Annex

to the

Report of Portugal on Follow-up to the World Summit for Children

Indicators reflecting World Summit for Children goals

WSC goal 1. Between 1990 and the year 2000, reduction of infant and under-five child mortality rate by one third or to 50 and 70 per 1 000 live births respectively, whichever is less

Indicator	INFANT MORTALITY RATE

Infant mortality rate, Portugal: 1990-1999 (per thousand)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	10,9	10,8	9,2	8,6	7,9	7,4	7,9	6,4	6,0	5,6
Male	12,2	12,1	10,0	9,9	8,3	8,2	7,5	7,0	6,5	6,1
Female	9,5	9,4	8,3	7,4	7,5	6,6	6,0	5,9	5,3	5,1

Source: INE; Demographic Statistics, September 2000.

Indicator	**Under five mortality rate**

Probability of dying at age X in Portugal
1990-1999 (per thousand)

Gender	**1991/92**	**1995/96**	**1998/99**
Q0			
Male	11,1	7,9	6,4
Female	8,8	6,3	5,2
Q1			
Male	3,6	2,3	2,1
Female	2,5	1,9	1,7
Q5			
Male	2,3	1,8	1,5
Female	1,6	1,4	1,2

Source: INE, September 2000.

Life expectancy at Birth in Portugal: 1991-1999 (in years)

Gender	**1991/92**	**1995/96**	**1998/999**
Male	70,6	71,3	71,8
Female	77,8	78,6	78,9

Source: INE, September 2000.

Indicator	**Deaths due to injury in children from 15 to 19**

Deaths due to injury in children from 15 to 19, Portugal: 1990-1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	**514**	**528**	**491**	**390**	**382**	**387**	**255**	**274**	**289**	**242**
Male	439	451	415	321	309	309	199	218	238	188
Female	75	77	76	69	73	78	56	56	51	54

Note: Deaths caused by all external causes of injury and poisoning (CID 9: E800-E999)

Source: INE, January 2001.

Indicator	**Suicide rate in adolescents from 15 to 19**

Suicide rate in adolescents from 15 to 19, Portugal: 1990-1999 (per/100 000)

	1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**
Total	2,4	3,6	2,8	1,8	2,6	3,0	1,7	1,4	1,9	1,5
Male	3,5	5,8	3,5	1,7	2,7	3,8	1,6	1,9	2,8	1,2
Female	1,2	1,4	2,2	2,0	2,5	2,1	1,9	0,8	0,9	1,8

Source: Ministry of Health, January 2001.

WSC goal 2. Between 1990 and the year 2000, reduction of maternal mortality rate by half.

Indicator	Maternal mortality ratio (MMR)

Number of deaths of women due to complications during pregnancy, delivery and puerperium per 100 000 live births.

Year	Number of deaths*	Number of live births	Ratio	Variation in relation to 1990
1990	12	116 383	**10,3**	-
1991	14	116 415	**12,0**	**16,6**
1992	12	115 018	**10,4**	**1,2**
1993	7	114 030	**6,1**	**-40,5**
1994	10	109 287	**9,2**	**-11,3**
1995	9	107 184	**8,4**	**-18,6**
1996	6	110 363	**5,4**	**-47,3**
1997	6	113 047	**5,3**	**-48,5**
1998**	5	113 510	**4,4**	**-57,3**

* Codes 630-676 of the 3 digit list of CID-9 (codes 38-41 of the basic tabulation list).

** Last result available.

Note: the ratios were obtained taking into consideration deaths and live births in relation to the population present in the Country

Source: INE – Demographic Statistics, September 2000.

WSC goal 3. Between 1990 and the year 2000. Reduction of severe and moderate malnutrition among under-five children by half

Indicator	Underweight prevalence

No data available in Portugal

Source: General Health Directorate, Ministry of Health, January 2001

Indicator	Stunting prevalence

No data available in Portugal

Source: General Health Directorate, Ministry of Health, January 2001

Indicator	Wasting prevalence

No data available in Portugal

Source: General Health Directorate, Ministry of Health, January 2001

Indicator	Proportion of children considered obese according to the national definition

No data available in Portugal

Source: General Health Directorate, Ministry of Health, January 2001

WSC goal 4. Universal access to safe drinking water

Indicator	Use of safe drinking water (in %)

Percentage of the population using safe drinking water

	1990	1991	1992	1993	1994	1995	1997
Piped water							
At the interior	88,6%	89,6%	93,2%	92,8%	93,8%	94,4%	93,2%
At the exterior	3,9%	4,5%	2,5%	3,0%	2,6%	2,6%	4,7%
None	7,5%	5,9%	4,3%	4,2%	3,6%	3,0%	2,1%

Note: information related to families, and not to individuals.

Source: INE – Comfort Indicators, September 2000.

WSC goal 5: Universal access to sanitary means of excreta disposal

Indicator	Use of sanitary means of excreta disposal

Proportion of the population served with sanitary means of excreta disposal at home (in %).

	1990	1991	1992	1993	1994	1995	1997
Sanitary means of excreta disposal							
- flush toilet/ water closet in the interior	81,6	83,3	83,9	85,5	86,8	87,6	(*)
- flush toilet/ water closet in the exterior	11,3	9,5	9,9	9,3	8,9	8,0	(*)
- not available	7,1	7,2	6,2	5,2	4,3	4,4	(*)
Installations with fixed bathtub or shower	78,0	81,8	83,5	84,5	86,4	87,6	(*)
-not available	22,0	18,2	16,5	15,5	13,6	12,4	(*)
Sanitary means of excreta disposal							
Without water closet, without bath-tub nor shower							3,6
Without water closet, with bath-tub or shower							0,5
With water closet, without bath-tub or shower							6,8
With water closet, with bath-tub or shower							89,1

Note: information related to families, and not to individuals.

Source: INE – Comfort Indicators

WSC goal 6: Universal access to basic education and achievement of primary education by at least 80 per cent of primary school-age children, through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls

Indicator	**Children reaching grade 5**

In 1999, the percentage of children reaching grade 5 was of 97,2%.

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	**Primary school enrolment ratio***

School year 1998/99	Total	Male	Female
	100%	100%	100%

* Pupils with 6 years of age matriculated for the first time in the first year of primary school

Source: Ministry of Education, September 2000

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	**Net primary school attendance rate**

School year 1998/99	Total	Male	Female
	100%	100%	100%

Source: Ministry of Education, December 2000

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	Proportion entering school

In 1999 this rate was of 100%.

Source: Ministry of Education, December 2000

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	Learning achievement

Rates of Failure – year 1995

2nd year	3rd year	4th year	5th year	6th year	7th year	8th year	9th year
15,2%	8,3%	15%	12,3%	11,6%	19,4%	16,6%	13,6%

Source: Ministry of Education.

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Drop out rates – year 1995

1st year	2nd year	3rd year	4th year	5th year	6th year	7th year	8th year	9th year
1,9%	1,8%	1,8%	0,8%	3,4%	3,6%	6,8%	5%	5,1%

Source: Ministry of Education.

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	Pupil/teacher ratio in primary school

	1997/98	1998/99
1st cycle	13,9	14.2
2nd cycle	6.6	8.2

Source: Ministry of Education, December 2000-

Note: this information only relates to public education.

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	Student/teacher ratio in secondary school

1996/97	1998/99
10,9	9,5

Source: Ministry of Education, December 2000.

Note: this information only relates to public education.

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	Learning achievement (% of 20-years-olds having successfully passed secondary school examinations)

No data available in Portugal.

Source: Ministry of Education, January 2001.

Indicator	Proportion of children enrolled at secondary level

In 1999 100% of the children between 12 and 17 years were enrolled at secondary level.

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	Proportion of children aged 10-18 with weekly access to computers

An example of the use of computers and of access to the internet in schools is the **Program Internet in School** is a national initiative led by the Portuguese Ministry of Science and Technology within the framework of the Green Paper for the Information Society. All 5th to 12th grade schools, as well as some 1st grade schools have been connected to the Internet. Recently, cultural associations and libraries have also been connected.

Within the framework of the Program, schools have been equipped with a multimedia computer with a 64K ISDN connection to the Internet through the National Science Technology and Society Network (RCTS). This connection involves no additional costs for the schools.

The equipment is located in school libraries, thus promoting teachers' and pupils' access to information.

The program aims at stimulating schools to use Internet for educational purposes, supporting the production of scientific and technological content. Since this network includes universities and primary and secondary schools, it promotes communication between the scientific community and schools. Various telematic activities have been carried out to take advantage of this opportunity.

WSC goal 7. Reduction of the adult illiteracy rate (the appropriate age groups to be determined in each country) to at least its 1990 level, with emphasis on female literacy.

Indicator	Literacy rate

Illiteracy rate in adults (persons of 15 years or more)

	Total	Male	Female
1991	12,1%	8,4%	15,3%
1995	10,2%	7,1%	13,1%
1997	10,2%	6,8%	13,3%

Source: Ministry of Education, September 2000

WSC goal 8. Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations

Indicator	Total child disability rate

In 1994, under the aegis of the National Secretariat for the Rehabilitation and Integration of Disabled People (SNRIPD), the *National Survey on Disabilities, Impairments and Handicaps* has been carried out. This is the sole available source to the effect, hence the elements presented are reported to 1994. This study, which consisted of a direct survey on the population, covered 142 114 people, corresponding to 47 020 families.

Though the elements required do refer to the incidence of mentally or physical impairments in children under 15 years of age, it also shows some aspects of the disabilities.

Children with impairments

In 1994 there were in Portugal 113 519 children under 16 years affected by some kind of impairment. This value represented 5, 85% of the children with that age in the Portuguese population and in the concerned year. According to age subgroups there can be found the following values:

> 2 years of age	2.60%
3 to 5 years of age	4.37%
6 to 15 years of age	6.86%

People with some impairments according to the type of limitation

	0-2 years	3-5 years	6-15 years	<16 years
Sight impairment (total)	292	555	4702	5549
subtotal: blind	0	29	281	310
Hearing impairment (total)	73	428	6625	7126
subtotal: deaf	42	57	1978	2077
Speech impairment (total)	905	2088	10884	13877
subtotal: dumb	381	318	1734	2433
Other communication impairment	107	1002	16456	17565
Personal care impairment	775	959	5621	7355
Walking impairment	849	1535	6185	8569
Household duties impairment	520	670	3586	4776
Impairment before circumstances	3057	5067	17848	25972
Behaviour impairment	701	1406	20623	22730
Total	**7279**	**13710**	**92530**	**113519**

Disabled children

The number of disabled children at the considered date was 69 288, which represented a disability rate of 3,57% at that age[1]. Unlike what happens relatively to the impairments, the above percentage has been built by counting one disability by individual.

