

AT - RISK CHILDREN
in
BRAZIL

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PROJECT PROPOSAL FOR
AT-RISK CHILDRENS PROJECT

USAID BRASILIA

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PROJECT PROPOSAL
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I. PROJECT SUMMARY

II. PROJECT BACKGROUND AND RATIONALE

A. SITUATION OF AT-RISK CHILDREN

The phenomenon of working and street children is probably more apparent in Brazil than in any other country in Latin America. Brazil has 56 million children under age 16 of which 55% are living in a condition of poverty. In the 1980s, the number of street children grew with a worsening economic crisis, an increase in urbanization, and a breakdown in family structure. A high rate of formal sector unemployment, as well as, hyperinflation resulted in many mothers and children entering the informal sector to support their families. Yet these conditions do not fully explain the intensity of the exploitation, abuse, and violence that street children in Brazil face on a daily basis. Furthermore, their lack of political influence and their distrust of public institutions give them little access to health and education services. This absence of access to basic services combined with high rates of drug use and prostitution place these groups in an even more precarious situation.

While the population of children working on the streets, but who still maintain family links, is much larger than those children who live on the street, the latter group faces a more complex series of needs and problems. For this reason media and international donor attention has generally concentrated on children living on the street. However, if the flow of children living on the street is to be slowed, there must be more attention given to preventative services with children who still maintain some family or community links.

The plight of street children has become a major concern of both the Brazilian government, as well as, international development organizations including UNICEF, the Inter-American Development Bank and USAID. Efforts to improve the situation of street children must work both in terms of preventative actions through families and schools and in terms of providing direct educational, health, and housing services to children already in the street.

1. Definitions, Magnitude and Characteristics of Street Children:

DEFINING AT-RISK YOUTH

One of the greatest difficulties in designing strategies to attend to the specific needs of at-risk youths is clearly defining the different target groups. The following are some of the more common terms and definitions used to refer to street children:

DISPLACED CHILDREN: USAID defines displaced children as those which are orphaned or displaced by natural or man-made disasters.

CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES (CEDC): Similar to "displaced children", CEDC is a term coined by UNICEF to refer to children in one or more of the following categories:

abandoned, orphaned, living/working on the street, living in institutions, victims of war, child laborers, abused children, and victims of natural disasters.

WORKING CHILDREN: Working children are those who labor in the rural sector, urban formal or informal sector, and who may or may not live with their families.

STREET CHILDREN: Many groups internationally refer to street children as those who work primarily in the urban informal sector and may or may not have contact or live with their families. They can further be disaggregated into two sub-groups, children "of" and "on" the street, according to their level of family ties and living arrangements. In Brazil, the term street children usually refers to those living on the street. This document, however, will use the more international and inclusive definition.

CHILDREN "OF" THE STREET: Children of the street are those who have either been abandoned by or have left their families and now live on the streets with little or no contact with their families.

CHILDREN "ON" THE STREET: Children on the street are those who work in informal activities such as shoe-shining or street-hawking, but who live with their family. This group is also sometimes referred to as "borderline" children.

Childhope, an international child advocacy group, estimates that in most countries about 75% of street children are "on" the street, 20% are "of" the street but have some tenuous ties to their family, and 5% are truly abandoned and living on the street with no family ties.¹

While the data presented below are sometimes only available for certain sub-groups, this proposal will mainly examine the condition and needs of street children in general. This recognizes the need not only to provide essential services to those children living on the street, but also the need to establish preventative services to slow the process of family disintegration and school drop out.

MAGNITUDE AND CHARACTERISTICS

STREET CHILDREN IN GENERAL: UNICEF and Childhope estimate a total of 100 million street children worldwide, of which 40 million live in Latin America, 30 million in Asia, 10 million in Africa, and the rest in industrialized countries.² The number of street children, however, depends greatly on the definition used for counting these children. In addition, there is a major limitation in terms of obtaining accurate information about the magnitude and conditions of street children because of their mistrust of surveyors and a lack of research on the subject.

Popular estimates of the number of street children in Brazil by the international media and some NGOs have ranged from between 8 and 30 million. According to UNICEF and the Brazilian Institute for Socio-economic Analysis (IBASE), these estimates are overly exaggerated, although they admit that it is difficult to obtain an accurate count for the reasons mentioned above. A review of the available data, however, shows a smaller than perceived problem and one that is not significantly different proportionally from that of other Latin American countries.

CHILDREN LIVING ON THE STREETS: While the largest number of children living on the street are thought to be concentrated in Rio de Janeiro and Sao Paulo, there are also sizable populations in northern coastal cities such as Fortaleza and Salvador. FUNABEM estimates that there are about 23,000 children living on the streets of Rio.³ However, a 1992 study by IBASE found only 1,100 children living on the street in Rio de Janeiro during the daytime and 700 actually sleeping in the streets of that city. The same study found 3500 children living in the street by day and 1172 at night in Fortaleza and 2400 by day and 1502 at night in Salvador.⁴

These numbers are significantly less than popular estimates of the size of the street child population, and permits a more realistic and manageable perspective on attending to their needs. However, they do not account for the ebb and flow of different children on and off the street during a year, nor do they account for those street children who were staying in one of the many temporary homeless shelters, which would obviously increase the numbers.

CHILD LABORERS: A 1990 study by the Brazilian Institute of Geography and Statistics (IBGE) found 7.5 million minors between 10 and 17 years of age work, mainly in the rural agricultural and urban informal sectors. This represents 11.6% of the work force. Forty-percent of these children are less than 14 years of age.⁵ It should be noted, however, that there is a large amount of undercount especially when counting children in the informal sector. While the number of working children, ages 10-14, are about even between the urban and rural areas, three quarters of working adolescents, ages 15-17, are in urban areas.⁶

In terms of hours worked by children, 50% of this group work at least 48 hours a week.⁷ Most of these child laborers earn far under the minimum wage. A recent ILO study found that 35% of girls working as domestic servants earn less than 6% of the minimum wage.⁸ Nonetheless, 36% of child laborers contribute between 25% and 40% of their family income.⁹

CHILDREN INVOLVED IN PROSTITUTION: Children involved in prostitution has been one of the growing and most precarious forms of child labor in recent years. Estimates of the number of children and adolescents under the age of 18 involved in

prostitution range from 250,000 to 500,000 by the Ministry of Social Welfare.¹⁰ Of this total, 25,000 are believed to be working in mining camps and other areas of the Amazon, many against their will. Brazil has received much attention from the ILO and other human rights groups because of the high levels of child prostitution and child slavery in the country.

AGE: The usual age for street children varies between seven and seventeen, with most of the concentration in the 11-14 age group. The average age of street children is 12-14 in Porto Alegre (42% of total) and Fortaleza (44.5%), and 15-19 in Sao Paulo (52%). Most street children leave the street at around the age of 17 as they move into different types of employment and a more stable living situation.¹¹ Another reason many youth leave the street at this age is that at 18 they can be tried as an adult and jailed in prisons, as opposed to going through the juvenile justice system.

GENDER: The majority of street children, and especially of those living on the street, are males. This is partly because of the girl's perceived value in domestic chores within the household. In Sao Paulo, Porto Alegre and Fortaleza boys make up between 78% and 93% of the street children.¹² Groups such as Childhope and UNICEF, however, have noted a growing number of girls living and working on the street.

