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and of the  
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**UNITED NATIONS POPULATION FUND  
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director  
Assistance to the Government of Algeria

Proposed UNFPA assistance: \$7 million, \$5.1 million from regular resources and \$1.9 million from multi-bilateral and/or regular resources

Programme period: 3 years (1998-2000)

Cycle of assistance: Second

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	3.8	1.5	5.3
Population & development strategies	1.0	.4	1.4
Programme coordination & assistance	.3	-	.3
<i>Total</i>	5.1	1.9	7.0

## ALGERIA

## INDICATORS RELATED TO ICPD GOALS\*

		Thresholds*
Births attended by health professional (%) <sup>1</sup>	78.0	≥ 60
Contraceptive prevalence rate (15-44) (%) <sup>2</sup>	47.0	≥ 55
Access to basic health services (%) <sup>3</sup>	88.0	≥ 60
Infant mortality rate (/1000) <sup>4</sup>	55.0	≤ 50
Maternal mortality rate (/100,000) <sup>5</sup>	140.0	≤ 100
Gross female enrolment rate at primary level (%) <sup>6</sup>	83.8	≥ 75
Adult female literacy rate (%) <sup>7</sup>	40.8	≥ 50

\* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

<sup>1</sup> WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

<sup>2</sup> United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

<sup>3</sup> UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

<sup>4</sup> United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

<sup>5</sup> UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

<sup>6</sup> United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

<sup>7</sup> UNESCO, 1996, *Education for All: Achieving the Goal: Statistical Document*. Two dashes (--) indicate that data are not available.

## Demographic Facts

Population (000) in 1995	28,109	Annual population growth rate (%)	2.34
Population in year 2000 (000)	31,599	Urban	3.59
Sex ratio (/100 females)	102.5	Rural	.65
Per cent urban	56	Crude birth rate (/1000)	29.2
Age distribution (%)		Crude death rate (/1000)	5.6
Ages 0-14	39.2	Net migration rate (/1000)	-0.2
Youth (15-24)	21.0	Total fertility rate (woman)	3.81
Ages 60+	5.6	Life expectancy at birth (years)	
Percentage of women aged 15-49	50.3	Males	67.5
Median age (years)	19.8	Females	70.3
Population density (/sq. km.)	12	Both sexes	68.9
		GNP per capita (U.S. dollars, 1994)	1,690

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1996 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1996 Revision*. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2000 to assist the Government of Algeria achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of \$7 million, of which \$5.1 million would be from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of \$1.9 million from multi-bilateral and/or regular resources, to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's second cycle of assistance to Algeria.
2. The proposed programme was developed in accordance with the country's general development strategies as well as with the conclusions and recommendations of the Background Document that was elaborated in Algeria in 1996. The programme was formulated and negotiated during a consultation held among the Algerian Government, national non-governmental organizations (NGOs), United Nations system agencies and UNFPA in Algiers in January 1997. The proposed programme cycle is harmonized with those of UNDP and UNICEF and seeks to strengthen the already active coordination among all United Nations agencies.
3. The main purpose of the proposed programme is to assist the Government in improving the overall socio-economic development situation of the country. Within the context of the national population programme, the UNFPA-supported programme aims to achieve the following specific results: (a) improve access to integrated reproductive health services in 400 underprivileged areas; (b) strengthen national capacity to manage reproductive health programmes; (c) develop communication programmes that target women of reproductive age, men in rural areas, and youth; (d) broaden the focus of the national population programme so that it reflects the Programme of Action of the International Conference on Population and Development (ICPD) and strengthen its coordinated implementation; and (e) consolidate gains already made in improving the status of women and promote further gender equity and equality.
4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

### Background

5. A category "B" country under UNFPA's new approach for resource allocation, Algeria is a middle-income country that has witnessed a decline in per capita income since the end of the 1980s as a result of significant political and socio-economic change. Unemployment is a major problem that particularly affects those under 30: 27 per cent of the active population was unemployed in 1995. Rapid urbanization and housing shortages are also great sources of tension. A median of 9.6

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Algerians currently live in each housing unit. The demographic transition under way in the country is characterized by rapidly decreasing fertility -- total fertility decreased from 8.4 in 1970 to 3.8 in 1995; an increase in the age of marriage -- 25.8 years for women and 30.2 for men in 1992; and rapidly increasing use of contraceptives. Currently, half of the population is under 20 years of age.

6. Despite real progress in certain sectors, numerous qualitative indicators remain of concern. The national contraceptive prevalence rate has reached 47 per cent. However, access to family planning services in rural areas is only half that in the cities. Contraception is largely dependent on oral methods (75 per cent), particularly on two types of contraceptive pills. Only 47 per cent of women in rural areas receive prenatal care compared to 70 per cent of urban women. The infant mortality rate is 55 per 1,000 (1995), with 50 per cent of the deaths being of new-borns. Maternal mortality and morbidity are still high and represent public health issues of concern to the Government.