According to age subgroups the following disability rates have been found:

[1] We should notice that in the total population the disability rate was 9,16%

< 2 years of age	2.32%
3 to 5 years of age	3.52%
6 to 15 years of age	3.84%

Children with some disability according to the type of disability

	0-2	3-5	6-15	<16 years
Psychological	1147	1076	18092	20315
Sensorial	473	1700	11208	13381
Physical	4149	7881	20279	32309
Mixed	413	649	2719	3781
Total	6482	11306	52298	70086

Disability rates (%) per age (<16 years) and type of disability

	0-2	3-5	6-15
Psychological	0,52	0,33	1,34
Sensorial	0,17	0,54	0,83
Physical	1,48	2,51	1,50
Mixed	0,15	0,21	0,20

Note: In the total population the disability rate was 9,16%

Children with some disability per age (< 16 years) and gender

	0-2	3-5	6-15	<16 years
Men	2920	5532	19932	28384
Women	3572	5501	31832	40905
Total	6492	11033	51764	69288

Disability Rate (%) per age (<16 years) and gender

	0-2	3-5	6-15	<16 years
Men	**2,7**	**3,3**	**2,6**	2,6
Women	**2,7**	**3,1**	**4,8**	4,2
Total	2,2	3,2	3,4	3,7

Percentage of the probable cause of the disability

	Common Disease	Heredity	Childbirth	Pregnancy	Accidents at home	Car Accidents	Other Accidents	Other Origins
Psychological	25,8	14,3	11,5	14,4	2,18	2,48	2,08	18,9
Sensorial	33,3	12,1	4,7	4,6	3,6	2,1	2,7	15,2
Physical	34,1	11,4	3,6	4,4	3,3	4,3	2,0	14,3
Mixed	17,4	9,2	13,0	4,8	1,3	0,6	1,2	22,2

Indicator	**Children in households with income < 50% of national median**

There is no data available in Portugal.

Indicator	**Worklessness among households with children**

There are no data available in Portugal giving direct information on this concrete indicator. However there exists other relevant information, which may be of help to understand the evolution of unemployment in Portugal.

In fact, since 1998 employment grew at a rate of approximately 2,3%. This growth affected practically all groups in the employment market, although with different intensify. Long-term unemployment also fell in the last two years, although less sharply than total unemployment, covering approximately 44,6% of unemployment in 1998, being higher among women (42,9%) than among men (42,1%) and particularly among older adults (60,5%). Bearing in mind the feminisation of unemployment, a number of specific measures were adopted to combat unemployment in these more vulnerable groups.

Similarly, to create employment for the more fragile social groups employers' contributions to social security benefited from reductions and exemptions to benefit employers who are young people looking for their first job, the long-term unemployed and people with disabilities.

National Employment Plans have been adopted since 1997, following the European employment strategy approved in the European Union. These plan have defined and integrated employment strategy characterised by the adoption of active employment measures aimed, not only at creating jobs, but at increasing Portuguese workers' professional qualifications and encouraging socio-economic development at local level.

Taking into account that the long-term unemployment rate (>12 months) represented 42,5% of total unemployment, and that the rate of young unemployment was of 31% of that total, within the 1998 National Employment Plan the Government created the REAGE and the INSERJOVEM Initiatives. They have created new methodologies for full and individual follow-up to prevent these situations.

Indicator	Children involved in pornography/prostitution

According to Article 172 of the Portuguese Criminal Code, on sexual abuse of children any person who acts over a child under 14 years of age, either by way of obscene words or written document, spectacle or pornographic object, as well as any person who uses a child under 14 years of age for obtaining photographs, films, or recordings of a pornographic nature, shall be punished with up to three years imprisonment. Showing or transferring such materials is also punished in the same way. The latter was introduce in the Code at the time of its revision in 1998.

According to article 172 § 4, those who commit such actions with a lucrative end, shall be punished with imprisonment between 6 months and 5 years.

According to the Article 173 §1 of the Criminal Code, where the persons who commit such acts are in charge of a child ages between 14 and 18, for purposes of education or assistance, the punishment shall be imprisonment between 1 and 8 years.

The above-mentioned norms of the Criminal Code reveal the intention of the legislator to punish those who use children in order to produce show or transfer material. Such norms are usually applicable when the child is under 14, save where the person who commits the act is in charge of the children in which case the protection of the law runs up to the age of 18.

In the context of pornography, decree-law No. 98/98, explicitly mentions sexual abuse as well as the fact that children have a behaviour or engage in activities that seriously affect their health, safety, training, education or development without the parents having taken adequate measures in order to overcome the situation.

The protection envisaged is based on local protection commissions. They are competent for the detection of situation that create a risk to the rights of the child or are damaging to their health, safety, training or social integration. All police and judicial authorities as well as all public and private entities with powers in matters pertaining to children or youngsters, are under a duty to inform local commissions of any such facts that they are aware of. The Commissions are under a duty to exercise their actions where a child or parents so requests or, upon consent of the latter, in situations that they detect or they are inform of. The Courts intervene where there is no consent.

Portugal participated actively in the negotiations leading to the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. Portugal recently signed that instrument, at the Millennium Summit in New York.

Concerning prevention against child pornography, the Portuguese Government adopts measures aimed at reducing the vulnerability of children in the face of sexual exploitation, in particular for commercial purposes.

Indicator	Level of child abuse

Concerning violence and child abuse, the above-mentioned Decree-Law No. 98/98, of 18 April, has set up a National Commission for the Protection of Children and Youngsters at Risk. It was given powers for planning state intervention and co-ordinating, following and evaluating the action of public bodies and the community in matters pertaining to the protection of children and youngsters at risk.

The adoption of that decree-law as well as the reform of the legislation in this field should be considered in the framework of a larger legislative reform that aims at ensuring different treatment, on the one hand to situations in which the child is the victim of ill-treatment or other behaviour that puts him at risk and, on the other hand, to situations in which the child commits illicit actions.

The Commission is under the Ministers of Justice and of Labour and Solidarity. Its membership is made up of representatives of the Presidency of the Council of Ministers, the Ministries of Justice, Labour and Solidarity, Education, Health, the Prosecutor General, the Ombudsman and the Secretary of State for Youth, amongst others.

Within the framework of the protection of children at risk, the law is based on the following principles that guide its intervention:

- the prevailing interest of the child;
- privacy;
- preclusive, minimal, proportional and timely intervention;
- primacy of the family;
- mandatory nature of reporting, mandatory hearing and participation of the child;
- subsidiary nature of intervention (i.e. courts should only intervene in last resort).

The Commission must intervene where parents, the lawful representative of the child or the person who is in charge of the child, create a risk to the safety, health, training, education or development of the child, or do not face such risks with a view to eliminating them. In this framework, Article 3 of the law explicitly mentions physical and psychological ill-treatment as reasons enough for the intervention of the Commission.

The Project for the Support of the Family and the Child was set up in 1992 with the following priority aims:

– Detect situations where children are ill-treated;

– Diagnose family ill-functioning that provoke ill-treatment of the child;

– Act as necessary in order to stop the risk situation.

This project is designed to cover children who are the victims of physical and/or psychological violence and who received medical care in health centres or hospitals.

In each central hospital an office of this project was set up. Each office is made up of one paediatrician, one psychologist, one nurse, one social service technician and one lawyer. At a second stage, the project will be enlarged to cover district hospitals.

Different departments of the State, from the Ministries of Health, Labour and Solidarity and Justice, are involved in the implementation of this project.

The results of the action carried out in the framework of this project, with respect to the detection of situations of ill-treatment, the diagnosis of family situations leading to ill-treatment, interventions in families and leading children towards social responses, may be evaluated according to the indicators that figure in the following tables:

Indicators concerning the Project Support to the Family and the Child

INDICATORS	**1996**	**1997**	**1998**
Families being followed	98	124	195
Minors that form the families	280	341	497
Minors victims of ill-treatment detected by hospitals	121	157	296

Source: Project Support to the Family and the Child

Age structure of children victims of ill-treatment

Age group	1996		1997		1998	
< 3 years	102	41.1%	85	27.7%	131	49.1%
4 to 6 years	48	19.4%	68	22.2%	48	17.9%
7 to 12 years	69	27.8%	102	33.2%	70	26.2%
13 to 18 years	29	11.7%	52	16.9%	18	6.8%
TOTAL	248	100.0%	307	100.0%	267	100.0%

Source: Project Support to the Family and the Child

Typology of ill-treatments

Typology of ill-treatments	1996		1997		1998	
Physical	489	33.7%	420	32.7%	742	37.6%
Psychological	238	16.4%	163	12.7%	259	13.1%
Negligence	631	43.6%	573	44.6%	856	43.4%
Sexual Abuse	91	6.3%	129	10.0%	116	5.9%
TOTAL	**1449**	**100.0%**	**1285**	**100.0%**	**1973**	**100.0%**

Source: Project Support to the Family and the Child

Emergency Line "Ill-treated Child "
Age structure of children victims of ill-treatment

Age group	1996		1997		1998	
< 3 years	429	26.2%	374	27.7%	504	24.5%
4 to 6 years	327	20.0%	314	22.2%	409	19.8%
7 to 12 years	605	37.0%	525	33.2%	699	34.0%
13 to 18 years	274	16.8%	301	16.9%	447	21.7%
TOTAL	**1635**	**100.0%**	**1514**	**100.0%**	**2059**	**100.0%**

Source: Project Support to the Family and the Child

Indicator	Children in alternative care, excl. foster care

In the framework of social policy, the protection of children and youngsters was a priority in the programme of the 13th Government (1995-1999). That policy was implemented by way of a multi-disciplinary and integrated method that led to, on the one hand, the preparation of a set of new responses, such as Temporary Reception Centres and the Emergency Units and, on the other hand, a re-structure of the existing responses by way of revising the legislative framework concerning the protection of minors, in particular those at risk.