FAMILY TIES: According to UNICEF, only about 3-5% of street children can be considered as having very little or no family links.¹³ However, a 1990 survey found that only 43% of street children generally slept in their families home in Porto Alegre and Fortaleza.¹⁴

EDUCATION: About 18% of street children in Porto Alegre and Fortaleza never attended school, while only 5.5% of street children in Sao Paulo never went school. Surprisingly, however, between 45% and 51% of street children are still in some form of formal or informal education in Fortaleza and Porto Alegre, respectively. Only 10% of street children in Sao Paulo are in some form of education.¹⁵

The most common reasons given for dropping out of school by children are the need to work and earn a family income (50%), and disinterest in classes (20%).¹⁶

2. Underlying Causes:

The immediate and underlying causes which are frequently noted as factors in the rise of street children include the deterioration in both the economic and social structure, as well as, a rapid process of urbanization. While similar socio-economic conditions exist in other Latin American countries, they have not resulted in as large a phenomenon of street children as in Brazil. Therefore, it is important to also consider other

possibilities such as cultural and historical factors which may effect the evolution of street children in Brazil.

POVERTY: There is a strong association between street children and poverty mainly due to the need to earn additional income. The IDB calculates that over 45 million Brazilians live beneath the poverty line.¹⁷ Of these poor, 53.5% or 30 million are children under the age of 18 whose family income is less than 1/ the minimum salary.¹⁸ There are important regional differences in poverty, with the less-populated North-east having the highest percentage of poverty, 63%, or over 16 million children living in poverty.¹⁹

Brazil also has one of the most unequal distributions of income in Latin America. In 1990, the poorest 50% of the population received only 11.2% of the wealth, while the richest 1% received 14.6%.²⁰

ECONOMIC CRISIS: Despite a fairly positive economic growth trend over the past three decades, Brazil has suffered the effects of an economic crisis during most of the 1980s and early 1990s. Nonetheless, Brazil was one of the few Latin American economies with a positive average annual GDP per capita growth rate for 1980-89, 0.9%.²¹ However, it has not had positive real per capita GDP growth in the 1990s. In addition, an inflation rate of over 1000% for the past 3 years has seriously eroded Brazilian's real wage.²² Urban unemployment, has also increased from 3.3% in 1989 to an estimated 5.9% in 1992.²³ This decline in real wages and formal sector job opportunities has forced many children to work in the street in the informal sector to support their families.

Another major drain of economic resources has been Brazil's foreign debt of over \$125 billion, which is about 35% of their GDP.²⁴ This large debt, however, has not affected social expenditure as a proportion of GDP as severely as one would expect. Real per capita social expenditure as a proportion of GDP has risen consistently from 7.9% in 1984 to 11.8% in 1990.²⁵ The way these resources are distributed, however, has been a source of controversy. In the late 1980s, \$3000/student was spent on university level education while only \$150/student was allocated for primary and secondary school. Furthermore, 78% of public health spending has been invested in curative hospital health care which favors the upper income brackets, as opposed to primary preventative health interventions.²⁶

URBANIZATION: Over the past three decades there has been a large migration of people from the rural areas into the city.²⁷ Today, 75% of Brazilians live in urban centers compared to only 25% thirty years ago.²⁸ It has been noted that this movement from rural to urban areas has resulted in overcrowding of urban areas and a change in the traditional family structure.

SCHOOL DROP OUT: Despite a small rise in the expenditure on education over the past decade, the Brazilian education system is often criticized for being ineffective. One indicator of this is that only one out of five Brazilian children finish primary school.²⁹ Of the children not in school, 14% neither work nor have household responsibilities.³⁰ The lack of a motivating educational environment and adequate primary and secondary education services is associated with an increase in the number of school drop outs.

CHANGE IN FAMILY STRUCTURE: The increase in the number of mothers working in the economically active population along with an increase in single parent families has been attributed to a changing family structure. The cohesive extended family, typical of rural areas, has deteriorated with the pressures of the change to urban culture. As one author describes, the new family structure is more that of the "'spaghetti family' with loose strands that link parts but never the whole."³¹

A 1985 Brazilian National Household Survey, however, found that the total number of children in urban areas who did not live with their mother was only 4.1% or about 700,000. Of these children, 68.4% (460,000) did not live with a father either but with relatives or with non-family members.³²

ABUSE: Child psychologists sometimes associate the rising rate of physical and sexual abuse in the home or abandonment to increases in the rate of divorce, informal unions or the presence of a male who is not the natural father in the home. This abuse and/or rejection force many children to turn to the street. One study found that 62.5% of children "of" the street and 20% of children "on" the street claim to have been sexually abused at home.³³ It is commonly perceived that abuse in the home is one of the most immediate underlying causes for children leaving the home and turning to the street.

COMPARISON WITH OTHER LAC COUNTRIES: Despite Brazil's more advanced economic infrastructure, and a GDP/capita above most other Latin American countries, the presence of street and working children seems to be larger in comparative terms. The difference in the number of street children can be attributed somewhat to a better system of reporting by the numerous Brazilian NGOs. But it may also be the result of a combination of the underlying causes mentioned above. The following table compares some contributing factors between different countries in Latin America.

CONTRIBUTING FACTORS TO CEDC³⁴

FACTORS COUNTRY	HUMAN DEV. INDEX RANK	GINI	URBAN/ RURAL	PRIM. EDUC. COMPLET.	URBAN UNEMPL OYMENT ³⁵	U
BRAZIL	59	.57	75%	20%	5.9%	
MEXICO	46	.45	73%	72%	3.2%	
COLOMBIA	55	.50	70%	57%	10.0%	
CHILE	36	.46	86%	73%	5.0%	
LATIN AM.	-	-	69%	60%	-	

3. Impact on Children of Life on the Streets

Life on the streets may have many implications for a child's development as they struggle to survive. Two of the more destructive, health-oriented implications are drug abuse and the high rate of sexually transmittable diseases contracted from prostitution or sexual activity with multiple partners.

DRUG USE AND ABUSE:

Brazil has the fastest growing rate in Latin America of drug consumption for the overall population. At present, over 23% of Brazilian youth have experimented with psychotropic drugs while 78% have used alcohol.³⁶

Among street children the problem is much more severe. Up to 80% of street children in Sao Paulo have used drugs in their lifetime and 52% have used them within the last month. The percentages for Porto Alegre were 52.5% and 31%, and for Fortaleza were 49% and 32%, respectively.³⁷

Contrary to the national trend in the general population, however, drug use among street children is actually declining somewhat. Compared to 1987, in 1989 drug use among street children in Sao Paulo actually fell from 86% to 80% or a relative change of 7%. In Porto Alegre, drug use among street children fell by 18%.³⁸

The relative change in consumption between 1987 and 1989 was particularly notable in terms of the "use of solvents in the last month" which declined 27.5% in Sao Paulo and 55% in Porto Alegre. "Daily use" declined 45.5% in Sao Paulo and 88% in Porto Alegre.³⁹

A 1989 study in Rio de Janeiro found that .04% of adolescents ages 15 to 19 have used injectable drugs, which also increases their risk of HIV infection.⁴⁰ However, another investigation discovered that almost 100% of street children in Rio had used some form of drugs in their lifetime.⁴¹ The same report found that 55% of the street children had attempted or contemplated suicide due to the pressures of every day survival

on the streets.

