actions and contraceptive methods. As to reduction of maternal mortality, one of the strategies is the creation of prevention committees in all Brazilian municipalities with more than 50 thousand inhabitants.

[Actions concerning Gender]

Owing to measures such as avoiding cesarean births and vaccination against tetanus in pregnant women, there was overall reduction in maternal mortality ratio. However, these indicators are very controversial since only recorded deaths are taken into account, since in poorer areas there may be deaths, which are not even registered. Also, indicators do not show reduction of cesarean births.

-National campaign against uterine, breast and cervical cancer calling upon low-income women to undergo on exams and treatment in government hospitals and in those accredited by SUS. The main aim is to reach women from 35 to 49 years of age who have never undertaken such exams. The "Viva Mulher" Program offers detection and prevention services for uterine, breast and cervical cancer diagnosis in the first stages of the disease, aiming to reduce the incidence, mortality and physical, psychic and social repercussions on the Brazilian women.

In 2005 the Cancer National Institute (INCA) made every effort to qualify its actions in preventing breast and uterine cancer.

Assistance to Women Victims of Sexual Violence – the implementation of the Women and Adolescents Victims of Sexual Violence began in 1998. In 1999 the Ministry of Health published a Technical Rule aiming to help states and municipalities to implement the Program and promote the problem's prevention and treatment. Among its actions there is the prevention of the post-rape pregnancy, prevention of HIV-STDs, prevention hepatitis B, psychological assistance, clinical and gynecological assistance, orientation for adoption of the new-born when the victim desires to do so, legal orientation for the victim, and special treatment for the pregnant women who has decided to interrupt the pregnancy. Nowadays there exist more than 340 women attention services, from which 100 are hospital services, being 47 with legal abortion services. (Ministry of Health, 2004).

Family Health Program – teams attending families at home composed of general practitioner, nurse and health agent. Each team is responsible for a certain number of families, ranging from 3 to 4.5 thousand people or one thousand families from certain area. Basic attention is provided at home and specific ones such as pediatrics, gynecology, obstetrics, medical clinics and small surgeries are performed at health units. In 2006, 26.729 teams were created, for a total of 5.106 municipalities. Health-care assistance benefits 46.2% of the Brazilian population, corresponding to 85.7 million people. (Ministry of Health, 2007)

Special attention is given by the Ministry of Health to pregnant women who are assisted with a number higher than six prenatal monitoring appointments with a physician and a nurse.

[Economic policy impact on health]

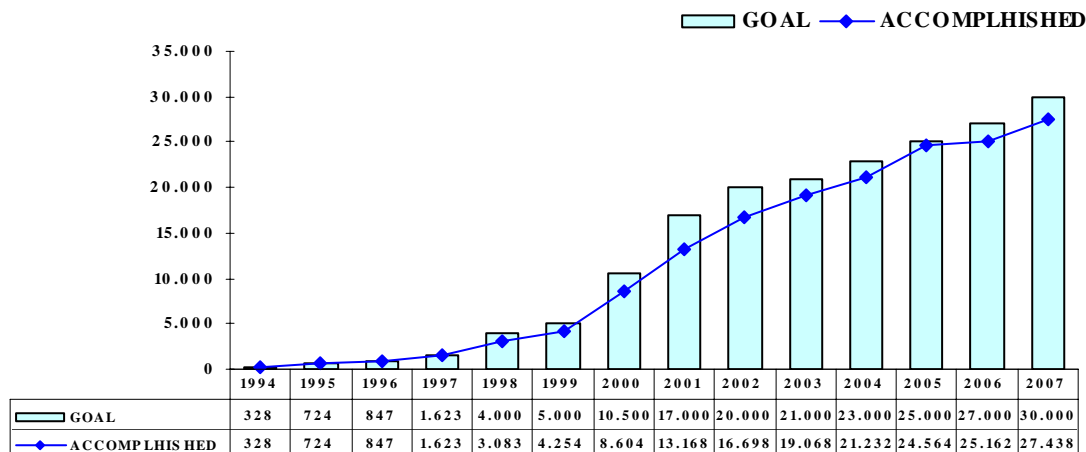
It could be better explained referring to the long and endless national budget restraint, since late 1970's so far. According to the Four Year Plan, the budget concerning the Government expenditure to the health sector in terms of GDP for 2006 was 1.76%.

In 2006, the Unified Health System counted with 63.662 ambulatory units, 6.000 hospital units with 441.591 bedsteads, what corresponded to 900 thousand hospitalization per month and 12 million per year.

Considering the last Governmental investments, according to Ministry of Health, there were more than 3.5 thousand bedsteads at intensive care units working together with SUS. More than 220 thousand communitarian agents were hired in 2006.

The graphic below shows the increasing in the number of Health Families Team from 1994 until 2007, considering the goals established by the Brazilian Government and the total achieved, placing attention to women and children. The Health Surveillance Secretariat (SVS) of the Ministry of Health analyzed the number of prenatal appointments according to the educational level of the mothers. This study showed that 75.9% of the women with 12 or more schooling years had attended seven or more prenatal appointments, while this percentage was of 21.9% for mother with no schooling. The number of Health Families Team from 1994 to 2007 show the investment made by the Government, values are disposed in Brazilian's currency.

Graphic 2 – Increasing in the number of Health Families Team from 1994 until 2007 in terms of investments



Source: National Treasure Secretariat and Ministry of Health, 2007.

However, the health sector needs to receive more attention from the government in order to solve some critical problems to the implementation of the Health Policy, such as increasing of the financial resources, investments in human resources, improvement of the work conditions and more participation of the states in the financing, among others. (Ministry of Health, 2006), special attention should be given to women.

In what concerns mortality rate, there is a high incidence of under-notification of maternal deaths, as a result of several factors, as shown by Table 6.4 below.

Region	Causes (%)					
	Infectious disease and parasitological diseases	Neoplasia	Circulatory system diseases	Respiratory system diseases	Problems during prenatal period	Other
North	7.3	12.7	24.3	11.1	8.2	17.6
Northeast	6.0	12.5	30.9	9.5	5.7	19.9
Southeast	4.9	16.3	32.7	12.2	2.4	18.2
South	4.0	19.2	33.1	11.8	2.2	17.1
Center-east	5.5	14.4	30.8	10.1	3.6	17.8

Source: Ministry of Health - 2004

Infectious and parasitological diseases are 7.3% in the North of the country, as well as Neoplasia 12.7%, circulatory system diseases 24.3% and respiratory system diseases 11.1%. The prenatal care indicator show high percentage of deaths in the North 8.2% and respectively 5.7% in the Northeast, emphasizing regional differences from the South 2.2%. While in the South Region most of the women have seven or more prenatal appointments, reducing mortality in pregnant women.

The Health Surveillance Secretariat (SVS) of the Ministry of Health analyzed the number of prenatal appointments according to the educational level of the mothers. This study reveals that 75.9% of women with 12 or more schooling years have seven or more prenatal appointments and give priority to health-care for her and for the baby, while this percentage was of 21.9% for mothers with no schooling. National Demography and Health Survey carried out by the institution of Family Well-Being revealed that women living in rural areas have less access to health services, estimating to 38% of women not attended by prenatal appointments. Differences related to color and races are also mentioned in the survey, conditioning the absence of health-care to a high index in infant mortality. There is also an excess of caesarean in both public and private health systems, and a high incidence in all Brazilian regions, as per Table 6.5 below.

Region	according to type of birth		
	Caesarean Birth	Natural Birth	Total
North	101.873	212.411	314.858
Northeast	295.815	627.124	924.983
Southeast	604.613	564.666	1.171.841
South	195.234	196.774	392.107
Center-east	114.154	116.995	231.307

Source: Ministry of Health - DATASUS, 2005.

