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BRAZILIAN CASE STUDY

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ASA	Semiarid Region Network
BNDES	National Economic and Social Development Bank
CGPAN	General Coordinating Board for Food and Nutrition Policies
CGT	General Labor Confederation
CIAN	Inter-sectoral Food and Nutrition Commission
CNA	National Agricultural Confederation
CNBB	National Conference of Bishops of Brazil
CNC	National Trade Confederation
CNSAN	National Food and Nutrition Security Conference
COEP	Committee of State Enterprises against hunger and for life
CONAB	National Supply Enterprise
COUNCILS	National Food Security Council
CUT	Single Workers' Union
Embrapa	Agriculture/Livestock Research Corporation
ENDEF	National Study on Household Spending
FAO	United Nations Food and Agriculture Organization
FBSAN	Brazilian Food and Nutrition Security Forum
FNDE	National Education Development Fund
FNS	Food and Nutrition Security
FPM	Municipal Revenue-Sharing Fund
FUNAI	National Foundation for Indigenous People
FUNAI	National Health Foundation
GDP	Gross Domestic Product
HRFN	Human Right to Food and Nutrition
IBGE	Brazilian Institute for Geography and Statistics
IPEA	Economic and Applied Research Institute
MAPA	Ministry of Agriculture, Livestock and Supply

MCT	Ministry of Science and Technology
MDA	Ministry of Land Development
MDG	Millennium Development Goals
MDS	Ministry of Social Development and Combat Against Hunger
MEC	Ministry of Education
MEP	Movement for Ethics in Politics
MINC	Ministry of Culture
MS	Ministry of Health
MTE	Ministry of Labor and Employment
NCS	National Case Study
PAA	Food Procurement Program
PAT	Workers' Food Program
PETI	Child Labor Eradication Program
PFDC	Federal Attorney's Office for Citizenship Rights
PNAD	National Household Sample Survey
PNAE	National Student Food Program
PNDS	National Demographic and Health Survey
PNSN	National Health and Nutrition Survey
PNSQV	National Program for ensuring the Security and Quality of Food of Vegetal Origin
POF	Household Budget Survey
PPA	Multi-annual Plan
PPV	Standard of Living Survey
PRDC	Regional Attorney's Office for Citizenship Rights
SCN - UN	United Nations System Standing Committee on Nutrition
SIAH	Hospitalization Information System
SIASI	Information System for Indigenous Health Care
SISVAN	Food and Nutrition Surveillance System
UN	United Nations Organization
WHO	World Health Organization

INTRODUCTION

Having the Human Right to Food and Nutrition (HRFN) ensured is the first condition for one to fully enjoy life and citizenship rights. Understanding the dimension of this statement leads us to identify the importance of Food and Nutrition in all areas of governmental actions. Besides being a target in itself, including objectives, priorities and goals for this topic in national development plans is a precondition for ensuring the feasibility and actual achievement of development and poverty reduction goals.

From this perspective, the United Nations System Standing Committee on Nutrition (SCN/UN) set the priority target of **encouraging countries to set food and nutrition priorities with the aim of achieving the Millennium Development Goals (MDGs) from an HRFN perspective**. The purpose of this target is to ensure that the advances and quality of life enjoyed by a minority will become a reality for the majority of the world population in a foreseeable future.

MDGs include: 1) Eradicate extreme poverty and hunger; 2) Achieve universal primary education; 3) Promote gender equality and empower women; 4) Reduce child mortality 5) Improve maternal health 6) Fight HIV/AIDS, malaria, and other diseases 7) Ensure environmental sustainability 8) Develop a global partnership for development. The human rights approach incorporates into the discussion, planning, and implementation of actions aspects related to promoting dignity; reducing racial/ethnic, urban/rural, economic and social inequalities; affirmative/inclusive policies; information and training mechanisms and the establishment of mechanisms for filing appeals and investigating reports of violations of human rights.

The link between these development goals and Food and Nutrition is described in the Supporting Text called *Nutrición – La base para el desarrollo* (SCN 2002). As an introduction, we can say that much of the suffering experienced by significant portions of the world population is related to food and nutrition issues such as the lack of food, bad-quality food, and living and health conditions which prevent one from enjoying the food available to them appropriately. Investing in improving the quality of the food and nutrition of a people is investing in their capacity to develop and produce, in their health, and in reducing permanent political-social tensions; it is making resources available in the medium term which otherwise would be spent with compensatory actions whose efficiency is often low.

Malnutrition hinders the intellectual potential of individuals and peoples. Depending on its intensity and period of occurrence, it can strongly and irreversibly jeopardize one's physical, mental and social development. Health care in the prenatal phase and during a child's growth and development phases, nutritional support, and psychomotor stimulation can contribute toward improving maternal

health, reducing child mortality, and preventing child malnutrition and its impacts on learning.

Gender inequality - which results from unequal access to and inappropriate control of resources - is harmful both to those who suffer it, such as women and their children, and to the country at large. When a significant percentage of the population has no access to resources and other possibilities, a nation's competitive and development capacity is compromised. In this regard, both specific initiatives to improve the nutritional status of young people and women in order to ensure them appropriate living and development conditions and more general actions aimed at affording them educational opportunities and economic, social and cultural development should be taken.

Poverty and hunger can become important determinants of environmental pressure, generating a vicious circle of want and environmental degradation. On the other hand, as local development priorities are combined with environmental sustainability priorities, a whole set of medium- and long-term possibilities becomes available. The process of reducing malnutrition by investing in human capital usually empowers communities, generating a virtuous circle of social inclusion and development.

The great challenge now is translating nutritional priorities into a set of political arguments and priorities to be defended beyond the "local community" and expanding the ability to perceive the confluence of interests and identify opportunities.

The Standing Committee on Nutrition (SCN/UN) and the national case studies on food and nutrition as they relate to development processes in countries.

Through the Ministry of Health, the Brazilian Government decided to host the 32nd annual session of the United Nations System Standing Committee on Nutrition (SCN) to be held in March 2005 in Brasilia. This decision was ratified at the 31st Meeting held in New York (March 2004), which focused on the key role played by Nutrition in achieving the Millennium Development Goals (MDGs).

SCN was created in 1973 and is made up of 16 United Nations agencies, governments and civil-society organizations. Its objective is to sensitize the international community and governments to nutritional problems and mobilize efforts to solve them at national, regional, and international level. Every year, a scientific meeting is held which includes a Symposium on emerging topics in this area, meetings of working groups, meetings of sectoral groups (United Nations, governments, and civil society) and joint plenary sessions during which strategies are discussed with the aim of ensuring a better coordination of public policies for nutrition.

The motto of the next meeting (32nd Session) will be the following one:

“How can SCN favor/facilitate/assist countries in developing a domestic process aimed at integrating Nutrition and Human Rights issues into their national policies and programs with a view to ensuring the achievement of the Millennium Development Goals?”

Therefore, it is assumed that this integration ranks high among the requirements for promoting social and economic development.

As part of the preparatory process for the 32nd Session, SCN decided to invite Spanish and Portuguese-speaking countries to prepare case studies analyzing how food and nutrition topics/activities are included in development and poverty reduction plans as a means to ensure compliance with the MDGs and the Human Right to Food and Nutrition (HRFN). These studies were prepared based on a diagnostic map which was given to those countries beforehand for them to diagnose how food and nutrition topics/activities are included in development and poverty reduction plans as a means to ensure compliance with the MDGs and HRFN, identifying strengths and weaknesses, gaps and difficulties.

The objective of this effort was to support this set of countries in acquiring skills and experience in dealing with the political, organizational, technical, financial, and social challenges derived from the decision to include food and nutrition objectives, priorities, and goals in national development plans designed to reduce poverty and eradicate hunger as a means to promote HRFN. Therefore, this process consisted in a capacity-developing exercise for national technical teams which, besides the learning they acquired in the process of preparing the National Case Study (NCS), had an opportunity to exchange experiences with the teams of the other countries.

In addition to Brazil, Angola, Bolivia and Mozambique participated in the NCS. Each NCS resulted in a final report which described the process and results of the study and focused on successful initiatives and lessons learned, identified weaknesses and gaps, and proposed recommendations on how to tackle these issues. The countries presented their NCSs at an international meeting held in Brasilia on November 22-26, 2004 and their results will be summarized in a final report and presented at the Symposium in the 32nd Session.

Preparing the NCSs involved governmental sectors and representatives of civil-society organizations engaged in Food and Nutrition actions. The technical team of each country analyzed the processes involved in development plans to identify Food and Nutrition programs and actions related to achieving the MDGs.

As an internal national process, it was suggested that sectoral workshops should analyze these programs and actions from the perspective of their contribution to achieving the MDGs and also of respecting, protecting, and ensuring HRFN. This analysis makes it easier to recognize positive and negative aspects, identify gaps, and draw up proposals for overcoming problems and promoting advances. More specifically, the analysis considers aspects such as the scale of the actions, their coverage, priority groups, and quality. It also identifies

the need to make analytical and planning efforts for food and nutrition objectives and activities to be incorporated into national plans.

The team in charge of preparing the NCS gathered the conclusions of these meetings and analyzed them from the perspective of prioritizing actions aimed at ensuring a set of strategic objectives, such as: reducing poverty and hunger; increasing the coverage of more vulnerable groups in the population; protecting fetal and child growth; progressively preventing malnutrition caused both by the lack and excess of food or inappropriate food consumption and its eventual elimination in the course of a lifetime.

The results of the case studies are expected to indicate paths for what can be achieved over the next 5, 10 and 15 years and the budget implications of achieving what is possible (or at least identify necessary studies for determining the costs involved in achieving these goals and what funding sources could be used to cover them).

The following supporting documents were made available to assist in this process: the 5th Report on the World Nutrition Situation (SCN-2004); General Comment N. 12 (UN Committee on Economic, Social and Cultural Rights, 1999); *Nutrición – La base para el desarrollo* (SCN-2002); and the Report of the Commission on Nutrition Challenges of the 21st Century (SCN- 1999).

Each NCS resulted in a report which describes the process and results of the study, including recommendations for actions. The national reports highlight successful initiatives and lessons learned, identify weaknesses and gaps, and propose recommendations for tackling problems. This report presents the results of the Brazilian Case Study, which was organized according to the following main points for analysis.

- Domestic situation in relation to achieving the Millennium Development Goals (MDGs);
- Domestic food and nutrition situation;
- Food and nutrition priorities;
- Food and nutrition policies, programs and actions;
- Organizational framework for developing food and nutrition priorities;
- Level of integration between food and nutrition policies and programs;
- Level of participation of civil society in food and nutrition policies and programs;
- Level of integration and priority attached to food and nutrition topics in governmental and non-governmental programs;
- Level of inclusion of the human rights dimension (HR) in food and nutrition policies, programs and actions;
- Food and nutrition programs and actions and their roles in the strategy adopted for achieving the MDGs;

- Identification of the most relevant set of programs which coordinated their actions successfully or could benefit from greater coordination;
- Main advances, challenges and bottlenecks/difficulties faced;
- National strategies proposed for enhancing the integration of nutrition and human rights topics into a national plan for achieving the MDGs.

The Executive Background which reports the process of preparing the Brazilian Case Study can be found in **Annex 1**.

1_ Demographic, epidemiological and socioeconomic profile of the Brazilian population.

1.1 Demographic Profile

Brazil, which covers an area of 8,514,876,599-km², has a population of 169,799,170, of whom 81.3% live in urban areas, 19.4% are under 10 years old, and 8.6% are 60 years old or more (IBGE, 2000).

The population is distributed in the regions as follows: 42.6% live in the southeast region, 28.1% live in the northeast region, and 14.8% reside in the south region. The north and mid-west regions have the lowest population concentrations: 7.8% and 6.9%, respectively (IBGE, 2000 - **See annex 2: (a) Table 1** - Demographic Profile of the Brazilian Population; **(b) Table 2** - Demographic Profile of the Brazilian Population by regions).

1.2 Health and Nutrition Profile

The last national data on the nutritional situation of the Brazilian population were collected in 1996 and are scheduled to be updated in 2005.

Efforts of the Ministry of Health to implement nutritional monitoring mechanisms as an institutionalized practice of the Unified Health Care System (SUS) led to the implementation, in October of this year (2004), of a computerized National Food and Nutrition Surveillance System. The operational design of this system makes it possible to monitor the nutritional status of the population covered by the health care network and individualized and personalized information about its users through all phases of their life cycle. It also makes analysis reports available which provide inputs for the local planning of services, for drawing up municipal and state-level health and nutrition plans and, at a broader level, for defining the National Food and Nutrition Policy.

Although this national system was only implemented recently, Food and Nutrition Surveillance, as an action of the health sector, has been developed since the 1990s and progressively expanding its coverage in basic health care units which have been implementing it since then. This process contributed to enhance the sensitization and training of health professionals in the routine follow-up on the nutritional status of the population covered by health care services and some

municipalities have extended this practice to the network of day-care centers and schools.

A challenge facing the country in this area is that of effectively implementing an integrated mechanism for monitoring the **Food and Nutrition Security** (FNS) of the population, which is defined as:

“the fulfillment of the human right to healthy, affordable, and quality food in sufficient amounts and on a permanent basis, without jeopardizing other essential needs, based on healthy food practices, respecting the cultural diversity, and ensuring socioeconomic and agro-ecological sustainability” (CONSEA, 2004).

For an FNS Policy ensuring this right to be implemented, a Surveillance System must be available which contemplates and analyzes data for the two components in question: **food component** (food production, access, trade and consumption) and **nutritional component** (food transformation by the body).

The analyses of the nutritional situation of the Brazilian population presented here are based on a comparison between some national population surveys (Monteiro et al., 1995; Monteiro, 1997).

The picture of the situation of children under 5 in the 1990s based on tabulations of the National Demography and Health Survey (PNDS) carried out in 1996 as compared to the results of the National Health and Nutrition Survey (PNSN) of 1989 indicates the following: there was a decline in the prevalence of growth delays of about one-third between the two surveys in the country as a whole (from 15.7% in 1989 to 10.5% in 1996), and this prevalence is lower than the national average in the north region (29.6%) and slightly higher than that average in the northeast (34.4%) and center-south (34.9%) regions. There was a significant drop in weight deficits in the northeast region (35.1%) and in the north region (27.4%), and minor changes were detected in the center-south region (3.7% in 1989 and 4% in 1996).

The analysis of the evolution of child malnutrition in the 1990s, taking into account urban and rural strata, revealed different behaviors in the regions. The decline in height deficits, which was close to 37.6% in urban areas between the two surveys (1989 and 1996 - from 12.5% to 7.8%) amounted to only 16.3% in rural areas (from 22.7% to 19%). The difference between the urban and the rural stratum, which in 1989 was 1.8 times larger in rural areas and in 1996 was 2.4 larger in those areas, became more pronounced.

This larger differential in prevalence in rural areas was observed in all the country, regardless of the region. A similar trend was observed for the prevalence of weight deficits as indicators of a more recent malnutrition, which fell by 20.8% in the country as a whole and by 17.9% and 14.0% in urban and rural areas, respectively. Therefore, there were improvements in the regional differential and the urban-rural differential worsened (Monteiro et al., 1995; Monteiro, 1997),

reinforcing the need for social programs to consolidate effective mechanisms to provide a better coverage in rural areas.

Based on PNSN (1989) and PNDS (1996) data, one can observe a contrasting situation. While the data show that 5.7% of the children had a weight deficit in relation to their age and 10.5% of them had a height deficit in relation to their age, overweight prevailed in children under 6 months old at rates of 12.6% and 6.9% for male and female children, respectively. The highest prevalence of deficits was observed in girls under 10 years old, except for height deficits, the prevalence of which is higher amongst boys and in rural areas (**See annex 2: Table 3 - Nutritional Profile of Brazilian children - 1989 and 1996**).

With respect to adults and elderly people, a comparative analysis carried out as part of the National Study on Household Spending (ENDEF) of 1974, of the National Health and Nutrition Survey (PNSN) of 1989, and of the Household Budget Survey (POF) of 2002-2003 indicates, on the one hand, a significant drop in the percentage of adults with an energy deficit in all regions of the country and in the different urban/rural strata and, on the other hand, a marked increase in the percentage of obese and overweight adults, as observed in all economic strata and both among males and females, evincing gender and income inequalities. Overweight and obesity increase continuously and intensely in the male population. In 1974, obesity was practically non-existent in the male population. In 2003, the percentage of overweight men doubled (from 18.6% to 41%) and that of obese men went up three-fold (from 2.8 to 8.8%). Up to 1989, overweight and obesity percentages amongst men were much lower than those observed for women. In 2003, those percentages practically leveled.

On the other hand, overweight and obesity amongst women increased by 50% between 1974 and 1989 and remained stable between 1989 and 2003. Except in the northeast region, where overweight and obesity rates continued to rise amongst women, the rates remained stable or decreased in all the other regions.

Over the past 30 years, the evolution of the nutritional status of the population was affected by income levels

Amongst men, overweight rates increased intensely according to the income, while for women the ratio between overweight percentages and the income was less pronounced and overweight more commonly found in middle-income classes.

In general, the evolution of the anthropometric nutritional profile of the population followed the same pattern in all income brackets. While in the mid-1970s obesity was relatively rare amongst women earning up to 1/4 of the minimum wage (2.7%) and amongst men in the income bracket of up to 1 minimum wage (0.5% amongst those earning up to 1/4 of the minimum wage; 1.4% amongst those in the income bracket of up to half a minimum wage; and 2.3% amongst those with an income of up to one minimum wage), between 1989 and 2003 overweight and obesity rates amongst women increased only for those falling under the first two income brackets (up to 1/4 and from 1/4 to 1/2 a

minimum wage per capita). (See annex 2: Table 4 - Nutritional Profile of Brazilians adults, 1989).

For certain specific groups in the population, such as communities of descendants of runaway slaves (known as *quilombolas*), indigenous people, settled populations, camped groups, communities located near garbage dumps which live off the garbage, and homeless people, nutritional information are non-existent, scarce or not disaggregated by race (even though this information is collected in the surveys).

Some specific studies detected considerable inequalities in these groups. Malnutrition affects over 55% of the children of indigenous peoples and they are also affected by high rates of low weight at birth, diabetes, and high blood pressure (World Bank, Second disease surveillance and control project – Vigisus II. April 19, 2004).

Important changes in living and consumption standards indicate a trend toward risk behaviors, such as less physical activity, less time for recreation, and changes in food habits which enhance the probability of problems such obesity, cardiovascular diseases and other diseases (Burlandy & Angel, 2001; Monteiro et al, 1995). Changes in the food consumption profile also vary according to the region of the country (Monteiro et al, 2000).

The existence of gaps in these data should be highlighted and acknowledged, as well as the shortage of information which would make it possible to produce a detailed diagnosis of the country's food and nutrition situation. Therefore, the applicability of these analyses is dated and serves to indicate historical trends which do not necessarily reflect the current situation.

Micronutrient deficiency

Brazil still doesn't have information on iron and vitamin A deficiencies for the nation as a whole. For this reason, one must consider available studies prepared and developed by academic and qualified institutions which were representative for the local populations studied.

In the case of hypovitaminosis A, studies carried out for specific populations show that the average estimates of the prevalence of this deficiency in children under 5 are 16 - 32% for the northeast and north regions (1990 - 2001) and 14-33% for the southeast region, and as high as 55% in some of the country's localities (MAC Aulifee J. et al., 1991).

As for iron deficiency anemia, the average estimates of its prevalence are the following: northeast region (1990 - 2000): 25 - 46%; north region (1990 - 2000): 30 - 85%; southeast region (1990 - 2000): 5 - 46%; south region (2000 - 2001): 47.8 - 54%.¹ Regarding iodine deficiency disorders, more specifically endemic

¹ Note: The studies on iron deficiency anemia were mainly carried out for children up to 5 years old and school-age children.

goiter, one can see that, according to the Thyromobil Project, this problem affects 1.4% of all Brazilian school-age children.

A crucial point to be observed is the shortage of information on micronutrient deficiencies in indigenous populations, communities of descendants of runaway slaves and others. Different studies carried out for specific groups indicate a high prevalence of anemia in indigenous populations, which can be as high as 82% amongst children aged 6-24 months old (Serafim, M.G., 1997).

1.3 Food Consumption Profile

Considering that Brazil doesn't have recent national studies on food consumption either, the analyses in this field are based on surveys such as the Multi-centric Study on Food Consumption carried out in 1996, which focused on food consumption in 5 Brazilian cities, and the IBGE Household Budget Surveys (POF), which provides data on spending on food products but not on consumption itself.

The investigations carried out under the Multi-centric Study evaluated monthly family consumption and individual consumption levels through a frequency questionnaire. Knowing the family composition (number of members, gender, and age), recommended nutritional values were estimated for the families based on the values for individuals, according to VANUCCHI et al. (1990). Averages for protein, calcium, iron and vitamins A and C consumption were compared to the recommended consumption, the Recommended Dietary Allowances of the National Research Council (1989).

With respect to energy consumption, it was considered inadequate only in groups with a per capita family income of up to one minimum wage. However, it was qualitatively inadequate. It was seen that families with an income of up to two minimum wages are exposed to the risk of macronutrient and micronutrient deficiency, particularly of calcium, iron and vitamin B2, for which inadequacy levels of 20-70% were detected. The prevalence of families exposed to this risk varied from 3.2% to 20.3%.

A comparison between the analyses carried out under the Multi-centric Study and the Household Budget Surveys in 1988, 1996 and 2002/ 2003 indicates the following: a higher consumption of saturated and hydrogenated fats; substitution of food products which are rich in nutrients, such as vegetables and fruits, with food products which are energetically dense and poor in micronutrients and a higher consumption of salty and fatty food products. The profile of the spending on food also suggests changes in the behavior of Brazilian families in relation to having their meals at home, since families are spending 24% of all that they spend on food a month in average in meals outside the home. This percentage in urban areas (26%) is two times higher than in rural areas (13%).

A study carried out in the 1990s, which considered the consumption of 2200 calories/day as the deficiency cut-off line and took into account regional and urban/rural variations in the consumption and cost framework, calculated the price of the basic food basket and the population whose income was sufficient to buy it. These calculations showed that 21% of the Brazilian population fell under the category of food deficiency (Lavínias, 1998).

An analysis of the purchasing power of the minimum wage to buy the basic food basket in 15 Brazilian capitals carried out over the same period indicated a significant oscillation early in the decade as a result of inflation and wage adjustments derived from monetary correction. Beginning in 1994, a favorable trend can be detected in the purchasing power of the minimum wage which continued until 1997, when the price of the basic set of food products increased (Lavínias, 1998).