Another problem related to drug use has been the sharp increase in the use of children as drug traffickers. These children, usually referred to as "aviaozinhos" (little airplanes) are preferred by drug barons because according to the law children under 18 can not be charged and tried in drug crimes. This is problematic both in the sense of promoting drug use, as well as, leading police to use other forms extrajudicial forms of punishment to deal with adolescents involved in drugs.

MOST COMMON DRUGS USED AMONG STREET CHILDREN (1989)⁴²

CITY	SAO PAULO		PORTO ALEGRE		FORTALEZA	
	USE EVER	DAILY	USE EVER	DAILY	USE EVER	DAI
SOLVENTS/ INHALANTS	76%	18.5%	43.5%	3.5%	44%	6.5
MARIJUANA	63%	10%	36.5%	2%	35.5%	4%
AMPHETA MINES	40%	3%	27.5%	0	30%	6%
ALCOHOL	86%	8.5%	74.5%	5.5%	50.5%	3.5

STDs, AIDS AND SEXUAL BEHAVIOR:

The lack of any coordinated surveillance system for STDs in Brazil makes it difficult to estimate STD incidence levels. However, a study done with low-income, high risk groups such as prostitutes found a STD prevalence rate of 69% in Santos, 63% in Campinas, and 66% in Sao Paulo.⁴³ While there is little available information on the incidence of STDs in street children, it may be assumed that their frequent participation in prostitution may result in levels of STDs at least as high as found in the study above.

Brazil has the fourth highest number of AIDS cases in the world with 35,000 reported from 1980-1991. The number of HIV infected people is estimated to be over 500,000, further complicating future possibilities of stemming the increase in HIV/AIDS. Geographically, 36.3% of all reported AIDS cases were in Sao Paulo, 11.7% were in Rio, 3.1% were in Santos and 2.8% were in Porto Alegre. Eighteen percent of these cases are in persons between the ages of 0 and 24.⁴⁴ However, given the long latency period of AIDS, one could assume that many more youths are becoming infected with the HIV+ virus during their teenage years than is reported.

In children less than 15 years old, .7% of AIDS is passed sexually, and 31.7% is passed by blood including 2% due to drug use. The rest of the cases were either passed by perinatal transmission or had unknown causes.

There is an important association between drug use and AIDS as seen by the fact that 21.4% of cases of AIDS are the result of

intravenous drug use. In youths age 15-19, 6.2% of AIDS patients are drug users and in youths age 20-24, 24% of AIDS patients are drug users.

One study among street youth found that certain sub-sectors such as child prostitutes, have HIV incidence rates as high as 35%.⁴⁵ However, another study by the World Health Organization in Rio found, a seemingly low, 2% of street children involved in prostitution were infected with AIDS.⁴⁶

While there is little available information or studies on children involved in prostitution, a recent survey in Rio by ISER found the following characteristics of a sample of prostitutes in that city: a) the mean age was 31, b) 33.6% were black and 46.4% were mulato, c) the mean number of births was 2.2, and of abortions was 2.1, d) 27% referred a history of STDs, e) the mean number of sexual relations a week was 12.4, f) mean price per sexual service was \$14.23 (range \$3.60 to \$100), g) condom use was 74.9%, although with steady partners it was only 46.4%.⁴⁷

VIOLENCE AND ABUSE OF STREET CHILDREN:

The high levels of socio-economic inequalities have been accompanied by increasingly high rates of crime especially in urban tourist areas. Much of this crime has been blamed on street children who roam these areas. As a result, violence against Brazilian street children has grown quickly, gaining international attention and condemnation. According to the government, there were 4,611 killings of children in Brazil between 1988 and 1990, or an average of 3 per day.⁴⁸ In Rio, in 1990 alone, 427 street children were murdered.⁴⁹ Much of this structural violence and killing is attributed to off-duty police and military officers, drug traffickers, or gunmen paid by local businessmen. The businessmen see the existence of street children tied to high crime rates in their areas, thus, hurting their businesses. However, it is important to note that in 78% of all murders of street children, the assassin(s) are of an unknown nature. Of the accused who are identified, 16% are military or police, 7% are gangs of youths, and 1% is private security, (70% are unknown).⁵⁰

Some organizations have also claimed that there is a racial component to the violence against street children. A survey of the information on street children killed in nine states found that the majority were black males between 15 and 18 years old. In addition, 82% of reported killings with available information were black or mulato.⁵¹ Human rights activists claim that criminality is being associated with poverty and race and thus provoking targeted killings of poor black adolescents.

Other organizations working with street children attribute much of this violence to a breakdown in the ties of social solidarity which result in an abuse of the law and extreme forms of punishment by civil society and the state.⁵² Many other groups claim that the de facto impunity for police who have been accused of abuses against youth has fostered the violence. In fact,

according to Brazil Network, no person has ever been convicted for the murder of a street child.

B. REQUIRED SERVICES AND EXISTING RESPONSES:

As seen above, street children face a variety of severe problems requiring a multiplicity of services. It is difficult to prioritize the required responses because of the individual circumstances and needs of the street children. Among the most important services needed, however, are the following:

DIAGNOSTIC TREATMENT AND PLACEMENT: An initial step in ensuring that the specific needs of each child are met is establishing diagnostic treatment and placement centers. Through small groups of psychologists and social service professionals they can orient the children to the most appropriate centers of attention for their need.

At present there is a great need for diagnostic services as part of governmental and non-governmental programs. The Central Brazilian Foundation for Infancy and Adolescents (CBIA), and the state departments of children and youth, have played the main role so far in terms of diagnostic treatment and placement. Since the inception of the Statute of Children of 1990, FEBEM has worked with the juvenile justice system to provide alternatives to the practice of indiscriminate warehousing of juvenile delinquents. However, these government child welfare agencies have continued to come under attack by NGOs for the lack of resources committed and the conditions of many of the public institutions for youth.

HOUSING: The most obvious need for children living on the street is shelter. Shelters for youth can take various forms depending on the child's circumstances and readiness to leave the street. An initial form of housing is overnight emergency shelters which provide housing for short periods of time, while usually working with the youths on possibilities for family reunification. Other forms include group homes and half-way houses for those who need more long-term, stable environments.

There are a large number of agencies providing housing to street children either in the form of emergency shelters, group homes, or detention centers. Over 100,000 children are held in FEBEM installations at present. In addition, the state departments of youth in Sao Paulo and other areas have developed more innovative housing opportunities for youth. These include emergency shelters, group homes, substance abuse recovery homes, and homes for abused children.

Some of the better known NGOs providing emergency and group housing options for street children include Pastoral do Menor, San Martinho and Casa de Pasagem. Many of these programs are based on a four-step process which includes a patio program, refuge/emergency shelter, transitional homes, and group homes. Casa de Pasagem serves as a half-way home for adolescent female

prostitutes. The center also provides counseling, vocational training, medical services and meals for girls trying to leave prostitution.

HEALTH SERVICES: Street children are more exposed to a variety of transmittable diseases including tuberculosis, STDs, AIDS, not to mention other illnesses and malnutrition. Although some of the sicknesses afflicting street children can not be treated on the street, many can be or can even be prevented through access to basic services and health centers. There is a need for assistance in training health professionals in how to work with street children and in increasing their access to health services.

At the state ministry of health level, most states have a department of adolescent health and many have established clinics to meet their specific needs. For example, the State University of Rio de Janeiro has an extensive clinic for adolescent health which includes outreach components for children living in favelas and children living on the street.

A numerous of NGOs also provide assistance in terms of health education to street youth including the Centro Brasileiro de Defesa de Direitos de Crianca y Adolescente.