Emergency Units

There are a response that may be called of "First Line", to the extend that their aim is to respond to specific situations that call for urgent and immediate measure, notwithstanding subsequent, phased interventions.

Such units are located in permanent premises, in places like Homes and Temporary Reception Centres. They receive children and youngsters in situations of serious imminent danger, at any time of the day or the night, 365 days per year.

This kind of intervention should not last more than 48 hours. During that period, a bed should be provided and basic needs ensured.

Depending of each individual case, these measures may lead to the return to the natural family, reception in Temporary Reception Centres or Homes, or other solutions that are considered to be adequate.

Number of Emergency Units	Number of places
11	59

Source: *National Commission for the Protection of Children and Youngsters at Risk / Institute for Social Development - Ministry of Labour and Solidarity, July 1998*

Temporary Reception Centres

Their purpose is to receive children and youngsters at risk whose situation does not allow them to remain in the family. They are addressed to the age group 0-18 years of age, organised in two steps: from 0-12 and 12-18. The physical structure of the centres seeks to be as close as possible to that of a mono-family residence, never going beyond 12 children/youngsters per centre.

The period of stay is used, in coordination with local services, for working with the family and the community.

At the same time, the children and youngsters are given educational support adapted to their respective ages and personal features. Moreover, action is taken to detect the main needs of the clients, in terms of health, psychological and affective balance, socialisation and schooling, by way of resorting to recreational and educational means available nearby.

The technical teams that are responsible for these centres are pluri-disciplinary, integrating psychologists, social workers and educators, specialising in questions pertaining to children and youngsters. The management, organisation and functioning of the Centres are the responsibility of a director, selected amongst the members of the team.
Reception in Temporary Reception Centres should not go beyond six months, after that the clients

- either return to the family, if safe, or
- are placed in a foster family (priority is always given to adoption) where return to the family is not possible, or
- are placed in a Home that ensures individual care and social integration in condition similar to those of a family, where none of the previous solutions is possible.

Number of Temporary Reception Centres	Capacity of the Temporary Reception Centres	Number of children received
42	**592**	**839**

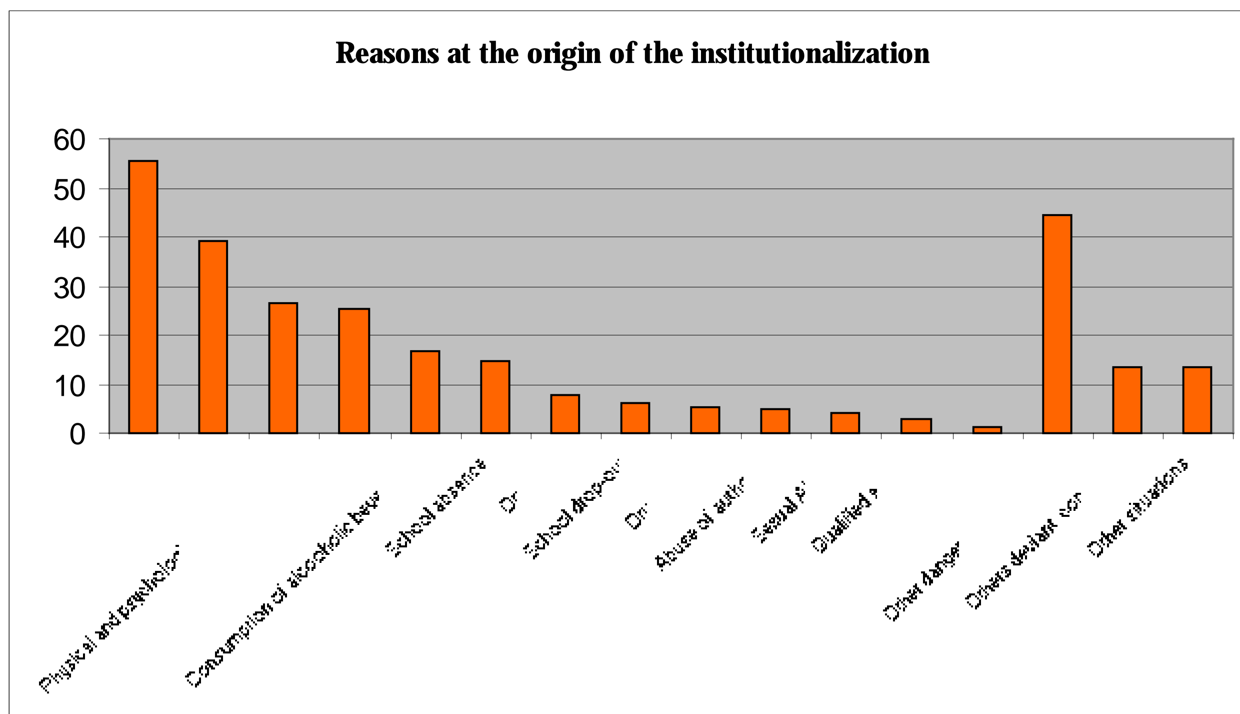
Source: *National Commission for the Protection of Children and Youngsters at Risk / Institute for Social Development - Ministry of Labour and Solidarity, July 1998*

Homes
The placement of children/youngsters in Homes is the last response to situations where children or youngsters are unprotected by their original families or otherwise face problems that justify their definitive distance from the family.
In the framework of the activity of the National Commission for the Protection of Children and Youngsters at Risk (Decree-law No. 98/98, of 18 April), because at the time there was no research available in this field – that presently is believed to cover around 13,500 children/youngsters - an exhaustive study was carried out in order to describe the features of the children and youngsters placed in homes as well as the features of the Homes. The following are some such data.

Children and youngster placed in Homes

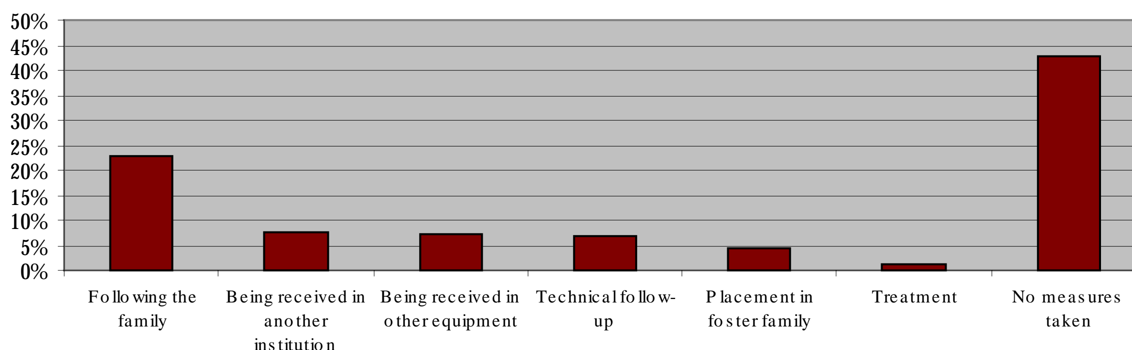
Number of Homes	**Number of Children / Youngsters**	**Age groups**						
		> 2 years	3-5 years	6-10 years	11-12 years	13-15 years	16-17 years	> 18 years
257	9580	144	390	2 347	1 633	2491	1208	1 274

Source: *Enquiry about children and youngsters placed in Homes, National Commission for the Protection of Children and Youngsters at Risk / Institute for Social Development – General Supervisory Body, Ministry of Labour and Solidarity, December 1998.*



Source: *Enquiry about children and youngsters placed in Homes, National Commission for the Protection of Children and Youngsters at Risk / Institute for Social Development – General Supervisory Body, Ministry of Labour and Solidarity, December 1998.*

Protection measures tried before placement in Homes



Source: *Enquiry about children and youngsters placed in Homes, National Commission for the Protection of Children and Youngsters at Risk / Institute for Social Development – General Supervisory Body, Ministry of Labour and Solidarity, December 1998.*

Once this study had been carried out and because it showed that many youngsters did not reach a level of education allowing for an adequate professional integration, measures were taken with a view to ensuring that youngsters placed in Homes are offered career advising and training with a view to their preparation for active life and their being autonomous. Such measures are implemented by the Institute for Employment and Training.

The Decree-Law No. 120/98, of 8 May, introduce changes that aim at adapting the adoption regime to changes in society. In fact, the adoption procedure was systematically re-organised in order to ensure that the system of protection of minors, in particular adoption, is coherent.

The following changes are underlined:

- After the administrative decision that places the minor under the guardianship of a candidate foster parent, the latter may be appointed provisional curator, that exercising parental powers;
- After the judicial decision that places the minor under care with a view to forthcoming adoption, the latter may be placed under the provisional guardianship of a candidate foster parent, where the elements available in the fields show that the chances are high that the adoption procedure will lead to a positive decision; that allows for an early approximation between the minor and the future foster parent while at the same time shortens the period of placement;
- The candidate foster parent, selected by the competent services, may ask for the minor to be placed under his guardianship with a view to future adoption where, on the strength of a previous court decision, the minor is already under his guardianship, or where, once the requirements for an administrative decision for the placement of the minor under his guardianship have been met, the security social body does not confirm

that the minor may remain where he is and once the request has been considered or the time limit for its consideration has lapsed;
- The age limits for the minor to be required to consent to adoption changed from 14 to 12; The same applies to the age limit for the consent of the children of the candidate foster parent;
- The exceptional possibility for serious reasons of a person over 50 years of age and under 60 years of age fully to adopt a child if the difference of age between the child and one of the foster parents does not exceed 50 years;
- The public and private social solidarity institutions shall inform the Commissions of Protection of Minors, or the Public Prosecutor when the former have not yet been set up, of the placement of minors in danger, as defined in Article 1918 of the Civil Code;
- The reinforcement of the secrecy involving the identity of persons fully adopted when they get married. In the procedure that leads to marriage, the public official in charge shall investigate whether there are impediments to the marriage that result from natural filiation, without however giving any publicity to the investigation.