7. Major achievements have been made in the past few decades regarding the status of women in Algeria, and serious efforts are currently being made by civil society and the Government to promote gender equality in all social and economic areas. Despite the high illiteracy rate for females (55 per cent compared to 20 per cent for men), female school enrolment has increased 50 per cent in the last thirty years, and gender parity has almost been achieved at the secondary level. In 1996, Algeria ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and during the same year, a permanent Committee for Monitoring and Evaluation of the Status of Women was established under the presidency of the Minister responsible for National Solidarity and the Family. In addition, the Government aims to revise the family code, which contains several clauses unfavourable towards women, particularly with respect to marriage, divorce and child custody. Women remain marginalized in the formal economic sector, with the female activity rate standing at only 16.5 per cent in 1991 compared to 73.4 per cent for men.

#### Previous UNFPA assistance

8. The impact of the first UNFPA country programme in Algeria has been undeniably positive. Approved in 1989 for five years in the amount of \$9.2 million and subsequently extended through 1997, 65 per cent of the resources were expended on reproductive health activities, 25 per cent on population and development strategies, and 10 per cent for advocacy activities. One of the major focuses of the programme was the support given to the integration of family planning in the maternal and child health services provided at the primary health care level. UNFPA assistance enabled the Government to expand the network of service delivery points providing family planning services. The Fund was also instrumental in supporting the Government's shift towards a more integrated reproductive health approach, and the proposed country programme will support the consolidation and expansion of this successful initiative. In addition, UNFPA's assistance contributed to helping the Government to improve knowledge about demographic issues and fertility determinants, as well as strengthening national capabilities in the area of data collection and analysis.

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9. A review of the past programme pointed out that reproductive health outreach initiatives are still needed for such population groups as males, specifically those in rural areas, as well as adolescents and other vulnerable populations like refugees. In addition, the implementation of the family planning programme has depended primarily on midwives, and it is clear that a larger involvement of general practitioners and obstetrical and gynaecological specialists is required to expand the programme. Since its inception, the Algerian population programme has suffered from significant shortages and contraceptive stock-outs, especially in peripheral parts of the country. To alleviate this, the first UNFPA country programme anticipated the provision of a large proportion of its resources for the creation of a local oral contraceptive production unit. Although UNFPA did provide preparatory assistance, the project was never realized due to its lack of economic feasibility. To date, despite the fact that important measures have been taken to regulate contraceptive supplies, contraceptive logistics management remains one of the largest obstacles to the successful implementation of the population programme and one that UNFPA needs to address.

#### Other external assistance

10. UNFPA is currently the major donor in the area of population in Algeria and works in complement with other donors in the area of health and population. The European Union provided a total amount of 1.9 million ECU between 1991-1994 for the operation of public health structures offering family planning services. A large portion of these funds were utilized for the procurement of contraceptives. The World Bank provided assistance to the health sector in the form of a \$50 million loan to assist the Government in reactivating priority health programmes. During the 1990s, the population programme also benefited from limited support from the United States Agency for International Development (USAID) and the Japanese Government. The International Planned Parenthood Federation (IPPF) continues to provide important support to its affiliate, the Algerian Association for Family Planning (AAPF).

11. Several United Nations agencies also work in areas related to population and reproductive health in Algeria. Projects undertaken by UNICEF between 1990-1995 focused primarily on the improvement of perinatal health. WHO provided support to the national HIV/AIDS programme. In addition, UNDP's 6th country programme (1993-1996, extended until 1997) has undertaken important work in the area of the promotion of women and the protection of the environment. The second UNFPA country programme will be harmonized with the programmes of UNDP and UNICEF.

12. To date, UNFPA remains the main external actor in the population field in Algeria and is able to offer significant assistance to the Government in coordinating external population assistance. Donors such as the Governments of Spain and France as well as the European Union have expressed an interest in working through UNFPA in the context of the proposed programme.

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Proposed programme

13. The proposed programme aims to contribute to improving Algeria's overall socio-economic development situation. Within the context of the Government's population programme and national strategies developed in light of the ICPD, the UNFPA programme will strive to improve access to integrated reproductive health services and to strengthen national capacity to manage reproductive health programmes. It also seeks to develop a communication programme that targets women of reproductive age, men in rural areas, and youth, as well as to broaden the focus of the national population programme to ensure that it is in harmony with the ICPD Programme of Action. In addition, the programme will aim to consolidate gains made by women and to promote further gender equity and equality. These objectives will be realized within the framework of two subprogrammes: the reproductive health subprogramme will account for 70 per cent of total resources (50 per cent for services and 20 per cent for IEC activities), and the population and development strategies subprogramme will account for 30 per cent of resources. Advocacy activities are incorporated into each subprogramme.