However, the increase observed between 1994 and 1997 varied according to the region. The evolution of the ratio between the price of the basic set of food products and the minimum wage was more unfavorable in capitals located in the country's developed regions. This can be explained by the fact that, in periods of inflation, economic agents tend to apply the same price adjustment indices to all the regions, and as prices stabilize, real costs prevail which vary from one region to another. In the most developed areas, the price of the basic food basket is higher (because land costs are higher and the network of middle-men in the production chain is larger in them), leading to a more unfavorable ratio between the basic set of food products and the minimum wage.

Converting the value of the minimum wage into calories, one sees that in 1998 it was enough to meet the needs of 1.85 individuals, or not enough at all to meet the family demand, which according to the law should be covered by this wage. Between 1995 and 1996 (a year of economic stabilization) a recovery of 50% of the value of the minimum wage in calories was registered, but in 1997 the figures returned to the levels observed early in the decade (Lavínias, 1998).

When the purchasing power is analyzed by income strata, one observes a marked drop in the lowest income brackets in all regions in the beginning of the decade, a trend which is reversed up to 1997, when there was a recovery of the purchasing power of the 40% poorest groups in the population. From 1997 onward, the income drops markedly and the price of the basic food basket increases, making the food insecurity scenario even worse.

In general, capitals in the center-south region have more access to food. Only in the poorer ones, particularly in those located in the northeast region, there is a shortage of food, despite the more pronounced drop in the prices of the basic set of food products. The changes which the national food sector underwent over the past decade led to a reduction in prices, despite temporal oscillations, as a result of a scenario of greater competitiveness. However, access to food is being strongly compromised by the unequal income distribution which still prevails (Lavínias, 1998).

However, the studies on food consumption and purchasing profile do not account for the country's diversity. Various groups in the population, such as those of indigenous people, descendants of runaway slaves and settled populations, are excluded even from the samples used in those surveys. The Hunger Map for the indigenous population (1994) showed that at least 198 indigenous lands were facing food sustainability problems and hunger. In proportional terms, that figure represents 66.67% of all indigenous lands for which information was collected, 34.25% of the indigenous population identified until then, and 41.88% of the population for which information was obtained (INESC-PETI/MN-ANAÍ/BA and Citizenship Action against Hunger and Extreme Poverty, 1995).

It should be highlighted that Brazil lacks up-to-date national data on **food availability**. However, analyses of the domestic food production indicate that the global availability is not a problem for the country. When the equivalent in calories of the total production is calculated and divided by the total population, one sees that Brazil is above the minimum level set by FAO. The domestic food production is stable and sufficient to meet the needs of the Brazilian population and the country is provided with enough resources to import the food products it can't produce (CONSEA, 2004; FAO, 2003).

Modern, efficient and competitive, the Brazilian agribusiness is a prosperous, safe, and profitable activity. With a diversified climate, regular rain, abundant solar energy and almost 13% of all the freshwater available on the planet, Brazil has 388 million hectares of highly productive croplands, of which 90 million hectares remain unexploited. Because of these factors, Brazil has a natural vocation for agriculture/livestock and all the business activities related to its production chains.

Today, agribusiness is the main locomotive of the Brazilian economy, accounting for one of each three reals (the Brazilian currency) generated in the country and for 33% of the Gross Domestic Product (GDP), 42% of the country's total exports, and 37% of all Brazilian jobs. It is estimated that this industry's GDP amounted to US\$ 180.2 billion in 2004, against US\$ 165.5 billion last year. Between 1998 and 2003, the agriculture/livestock GDP growth rate was 4.67% a year. In 2003, sales of agricultural/livestock products abroad amounted to US\$ 36 billion, with a surplus of US\$ 25.8 billion.

Brazil is one of the world leaders in the production and export of various agricultural/livestock products. It is the main producer and exporter of coffee, sugar, alcohol, and fruit juices in the world. It also ranks first in the sale of soybeans, beef, chicken, tobacco, leather, and leather shoes in foreign markets. The projections indicate that the country will also become the world's main producer of cotton and biofuels made from sugarcane and vegetal oils in the short term. Corn, rice, fresh fruits, cocoa, nuts, as well as pork and fish, stand out in the Brazilian agribusiness, which today employs 17.7 million workers in rural areas alone.

The average output of the main permanent and temporary crops in Brazil in 2003 is shown in **Annex 2, Table 5** _ Crop Production – Brazil - 2003.

With a population of over 170 million, Brazil has one of the largest consumer markets in the world. Today, about 80% of the Brazilian food production is consumed domestically and only 20% are shipped to over 209 countries. In 2003, Brazil sold over 1,800 different products to foreign markets. Besides traditional importers such as Europe, United States and Mercosur countries (Argentina, Uruguay and Paraguay), Brazil expanded the sales of its agribusiness products to markets in Asia, the Middle East and Africa.

These data, however, are not sufficient to evaluate food production conditions, domestic food availability, and access to food products in Brazil, considering, for example, that the country's agricultural production has grown mainly as a result of a higher production of products such as soybeans, which account for 45% of all its grain production and is its main export product. Moreover, the food production system is characterized by the prevalence of intensive, mechanized agricultural production schemes marked by a high use of chemical products and strong social and environmental impacts. The increasing processing of food products, often affecting their original quality and tending to create uniform types of product, is also a factor that should be considered (CONSEA, 2004).

This profile is associated to important risks not only in terms of health and food quality (both from the nutritional and sanitary points of view), but also in social terms, as it can lead to the impoverishment of small and medium-sized farmers. It also affects local cultural food habits, as emphasis is placed on producing easily traded products on a large scale to the detriment of typical traditional food products.

1.4 Health and socioeconomic indicators

Infant and Maternal Mortality

The infant mortality rate is an important indicator of the supply of health services and access to basic goods and services such as sanitation and drinking water systems. A significant drop was observed in this indicator in the country during the 1980s and 1990s as a result of greater access to basic health care and sanitation actions which had an impact on the control of infectious-parasitic diseases and their consequences. In 2002, the child mortality rate in Brazil was 26.5 for each 1,000 children born alive. The highest child mortality rates are found in the northeast region and the state of Alagoas has the highest rate in the country (57.7 for each 1,000 children born alive). The Federal District has the lowest infant mortality rate in Brazil (13.6 or each 1,000 children born alive). Most deaths in the first year of a child's life occur during the prenatal period, particularly within the first six days of the child's life. However, the post-natal mortality rate is even more pronounced in many localities of the country, particularly in the northeast and north regions (**See annex 2: Table 6_ Child Mortality Rates - Brazil, Large Regions and Units of the Federation – 2002**).

Brazil's inequalities, which are not revealed in national averages, make it difficult for one to have a global view of the situation faced by specific populations (indigenous people, black people, descendants of runaway slaves, settled populations, camped groups, etc). An example of this fact is the child mortality coefficient for indigenous populations, which exceeds 100 for each 1,000 children born alive in some Special Indigenous Sanitary Districts,² and many of them have a coefficient in excess of 50/1,000 born alive (Siasi, 2003).

The rate in Brazil as a whole was estimated at 75.3 for each 100,000 children born alive in 2002. This is a relative figure, considering the high incidence of under-reporting of maternal deaths. Maternal mortality is very much associated to causes linked to pregnancy, childbirth or puerperium, and the main causes are high blood pressure, hemorrhage, postpartum infection, and abortion-related complications. These are causes which can be avoided if women are provided with appropriate health care services, a fact which highlights the importance of expanding, strengthening and improving actions to assist them in their pregnancy and delivery (Office of the President of the Republic, 2004).

In terms of prenatal follow-up, according to information provided by the National System for Information on Children Born Alive (Sinasc), the percentage of women who visit a doctor seven or more times during their pregnancy increased from 41.6% to 45.6% between 1997 and 2001. However, about half of all women were not being provided with the minimum assistance required. Regional variations should be highlighted, considering that 56.3% of all women in the south region visited a doctor seven or more times during their pregnancy in 2001, while in the north region the percentage was only 26.2% (Office of the President of the Republic, 2004).

Breastfeeding

Stimulating breastfeeding is a key action to promote a child's healthy nourishment, considering all the advantages associated to it for the health of children and the mother-child relationship. The World Health Organization recommends that children should be exclusively breastfed during the first six months of their lives. According to a study carried out in Brazilian capital cities and in the Federal District, the prevalence of exclusive breastfeeding up to the age of six months is 9.7%, varying from 4.8 to 19.8%. The prevalence of breastfeeding at the age of 12 months was 44.2%, varying between 27.1 and 66.3%. The highest prevalence of exclusive breastfeeding was detected in the south region and of breastfeeding of children under one was observed in the north region (**See annex 2: Table 7_** Prevalence of exclusive breastfeeding (%), 1999, by Regions and Capitals and **Table 8_** Prevalence of breastfeeding (%), 1999, by Regions and Capitals

² The Indigenous Health Care Sub-system is organized in the form of 34 Special Indigenous Sanitary Districts (Dsei). Each Dsei is a referral and counter-referral territorial and population base under a clearly identified sanitary responsibility in charge of carrying out a set of necessary health actions to ensure basic health care services to indigenous populations linked to the Unified Health Care System - SUS - network made up of the minimum necessary team to carry out its actions and socially controlled by local and district-level health councils.

Low Weight at Birth and Pregnancy during Adolescence

Although the prevalence of low weight at birth in the country (which in 2002 was 8.1%) is below the maximum recommended percentage (10%), it is higher than the one observed in developed countries (5-6%). The north region has the lowest prevalence (6.7%), while the south region has the highest one (9.1%).

Considering health in an integrated fashion through the various phases of a person's life, one sees that low weight at birth is correlated with pregnancy risks, such as, for example, pregnancy during adolescence, when the probability of pregnancy complications increases and the risk of giving birth to an underweight child is higher. The data on pregnancy during adolescence in Brazil indicate a prevalence of 7.47% for girls under 16 years old (SIAH, 2003) and of 25.84% for young women under 20 years old (SIAH, 2003).

Poverty and its correlations with hunger and malnutrition

Hunger, Poverty and Malnutrition

There is a fairly broad consensus that hunger, malnutrition, poverty and inequality are closely related, albeit different, phenomena (Argüelo & White, 1982:51; Monteiro, 1995). It is important to differentiate between them, since the concepts behind interventions lead to certain practical definitions when public policies are drawn up, such as, for example, what to do and for whom. Moreover, these are key issues for analyzing the Millennium Goals dealt with here.

In the context of market economies, in which the main exchange resource is the financial resource, poverty is associated to situations where the income is not enough to meet basic needs (food, housing, clothing, transportation, education, health care, etc). Although income is a key component, it is now increasingly recognized that poverty is a complex and multi-faceted phenomenon.

Poverty can be seen as the lack of basic capacities to achieve certain minimum acceptable levels. Relevant elements leading to such a situation can range from physical elements, such as being appropriately nourished and dressed and avoiding preventable diseases, to more complex issues, such as taking part in the life of a community and appearing in public without feeling ashamed, among others (Sen, 1992). Some studies on poverty also cover issues such as images, ideas and representations which society shares about who the poor are and how they live (Escorel, 1999).

Considering poverty in relation to income, a widely used measure is based on multiples of the minimum wage (1 MW/ family or 1/4 MW per capita). This procedure, however, makes it difficult for one to analyze poverty over time and to make regional comparisons. Furthermore, it does not consider the purchasing

power as differentiated by regions and the fact that the nominal value of the minimum wage changes annually.

An alternative measure is to use the poverty line, which can be based on a concept of **absolute (or extreme) poverty - the definition** of a minimum subsistence standard in relation to certain goods which are regarded as basic goods - or of **relative poverty** - a comparison between the situation of an individual in relation to the others (Sen, 1981).

Absolute (or extreme) poverty is measured against the necessary income for one to meet basic needs. The definition of basic needs varies significantly from one society to another according to the social values prevailing in them in different historical periods (Cardoso & Helwege, 1990). The cost of a set of food products capable of satisfying the nutritional needs of an individual is the most used criterion for a stricter definition of basic needs, considering food as a priority need for ensuring one's survival.

Based on this concept, the **indigence line** - which corresponds to the income threshold for purchasing a basic set of food products - and the **poverty line** - which corresponds to the cost of that basic food basket plus that of other non-food needs, such as health care, education, transportation, clothing, and housing - are established (Rocha, 1998 a).

The composition of the basic food basket can also be normatively defined or based on the consumption framework observed in the population. Because food consumption data such as the ones registered by the National Study on Household Spending (ENDEF) in 1979 are hard to come by, one is forced to use data from surveys on household spending which express the actual preferences of families even when faced with financial restrictions, according to spending types. In this case, the lowest-cost food basket which satisfies average nutritional needs is defined based on the Household Budget Surveys (POF). Its value is the indigence line (Rocha, 1998 b).

Nourishment is an inalienable human dimension and, for this reason, not being able to satisfy one's food needs is always considered a clear expression of poverty. This link is so straightforward that, as mentioned above, commonly used indigence indicators are invariably based on hunger measurements. **How can one differentiate between indigence and hunger?**

With the aim of defining indicators which differentiate between these two issues, chronic hunger is being associated to situations where the food consumption of an individual is not enough to meet the energy needs of his or her body. This measure is also being used as a means to overcome technical difficulties involved in evaluating food consumption patterns and energy needs (Monteiro, 2002).

According to this approach, hunger is being measured based on the figures of energy reserves in the adult population, and body mass indices (BMI) lower than 18,5 kg/m² are recommended as indicators for this measurement. The association of hunger to energy deficits in adults (thinness) is justified by the argument that

child malnutrition is not always caused by low-energy diets, as it can also be caused by specific deficiencies of macronutrients and micronutrients, early weaning, and common childhood infections (Monteiro, 1995; WHO, 1995).

However, these definitions involve certain issues: Why should we associate hunger to energy deficits? Why doesn't the shortage of other nutrients (vitamins, minerals) characterize hunger? How can we measure food deprivation situations which have not expressed themselves as chronic conditions that are strong enough to cause energy deficits?

The concept of inadequate intake and/or biologic utilization of energy and/or nutrients would be more appropriate to define malnutrition as measured by anthropometric indicators. Malnutrition or nutritional deficiencies are regarded as diseases derived from an insufficient intake of energy and nutrients or from an inappropriate biological utilization of food consumed by a human being, which is usually caused by diseases, particularly infectious diseases (Monteiro, 2003).

Given these concepts, one should consider that both hunger and malnutrition are not merely biological phenomena, just like poverty is not only a monetary issue. Who can say that a human being who is forced to survive on food scraps or animal rations doesn't starve, even if he or she has not been biologically affected to an extent detectable by anthropometric or clinical indicators? (Valente, 2002 b).

These considerations reinforce, on the one hand, the relevance of understanding food insecurity and hunger mostly as social and human issues in all their dimensions. Insecurity is characterized by situations where food that doesn't pose risks to one's health is not available or people have no temporary or permanent access to food which is appropriate to satisfy their nutritional needs both in quantitative and qualitative terms and by situations where they cannot adopt healthy and decent food habits from the human and social viewpoints.

According to Josué de Castro, hunger is the biological expression of sociological evils and is closely linked to underdevelopment. In his opinion, "hunger is a geographically universal phenomenon, and no continent is free from its tragic consequences." Hunger is not a product of overpopulation: hunger was already massively present before the demographic explosion observed in the post-war period. Only the hunger which decimated populations in the Third World was disguised, hushed up, hidden. Nobody talked about it because it was shameful: hunger was a taboo (Ballast, 2003).

People can starve to death in two ways: by not eating anything and emaciating quickly until they die or by eating inappropriately and developing specific insufficiencies or deficiencies causing a condition which can also lead to one's death. Due to its social and economic consequences, the phenomenon of chronic or partial hunger, which silently corrodes countless populations in the world, is even more serious than that of acute and outright hunger.

On the other hand, emphasis should be placed on building indicators for hunger and food insecurity at individual and household level allowing for the observation of aspects which anthropometric analyses cannot scrutinize. What are

the available alternatives for not resorting to indicators which measure access to food based on the income and end up superposing hunger and indigence once again?

In Brazil, the University of Campinas (UNICAMP) and the Observatory of Food Security and Nutrition Policies of the University of Brasilia (UnB), as well as other institutions, adapted and validated a methodology developed and used by the Cornell University to evaluate food security at the level of the population, making it possible to develop a quick diagnosis of the food security situation within families and which constitutes an important tool for evaluating public policies. This methodology consists of a 15-question questionnaire designed to measure different levels of food insecurity. Food security is classified according to the sum of affirmative answers to the questions, which provides a score categorizing families as follows: *safe*, *slightly unsafe (where the lack of food is a concern, but not necessarily a deprivation)*, *moderately unsafe (where deprivation is experienced to a certain extent, particularly by adults)*, and *very unsafe (where children are not eating as they should or are experiencing hunger)* (UNICAMP, 2004).

Poverty Dimension

Studies on poverty in Brazil indicate quite different dimensions of the problem in the country because they are based on different methodological approaches. Early in the 1990s, it was estimated that 44% of the population was poor and 12% were indigent, totaling 16.6 million people (Rocha, 1995; 2000). Other studies indicated the existence of 32 million indigents in all the country (Peliano, 1993).

Analyses based on data provided by the National Household Sample Survey - PNAD - of 1999 suggested that about 14% of the Brazilian population lived in families whose income was below the indigence line and 34% belonged to families whose income was lower than the poverty line. According to these figures, 22 million Brazilians could be classified as indigents and 53 million as poor in the 1990s (Barros, Henriques & Mendonça, 2001).

One of the commonest indicators used to measure the income poverty internationally is the percentage of the population living on less than a dollar a day. Amongst South American countries, Brazil's population is defined as poorer than that of Chile, Guyana, Uruguay and Argentina, and as poor as that of Colombia. According to international criteria, Bolivia, Paraguay, Venezuela, Ecuador and Peru are the countries with the highest percentage of poor in their populations. Considering the number of people living on less than US\$ 1 a day, the World Bank estimates that 4.7% of the Brazilian population was made up of indigents in 2000 (Office of the President of the Republic, 2004).

However, these figures change significantly according to the methodology that is used to measure extreme poverty. The calculations that are used more often in Brazilian public policies to define the poverty line and extreme poverty are the percentage of families with a monthly per capita income of up to half a

minimum wage and of one-fourth of the minimum wage, respectively. According to these criteria, there were 52.3 million poor (30.6%) and about 20 million people facing extreme poverty (11.6%) in the Brazilian population in 2002 (Office of the President of the Republic, 2004).

Regardless of the methodology, one can see that there was a slight drop in the percentage of poor and indigents in the country as a whole in the 1980s, despite a decline in the per capita income of almost 8% over the same period. The prevalence of poor people, as defined by the percentage of the population with a per capita family income of up to half a minimum wage in a given geographic space in the year under consideration, which was 30% in 1992, decreased by 23% between 1992 and 1995 and remained virtually stable after that period. The higher rate of participation of poor people in the labor market, despite the fact that many of them engaged in informal activities and the income dropped, as well as the fertility rate, prevented the poverty scenario from worsening (Rocha, 1995; Office of the President of the Republic, 2004).

However, significant distortions can be observed in the poverty scenario in the different regions of the country. While the prevalence of poor people amounts to 18.7% and 18.9% in the southeast and south regions, respectively, and to 52.7% in the northeast region, it exceeds 60.6% in one of the states located in the latter. In 2002, it was estimated that 5.2% of the population of the southeast region were facing situations of extreme poverty or indigence, while the percentage in the northeast region was almost five times higher (25.2%) (Office of the President of the Republic, 2004; IPEA et al., 2002).

Despite divergences in relation to the methods used in these calculations, a consensus has been achieved on different aspects of poverty in the country (Rocha, 1995; 2000; 2001 Cohn, 1995). Poverty in Brazil has a strong regional component (it affects the north and northeast regions of the country particularly, as compared to the south and southeast regions); in absolute terms, it is concentrated in metropolitan areas (over 2/3 of the poor live in urban areas), given the consequences and dimension of the urbanization process. Rural areas have the highest percentages of poor and indigent people, because of the type of productive occupation prevailing in them.

For an individual living in Brazil who is a woman or the head of a family, is black or mulatto, is not a registered worker or is unemployed, has less than four years of schooling, has dependents who do not work, and lives in a rural area in the northeast region, the probability of being poor is 95%. Among the factors which can have the highest impact on poverty reduction, education is a strategic one, given the significant weight schooling levels have in relation to other determining variables (Rocha, 1995; 2000).

Even when considered in the light of these general features, the profile of poverty varies according to the regional location and place of residence (urban or rural). Poor families living in rural areas in Brazil's northeast region are characterized by a higher number of children, illiterate heads of family predominantly engaged in agriculture/livestock activities as self-employed

individuals, a minority of families headed by women, and households not provided with electricity and other basic services. It is a kind of poverty that is typical in traditional societies, excluded from the benefits of urban-industrial growth, and is usually present in localities where the State fails to provide basic services appropriately.

From this point of view, poverty is strongly associated to inequalities in access to land. The data available on land ownership concentration refer to the Gini index for the distribution of the land in the country. According to agriculture/livestock censuses carried out by the Brazilian Institute for Geography and Statistics (IBGE), that index rose from 0.844 in 1950 to 0.856 in 1995, with minor changes over the period (FAO, 2003).

Metropolitan poverty is in turn characterized by smaller poor families, a high percentage of female heads of family, and greater access to public services, except for sewage systems, which is a national problem and for which an important deficit still prevails.

Poverty in Brazil is clearly concentrated on children and adolescents. According to the last demographic census carried out by IBGE, 33.5% of the total population consists of families with a per capita income of up to half a minimum wage. With a view to improving poverty reduction strategies, the report "State of the World's Children 2005" proposes the following operational definition for children living in poverty:

"Children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society."

According to the report, 45% of all children and adolescents in Brazil live below the poverty line. This means that of all the 60.3 million Brazilians under 18 years old, 27.4 million come from families where each member lives on less than R\$ 4.33 a day (less than half a minimum wage a month) (UNICEF, 2005).

Gini index and Unemployment Rate

Unequal income distribution is a problem which has been systematically highlighted as one of the main challenges facing Brazil and it is closely related to inequalities in access to land, public goods and services, and jobs.

The Gini index is an important indicator of income inequalities, and although it was still high in the 1993-2003 period, a downward trend was observed in the Gini index for the distribution of labor-derived income. This indicator dropped from 0.600 in 1993 to 0.545 in 2003, the lowest result since 1981. The highest one was observed in the mid-west region, and the lowest one in the south region. The

unemployment rate rose in recent years, particularly in the southeast and north regions, where the highest unemployment rates in the country were detected, namely, 12.1% and 11.1%, respectively.