Regulatory Decree No. 17/98, of 14 August, makes it possible for private institutions of social solidarity to intervene, both in respect of adoption and in respect of mediation concerning international adoption, in the following areas:
- Study and follow the social and legal situation of the child/youngster and develop actions oriented towards the definition and implementation of their adoption project;
- Register and select candidates foster parents;
- Follow situations during the pre-adoption period.

Indicator	**Children < 15 with working parents left unsupervised**

There are no data available in Portugal that would allow us to reply directly to this question.

However, in a study carried out in 1996 on ill-treatment of children in Portugal, the conclusion was drawn that around 45% of the victim children stay alone at home during long period of time. This percentage is higher in Madeira (71%), the Algarve (68%), Centre Coastal (54%) and Centre Inland (51%). According to the same study, more than 5% of the ill-treated children only stay alone at home for short periods and around 17% never stay alone at home.

WSC goal 9. Special attention to the health and nutrition of the female child and to pregnant and lactating women

Indicator	Under-five mortality rate: female/male

See answer given under WSC goal 1.

Indicator	Underweight prevalence: female/male

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Antenatal care

Consultation on obstetrics and maternal health in hospitals and health Centres in Portugal

	Consultation on Obstetetrics / Maternal Health* (n.º)			Rates of Obstetrical consultations * per 500 000 females inhabitants		
	Total	Hospitals	Health Centres	Total	Hospitals	Health Centres
31-12-1990	572156	162521	409635	56083,82834	15930,62009	40153,20826
31-12-1991	590534	174668	415866	57784,22723	17091,40439	40692,82284
31-12-1992	592606	189006	403600	57949,43606	18482,41684	39467,01922
31-12-1993	613939	195472	418467	59864,01523	19060,10008	40803,91514
31-12-1994	661593	258192	403401	64376,2078	25123,3339	39252,8739
31-12-1995	614743	214666	400077	59761,76681	20868,58969	38893,17712
31-12-1996	619183	211205	407978	60109,01854	20503,34919	39605,66935
31-12-1997	635907	226277	409630	61586,43118	21914,51405	39671,91713
31-12-1998	660484	235617	424867	63823,75905	22768,09527	41055,66378

*Maternal Health in Health Centres.

Source: INE –Statistics of Health

Indicator	HIV prevalence: female/male

Portugal does not have studies concerning the HIV infection prevalence, but the World Health Organisation (WHO) estimates that by the end of 1999 36 000 persons were infected in Portugal (rate of infection 15-49 years: 0,74%). From those, 7 000 are women and girls between 15-49 years and 500 are children.

The epidemiological surveillance system in Portugal is based on the notification of AIDS cases (diagnosed disease, not infection). The data referred to the prevalence of AIDS cases is the following:

Cumulative AIDS cases among women according to their age

(from 01.01.1983 to 30.09.2000)

<14 years	15-34 years	35-54 years	> 55 years
45 cases	723 cases	353 cases	83 cases

Source: National Commission of Fight Against AIDS, January 2001

Cumulative AIDS cases among men according to their age

(from 01.01.1983 to 30.09.2000)

<14 years	15-34 years	35-54 years	> 55 years
52 cases	3.427 cases	2.338 cases	383 cases

Source: National Commission of Fight Against AIDS, January 2001

Distribution of cumulative AIDS cases by gender

(from 01.01.1983 to 30.09.2000)

	Male	Female
Total number	6 240	1 211
Percentage	83,7%	16,3%

Source: National Commission of Fight Against AIDS, January 2001

Indicator	**Iron-deficiency anaemia**

According to a parcelling study lead by the Ministry of Health in 1998, 4,4% of pregnant women had haemoglobin levels below 10g/100ml.

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	Teen-age pregnancy (15-19)

Number of live births from teen-age mothers (<20)

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
No LB	9 994	9 855	9 456	9 270	8 557	8 013	8 860	7 688	8 416	7 361

Source: General Health Directorate, Ministry of Health, January 2001.

Between 1990 and 1999 the births from teen-age mothers had decreased 26.5 per cent.

WSC goal 10. Access by all couples to information and services to prevent pregnancies that are too early too closely spaced, to late or too many

Indicator	Contraceptive rate

Having into account the prevailing trend towards contraception, the survey on fertility and family that was carried out in Portugal in 1997 provides some information in that respect. Thus 80,7% of the women surveyed, aged 15-49, entertaining a marital relationship and not pregnant, practice contraception.

The fertility rate amongst adolescents is still very high even if it has considerably decreased until the mid-nineties. The increase in the number of births as from 1996 was general and across the board covering all age groups.

Indicator	Fertility rate for women 15 to 19

Fertility rate for the age group 15-19, Portugal: 1990-1999 (per thousand)

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
24,1	23,5	22,6	22,5	21,2	20,5	20,9	21,3	21,2	21,8

Source: National Institute for Statistics

Indicator	Total fertility rate

Total Fertility Rate, Portugal: 1990-1999 (

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
1,57	1,57	1,54	1,52	1,44	1,41	1,44	1,46	1,46	1,50

Source: National Institute for Statistics

Indicator	Access to sex education through school

At present, there are different pilot projects being carried out, on sexual education in some schools in the country. It is expected that in the school year 2001/2002, with the reform of basic and secondary education, sexual education will become part of a mandatory area, namely "Education for citizenship".

Indicator	Incidence of STD in children from 15-19

No data available in Portugal.

Source: Ministry of Health, January 2001.

WSC goal 11. Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies

Indicator	Antenatal care

See answer given under WSC goal 9

Indicator	**Childbirth care**

Childbirth attended by skilled health personnel, Portugal

	Total number	Attended by health personnel
1990	116.324	97,9%
1991	116.292	99,0%
1992	114.886	99,2%
1993	113.770	99,3%
1994	108.983	99,5%
1995	106.829	99,5%
1996	109.896	99,4%
1997	112.490	99,6%
1998	112.909	99,9%
1999	115.263	99,8%

Source: INE, January 2001.

Indicator	**Obstetric care**

See data given under WSC goal 9.

WSC goal 12. Reduction of the low birth weight rate (less than 2,5 kg) to less than 10 per cent

Indicator	**Birth weight below 2,5 kg**

Proportion of live births weighting below 2,5 Kg

	1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**
%	5,6	5,6	5,5	5,9	6,1	6,0	6,4	6,5	6,7	-

WSC goal 13. Reduction of iron-deficiency anaemia in women by one third of the 1990 levels

Indicator	Iron-deficiency anaemia

See information given under WSC goal 9.

Indicator	Live births below 2.5 kg at 9 months (%)

No data available in Portugal.

Source: Ministry of Health, January 2001.

WSC goal 14. Virtual elimination of iodine deficiency disorders

Indicator	Iodised salt consumption

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Low urinary iodine

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	**Goitre in schoolchildren**

No data available in Portugal.

Source: Ministry of Health, September 2000

WSC goal 15. Virtual elimination of vitamin A deficiency (VAD) and its consequences, including blindness

Indicator	**Children receiving vitamin A supplements**

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	**Mothers receiving vitamin A supplements**

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	**Low vitamin A**

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	**Children with night blindness**

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Night blindness in pregnant women

No data available in Portugal.

Source: Ministry of Health, January 2001.

WSC goal 16. Empowerment of all women to breastfeed their children exclusively for fours to six months and to continue breastfeeding, with complementary food, well into the second year

Indicator	Exclusive breastfeeding rate

According to a study carried out by the Directorate General of Health, all mothers are aware of the advantages of breast-feeding and are decided to practice it.

A high percentage of babies (95%) are exclusively or partially breast-fed at the time of leaving maternity hospitals. Numbers decrease as from the 15th day of life, for wrong reasons relating to technical problems, insecurity, fear and stress.

There are inter-institutional programmes supporting breast-feeding. They are based on the attitudes and practices of professionals, support to mothers in the first weeks and lowering the level of stress.

In any event, the promotion of breast-feeding should not go against free choices nor should it lead to inducing a sentiment of guilt, nor anxiety, in mothers who, once properly informed, choose not to breast-fed, either because they cannot do it or do not wish do it.

Indicator	Timely complementary feeding rate

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Continued breastfeeding rate

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Number of baby-friendly facilities

Unfortunately, there are no conditions allowing all children and youngsters who so need, to be interned in a service with the so-called "paediatric environment". Mainly in surgery and orthopaedics, children are placed with adults, which is not a good thing. On the other hand, most paediatric services cannot receive adolescents. There is evidence that the best place for the latter is not amongst adults who often suffer from diseases or are in situations which are tough or impressing. Such does not respect the special features of that age group, nor its requirements such as privacy and confidentiality.

In Portugal, the law allows for children in hospitals to be accompanied by their parents or their legal representatives. There is a huge effort to "humanise" services, by dignifying them, be it on architecture and decoration, be it on the availability of educators, teachers, social workers, nutritionists and other providers of care, be it by using methods of diagnosis and treatment that are adequate for children – for example, using not more than small quantities of blood for blood tests, or using especially designed apparatus and equipment. With official support and with the help of parents, it will be possible largely to step forward towards greater humanisation of hospitals.

Concerning the internment of children and adolescents

A study carried out by the Directorate General of Health has shown that around 40 000 children under 10 are interned in paediatric services, every year (except at the time of birth). Around one fourth of the internments correspond to multiple internments of the same children (repeated acute diseases or chronic diseases in acute periods); the number of children interned outside paediatric units is still very high (probably more than 50%); adolescents still are interned in units or adults (probably over 60% of those aged 10-14 and 90% of those aged 15-19); a high percentage of internments (around 80%) still goes through the emergencies' unit (thus not programmed): that goes against the principles that should preside over the planning of hospital activities; the more frequent reasons for internment are and injuries and concussions, accidental wounds, followed by surgical situations (including nose, throat and ears), respiratory difficulties (including asthma), infectious and gastro-enterologic diseases; at the level of the hospitals areas of paediatric interest and specialisation have been developed in the different departments, with its human resources and its equipment, in particular concerning intensive care. The concept and the practice of "day hospital" is also being developed.

External consultation is the interface between hospital and primary health care, as well as with the community. It thus represents a privileged space for selection, providing care, diagnosis, treatment, training, research, health education and guidance. External consultation should be organised in such a way as to receive, preferably, those patients who are indicated by the assisting doctors. Such is more and more the case. It would be wrong to think that external consultation is a space open to the outside or to patients leaving hospital.