If we follow the World Health Organization (WHO) recommendations, caesarean births should not exceed 15% of total births. But these recommendations are not respected and in the case of the North Region with a total of 314.858, this parameter should be 47.228 (15%), but it is 101.873 caesarean births, the same incidence occurring in the Northeast 295.815 caesarean births (total births 924.983, 15% equal to 138.747). In the South region natural births 196.774 surpasses caesarean births which amounted to 195.234. Statistical data reveal that caesarean births accounted for almost half of the total hospital childbirths in some Brazilian states. In addition to inherent risks of a surgical procedure, such as postpartum infection and risks related to anesthesia, studies indicate that caesarean

birth can increase the maternal mortality rate up to seven times. Infant deaths are also related to the of delivery births as shown by Table 6.6.

Table 6.6 – Infant death according type of delivery birth			
Brazil – 2005 (per 100 000 newborn)			
Region	according to type of delivery birth		
	Cesarean Birth	Natural Birth	Total
North	1.567	3.614	6.078
Northeast	3.747	10.188	18.867
Southeast	5.417	6.894	17.362
South	2.181	2.783	5.403
Center-east	1.314	1.831	3.834

Source: Ministry of Health - DATASUS, 2005.

The analysis of specific health-care for pregnant women, newborns and women in the postpartum period reveals that it is necessary an effective national program to humanize deliveries to decrease the high level of caesarean births, as we can see by data from the Southeast region which show a total of 5.417 caesarean births in comparison to 6.894 natural births. Efforts should be concentrated on reducing the high rates of maternal and perinatal morbidity and mortality and to adopt measures to increase the coverage and quality of prenatal, childbirth and postpartum care. Joint actions should also be adopted to humanize prenatal, childbirth, postpartum care, as well as specific tests to detect cases of AIDS, as shown in Table 6.7 below.

6.7 – Cases of AIDS/DST in Brazil – 2007		
Male	Female	Occurrence of HIV/AIDS in Brazilian Pop. From 1980-2006
385 thousand	208 thousand	593 thousand

Source: UN/AIDS Report, 2007.

Though statistics reveal a total of 593 thousand people living with AIDS/HIV in Brazil, and an estimated adult HIV prevalence rate (15+years at the end of 2007) of 0.5, it also emphasizes that this number can come to 620.000 people (all ages) living with HIV.

Although initially concentrated primarily among men who have sex with men, the epidemic subsequently spread to injecting drug users and eventually into the general population, with increasing of the number of women becoming infected. It is estimated that a large proportion of infections among women can be attributed to the behavior of their male sexual partners. However, unprotected sex between men remains an important factor, and is estimated to account for about half of all HIV infections that are sexually transmitted in Brazil.

Currently, the challenges posed by AIDS are related not only to the consolidation of this reduction trend, due to a series of measures applied to contain it, but also changes in the profile of the people living with the syndrome especially women 208 000 by the end of 2005 (UNICEF Report, 2006, UN/AIDS Report 2007). Initially restricted to specific groups, such as adult homosexual males, hemophiliacs and people who had received blood product transfusions, the disease today reaches men and women indiscriminately.

3.3 – Agriculture, Forestry and Land Access

Although women actively participate in agricultural works, they still remain in a supportive role and access to land ownership or small credit is limited in spite of the Brazilian Constitutional Law of 1988, to provide them with the same legal rights as men. Some women associations started to undertake rural activity extensions. Although government policy and budget specifically for Gender in this sector is hazy, some Programs have been announced lately as follows.

[General situation]

Characterized by large and well-developed agricultural, mining, manufacturing, and service sectors, Brazil's economy outweighs that of all other South American countries and is expanding its presence in world markets. From 2001-03 real wages fell and Brazil's economy grew, on average only 2.2% per year, as the country absorbed a series of domestic and international economic shocks.

Therefore, in 2004, the Brazilian Government launched the Documentation Program for the Rural Worker, under the auspices of the Ministry of Agrarian Development (MDA). The main objective was to offer to rural women some citizenship standards, beginning with a birth certificate, land property documents, rural retirement benefits, maternity leave, access to credit, and other policies as support to familiar agriculture, and social Programs such as *Bolsa Familia*, totalizing 165,000 rural women. Based upon this general data 66% of the started goal was achieved (October 2006), with a forecast of 250,000 rural women to be benefited during 2007, contributing to gender equality.

[Government Policy and Budget]

Mainstreaming Actions:

PRODUZIR: in many parts of the world today, there is an increasing trend towards what has been called the feminization of agriculture. One of the main causes of this phenomenon is the rural-urban migration of men in search of paid employment in towns and cities, either in Brazil or abroad. As men leave their rural homes, the role of women in agricultural production becomes increasingly dominant (30%). In this context, the Brazilian Government launched in 1995, the Income and Employment Generation Program (PROGER), which was later on substituted by the Productive Organization of Communities (PRODUZIR), a methodology of training and development of local productive entrepreneurship opportunities for income generation, targeting to the most excluded municipalities which are not inserted into the national development plan, prioritizing household-head women and provides access to easy term credits (from US\$ 300.00 to US\$ 500.00) along with techno-managerial training for men and women, urban or rural, to form their own enterprises or develop their land.

Land Reform Program – is a set of governmental measures implemented aiming at a more reasonable land distribution imbued of social justice targeting women as direct beneficiaries, rural sustainable development, and providing an increase in agriculture production, providing income generation for excluded women. The II National Plan for Agrarian Reform (PNRA) implemented in 2003, the agrarian reform executed by Ministry of Agrarian Development (MDA) and the National Institute for Colonization and Agrarian Reform (INCRA) are executed actions which are part of a global development project, to offer land, income generation, and food for the poorest of the poor.

National Program for Strengthening Familiar Agriculture (PRONAF) – aims at encouraging family agriculture, paying attention to small-land-owner families. Women can negotiate actions and be part of it, having the same legal benefits as men.

PRONAF Mulher – A special Program for rural women, to allow rural women to get some micro credit to be used for familiar agriculture activities. Women have been invited to capacity courses, seminars, workshops, held by financing institutions to inform them about the possibilities of getting

some small grants for their lands. A total amount of 322,000 rural women have been granted to small loans reaching the goals of the National Women's Policy, which aims at 400,000 rural women receiving micro credit for their agriculture projects (*Mulheres no Campo, Memória 2003-2006*, SPM, p. 47-48), which has benefited both men and women.

Program for Technical, Social and Environmental Assistance to the Land Reform (ATES) - Program for technical, social and environmental assistance to agrarian reform, providing the farmers with technical and scientific knowledge, which are intermingled with their daily practice. The program technicians provide training courses in the land settlements, both for men and women, teaching them to elaborate development plans, rural extension activities, continuous capacity training and how to recover degraded agrarian lands.

Environmental Sustainability – the specific objective of this program is to get together men and women and explain to them the proper use of the land, promoting a rational use of natural resources respecting the environmental adversities, so that families can benefit themselves with high level agricultural products and income generation. During the last decade the Amazon has lost 570 thousand square kilometers of forests, equivalent to 15% of its original area. This significant deforestation is due to, among other factors, the settlement and colonization processes, as well as to the expansion of agricultural borders, particularly since the 1990's. According to data from the National Institute of Space Research (Inpe), the annual deforestation average was around 17.6 thousand square kilometers between 1994 and 2001. The estimate is that, if this rate is maintained, in little more than 30 years the devastated area will have doubled (*Brazilian Monitoring Report on the Millennium Development Goals*, IPEA/IBGE, 2004).