Social inequality in the country as a whole, as measured by the distribution of material and non-material goods and services, is also marked by strong spatial variations (by urban or rural stratum and by region) and by differences in fertility, mortality, and migration levels and patterns in the country's different geographic spaces (Wood & Carvalho, 1994).

Regional disparities are seen as one of main causes of the high degree of social inequalities observed in Brazil, including in terms of educational opportunities. The impact of the schooling of the parents on inequalities in educational opportunities is not as high as one would expect, while the region in which one lives plays a major role in determining these inequalities (Barros & Mendonça, 1995). (**See annex 2: Tables 9**, Percentage of the population in poverty by Regions and Units of the Federation - Brazil, 1992-1993, 1995-1999, 2001-2002; **Table 10** - Gini index for the distribution of the monthly income of permanent private households with an income by Large Regions and **Table 11** - Percentage of the unemployed population aged 10 and over by Regions and Units of the Federation, Brazil, 1992-1993, 1995-1999, 2001-2002)

Illiteracy Amongst Adolescents over 15 years old and Students Aged 7 and over

The illiteracy rate amongst people aged 15 and over is 11.6% and it is slightly higher amongst men. The situation is the same in all regions, except in the southeast and south regions, where illiteracy is higher amongst women. Discrepancies amongst regions are also detected when one analyzes the data for this indicator, as the prevalence of illiteracy is 6.4% in the south region and 23.2% in the northeast region. The same phenomenon is observed in the percentage of children over 7 years old attending school, which is higher in the south and southeast regions (**See annex 2: Table 12** _ Illiteracy rate amongst people aged 15 and over by Large Regions, age brackets and gender – 2002 and **Table 13**_ Students aged 7 and over by Large Regions, age brackets and the school network they were attending - 2003).

Coverage of Water Supply and Sewage Systems

One of the Millennium Development Goals is to halve, by 2015, the number of people who have no access to drinking water, as besides being an essential element for the productive system of any country, water is an essential food item and a public asset. Therefore, the human right to drinking water is also an element of the human right to food.

The Federal Constitution of 1988 describes water as a public asset and the National Water Resources Policy (Water Law) of 1997 considers watersheds as territorial units for water management purposes based on the following principles:

multiple use of the water, breaking the traditional hegemony of the electricity industry; water is a limited natural resource which has an economic value and water resources should be managed in a decentralized and participatory fashion (CONSEA, 2004).

There are significant inequalities in terms of access to water by regions of the country and also between urban and rural strata. The Brazilian population served by water supply and sewage systems totals 80.5% and 65.6%, respectively, and coverage percentages are four times higher in urban areas as compared to rural areas. As observed for other indicators, the most favored regions in this regard are the south and southeast regions. The lowest percentage of people covered by water supply systems is found in the north region (63.0%) and the lowest proportion of the population provided with sewage systems is found in the northeast region (89.8%) (**See annex 2 Table 14** - Coverage of water supply systems. Coverage percentage of Services provided by the General Water Supply network by Region and Situation in 2002 **and Table 15** - Coverage percentage of Services provided by the General Sanitation Network by Region and Situation in 2002).

Estimates of the World Health Organization (WHO) and of the United Nations Children's Fund (Unicef) indicate that the lack of drinking water and sanitation systems led to the spending of US\$ 2.7 billion for treating contaminated waterborne diseases in 2000 in Brazil. (CONSEA, 2004)

In short, this analysis reveals the shortage, or even absence in some aspects, of data on food and nutrition in the country, as well as the need to update existing data, which portray the situation as it was at least one or more decades ago. There are no studies and surveys indicating the national prevalence of micronutrient deficiencies, although investigations carried out in restricted areas reveal nutritional deficits, especially iron and vitamin A deficiencies.

The National Study on Food Consumption (ENDEF/IBGE) refers to the 1974-1975 period and the last national study allowing one to evaluate the nutritional status of children under 5 and women in childbearing age in the population dates from 1995-1996 (PNSN/INAN/IBGE).

Special mention should also be made of the shortage of data for more vulnerable populations such as indigenous people, descendants of runaway slaves, landless rural workers, settled people, and rural populations of the macro north region, making it difficult to set priority targets for ensuring the HRFN of these groups.

This is a worrying fact, because a precise and up-to-date diagnosis of the food and nutrition situation is essential for planning actions, defining objectives, quantifying goals, and establishing and

selecting indicators for following up on, evaluating and monitoring compliance with the targets. Data from surveys also contribute to building indicators for Food and Nutrition Surveillance purposes when they cannot be collected in the routine activities of health care services. Therefore, they are fundamental for ensuring a quality Food and Nutrition Surveillance System.

For this situation to be corrected, a huge effort on the part of the government is required, which should be coordinated by the Ministry of Science and Technology - MCT (which has been acting to address this problem through the Science and Technology Secretariat for social inclusion) and supported by research and technology sponsoring agencies (FINEP, CNPQ, FAPESP, FAPERG), ministries (health, social development, land development, agriculture, and supply), universities and research institutes. This is a key action, since eradicating hunger is a governmental priority and Brazil has been making significant investments in programs and activities in this area.

2) _ Formulation of Priorities in the National Governmental and Institutional Plan for Nutrition actions

The present federal administration set three mega-objectives (broader general objectives which contemplate different specific objectives) in the 2004/2007 Multi-annual Plan – PPA. One of them relates to food and nutrition and another one to respect for human rights:

MEGA-OBJECTIVE I: Social Inclusion and Reduction of Social Inequalities

Objective 1. Combat hunger with the aim of eradicating it and promoting Food and Nutrition Security, ensuring its inclusive and citizenship-oriented nature.

MEGA-OBJECTIVE III: Promoting and expanding citizenship rights and strengthening democracy

Objective 2.2. Strengthen citizenship rights ensuring human rights and respecting diversity in human relations.

With a view to achieving these mega-objectives, the federal administration gave priority to the *Fome Zero* (Zero Hunger) program, which is a public policy designed to eradicate hunger and social exclusion and will be used as the basis for the National Food and Nutrition Security Policy. The Zero Hunger Program comprises various programs designed to promote food and nutrition security, as described in **Chart 1 (Annex 2)** and detailed below.

2.1 - The Zero Hunger Program

The Zero Hunger Program was developed by the current federal administration as a *public policy* aimed at eradicating hunger and social exclusion. It is a *policy* because it expresses the decision of the government to deal with hunger as a national issue and not as an individual fatality. On the other hand, it is a *public policy* because, besides the State, it involves society at large.

The actions carried out under the Zero Hunger Program are aimed at fostering social inclusion by providing universal access to citizenship rights beginning with basic social rights - access to food, health care, education, social security, and job protection - for the purpose of reducing the country's social deficit.

Through immediate initiatives, actions are combined with the aim of interrupting the perpetuation of extreme poverty and empowering families at socioeconomic risk (structuring actions). Therefore, the Zero Hunger Program is the mobilizing environment and the base for programs and actions in five main areas: food and nutrition security, income and citizenship rights, complementary structuring programs, emergency actions, and citizen education.

The Zero Hunger Program is made up of a set of actions which are being gradually implemented by the federal administration involving various ministries, other spheres of government (state and municipal administrations), and civil society in the following main areas: (1) implementation of public policies; (2) participatory development of a food and nutrition security policy and (3) self-help action against hunger.

Public policies imply specific and local **structural actions**. The National Food and Nutrition Security Council (CONSEA) is the main body ensuring the participation of society in the formulation, implementation, and follow-up on this policy. On the other hand, the self-help action against hunger consists of a large national solidarity movement aimed at providing emergency assistance to people affected by the lack of food who cannot wait for the results of deep changes in the economic and social framework. Social participation will be described in greater detail below.

Specific policies are actions designed to tackle, on an emergency basis insecurity situations faced by segments of society with limited access to food products due to income restrictions. The Ministry of Social Development is in charge of the following programs and actions: (1) The *Bolsa Família* (Family Grant) program (which is a mechanism designed to transfer income directly to low-income families linked to health and education actions); (2) emergency actions for specific groups (provision of basic food baskets to camped groups, indigenous communities, descendants of runaway slaves); (3) the Program for procurement of food from household agriculture schemes (replenishment of strategic stocks, local

procurement for social programs, program for encouraging milk production and consumption); (4) Expansion of the school snack program; (5) Food banks and (6) Food and Nutrition Education.

Structural policies are those designed to fight the deeper causes of hunger and poverty which are being implemented by the federal administration in partnership with states and municipalities, such as: (1) Adult Literacy; (2) Living in the semiarid region and Building of Cisterns; (3) Food Security and Local Development Consortia – Consads; (4) Free-of-Charge Civil Registration.

Local policies refer to actions managed by state and municipal administrations supported by the federal administration jointly with organized civil society. These initiatives are aimed at ensuring actions in tune with the local reality, emphasizing areas which are more vulnerable to food insecurity in both urban and rural settings, such as: (1) Popular restaurants; (2) Community kitchens and vegetable gardens; (3) Partnerships with ministries and state and municipal administrations.

The programs and actions carried out under the Zero Hunger Program are described in greater detail in **Annex 3**.

2.2 – Formulation of the National Food and Nutrition Security Policy

The Food and Nutrition Security Policy is a multi-sectoral policy, since it involves actions of different governmental sectors such as the health, education, labor, agriculture, and environment sectors, among others, and involves actions designed to foster the production, trade, quality control, access, and use of food products. **This policy is being built through a participatory process in which the National Food Security Council (CONSEA) plays a leading role.**

The CONSEA is a consultative council of the President of the Republic which ensures appropriate links between governmental sectors and organized civil society involved in food and nutrition security actions (detailed in item 2.4).

One of the actions carried out by the new National CONSEA was the holding of the **2nd National Conference on Food and Nutrition Security (CNSAN)** in Olinda in March 2004, the main objective of which was to develop guidelines for the National Food and Nutrition Security Policy. The Conference was preceded by state- and municipal-level conferences mobilized by state and municipal forums and CONSEAs, which came up with a broad set of proposals for the different levels of government. The inputs for defining the national food and nutrition security policy were established in the 2nd CNSAN and systematized in the Final Report of the Conference, and CONSEA has been coordinating the process of drawing up this policy.

2.3 - The National Food and Nutrition Policy

The National Food and Nutrition Security Policy comprises actions to be carried out by the health sector in the food and nutrition area. The objectives, goals, guidelines, and roles of each unit of the Unified Health Care System in the area of nutrition were defined and formalized in the **National Food and Nutrition Policy** which was approved in June 1999 through administrative ruling 710, is an element of the National Health Policy and interfaces with Food and Nutrition Security actions. This Policy is not affected by any changes in the federal administration because it is a policy of the State built by representatives of the Executive and Judiciary branches, of civil society, and of the scientific community. Its guidelines are the following ones:

1. Encouraging inter-sectoral actions with a view to ensuring universal access to food products.
2. Ensuring the security and quality of food products and the provision of services in this context.
3. Monitoring the food and nutrition situation of the Country.
4. Fostering healthy food practices and lifestyles.
5. Preventing and controlling nutritional deficiencies and diseases associated to food and nutrition.
6. Promoting research lines.
7. Developing and training human resources.

2.4 Social participation and control

In terms of institutional spaces for the participation of civil society in the process of drawing up and implementing public policies, Brazil set up Policy Councils (which are relied upon when a broader policy is to be established) which can be either deliberative or consultative and commissions and councils dealing with the operation of specific programs.

Sectoral deliberative councils

Amongst the deliberative councils for policies, special mention should be made of the **National Health Council** (and of the state and municipal Health councils), which are mainly made up of representatives of users of the Unified Health Care System, professionals and managers and the purpose of which is to democratize the decision-making process leading to the Health Policy. Considering the inter-sectoral character of this policy, internal commissions of the National Health Council (CNS) were set up to establish a dialogue with sectors dealing with

areas intersecting with this policy. As one of the commissions established by Law 8,080 of September 19, 1990, CIAN (Inter-sectoral Food and Nutrition Commission) is in charge of providing inputs to CNS in its process of evaluating, implementing, and following up on the National Food and Nutrition Policy (included in the National Health Policy).

CIAN is made up of representatives of different governmental sectors, civil society, and the private sector, and it has been carrying out the following activities: follow-up on the Plan of Targets of the Food and Nutrition General Coordination Board (CGPAN) of the Ministry of Health; follow-up on the process of evaluating and monitoring food and nutrition programs, identifying gaps and referring them to the competent agencies through CNS. It also took part in the organization of the National Seminar of Food and Nutrition Security in 2002, involving various social organizations and governmental managers dealing with food and nutrition issues. It should also be mentioned that CIAN attends CONSEA sessions as an observing institution.

In addition to these forums, there are commissions and councils involved in the participatory management of specific programs, such as the School Food councils and the tripartite Workers' Food Program committee (made up of representatives of corporations, workers, and government) and other councils which can deal with the HRFN topic, such as the Councils for Children and Adolescent Rights and the Guardianship Councils.

The social control councils are strategic tools for monitoring the local implementation of programs. However, these forums still have a lot to do if they are to interfere more directly in this process and ensure HRFN.

In the case of the Municipal Health Councils (CMS), studies indicate that its interference in issues covered by nutrition programs is limited (Burlandy, 2003). National surveys carried out by the Ministry of Health in 2000 also suggested serious limitations in the CMS participation in these programs: of all council members interviewed, only 57% took part in any follow-up on actions aimed at combating nutritional deficiencies and 52.8% reported that CMS took part in the approval of the Municipal Plan Against Nutritional Deficiencies. In 63% of the cases, CMS did not participate in any way in the process of drawing up the plan (Ministry of Health/ CGPAN, 2001).

The municipal councils are not equipped with Inter-Sectoral Commissions, including food and nutrition commissions. Considering that the council members deal with a broad range of issues related to the health policy, the existence of inter-sectoral commissions facilitate the provision of inputs for addressing more specific topics, such as the nutrition topic. These commissions can rely on professionals in the thematic areas in question, and can provide technical support to the work carried out by the Councils.

According to 43% of the schools interviewed in a survey carried out by the National School Meal Program (PNAE) in 1999, which analyzed the activities of the School Meal Councils, they did not exist or were inoperative; according to 15% of

these schools, they only existed on paper, and 27% could not even tell whether these councils existed or not (Maluf, 2000).

One should bear in mind that ensuring the effective operation of councils as social control agents is a slow process and that technical training is also required for council members to feel that they are appropriately prepared to perform their duties. In this regard, courses for training council members which the National Health Council has been implementing since 2001 can improve their performance in the future.

The National Food and Nutrition Security Council

With respect to Consultative Councils, the National Food and Nutrition Security Council (CONSEA) has been playing a major role in leading the dialogue between ministries, governmental agencies, and civil society on food and nutrition security issues.

The activities of CONSEA are based on a concept of food and nutrition security which assumes that the human right to healthy, affordable and quality food in sufficient amounts and on a permanent basis is a universal right. This guarantee should be fully based on health-promoting food practices without affecting the satisfaction of other essential needs or the future food system and should be ensured on a sustainable basis from the socio-ecological viewpoint. The right to appropriate food implies respect for the cultural characteristics of each region and for their unique food habits. Brazil, as all sovereign countries, should ensure the human right to food and apply it in practice with the participation of society as a whole as an obligation of the State in the context of both its national and international relations.

Set up on January 30, 2003, CONSEA is a consultative council assisting the President of the Republic in the definition of guidelines for building the Food and Nutrition Security Policy and, consequently, for ensuring HRFN. The Council is resuming a previous similar experience which began in 1993 and was interrupted in 1995. Therefore, it brought the food and nutrition security issue back to the governmental agenda and gave it a differentiated political status as a strategic component of governmental actions.³

The organization of civil society is an essential precondition for social achievements and for eradicating poverty once and for all, and CONSEA stimulates this social dynamics in the formulation, implementation, and follow-up of food and nutrition security policies. CONSEA is the national expression of this social network and is made up of (2004-2006 period) 59 members - 17 ministers of State and 42 representatives of organized civil society, in addition to 15 observing guests. It is currently presided over by researcher and director of the Brazilian Institute for Social and Economic Analyses (Ibase) Francisco Menezes and its executive

³ Decree n. 5,079 of May 11, 2004 provides for the composition, structuring, competence and operation of the council and for other measures.

secretary is the minister of Social Development and Combat Against Hunger, Patrus Ananias.

Social scientist Josué de Castro, a pioneer in supporting scientific approaches to the phenomenon of hunger and its consequences, is the patron of the council. Josué de Castro, who is also a doctor, professor, geographer, sociologist and politician, decided to embrace the cause of combating hunger. Born in 1908 in the state of Pernambuco, Josué de Castro has many books published which describe revolutionary ideas for his days, such as the first sustainable development concepts. He studied the causes of poverty in Brazil and in the world deeply and saw that both were caused by an unfair society. Because of his ideas, he was revered throughout the world, his books were translated into over 25 languages, and he was nominated to the Peace Nobel Prize twice.

Inspired and touched by this historical experience, CONSEA has been carrying out its tasks through an organizational framework composed of Thematic Chambers, Working Groups, and Permanent Commissions which meet every month on the day preceding the CONSEA Plenary Meeting.

The Thematic Chambers were set up to organize the operations of CONSEA. Their purpose is to discuss in detail the topics to be addressed in meetings of the council and to draw up proposals to be considered by it. There are three Chambers currently: a Production and Supply chamber; a Nutrition and Health chamber, and a chamber for Programs designed for Specific Population Groups.

Working Groups are set up when issues to be addressed are beyond the capacity of a Thematic Chamber, provided that they have a specific objective and a deadline to carry out their assignment. The composition of the Working Groups is similar to that of the Thematic Chambers and there are working groups working on the following topics currently: National Food and Nutrition Security System - Organic Law; Food and Nutrition Security Indicators and Monitoring and Guidelines for the 2004-2005 Harvest Plan.

The purpose of the Permanent Commissions is to suggest referrals of permanent issues involving socio-institutional relations. CONSEA is made up of six Permanent Commissions (PC): (1) PC - Food and nutrition security for indigenous peoples; (2) CP - Food and nutrition security for black populations; (3) CP - Link with state-level CONSEAs; (4) CP - Social mobilization; (5) CP - Food and nutrition security in semiarid areas; (6) CP - Human Right to Food.

CONSEA has dealt with some fundamental topics for consolidating the National Food and Nutrition Security Policy, such as the following ones: (1) the 2003 and 2004 Harvest Plans, which financially supported household farmers in the process of producing and selling their products; (2) expansion by 20% of the per capita amounts transferred by the federal administration to municipalities to fund meals served in schools; (3) support to the consolidation of the Food and Nutrition Surveillance System; (4) actions to promote healthy food habits, such as stimulating the consumption of vegetables and fruits, which involve an important inter-sectoral dialogue; (5) nutritional education projects such as the "Education at the Table" project, which consists of educational activities in different

municipalities of the country involving the food and nutrition security topic; (6) awarding of the Efficient Manager of School Meals prize as a result of an initiative of the NGO *Apoio Fome Zero*, when some municipalities were awarded a prize for their creativity and efficiency in the distribution of food products to public schools; (7) speeding up the release of funds allocated to programs such as the Food Procurement Program (PAA) of the 2004/2005 harvest, which, among other action lines, buys the production of small farmers in advance, ensuring a budget for them to grow their crops. The program was particularly designed for indigenous communities, descendants of runaway slaves, and groups settled under the land reform program (See Chart 1 in **Annex 2** and **Annex 3**).

It should also be highlighted that a large number of state- and municipal-level CONSEAs were set up in the 2003-2004 period, as well as food and nutrition security forums which brought together civil society organizations dealing with the subject. These social mobilization forums have been contributing to foster debates at local and regional level on the development of proposals for interventions in the field of food and nutrition security.

With the aim of suggesting actions and improving the integration amongst these councils, the National CONSEA held Regional Meetings of State-Level CONSEAs in 2004. These meetings contributed to the definition of proposals for creating the Food and Nutrition Security Organic Law and the National Food and Nutrition Security System. They also resumed the deliberations of the 2nd National Conference on Food and Nutrition Security, with emphasis on the human right to food (CONSEA Media Advisory Board, 2004).

National Self-Help Action against Hunger

As regards Objective 1 of the Multi-annual Plan Against Hunger, a social mobilization strategy was institutionalized by the federal administration through the National Self-Help Action against Hunger involving the following main actions: campaigns to mobilize organized civil society to implement immediate actions against hunger and extreme poverty, such as donations of food products and money and the preparation and distribution of primers and newsletters on Food and Nutrition Security.

Public and private corporations and natural persons are taking part in this self-help action. Considering that the act of donating involves much more than providing food or money, society's involvement in actions aimed at attacking the structural causes of hunger and poverty is essential. Therefore, groups in support of the Zero Hunger Program are being created to help collect and redistribute food products, register families, and carry out other actions for the benefit of the populations in question.

In order to assist donors such as economic groups, individual corporations, and civil-society organizations interested in developing partnerships with the self-help action against hunger, the Ministry of Social Development and Combat Against Hunger (MDS) analyzes their proposals after they are registered. The

partners of the Zero Hunger Program can donate food products, cash or services. Donations in cash are deposited in the Fund for Combating and Eradicating Poverty and used for building cisterns in the Brazilian semiarid region.

The main components of the Self-Help Action Against Hunger of the federal administration are the following: Operative Council of the Zero Hunger Program (COPO), which is a Food Receiving and Donating Center that registers donors and beneficiaries of the donations – institutions and families; monitors the process of collecting and distributing the donations and inspects the quality and origin of the donated food products. All for Zero Hunger Action Program (PRATO), made up of volunteers who organize the collection and donation of food products, referring beneficiary groups to the institutions that will assist them. Food Security Agents (SALT), who follow up on the families assisted by the program and on the process of progressively changing the social conditions of these groups. A team called TALHER (tableware), which promotes continued training actions for the groups covered by the program and participants in the COPO (glass), PRATO (dish), and SAL (salt) teams.

In sum, the data presented here indicate that there are documental and institutional structures for managing food and nutrition security actions and ensuring the right to food and nutrition in the country. The priorities of the federal administration are described in the following governmental documents particularly: (1) in the Bill of the 2004/2007 Multi-annual Plan, (2) in the Zero Hunger Program; (3) in the National Food and Nutrition Policy (1999); (4) in the Report of the 2nd National Conference of Food and Nutrition Security (2004).