Consultation in hospital for children and youngsters

The exact number of consultations in hospitals provided to children and young people is not known, even if it is known that, in 1994, the number of consultations in the different

paediatric specialist areas was 333,289, of which around one fourth correspond to first-timers. Reasons for consultation are also unknown. However, some studies show that consultations in hospital – against what happens with recourse to emergencies - are used rather by instigation of doctors than upon the initiative of the family; the last years have witnessed a great development in hospital consultations in the field of paediatrics, in particular with respect to the different paediatric specialist areas, at the level of district hospitals and also at the level of highly specialised consultations in central hospitals; at present a national "chart" is being prepared concerning the different consultations, including those that are administered by departments for "adults" (Orthopaedics, "nose, throat and ears", Ophthalmology, Dentistry and mouth diseases, Physical Medicine etc); the rules applicable are also under preparation. The chart should include the medicine practised in sub-systems and in the private system, with a view to ensure conditions for it to function correctly, including the definition of reference methods and the training of the professionals.

Indicator	Maternity and paternity leave

The Constitution of the Portuguese Republic, in its article 59, nº 2, paragraph c), establishes that the Government should guarantee special protection in what concerns working women during pregnancy and after confinement, and article 68, nº 3 specifies that such protection constitutes a right, which includes a leave for an adequate period of time without loss of remuneration or any other benefits.

The Law nr. 4/84 of April 5, with the wording of the Law nr. 142/99 enshrines the maternity leave, having been changed by the Law nr. 4/84 and regulated by the Decrees Law nr. 70/2000 of May 4 and nr. 77/2000 of May 9.

Maternity and Paternity Leave

The working woman is entitled to a maternity leave of 120 consecutive days, 90 of which should necessarily be enjoyed after confinement, and the remaining may be enjoyed totally or partially, before or after confinement.

In case of multiple confinement, the period of leave foreseen in the previous number is increased in 30 days for each twin besides the first one.

It should also be pointed out that in situations of clinical risk for the working woman or for the unborn child, the working woman is entitled to a leave, previous to confinement, for a period of time necessary to prevent the risk, according to medical certification and without prejudice to the 120 days leave above referred to.

It should be pointed out that it is compulsory to enjoy, at least, six weeks of maternity leave after childbirth.

The father is entitled to a 5 workdays leave, in a row or intercalated, during the first month after the child's birth.

If a physical or psychological impairment occurs to the mother and while it persists, if the mother's death occurs or in case of a parents joint decision, the father is also entitled to a leave for a period with the same length as the one the mother would have been entitled.

If a miscarriage occurs, the woman is entitled to a leave with a minimum length of 14 days and maximum of 30 days.

Maternity Allowance: 100% of the reference remuneration (total of the remuneration registered in six calendar months that precede the second month previous to the confinement, divided by 180).

Paternity Allowance: 100% of the reference remuneration. It is calculated on the terms of the maternity benefit.

Interruptions of work for Breast-feeding and Medical Care

The pregnant women are entitled to interrupt work so that they can see a doctor before confinement as many times as necessary and justified.

If a woman proves she is breast-feeding her child and as long as the breast-feeding period lasts, she shall be entitled to interrupt work for this purpose at two different periods of the working day, the maximum duration of which shall be one hour.

If breast-feeding doesn't take place, the working mother or father are entitled, according to a joint decision, to the interruption above referred, in order to feed the child until he/she is one year old.

Adoption Leave:

When the adoption of a child under 15 years of age occurs, the adopting candidate is entitled to 100 consecutive days leave, starting from the date the adoption is judicially or administratively decided, in order to accompany the child.

Adoption Benefit:

100% of the reference remuneration. It is calculated on the terms of the Maternity Benefit

Reduction of working time to assist disabled children

If the newborn has a congenital or acquired disability, the working mother or father are entitled to a reduction of five hours a week in their working time, until the child is one year old.

Child Care Leave

In case of illness or accident, the workers are entitled to be absent from work 30 days per year, in order to render urgent and indispensable assistance to children, adopted children or to stepchildren under ten years of age.

In case of hospitalisation of a child under ten years of age, the leave of absence corresponds to the duration of the hospitalisation.

In both situations it cannot be enjoyed simultaneously by both parents.

Allowance to assist sick or disabled children: 65% of the beneficiary reference remuneration

Special leaves:

The workers are allowed up to 30 consecutive days after the birth of grandchildren born from teenagers under 16 years of age, in case they live together.

Allowance for grandparents special leave: 100% of the beneficiary reference remuneration.

Parental leave and special leave to assist a biological child or an adopted one:

To assist a biological child or an adopted one under 6 years of age, both parents are, alternatively, entitled to:

a) 3 months parental leave

b) Part-time work for 6 months, with a normal period of work equal to half of the full time

c) Periods of parental leave and part time work where the total duration of the interruptions corresponds to the normal 3 months working periods.

Special leave to assist disabled and people with chronic sickness

The working father or mother are entitled to a six months leave that may be extended for 4 years in order to assist the child, the adopted one, or the child of one of the members of the couple who lives with them, if he/she is disabled or has a chronic disease, during the first 12 years of age.

Allowance to assist disabled and people with a chronic sickness: 65% of the reference remuneration, without exceeding the highest minimum national wage.

Part-time work and flexible hours of work

The workers, who have one or more children under 12 years of age are entitled to a reduced or flexible working timetable.

Return to Work

In order to guarantee a full reintegration of the worker after the duration of the period of absence foreseen in the Parental leave and special leave to assist a child or an adopted one or in the Special leave to assist disabled and people with chronic sickness the employer should provide him the participation in vocational training and retraining courses.

WSC goal 17. Growth promotion and its regular monitoring to be institutionalised in all countries by the end of the 1990s

Indicator	No indicators

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Level and frequency of medical exams routinely provided to primary school children

Vigilance over the health of children and adolescents, in the public system, is carried out mainly in health centres (within the framework of family medicine or by paediatric doctors) and also in the private system and in the different health sub-systems.

The network of primary health care-takers includes those who sit in health centres of the National Health Service, as well as many others, notably private, health sub-systems and conventional.

As they are calculated presently, the rates of coverage present certain lacunae – for example the number of children regularly assisted in the private system and in sub-systems, as well as the number of children who use at the same time the different systems and those who do not use any service, remains unknown.

The number of nurses working in primary health care, as well as the numbers for technical staff (psychologists, physio-therapists, therapists of the speech, occupational therapists, etc.) remain well behind what would be desirable.

Difficulties with preventive watch out, together with difficulties of access, are greater in areas around towns and in inland rural areas. It goes with the problem of inequality in health while being evidence thereof.

Search for and Early Detection of Diseases

Many situations, even if they cannot be avoided, may be detected at an early stage, with all the advantages that go with that – questions relating to the eye-sight, hearing, growth, speech, congenital heart diseases, hip dislocation or unfallen testicle, etc.

The **Programme for the Preventive Watch Over Child and Juvenile Health** includes a certain number of measures that fall into the categories of search for and early detection of diseases; such measures received scientific clearance, apply in certain “key-ages”, were approved by a large consensus, according to internationally accepted criteria.

Programme for the Preventive Watch Over Child and Juvenile Health

A **Programme for the Preventive Watch Over Child and Juvenile Health** is available in Portugal. It is very practical and is the result of both sharp scientific rigor and a large consensus. The watch out system was simplified in respect of key-ages in order to replace the chronological vaccination scheme with a “key-age” concept so as to lead to a more complete coverage of the child population including instructions and recommendations on preventive care that should be raised in each consultation, as well as the description of actions that should be carried out in each "key-age".

Some examples of successful prevention:

Dental decay

Dental decay is the most frequent chronic disease affecting the child and juvenile population in Portugal. According to research carried out in Portugal in the beginning of the nineties, the rate of occurrence of dental decay in the final dentition is one new case per child and per year, representing around 600,000 new cases in the primary school population (6-9 years of age) and an average number of four cases at the age of ten.

There are other programmes in Portugal, already put to trial and approved, that are based on:

- oral hygiene (washing, brushing, dental thread);
- use of fluorine (oral, rinsing);
- sealing up cracks;
- promote measures designed to rationalise the use of sugar.

The National Programme of Oral Health is being managed jointly by the National Commission for the Health of the Woman and the Child and by the Directorate General of Health.. The implementation of this Programme will result in a reduction of around 85% in the occurrence and the number of cases in the populations concerned.

WSC goal 18. Dissemination of knowledge and supporting services to increase food production to ensure household food security

Indicator	No indicators

No data available.

WSC goal 19. Global eradication of poliomyelitis by the year 2000

Indicator	Polio cases

The last case of polio occurred in Portugal in 1987.

Source: Ministry of Health, December 2000.

WSC goal 20. Elimination of neonatal tetanus by 1995

Indicator	Neonatal tetanus cases

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number of cases	0	1	0	1	0	0	2	0	0	0

Source: Ministry of Health, December 2000.

WSC goal 21. Reduction by 95 per cent measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run

Indicator	Under-five deaths from measles

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number of deaths < 5 years	1	1	0	1	2	0	0	0	0	0

Source: Ministry of Health, January 2001.

Indicator	Under-five measles cases

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number of cases of < 5 years	84	100	72	432	1 540	67	51	67	60	29

Source: Ministry of Health. January 2001.

WSC goal 22. Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of childbearing age

Indicator	**DPT immunization coverage**

Number of vaccinations DTP,< 1 years old, Portugal

	Number of vaccinations DTP < 1 years old
1990 *	99 095
1991	109063
1992	106 404
1993	100 732
1994 *	93 579
1995 *	93 590
1996 *	96 243
1997 *	101 627
1998 *	102 366
1999 **	104 285

* 3rd. inoculations.

** Azores not included.

Indicator	Measles immunization coverage

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
% Coverage	84,6	96,4	98,9	95,1	91,6	96,9	97,3	96,1	100,0*	98,8

* Due to a mumps outbreak, it was considered an existence of a significant number of revaccinations.

Source: Ministry of Health, January 2001.