Settlement Credit – The settlement credit enables rural poor settlers, both men and women who have benefited from land reform to get some small loans from Settlement Projects implemented or approved by INCRA. The benefit guarantees food security to newly settled families, allowing food purchase, as well as agriculture supplies; the construction or rebuilt of houses, hydro-security with the construction of catching up, storage and distribution water systems; setting up of productive goods (seeds, shedding trees, animal matrix, etc.) to foster productivity and provide to women and men, members of rural communities with income generation aiming at poverty reduction.

Infrastructure Issues – Provides the land settlers with roads, bridges, water systems, and besides that with a network of hydroelectric installations in land agrarian projects. These actions aim at providing food security to settled families, which are able to buy food, to buy agricultural implements (tools, machinery), to rebuild their houses, to offer hydro security, teaching both men and women how to construct tanks for water storage, as well as how to process agricultural products, which involves the work of women, who will lead actions to preserve seeds, animal matrices, etc., important issues to contribute to income generation (*Reforma Agrária: o caminho para o desenvolvimento rural sustentável*, INCRA, 2007).

Data concerning the conditions of housing, durable goods specified by PNAD 2006 show that positive advances have been done in relation to the previous year (2005), especially in metropolitan areas. No data are offered for rural or isolated country areas. In all household infrastructure basic services have increased in the period 2005-2006, items as water supply from 82.3% to 83.2%, sewage 69.7% to 70.6%, garbage collection 85.8% to 86.6%. The total amount of Brazilian households with potable water, sewage and garbage collection increased in 0.9%, mainly due to women mobilization.

[Access to Land and Small Credit]

Although being involved in every stage of food production, most women do not have access to land, unless they inherit it from their parents or husband. Many families prohibit women from being the land owners, transferring the property to elderly sons, or other male members of the family. In this context, women struggle to subsist in the face of labor and capital scarcity, being forced, in most of the cases, to make adjustments to cropping patterns and farming systems that result in further decreases in production as well as damage to the environment. Because they have limited landownership rights and are not wage earners, they face difficulties in getting some credit.

Officially, through the Central Bank Resolution N° 3.106 dated of June 25, 2003, the micro credit was implemented in Brazil. A great number of Brazilian banks are nowadays offering micro loans to the population, as the Bank of Land, Bank of Woman, Caixa Econômica (CAIXA), the Brazilian savings bank, Bank of Brazil, Bank of Bahia, Bank of Northeast, among others. Shifting from technically illegal to a legal source of credit, the official banks are a means of escape from the often thuggish recovery techniques of the moneylenders in many countries. Preliminary findings show that poor people are shunned by banks, especially poor women, because their savings are tiny, their loan demand is small, and they lack loan collateral.¹⁵ Poor people are afraid to enter a formal institution to borrow money because they know the managers will request documents, personal assets, and formal employment records. The Brazilian excluded population, in most cases, cannot fulfill those requirements. Besides that, they cannot face the interest charged by formal institutions.

In December 2001 the Brazilian Savings Bank (CAIXA), signed an agreement with UNDP Office to offer micro credit to small and medium entrepreneurs in the cities of Salvador (Bahia) and Rio de Janeiro (RJ). Thus, Programs such as CAIXA, in Brazil, work by creating new categories of clients among the poor, and by creating awareness of individuality through atomizing speeches on topics such as: personal development, capacity to promote self-development, self-help, active citizenship, and the like (*Programa de Microcrédito no Brasil 27*, CAIXA, Brasília, 2002). Women started becoming more visible in the Brazilian political scenario, similar to what happened in other Latin American countries, as Bolivia, Ecuador, Peru and Chile, when women started having political roles in past decades.¹⁶

The three pillars of the economic Program are a floating exchange rate, an inflation-targeting regime, and tight fiscal policy, initially reinforced by a series of IMF Programs. The currency depreciated sharply in 2001 and 2002, which contributed to a dramatic current account adjustment; from 2003 to 2006, Brazil ran record trade surpluses and recorded its first current account surpluses since 1992. Productivity gains - particularly in agriculture - also contributed to the surge in exports.

While economic management has been good, there remain important economic vulnerabilities. The most significant are debt-related: the government's largely domestic debt increased steadily from 1994 to 2003 - straining government finances - before falling as a percentage of GDP beginning in 2003. Brazil improved its debt profile in 2006 by shifting its debt burden toward real denominated and domestically held instruments. Brazilian Government announced a package of further economic reforms to reduce rates and increase public investment. A major challenge will be to maintain sufficient growth to generate employment and reduce the government debt burden.

¹⁵ Muhammad Yunus. *A Banker to the Poor: the autobiography of Muhammad Yunus* (London Bridge 2000); *The Grameen Reader* (David S. Gibbons ed., Grameen Bank 2d ed. 1994).

¹⁶ Bijos, Leila. *Gender, Power, Financial Access, and Development in Latin América: Comparing Brazilian and Bolivian Cases*, **Law and Business Review of the Americas**, Vol. 12, Summer 2006, N° 3, Southern Methodist University (SMU) Dedman School of Law, Texas, USA, p. 357-358.

3.4 – Economic Activities

In 2006 the economically active population increased 2.3% compared to 2005 and 8.6% against 2003.

The percentage of the total female active population increased from 43.0% in 2006 to 44.0% in 2006, considering the metropolitan regions of Brazil.

Informal sector is widespread in Brazil the house working is more significant for women.

[General situation]

Talking about economic activities in Brazil, it is important to highlight the successful economic framework established with Mercosur regional integration. It brought a new umbrella of political and economic cooperation between Argentina, Brazil, Paraguay and Uruguay, which started in 1991. Two factors were of vital importance to the creation of Mercosur: democracy and trade liberalization. Today, Mercosur represents the third largest economic block in the Western Hemisphere, after the European Union and NAFTA. With 11.9 squares Km, it occupies almost 70% of total South America landmass. It has 212 million inhabitants (more than 55% of the South American population) and a combined GDP of US\$ 805 billion (70% of South America's GDP).

[Providing a Platform to “Voiceless” and Unemployed Women]

During the last decades has increased the awareness that poverty conditions and causes are different for men, women, black and white people. Gender and race are factors that really determine the access to employment.

In 2003 the Brazilian government launched the National Agenda for a Decent Job, in partnership with the International Labor Office (ILO). The National Agenda has three main priorities: (i) to generate more and better employments, envisaging equality opportunities and treatment; (ii) eradication of slave work and elimination of child work, mainly the worst work conditions for children; (iii) the strengthening of tripartite partners, as well as the social dialogue as a means of democratic governance.

The National Program for Worker Qualification, in effect since 1995, aimed at professional education training regardless to gender. An agreement between Ministry of Labor and Employment (MTE) and the National Council for Women's Right (CNDM) establishes that at least 30% of all places should be for women trainees. So, according to MTE's 2004 report, female inclusion in the Program was 39.31%; financing resources corresponding to US\$ 11.5 million to attend of labor force all together.

[Women's Participation in Labor]

The question of equity is in the center of the Decent Labor. For ILO the Decent Labor Program means an adequately rewarded job, done in a context of freedom, equity and security, away from any forms of discrimination and capable of offering a dignified life to all citizens.

Gender inequalities arise, therefore, from the socio-cultural and historical constructions that turn sexual differences into discriminations. Such inequalities are expressed in the most varied fields of social relations, beginning in the domestic environment, reaching the world of work, the educational sector, among others. In this context, discrimination leads to poverty and is responsible for several types of vulnerabilities, creating barriers to the advancement of women and groups. The most common form of insertion of black and non-black women in the market labor is through registered employment, which provides them with income generation, inclusive to domestic maids.