DRUG AND ALCOHOL PREVENTION AND TREATMENT: One of the more obvious direct results of living on the streets is the high rate of drug and alcohol consumption among street children. This pattern of consumption, used to deal with the harsh reality of life on the streets, must be confronted with prevention and treatment services provided to substance abusers.

Different states such as Sao Paulo and Ceara have established multi-agency councils to develop plans of action to confront the problems of substance abuse. Some state agencies for children have also established "Rebirth Homes" for treatment and recovery of adolescent substance abusers. In addition, organizations such as Pastoral do Menor, Desafio Jovem and the Centro de Estudos de Familia have used community awareness training and peer educators to teach at-risk youth about drug abuse.

SEXUAL BEHAVIOR EDUCATION, STD/AIDS PREVENTION AND SERVICES: Education, prevention and treatment services are also required for street children because of the high prevalence of sexually transmittable diseases among street children and their high risk sexual behavior.

In addition, a complaint of some street educators has been the lack of adequate resources and informational materials on STD/AIDS prevention and drug awareness.

A number of NGOs work in the area of prevention of STDs and AIDS. Some of the more notable are Grupo pela Vida and PEGACAO in Rio which do AIDS prevention with young male sex workers and homosexuals, OASIS in Santos and Casa Vida in Sao Paulo which do outreach and treatment of children with AIDS, Interade and Terra

de Homens in Fortaleza which do outreach with commercial sex workers through peer educators, and Casa Pasagem in Recife. In Belo Horizonte, the Clinica AMMOR has done noted work with street children in the areas of detection of HIV and other STDs, hospitalization, AIDS prevention education, and drug awareness education.

FORMAL AND INFORMAL EDUCATION: UNICEF and other organizations are emphasizing the need for more access to formal and informal means of education for street children. By helping the children to become literate, they not only gain self-confidence and motivation but also increase their opportunities for improved job opportunities. Street educators have usually been important sources of informal basic and "healthy life styles" and "life skills" education.

In 1990, the government had agreed to build 5,000 Integrated Support Centers for Children (CIACs) which were designed to provide educational, nutritional, medical and psychological attention for at-risk youth in poor urban areas. At present, however, fewer than 50 CIACs have been constructed due to controversy over their cost and effectiveness.

Most NGOs working with street children offer more informal education services through street educators who carry out literacy and life-skills classes with street children. A few NGOs also offer more in-house education programs such as Asociação San Martinho in Rio.

VOCATIONAL TRAINING AND INCOME GENERATION: Closely related to the need for formal and informal education is the need for vocational training. Since most street children do not go on to secondary or tertiary education, training in a private sector job or in a trade is vital to helping them earn enough income to move to a more stable lifestyle.

Both the Ministry of Children in Sao Paulo and Ceara have developed a series of vocational training centers for street children and children living in impoverished areas. For example, Ceara has already set up 11 of a proposed 40 Circulo Infancia ABC which provide vocational and educational reinforcement activities to over 11,000 children living in different favelas.

In Rio, 26 NGOs specialize in job training for at-risk youth and numerous others such as San Martinho and Cruzado do Menor have included it as an integral component of their services.

CHILD RIGHTS, LEGAL SERVICES AND JUVENILE JUSTICE SYSTEM: Another problem which has received a great deal of national and international attention recently is the subject of children's rights in Brazil. The frequent cases of physical and sexual abuses against and extermination of street children, as well as, their lack of political power, demand interventions geared toward the prevention of these abuses and education of the child's rights. In addition, many juvenile infractors have no recourse to legal support either for crimes they allegedly commit or

committed against them. Most have no idea of what their legal rights are in terms of unlawful incarceration and treatment. Many juvenile offenders are still jailed with adult offenders. Furthermore, there is also a need to train police officers in how to work effectively with street children.

Organizations such as the Movimento Nacional de Meninos y Meninas da Rua (MNMMR), the Centro Brasileiro de Defesa de Direitos de Crianças y Adolescente (CBDDCA), Pastoral do Menor, Childhope and others are working on promoting the societies awareness of children's rights and the abuses committed against them. In addition, a national network of Conselho's de Direitos de Criança y Adolescente has been formed at the federal, state and local levels which link NGOs and government organizations in an effort to develop better policies for the protection of children.

COORDINATION OF AGENCIES WORKING WITH STREET CHILDREN: Numerous NGOs working with street children have been established over the past ten years, especially in Rio where there are over 400. These NGOs, along with a multitude of state agencies and international organizations interested in issues affecting street children have relatively little coordination and interagency communication. In order to meet the needs of street children in the most effective way and with the limited resources which are available, a greater degree of coordination is required.

As mentioned above the Conselho's de Direitos de Criança y Adolescente and the MNMMR have been some of the more effective efforts to coordinate NGOs and governmental agencies actions on street children. Childhope has also formed a network both for information exchange and training with other NGOs in Rio.

TRAINING OF SERVICE PROVIDERS WORKING WITH STREET CHILDREN: There is an important need for training of service providers such as health care workers, formal, informal and street education specialists, and staff at placement and housing centers for street children. Many of these professionals lack and desire more adequate formal training in working with street children.

Childhope has been one of the key organizations in helping provide training to both NGO and governmental service providers.

PREVENTATIVE SERVICES: Besides general changes in socio-economic policy, the key to effecting the problem of children living and working on the streets in the long term is to promote preventative services such as teaching of parenting skills, early detection of children at risk of dropping out in the school system, and improvement of access to basic services in the communities. These resources are required help ensure family preservation and schooling to stem the future flow of children to the streets.

The Ministry of Labor and Social Action, as well as other social ministries in Ceara have begun programs in impoverished communities to strengthen family ties and educational services

there. In addition, Christian Foundation for Children has established over 90 community associations in favelas in Ceara to provide basic services and strengthen family development.

C. CURRENT DONOR SUPPORT

At present there are a number of other donors which are supporting activities related to the area of street children and at-risk youth. The United Nation's Childrens Fund (UNICEF) is currently the principal international organization providing technical and financial assistance to these target groups. UNICEF's support is concentrated mainly on public or public/private sector initiatives at the national level, as well as, in the northeast region. UNICEF played a key role in supporting the development of the new Statute of Children and Adolescents (SAC) and setting up the support structure to ensure its implementation at the national, state and local levels. This has mainly been accomplished through assistance to the Councils on the Rights of Children and the Forum DCA. Its other current main areas of action include: a) support for new legal reforms in favor of street children and minors, b) advocacy campaigns for the prevention of violence against street children, c) projects to target the adolescent girl, d) projects for the protection of child laborers, and e) support for formal and informal education centers for at-risk youth.

The Inter-american Development Bank is another major donor which is interested in supporting actions in favor of street children. The IDB is currently elaborating a US\$13 Million project for street children planned for Rio de Janeiro. This 4 year program will target 9,000 minors as direct beneficiaries of actions including: a) multi-service living centers for homeless youth (Runaway shelters), b) multi-service support centers for street children, c) treatment and recuperation homes for children with drug and AIDS problems, d) projects focusing on female street children (teen mothers), e) day care centers for young children, f) vocational training programs, and g) training programs for personnel working with at-risk children. The main counterpart agency for the project is the Mayor's Office which will subsequently distribute funds to sub-grantee recipients.