Number of vaccinations VAS+VASPR,< 1 years old, Portugal

	Number of vaccinations VAS + VASPR < 1 years old
1990 *	4 937
1991	1 804
1992	1 530
1993	3 613
1994	4 765
1995	267
1996	438
1997	766
1998 **	498
1999 ***	669

*** Only VASPR.

* Azores not included.

** Azores not included. Only VASPR.

Source: INE, January 2001.

Indicator	Polio immunization coverage

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
% Coverage	89,2	94,9	92,5	91,5	96,1	94,6	93,1	96,3	97,4	94,5

Source: Ministry of Health, January 2001.

Number of vaccinations VAP < 1 years old, Portugal

	Number of vaccinations VAP < 1years old
1990 **	99 163
1991	108 573
1992	105 368
1993	99 624
1994 **	92 823
1995 **	104 153
1996 **	94 432
1997 **	100 646
1998 **	96 714
1999	104 323

* 3rd.s inoculations.

** Azores not included.

Source: INE, January 2001.

Indicator	TB immunization coverage

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Coverage %	89,2	73,8	88,8	90,6	85,8	91,8	87,4	86,8	86,4	90,7

Source: Ministry of Health, January 2001.

Number of vaccinations BCG<1 years old, Portugal

	Number of vaccinations BCG < 1years old
1990	102 517
1991	x
1992	102 414
1993	103 949
1994	84 486
1995	94 420
1996	93 311
1997	94 831
1998 *	91 535
1999	101 749

* Azores not included.

x Not available

Source: INE, January 2001.

Indicator	**Neonatal tetanus protection**

Number of vaccinations DT+DTP, 1 years old, Portugal

	Number of vaccinations DT + DTP < 1years old
1990 **	99 352
1991	109 726
1992	106 780
1993	101 014
1994 **	93 855
1995 **	93 850
1996 **	96 897
1997 **	101 897
1998 **	102 796
1999	104 700

* 3.rd inoculations.

** Azores not included.

Source: INE, January 2001.

WSC goal 23. Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea incidence rate

Indicator	Under-five deaths from diarrhoea

Under-five deaths from diarrhoea, Portugal: 1990-1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Deaths	19	9	6	16	4	4	8	4	2	2

Note: Intestinal infectious diseases (CID 9: 001-009)

Source: Ministry of Health, January 2001.

Indicator	Diarrhoea cases

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	ORT use

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Home management of diarrhoea

No data available in Portugal.

Source: Ministry of Health, January 2001.

WSC goal 24. Reduction by one third in the deaths due to acute respiratory infections in children under five years

Indicator	**Under-five deaths from acute respiratory infections**

Year	Number of deaths *	Change in relation to 1990
1990	**5**	-
1991	**8**	**60,0**
1992	**11**	**120,0**
1993	**4**	**-20,0**
1994	**2**	**-60,0**
1995	**0**	**-100,0**
1996	**0**	**-100,0**
1997	**2**	**-60,0**
1998 **	**0**	**-100,0**

* Codes 460-466 of the 3 digit list of the CID-9 (codes 310, 311, 312 and 320 of the basic tabulation list).

** Last annual figure available.

Note – Data concerns the death-toll of the population present in the country («General Total»).

Source : INE – Health Statistics

Indicator	**Care seeking for acute respiratory infections**

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Children suffering from respiratory allergies and asthma

No data available in Portugal.

Source: Ministry of Health, January 2001.

WSC goal 25. Elimination of guinea worm disease (dracunculiasis) by the year 2000

Indicator	Dracunculiasis cases

This disease does not exist in Portugal.

Source: Ministry of Health, September 2000.

WSC goal 26. Expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions

Indicator	Preschool development

The number of children between 3 and 5 years of age who are attending an early childhood education program (from the National Pre-school Education Network) was of 204 074 in 1998/99, which represents a coverage of 65%.

In 1998/99 the National Network was composed by 5 849 Kindergarten, 45% of which belonged to the public network. 37% of them belonged to the solidarity network and 18% to the private and co-operative network.

No data available concerning the evolution since 1990.

Source: Ministry of Education, January 2001.

Indicator	Support to families to ensure adequate care of young children in pre-school education

Pre-school education in the public sector is free of charge. The Ministry of Education is determined in developing it, because it is an essential element in child learning. In a more general way modest families are ensured no charge for the registration allowances and loans with reduced interest rates. The Ministry of Education gives priority consideration to the less protected and less served regions. In particular there are itinerant teachers who travel to the areas where less people live and areas of difficult access. There is a service for school and career guidance. Children coming from under-privileged families benefit inter alia from free transport and free meals. For children coming from modest families, books and other school materials are free.

WSC goal 27. Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness in terms of behavioural change.

Indicator	No indicators

The availability of new communication, audio-visual and on-line services presents new questions and challenges to the protection of children. Although at the national level the wide discussion of these questions is still in an embryonic phase, there are clear signs that the entities with special responsibilities in this matter have already started adopting measures specifically aimed at protecting and developing children in the framework of the information society.

Notably, one can highlight the following areas of action in this framework:

- evaluation of the adequacy and efficiency of the currently existing protection measures and try new means aimed at protecting children and at informing the television spectators (through signs, technical devices to help the parental control and awareness programs);
- promotion of the access of children to new audio-visual and information services at school and in public spaces;
- promotion of the contents and quality services aimed at children;
- development of research, information and awareness-raising initiatives in the area of the relations between children and the media;

- implementation at the national level of a self-regulatory framework for on-line services in this area, namely in view of the adoption of codes of conduct;

- encouraging the cooperation among different actors and sectors and stimulate the debate and exchange of experiences at the international level.

Additional indicators for monitoring children's rights: Juvenile Justice

Criminal liability in Portugal start at the age of 16 — Article 19 of the Criminal Code.

Out of the ten negatives aspects indicated in the Final Comments of the Committee of the Rights of the Child with respect to the initial report (dated 31 March 1994), on the application in Portugal of the Convention on the Rights of the Child, one of them concerns Juvenile Justice.

As from 1995, o Portuguese Government took several initiatives in order to give substance to new guide-lines in the field of the Administration of Juvenile Justice. The idea is to separate and give different treatment to, on the one hand children and youngsters who live in a situation of risk and, on the other hand, children and youngsters who are starting or developing a criminal career.

This movement led to the preparation and approval of two Acts by the Assembly of the Republic:

– Law No. 147/99, 1 September – **Law on the Protection of Children and Youngsters at Risk.**

– Law No. 166/99, 14 September – **Law on Educational Guardianship**.

The Resolution of the Council of Ministers dated 27 July 2000 ruled that the above mentioned act should enter into force on 1 January 2001. Its also approved a vast Programme of Action to prepare the entry into force of the reform..

One of the main feature of the reform is that it is clearly in favour of non-institutional measures and against institutional measures. Thus it follows the recommendations of the "Plan of Action for implementing the World Declaration in the 1990s" and its appendix "Goals for Children and Development in the 1990s", namely: "to prevent children from being separated from their families and, where that happens, to engage actions designed to provide alternative family support or institutional placing".

Additional indicators for monitoring children's rights: Refugee children

Number of unaccompanied children having asked for asylum in Portugal

Year	Number of children
1990-1995	*
1996	4
1997	17
1998	18
1999	18
2000	14

Source: Service of Aliens and Boarders, January 2001.

*No data available.

Additional indicators for monitoring children's rights: Overseas Development Aid

The attention of the reader is drawn to the information provided on this matter in the part concerning the internal application of §34iii) of the Declaration and Plan of Action of the World Summit for the Child.

The concrete and more significant actions of the Portuguese co-operation in the area of education have consisted in

– Scholarships in Portuguese Universities;

– Maintenance and hiring of teachers/professors at all education levels in different countries;

– Offering school and teaching materials;

– Offering professional and university-level training in different domains;

– Rehabilitation of degraded school installations;

– Maintenance of Portuguese schools and Portuguese teaching centres;

– Construction of school laboratories, libraries and multipurpose rooms.

In the area of health and well being of the populations, the Portuguese cooperation has developed initiatives to support:

– Sanitary rehabilitation in different countries;

– Emergency projects for the improvement of the health and food conditions;

– Treatment of Trypanosomiasis (sleeping sickness);

– Missions for the supply of medicines, vaccinations and milk;

– Research and clinical information to hospitals and other sanitary structures;

– Program of fight against Onchocerciasis (River Blindness);

– Evacuation to and provision of medical care in Portugal;

– Promotion of differentiated assistance in different areas, training of personnel and supply of equipment.

The Portuguese bilateral co-operation is mainly directed at the Portuguese speaking African countries, with which Portugal maintains privileged relations of co-operation. Besides the co-operation with these countries, only in 1999 Portugal has intervened in the domains of health and education in countries like Benin, Brazil, Colombia, Congo, Honduras, India, Former Yugoslav Republic of Macedonia, Palestine and Zimbabwe.

These actions have consisted in the direct support or in the support through NGO's to schools, training students, offering scholarships and sending teachers or, in the case of health, sending medical emergency help.

Public Aid to Development - Bilateral
1991-1994

(%)

SECTORS	1991	1992	1993	1994
I. SOCIAL SERVICES AND INFRASTRUCTURES	**33,05**	**26,88**	**34,54**	**37,86**
1. Services and Investments on Education	22,15	18,33	19,37	23,29
2. Health	3,69	2,68	3,47	2,05
3. Public Administration and Development and Planning Services	2,15	1,69	8,74	10,04
4. Others	5,06	4,18	2,96	2,48
II. ECONOMIC SERVICES AND INFRASTRUCTURES	**2,03**	**3,77**	**2,84**	**7,65**
1. Transports, Communications and Mass Media	1,64	3,42	2,02	6,63
2. Energy	0,12	0,25	0,81	0,74
3. Others Economics Infrastructures	0,27	0,10	0,01	0,27
III. PRODUCTION SECTORS	**4,92**	**5,32**	**7,19**	**6,16**
1. Agriculture	1,77	1,35	1,22	1,18
2. Industry	0,74	0,42	2,40	1,30
3. Building	0,69	0,31	1,41	0,44
4. Trade and Banking	0,54	2,57	1,12	1,58
5. Tourism	1,03	0,62	1,05	1,65
6. Others	0,15	0,05	0	0,01
IV. DEBT RELIEF	**1,32**	**0,21**	**3,16**	**9,89**
V. ENVIRONMENT	**0,46**	**0,99**	**0,50**	----
VI. FOOD AND EMERGENCY AID	**0,06**	**0,05**	**4,62**	**2,99**
VII. OTHERS NON DISCRIMINATED	**58,16**	**62,78**	**47,15**	**35,45**
TOTAL	**100,00**	**100,00**	**100,00**	**100,00**

Source: Institute for Portuguese Co-operation (Ministry for Foreign Affairs), October 2000.