However, there is no specific law regulating food and nutrition actions, and they don't have a budget of their own either. The deadlines for achieving food and nutrition targets are set out in the 2004/2007 Multi-annual Plan. The Ministry of Planning and the Civil House (advisory department for civil affairs) of the Office of the President of the Republic are in charge of monitoring the achievement of these targets and the Zero Hunger Program Working Group coordinates these activities at the Social Policy Chamber. This working group is made up of ministers from ministries dealing with social issues which carry out food and nutrition security actions/programs linked to the Zero Hunger Program.

Therefore, it is recommended that efforts be made to draw up and pass a specific law to regulate nutrition actions, define their budget, and institutionalize the spaces and mechanisms that are being created. Likewise, society should be increasingly and effectively involved in all the stages of building public policies (formulation, implementation, and evaluation) at all governmental levels (national, state, and municipal levels).

3 _ Human Right to Food and Nutrition

The **Human Right to Food and Nutrition** (HRFN), as a right not to suffer from hunger and to access healthy food products, is one of the fundamental human rights provided for in the domestic and international law.

The Human Rights approach requires the definition of certain key elements for monitoring actions designed to ensure them, such as the following ones: who is the holder of this right (the one who actually has the right); who is responsible for complying with the obligation and what are the responsibilities of the different actors involved (if governmental levels – municipal, state, federal levels; if civil-society organizations, social movements or individuals). The State has the final obligation to ensure Human Rights, as it has the tools to enforce them through its Executive, Legislative, and Judiciary branches (CONSEA, 2004).

With respect to the Human Right to Food, it should be initially highlighted that Brazil is a signatory of all the international conventions providing for this fundamental right. Access to appropriate food products as a basic human right is provided for in the Universal Declaration on Human Rights (1948), in the International Pact on Economic, Social, and Cultural Rights (1966), in the International Convention on Children's Rights (1989), and in other international treaties and conventions ratified by Brazil. It should be mentioned that article 5 of the Brazilian Federal Constitution of 1988 raises human rights ratified by the State to the category of constitutional rules.⁴

Countries which sign this pact assume **obligations** such as that of **respecting, protecting, promoting** (facilitating) and **ensuring** (providing) appropriate conditions for individual and groups to produce or buy food products for their own consumption (access to land, employment, income) by progressively implementing regulations and actions aimed at ensuring, on a non-discriminatory basis, access to quality and safe food (food which doesn't pose biological risks such as contamination, poisoning) in sufficient amounts to meet their nutritional needs and respecting their cultural diversity.

At domestic level, by ratifying all the most relevant international human rights treaties, the Brazilian State took on the commitment to ensure the Human Right to Food and Nutrition also. Even though it is not mentioned in article 6 of the Federal Constitution, which deals with social rights, the Right to Food is provided for in different articles of the Constitution in their systematic interpretation. In this context, besides the fact that it is one of its constitutional obligations, the obligation of the Brazilian State to respect, protect and enforce this right together with other human rights was included in the domestic law when the International

⁴ However, it should be emphasized that despite the text of art. 5, paragraph 2, the Brazilian courts have not been endorsing the same interpretation.

Pact on Economic, Social and Cultural Rights was ratified in July 1992 in the form of a Legislative Decree (Decree n. 591). Moreover, the above-mentioned National Food and Nutrition Policy (1999) sets out in its principles that the governmental actions making it up are aimed at ensuring the human right to healthy food products and nutrition.

Brazil is building and consolidating the institutionalization required for implementing these broader principles and pacts on the Human Right to Food. In compliance with resolutions of the National Conference on Human Rights of 2003, a working group was set up at the Special Secretariat for Human Rights of the Office of the President of the Republic charged with collaborating in building a National Human Rights System as a high-level mechanism to monitor the achievement of targets within the deadlines agreed upon and investigate the reasons of any non-compliance.

The Public Prosecution Service is also beginning to act toward promoting the human right to food based on its prerogative of opening public civil investigations, through which it gathers information and investigates possible irregularities or violations of rights, issuing recommendations to public authorities. The public civil action is a legal instrument provided for in the Federal Constitution that can be used to ensure the right to food. This action, which can be requested by a state of the Federation, a municipality, a non-governmental organization, or a public enterprise, contemplates compensatory mechanisms for damages and it can oblige the State to implement a certain program or service to ensure the human right to food.

The Public Prosecution Service in the states, the Public Defender's Office and the different social control councils, such as the health councils, the social work councils, and the education councils, the Guardianship Council and the Council for Children and Adolescent Rights also are also potentially privileged bodies engaged in actions to promote the human right to food.

In sum, one should consider that although having appropriate laws is a fundamental condition, it is not sufficient to ensure the Human Right to Food and Nutrition, because it cannot ensure this right in and of itself. Moreover, it doesn't ensure that specific financial mechanisms will be implemented if this right is violated.

Therefore, including human rights principles and food and nutrition security requirements in Brazilian public policies, supported by legitimate political will and a clear definition of targets, deadlines and resources to be allocated to ensure compliance with them, is at least as important as having these rights provided for in the law.

Mechanisms should thus be developed to make society as a whole aware of HRFN, as well as teaching materials and continued training strategies on this topic. Supporting policy and program makers for them to consider HRFN-related aspects is also essential. Likewise, program coordinators at different governmental levels (national, state, and municipal levels) should be equipped to review programs from an HRFN perspective. For this purpose, the methodology described in this document (respecting, protecting, facilitating, and ensuring) should be used for gradually reviewing the objectives of the programs for them to take these principles into account.

4_ Programs and actions of the National Governmental Plan - 2004-2005 Budget - which include a food and nutrition component or aspects related to food and nutrition which are relevant for achieving the MDGs.

Annex 4 provides a general description of programs/actions of governmental institutions which take into account food and nutrition requirements and of interfaces between relevant programs/actions.

These data indicate the size of the actions being carried out by the Brazilian federal administration involving 81 governmental programs. Given this datum, the first aspect which stands out is the complexity of such analysis and the challenges to articulate and coordinate multiple programs related to ensuring the human right to food and nutrition. As shown in the annexed chart, there are many synergies involved, and therefore bringing all the involved sectors closer together is a strategic requirement to ensure the sound implementation of the programs in question.

Because of limitations faced in the process of developing the Brazilian National Case Study, not all the technical experts of these programs were able to participate in the analysis presented here. Also because of limitations faced in the process of collecting data, the necessary information provided in different sections of this document was complemented as required. Therefore, we suggest that Annexes 3, 4 and 5 be read in parallel for the broad set of actions, budget data, and multiple interfaces amongst the programs presented in them to be correctly understood.

5) Establishment and achievement of the Millennium Development Goals at national level

As described in the section on how the Brazilian National Case Study was prepared, working groups were set up to carry out an analysis involving some Millennium Goals and it was suggested that all groups should discuss means to reduce gender inequalities and leave goal 8 out of this discussion. Therefore, the working groups were set up to address the following topics:

1. **Goal 1** - Poverty Reduction
2. **Target 1 b** - Reduce Extreme Hunger
3. **Goal 2** - Ensure universal access to primary education
4. **Goals 4 and 5** - Reduce infant mortality, maternal mortality, and low weight at birth.
5. **Goal 6** - Reduce the rate of HIV/AIDS and endemic diseases
6. **Goal 7** - Promote sustainability

Goal 1 (Target 1): Eradicate extreme poverty

Advances and Challenges for Achieving the Goal

The National Report on the follow-up on the Millennium Goals mentions important issues to be taken into account for overcoming challenges in meeting this goal. Measuring extreme poverty based on individuals living on less than US\$ 1 a day could lead to the hasty conclusion that Brazil is about to achieve the target of halving the number of individuals living in extreme poverty between 1990 and 2015, since 8.8% of the Brazilian population were below the extreme poverty line in 1990 and in 2000 that percentage was 4.7% already, or only 0.3 percentage points from the target. (Office of the President of the Republic, 2004).

However, much still remains to be done for extreme poverty to be eradicated in the country. If other indicators are used to measure the problem (as mentioned in the previous section), the percentage of the population living in extreme poverty can be as high as 11.6% in the country as a whole or 25% if

the northeast region is considered (Office of the President of the Republic, 2004).

Besides these measuring variations, one should recognize that, for a country as large as Brazil, these percentages represent a very significant population, even though they may be considered small according to a certain methodological approach. Other not less important challenges for eradicating poverty should also be considered, such as: the significant inequalities mentioned above, including inequalities in the access to public goods and services; differences in costs and living conditions in the country's different regions and localities, besides the different characteristics of the families (family composition and health conditions), which change the capacity to use the available household income. These issues cannot be appropriately measured through methodologies which measure poverty only on the basis of information on income, but they are, nevertheless, key aspects for overcoming the problem. Different types of poverty situations require different strategies.

Given these issues, one should also consider that, in Brazil, poverty, hunger, and other social problems targeted by the Millennium Development Goals are strongly associated with huge income, gender and ethnic inequalities and unequal access to public goods and services.

Income inequalities can only be eliminated through equitable economic growth strategies and access to a quality education (given the relation between schooling and jobs which provide a sufficient income on a permanent basis).

Different studies indicate that if even if this type of strategy were implemented immediately, it would take decades for the present levels of social inequality to be reduced in any way. Therefore, a massive direct income transfer policy would be the most immediate alternative for tackling the problem in the country (FAO, 2003).

The largest income-transfer program in the country is the Family Grant program mentioned above, which was implemented in 2003 and designed for families with a per capita income of up to R\$ 100.00 a month. Law 10,835 also regulates the adoption of the unconditional and universal Basic Citizenship Income in Brazil as of 2005. This type of measure is not linked to socioeconomic eligibility criteria (because it is unconditional and universal), a fact which different studies have been describing as positive.

Considering the costs for implementing such a comprehensive strategy, Law 10,835 stipulates that this right, albeit universal and unconditional, is to be implemented gradually, giving priority to groups in greater need in the population. Considering the progressive prioritization imperative, experts have suggested that the best alternative for generating an impact on the income distribution for introducing the basic citizenship income in the country would be to universalize the transfer of income to families with children aged from 0 to 16, since they are the most vulnerable socially (Lavinias, 2004).

Therefore, it could be said that the country has advanced in implementing poverty reduction strategies, particularly by adopting unconditional and universal income transfer measures. Steps must also be taken to build equitable economic growth policies and policies designed to ensure access to quality public goods and services (health care and education). Policies of this size are fundamental to reduce existing inequalities in the context of promoting human rights and they are beyond the scope of income-transfer programs.

Building the extreme poverty eradication Determination Tree

In the process of building the extreme poverty eradication determination tree (**Annex 5**), it was seen that all the analyzed programs are directly or indirectly contributing to this goal and that food and nutrition are components present in all programs in the determining chain. All along the process of building the extreme poverty eradication causality tree, concrete links of the influence of topics/programs on the nutrition and health of the population were established.

It should be highlighted that the basic level of determination of this target includes structural actions against poverty. The immediate level, in turn, includes more concrete actions against poverty, that is, actions closer to the population.

The need to disseminate the notion of poverty in society in order to recognize that it results from the violation of human rights and of economic, social, cultural, political, and civil rights was suggested.

Synergies, contradictions, overlappings, gaps, and coordination shortcomings amongst programs/actions and strategies

Annex 5 presents a chart showing the main synergies, contradictions, overlappings, gaps, and coordination shortcomings which were identified.

- Although there is a significant synergy amongst the programs, it was highlighted that the coordination among them should be improved.
- A huge contradiction was observed between proposals and actions actually carried out when, for example, the federal administration sets the objective of increasing the availability of jobs but there are many obstacles for hiring people in cooperatives.
- Overlappings amongst programs/actions were observed (See **Annex 5**).

- It was seen that the existence of synergic programs without the same coordination is to be expected. However, the overlappings between them are unacceptable, because, in addition to wasting public funds, they make their local management more difficult.
- All projects should be carefully evaluated to avoid the overlapping of programs and actions.
- Examples of gaps mentioned in the process of formulating and implementing the programs were the following ones: lack of a food and nutrition security organic law; lack of financial resources; lack of appropriate links between complementary programs/actions (**See Annex 5**).
- In order to eliminate coordination shortcomings, interinstitutional links should be expanded for positive experiences to be taken advantage of for building programs that complement each other and do no overlap, among other purposes.
- It was highlighted that institutions usually make an effort to maintain the programs they manage in operation even if they do not, necessarily, meet the actual demands of the population.
- It was concluded that civil society should participate more actively in the social control of programs such as the Family Grant program, since today the managing committees⁵ are not following up on the program, which means that a part of society is not monitoring the process of registering and selecting the population to be covered by it. This fact can contribute to reinforce clientelistic relations. Moreover, no actions are being taken to ensure compliance with the conditionalities contemplated in the program, which can generate conformity amongst its users. For this reason, efforts should be made to prevent this program from developing a mere assistentialistic character.
- It was considered that the Ministry of Social Development should play the role of inter-institutional articulator for food and nutrition security programs and not just the role of executor of these programs.
- It was seen that there are excellent programs being carried out and that significant discussions are also being held on strategies for ensuring articulated actions. However, these strategies are not being implemented for lack of political guidance.

⁵ The managing committees of the Zero Hunger Program are social control councils in which civil society is represented by 2/3 of its members and which follow up on food and nutrition security actions carried out locally.

Strategies to enhance the impact of the programs/actions in achieving this goal and limitations preventing them from achieving it.

Annex 5 suggests strategies to enhance the impact of the programs and actions and lists the main problems affecting their implementation and consolidation.

Examples of **problems** affecting the implementation and consolidation of the programs/actions include the following ones particularly: federative disarticulation, lack of more effective monitoring and evaluation mechanisms, government/society communication gaps, lack of human and financial resources, insufficient identification of priorities to be tackled, inappropriate management of the cooperative and associative system, assistentialistic political practices, etc.

With respect to **strategies to enhance the impact of the programs/actions**, the following ones deserve special mention: effective planning, implementation, monitoring, and evaluation, appropriate links between the programs/actions, mobilization of civil society through the media and development of new partnerships, funding and dissemination of exemplary governmental or non-governmental initiatives to combat poverty, strengthening of cooperatives and associations and exchange of experiences, stronger social control, etc.

How each program/project/action respects, protects, facilitates or ensures the Human Right to Food and Nutrition

- In relation to the goal of Combating Extreme Poverty, it was seen that most programs fall under the category of FACILITATING or PROMOTING the obligation of the State to ensure the Human Right to Food and Nutrition (HRFN) (Annex 5).
- Despite the existence of successful actions to promote HRFN, advances in other areas are still required, such as, for example, in the definition of differentiated policies for traditionally excluded groups (indigenous people, communities of descendants of runaway slaves, homeless people, convicts, and others) making it possible for inequalities to be reduced and iniquities dealt with.
- In the execution of public actions, it was seen that measures should be taken to eliminate the risk of allowing private economic interests to prevail over social rights and even contribute to a scenario of disrespect for them. As an example, in some cases private corporations hire staff to build factories, dams, etc. without considering what these people will do after these projects are over. Therefore, in the design of new undertakings,

there should be an obligation to consider not only environmental impacts, but also social impacts.

- It was emphasized that poverty is not a natural phenomenon, but rather the result and product of disrespect for human rights.
- It was seen that situations of disrespect for human rights still prevail in the country, as evinced by the existence of programs that would not be necessary if human rights were actually respected. As an example, the Slave Labor Eradication Program was launched to protect the population against forced labor practices which are still adopted in the country.
- The abrupt interruption of programs was also identified as a form of disrespect for HRFN, as the negative effects of such action on their users are not appropriately taken into account. This fact can be observed when, for example, the government suspends the transfer of federal funds for buying food to be served to students in public schools to municipalities that commit management irregularities. For this reason, other mechanisms should be defined to control embezzlement and the inappropriate use of those funds. CONSEA should designate an agency to manage funds earmarked for meals served in schools when management irregularities in municipalities are confirmed.
- Another instance of disrespect that was identified is when beneficiaries of social programs such as the Family Grant program spend more than the sum transferred to them to go to the location where they withdraw it.
- It was stressed that social inclusion programs still exclude historically marginalized groups such as indigenous people and descendants of runaway slaves, as evinced by the difficulties they face to register themselves to benefit from programs such as the Family Grant program.
- It was suggested that the Federal Prosecution Service should punish any person who denies the human right to food, as it already does to people who deny the right to education.
- The importance of developing strategies to disseminate information to the population through the media was contemplated, considering that it has a significant influence on society and can provide a channel for conveying information for reintroducing traditional cultural practices and dealing with other important health issues. Influenced by the media, local populations often develop the behavior of not valuing typical food products of their regions and of buying those advertised by the media instead, because of their connotations of power, success, etc.
- Despite the recognition that there is no hierarchy among human rights, it was stressed that the human right to food should be given priority by society.

In sum, it can be concluded that practically all the programs analyzed in connection with this goal contribute to achieving it. Important advances were identified in connection with the formulation of the policy (actions anticipated in the programs).

The main challenge ahead is to eliminate existing inequalities which prevent the programs from reaching the most vulnerable groups in the population and from taking their diversities into account appropriately. Special mention should also be made of the following problems: conflicts between economic interests and social rights in the process of implementing actions and of allocating governmental funds more broadly; the fragility of the local mechanisms available for monitoring and controlling the use of public funds.

Goal 1 (Target 2): Eradicate hunger

Advances and Challenges for Achieving the Goal

With respect to advances and challenges related to this goal, it should be initially considered that the process of measuring and analyzing the hunger problem in Brazil can generate quite different scenarios. As mentioned above, if one measures hunger based on the weight deficit of adults, it affects about 4% of the population. However, the problem in Brazil is not restricted to the chronic lack of food, as reflected in cases of malnutrition, since it involves ensuring the human right to quality food and permanent access to food under decent conditions without jeopardizing the satisfaction of other basic needs and respecting cultural food habits.

There is no doubt that the significant decrease observed in malnutrition rates (which reflect hunger and chronic lack of food) both amongst adults and children was an important advance for the country. Without disregarding the importance of this process and its significance in relation to achieving the Goal dealt with here, a hasty consideration of these data could lead one to think that the hunger problem is close to being eliminated. However, the same observations made for the poverty issue apply to the hunger problem.

The percentage of malnourished individuals in Brazil still represents a high proportion of the population, and the figures in certain localities are much higher, considering the huge regional and even local inequalities which still prevail in the country. Despite the sharp drop observed in child malnutrition rates in the country, as mentioned above, one million children are still affected by weight deficits in relation to their age. That is, one million children have experienced extreme lack of food, to the point of developing energy deficits. These children may be affected by overweight, obesity and associated chronic diseases (hyper-lipidemia, diabetes, high blood pressure, cardiovascular diseases, etc) while they are still young people.

Moreover, as mentioned above, measuring hunger based on anthropometric data is disregarding the full complexity of the issue. From this standpoint, a much higher percentage of the Brazilian population faces situations of lack of food and inhuman processes to access quality food products in sufficient amounts. There is no doubt that these segments have the human right to enjoy food and nutrition security and, therefore, the right to be contemplated in policies against hunger.

A challenge in this field is to invest in research based on more refined methodologies for measuring the problem at national level capturing, among other aspects, inequalities between different groups in the population and ethnic minorities.

Synergies, contradictions, overlappings, gaps, coordination shortcomings between programs/actions and strategies to overcome these problems

Annex 5 presents a chart showing the main synergies, contradictions, overlappings, gaps, and coordination problems which were identified.

- Among other examples of the existence of **synergies**, the following ones stand out: links between the Health and the Justice systems; Working Group of the Workers' Food Program (Ministry of Labor and Employment, Ministry of Social Development and Combat Against Hunger, Ministry of Health, CNC, CNA, CGT, CUT and SDS); development agencies and research institutes.
- As an example of overlapping of actions, it was seen that both the Ministry of Social Development and Combat Against Hunger and the Ministry of Health are providing nutrition education and that better links between them are necessary.
- There were reports of contradictions in pursuing this target.
- **Main gaps:** lack of coordination and synergy between the National Sanitary Surveillance Agency (ANVISA) and MAPA and MDA to ensure safe food products in the production chain; marginalization of convicts because of their social stigma; lack of support to indigenous people to ensure food products in the production chain; lack of human resources in the Ministry of Land Development; lack of appropriate training in the municipalities for implementing and coordinating food and nutrition security actions and programs; land development actions are not covering all the stages involved in the production chain: credit lines – technical assistance – transportation of the production – trade; insufficient dissemination of the Workers' Food Program; difficulties to include specific populations (indigenous people, communities of descendants of runaway slaves, camped groups, etc) in governmental policies/ programs designed for the general population; universities and research institutions are not appropriately aware of society's demands; the government and civil society should develop a closer exchange in connection with food and nutrition security actions.

Strategies to enhance the impact of the programs/actions in achieving the goal and limitations preventing them from achieving it

Annex 5 suggests strategies to enhance the impact of the programs and actions and lists the main problems affecting their implementation and consolidation.

Examples of **problems** affecting the implementation and consolidation of the programs/actions include the following ones particularly: lack of synergy between the actions/programs and of a general/national coordination; scant budget resources; lack of appropriate links between the central and the regional agency; mayors/municipalities are not appropriately trained to implement the programs/actions.

As examples of **strategies to enhance** the impact of the programs/actions, the following ones stand out: CONSEA acting to enhance the links/integration between actions and programs; expanded partnerships to promote the integration of convicts into society in a productive way (the example of the Prosthetics Laboratory – Smiling Brazil project); the expansion of the Workers' Food Program - PAT for the purpose of covering the informal sector also; the establishment of partnerships with universities and research institutions with the aim of preparing a diagnosis of local needs and intervening through the food and nutrition security decentralized system.

How the program/project/action respects, protects, facilitates or ensures the Human Right to Food and Nutrition

In connection with this goal, it was seen that most programs are PROTECTING and FACILITATING/PROMOTING the obligation of the State to ensure HRFN (**Annex 5**), but the following challenges should be mentioned:

- Lack of information on HRFN and on food and nutrition security amongst policy-makers and professionals;
- Prejudice against indigenous people, descendants of runaway slaves, and people facing hunger;
- Lack of appropriate inter- and intra-sectoral links;
- Difficulties to implement the actions;
- Lack of appropriate knowledge of the innocuousness and risks posed by food products;

- Lack of appropriate laws on food products and legal mechanisms to protect and ensure HRFN and food and nutrition security for the population;
- Greater control is required for the existing laws to be actually enforced;
- Law 9712/98, which provides for hygienic-sanitary conditions to be observed in all the production chain, has not been regulated so far and
- A stricter control of food advertisements is required.