According to statistical data from PNAD (2006) the domestic labor sector corresponds to 18.2% of the total occupied economically active population in Brazil, which amounts to 6 million people. Talking about black women, we will infer that 23.9% of black women work as maids in rich and sophisticated households. Non-black women correspond to a total amount of 14.1% of women working as maids in Brazilian households.

In 2006, at the Federal District (D.F.) and in the five metropolitan Brazilian regions, this occupied Economically Active Population summed up to 8,878 million people, or 46.7% of the

Metropolitan OEAP. Unfortunately, 19.8% of these women have no formal employment what correspond to 1,754 million women, as per Table 7 below.

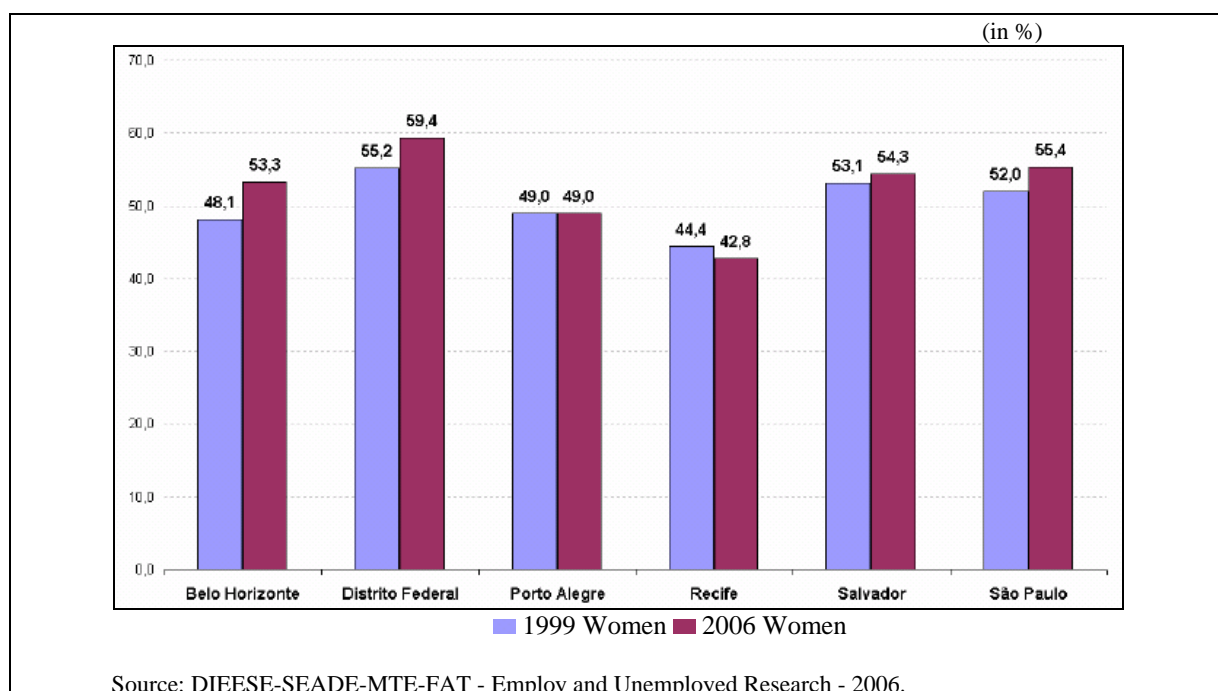
Table 7 – Estimation on the Economically Active Population per gender Metropolitan Region and Federal District - 2006 (in 1.000 people)			
Activity Condition	Total	Women	%
Economically Active Population	18.993	8878	46.7
Employed	15.808	7.122	45.1
Unemployed	3.185	1.754	55.1

Source: DIEESE-SEADE-MTE-FAT - Employment and Unemployment Research, 2006.

The proportion of women member of this Economically Active Population is quite the same in the six Brazilian regions under survey. It varies from 49.1% at the Federal District (D.F.), 45.1% at the Metropolitan Region of Recife (Pernambuco). This percentage number reflects the growth of women's participation since the 1990's up to the present.

Women have been struggling to get formal jobs, inserting themselves in the labor manpower force, corresponding to higher numbers than men, as shown by the Federal District (D.F.), Metropolitan Regions of Belo Horizonte (Minas Gerais), Distrito Federal, Porto Alegre (Rio Grande do Sul), Recife (Pernambuco), Salvador (Bahia) and São Paulo (São Paulo), showing indexes of 48.1%, 55.2%, 49.0%, 44.45, 53.1% and 52.0%, in 1999, up to 53.3%, 59.4%, 49.0%, 42.8%, 54.3% and 55.4%, in 2006, as shown by Graphic 4 below.

Graphic 3 – Participation rate of population in active age per gender according to metropolitan regions and the Federal District – 1999 and 2006



During the period from 1999 to 2006, it is seen a decrease in unemployment rates in the survey areas, which reveals an improvement in the conditions of insertion of women. Unemployment rates decreased in the Metropolitan Regions of Belo Horizonte (Minas Gerais), Distrito Federal, Porto Alegre (Rio Grande do Sul), Recife (Pernambuco), Salvador (Bahia) and São Paulo (São Paulo) varying from 21.9% to 20.4%, reaching increasing levels of 16.9% in the two cities during 2006.

Women's search for employment and insertion in the productive sectors continued showing great disparities in terms of salaries compared to men's income generation (Table 7.1). During the above mentioned period 1999-2006 there has been a decline in unemployment rates and women labor feminization accentuated.

Metropolitan regions and Federal District	1999			2006		
	Total	Men	Women	Total	Men	Women
	17.9	15.9	20.4	13.8	11.0	16.9
Federal District	22.1	19.2	25.2	18.8	15.9	21.8
Porto Alegre	19.0	16.7	21.9	14.3	12.0	16.9
Recife	22.1	19.6	25.2	21.3	18.4	24.8
Salvador	27.7	25.8	29.9	23.6	20.4	27.0
São Paulo	19.3	17.3	21.7	15.8	13.4	18.6

Source: DIEESE, SEAD, MTE-FAT.

Due to the economic model (liberalism) in Latin America during the first years of this decade, there has been a decrease in salaries both for men and women, independently of sex. This economic constraint has been less severe to women than for men. The minimum wage and income generation by hour increased in Porto Alegre (81.7%), and in Recife (81.8%). At the Federal District, where the population receives the best monthly wages in the country, this percentage was limited to 75.4%.

Women receiving a minimum income wage were 2,208 million women, corresponding to 31.0% of the Economically Active Population (Sistema PED). Nonetheless, it is true that women working in urban services firms used to get the lowest average income wages. This percentage has to be carefully analyzed once it refers to different Metropolitan Regions. In Recife (Pernambuco), for

example, the total salaried women correspond to 53.8%, followed by Salvador (Bahia) 56.1%. (Table 7.2).

Working Position	Women					
	São Paulo	Porto Alegre	Belo Horizonte	Salvador	Recife	Federal District
Total of salaried of the private sector (1)	49.3	50.0	44.2	40.0	38.0	38.7
with working papers	37.0	41.3	35.8	30.0	29.2	30.7
without working papers	12.3	8.7	8.4	10.0	8.8	7.9
Total of salaried (2)	60.8	64.8	60.5	56.1	53.8	60.8
independent worker	14.9	12.6	17.1	19.9	21.0	14.0
employer	2.4	2.8	2.8	2.6	1.7	3.0
house worker	17.5	14.6	17.4	19.0	19.1	20.0
Family worker without salary	1.3	1.2	[3]	[3]	3.1	[3]
Others	3.1	4.0	1.6	1.5	1.3	2.0
Total	100,0	100,0	100,0	100,0	100,0	100,0

Source: DIEESE, SEAD, MTE-FAT.