Other major donors assisting projects for at-risk youth include the the International Labor Organization which supports a number of programs for working children; the Save the Children-UK and Oxfam-UK which give assistance to groups working in child rights and income generation; and Childhope, which has attempted to help construct networks of social service agencies and other NGOs working with at-risk youth.

D. USAID/BRAZIL EXPERIENCE WITH STREET CHILDREN

The severity of Brazil's problem with growing numbers of street children and at-risk youth has prompted USAID/Brazil to provide assistance in this area for the past several years. To

date, the assistance has been through ongoing programs of USAID/Brazil, including STD/AIDS prevention, drug awareness and training. In each of these areas, street children and at-risk youth have been a target group for specialized activities within the context of an overall program focus.

1. STD/AIDS Prevention

Since 1982, when the first AIDS case was diagnosed, Brazil has been among the three or four countries where the epidemic is most prevalent. About 425,000 of Brazil's 150 million people are estimated by the government to be HIV-positive. Researchers have found an alarming lack of knowledge about AIDS and particularly among youth a startling complacency to the spreading epidemic. A 1992 survey of 14-23 year olds in three Brazilian cities found the majority of those interviewed describing HIV as "a problem of the future" or somebody else's risk". Although over 70% knew at least one method to use to avoid HIV infection, only about one-third reported using condoms regularly to changing their sexual behavior.

In a USAID-supported AIDS prevention project targeting street children in Rio de Janeiro, SOS Crianca sent psychologists and social workers to the public areas where street children gather to provide education, counselling and condoms. SOS Crianca distributes condoms to street children, counsels male and female adolescent prostitutes, provides information about their rights as minors and constructs educational games to raise their awareness about health issues and improve self-esteem. The project also designed innovative communication materials, such as T-shirts, that were suggested by the street children in the project.

2. Drug Awareness

In the DRUGCOM project, USAID/Brazil has worked through state governments in Sao Paulo and Ceara to train teachers and community educators working with adolescents about drug awareness and abuse. The project has involved multiple divisions of the state government, including health and social action, and has worked to ensure an inter-departmental framework to respond to the needs of various adolescent groups and to ensure that training and other awareness activities will continue in the future.

3. Training

USAID/Brazil has supported training, broadly defined, in the area of juvenile justice in Rio de Janeiro. This training program included a workshop in Rio de Janeiro and a study tour to the U.S. for professionals working in the area of services for at-risk youth. These training activities provided an opportunity for professionals within the juvenile justice system

to discuss alternatives to the current services, which all agree are sadly lacking the ability to adequately deal with the needs of at-risk youth. The group that was sent to the U.S. has continued to work informally on proposals for improvement in youth and family services, through expanded training of the relevant professionals.

E. POLICY FRAMEWORK AND LEGAL CONTEXT

1. Different approaches to working with street children

Over the past decade there has been substantial debate over the most appropriate form of assisting street children. The traditional reliance on placing abandoned or homeless youth in closed institutions of attention or reformatories has largely been replaced by a philosophy of more open and humane centers of attention. This flows from a recognition of the importance of the child's desire to leave the street in helping him/her fully reenter a more stable lifestyle. Where the debate has been more heated is over whether the services provided should be tied to helping the children move off the street, or whether the emphasis should be on creating a healthier and viable life on the street.

In the mid-1980s, the Brazilian Ministry's of Health and Welfare, FUNABEM, and UNICEF began a program called "Alternatives for Street Children" which aimed to replace the paternalistic old system of indiscriminate internment of children by the state. This new approach reached out to NGOs and other government agencies to develop new strategies based on their experience.

One organization which developed during this time period was the Movimento Nacional de Meninos y Meninas de Rua (MNMNR) which tried to form a national coalition of street children, educators and organizations which worked with the issue. Their aim was to develop new strategies, policies and laws regarding the treatment of street children and protection of their rights. Part of this approach were two key philosophies on working with street children. First, the MNMNR felt that activities with street children should be developed within their natural environment and reality. Second, they felt that street children must be active participants in the development of policies and programs relating to their welfare. One result of this philosophy was the holding of a number of National Congresses for Street Children beginning in 1986. Through these congresses and the public attention being given to the plight of at-risk children, a new code and law were developed for children in Brazil.

The Brazilian Statute of the Child and Adolescent of 1990 (SAC) is recognized as one of the most progressive and thorough statutes protecting children's rights in Latin America, at least on paper. One of the SAC's main objectives is to create the legal basis for the expansion of public provision of services for at-risk youth. The SAC reorganizes the areas of basic social policies and of compensatory policies to better meet the needs of street children. For example, according to the SAC, poor

children are no longer the responsibility of the judiciary system, but rather are now the subject of a series of special public policies and institutions geared to their needs..⁵³

As a result of the new laws, the old centralized and controversial ministry for child welfare, FUNABEM, has been replaced with the Foundation of Brazilian Centers for the Child and Adolescent (FCBIA). FCBIA provides policy overview and guidelines and coordinates with state level agencies called FEBEMS. This system has also tried to remove the repressive, closed institution system for dealing with street children and juvenile offenders, by establishing more specialized and open centers of attention.

One of the key components of the new approach has been the establishment of Conselhos de Direitos da Crianca y Adolescente at the national, state and local levels. These councils are made up of representatives from NGOs and government agencies at each level, and concentrate on coordinating and developing policies to attend to the need of at-risk youth.

In addition to these councils in most areas are forums organized usually by the Forum for the Rights of Children and Adolescents (Forum DCA). These forums differ from the Councils in that they serve as open gatherings to discuss issues related to children's rights. Many of these forums are responsible for selecting the NGOs which will participate on the Councils. The forums, however, do not have legal/judicial power by which to mandate policy change such as the Councils have.

Another approach being developed has been UNICEF-Brazil's efforts to redefine educational strategies for working with street children. UNICEF believes that more emphasis must be placed on improving primary education as a form of prevention of at-risk behavior, while a better system of flexible, informal education must be developed for children already on the street.

2. Legal Context

USAID operates in Brazil under U.S. Congressional restrictions imposed because of Brazil's failure to maintain international debt repayments and to sign anti-nuclear proliferation treaties. There is no bilateral program of assistance to the Brazilian government; activities are conducted largely through centrally-funded programs.

The legal restrictions on activities in Brazil vary by program area. In a number of areas relevant to the street children's project the restrictions are less severe. In the area of AIDS prevention, for example, assistance is unrestricted and can be programmed to any government or non-government entity. In the area of family planning, assistance can be provided to any non-government entity. Training is unrestricted and could form a major project mechanism for assistance in the areas of innovative services, rights and justice and family preservation.

The RLA in La Paz provides assistance to AID/Brazil in interpreting the FA Act and the various provisions related to activities in Brazil. The guidance of the RLA would be sought as the street children project is initiated and as specific issues arise.

F. PROJECT RATIONALE

Due to the evident need for resources and technical assistance in large urban centers of the Northeast region, this project will focus on such cities as Recife, Fortaleza, and Salvador where private agencies are beginning to confront the problems of children in need. These are the children who live in the streets, who live with their families and work in the streets but do so precariously, who have (primarily in the case of young girls) turned to prostitution as a means of survival or who generally are living in dire poverty without sufficient food, clothing, education or health services. In all four situations there is an additional potential factor of physical and/or sexual abuse that destroys the self esteem of these children in need.