Since 1995, and according to the CAD's recommendations, a new structure was introduced for the sectoral management of the accounts of bilateral PAD. Thus, the development of the sectoral distribution of Portuguese PAD is presented in two parts: the first, for the period 1991-1994 (as from 1991 because Portugal re-joined PAD in that year); the second, for the period 1995-1999.

At the multilateral level, Portuguese co-operation is divided among the trust funds and voluntary contributions to the United Nations system and to the agencies and programs of international multilateral organisations, as well as to the follow-up to assistance programs.

With respect to international organisations, Portuguese PAD between 1993 and 1999 was as follows:

Multilateral PAD 1993-1999

ORGANISATIONS	1993	1994	1995	1996	1997	1998	1999
I. United Nations	**2,80**	**3,29**	**18,75**	**3,73**	**6,23**	**6,52**	**5,1**
1 – UNDP	0,94	1,21	1,00	1,49	1,79	-----	1,27
2 – UNICEF	0	0,04	0	0,10	0,10	-----	0,17
3 – UNHCR	0,15	0,20	0,15	0,15	0,15	-----	0,21
4 – UNFPA	0,03	0,03	0	0,03	0,03	-----	0,03
5 – UNIDO	0	0,29	0,26	0,20	0,41	-----	0,16
6 – WHO	0,62	0,62	0,82	0,82	0,87	-----	1,24
7 – FAO	0,41	0,38	0,72	0,50	0,52	-----	0,06
8 – UNESCO	0,04	0,20	0,94	0,26	0,68	-----	0,41
9 – Other UN Agencies	0,61	0,32	14,86	0,18	1,68	-----	1,55
II. European Union	**44,80**	**68,91**	**60,44**	**53,27**	**61,38**	**59,33**	**60,99**
1 – EDF	16,40	18,85	19,09	10,51	11,92	-----	14,03
III. World Bank	**2,24**	**12,86**	**6,56**	**0,73**	**8,42**	**6,34**	**0,27**
IV. Regional Development Banks	**6,53**	**7,16**	**1,18**	**1,07**	**9,17**	**6,58**	**0,47**
V. Global Environment Facility	**0**	**0**	**2,47**	**1,23**	**1,07**	-----	**0,98**
VI. Others	**0,68**	**0,87**	**2,41**	**0,86**	**1,41**	**3,37**	**0,76**
TOTAL	**57,05**	**93,09**	**91,81**	**60,89**	**87,68**	**82,14**	**82,6**

Additional indicators for monitoring children's rights

Indicator	**Birth registration**

Under Portuguese Law (Article 117 of the Civil Registration Code) birth registration is mandatory – *any birth that takes place on the national territory shall be declared orally, within 30 days, at the competent office.*

The recent joined decision No. 1004/2000 of the Ministers of Labour and Solidarity, Justice and Health, approves the rules for the experimental period of the **Project Born Citizen**, for the purpose of promoting registration of children immediately after their birth, at the civil registration office, at the health services and at the social security services. The idea is to make parents' life easier, bring down the level of red-tape and identify from the beginning situations of risk to the children, by way of an early intervention. The project is being implemented for an experimental period in 4 hospitals that have obstetrics/maternity clinics, in the district of Lisbon, Porto, Coimbra and Faro.

Moreover, Decree-Law n.º 13/2001, of January 25, establishes a special regime for birth registrations occurred in health facilities. This new law establishes a simplified procedure

for the birth registration of children born in health facilities, thus enabling the parents to declare the child's birth in the health facility itself. The health facility will then be in charge of sending the birth declaration to the competent civil registration services. The aim of this new procedure is to facilitate the birth registration and to enable a non-bureaucratised contact with the civil registration services.

Indicator	Children's living arrangements (children between 0-14 not living with biological parents)

No data available in Portugal.

Source: INE, January 2001.

Indicator	Orphans in households (children between 0-14 who are orphans)

No data available in Portugal.

Source: INE, January 2001.

Indicator	Child labour

The General Supervision Office of Work

The role of the IGT was often seen by many social actors and public opinion as the only role capable of having an important influence on the phenomenon.

During several years, the IGT developed its own role and sought to contribute to channel the existing vision of the phenomenon within the frame work of systems situated at a level higher than that of the working place, namely :

- Adequate the legal frame;
- School;
- Family;
- Fight against poverty and exclusion;
- Employment and vocational training.

The aims of the action taken by IGT are :

- To contribute to suppressing the phenomenon of child work by way of action directed towards the enterprises
- To promote adequate working conditions for minors, in particular at the level of SLIST requirements;

– To place the fight against child work within the frame work of clandestine work and illegal house work;

– To promote equality of chances.

Results of IGT action

– In 1997, 1.462 flash control visits were made in the area of child work, covering 26.424 workers; 167 minors up to 16 were in an irregular situation, in 134 enterprises, covering 2.024 workers.

– In 1998, 2.475 flash control visits were made in the area of child work, covering 40.520 workers; 191 minors up to 16 were in an irregular situation, in 155 enterprises, covering 2.451 workers.

– In 1999, 4.736 flash control visits were made in the area of child work, covering 48.682 workers; 235 minors up to 16 were in an irregular situation, in 189 enterprises, covering 2.887 workers.

– In the years 1998 and 1999, there was an important increase in the number of flash visits; 1.462 visits were made in 1997, against 2.475 in 1998 (+ 69.3%) and against 4.736 in 1999 (+91.4%). The number of minors found in an irregular situation also increased in 1998 by 24 (14.4%) and in 1999 by 42 (22%).

– Flash control visits are aimed at a set of enterprises previously classified as "risk" enterprises on the basis of information received by the IGT and the evaluation of data resulting from previous visits, such as the sector of activity, the number of workers, the organisation of the enterprise, the socio-economic situation, school absenteeism. Such visits are made only for the control of the rules on the work of minors, especially the minimum age. However in all visits, the situation of the minors is controlled.

– The tables that follow contain indicators representing the action carried out by the work inspectors, which are thought to be instrumental in analysing the development of this phenomenon in our country. They should be interpreted bearing in mind the control strategy based on flash visits (introduced in 1997) and also

The tolerance towards underground and clandestine economy that can still be found in many sectors of society.

Informal solidarity in a negative sense linked to child work, but valued in local relations of power, in particular in large families.

The circumstance that important local actors, including members of public entities, are not sensitive to the phenomenon.

The complicity of families and neighbours, for whom breeding through work remains a strong cultural reference.

The wish of many adolescents to take a job, even an illegal job, even badly paid and even without social benefits;

The reluctance of many adolescents in returning to regular school.;

The fact that there are no alternative proposals for them.

EVOLUTION OF THE INDICATORS (1989-1999)

INDICATORS	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999 (*)
Number of specific visits	-	**4.861**	**4.876**	**2.147**	**3.666**	**5.514**	**2.537**	**4.090**	**1.462**	**2.475**	**4.736**
Number of workers (a)	-	**114.917**	**111.924**	**38.824**	**64.250**	**97.749**	**46.713**	**67.081**	**26.424**	**40.520**	**48.682**
Number of enterprises (b)	**235**	**254**	**222**	**212**	**261**	**93**	**62 (i)**	**106 (m)**	**134**	**155**	**189**
Number of workers (c)	**5.494**	**5.671**	**5.122**	**3.957**	**5.528**	**1.548**	**1.015 0)**	**1.674 (n)**	**2.024**	**2.451**	**2.887**
Number of minors up to 16	**296**	**330**	**286**	**282**	**341**	**121**	**74 (1)**	**121**	**167**	**191**	**233**
Rc (Rate of occurrence) (h)	-	0,3	0,3	0,7	0,5	0,1	0,2	0,2	0,6	0,4	0,4
Total number of control visits (d)	**108.519**	**111.109**	**100.865**	**98.517**	**87.456**	**85.201**	**71.228**	**62.255**	**53.706**	**41.328**	**32.665**
Total number of enterprises (e)	**80.292**	**91.309**	**65.522**	**82.019**	**76.311**	**69.529**	**53.773**	**46.824**	**43.589**	**33.449**	**25.559**
Number of workers(f)	**2.211.396**	**2.037.183**	**1.830.027**	**1.816.090**	**1.364.043**	**1.231.227**	**886.447**	**803.912**	**570.788**	**384.666**	**294.899**
Minors up to 18	**76.789**	**62.905**	**57.732**	**40.780**	**25.849**	**15.416**	**7.872**	**6.393**	**5.082**	**2.984**	**2.466**
Minors up to 16 (g)	**296**	**324**	**295**	**282**	**394**	**124**	**103**	**198**	**167**	**191**	**233**
Rc (Minors up to 18)	**3,5**	**3,1**	**3,2**	**2,3**	**1,9**	**1,3**	**0,9**	**0,8**	**0,9**	**0,8**	**0,8**
Rc (Minors up to 16)	**0,4**	**0,5**	**0,5**	**0,7**	**1,5**	**0,8**	**1,3**	**3,1**	**3,3**	**6,4**	**9,4**
Total number of reports	**17.651**	**21.999**	**23.607**	**21.898**	**21.120**	**17.591**	**15.878**	**15.414**	**19.926**	**19.846**	**13.969**
Total number of reports/minors	**339**	**387**	**294**	**252**	**352**	**164**	**103**	**173**	**183**	**232**	**347**
Rc (Rate of occurrence)	1,9	1,4	1,2	1,2	1,7	0,9	0,6	1,1	0,9	1,2	2,5

(*) 1999 – provisional data

(a) Number of workers in specific visits

(b) Number of enterprises where minors up to 14 (15 from 1992, 16 from 1997) were detected in an irregular situation

(c) Number of workers employed in such enterprises

(d) Total number of control visits made in all the areas of competence of the IGT

(e) Total number of enterprises

(f) Total number of workers

(g) Total number of minors up to 14 (15 from 1992, 16 from 1997)

(h) Rate of occurrence (number of irregular situations/number of workers covered) x 100. Calculated on the basis of the total number of workers at specific visits

(i) Includes 4 enterprises that were counted twice for reasons of recidivism

(j) Includes 61 workers of the 4 recidivist enterprises, who were counted twice

(l) Includes 1 minor detected twice in the same enterprise

(m) Includes one enterprise detected twice in an irregular situation

(n) Includes 11 workers of that enterprise, who were counted twice.