Notes: (1) Does not includes the house workers

(2) Does not include house worker. Includes the public sector

[3] The sample does not specify profession.

When one wishes to portray the income generation presently identified in the Brazilian society, the household labor highlights in the analysis. This segment is the second most important in Brazil, enrolling a great number of Brazilian women, 22.5% at the Federal District. 16.3% in Porto Alegre. It is important to say that we do find women receiving less than a minimum wage (US\$ 211.53), 30.9% (Porto Alegre) and 39.3% (Federal District). Only a percentage of women receive a minimum wage, corresponding to 33.22% in Porto Alegre and 55.4% at the Federal District.

As women are enrolled in higher level courses, they have been inserted in new occupational niches, which are valued differently, both in terms of remuneration as well as in terms of recognition and status that society attributes to professionals (IPEA, 2004). This does not mean that gender promotion has been fully implemented.

The increased participation of women, as emphasized by IPEA (2004), in the labor market is a trend that began to be observed in the seventies, due to a gradual industrialization and urbanization in Brazil. The economic growth of the seventies, favored the inclusion of new workers, including female workers (from 25% in the 1960's to 50.3% in 2002). The feminist movement of the seventies and eighties included women in the labor market, allowing them insertion in the public sphere, decreasing fecundity rates, contributing to increase the supply of female labor in the decades that followed. The rate of participation in the labor market, however, is still very unequal (50.3 against 73.2% in 2002).

[Vocational Training]

Its performance has been granted thanks to the mobilization of 1,323 professional education institutions all over the country, with access to both men and women. The original intent was to train 5.8 million workers – which figures out at 7.7% of EAP –from 1995 until 1998, actually 4.8 million workers had been benefited during that period.

Access to loans for micro enterprises and training, targeting to both men and women, is basically via SEBRAE supervision. A project is subjected to SEBRAE for appraisal and, if approved, monetary resources are awarded via BNDES, with SEBRAE continuing to give orientation. There is not a specific procedure regarding to Gender from SEBRAE or BNDES; however, the so called Women's Bank operates especially for women applicants in regard to this question.

Previously there existed three ones throughout the country and now, owing to lack of funds, only one exists in precarious situation in Rio de Janeiro. For how long no one knows as it functions via donations.

[Support System for Women Worker]

It is a very controversial issue. According to the Brazilian press, the new project offering a six months period (180 days) for maternity leave is being discussed at the Congress. The currently maternity leave corresponds to three months (90 days), which sometimes seems difficult to be accepted by all the work categories and therefore incorporated into work contracts.

Paternity leave corresponds to 5 working days. During this period the father takes care of his spouse, and also provides all necessary documents for registering the baby while the mother stays at home to feed the baby and recovers from a natural or caesarean birth. These 5 working days are very important for the father, once he regularly works full time and does not have to take care of legal papers (only the parents can register the child). Parents are also entitled to receive the child birth bonus offered by the Government. Even though Law 9.534 dated of 1997 assures the gratuity in registering the baby, the great majority of parents in the rural areas and isolated villages have no access to registering systems.

This causes a lot of problems to children when they grow up, without the Birth Certificate they can not get their Identity Card (created in 1904) or the Registry of Physical Person (CPF), as well as the Labor Identity Card. All these documents are accompanied by recent personal photos, once they are linked to the Civil Police Department and to the National Security Public Police affiliated to the Minister of Justice. If a woman in adult age does not have any of these documents she will be obstructed to enroll into an education system, to get a formal job, or even be entitled to get a health security card, among other things, such as pensions, retirement allowance, etc.

Child Nursing is available for only 64.2% of the population; work stability during pregnancy is of 85.5%; Paternity Leave is of 34.7%; Educational Aid is of 18,9%; Time Intervals for breastfeeding is of 16.8%; Abortion Leave is of 2.1% (4 weeks). All of the quoted are stated by law and even so not completely fulfilled.

Labor rights are specified by the Brazilian Constitution and Social Security, Social Welfare, electoral rights are universal, but to issue all these documents take time and money, and a lot of documents are requested, one linked to the other, as a permanent address. These are challenges to be faced by citizens, especially women, who have to take care of the household.

These official documents are provided by the National Institute of Social Welfare (INSS), which nowadays counts on 1.431 units spread out through the country. Any commercial or financial transactions need the Registry of Physical Person (CPF). The officials banking institutions or the national mailing system guarantee the issuance of the Registry of Physical Person (CPF) for all citizens. Unfortunately, the rural population does not have access to banks or a mail agency, which requires an internal trip to a larger city, causing a financial burden to poor people. Additional difficulties are summed up by official fees charged in the issuance of the above mentioned documents, posing barriers to the access of these rights, and what is worse, making difficult the land and credit access.

One unified system should be adopted by the Brazilian Government, according to the proposed Law N° 9.454 dated of April 1997, which has as its main objective the creation of only one Civil Identity Register. This Law has not been officially approved and consequently it has not been implemented yet.

There are many other difficulties faced by women, which highlight the social inequalities between men and women. These are viewed by any person who wants to receive the title of Brazilian citizen. Due to these additional barriers, women face a lot of discrimination, especially when it concerns to their civil status, which is a restriction to the documentation access, the exercise of being the household leader, as well as to the lack of social acknowledgment due to her productive work.

The above mentioned difficulties are more relevant when one analyze the rural women conditions.

[Cooperatives]

Although there are clear barriers to official documents, land access, micro credit and formal jobs for rural women, these topics have been intensely discussed by the unions and cooperatives. In Brazil there exist 7.355 cooperatives managed by 3 million associates, divided into 81 Central Cooperatives, 76 Federations and more than 5.7 million of associates. The cooperative's participation in the Brazilian GDP is of 6%, generating more than 181 thousand employments. They are formed in

to act in many fields of human activity such as: agribusiness, credit, education, labor, production, health, consumption, dwelling, mineral, special, and services.

From January to June 2006 the cooperatives exported US\$ 1.079.502.159 and imported US\$ 69.359.372. The agribusiness sector was responsible itself for exporting US\$ 43.6 billion during 2005 to 137 countries, creating 17.7 million new work places (40% of the agricultural GDP and for 6% of the total agribusiness exports) (Brazil-Arab News Agency, 2007). According to the Brazilian Cooperatives Organization, this is the sector of the cooperatives that presents the most significant increasing in the last couple of years, responding to 37% of the Brazilian GDP (Brazilian Cooperatives Organization, 2006).

Notwithstanding, male representativeness have been present in the Brazilian society. Only in 2004 some changes have started to provide women with the right to fill in the official forms entitled them to land property, as a consequence of the Agrarian Reform initiated in the country through the National Program for Agrarian Reform which has been launched in 2004, through Judicial Directive N° 189, instituted by Ministry of Land Reform (INCRA). Women were not allowed to register their farms, or even a simple land plot without the acquiescence of their husbands. Even being officially married, women could not receive the title of the land, being considered the second owner. Besides that, in case of the husband death, women were subjected to the families' orders, losing their properties, being shunned away from their houses.

With the feminist movement in the 1980's, official denounces started to reach the Federal Government, showing women's inequalities. In 1997 the National Articulation Rural Workers Movement (ANMTR), launched a national campaign for official documents to rural women, with a motto "No Rural Women without Documents".

All cooperatives, rural syndicates, Non-Governmental Organizations, Churches, the Federal, State and Municipal Governments have been mobilized for the effectiveness of the campaign.

The role played by management in Brazilian agricultural cooperatives in terms of their objectives and their governance highlight the participation of women. Women are inserting themselves in cooperatives not only as associative members (25%), but as member of the fiscal council (12%), administration (8%), and even at the presidency of the institutions (3%). According to Mr. Mario Cesar Ralise, manager of the Technical Consultancy Division of the Cooperatives Organization of the State of São Paulo (OCESP), women's contribution is increasing and it can surpass men's contribution (*O Globo*, October 8, 2007).