While many countries have approached the problem of these children by rounding them up, taking them off the streets and placing them in generally large institutions as the solution, the experience has been that this does not necessarily provide a permanent solution. Often the children return to the streets because they have not been motivated through orientation, incentives, emotional support nor education to make a productive transition. Likewise in many experiences elsewhere, sufficient attention has not been paid to protecting the rights of the children and to developing their capacity to offer useful skills and acceptable behavior that would permit them to earn their livelihood in the private sector as self-sufficient adults.

This project proposes to focus on improving the protection of children's rights and welfare by providing resources to local private Brazilian agencies in the Northeast primarily which are attempting to assure civil rights and access to justice for these children in need, are providing needed services including food, shelter, medical attention, health orientation, and education to children living and working in the streets, and/or are taking preventive measures involving the development and preservation of family structure as a preventive measure to further deterioration of the lives of these children.

1. Children's Rights and Justice

Other interventions proposed in this project will be of little avail in permanently improving the lives of the children beneficiaries of this project if clear policy frameworks and enforcement of legislation concerning children and their rights are not effective. Thus support will be provided to groups which are providing services that develop public awareness and private cooperation in support of these rights, which provide advocacy

services for children in difficult situations and which change the handling of these children from punishment and coercion to humane treatment by their families, their employers and police, judicial and other public enforcement entities.

2. Innovative Services including Family Preservation

Another level of assistance will develop improved institutional capability to provide services to children living on the street, working on the street, including working as prostitutes, or children in severe economic straits and therefore at risk.

Neither government resources nor private agency resources are sufficient to meet the needs of children who need assistance. Such activities as establishing contact with the children who are on the streets, providing them with basic orientation as to what services are available to them, providing basic health care and information including such risks as sexually transmitted diseases, AIDS, screening children for special rehabilitation service, and attracting them to the facilities offered by shelters, child advocacy groups and other social services.

While providing these services is the major thrust of this component of the project, it will attempt to improve service delivery by strengthening the management and technical capabilities of NGOs through training in skills related to project development, administration, fund-raising, financial management and new techniques for providing health education, street education, community outreach and counseling. The umbrella organization will ideally be a local Brazilian organization with the capacity to provide administrative support, monitoring, and technical leadership to sub-grantees under this component. In selecting sub-grantees, the umbrella organization will be assisted by a Selection Committee made up of representatives from the USAID, the umbrella organization, and UNICEF and IDB, should USAID decide this configuration would be productive. The submission of innovative proposals, and especially those addressing the specific issues of girls, will be encouraged.

One area of particular emphasis in this project will be project activities that will provide services that will strengthen the families of children at risk not only those who live part or all of the time on the streets but those working children who still live with their families under precarious conditions, where economic hardship or poor parenting skills threaten the continuation of family life for the child. One successful example of a model that provides support to the child and his family is carried out through a local NGO which provides the children and their families in a market setting with invaluable services including health care, parenting skills, feeding programs for malnourished children and social services for the family.

This approach will be encouraged through invitation of

applications for small sub-grants by local agencies to the umbrella organization for funds that will help initiate or expand such activities in support of the family.

4. Relationship to Mission Strategic Objectives

The Mission has identified the Street Children Support Project as a "Target of Opportunity" related to other projects now being supported such as the AIDSCAP and Drug projects now in effect. Dealing with the precarious nature of the child in and of the street will serve in a preventive sense the goals and purposes of these above-mentioned projects.

Specifically, this project will contribute to the ongoing strategic objectives of the mission through providing health care and information, educational services, and counseling and rehabilitation services that will complement activities now undertaken by AIDSCAP and the drug programs. Because these programs are in full operation, it may be possible, in fact, to take advantage of their existing structural and organizational arrangements to make a more rapid and effective initiation of activities under this project.

In addition, the overall concern of the Mission for protection of children's rights is translated into appropriate and timely action by the initiation of this project. As stated earlier, activities that increase public awareness and enhance the resources of child advocacy agencies fit into the U.S. government's commitment to improvement in human rights generally and children's rights specifically.

III. PROJECT DESCRIPTION

A. GOALS, PURPOSE, OBJECTIVES, STRATEGY

The goal of the three year \$2 million At-risk Children's Project is to improve the living conditions and enhance the basic human rights of children in Brazil, specifically in the Northeast region of the country.

The purpose of the project is to expand NGO and governmental capacity to design and deliver services to children in need and to develop increased public awareness and institutional capacity to defend their rights. By expanding NGO and GO institutional capacity to provide services to children living in difficult circumstances the project seeks to address the immediate needs of these target groups, as well as, facilitate family reintegration and preservation.

Further development of innovative services and use of advanced technology will be an emphasis of this project, with provision made for dissemination of experiences gained throughout the life of the project to all participating agencies.

B. PROJECT COMPONENTS

The project is divided into two components:

- Children's Rights and Justice
- Innovative Services including Family Preservation

Activities under these project components will be monitored by a Technical Advisory Group (TAG) throughout the project implementation period. This TAG group will be composed of a panel of three to five international and Brazilian experts and representative from USAID, and the umbrella NGO. Invitations also may be extended by the umbrella organization with approval of USAID to UNICEF and the IDB (Interamerican Development Bank) to send representatives to the TAG meetings.

The TAG will oversee the planning, programming, implementation and evaluation of the Street Children Support Project and more importantly, will stimulate the introduction of innovative technology and approaches to project design and implementation.

Specific functions of the TAG will be to:

- provide technical assistance, innovative approaches and technology and general advice on the structure, policy and functioning of the project.
- assist in documenting lessons learned in the project and disseminating such experience among the participating organizations.

USAID will select the membership of the TAG and will assure that the TAG meets on a regularly scheduled basis: three times during the first year of the project and twice a year thereafter.

1. Children's Rights and Justice

While the 1990 Brazilian Statute of the Child and Adolescent provides thorough protection for children's rights, it is very unevenly implemented and for the most part has done little to meet the needs of street children. Frequent abuse and even murder of street children demonstrate their vulnerability and lack of political power. Interventions are critically needed that both prevent abuse and disseminate awareness about children's to those involved in the juvenile justice system.

One of the major objectives of the 1990 Statute was to create the legal basis for the expansion of public services for at-risk youth. The Statute provides guidance and policy for alternatives to the normal current practice of incarceration of juveniles, "warehousing" of street children and juvenile offenders in repressive, closed institutions, or releasing children back to the streets without adequate care.

Surveys of professionals conducted at an AID-sponsored conference on at-risk youth in Brazil indicated the following priorities in improving public services:

1. Diagnostic treatment and placement. Circumstances and needs of street children vary. An important step in ensuring that the child's specific needs are known in establishing diagnostic treatment and placement centers to orient children to the type of center most appropriate to their needs. Currently, few alternatives exist so that there are no residential treatment programs for youth addicted to drugs or alcohol and no psychiatric services for youth suffering severe mental health problems.

2. Placement Options. A variety of short and long-term placement options are needed to improve the services available for street children. These might include group homes and treatment centers, transitional living programs leading to independence, foster care, and residential addiction treatment centers. Centers would be equipped to assess the option and timing of reunification with family.

3. Training for Professionals. In many cases, the buildings and physical infrastructure needed to house improved programs are not the major constraint. What is critically needed is training for the wide variety of professionals who comprise the juvenile justice and youth services network. Training for those involved in the court and justice system as well as for those who are employed in placement courts and youth services would allow for more positive and productive systems to benefit street children.