In sum, the discussions held on the goal of eradicating hunger indicated that there is synergy amongst the programs and that closer inter-sectoral links are required in the process of drawing up and implementing programs/actions.

Special mention should also be made of issues which shape social practices, as expressed in the prejudice felt in society at large and in the need to make more information on food and nutrition security available. Having access to information is both a need and a right, as it is a factor which also contributes to eliminating prejudice. Therefore, the laws controlling the dissemination of information on the topic in society, particularly those conveyed by the media, play a strategic role in ensuring the human right to food and nutrition.

Goal 2: Ensure universal access to primary education

Advances and Challenges for Achieving the Goal

Considering the synergy established in achieving the different Millennium Development Goals, education is one of the most impacting factors in reducing poverty and hunger because of the significant weight of schooling in relation to other determining variables. This is so because, as already mentioned above, a higher schooling ensures access to better jobs and to a higher income, to crucial information and to multiple public services provided through the school network.

At the same time, it is recognized that access to healthy food products and a good nutritional status are key prerequisites for a sound physical and mental development and for a positive performance at school, including to healthy food in the schools.

The indicators measuring education and schooling in the country indicate, as mentioned above, that there were advances in providing universal access to the school system, particularly for children in the 7-10 age bracket. The main challenges for achieving this goal are related to the quality of the education being provided, as reflected in the poorly developed skills observed in the students, including reading and writing skills. Reducing regional, social and ethnic inequalities constitutes an additional need.

Building the Determination Tree for ensuring universal access to primary education

The determination tree for achieving this goal is described in **Annex 5**. The analysis of certain components should be highlighted:

- a) The quality of primary education should be improved. Considering that 97% of the children in Brazil are already enrolled in primary schools, it is now necessary to invest in improving the quality of the education being provided, in addition to achieving the goal of ensuring universal access to primary education. It was seen that certain segments in the population face more difficulties to access education, such as descendants of runaway slaves and indigenous people;
- b) The distribution of the income should be improved as a structuring and urgent measure, considering that the poorest and most excluded segments are still unable to access basic goods and services appropriately;

- c) respecting the ethnic and cultural diversity was identified as a need, that is, the goal of ensuring universal access to primary education should be pursued taking into account the ethnic and cultural diversity and specific ethnic and cultural traits of different population groups;
- d) the interface between programs and ministries should be improved - discussions were held on the importance of improving the interface between the different sectors involved in the programs and ministries and of setting up inter-sectoral working groups;
- e) It was stressed that schools are the appropriate environment to ensure a healthy nourishment, a good learning, a sound nutritional status, good health and many other associated factors, such as sanitation, living conditions (employment, income, housing) and
- f) Social control was defined as a key requirement for improving the quality of the meals served to students in the schools.

Many other elements were considered for achieving the goal of ensuring universal access to primary education, such as the importance of the quality of life; the need to involve the community in the PPP (Political-Pedagogic Project) of the schools; the need to make health care services available and to provide an appropriate physical and pedagogic infrastructure; the importance of ensuring jobs, social inclusion, and food and nutrition security.

When the analysis was completed, it was seen that for the goal to be actually achieved, ensuring appropriate food and nutrition at all levels of the determination chain is a key requirement.

Synergies, contradictions, overlappings, gaps, coordination shortcomings between programs/actions and strategies to overcome these problems

- It was seen that the existing programs and activities are not appropriately linked to one another for achieving this Goal. These links are isolated and discontinuous and are determined by specific demands from one ministry to another.
- The lack of internal articulation between the secretariats of the ministries was seen as an obstacle. Links should begin to be developed internally and within each sector involved, otherwise it becomes more difficult to establish an appropriate articulation amongst the ministries.
- It was seen that the government has plans to develop these links, but so far they have not been appropriately established. The workshop that was held for preparing this Case Study was used to foster these links.

- Some programs are not aware of the existence of others and their planning is not based on a linking hub such as food and nutrition security and HRFN.
- No overlappings of actions were identified, but the areas represented in the working group which discussed this goal were restricted to health, education (80%), FUNAI (National Foundation for Indigenous People), Sports and social development.
- No contradictions were detected in the actions, but some gaps were identified. The main gap is the absence of a linking hub contemplating all the necessary interfaces for the Goal to be achieved.

Strategies to enhance the impact of the programs/actions in achieving this goal and limitations preventing them from achieving it.

Annex 5 suggests strategies to enhance the impact of the programs and actions and lists the main problems affecting their implementation and consolidation.

Examples of **problems** affecting the implementation and consolidation of the programs/actions include the following ones: bureaucratic hindrances; social control difficulties (ministries are transferring funds, but they are not being used appropriately); lack of awareness and training of council members; lack of an appropriate framework; outdated materials; human resources difficulties in both quantitative and qualitative terms; lack of mechanisms for linking actions appropriately; lack and embezzlement of funds; the distribution of food to the schools is centralized in the city halls; lack of a monitoring/evaluation system.

With respect to **strategies to enhance the impact of the programs/actions**, the following ones deserve special mention: the development of the National Food and Nutrition Security Policy involving all the sectors concerned; more resources are being made available to programs in the PPA and, consequently, their scope is increasing; the Social Control Councils are being strengthened; actions are being taken to train and raise the awareness of the council members; cultural features are being respected; the visibility of actions aimed at promoting food and nutrition security; the insertion and identification of each program/action with other actions; the establishment of mechanisms to stimulate the combined execution of each action and to make them compulsory.

How the program/project/action respects, protects, facilitates or ensures the Human Right to Food and Nutrition

- With respect to this goal, practically all the programs fell under the category of FACILITATING or PROMOTING the obligation of the State to ensure HRFN (**Annex 5**), except for a program being carried out by FUNAI (Protection of indigenous lands, Territorial Management and Ethno-development program), which attaches priority to PROTECTING the human right to food and nutrition.
- Although various programs mainly focused on PROMOTING the right to food and nutrition, on various occasions it was seen that the RESPECTING and PROTECTING components were also present, but less emphatically.
- It was seen that obligations of the State in other levels could have been contemplated also if governmental actions, and not only programs, had been analyzed by the working group which discussed this goal.
- It was considered that when discussions about hunger are held, they should not be restricted to ensuring access to food products, as food and nutrition security and education should be discussed also.
- Amongst other basic difficulties to be tackled for other HRFN-related aspects to be considered, the following ones were identified: insufficient implementing capacity (inappropriate framework), outdated materials and staff, and the lack of mechanisms to link the actions were identified as determining factors. The process of building the Multi-annual Plan doesn't include an effective mechanism to identify affinities amongst the actions (and not only amongst the programs) carried out by different agencies.
- It was seen that the complementariness of each program/action in relation to other actions should be identified when they are drawn up, and a mechanism to encourage/require the articulated execution of each action should be set up.
- It was mentioned that the Brazilian State has not defined a clear policy for indigenous people.
- PNAE respects, facilitates and ensures the human right to food and nutrition.
- While the objectives of food and nutrition education actions are focused on disseminating concepts aimed at promoting the human right to food, the providing role is contemplated in other actions being carried out by the Ministry of Social Development as articulator of the Zero Hunger Program and its specific/emergency actions, such as the Family Grant program, Popular Restaurants, and Food Banks and the emergency distribution of basic food baskets to specific groups, such as descendants of runaway slaves, camped groups, and indigenous people.

In sum, the need to develop appropriate links amongst programs carrying out similar actions in the school system was clearly detected.

Improving the quality of the education provided and strengthening Nutrition as a transversal topic in the curricula constitute other challenges. Finally, the potential for health and nutrition education to expand the access of all segments of the school network (students, staff, teachers, and parents) to information on these topics and to develop skills and knowledge from these topics (such as mathematical, historical, cultural knowledge, language skills, among others) was highlighted.

Goals 4 and 5: Reduce child mortality, low weight at birth and improve maternal health

Advances and Challenges for Achieving the Goal

As mentioned above, Brazil has advanced in achieving this goal by reducing child mortality rates significantly over the past decades. In 1990, for each 1,000 children born alive, 53.7 died before the age of 5. In 2002, this figure had decreased by 37.2%. Amongst children under one year old, the drop was even greater: 42.1%. The differences observed amongst the regions of the country have also decreased over the past decades. However, figures close to 60% above the national average still prevail in the northeast region, a fact which should be considered as a persistent challenge and a challenge to ensuring HRFN to its population.

Public policies have played a key role in this process, particularly in ensuring access to basic health care services, promoting full attention to children and providing immunization and sanitation services, among others, enhancing even more the relevance of actions in this field. Deaths caused by infectious and respiratory diseases, which occur particularly four weeks after children are born, were reduced significantly.

The main challenge is eliminating causes associated to pregnancy and delivery conditions, which have a direct bearing on neonatal mortality rates (first four weeks after delivery). For this scenario to be changed, it is necessary to ensure, in addition to access to services, a quality prenatal and clinical care, as well as sound delivery conditions in the hospitals. Therefore, neonatal mortality trends constitute the main challenge for achieving the Goal and important problems are yet to be eliminated, considering that half of the women in Brazil have no access to prenatal tests (Office of the President of the Republic, 2004).

Some strategic governmental initiatives have been taken to address this problem, such as the National Pact for Reducing Maternal and Neonatal Mortality proposed in 2003 by the Ministry of Health, which involves the government, managers of the Unified Health Care System (SUS), institutions and health professionals, as well as organized civil society. This pact entails a set of official priority actions aimed at: promoting healthy deliveries; medical assistance to newborns at risk; monitoring the growth and development of children and ensuring a high immunization coverage; promoting breastfeeding and healthy food habits, with special attention to nutritional deficiencies and anemia.

Adding to governmental actions, the Children's Pastoral is a major initiative taken by organized civil society to make an important network of volunteer health agents available throughout the country particularly engaged in monitoring the growth and development of poor children under six years old and in promoting health, education, and nutrition. This initiative is being implemented

in partnership with the Ministry of Health (Office of the President of the Republic, 2004).

An important challenge to be considered for achieving this Goal is the urgent demand for empowering women and reducing gender inequalities. These inequalities are reflected in the violence suffered by women and in their access to jobs, decision-making processes, and political participation. These are strategic issues to be addressed if maternal health is to be improved, including reproductive health, without disregarding their relevance for addressing other social and ethic challenges facing the country.

Once again, synergies between the actions aimed at achieving the broader set of Millennium Development Goals are necessary, considering the relations between women's health, schooling, poverty, hunger, and malnutrition. Women with a higher schooling are practically four times more likely to observe the recommended number of prenatal consultations (Office of the President of the Republic, 2004). Likewise, the schooling of mothers is seen as a factor correlated to the nutritional status of their children, considering that taking care of a child is socially identified as a maternal responsibility (Souza, 1992). Schooling has a bearing not only on the possibility of finding better jobs and having a higher income, given the differentiated access of women to jobs, but also on the relation between mothers and supporting institutions, such as the health care network and other social support networks. On the other hand, families headed by women are more exposed to the poverty risk also because of their higher rate of economic dependence (ratio between those who work and those who depend on their income in the household). Therefore, these women are exposed to multiple situations of vulnerability which involve social, economic, psychological, and educational factors.

Some actions were contemplated in the National Pact for Reducing Maternal and Neonatal Mortality to address this problem, such as the following ones: ensuring the minimum number of prenatal tests; ensuring that women and newborns are not rejected by services or forced to look for medical care in different, and often distant, places; providing training and humanizing the care provided during delivery, childbirth, and legal abortions and paying more attention to the consequences of unsafe abortions; expanding the supply of laboratorial tests in the prenatal period; including neonatal pediatric and obstetric urgencies in the Urgent Medical Care Service (Samu); attaching priority to the permanent training and education of all the professionals providing obstetric and neonatal care.

Also in this area, the Ministry of Health launched the "National Full Health Care for Women Policy: principles and guidelines," the objectives of which are promoting improvements in the living and health conditions of Brazilian women by ensuring them legally established rights and expanding their access to means and services designed to promote, prevent, assist, and recover their health throughout the Brazilian territory; contributing to reduce female morbidity and

mortality, focusing on preventable causes, in all life cycles and population groups, without any discrimination.

It is also important to consider that there are many links between the health of women and children and the food and nutrition security issue and that actions in this area have a significant impact on achieving the Goal. Gender relations are socially built and imply shared social tasks and responsibilities in which women are strongly involved in using the natural resources available for health care purposes and in the management of different domestic activities, including those of feeding and educating the family, particularly children.

Women are also increasingly involved in agricultural activities and in the general food production, particularly in the informal sector and in production schemes for the family's own consumption. These data are registered in specific studies, but they are not included in production statistics (UNFPA, 1999). In rural areas, women are the main managers of essential domestic resources such as drinking water, fuel for cooking, and food consumed by domestic animals and they account for over half of the labor force in agriculture (UNFPA, 2001).

In this connection, some governmental initiatives have ensured important advances toward the Goal. Considering that under most policies in support of rural development (support to household agriculture, land reform, technical assistance) only the men are entitled to receive any funding, the Brazilian federal administration began to make credit lines for agriculture available also to women.

Synergies, contradictions, overlappings, gaps, coordination shortcomings between programs/actions and strategies to overcome these problems

Annex 5 presents a chart showing the main synergies, contradictions, overlappings, gaps, and coordination shortcomings.

- One can observe a closer articulation today amongst different programs which carry out actions aimed at promoting the health of women and children (Women's Health, Adolescent Health, Children's Health, and Food and Nutrition).
- Despite the remarkable synergy observed amongst these programs, coordination gaps still prevail between some of them, particularly between those designed for indigenous people and descendants of runaway slaves, since they are carried out by different institutions which do not maintain close ties amongst them.

- Moreover, the state-level technical coordination boards do not always manage to implement food and nutrition actions when the state government doesn't consider them important (policy issue).
- Various ministries are implementing actions designed to deal with the indigenous issue, but they face difficulties to act concertedly. Besides, there is a great contradiction between proposals and actions actually carried out. For example, programs or actions involving donations of cow milk to mothers or other members of the family end up affecting the breastfeeding of babies, as they end up being fed with that same milk. Another contradiction is the fact that indigenous people displaced from their villages face important difficulties to be assisted by the Unified Health Care System. In many localities there are reports of contradictions in the behaviors, guidance provided to, and tools used by health professionals locally, which can lead to contradictions at the central level. However, it should be stressed that contradictions which prevailed in the past between Women's Health Care and Children's Health Care are being eliminated. It should also be stressed that appropriate protocols and a broader consensus around the guidelines to be provided to health professionals are required.
- Some overlappings between programs/actions have been identified (**Annex 5**).
- Amongst the main **gaps** which were identified, the following ones stand out: lack of appropriate links between health actions and programs implemented by the Ministry of Education; the interface between Adolescent Health Care and Food, Nutrition and Health Care for Indigenous Peoples should be expanded; actions to prevent STD/AIDS amongst adolescents should be reinforced and closer links should be established between environmental sanitation and other actions/programs.
- Another difficulty which was identified was the lack of appropriate links between the Ministry of Health (Food and Nutrition) and the Ministry of Social Development, which reduces the coverage of actions designed to eliminate malnutrition, as well as the non-inclusion of nutritional components in the daily activities of the Family Health Care Program.
- Greater integration amongst these actions should be promoted with a view to achieving the Goal more rapidly.
- It was stressed that the lack of data on the prevalence of anemia and hypovitaminosis A hinders the development of public strategies and policies and makes it more difficult to follow up on and monitor these deficiencies. Therefore, health surveillance actions should be expanded through surveys and the routine collection of data to be used in

planning preventive actions and promoting the health of the population.

Strategies to enhance the impact of the programs/actions in achieving this goal and limitations preventing them from achieving it.

Annex 5 suggests strategies to enhance the impact of the programs and actions and lists the main problems affecting their implementation and consolidation.

As examples of **problems** affecting the implementation and consolidation of the programs/actions, the following ones should be highlighted: centralization of the training and continued education process and lack of media activities; political interference and limited resources (technical and financial resources, etc.); conflict between the model of acting through programs focused on problems and the formal structures of the agencies, leading to a lack of integration/links, duplication of efforts, and inability to formulate effective policies.

With respect to **strategies to enhance the impact of the programs/actions**, the following ones deserve special mention: more resources should be allocated to them; closer relations amongst the different ministries should be fostered, as well as closer links with the Legislative Branch; knowledge should be disseminated about the management model which involves all managing and executing agencies in the design of the programs and actions, so that they truly identify with them, thereby enhancing the integration/links amongst the actors and the efficiency/efficacy/effectiveness of the programs/actions; the discussion on the regulation of food products and food advertisement should be expanded to involve all interested parties, among which civil society and food manufacturers; technical training should be provided and actions being carried out should be disseminated to the populations concerned; sanitation actions based on epidemiological criteria should be funded; investments are required in actions designed to increase social control, especially in the empowerment of women to demand their rights and those of their families before health services and other municipal agencies.

How the program/project/action respects, protects, facilitates or ensures the Human Right to Food and Nutrition

- In relation to this goal, the programs and actions relate to all levels of the obligation of the State to ensure HRFN (**Annex 5**).

- It was seen that although there are interesting programs promoting HRFN, their actions should be expanded to ensure respect for it. For example, the provision of inputs and the coverage of the programs and/or actions should be expanded, as well as the access of the population to them, the established rights of working women should be enforced, actions should be humanized, diversities should be respected, etc.
- Mention was made of the importance of making a greater effort to train the professionals involved appropriately for them to learn how to work and respect the diversity and of providing continued education to them and sensitizing them adequately.

In sum, besides the above-mentioned need to foster closer links amongst all governmental sectors and levels involved (federal, state, and municipal levels), special mention should be made of the closer links established between health care programs for women and for children, including around the food and nutrition topic.

The importance of actions already being carried out by the federal administration in this area should also be emphasized, as well as the need to expand them and ensure the quality of the services being provided. The programs related to this goal involve different aspects of respecting, protecting, facilitating, and ensuring the human right to food and nutrition, reinforcing their importance.

With respect to Nutrition, actions to promote breastfeeding stand out as key measures to ensure HRFN. The efforts being made by the government toward achieving this goal should be even more reinforced if one considers that, despite the advances which were observed, the prevalence of exclusive breastfeeding is still low in the country.

As regards the health of women, considering that cardiovascular diseases and AIDS are the main causes of deaths among them, it becomes even more important to carry out integrated actions involving health care and food and nutrition components (Office of the President of the Republic, 2004).

Goal 6: Combat HIV/AIDS, malaria, and other diseases

Advances and Challenges in achieving the Goal

Since 2002, the prevalence of Aids in the country has been falling, even though 310,000 cases were registered in 2003, mainly in the south and southeast regions. The challenges for achieving this goal lie in consolidating this trend and dealing with the disseminated profile of the disease in the different population groups, regardless of gender. Malaria, tuberculosis and leprosy still constitute public health problems in Brazil, and the link between tuberculosis and Aids makes this issue even more important. Considering that new cases of Aids are affecting segments with a lower schooling and income, articulating different social policies to deal with the problem is a major challenge. The aggravation of the malaria problem in the Legal Amazon region, associated with its disorderly occupation, reinforce the ecological dimension as a key consideration to be made for overcoming these problems.

In this context, Food and Nutrition Security actions, as considered in all their amplitude, inter-sectoral connotations and integrality, including in their ecological and social sustainability aspects, can make a great contribution to tackling these problems and achieving the Goal.

Very special mention should be made of important governmental initiatives such as the Sexually Transmitted Diseases/AIDS (STD/AIDS) program, since Brazil is one of the few countries in the world which ensures free-of-charge access to the anti-retroviral therapy and treatment (ARV), which can be considered a fundamental step toward achieving the Goal. Partnerships with non-governmental organizations are important in this connection, including in actions to promote the human rights of HIV/AIDS patients. The challenge is to effectively reduce the incidence of new cases.

With respect to the other diseases included in the Goal, Brazil launched a program to control malaria in the Amazon region in 2003, the National Malaria Control Program, the main strategy of which is to ensure an early lab diagnosis of the disease. The National Tuberculosis Control Plan was also launched which includes actions such as: technical, political, and social mobilization; decentralization; improvement of the epidemiological surveillance system and the information system; expansion of the laboratory network and provision of training to their staff; assured access to treatment and training of human resources. Actions against tuberculosis were also included in the Family Health Care Program (Office of the President of the Republic, 2004).

Synergies, contradictions, overlapping, gaps, coordination shortcomings amongst programs/actions and strategies to overcome the problems

Annex 5 presents a chart showing the main synergies, contradictions, overlappings, gaps, and coordination shortcomings which were identified.

- It was stressed that there is synergy between some programs, such as the following ones: Sexually Transmitted Diseases (STD)/AIDS and Indigenous Health Care (action plan against HIV/AIDS in indigenous areas), Food and Nutrition and STD/AIDS (*Nascer* (being born) Project), Malaria and Indigenous Health Care (actions to control malaria in indigenous areas), Indigenous Health Care and Food and Nutrition (iron supplementation surveillance and program).
- No contradictions amongst the programs/actions were identified.
- The following overlappings were highlighted: food and nutrition surveillance carried out by FUNASA, CGPAN and Ministry of Social Development.
- The following gaps were identified: lack of appropriate links between the Malaria program and CGPAN and low effective articulation between disease prevention and control programs.
- It was observed that there is no coordination amongst the programs.

Strategies to enhance the impact of the programs/actions in achieving this goal and limitations preventing them from achieving it.

As examples of **problems** hindering the implementation and consolidation of the programs/actions, the following ones stand out: limited budget; weak articulation with SUS (Unified Health Care System); human resources turnover; lack of political priority.

Annex 5 suggests strategies to enhance the impact of the programs and actions and lists the main problems affecting their implementation and consolidation. Examples of **strategies to enhance the impact of the programs/actions** include: increasing the budget; establishing the goal as a political priority; strengthening inter-sectoral links in the three spheres of government; developing closer partnerships amongst all areas of the Ministry of Health; strengthening information, education and communication actions for controlling transmissible diseases; developing the health care planning based on epidemiological data; systematically monitoring integrated actions; expanding

the diagnosis and treatment network; strengthening scientific research, among other research lines.