Women are more than 50% of the Brazilian population and 1/3 of them are head of their families, representing almost 50% of the entrepreneurship business in the country, as per testimony from Mr. Paulo Okamoto, Director-President of SEBRAE (SEBRAE, Brasília, 2007). Mr. Okamoto mobilized women in the entrepreneurial sector, launched an annual award for the most successful business, and published 5 volumes of women's successful histories in Brazil during 2006 (*Histórias de Sucesso: mulheres empreendedoras*, Brasília, 2007).

The Brazilian Cooperatives Organization (OCB) is the maximum representativeness of cooperatives in Brazil, they are independent, and people participate voluntarily, aiming at getting together and strengthening their micro or medium business, opening new opportunities in the economic, social or cultural areas. Relevance is given to the South Region of Brazil, where the solidarity cooperative action was settled by Japanese, Italians, Germans, Ukrainians, Polish and other emigrants.

4 – Gender Projects by JICA and Other Donors

Title	Implementing Agency	Donor	Duration	Budget (US\$ 1.000)	Content
Interagency Program for the Promotion of Gender and Ethnic Racial Equality	United Nations Development Program	UNDP-Spain MDG Achievement Fund	3 years	US\$ 3 million	1) National Plans for Women and the promotion of racial equality actions, which will be interconnected with the civil society.
Humanized Birth Care in Birth Houses	Ministry of Health	JICA	5 years	US\$ 0.5 million	1) Training courses for Health Administrators and nurses aimed at introducing Japanese experience of natural and humanitarian child bearing.
Capacity Development on Non Revenue Water Control	Sanitation Company of the State of São Paulo (SABESP) - São Paulo	JICA	3 years	US\$ 2.8 million	1) Improvement of the techniques for reducing non- revenue water and who benefiting all the people who access to water, especially for women.
Community Police of Public Security	Military Police of the State of São Paulo	JICA	3 years and 2 months	US\$ 1.4 million	1) Improvement of community security with participation of woman
The Healthy Municipality Project in the Northeast Brazil	Federal University of Pernambuco/Pernambuco State Government	JICA	5 years	US\$2,7 million	1) Establishment of the mechanisms for people and local government to develop “Healthy Municipalities” in a joint effort and to support regional activities that aims to improve quality of life of people including women.
Ana & Maria	VIVA Rio – Rio de Janeiro	Norwegian Church	5 years	US\$ 1,500.00	1) Pregnancy in teenager women and preventive pregnancy
Partnership for Managerial Excellency in the Public Sector	ENAP	Canadian International Cooperation Agency (CIDA) Canada School of Public Service (CSPS)	5 years	US\$ 5 million	1) Gender, race and managing competencies in the Public Federal Service

5 – Gender Information Sources

5.1 – List of International Organizations and NGOs related to Gender

	Name of the Organizations	Contact Person (specialty)	Results	Reports/Writers	Contact
Government Organization	1) Ministry of Regional Integration	1) Mr. José Sérgio Pinho	1) Information on government's actions concerning Gender - Project PRODUIZIR		Tel.: +55 61 3414-5938
	2) Central Bank	2) Mr. Renato Jansson	2) To get economic information		Tel.: +55 61 3414-2395
	3) SABESP - São Paulo	3) Mr. Masahiro Shimomura, Mr. Ailton Dias dos Santos & Mr. Osvaldo Niida	3) To get information on actions concerning water distribution and its benefit to women.		Tel.: +55 11 3838-6371
	4) Prefeitura Municipal de Santo André – SP	4) Ms. Renata Boulos	4) Information on government's actions concerning Gender		Tel.: +55 11 4433-0116– Email: igarcia@santoandre.sp.gov.br
	5) Polícia Militar do Estado de São Paulo	5) Col. Takashi Ishii & Sgt. Wilson Jorge dos Santos Lopes	5) Information on government's actions concerning Gender		Tel. + 55 61 3348-7399 Email: Vvinicius.lages@sebrae.com.br
	6) SEBRAE	6) Mr. Vinicius Lages	6) Information on actions concerning Gender	Histórias de Sucesso, 5 volumes, 2006	Tel.: +55 61-3315-2933 - 3315-2850
	7) Ministry of Health	7) Ms. Regina Viola & Mr. Adson França	7) Information on health actions concerning Gender	Área Técnica de Saúde da Mulher, 2006	Tel.: +55 61 3315-2933 - 3315-2850
	8) Ministry of Labor	8) Mr. Fábio Sanchez	8) Information on actions concerning Gender	Statistical data sent by email	Tel.: +55 61 3322-4806
	9) Labor Secretariat - Federal District	9) Mr. Gilsânio Umbelino de Souza	9) Information concerning Labor Credit		Tel.: +55 61 3429-6804
	10) Ministry of Culture	10) Mr. Julio Filgueira	10) Information on cultural actions concerning Gender		Tel.: +55 61 3445-7010
	11) ENAP	11) Ms. Carla Miranda	11) Information on Programs concerning Gender	Gênero, raça e competências de direção no Serviço Público Federal, 2006	
	12) SPM	12) Ms. Eunice Moraes	12) Information on public policies concerning Gender	Perspectivas das Políticas para Mulheres no PPA 2008-2011	Tel.: +55 61 2104-9361
	13) DATASUS	13) Ms. Cláudia	13) Information on DATASUS System	Data acquired by internet.	www.datasus.gov.br

	14) SISVAN	14) Ms. Cristiane Costa	Information on SISVAN System -	Data acquired by internet	www.sisvan.datasus.gov.br
UN Agencies	1) International Labor Office – ILO	1) Ms. Solange Sanchez	1) Information on projects related to Gender sponsored by ILO	Equality at work: Tackling the challenges – 2007	Tel.: +55 61 2106-4600
	2) UNESCO	2) Ms. Marlova Noleto	2) Information on projects related to Gender sponsored by UNESCO	Negociação Coletiva e Igualdade de Gênero na América Latina, 2005.	Tel.: +55 61 2106-3519
	3) UNIFEM	3) Mrs. Junia Puglia	3) Information on projects related to Gender sponsored by UNIFEM	O Progresso das Mulheres no Brasil - 2006	Tel.: +55 61 3038-9280
	4) UNICEF	4) Mrs. Helena Silva	4) Information on projects related to Gender sponsored by UNICEF		Tel.: +55 61 3035-1907
Research Institutes	1) IBGE – Rio de Janeiro	1) Ms. Cristiane Soares	1) To get statistical data		
	2) Instituto Butantan	2) Dr. Naomi Enoki & Dr. Aryene Góes Trezena	2) Information on training projects related to Gender		Tel.: +55 61 3726-9257
NGOs	1) VIVA Rio	1) Ms. Cibele Dias	1) Information on projects related to Gender		Tel.: (21) 2555-3786
	2) CFêmea	2) Ms. Natália Mori	2) Information on projects related to Gender and juridical actions to protect women		Tel.: (61) 3224-1791
Others	Hospital Mãe Esperança, Porto Velho, Rondônia	1) Dr. Ida Monteiro	1) Information on capacity training related to Gender and Humanized Birth Care		Tel.: +55 69 3901-2838

Contracted Consultants

Name	Position/Address
Leila Maria Da'Juda Bijos (Senior Consultant)	Address: HIGS 704, Bloco R, Casa 04 Brasília – DF – CEP: 70.331-768 Tel. + 55 (61) 3225-6124 Mobile: + 55 (61) 8189-1996 e-mail: lbijos@ucb.br
Jusimeire Melo Mourão (Junior Consultant)	Address: Quadra 201, Bloco B, Apt. 604 Brasília-DF – CEP: 71937-540 Tel: + 55 (61) 3436-1094 Mobile: + 55 (61) 9177-5004 e-mail: jm.vivo@uol.com.br