4. Coordination and Integration of Services. In the area of rights and justice, as in the other components targeted, there is an overwhelming issue of effective coordination and integration of services. In the current scenario, where governmental organizations are largely moribund or ineffective and where isolated efforts by non-government organizations have proliferated, improvements in the fundamental structure of child welfare depend upon coordination and inter-communication agencies. As part of the post-1990 reform of the legal structure related to children's rights, Conselhos dos Direitos de Crianças e Adolescentes have been established at the federal, state and municipal level. The councils are comprised of representatives from government and non-government agencies, and their function is to develop policies and coordinating mechanisms to attend to the needs of at-risk youth. The performance and utility of the Conselhos varies by locality, but are in place as the mechanism to coordinate NGOs and government on street children.

2. Innovative Services including Family Preservation

The umbrella organization selected by USAID will be responsible to assure that all service delivery systems developed under this project will benefit from the latest technology available. In carrying out this mandate, the umbrella organization will have the expert assistance of the TAG, as

mentioned above.

By introducing the best technology and skills available, it is anticipated that the management and technical capabilities of the NGOs participating in the project will be strengthened through training in skills related to project development, administration, fund-raising, financial planning and management. Special attention will be paid to the introduction of the best techniques for street education, drawing on the experience in other parts of Brazil and in other countries. Also, the latest approaches to providing health education, information on AIDS and STDs, nutrition and hygiene, community outreach and counseling for children and their families will be introduced to the project and their impact noted and disseminated.

FAMILY PRESERVATION AND STRENGTHENING

One of the major efforts required to confront the situation of street children is to increase preventative actions in the area of family preservation and strengthening. In Brazil, the high rate migration from the rural to urban areas and the subsequent urban crowding has taken its toll on the traditional family structure. In addition, the lack of access to basic services and job opportunities in the urban slums have resulted in pressures which can lead to frustration, abandonment and abuse. For the most part, however, organizations working with street children in Brazil have not built in family preservation/reunification components into their work.

This project will seek to strengthen the existing bonds between at-risk children and their families as a means of preventing abandonment and abuse. By working with the child, the family and the community, instead of just the at-risk child, experiences have shown that there is an improved chance of preventing the child from falling into a more precarious situation. One successful example of a model that provides support to the child and his family is carried out through a local NGO which provides the children and their families in a market setting with invaluable services including health care, parenting skills, feeding programs for malnourished children and social services for the family.

The main areas of action will be: a) promoting parenting skills, b) training public service providers in detection of at-risk behavior, c) developing community based resource centers, d) family reunification and e) carrying out research on push factors for abuse and abandonment.

PROMOTING PARENTING SKILLS: Poor parenting skills is one of the major causes of abuse, neglect and abandonment which lead children to the streets. This project would support both the development of a curriculum and the training of trainers in parenting skills. The possible groups that would receive grants from the umbrella organization would include the juvenile justice system which could require any parent found guilty of neglect,

abuse or abandonment to attend one of these courses. Other possible recipients would be local community organizations and schools which could teach this curriculum to parents groups. A different, but related group which could benefit from such activities could be multi-service centers which work directly with at-risk teen-age mothers.

TRAINING PUBLIC SERVICE PROVIDERS IN DETECTION OF AT-RISK SITUATIONS: A key to targeting needed support and attention to at-risk children and their families is early detection. This project will provide for training of public service providers such as medical personnel and school teachers in detection of physical and sexual abuse, as well as, neglect. They will also be trained on how to work with the at-risk families and refer them to the required counseling services in that community.

DEVELOPING COMMUNITY-BASED RESOURCE CENTERS: Community-based resource centers can provide vital support which strengthen or help preserve low income families. These centers often provide basic services such as health, nutrition, education, family planning, and counseling on domestic violence and substance abuse. This project will assist in the development and training of personnel in the provision of key family services in low income community centers.

FAMILY REUNIFICATION: Few programs currently working with street children in Brazil try and reunite the child living part-time or full-time in the street with their immediate family or other relatives. Yet programs in other countries such as Guatemala, have shown that with proper training and assistance, children can often be rejoined with a living relative and removed from the dangers of street life. This project will support the development of family reintegration programs and training of personnel from organizations which provide attention to children living on the street.

RESEARCH ON PUSH FACTORS FOR ABUSE AND ABANDONMENT: A number of areas require additional research in order to more fully understand the risk factors which push children into living or working on the street. Some of the factors which would need to be investigated include magnitude and identifiable causes of abuse, neglect, abandonment. Other areas which need more study include analysis of the social structure, interests and influences of street and working children.

Sub-grant selection

In selecting the sub-grantees that will receive funding under this project, the umbrella organization will assemble a Selection Committee made up of representatives from USAID, the umbrella organization and perhaps UNICEF and the IDB, if feasible.

While it is not possible, nor feasible, at this time to describe all of the possible innovative service configurations for service delivery, a few outstanding examples follow:

- development of peer counselors through careful selection and training of street children who are unusually capable and potential leaders. They will circulate among their peers and provide them with information, counseling and conduits to obtaining needed services.

- development of special social services to locate families of street children, assess their capacity to resume family ties to their children, providing counseling for the child and its family as reintegration occurs.

- development of teams to visit favela areas and to provide families that still support their children with improved parenting skills and/or social service support, gaining the families access to available resources to help them survive as a family unit.

- assisting children who live on the streets to obtain necessary documentation that might provide them access to schools, health services, etc.

These above examples are intended only as ideas of the types of innovation that may enhance the ability of participating agencies to provide more effective outreach to the children in need.

Research

It is intended that the project will support a limited amount of research that is action-oriented and program-related, in all three components of the project. The results of this research will be integrated into the project to stimulate innovation and use of the latest available knowledge and experience. The umbrella organization will be responsible for dissemination of such research findings and project experience to USAID, the participating organizations, and interested agencies within the public sector at state and federal levels.

A number of potential sources of pertinent research groups exist within the Brazilian context of this project. These include the umbrella organization, other NGOs working in this field, local universities and some private research groups and foundations. When research needs have been established through consultation among AID, the umbrella organization and the TAG, the umbrella organization will solicit proposals from NGOs, universities, etc. for funding by the project. Criteria for selection will be the same as mentioned earlier with of course stipulation that the research proposal respond to the needs expressed by the umbrella organization.

Research proposals will relate to both technical and administrative aspects of service delivery. Such topics as methodology for establishing an accurate estimate of number of children affected by street life, barriers to access to service, causes of recidivism, most effective methods of reintegrating children with their families, special needs of girls, motivational factors, a more extensive psychological profile of the child of the street, etc. might become topics of research. This will depend on needs that develop as the project is initiated and as experience is gained in implementing project activities.

Training

The umbrella organization may also be called upon to perform several types of training under this project. Exact composition of training will of course depend upon needs as they develop, once the project is initiated.

The umbrella organization will establish training courses and workshops specifically for disseminating among participating NGOs the results of experiences gained through the course of the project. Emphasis will be placed on the results also of the research performed under the project, in an effort to make available the latest service innovations.

Some funds may be expended on supporting third-country training and study tours for participating NGO personnel to expose them to other approaches to innovative service delivery in other sites.

The umbrella organization will also contract for technical training in such areas as training methodology; vocational counseling and job placement, psychological approaches, advocacy, health education including attention to AIDS and STD prevention and particular issues related to needs of adolescent girls on the street.

IV. COST ESTIMATE AND FINANCIAL PLAN

V. IMPLEMENTATION PLAN

The project will be carried out through a grant to an umbrella organization with the assistance on an advisory basis of the Technical Advisory Group (TAG). A complete implementation schedule is presented in Table ___.