How the program/project/action respects, protects, facilitates or ensures the Human Right to Food and Nutrition

- In relation to this goal, the programs fall under the category of RESPECTING, PROTECTING and FACILITATING or PROMOTING the obligation of the State to ensure the Human Right to Food and Nutrition (HRFN) (**Annex 5**).
- The financial incentives provided to "supporting homes" for people living with HIV/AIDS fall under the RESPECTING category, as they avoid the negative impact of not having the means to eat appropriately. It was seen that this program also ENSURES the right to food and nutrition, as it allows a larger number of people living with HIV/AIDS to have their HRFN ensured.
- It was considered that the *Nascer* Project (HIV/AIDS) PROTECTS the right, as it avoids the exploitation of people living with HIV/AIDS by third parties. Difficulties were detected in relation to PROMOTING the right because of the lack of appropriate links with other food programs to ensure the human right to food and nutrition of families, including HIV-positive mothers.
- It was stressed that the broad access ensured to the diagnosis and treatment of malaria RESPECTS the right by making it possible for people to be treated, PROTECTS it by preventing the disease, and PROMOTES it because it meets the obligation to respect and protect.
- Difficulties were detected in relation to ENSURING the right because of the lack of complementary actions to ensure HRFN to malaria patients who cannot work.
- Draining actions for malaria control purposes FACILITATE the right, because they organize the environment. Difficulties were observed in relation to ENSURING the right, because no environmental education programs or programs designed to provide inputs for local food production are being implemented.

In sum, besides stressing once again some challenges identified above, such as the lack of coordination amongst the programs, the analysis made for this Goal indicates that the actions being carried out should be expanded, rely on a higher budget, and be politically strengthened.

Goal 7: Ensure environmental sustainability

Advances and Challenges in achieving the Goal

Brazil has 30 % of all the world's rain forests and faces the huge challenge of halting an increasing deforestation process, which constitutes a crucial problem for ensuring the country's environmental sustainability. In recent decades, there was a marked increase in conservation units, but all these units cover only 8.49% of the national territory. Some units were created but not yet implemented, meaning that this is an objective to be achieved under this policy (Office of the President of the Republic, 2004).

On the positive side, Brazil has one of the lowest carbonic gas emission rates in relation to GDP and has been satisfactorily achieving the goal of reducing the emission of gases which destroy the ozone layer. Still in relation to advances observed, an important legal framework was established to ensure actions designed to achieve this Goal which include: the Biosafety Law; the Law on Environmental Crimes; a Law which established the National Conservation System and a Decree that created the Sustainable Conservation and Use of the Brazilian Biological Diversity Project. In 2003, the National Conference on the Environment was held, which through a broad social participation process proposed the creation of the National Environmental System.

A major challenge is providing the population with sewage systems (general network and cesspits), considering the low performance of actions carried out for this purpose particularly in rural areas, which in 2002 had a coverage of only 16.0%. The limitations imposed on funds earmarked for this type of intervention constitute an important cause of this problem.

With respect to housing conditions, 41.5% of all urban homes are still inappropriate due to their poor structural quality, to the lack of property assurance, poor coverage of water supply and sewage systems, occupational density, and other problems. Slums and the irregular and clandestine parceling of land enhance the problem of the lack of urban land, mainly in large metropolitan areas, affecting particularly the poorest segments of the population and afro-descendants (Office of the President of the Republic, 2004).

It should be stressed that the multiple actions being carried out in the field of Food and Nutrition Security have a close interface with ecological sustainability, considering that they are part of the very concept of food and nutrition security agreed upon in the country on the occasion of the 2nd CNSAN, 2004. Various social organizations which are active in the field of food and nutrition security have been investing in the development of environmentally sustainable production technologies and suggesting important alternatives to fill

the gaps in the production model prevailing today mentioned above (**See Annex 6**).

Building the determination tree for ensuring environmental sustainability

Environmental sustainability has been defined as everything human beings do in the environment they live in to keep themselves alive and it involves economic, political, and social issues. This subject permeates human beings and nature, and therefore the quality of life and socio-environmental questions are factors capable of ensuring the survival of human beings on the Earth.

Some considerations were made in the process of building the tree of determination, such as the following ones:

- Economic inclusion and sustainability are controversial issues, considering that offering an income to an individual does not ensure his or her sustainability and, therefore, people should enjoy conditions allowing them to sustain themselves while respecting all forms of life around them.

The economic model was discussed as an inclusive model, since economic inclusion is an important requirement to ensure the feasibility of certain types of projects.

In the analysis of the tree of determination which was built, it was seen that food and nutrition were directly or indirectly linked to the different determinants which were mentioned.

Synergies, contradictions, overlappings, gaps, coordination shortcomings between programs/actions and strategies to overcome these problems

Annex 5 presents a chart showing the main synergies, contradictions, overlappings, gaps, and coordination shortcomings which were identified.

- Complementary actions and inter-ministerial technical cooperation agreements were examples of synergies which were mentioned.
- Among the contradictions which were mentioned, the following ones stand out: low priority attached to budgets for food and nutrition security actions, the need to promote greater coordination amongst actions in this area.
- Among the gaps which were identified, the following ones were emphasized: the non-existence of an inter-ministerial working group to

complement environmental programs; lack of effective municipal, state-level and federal links and of an efficient information system (database), lack of forums for a dialogue on this issue, for following up on and evaluating results and for fostering integration amongst food and nutrition programs, and lack of social and public control over the programs.

- With respect to the lack of coordination, it was considered necessary to have mechanisms in place to integrate governmental actions allowing for the institutionalization of forums for exchanging experiences and for all the agents involved to know more about the programs, among other needs.

How the impact of the program/action can be enhanced with a view to achieving this goal and limitations preventing this from happening

Annex 5 suggests strategies to enhance the impact of the programs and actions and lists the main problems affecting their implementation and consolidation.

Examples of **problems** affecting the implementation and consolidation of the programs/actions include the following ones particularly: lack of coordination/articulation amongst actions that can be carried out by different organizations; lack of consensus in the decision-making process leading to the prioritization and allocation of funds of multi-sectoral programs; persistence of clientelistic practices; lack of a political decision on the importance of technological innovation to promote the country's social and economic development; lack of a national sanitation policy; scant human, financial and budget resources; lack of evaluations of the effectiveness of public policies; non-existence of a policy of State (a continuous policy, not affected by changes in governments); high turnover of the technical experts who are trained to carry out the actions; lack of public policies to ensure the sustainable management of the soil, water and other natural resources, among other policies.

As examples of **strategies to enhance the impact of the programs/actions**, the following ones deserve special mention: unification of the efforts being made by the different actors involved; assurance of a regular flow of financial resources; spending more on social programs and turning governmental policies (which are temporary and implemented by specific governments) into policies of the State (which are permanent) avoiding their discontinuity; enhancing the decentralization of the actions at their different levels (national, regional, municipal levels); quantitative and qualitative increase in human resources; expanding partnerships and using actions carried under public-private partnership schemes, promoting actions and projects linking the

immaterial heritage to food and nutrition; stimulating, valuing, and promoting the use of local/traditional products for food/nutrition purposes; implementing the national policy for agro-biodiversity and cultural diversity contemplating actions to ensure environmental sustainability from a social viewpoint, among others.

How the program/project/action respects, protects, facilitates or ensures the Human Right to Food and Nutrition

- In connection with this goal, most programs fell under the category of RESPECTING and PROTECTING the obligation of the State to ensure the HRFN (**Annex 5**).
- The justification for selecting the HRFN aspects contemplated by the programs is provided in **Annex 5**.

In sum, the analysis carried out for this Goal indicates that there are important challenges to be addressed in the field of public policies, so that various sustainability aspects (environmental, social, economic sustainability, etc) may be dealt with in an integrated fashion. Therefore, actions are required to ensure the autonomy and self-sufficiency of individuals and groups by strengthening their capacity to establish stable self-sustenance arrangements.

Likewise, interventions should be implemented which, besides addressing more pressing deprivation situations, can generate medium- and long-term impacts on the various dimensions of human life.

Therefore, the articulation of actions more directly related to this issue with other governmental programs should be significantly enhanced. The coordinated development of these links, through which HRFN and food and nutrition security considerations would be incorporated into these programs, has a huge potential to draw attention not only to situations of violation of rights, but also to risks to sustainability posed by productive processes and interventions which destroy both the physical and the social environment.

This analysis draws attention to the fact that the various types of resources of society (environmental, cultural, economic, social resources) should be preserved in a balanced way, without allowing any of them to prevail over the others.

Special mention should be made of the importance of increasing the budget allocated to sanitation actions, making it possible for their coverage to be expanded.

6. Actions of Organized Civil Society

The intense social mobilization experienced in the country since the 1980s, after 20 years of a military dictatorship, led to multiple experiences to address social issues involving different non-governmental organizations, social movements, rural worker's unions, churches, and rural and urban associations.

MEP - Movement for Ethics in Politics, which led to the Action for Citizenship Rights, against Extreme Poverty and for Life in March 1993, constitutes an effort for resuming an ethical, solidarity-based, and citizenship-oriented action. The action was ethical because it was aimed at eliminating corruption, solidarity-based because it was intended to make society aware of social issues and take responsibility for addressing them, and citizenship-oriented because it was designed to pay off a debt owed to groups living in poverty and hunger, considering the right to food as a right to life.

One of the main results of this process over the following years was the establishment of different local solidarity-oriented mobilization committees and strategies for distributing food products and clothes, generating jobs and income, establishing housing credit associations, providing professional training to young people, and carrying out mobilization actions to ensure access to title deeds to land which exist to this day.

Besides these neighborhood committees, public enterprises established their own committee – COEP – Public Entities' Committee against Hunger and for Life - deeply engaging them in the process. According to Herbert de Souza ("Betinho"), for the first time the chairpersons of Brazilian public enterprises began to meet as citizens without being summoned by ministers or the president, but moved by their desire to foster this mobilization (Souza, 1998).

The work developed by some non-governmental organizations became more visible through strategies to bring initiatives under way closer to each other and develop links among them. This process culminated in the establishment of the Brazilian Food and Nutrition Security Forum (FBSAN) in November 1998, a network of social organizations and movements of organized civil society which congregates institutions dealing with issues related to food and nutrition security.

FBSAN is part of international food and nutrition security networks which articulate civil society and promote actions in partnership with governments and inter-governmental organizations (Applied Economic Research Institute (IPEA) et al., 2002). Its main objectives are to mobilize society around the food and nutrition security topic, formulate food and nutrition security policies, and reinsert the topic in the national, state and municipal agenda (FBSAN, 2002). FBSAN also disseminates and articulates experiences of different organizations which are active throughout the Brazilian territory by supporting and stimulating

the establishment of specific state-level and regional forums to deal with the issue; it also keeps in touch with other forums and networks working with food and nutrition security issues to develop interfaces and act jointly with them in formulating public policies and reaffirming the need to ensure the human right to food and nutrition to poor and marginalized people.

Civil society has carried out different actions to ensure the human right to food and nutrition. The Brazilian Platform for Human Rights and Economic, Social and Cultural Rights (DhESC Brazil Platform) – established in 2002 consists of a national network of civil-society organizations which promotes common actions in this field to disseminate and foster a culture of rights in the country. Actions taken by this platform include the national rapporteurs' project in the areas of Health, Education, Housing, Land, Environment and Labor, Food, Water and Rural Land. The national rapporteurs dealing with the human right to Food, Water and Rural Land have been carrying out analyses of violations of the human right to food in different localities of the country based on field research and follow-up on specific situations. The results of these analyses led to public civil inquiries which mobilized the Public Prosecution Service in various localities.

One of the objectives of the national rapporteurs' project is to allow civil-society organizations to use the contents of the reports prepared by the national rapporteurs to defend and promote human rights. In the missions carried out by the rapporteurs, civil society plays an active and fundamental role both in organizing and in monitoring their recommendations. A partnership with the Federal Prosecution Service (PFCD and PRDCs) and the State Public Prosecution Service is also an important element of the rapporteurs' project. For example, the State Public Prosecution Service has been a key partner particularly in monitoring the recommendations of the missions carried out by the rapporteurs. The articulation between the national rapporteurs and UN rapporteurs should also be highlighted. The recommendations prepared by the rapporteurs are aimed at changing or establishing public policies to address and eliminate identified problems.

Social organizations working in communities in different regions of the country have been contributing to promote the Human Right to Food and Nutrition by expanding the support provided to male and female workers in rural and urban areas to assist them in overcoming production difficulties, selecting appropriate food products, strengthening their organization, and participating in decisions on public policies.

With respect to ensuring access to water for human and animal consumption and food production purposes, some organizations such as the Semiarid Network (ASA) and the National Agro-ecological Network (ANA) have been acting as important interlocutors at regional and national level. Both are guided by agro-ecological principles and act in an articulated fashion in dealing with social, cultural, economic, environmental, food security, gender and territorial development issues. Often in partnership with governmental agencies

and programs, these organizations have been developing technological alternatives and innovative proposals to address day-to-day problems such as: cisterns to ensure the availability of water for human consumption; underground dams associated to small irrigation systems for a diversified food production and its sale for income generation purposes; agro-ecological fairs.

The Brazilian Semiarid Network (ASA) is a forum of civil-society organizations which supports social, economic, political and cultural development in the Brazilian semiarid region. It is presently made up of about 750 organizations dealing with a wide range of issues, such as Catholic and evangelical churches, development and environmental NGOs, rural and urban workers' associations, community associations, unions and federations of rural workers, social movements and international cooperation organizations. Created in July 1999, it brings together the experience and articulation efforts of different actors of civil society in the semiarid region (Semiarid Group set up by civil society at UNCED/92, Drought Forum, networks set up to address drought problems in 1993, with a strong presence of CONTAG, unions, NGOs, churches, cooperatives, social movements). P1MC, the One Million Cisterns Program, is its most comprehensive and widely known program, which was jointly built by organizations of Brazilian civil society and is supported by international cooperation partner organizations. Later, ASA signed agreements to receive funds from the federal administration and other partners, expanding the coverage of the P1MC program.

The statement that the availability of water and quality food has an impact on the health of the rural population is generally appropriate, as it is present in the discourse of a significant number of men and women in reports and surveys on the results of the interventions carried out (**See Annex 6**).

Other social organizations have also been active in this field, such as CAATINGA - Advisory and Support Center for Workers and Alternative Non-Government Institutions, a non-profit organization headquartered in the city of Ouricuri, located in the semiarid region of the state of Pernambuco, which was established on December 2, 1988 based on the experience of the Ouricuri Center for Alternative Technologies - CTAO/PTA /FASE (1996-1988). The mission of the organization is to build proposals for educational and agro-ecological development interventions which can be used as benchmarks for public policies designed to promote household agriculture in the Brazilian semiarid region. It works directly in the Araripe region, which has a population of 351,093 (46% in urban areas and 54% in rural areas), accounts for 4.71% of the state population and has a demographic density of 18.9/km². The actions of the organization are focused on water resources, livestock, grain production, technical and methodological training, access to markets, education and health care. Gender and generation, food and nutrition security and environment are its transversal topics. The organization is a member of various networks (PTA Network, RESAB, Bee Network), councils (CONDRAF, Municipal Health Care Council, Local and

State Development Council) and forums (Women's Forum of Araripe, ASA, ANA and FBSAN) at local, state, regional and national level.

With respect to agro-ecological actions, AS-PTA – Advisory and Services for Alternative Agricultural Projects – is a social organization which promotes the development of the Brazilian agriculture based on agro-ecological principles and on the goal of strengthening household agriculture schemes. The work of the institution combines interventions at two levels:

(a) At the “micro” level, it is implementing two local development programs in different municipalities of the country in partnership with organizations of household farmers in the localities. These programs allow various objectives to be articulated: collective efforts made by farmers' organizations to eliminate technical, socioeconomic and political obstacles to developing productive systems and ensuring food security to farming families through the establishment of social networks for experimenting with and disseminating innovations; promotion of the social and political sustainability of local innovations through actions designed to strengthen the capacity of farmers' organizations to manage their own development projects in rural communities autonomously; generation, improvement and systematization of concepts and methods for the agro-ecological transition of household production schemes which are benchmarks for formulating proposals for public policies designed to promote the local sustainable development of household agriculture schemes.

(b) At the “macro” level, AS-PTA is actively involved in regional and national networks which promote agro-ecological approaches, such as the Brazilian Semiarid Region Network, Agro-ecological Journeys of the State of Parana and the National Agro-ecological Network. The entity seeks to foster information and knowledge exchange processes which can benefit practical experiences in the “agro-ecological field.” It also seeks to strengthen the social expression, proposing capacity and influence of this field in the formulation of public policies for the Brazilian agriculture, fostering flows of information and knowledge in the fields of agro-ecology and sustainable development of household agriculture schemes. For this purpose, it has an Information Center provided with a database on agro-ecological experiences and an up-to-date collection of 30,000 publications and documents currently.

As for ensuring human rights (civil, economic, social, cultural and environmental rights), special mention should be made of the actions carried out by FASE – an institution engaged in solidarity and education actions with teams of its own in the west and east Amazon region; in the *Baixada Fluminense* area in Rio de Janeiro, in the north region of the state of Espirito Santo, in the region of Itabuna, state of Bahia, in the metropolitan region of Recife, and in the south forest of the state of Pernambuco. The institution is organized in three national

programs for the 2002-2004 period (democratic and sustainable Amazon; Right to the city in metropolitan regions and Solidarity-based work and socioeconomics) and has been playing a major role in relation to HRFN issues.

Besides these organizations, the activities of civil society in the field of Food and Nutrition can be better analyzed based on the information presented in **Annex 6**. It should be mentioned that, also because of limitations faced in the process of preparing the National Case Study, it was not possible to get expanded data from all civil-society organizations engaged in actions interfacing with HRFN.

In sum, the national social mobilization experience has a record of over two decades involving NGOs, social movements, rural workers' unions, churches, rural and urban associations, etc. at national, state and municipal levels.

There are many experiences derived from this social mobilization process which involve issues related to food and nutrition, sustainable development and access to drinking water and land, among others. More recently, the Human Right to Food and Nutrition (HRFN) as a fundamental human right is a topic included in the discussions and activities of the government and civil society.

7) Evaluating the experience of preparing the National Case Study

The methodology used in the Case Study was considered interesting by the participants, because it was engaging and creative and allowed all of them to expound their ideas. The debates held during its preparation were rich and shed a new light on old problems.

The Case Study provoked and facilitated a participatory process marked by the exchange of knowledge and a deeper discussion of concepts and actions carried out by the government and society as a whole. The substance of the discussions was quite rich, as it made it possible for the participants to acquaint themselves with programs managed by the various institutions represented in the debates and to exchange experiences as well. The formation of a heterogeneous group in terms of knowledge but homogeneous in terms of interests and ideology allowed for the aggregation of a lot of knowledge.

The lack of more time for holding deeper discussions on some topics was criticized by some participants, particularly for discussing violations of the human right to food and nutrition and for building the causality tree for some goals. Considering that the case study was very productive, the presence of representatives of other ministries would have enriched the process. In this regard, the need to ensure greater participation of the Civil House (government department assisting the president with political affairs) and of the Ministry of Planning in the discussions of the case study was highlighted. Limitations were also detected in the methodology, since not all the ministries were able to participate in the discussion of all goals, affecting the analyses in some cases.

An important general conclusion about the work carried out is that different programs should be articulated to ensure inter-sectoral actions based on the perspective of ensuring food and nutrition security, which constitutes the basis for ensuring HRFN. Finally, it was seen that this initiative should be repeated constantly and efforts made to sensitize a larger number of people to the human right to food and nutrition and disseminate the methodology developed here to analyze governmental and non-governmental programs based on this approach.

Annex 7 lists the names of the people responsible for preparing the Brazilian case study.

MAIN FINDINGS OF THE BRAZILIAN CASE STUDY

I) Socioeconomic, food and nutritional profile of the Brazilian population: advances and challenges.

I.1- Food and Nutrition Situation

A first fact which stands out when one tries to analyze the food and nutrition situation of the Brazilian population is that up-to-date information is lacking for this purpose and, as a result, the analyses should be considered in relation to the reference period of each study.

Given these considerations, it can be said that **important advances were observed in the prevalence of some health and nutrition problems in recent decades**. Child malnutrition rates fell by 70% between 1975 and 1996 and infant mortality dropped from 48% to 26.5% between 1990 and 2002. It should be highlighted that the prevalence of low weight at birth in the country is 8.1%, while the acceptable limit established by the UN is 10%. Studies indicate that this decline may have been caused by the increasing coverage of health care services over the past three decades, particularly of basic health care actions. The expanded coverage of water and sewage systems, which was associated to demographic changes, urbanization actions and improvements in some social indicators, such as women's education, also played a role in bringing those rates down.

Despite the drop in child malnutrition rates, **major inequalities still prevail in Brazil in terms of its prevalence in different regions and ethnic groups, gender, income brackets, and urban and rural areas**. With respect to height deficits in children, it was seen that the gap between urban and rural areas increased from 1.8 times higher in rural areas to 2.4 times higher in those areas between 1989 and 1996. Likewise, malnutrition among elderly people has become an important issue, particularly considering the population aging trend.

These differences in the nutritional profile of the population are deeply related to income inequalities, which despite the decrease observed in the Gini index (as described in the analysis of social indicators) still constitute a major problem in Brazil. **They are also caused by inequalities in the access to public goods and services** (sanitation, electricity, housing, health care, education, transportation, jobs, land), which are much scarcer in rural areas, in the northeast and north regions of the Country, and in the outskirts of

municipalities with vulnerable populations from the social and health viewpoints. **Specific groups** such as indigenous people, descendants of runaway slaves, homeless people in cities, settled populations, or people facing adverse socio-geographic situations, such as those living in the semiarid region (which concentrates over 24 million people), deserve special attention in the formulation and implementation of public policies. These segments are different from others not only because of their unique social organization, but also because of their different demands, imposed by the multiple difficulties they face to access food, productive means, income, jobs, work, and public goods and services.

There are no national data available on the health and nutrition of the indigenous population currently. However, as mentioned above, there are studies focused on certain specific groups which point to high malnutrition and anemia rates among them, including in relation to the national average. Data are missing for other groups as well, including black people, which account for a high percentage of the Brazilian population.

These differences imply major challenges for public policies to consider the specific features of each group, region and stratum in order to reach groups facing greater difficulties to access public goods and services and reduce structural inequalities in terms of employment and income which directly contribute to the present scenario.

The still low prevalence of exclusive breastfeeding should be highlighted, meaning that important measures being implemented should be reinforced, such as: systematic social communication campaigns; informative materials to support the training of professionals of the basic health care network with food and nutrition guidance; measures to control advertisements of food products for children; support to existing institutional programs such as the Child-Friendly Hospital and breast milk banks; reinforcement, dissemination, and expansion of legal provisions ensuring basic conditions for mothers to breastfeed their children (CONSEA, 2004).