Interviewed People

Government

Name	Position/Address
Ms. Eunice Lea de Morais	Special Advisor, Special Secretariat for Women`s Policies, Presidency of the Republic, Esplanada dos Ministérios, Bloco L, Room 207 – Ed. Sede, Brasília, D.F.
Mr. José Sérgio Pinho	General Manager for Special Projects, Executive Manager of Program PRODUIR, Ministry of Regional Integration, SAS Edifício Órgãos Centrais Bl. O – Q. 6 – 2º Floor, Room 213, Brasília, D.F.
Dr. Renato Jansson, Manager	Executive-Manager, Central Bank of Brazil, Setor Bancário Sul, Edifício Sede, Brasília, D.F.
Ms. Luciana Valle Rosa Roppa	Analyst, Central Bank of Brazil, Setor Bancário Sul, Edifício Sede, Brasília, D.F.
Ms. Cristiane Soares	Economical Statistician in charge of Population and Social Indicators Data, IBGE, Av. República do Chile, 500 – 8th Floor, Rio de Janeiro, RJ.
Mr. Masagiro Shimomura	Superintendent, Companhia de Saneamento Básico do Estado de São Paulo - SABESP Rua Major Paladino 300, Prédio 18 – Vila Leopoldina, São Paulo, SP
Mr. Ailton Dias dos Santos	Technologist, Companhia de Saneamento Básico do Estado de São Paulo - SABESP Rua Major Paladino 300, Prédio 18 – Vila Leopoldina, São Paulo, SP
Mr. Osvaldo Niida, Engineer	Expert, Companhia de Saneamento Básico do Estado de São Paulo - SABESP Rua Major Paladino 300, Prédio 18 – Vila Leopoldina, São Paulo, SP
Ms. Renata Boulos	Director of International Relations, Prefeitura Municipal de Santo André – SP Praça Quarto Centenário, 7th Floor, Room 06, Santo André, SP
Ms. Maria Aparecida Soliani,	Special Advisor for Citizenship Policies, Prefeitura Municipal de Santo André – SP Praça Quarto Centenário, 7th Floor, Room 06, Santo André, SP
Dr. Naomi Enoki	Technical Assistant to the Directorate, Instituto Butantan, Av. Vital Brasil, 1500, Prédio da Reitoria, São Paulo, SP
Dr. Aryene Góes Trezena,	Scientific Researcher, Instituto Butantan, Av. Vital Brasil, 1500, Prédio da Reitoria, São Paulo, SP
Cel. Takashi Ishii	Superintendent, Polícia Militar do Estado de São Paulo, Praça Fernando Prestes no. 115 – Centro, São Paulo, SP
Sgt. Wilson Jorge dos Santos Lopes	Sargeant, Polícia Militar do Estado de São Paulo, Praça Fernando Prestes no. 115 – Centro, São Paulo, SP
Dr. Ida Pereira	General Director, Maternidade Municipal Mãe Esperança, Rua Antonio Lourenço Pereira Lima, 2350, Porto Velho, Rondônia
Ms. Sandra Schutz	Nurse, Maternidade Municipal Mãe Esperança, Rua Antonio Lourenço Pereira Lima, 2350, Porto Velho, Rondônia
Ms. Márcia Souza	Nurse, Maternidade Municipal Mãe Esperança, Rua Antonio Lourenço Pereira Lima, 2350, Porto Velho, Rondônia
Ms. Solange Vieira	Nurse, Maternidade Municipal Mãe Esperança, Rua Antonio Lourenço Pereira Lima, 2350, Porto Velho, Rondônia
Dr. Cristiano Fernando Rosas	Manager of the Assistentialist and Obstetrics Center, Hospital Municipal Maternidade-Escola Vila Nova-Cachoeirinha, Prefeitura da Cidade de São Paulo, Av. Deputado

	Emílio Carlos, 3.100, São Paulo, SP
Mr. Vinícius Lages	Manager of the Unit, International Affairs Office, SEBRAE, SEPN 515 BlocoC – Loja 32, Brasília, D.F.
Mr. Adson França	Director, Department of Policies for Strategic Groups, Ministry of Health, Esplanada dos Ministérios, Ed. Sede, 6 th Floor, Brasília, D.F.
Dr. Regina Coeli Viola	Coordinator of Women's Health, Ministry of Health, Esplanada dos Ministérios, Ed. Sede, 6 th Floor, Brasília, D.F.
Mr. Isaias Pereira	Coordinator of Vigia Água, Ministry of Health, Esplanada dos Ministérios, Ed. Sede, 6 th Floor, Brasília, D.F.
Ms. Patricia de Marco	National Secretary for Food Security, Ministry of Social Development and Hunger Alleviation, Ministério do Desenvolvimento Social e Combate a Fome, Esplanada dos Ministérios, Bloco C, 5th Floor, Brasília, D.F.
Mr. Diogo Carvalho	International Advisor, Ministry of Social Development and Hunger Alleviation, Ministério do Desenvolvimento Social e Combate à Fome, Esplanada dos Ministérios, Bloco C – 5th Floor, Brasília, D.F.
Mr. Fábio José Bechara Sanchez	Deputy-Secretary, Ministry of Labor, Esplanada dos Ministérios, Edifício Sede, Brasília, D.F.
Mr. Julio Filgueira	National Secretary for Educational Sports, Ministry of Sports, SAN Quadra 03, Lote A, 1st Floor, Room 1290, Ed. DNIT, Brasília, D.F.
Ms. \Lene Santiago	Parliamentary Advisor, Chamber of Deputies, Praça do Congresso Nacional, Brasília, D.F.
Ms. Juliana Fronzaglia	Manager for Bilateral Technical Cooperation, Brazilian Cooperation Agency, Ministry for Foreign Affairs, Palacio Itamaraty, Brasília, D.F.
Ms. Carla Miranda	Special Adviser, National Public Administration School (ENAP), Setor Policial Sul, Brasília, D.F.
Mr. João Marcos Martins	Special Advisor to the President of INEP, Ministry of Education, Anexo 2, 4 th Floor, Brasília, D.F.
Mr. Bruno Gaspar	Special Advisor, Presidency of the Republic, Palacio do Planalto, Brasília, D.F.
Dr. Geruza Amaral	Doctor, Obstetrician, Health Secretariat, Regional Hospital, Asa Sul, Brasília, D.F.

NGO

Name	Position/Address
Ms. Cibele Dias	Manager of Technical Projects, Viva Rio, Rio de Janeiro, RJ
Ms. Natália Mori	Special Advisor to CFêmea, Brasília, D.F.

International Organization

Name	Position/Address
Ms. Gianna Sagazio	Program Officer, UNDP Office, EQSW 103/104 Lote 1 Bloco D Setor Sudoeste, Brasília, D.F.
Ms. Solange Sanchez	Program Officer in the Area of Gender, ILO Office, Setor de Embaixadas Norte, Lote 35, Brasília, D.F.
Mrs. Marlova Noleto	Program Coordinator, UNESCO, SAS Quadra 5, Edifício CNPq/IBICT/UNESCO 9th floor, S1.906, Brasília, D.F.
Mrs. Junia Puglia	Deputy Director, UNIFEM, EQSW 103/104 Lote 1 Bloco D, Setor Sudoeste, Brasília, D.F.
Ms. Helena Silva	Program Officer in charge of Gender, Race and Ethnic Studies, UNICEF, SEPN Quadra 510 – Bloco A - 2º andar, Edifício Ministério da Saúde II, Brasília, D.F.
Ms. Taís Santos	Program Officer, UNFPA Office, EQSW 103/104 Lote 1 Bloco D, Setor Sudoeste, Brasília, D.F.
Ms. Maria Tereza Santos	Special Advisor on Technical Cooperation, CIDA, Embassy of Canada, Av. das Nações, Quadra 803, Brasília, D.F.