A. Umbrella Organization

USAID will develop a detailed scope of work (SOW) for inclusion in a Request for Applications (RFA). The RFA will be disseminated by general notice and to specific NGOs known to possess the capabilities required for serving as the coordinating prime grantee for the project. Local Brazilian organizations as

well as international groups with representation in Brazil will be eligible to respond, according to the criteria published in the RFA.

The umbrella organization will be selected in accordance with its written response that demonstrates a clear understanding of the technical requirements of the project, provides an acceptable cost-effective budget, and indicates its ability and willingness to contribute its own resources toward fulfillment of the project goals. See Annex ___ for further detail on other requirements for this umbrella organization contained in the SOW and the RFA. The umbrella organization finally chosen must be certified under the AID registration procedure for NGOs to assure its ability to assume management and financial responsibility for the project.

In order to obtain advances for project activities, the umbrella organization will have a review of its financial management capacity performed on request of USAID. Early in the initiation phase of the project, the Mission Controller and Contract Officer will brief the umbrella organization on AID financial management and contracting requirements and procedures. It is possible that the three year agreement will be signed with an umbrella organization by the end of calendar 1993.

The ultimate success of the project will depend upon the ability of the umbrella organization chosen to encourage and stimulate innovative proposals from prospective sub-grantees. Its ability to select such grantees will be facilitated by the advice and consent of a Selection Committee, composed of seasoned administrators from USAID, the umbrella organization and other agencies functioning within Brazil. The umbrella organization will, depending on which group is selected by the AID RFA process, also be able to carry out innovative service delivery activities through its own agency personnel, but this should be a minor part of its overall activities.

The umbrella organization will receive funds to support its administration of the project such as salaries of key project staff, office overhead and costs, funding of technical assistance and training to sub-grantees and its own personnel to assure innovation, and funds to cover the costs of the TAG and its members visits to Brazil periodically.

The umbrella organization will encourage proposals from sub-grantees that meet the following criteria:

- NGO is registered under whatever requirements imposed by the state or federal government.
- NGO has a demonstrated ability to provide services appropriate to the proposed project activities under the sub-grant.
- NGO has qualified staff to carry out proposed project activities.
- NGO is willing to and capable of providing non-traditional and innovative approaches to service delivery.
- NGO is willing to involve the families of the children

whenever useful and appropriate.

-NGO considers the special needs of girls.

-NGO seeks to involve the children as active participants in the planning and promotion of services on their behalf.

Periodically, the umbrella organization will monitor the performance of the sub-grantees to assure their effective delivery of services agreed upon the grant. A final assessment of their performance and technical contribution to the overall purposes of the project will be made and provision made for dissemination of lessons learned from the effort.

The exact type of services to be delivered through this project component will depend on the proposals received from sub-grantees in response to the RFA and its announced criteria, but could encompass the types of services mentioned above.

1. Sub-grant Selection

Once the umbrella organization is selected, it will meet with the TAG and USAID and lay out a plan for initiating the first round of project activities. This organization will survey the needs for specific types of service delivery and the strengths and weaknesses of potential participating agencies. It will develop an RFA with specific project details and criteria for inviting applications for subgrants under the project, including requests for proposals to carry out innovative service delivery, research and training.

There are a number of groups capable of carrying out the service delivery, research, training and technical assistance activities proposed under this project. These include local Brazilian organizations including social service agencies, universities, foundations, and councils. Also eligible to participate are the Brazilian representative agencies of international organizations including Childhope, Johns Hopkins University, Family Health International, etc. Sub-grant proposals will contain, as a minimum, a description of planned project activities, estimate of resources required, a budget estimate that includes indication of contributions to be made by the sub-grantee, a description of its accounting procedures, reporting and information procedures, information on its personnel and specific activities to be carried out by the sub-grantee.

The umbrella organization will be assisted by the TAG in development of sub-grantee selection criteria. Such criteria will be reviewed and approved by the USAID prior to issuance of the RFA. The Selection Committee, which may be composed of members from the umbrella organization, UNICEF, IBD, and USAID (composition to be finally determined by USAID) will use these criteria to select sub-grantees. The committee should review sub-grantee proposals and award grants twice a year. It is estimated that some twenty to thirty subgrants for service delivery and ten to fifteen subgrants for research and training

activities will be made during the course of the project.

2. Technical Advisory Group (TAG)

TAG will consist of three to five members selected by USAID/Brazil shortly before initiation of the search for the umbrella organization. Members will be international professionals with extensive experience in projects that benefit street children, working children, and other children in need. TAG will advise the umbrella organization on project implementation issues, introduce innovative ideas for service delivery, technical aspects, and management of the overall project. During the life of the project the TAG will periodically monitor progress under the project, suggest alternative solutions to problems encountered and generally stimulate and encourage the project operation. It is anticipated that the TAG will meet three times during the first year of activity, and twice each year thereafter.

The umbrella organization will maintain contact with TAG members during the year, send them relevant documentation and periodic project reports for review and will be encourage to send relevant material and information to USAID regarding new technology, approaches or events related the needs of children. Thus fairly regular contact will be maintained between members of TAG and the umbrella organization.

Such administrative support details required for meeting attendance including travel orders, transportation arrangements, per diem and consultant fees will be handled by the umbrella organization.

VI. MONITORING AND EVALUATION PLAN

There will be major levels of monitoring of progress for the project: measure of impact on children, assessments of project outputs and sub-grantee performance and the end of project status.

Important to this project because it presents new approaches to attending to children's rights and critical needs for survival will be a successful process of monitoring project progress, incorporating lessons learned through implementation, the introduction of innovative service configurations and the establishment of feedback mechanisms so that experience gained can be incorporated into ongoing project activities.

It will be necessary that the umbrella organization establish baseline data for project indicators and targets for accomplishment of project goals at the time of project initiation.

The umbrella organization; as in other areas, will have the benefit of critical input from the TAG in monitoring project success. All subgrantees participating in this project will present quarterly reports on the status of meeting project outputs. These reports will be received by the umbrella

organization and distributed to the TAG for their review. One of the critical tasks in the semi-annual TAG conference will be the review of these progress reports and the development of suggestion on solutions to meeting problems encountered in project implementation.

Ultimately, it will be the responsibility of the umbrella organization to monitor sub-grantee performance of project activities, in terms of management and institutional performance as well as delivery of services on an effective and timely basis. As mentioned earlier, the umbrella organization will make an initial assessment of the potential of the sub-grantee to maintain high level management, financial administration and general institutional capability to provide the services agreed upon. At the completion of the sub-grantee's project, the umbrella organization will conduct a final assessment of the management capacity demonstrated and report to these findings to the USAID and the TAG.

Ongoing delivery of service will also be observed and measured by the umbrella organization. By direct observation and review of progress reports submitted, the umbrella organization will compare current output with the planned level of execution. Part of this information will include numbers of persons served and thus an estimate of target population impact will be possible.

In addition to the steps outlined above, there will be a mid-term and final evaluation of the entire Street Children Project. Support for these evaluations will be included as funding in the grant given to the umbrella organization, but control and design of the evaluations will be overseen by the TAG. As stated above, findings of these evaluations will be incorporated into the analysis of experience gained, lessons learned, etc. and given broad dissemination among participating organizations and the USAID and the relevant government agencies of Brazil.