With respect to the age group, it can be noted that, out of the 191 minors up to 16 who were detected in an irregular situation in 1998 - 95 males (49.7%) and 96 females (50.3%) – around 58% were 15, around 24% were 14, 14% were 13, 3% were 12, 1% were 11 and 1% were 10 years old.

In 1999, out of 233 children up to 16 who were detected in an irregular situation – 126 males (54,1%) and 107 (45,9%) females – more than 59% were 15, around 22% were 14, 15% were 13, 2,5% were 12 and 0,8% were 11, none were 10 years old.

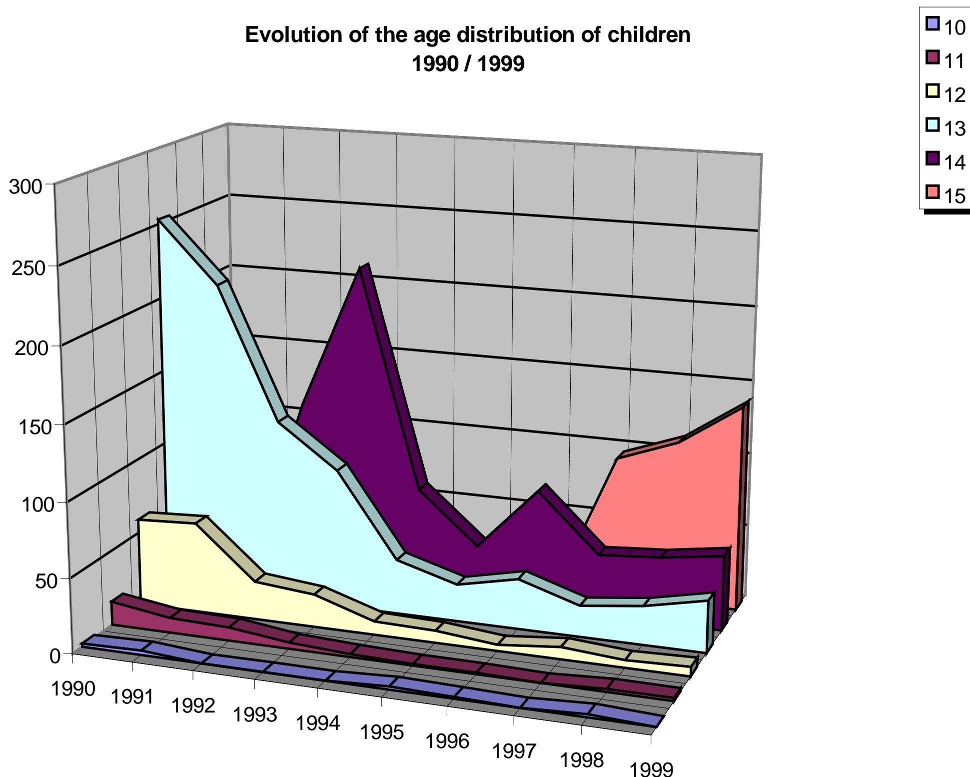
The comparative tables for 1990/99 show the following breakdown :

Breakdown of the ages of detected children – 1990 - 1999

	10		11		12		13		14		15		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1990	2	0,61%	16	4,85%	59	17,88%	253	76,67%	***a)***	-	***b)***	-	330	100,00%
1991	3	1,05%	10	3,50%	61	21,33%	212	74,13%	***a)***	-	***b)***	-	286	100,00%
1992	0	0,00%	9	3,19%	26	9,22%	123	43,62%	124	43,97%	***b)***	-	282	100,00%
1993	0	0,00%	4	1,17%	22	6,45%	94	27,57%	221	64,81%	***b)***	-	341	100,00%
1994	0	0,00%	2	1,65%	9	7,44%	37	30,58%	73	60,33%	***b)***	-	121	100,00%
1995	2	2,70%	1	1,35%	8	10,81%	25	33,78%	38	51,35%	***b)***	-	74	100,00%
1996	1	0,83%	1	0,83%	4	3,31%	34	28,10%	81	66,94%	***b)***	-	121	100,00%
1997	0	0,00%	0	0,00%	8	4,79%	21	12,57%	42	25,15%	96	57,49%	167	100,00%
1998	2	1,05%	2	1,05%	5	2,62%	26	13,61%	45	23,56%	111	58,12%	191	100,00%
1999	0	0,00%	2	0,86%	6	2,58%	35	15,02%	51	21,89%	139	59,66%	233	100,00%
Total	**10**	**0,47%**	**47**	**2,19%**	**208**	**9,69%**	**860**	**40,07%**	**675**	**31,45%**	**346**	**16,12%**	**2146**	**100,00%**

a) Only from 1992 on, by Decree Law 396/91, of October 16.
b) Only since 1997.

a) Only as from 1992, under D.L. 396/91, of 16 October

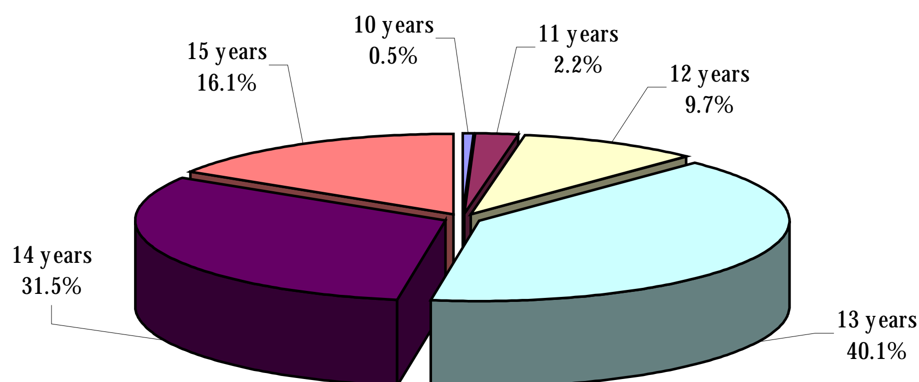


b) Only as from 1997

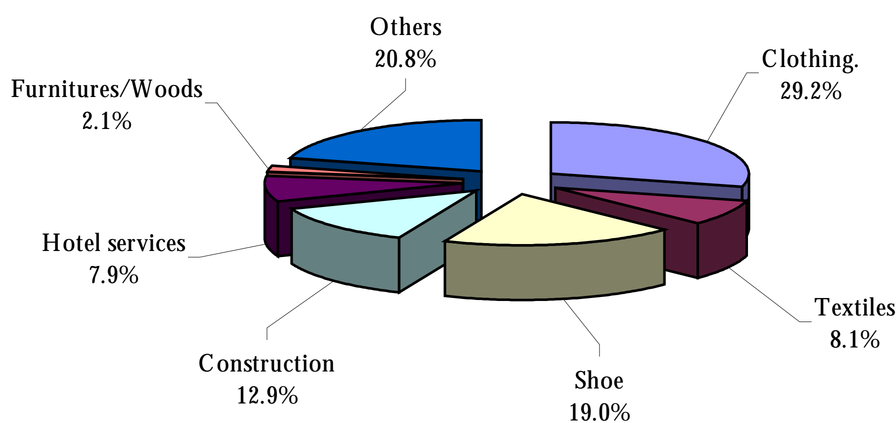
Between 1989 and 1999, 6 of the most significant sectors of economic activity developed as follows :

Activity	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	Total	
												Children	%
Clothing	89	135	93	69	96	31	16	26	57	48	53	713	29,2%
Textile	15	29	29	48	19	10	13	7	8	11	10	199	8,1%
Shoes	77	38	68	40	63	35	14	39	25	41	24	464	19,0%
Building	30	43	24	34	47	19	9	11	28	32	38	315	12,9%
Hotels	30	16	24	29	16	4	4	10	21	19	19	192	7,9%
Wood/ Furniture	6	2	-	5	25	-	3	-	-	7	4	52	2,1%
Other	49	67	48	57	75	22	15	28	28	33	85	507	20,8%
Total	296	330	286	282	341	121	74	121	167	191	233	2442	100,0%

Distribution of children (%) according with their ages
1990 - 1999



Children according to their economic activities 1989/1999



Additional indicators for monitoring IMCI initiative and malaria

Indicator	Home management of illness

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	Care-seeking knowledge

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	**Bed nets**

No data available in Portugal.

Source: Ministry of Health, January 2001.

Indicator	**Malaria treatment**

This disease does not exist in Portugal.

Source: Ministry of Health, January 2001.

Additional indicators for monitoring HIV/AIDS

Indicator	**Knowledge of preventing HIV/AIDS**

No data available in Portugal.

Source: National Commission for Fight Against AIDS

Indicator	**Knowledge of misconceptions of HIV/AIDS**

No data available in Portugal.

Source: National Commission for Fight Against AIDS

Indicator	**Knowledge of mother-to-child transmission of HIV/AIDS**

No data available in Portugal.

Source: National Commission for Fight Against AIDS

Indicator	Attitude to people with HIV/AIDS

No data available in Portugal.

Source: National Commission for Fight Against AIDS

Indicator	Women who know where to be tested for HIV

No data available in Portugal.

Source: National Commission for Fight Against AIDS

Indicator	Women who have been tested for HIV

There are no collected data about the number of women who have been tested for HIV. In 1998 the Ministry of Health has counselled all services of the National Health System to test for HIV infection all pregnant women referred to the services.

Indicator	Attitude toward condom use

No data available in Portugal.

Source: National Commission for Fight Against AIDS

Indicator	Adolescent sexual behaviour

No data available in Portugal.
Source: National Commission for Fight Against AIDS