Still in relation to the nutritional profile of the Brazilian population, the increasing prevalence of anemia caused by iron deficiencies and the same prevalence of Vitamin A deficiencies constitute major challenges. These are major events affecting the population, although no national data are available for such micronutrient deficiencies. Obtaining this information at national level is a major challenge, given the complexity of the data collection methods required.

There is also evidence that folic acid deficiencies constitute an important event in Brazil. On the other hand, overweight and obesity have been rising at worrying rates in the Brazilian population as a whole and in different phases of a person's lifetime. The inappropriate food consumption profile of the Brazilian population has become a crucial issue to be dealt with as part of the efforts to reduce these deficiencies and non-transmissible chronic diseases associated to them (diabetes, high blood pressure, cardiovascular diseases, osteoporosis and

some types of cancer), which are important morbidity and mortality causes in the country. It should also be highlighted that overweight and obesity are associated to child malnutrition. In the poorer population, obese mothers are exposed to a high risk of bearing children with low weight at birth which are themselves exposed to a higher risk of developing overweight and obesity.

A **positive trend was also identified for some indicators specifically related to nutrition**, such as those for disorders caused by iodine deficiencies, which dropped significantly in recent decades (from 14.1% to 1.3% for palpable goiter between 1975 and 1995) as a result of successful measures such as the iodination of salt for human consumption. However, three states of the country have not managed to ensure a 90% consumption of iodinated salt - Maranhão, Tocantins and Mato Grosso - meaning that this is an intervention challenge.

The **inequalities** mentioned above also constitute a differentiating factor not only for determining problems, but also the capacity of more socially vulnerable groups to overcome them with a view to defining specific measures for these segments. Therefore, public policies which address inequalities not only in terms of income, but also in terms of access to public goods and services are essential for changing this scenario for the better. These actions of a more structuring character should be linked to emergency actions for correcting the situation experienced by the population.

Since equity and non-discrimination of any kind are fundamental principles from both a human rights perspective, including the Human Right to Food and Nutrition (HRFN), and from a Food and Nutrition Security (FNS) perspective,⁶ it can be said that reducing these inequalities is a crucial aspect to be considered in the process of developing public policies in Brazil.

For this purpose, the logic of including specific populations in public policies should be inverted. That is, they should be considered from the formulation phase and not included in existing public policies which were not designed to meet the specific needs of different population segments. The discussions held during the preparation of the Brazilian National Case Study strongly reiterated how investing in nutrition-related actions in the different programs can contribute toward this aim. Because it is an essential dimension of life, nutrition pervades all areas of public activities and is a strategic component for consolidating a national development project which integrates economic, social and human growth and restores values related to ethics, equity, citizenship, rights, cultural and ethnic identity, and diversity.

⁶ Food and Nutrition Security (FNS) is the fulfillment of the human right to healthy, affordable and quality food in sufficient amounts and on a permanent basis, without jeopardizing the satisfaction of other essential needs, based on healthy food habits, respecting cultural diversities, and with socioeconomic and agro-ecological sustainability.

I.2 - Information Systems and availability of data

Brazil has no recent national studies on the nutritional epidemiological situation of the population; the last national data available date from 1996. The fact that data for existing national indicators (such as malnutrition, obesity, anemia, goiter, and hypovitaminosis A indicators) are outdated hinders the development of strategies and public policies and actions to follow up on and monitor health situations. It should be emphasized that the problem of the lack of national data on the prevalence of micronutrient deficiencies will be partially corrected by the current federal administration through the inclusion of a module on micronutrients in the next National Demographic and Health Survey funded by the Ministry of Health to be carried out in 2005, which will make it possible to estimate the prevalence of iron deficiency anemia and hypovitaminosis A in the country for children under 5 and women in the 10-54 age bracket.

It must be mentioned again that the data for specific populations are very limited. The indigenous population has an Information System for Indigenous Health Care (SIASI) which has not been fully incorporated into the practices of health care teams. At the same time, nutritional data that can be disaggregated by race or ethnic groups are rare, making it difficult to correct inequalities identified through the analysis of economic indicators.

Besides the task of updating the data, it is also necessary to establish a National Food and Nutrition Surveillance System allowing for food situations (food production and availability, access to food and food consumption) and nutritional situations (biological dimension) of the Brazilian population to be monitored on a continuous and integrated basis. This system should result from articulated actions of different governmental sectors for agreeing on indicators and integrating the existing information systems into a single, inter-sectoral system through which not only the food and nutrition situation, but also the impact of implemented actions, would be monitored. In this process, indicators for monitoring access to drinking water should be improved as an important measure, considering that this is a key issue for food and nutrition security actions which is not being followed up on as required.

Once the surveillance system is implemented with all the necessary indicators, it can improve the articulation amongst all governmental sectors concerned, strengthen an expanded view of the food, nutrition and health issue, and contribute to fine-tune social programs to the needs of more vulnerable groups. It is also a key instrument to ensure the right to information on the country's food and nutrition situation to all citizens, empowering them to develop self-care approaches and their citizenship rights in relation to food.

The information made available by a surveillance system is essential for formulating the National Food and Nutrition Security Policy and the National Food and Nutrition Security Council (CONSEA), which has a thematic chamber for

discussing Health and Nutrition issues, has been stimulating the necessary inter-sectoral dialogue and drawing up concrete proposals for this purpose to be submitted to the federal administration.

Advances were observed in the implementation of nutrition surveillance practices in the health care network over the past two decades through the expansion of units which are monitoring the nutritional status of the population, particularly of children and pregnant women, on a routine basis and the application of this action to the school network in some municipalities, even though a standardized system is not available at national level. **The implementation of a national computerized system this year (2004) by the Ministry of Health**, which allows nutrition to be monitored on an individual and personalized basis and contemplates information on all phases of a person's lifetime, represents a huge advance in Brazil and will make it possible for individuals, specific groups and regions exposed to food and nutrition risks to be swiftly identified.

In this process, **giving priority to covering specific populations** (indigenous people, descendants of runaway slaves, settled groups, among others) with nutrition surveillance actions is a strategic measure, considering, as mentioned above, that they have less access to public services and face situations of greater vulnerability from the social and health care viewpoints. For this expanded coverage to be ensured, managers and professionals should be sensitized, professional training provided, and resources allocated to diagnosing and following up on the nutritional status of these segments and to food and nutrition interventions which respect their diversity.

Finally, one should remember that, similarly to other actions and programs, Food and Nutrition Surveillance actions are still not covering specific populations, such as camped people, settled populations, homeless people in cities, people who live near garbage dumps and live off garbage, because of the urban logic which has traditionally guided the formulation of policies. For this reason, Funasa, the agency in charge of providing health care services to indigenous peoples, is redesigning the Food and Nutrition Surveillance System in partnership with the Ministry of Health and Fiocruz with a view to meeting the needs of these peoples.

II) Analysis of how public policies are being formulated (intention, objectives, and existing institutions) in relation to the food and nutrition situation from the perspective of the Human Right to Food and Nutrition (HRFN)

II.1 - Recognition of the Human Right to Food and Nutrition (HRFN) and to Food and Nutrition Security (FNS)

The Brazilian State recognizes the Human Right to Food and Nutrition in article 5 of the Federal Constitution of 1988 (albeit indirectly), in the National Food and Nutrition Policy (PNAN) of 1999, which is an integral component of the health policy, and in the Law which established CONSEA. It is also a signatory of all international conventions designed to ensure this fundamental right: the Universal Declaration on Human Rights (1948), the International Pact on Economic, Social and Cultural Rights (1966), and the International Convention on Children's Rights (1989). Decree n. 591/92 provided for the obligation of the Brazilian State to respect, protect and ensure this right in articulation with other human rights. The National Food and Nutrition Policy (1999) also contemplates this principle. Health and education are also recognized as universal citizenship rights. They include guaranteed access to high-cost procedures directly related to achieving the Millennium Goals, such as, for example, to medicines for treating AIDS.

Another positive aspect deserving special mention is the fact that Brazil has some institutions engaged in actions to defend human rights and citizenship rights. Any person whose right to food is violated should be entitled to take administrative and judicial measures and seek legal redress - restitution, indemnification, compensation, or the assurance of non-repetition. One of the international mechanisms created to monitor the enforcement of this right in different countries was the Office of the Special UN Rapporteur on the Right to Food in 2000 in an annual session of the UN Human Rights Committee. This office was created to collect and disseminate information on all aspects related to ensuring the right to food.

As part of the initiatives of organized civil society, the Brazilian Platform for Human Rights and Economic, Social and Cultural Rights (DhESC Brazil Platform) was consolidated in the country in 2000 as a national network set up to articulate civil-society organizations for carrying out common actions in this field, disseminating these rights, and developing a culture of rights in the country. Amongst other actions of the platform, the national rapporteurs' project in the areas of Health Care, Education, Housing, Land, Environment and Labor, Food, Water and Rural Land was established in 2002.

At the governmental level, the Public Prosecution Service began to stand out as an important actor in this process, largely as a result of the Dhesc Platform initiative itself, due to its prerogative to open public civil inquiries into major issues even without prior accusations. Besides this actor, the Public

Prosecution Service in the states, the public defender's office and different social control councils such as the Health, Social Work and Education Council, the Guardianship Council, and the Council for Children and Adolescent Rights can play an important role in this process. These spaces for social participation and control express redemocratization efforts and disseminate the notion of rights and the exercise of citizenship rights, incorporating segments which used to be excluded from decision-making processes.

In this context, the District Councilors and centers providing health care to indigenous populations have also become increasingly active. This is a major advance, considering that, as mentioned above, specific populations face difficulties to participate in social control councils not specifically designed for them or in bodies such as the Health Care, Education, Food Security and Social Work councils.

Finally, it should be mentioned that the Special Secretariat for Human Rights of the Office of the President of the Republic proposed, in compliance with a resolution issued during the last National Conference on Human Rights, the development of a National Human Rights System.

One should consider the resistance faced to enforce HRFN principles, due to the low visibility of the notion of rights and of actions to disseminate these principles in society and their repercussions in governmental programs. If this challenge is to be faced, a key measure to be taken is providing continued training in human rights, so that social practices and policies are progressively impregnated with these values.

In this sense, the pedagogic effort involved in preparing the National Case Study, as reflected in the discussions held in the working groups, revealed the importance of engaging in the unprecedented exercise of analyzing how, and if, human rights principles are being taken into account in the formulation and implementation of public policies. A preliminary analysis of the programs from a human rights perspective by the working groups indicates that they were not built based on the human rights approach. This is partly expressed in the fact that the programs don't set out rights, don't provide a clear definition of the obligations of each governmental segment involved in their implementation, including the roles of the federal, state and municipal governments, and don't set out clear mechanisms for administrative and/or judicial remedies to ensure rights or open investigations into possible violations of rights and redress them.

The analysis of the programs for defining problems to be tackled with a view to achieving each Millennium Goal indicates that the set of programs related to the goals interfere in the three determination levels – immediate, underlying, and basic. In relation to the goal of “achieving universal primary education,” the programs act more at the underlying level.

After identifying in which Human Right dimension the programs act upon more strongly (respecting, protecting, facilitating or providing), one sees that

their actions are more strongly linked to the obligation of the State to PROTECT and FACILITATE human rights.

The richness of the debates held in the working groups, as observed by all of them, and the importance of carrying out this type of analysis for ensuring that human rights principles are taken into account both in the stage of formulating and of implementing public policies showed that the efforts made to prepare the Case Study should be continued. Training professionals, technical experts, managers, and society at large in the Human Right to Food is also a crucial measure, as indicated by various working groups as well.

It should be emphasized that the **evaluation of public policies** in Brazil is an effort traditionally marked by the lack of systematic processes allowing one to determine the impact of existing programs and the processes by which they are implemented. From a human rights perspective, the principles of universality, indivisibility, respect for diversities, equity, and interdependence can be used for analyzing both the outputs of the action or inaction of public authorities and the processes by which public actions are carried out (“how” actions are actually implemented).

In this context, it should be highlighted that the federal administration established bodies in charge of evaluating actions implemented through programs such as the Evaluation of the Multi-Annual Plan and Public Policies and that secretariats were created in ministries for evaluating and monitoring public actions, such as the Information Evaluation and Management Secretariat, which is in charge of evaluating and monitoring income transfer, social work, and food and nutrition security policies. Measures should therefore be taken for these evaluating bodies to consider all the HRFN dimensions and principles in their evaluations.

The contribution of nutrition to achieving the Millennium Goals in the context of promoting the Human Right to Food

The analyses carried out in the working groups made it possible to identify various ways by which nutrition contributes toward achieving the Millennium Goals dealt with here:

In **Goal 1 (Target 1), eradicate extreme poverty**, nutrition is present in various forms. It is present as a health-related issue, considering that the vulnerability of poor families varies according to their capacity to use their income and to the epidemiological scenario (risk of contracting endemic and chronic diseases) and nutritional risks facing them, especially children. Therefore, actions to promote breastfeeding and food availability, eradicate hunger, and promote healthy food habits and their impacts on health, nutrition and cognitive development have a bearing on achieving this target in the short, medium, and long term.

With respect to **Goal 1 (Target 2), reduce hunger**, nutrition plays a role in promoting health, in preventing diseases, in reducing malnutrition and non-transmissible chronic diseases, in respecting the cultural diversity when actions to combat hunger are defined, in ensuring the availability of and access to quality food products in terms of their nutritional value and innocuousness, in promoting breastfeeding, in health care, in food education, and in promoting healthy food habits.

Considering the Goal of **achieving universal primary education**, nutrition is closely related to education because it promotes healthy food habits in schools. This feasibility of this proposal can be ensured through PNAE, considering that its objective is to meet the nutritional needs of students while attending classes, contributing toward their growth and development, their learning and performance at school, and healthy food habits. Today, this program covers only students in elementary schools and there are plans to extend it to high schools. In society, healthy food habits would ensure an appropriate nutritional and health status for people to develop all their skills and capacities fully.

The goal of **reducing child mortality and low weight at birth and improving maternal health** is closely related to the nutritional component, considering that maternal nutrition has a direct bearing on the health of women and children; that both maternal malnutrition and obesity can lead to low weight at birth, which in turn is a risk factor for child mortality; that child mortality is strongly associated with nutritional risks; that breastfeeding is a practice for protecting the health of children; that access to water and healthy food habits are key factors for reducing child mortality and low weight at birth and for improving maternal health.

Actions to **combat HIV/AIDS, malaria and other diseases** involve nutrition directly, considering the association between health and an appropriate nutritional status, food information, and reducing malnutrition.

With respect to the Goal of **ensuring environmental sustainability**, the nutritional component is associated to reducing hunger, malnutrition and infectious diseases, to respecting traditional knowledge and restoring diversity in cultural food habits, and to reducing child and maternal mortality and low weight at birth.

II.2 - Anticipated Actions

Initially, the emphasis placed on food and nutrition in the priorities of the current federal administration should be highlighted. This fact is reflected in the political mobilization actions of the President of the Republic at both national and international level, which reinforce the importance of the topic on the Public Agenda.

The current governmental policy expresses this priority in its first mega-objective⁷ (social inclusion and reduction of social inequities), namely, “fighting hunger with the aim of eradicating it and promoting food and nutrition security, ensuring its inclusion and citizenship rights,” in the priority attached by the Government to implementing the Zero Hunger Program, a public policy comprising various programs and actions aimed at promoting food and nutrition security, and in the creation of the National Food and Nutrition Security Council (CONSEA) as the first act of the current federal administration.

The **Multi-Annual Plan (PPA) of the government** comprises programs involving nutrition and human rights actions to be carried out by as many as 23 ministries and secretariats. The scope of actions related to these topics is also extremely significant, as 81 programs of the federal administration are covering different segments of the population defined as follows:

- **Phases in a person's lifetime** (children, adolescents, young people, adults, elderly people, pregnant women, breast-feeding women), in addition to actions aimed at ensuring **full attention to families** and specific segments such as students, workers, etc.;
- **Ethnic diversity:** Afro-Brazilian Culture Program; Census System for Indigenous Populations; Protection of indigenous lands. Although respect for ethnic and cultural diversities should be reinforced in the formulation of public policies in the future, some existing programs contemplate this prerogative and their implementation should be improved. Additionally, there are actions such as the Management and Dissemination of Information on Indigenous Topics aimed at expanding the access of civil society and governmental institutions to information on indigenous societies; the “Ethnic Identity” program being carried out by FUNASA and resources of the National School Meal Program specifically allocated to indigenous students. These students are assisted in a differentiated fashion, considering that the per capita financial transfers to them are three times higher for the purpose of ensuring respect for the cultural diversity of indigenous peoples and addressing the serious food insecurity problems facing this segment of the population.
- **Groups with special needs:** social protection to disabled people;
- **Gender specificities:** management of the gender policy.

The programs also contemplate different **dimensions of food and nutrition security and HRFN, such as:**

- **Support to the implementation of decentralized food and nutrition security systems**
- **Food and Nutrition Surveillance**

⁷ Mega-Objective: a general objective which contemplates various specific objectives.

- **Actions designed to ensure access to food:** food bank, popular restaurants; income transfer under certain conditions;
- **Actions to prevent and control diseases caused by malnourishment** (hypovitaminosis A, anemia, folic acid deficiencies; goiter)
- **Actions aimed at reducing social inequities (ethnic, monetary inequities):** policy for promoting racial equity; social protection for adults facing situations of vulnerability; science and technology for social inclusion; organization of production schemes in poor communities;
- **Actions for promoting healthy food habits:** education in healthy food habits; breastfeeding promotion; promotion of healthy lifestyles, with emphasis on healthy food habits, physical activity, and actions against tobaccoism. Brazil is signatory of the Global Strategy (GS) for Diet, Physical Activity and Health of the World Health Organization and PNAN contemplates various interfaces with this strategy, such as compulsory nutritional labeling, promotion of healthy food habits with emphasis on valuing regional food products and respecting cultural food habits, and prevention and control of nutritional deficiencies and diseases associated to food and nutrition. After the recent approval of the GS, the Ministry of Health decided to implement its national version as one of its priority actions in 2005 focusing on three main areas: actions to promote healthy food habits for students, such as regulating the sale of unhealthy food products in schools and the advertisement and marketing of food products, especially those designed for children, and stimulating the consumption of vegetables and fruits. The 2nd National Conference on Food and Nutrition Security (2004) also included the recommendations of the GS in the guidelines for building a National Food and Nutrition Security Policy; within the Ministry of Education, the National School Meal Program (PNAE) of the National Education Development Fund (FNDE) meets part of the daily food needs of 37 million students attending the municipal and state public school system, provides training to agents involved in the provision of meals in the schools, stimulates the implementation of vegetable gardens in schools, encourages the introduction of nutrition education in the school curriculums as a transversal topic, and promotes healthy food habits according to its guidelines and to recommendations of the GS, respecting regional habits and cultures.
- **Actions designed to ensure the quality of food products:** food security and quality; quality of inputs and agriculture/livestock services; sanitary surveillance; water quality.
- **Actions designed to ensure access to public goods and services:** health care, with emphasis on promotion and prevention actions and health care improvements; education; sanitation; water supply

infrastructure; social security; popular homes, low-cost electricity; management of water resources; environmental actions; sports and recreational activities in cities; safety and health in the workplace.

- **Actions for ensuring the availability of food products and establishing a sustainable food production system from the social, ecological and health viewpoints:** management and conservation of soils used for agricultural purposes; quality of inputs and agriculture/livestock services; agriculture/livestock and agro-industrial research and development activities for social inclusion purposes; support to household agriculture, land reform settlements; credit for buying land; management of the land ownership framework; sustainable fishing resources; aquaculture and fishing;
- **Integrated and sustainable development actions:** integrated and sustainable development in the semiarid region; solidarity-based economics; promotion of sustainable schemes in sub-regional spaces; sustainable development in land reform actions;
- **Actions to combat human rights violations:** child labor and slave labor eradication;
- **Actions in support of rights:** consumer defense; integral and free-of-charge legal assistance; promotion and defense of the rights of children and adolescents; human rights policy;
- **Actions to restore cultural diversity:** actions to restore the agro-Brazilian culture; actions to restore the living memory of cultures and traditions;
- **Actions in support of acute social vulnerability situations** – emergency actions: disaster response; emergency distribution of basic food baskets.
- **Actions in support of job and labor generation:** support to a person's first job; integration of the job, labor, and income policies; development focused on generating jobs, work and income; development of micro, small, and medium-sized companies; development of Brazilian handicraft products.
- **Spaces for participation, social control, and concerted policy formulation.**

Besides the programs being carried out by different ministries and secretariats, institutional spaces are also being formalized and regulated to ensure the participation of civil society in the formulation of policies on a consultative or deliberative basis. Social Control Councils linked to sectoral policies, such as the federal, state-level and municipal Health, Social Work, and Education councils, the District Councils, indigenous health care centers, and

state and municipal food security councils are active in different spheres of government and provide spaces for drawing up plans, influencing decision-making processes, and monitoring the local implementation of sectoral programs.

CONSEA is an important forum for drawing up the National Food and Nutrition Security Policy, since it is made up of representatives of the different ministries and social organizations engaged in food and nutrition security actions. This composition favored a dialogue amongst governmental sectors and between the government and civil society in developing strategies for addressing food-related issues (food production, trade and consumption) and nutrition-related aspects (food transformation by the body and its relationship with health-disease processes) in an integrated fashion.

As mentioned above, this Council has been playing a major role in proposing strategies such as the Household Agriculture Harvest Plan which take into account the objective of linking actions in support of food production under household agriculture schemes to the sale of this production from a food and nutrition security perspective. Likewise, it has been actively engaged in restructuring existing actions by, for example, expanding the resources allocated to the school meal program, among other actions.

As one of the permanent commissions of CONSEA, the one in charge of ensuring the Human Right to Food and Nutrition was set up to analyze public policies and programs and issue recommendations for incorporating the human rights approach into all their phases. This commission, which was created this year, joined other existing commissions, such as the permanent commission on Indigenous Peoples and Food and Nutrition Security for Black Populations, which plays an important role in discussing ethnic inequalities and diversity.