5.2 – List of Reports and References related to Gender

Title	Writer	Year published	How to get
General			
Perspectivas das Políticas para as Mulheres no PPA 2008-2011	CFEMEA	2007	CFEMEA Office
Gênero, raça e competências de direção no Serviço Público Federal	ENAP	2006	ENAP Office
O papel da raça/etnia nas políticas de promoção da igualdade	Hélio Silva Jr. (organizer)	2003	CEERT - ILO Office
Guia para localização dos pontos vulneráveis à exploração sexual infanto-juvenil ao longo das Rodovias Federais Brasileiras (2007-2008)	ILO	2007	ILO Office, Ministry of Justice, Human Rights Secretariat, UNODC, USAID
Equality at work: Tackling the challenges	ILO	2007	ILO Office
Brazilian Monitoring Report on the Millennium Development Goals	IPEA	2004	Consultant Library
A queda recente da desigualdade de renda no Brasil	IPEA	2007	IPEA Office
Histórias de Sucesso, 5 volumes,	SEBRAE	2006	SEBRAE Office
Plano Nacional de Políticas para as Mulheres	SPM -Special Secretariat for Women's Policies	2006	SPM Office
Memória 2003-2006	SPM - Special Secretariat for Women's Policies	2006	SPM Office
Mulheres no Topo de Carreira: flexibilidade e persistências	SPM - Special Secretariat for Women's Policies	2006	SPM Office
O Progresso das Mulheres no Brasil	UNIFEM	2006	UNIFEM
Rumo à Igualdade de Gênero	UNIFEM	2007	UNIFEM
Focusing on Women, UNIFEM's Experience in Mainstreaming	UNIFEM	1993	UNIFEM
Education and Training			
II Curso Internacional de Treinamento em Desenvolvimento de Imunobiológicos para a Saúde Pública	Instituto Butantan	2007	Instituto Butantan São Paulo
Ação afirmativa para a igualdade racial: características, impactos e desafios	Manuela Tomei	2007	ILO Office
Gênero, raça, pobreza e emprego: o Programa GRPE no Brasil	ILO	2006	ILO Office
Relação gênero e raça na política pública de qualificação social e profissional	Eunice Léa de Moraes	2005	Ministry of Labor Office
Plano Nacional de Qualificação (PNQ) – 2003-2007	Ministry of Labor	2003	Ministry of Labor Office
Histórias de Sucesso: mulheres empreendedoras, 5 volumes	Serviço Brasileiro de Apoio às Micro e Pequenas Empresas (SEBRAE)	2007	SEBRAE, SPM Office
Health and Medicine			
Health: the role of the government in the production of vaccines	Instituto Butantan	2007	Instituto Butantan São Paulo
Where vaccines are born	Instituto Butantan	2007	Instituto Butantan São Paulo
Área Técnica de Saúde da Mulher	Ministry of Health	2006	Ministry of Health

Assistência em Planejamento Familiar (technical manual)	Ministry of Health	2002	Ministry of Health Office
Atenção Humanizada ao Abortamento	Ministry of Health	2005	Ministry of Health Office
Diretriz Nacional do Plano de Amostragem de Vigilância em Saúde Ambiental relacionada à qualidade da água para o consumo humano	Ministry of Health	2005	Ministry of Health Office
Boas Práticas no Abastecimento de Água: procedimentos para a minimização de riscos à saúde	Ministry of Health	2006	Ministry of Health Office
Inspeção Sanitária em Abastecimento de Água	Ministry of Health	2007	Ministry of Health Office
Vigilância e Controle da Qualidade da Água para o Consumo Humano	Ministry of Health	2006	Ministry of Health Office
Manual de Procedimentos de Vigilância em Saúde Ambiental Relacionada à Qualidade da Água para o Consumo Humano	Ministry of Health	2006	Ministry of Health Office
Programa de Aquisição de Alimentos	Ministry of Social Development and Fight Against Hunger	2007	Ministry of Social Development and Fight Against Hunger Office
Cidadania: o principal ingrediente do Fome Zero	Ministry of Social Development and Fight Against Hunger	2007	Ministry of Social Development and Fight Against Hunger Office
Sistema Único de Assistência Social-SUAS	Ministry of Social Development and Fight Against Hunger	2007	Ministry of Social Development and Fight Against Hunger Office
Quando a vida dos brasileiros muda, o Brasil muda também	Ministry of Social Development and Fight Against Hunger	2007	Ministry of Social Development and Fight Against Hunger Office
Avaliação de Políticas e Programas do MDS – Resultados (Volume 1 & 2)	Jeni Vaitsman & Rômulo Paes-Sousa (organizers)	2007	Ministry of Social Development and Fight Against Hunger
Passagem para a Esperança	UNFPA	2006	UNFPA Office
A promessa de igualdade: equidade em matéria de gênero, saúde reprodutiva e objetivos do desenvolvimento do Milênio	UNFPA	2005	UNFPA Office
Agriculture			
O caminho para o desenvolvimento rural sustentável	Ministry of Agrarian Development & Reform - INCRA	2007	INCRA Office
Achieving the right to food – the human rights challenge of the twenty-first century	FAO	2007	FAO Office
CONVIVER: Programa de desenvolvimento integrado e sustentável do Semi-Árido	Ministry of Regional Integration	2007	Ministry of Regional Integration Office
Ter documento é um direito: toda Mulher quer respeito	Ministry of Agrarian Development & Reform - INCRA	2007	INCRA & SPM Offices
Labor & Employment			
Economia, solidariedade e gestão: a auto-organização do trabalho no Brasil	Ministry of Labor & Employment	2007	Ministry of Labor & Employment Office
Trabalho Decente e Juventude	ILO	2007	ILO Office

Defense: Community Police			
Cartilha do Policiamento Comunitário	Military Police	2007	Military Police Office of the State of São Paulo

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SEBRAE, *Histórias de Sucesso: mulheres empreendedoras: negócios coletivos*, 5 volumes, Brasília: 2006.

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UNIFEM. *O Progresso das Mulheres no Brasil*, UNIFEM, Ford Foundation, Cepia, Brasília: 2006.

United Nations General Assembly. The United Nations Global Counter-Terrorism Strategy, 6 September 2006, Sixtieth session, Agenda items 46 and 120.

7 – Annexes

7.1 – List of charts, graphics and tables

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Table 1	Monthly wage of employed and unemployed population per gender and monthly income. Brazil - 2006
Table 1.2	Proportion of monthly income per gender, according to Brazilian Regions
Table 1.3	Migration of the Population
Table 2	Years of schooling per gender, total and those employed at least for one week. According to Brazilian Regions
Table 3	Women's political participation in the Deputies Chamber – Brazil (1932-2006)
Table 3.1	Women's presence in the Judiciary System (2001 from 2007)
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Table 5	Illiteracy of the population of 10 years old and over, total and per age groups, per gender, according to the Brazilian Regions – 2005-2006.
Table 6	Women from 15 to 49 years old according to live births and its respective percentage distribution per number of births according to the Regions – 2006
Table 6.1	Pregnancy on women population from 15 to 49 years old, per number of children and Brazilian Regions - 2005
Table 6.2	Fecundity - Live births on women from 15 years old and over, according to age groups and household situation - Brazil – 2006
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