14. Reproductive health. The Government has two primary goals in the area of reproductive health: to increase access to and the quality of integrated reproductive health services and to achieve a contraceptive prevalence rate of 60 per cent for modern methods by the year 2000. Within this context, UNFPA will focus its activities on improving access to quality reproductive health in underprivileged areas. This will be achieved by integrating family planning activities into 400 primary health care service delivery points and by broadening the scope of services offered in referral centres by further integrating family planning within 100 district health maternity clinics and 13 university teaching hospitals. These services will include such additional reproductive health dimensions as the prevention and treatment of reproductive tract infections (RTIs), including sexually transmitted diseases (STDs) and HIV/AIDS, and screening for cervical and breast cancers. UNFPA will also provide assistance to the training of 400 midwives and 100 doctors in reproductive health, including in such subjects as long-term contraceptive methods, counselling and interpersonal communication. In order to expand the mix of contraceptive methods, specific and limited support will be given to the procurement of contraceptives. UNFPA will continue to support the provision of reproductive health information and services to refugees living in southern Algeria as well as assist the Government in identifying needs for the creation of a National Center for Human Reproduction to undertake research.

15. The proposed programme will focus on strengthening the capacity to manage reproductive health programmes, including contraceptives logistic management, at national, provincial and district levels. UNFPA will assist in the establishment of a national course in reproductive health programme management aimed at programme managers in all five regions of the country. It will also provide technical assistance for a study on contraceptive requirements and logistics management needs in order to address the critical problems related to contraceptive supply and method-mix. To ensure

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continuous monitoring and evaluation of the reproductive health programme, UNFPA will provide support for the follow-up and evaluation of the reproductive health programme by the five regional observation centres.

16. UNFPA will also support an IEC programme to develop a communication strategy that targets women of reproductive age, rural men and youth. Assistance will be provided to the Ministry of Youth and Sports and the Ministry of Agriculture for the development of a communication programme in reproductive health that includes gender issues. Support will be given for pedagogic materials and training of agricultural extension workers and youth facilitators in the 100 referral centres where UNFPA is involved in the delivery of services. In addition, UNFPA will help with an evaluation of achievements and an assessment of needs in the area of population education, as well as collaborate with UNICEF and UNDP to support an integrated development programme aiming to empower women in disadvantaged areas through access to credit, creation of micro-enterprises and literacy programmes.

17. Population and development strategies. To broaden the focus of Algeria's policy in light of the ICPD and to help reinforce its implementation, UNFPA will strengthen the capacity of the Directorate for Population to monitor activities of the National Population Committee, for which it acts as secretariat. It will also assist in the development of a research agenda, including analysis of the 1997 population and housing census, in order to monitor the progress of ICPD indicators. UNFPA will support research on issues related to women's empowerment, including women's reproductive and legal rights, and will provide support to specific governmental and non-governmental activities aiming to improve the status of women. Finally, UNFPA will advocate to help the Government obtain donor support for the implementation of its population programmes.

#### Implementation, coordination, monitoring and evaluation

18. The overall implementation of the programme will be the responsibility of the Algerian Government, through the Ministry of Foreign Affairs. Technical coordination will be assured by the Ministry of Health and Population, which will promote synergy between various implementing agents, particularly through the strengthening of the National Population Committee, whose secretariat is provided by the Ministry's Directorate for Population.

19. The implementing agencies will be responsible for the internal monitoring of their respective programme activities, using standard UNFPA monitoring and evaluation instruments. To assess overall programme progress, a mid-term review of the programme will be conducted jointly with UNDP and UNICEF in 1999. Programme performance will be evaluated using available data from national and regional surveys, including management information systems.

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20. The management, monitoring and evaluation of the programme will be strengthened by establishing partnerships with international advisory agencies and/or support from regional advisers from the Country Support Team headquartered in Amman, Jordan. In addition, the programme will provide for the training of national project staff, both government and NGO, on UNFPA's substantive, administrative and financial procedures. The Fund's capacity to manage the country programme will be ensured by a resident UNFPA Representative, a national programme officer, a national finance assistant and three support staff.

21. Under the proposed programme, UNFPA will aim to optimize programme efficiency through the coordination of activities with other United Nations agencies and the World Bank, and by carrying out joint and/or complementary activities in targeted provinces, particularly in the area of community development and women's empowerment. UNFPA will also support the exchange of experiences, particularly at the regional level, within the context of South-South cooperation.

#### Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Algeria, as presented above, in the amount of \$7 million over the period 1998-2000, of which \$5.1 million would be programmed from its regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of \$1.9 million from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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