Article 9 of Law 10,683 of May 28, 2003 proposed by the Executive Branch provides that the National CONSEA is in charge of "advising the President of the Republic on the formulation of policies and definition of guidelines for ensuring the human right to food." Paragraph 1 of article 26 of the same law provides that the Office of the Extraordinary Minister of State for Food Security and Combat against Hunger (MESA) is in charge of: "formulating and coordinating the implementation of the National Food and Nutrition Security Policy for the purpose of ensuring the human right to food in the national territory." These responsibilities were largely transferred to the Ministry of Social Development and Combat against Hunger in January 2004, when MESA was closed down. Therefore, CONSEA and the Ministry of Social Development constitute key institutional spaces for formulating public policies involving different social actors (governmental sectors and civil society) and implementing actions to ensure food and nutrition security and HRFN in a concerted fashion. The Working Group of the Zero Hunger Program, which is linked to the Social Policy Chamber of the Civil House (which as mentioned above is the government department in charge

of assisting the president with political matters particularly), constitutes an institutional space for articulating the actions carried out under the Zero Hunger Program implemented by the Ministry of Social Development with those implemented by other ministries interfacing with it.

Still in this context, special mention should be made of the process under way to consolidate the Chamber for Inter-ministerial Policies coordinated by the Civil House with the participation of 22 ministries which are defining loci and concerted priority actions aimed at changing the socioeconomic scenario in poor regions into a locus for articulating and integrating programs. Three working groups have been set up for this purpose, namely, a Policy Chamber, a national integration group, and a regional development group.

The analysis of existing programs and institutions shows that food and nutrition policies can play a major role in addressing different aspects determining the food and nutrition situation of the Brazilian population at large and of multiple population segments. Special attention is being paid recently to covering groups which have not been taking an active part in policy-making processes, such as descendants of runaway slaves, indigenous people, and women, among others. Because this is a recent process, policies are yet to take into account the diverse characteristics of these groups fully. As an example, primary education for indigenous peoples cannot be the same as the one provided to other groups because of the specific features of indigenous populations, whose traditions are mostly oral and which have customs of their own.

Even though actions to protect socially vulnerable groups are being taken, addressing the basic structural inequalities which generate such vulnerability, such as inequalities in the access to jobs, income, quality education and health care and essential public goods and services still constitutes a major challenge. This is a fundamental task, or else these actions may never be sufficient to solve problems which are chronically generated by broader social frameworks built on unequal foundations.

II.3 - Issues which must be better identified by public policy managers

Although the right to food and nutrition is being considered in macro domestic policies, as mentioned before, many specific rules for implementing programs do not provide a full description of rights and their holders or of governmental responsibilities and do not establish clear mechanisms for administrative remedies aimed at ensuring the enforcement of rights or investigations into possible violations of rights and redress.

In addition, there is no Organic Law on food and nutrition security establishing and regulating the National Food and Nutrition Security System, its decentralized structures and monitoring and evaluation indicators and

mechanisms. There are also some specific problems derived from the absence of legal rules, such as the non-regulation of Law 9712/98 on agriculture/livestock defense and the fact that the law providing for meals and snacks served in schools is outdated.

Formulating and institutionalizing a National Food and Nutrition Security Policy through a National FNS System, which is now being built by CONSEA, is still an unfulfilled task. The 2nd National Conference on Food and Nutrition Security held in March 2004 provided key inputs for consolidating this policy.

The Forum on Food Security and Sustainable Development for Indigenous Peoples began to discuss a proposal for policies designed to ensure food security and sustainable development to these peoples. Although such policies have not been formulated yet, the report issued by the Forum is feeding many discussions, because it mentions important demands.

III) Analysis of the implementation process: what is being done and how it is being done

III.1 - Contradictions between intentions and actions

Although there are some legal and institutional frameworks to ensure the Human Right to Food (with all the gaps mentioned above), existing laws and prerogatives are not being enforced in many cases.

When the process of implementing the actions is analyzed, one sees that there are crucial hindrances compromising anticipated governmental objectives, suggesting the existence of possible contradictions between intentions and actions. Examples of this possibility include the following ones: although generating jobs is a governmental goal, there are many practical obstacles preventing its realization, such as difficulties to hire staff to work in cooperatives, and even though health and education are recognized as universal rights, some population segments face difficulties to access health care and education services and some specific programs don't regard them as their users. A clear example of this situation is the Workers' Food Program, which does not cover workers in the informal sector, and the fact that the rights of working women are recognized in the law but not respected in practice.

III.2 - Advances and challenges in connection with access to programs

Major advances were observed in relation to expanding the access of the population to social programs in recent decades: 97% of all children in Brazil have access to primary education; federal funds for fighting nutritional deficiencies are being regularly transferred to all the country's municipalities since 1996; broad access to the diagnosis and treatment of malaria and AIDS

has been ensured; the Community Health Agents Program (PACS) and the Family Health Program (PSF) ensured significant advances in reaching out to population segments facing more difficulties to access health care services spontaneously, resulting in a higher coverage of basic health care actions. Today, 93.5% of all the country's municipalities implemented the PACS program and 85,8 % of them implemented the PSF program, totaling 195,000 community health agents and 21,000 PSF teams assisting approximately 177 million people. This is, therefore, a strategic initiative for reaching out to families and actively bringing them to the Unified Health Care System (data provided by the Basic Health Care Department of the state of Mato Grosso do Sul).

However, difficulties are still being faced to reduce lingering inequalities in the access to public goods and services. In some cases, inequalities are for some reason reinforced, rather than reduced, in the process of implementing the programs: difficulties to include specific populations (descendants of runaway slaves, indigenous people, camped groups, gatherers of recycled materials, homeless people in cities, riverine populations) in governmental policies/programs such as Primary Education, the Family Grant Program and Pronaf, and to adapt the food products used for cooking the meals served in schools according to the cultural habits of indigenous people, as indicated by analyses of the local implementation of programs.

This is partly due to the fact that these segments live in areas where public equipment is scarce and require specific policies designed to meet their unique demands. Moreover, local units in charge of registering potential users of social programs tend to disregard populations facing more difficulties to access public goods and services because they usually don't reach out to these groups and expect them to register on their own initiative, spontaneously, due to management infrastructure limitations in the municipalities and the local power dynamics. These same groups face more difficulties to access education and health care services because of barriers, including physical barriers, which prevent from accessing public goods and services in general (proximity and geographic location of the institutions providing the services; working hours and time available to look for assistance). Difficulties and inequalities are also faced when one tries to access information on existing programs (Ex PAT, PBF) and on food, nutrition and health topics in general. This problem is aggravated by difficulties to monitor the local implementation of the programs by other spheres of government (state and federal spheres).

The strategies to overcome these difficulties are focused on attaching priority to projects capable of assisting the poorest people in the poor population: on ensuring the existence of schools and health care stations close to low-income communities, particularly communities of indigenous people, of descendants of runaway slaves, rural communities, and riverine communities, respecting their unique features; on carrying out inter-institutional actions to ensure transportation to the schools, school uniforms, and other necessary

goods for education; on discussing bills for new laws ensuring true universal access to primary education covering these segments; on reviewing the Federal Constitution of 1988 for it to consider secondary education as a right of all and an obligation of the State, as it does in relation to primary education. Likewise, a strategic measure to be taken is to strengthen actions related to information dissemination, education, and communication in the field of Food and Nutrition Security, Citizenship Rights, Human Right to Food and Nutrition, health, and control of transmissible and non-transmissible diseases not only through the media, but also through the health care and school network themselves and both public and private institutions.

III.3 - Advances and challenges in connection with the management infrastructure

The main difficulties identified in the management infrastructure of the programs were the following ones:

- (1) Staff - Inconsistencies** between the staff available (technical experts and executors) and the size of the actions implemented; **lack of training** for professionals, technical experts, executors and managers, as well as for the members of the multiple sectoral councils (health, education, social work councils) and of the Food and Nutrition Security councils in FNS and HRFN; high staff turnover. For these problems to be eliminated, it would be necessary not only to hire more staff and establish a career and wage plan, but also and essentially to train the staff of the programs (public managers and civil servants) in Human Rights and Food and Nutrition Security. This continued training process should not only raise the awareness of the staff to these topics, but also contribute to clarify the roles to be played by each social actor in this process, including technical experts and managers, and to define accountability mechanisms to be used when rights are violated.
- (2) Financial resources - Insufficient** funds are being allocated to school meal programs and health care programs for schools, as well as to nutrition education programs; low budgetary priority is being attached to food and nutrition security actions; **budget execution problems** (resources are earmarked, but not actually spent); **problems in the transfer of funds from one governmental level to another and misuse of funds transferred to municipalities, including embezzlement** (use of the funds for non-anticipated purposes). It was seen that funds are being allocated to indigenous education programs, but their execution lacks quality. **Strategies identified to eliminate these problems:** more financial resources should be allocated to food and nutrition programs and actions with a guaranteed and regular flow of funds to their executing agencies, thereby increasing their

coverage; more funds should be allocated to educational programs in the Multi-Annual Plan, thereby increasing their coverage; more funds should be allocated to science and technology and social inclusion actions; political actions and actions to mobilize organized civil society should be taken with a view to regulating the automatic earmarking of funds for health care actions (EC 29) which is being analyzed at the National Congress (federal, state and municipal funding); an inter-ministerial working group should be created with representatives of civil society for making a diagnosis of the financial and human resources available to be invested in actions aimed at improving the quality of education.

(3) Political-institutional Organization. Advances were observed in the articulation amongst the various agencies carrying out actions to promote the health of women and children (Women's Health, Adolescent's Health, Children's Health and Food and Nutrition). **As major challenges, the following ones stand out:**

a. **Lack and fragility of coordination and dialogue Mechanisms amongst governmental institutions and sectors**

Even though examples of synergy amongst programs were identified, the need to promote a more intense dialogue amongst the agencies in charge of the programs was mentioned for all actions aimed at achieving the Millennium Development Goals. Some specific actions in connection with which this problem was more clearly felt in the analyses were mentioned as examples, such as: the Nutrition Education actions being carried out by the Ministry of Social Development and Combat Against Hunger (MDS) and by the Ministry of Health, which require greater articulation; the need to promote greater coordination and synergy between ANVISA and the ministries of Land Development and Agriculture with a view to ensuring the availability of safe food products in the production chain and amongst actions designed for indigenous people and descendants of runaway slaves being carried out under the responsibility of different institutions; a larger interface is required between Health Care for Adolescents and the area of Food, Nutrition and Health Care for Indigenous Peoples; the articulation between the indigenous health care system and the institutional network of the Unified Health Care System is weak and appropriate links are lacking between Environmental Sanitation actions and other actions/programs. Although the Ministry of Social Development manages food and nutrition security actions as a supra-ministerial policy, the lack of definition of a locus for the institutional articulation of this policy is a factor contributing to this scenario. Although CONSEA is not directly in charge of implementing actions, it has been contributing to ensure this articulation.

The following strategies were suggested for eliminating these problems: (a) The Ministry of Planning, Budget and Management should coordinate the actions and integrative mechanisms should be set up for the purpose of institutionalizing spaces for the exchange of experiences and for all the agents involved to acquaint themselves with the different programs; inter-sectoral working groups should be set up; inter-sectoral and even inter-institutional thematic workshops should be held; intra- and inter-sectoral information systems should be set up for each sector to acquaint itself with the actions implemented by other sectors; mechanisms should be established to encourage/impose the articulated execution of each action and bring the different ministries involved closer together, as well as to promote greater articulation with the Legislative Branch **(these strategies would contribute toward improving the actions aimed at achieving the Millennium Development Goals);**

(b) the Ministry of Social Development should play the role of inter-institutional articulator to ensure the implementation of food and nutrition security programs and not only the role of executor of these programs and, as their articulator, it should also coordinate/monitor these programs as a whole, playing an evaluative role; the working group of the Zero Hunger Program, which is linked to the Social Policy Chamber of the Civil House, should play the role of articulator of these actions; CONSEA should promote links/integration amongst the actions and programs; the food and nutrition security policy itself could be used as a basis for articulating the different sectors and actions, considering its comprehensiveness and inter-sectoral nature, which constitute strategic principles to ensure its implementation; it was also suggested that the Family Grant program (PBF) should comprise actions carried out by the Ministry of Health to combat nutritional deficiencies in children and pregnant women (giving priority to children and pregnant women facing nutritional risks). For this purpose, a specific technical working group should submit a proposal to the Ministry of Social Development to incorporate the monitoring of actions against specific nutritional deficiencies into the conditions imposed by the Family Grant program **(these strategies would contribute toward achieving the Goals of reducing extreme poverty and eradicating hunger);**

(c) The participants also identified the need to articulate the National Malaria Control Program to the General Food and Nutrition Policy Coordinating Board (CGPAN) of the Ministry of Health with the aim of developing a partnership for carrying out appropriate food and nutrition actions in areas at high risk of malaria **(this strategy would contribute toward achieving the Goal of combating HIV/AIDS, malaria and other diseases).**

Considering that establishing institutional spaces to develop closer ties and articulation amongst all the actors involved in these programs is a fundamental,

but not sufficient, measure to ensure a dialogue-based and coordinated management model, the importance of disseminating knowledge and providing training in the field of Integrated Management Models was highlighted. All managing and executing agencies should also participate in the design of the programs and actions to identify with them and improve the integration/articulation amongst all actors involved and the efficiency/efficacy/effectiveness of the programs/actions. This process should involve all Planning stages, integrating budgetary and management aspects and ensuring the adoption of permanent planning, execution and evaluation practices capable of promoting sectoral and institutional articulation.

b. Mechanisms for monitoring the process of implementing programs/actions

The fact that the effectiveness of policies is not being evaluated is a problem identified in Brazil decades ago. As mentioned above, units were set up in the Ministry of Social Development and Combat against Hunger to promote a systematic evaluation of implemented actions.

Besides the lack of mechanisms to evaluate the impact of programs, **there is also a shortage of mechanisms to monitor implementation processes locally**. The fact that programs such as the school meal and Family Grant programs are being implemented in a centralized fashion by the city halls without a consolidated monitoring and evaluation system can lead to embezzlement and misuse of the funds transferred to them.

The existing mechanisms to control the implementation of programs punish the population in some cases, rather than their managers, when they are suddenly interrupted without taking into account how this action can harm their beneficiaries. This is what happens, for example, when the government suspends the transfer of funds to be used in the school meal program to municipalities which mismanage these funds.

The following strategies to eliminate these problems were identified: adopting mechanisms to control the use of funds transferred to the school meal program that do not penalize the population by, for example, allowing CONSEA to designate an agency to manage funds allocated to the program when municipalities confirmedly mismanage them.

- The articulation and integration amongst different programs can only become a reality if a permanent process is in place to review them and how their actions are being implemented. Therefore, there is a fundamental need to integrate the planning, evaluation, and monitoring of the different FNS and HRFN programs of the government and to define monitoring indicators in the early planning phases of these actions, contemplating evaluations of both their process and impact. Additionally, special mention was made of the importance of training NGOs and the Public Prosecution Service itself on legal tools providing for the execution of actions to ensure the human right to food and of defining

accountability levels for all the actors involved in them, so as to ensure the existence of effective control and accountability mechanisms.

c. Social Control Mechanisms

Despite the existence of multiple social control councils and consultative councils such as CONSEA, **communication gaps between government and civil society in the process of implementing the programs were identified.** Problems to ensure effective social control by the different councils can be perceived, for example, when the federal administration transfer funds to finance the local implementation of programs but they do not reach the potential subjects of the policy or at least those who need them most (groups exposed to higher social vulnerability and in greater need of health care). Moreover, specific segments such as indigenous people, among others, have no access to accountability mechanisms and no participation in the councils, and in some cases individuals who are directly assisted by the programs face the same problems, as they are indirectly represented by social institutions and organizations in these councils but don't have a direct voice in their decision-making processes (such as women).

Proposals for addressing these problems include the following ones particularly: the social control councils should be strengthened through investments in training their members in food and nutrition security and HRFN issues, in the management of public policies, and in funding mechanisms, among other subjects, and the communities should participate in the design of the political-pedagogic project of the schools. The rules governing the creation of these councils should be improved in order to ensure the participation of all social actors directly covered by the programs. In this regard, priority should be given to ensuring the participation of women, who despite being the target of specific policies don't always take an active part in the councils, as well as to segments which have no access to the programs.

d. Accountability of the social actors

A weakness was identified in the accountability mechanisms and processes applied to different social actors and governmental sectors and levels (federal, state and municipal levels) for ensuring the human right to food and taking appropriate measures when it is not ensured. This is partly due to need to define the roles of these different segments more precisely and to consolidate mechanisms for reporting and redressing violations and ensuring the safety of those who report them. The different sectors and spheres of government tend to blame each other when programs are not implemented or when problems are detected in the implementation of actions designed to ensure the human right to food. In some cases, even the technical experts of the government find it difficult to see how they could change this scenario through their daily work.

Given these facts, greater control should be exerted to ensure the enforcement of existing laws through continued training, guidance and

supervision and the application of penalties, where applicable, to those who deny the human right to food. It is also extremely important to carry out a detailed evaluation of all projects from an HRFN perspective. For this purpose, different aspects of the human right to food should be incorporated and further detailed in each program for the different holders of rights - indigenous peoples, descendants of runaway slaves, workers, women in different physiological situations, including pregnant women and breastfeeding women, children, students, adolescents, elderly people and others, defining the obligations of the respective public agents in relation to the different policies and sectoral programs.

e. Social values underlying implementation practices and processes

The process of implementing the programs is marked by low social visibility of citizenship rights and human rights by the population, professionals, technical experts, and politicians. Prejudice against indigenous people, descendants of runaway slaves, women and other population segments, in addition to prejudice against people experiencing hunger situations, was detected. Additionally, corruption was detected in the use of public funds (school meal and Family Grant programs), which is a crucial issue to be addressed in the country. In this regard, it should be highlighted that **the federal administration set up the Council for Public Transparency and Combat against Corruption in October of this year** as a body linked to the General Controllershship Office of the Federal Administration in charge of consolidating a federal policy designed to combat the misuse of public funds and impunity.

Some **strategies** could be implemented to disseminate values related to the Human Right to Food and Nutrition (HRFN) and Food and Nutrition Security (FNS) to society, such as disseminating information and values through the media, considering its power to influence society in its daily life. It was suggested that such information should be based on unified concepts derived from the documents and report of the 2nd Conference on Food and Nutrition Security.

Mention was made of the importance of disseminating values and information aimed at restoring cultures by stimulating, valuing and promoting the use of local/traditional food products and nutritional approaches, including in the meals served in schools, and also of strengthening citizenship rights, HRFN, environmental education, FNS and other important topics to ensure health and citizenship rights. The creation of an **inter-institutional Working Group (WG) was proposed to prepare, produce and carry out awareness-raising campaigns on social control through the media which would be coordinated by the Civil House and SECOM (Communication Secretariat of the Office of the President of the Republic) and approved by a presidential decree.** It was also stressed that these topics should be included

in the school curriculums at all educational levels and that comprehensive discussions should be held on the regulation and advertisement of food products with all interested parties, including civil society and food manufacturers. Technical training should also be provided and actions carried out should be disseminated to the population. It should be highlighted that advances were observed over the past decades in the country in relation to regulating the labels of food products for children for the purpose of controlling the use of terms suggesting that they can replace breast milk, in clear violation of children's rights.

Actions for *Managing and Disseminating Information on Indigenous Topics* can also contribute to eliminate prejudice and raise the awareness of the government and civil society to the reality of these ethnic groups by expanding their access to information on indigenous societies. The *Census System for Indigenous Populations* (which seeks to apply a specific methodology for collecting data on indigenous populations in Brazil) can also have an indirect influence on this process, considering that knowing the social and organizational profile of indigenous societies is important for Brazil's self-knowledge as a multi-ethnic country and for eliminating prejudice against indigenous people.

Besides the problems mentioned above, clientelistic relations and the interruption of programs when new governments are elected constitute important issues to be addressed. The quality of the implementation process is also affected by these factors, which are associated to the management infrastructure problems mentioned above. Although some social policies are universal in nature, such as the health and education policies, ensuring the quality of the services provided to the population still constitutes a challenge. Some programs were universalized to all regions and municipalities of the country without appropriate processes to control the quality of their implementation. Education on healthy food habits should be a compulsory and transversal topic in the curriculum of primary education, but it is not treated as a daily matter in the schools, although it is important to make children aware of their citizenship rights. The creation of an Inter-Ministerial Working Group with representatives of civil society was suggested as a means to prepare a diagnosis of the financial and human resources available for implementing actions aimed at improving the quality of education.

The problems created by the interruption of programs can be addressed by changing **governmental policies into public policies of State**, in order to avoid the discontinuity of important actions.

IV) Relationship between the State, the Market and Society and social and economic policies.

The dynamics of the relationship between the State, the Market and Society directly affects the process of formulating and implementing public policies. In different conjunctures, situations have been identified in Brazil where governmental decisions are mainly determined by market demands and requirements imposed by economic policies to the detriment of social demands. These situations are mainly determined by the need to pay off both the domestic and the foreign debt, which forces public authorities to distribute available resources in a way which doesn't always favor social demands. In some cases, the private sector also contributes to worsen the social situation and jeopardize human rights when, for example, it hires workers temporarily without giving any thought to what will happen to them after their projects are completed. For this reason, in the design of new undertakings, the private sector should be required to evaluate not only environment impacts, but also social impacts on a compulsory basis. **The agencies in charge of managing the macroeconomic policy should be more responsive to social demands, the agencies responsible for the economic planning and the planning of social programs should work more closely together, and the managers and planners of social actions should have more say in macroeconomic decisions.**

Given the facts mentioned above, an Inclusive Economic Model should be built, considering that economic inclusion is a must for ensuring the sustainability of individuals and society at large. Income transfer mechanisms are not enough, in themselves, to ensure this sustainability, and measures are therefore required to enhance the access to necessary resources for ensuring human and social development, such as access to food, to land, to jobs and to public goods and services, valuing diversities (ethnic, gender, class, old age, among other diversities).

Final Considerations

The process of preparing the National Case Study afforded an opportunity for a rich dialogue amongst actors involved in implementing different nutrition programs and actions related to achieving the Millennium Goals. The richness of this process is expressed in a proposal to preserve and strengthen spaces for a constructive dialogue and integrated planning amongst the different governmental agencies, which took advantage of this process to become more acquainted with actions being carried out and to develop joint strategies to overcome the problems which were identified. Analyzing public policies from a

Human Rights perspective and building strategies to overcome challenges in this connection is an extremely important task for achieving Governmental Goals and improving the quality of the process of implementing existing programs and actions.

It should be highlighted that the “mosaic” effect of this Case Study is the result of a joint effort of some representatives of the government and civil-society organizations, but unfortunately not most of them, as would have been desired. However, the results of this process confirmed that, if the scenarios described here are to be changed for the better, particularly the social scenario, the effective participation of all parties is required and particularly a true commitment on the part of the agencies/entities which, through the joint propositions developed during the process of developing this National Case Study, showed that advances are actually possible.

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