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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Algeria

Proposed UNFPA assistance: \$6 million: \$5 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Fourth

Category per decision 2005/13: B

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

	Regular resources	Other	Total
Reproductive health	3.4	0.8	4.2
Population and development	0.7	-	0.7
Gender	0.4	0.2	0.6
Programme coordination and assistance	0.5	-	0.5
Total	5.0	1.0	6.0

* The transition to the harmonized programming process called for in decision 2001/11 and the completion of required national processes to develop draft country programme documents have delayed submission of the present document.





1. ~~DP/FPADCT/DZA/4~~ Algeria is a medium-income country. In 2004, the per capita gross domestic product was estimated at \$2,627. The economy relies heavily on oil exports and revenues from hydrocarbons, estimated at \$52 billion in 2005. The Government adopted an economic revival programme for 2005-2009 valued at over \$60 billion. The programme seeks to reduce unemployment, especially among young people. Unemployment among this population group was 15.3 per cent in 2005, down from 30 per cent in 1995.

2. The Government has instituted reforms aimed at creating a market economy. Many of these address governance, education, the judiciary and the functions and organization of the State. An association agreement between the Government and the European Union, which took effect in September 2005, promotes free trade. Algeria plans to join the World Trade Organization and is also participating in the New Partnership for Africa's Development that is enabling it to forge closer ties with Egypt, Nigeria, Senegal and South Africa.

3. A national population policy has been operational since the early 1980s. The policy has contributed to a decline in population growth, from 3.2 per cent in the 1970s to the current rate of 1.63 per cent. In 2004, young people aged 19 years and younger made up nearly 42 per cent of the population, while people of working age (20-59 years) accounted for just over 51 per cent, and the elderly (over 60 years) accounted for approximately 7 per cent. This age structure presents a potential asset for economic development.

4. Algeria is in an advanced phase of demographic transition. In January 2006, the population was estimated at 33.2 million. In 2002, the total fertility rate was above replacement level, at 2.4 births per woman. The latest estimates (2005) indicate a rate of 2.0 births per woman. Regional disparities in the fertility rate exist, however, and the population distribution is uneven. Most of the population

lives in the northern coastal areas, which represent just one tenth of the land area.

5. The contraceptive prevalence rate was 57 per cent in 2002, with a 51.8 per cent rate for modern methods. Oral contraception accounts for 80 per cent of usage. The infant mortality rate was estimated at 30.4 deaths per 1,000 live births in 2004, down from 142 deaths per 1,000 live births in 1970. In 2005, the maternal mortality ratio was estimated at 96.8 deaths per 100,000 live births. Regional disparities persist, especially in underprivileged areas, where the maternal mortality ratio can reach 230 deaths per 100,000 live births. This is of concern, considering that 92 per cent of deliveries occur in health centres.

6. HIV/AIDS prevalence is low, at 0.1 per cent. However, prevalence rates have increased in the south, which is a major transit point in the sub-Saharan region and an area with large numbers of mobile workers. High-risk behaviour and activities exist among vulnerable groups, including youth, women and drug users. Another risk factor is the rise in the age of first marriage: 33 years for men and 29.6 years for women. Women's limited role in decision-making and their limited access to and control of resources may also negatively impact prevalence rates. Surveys indicate limited knowledge among young people of reproductive health, sexually transmitted infections (STIs) and HIV/AIDS.

7. The status of women has improved significantly. In 2002, the Government established the Ministry of Family and Women's Affairs. In 2005, the Government modified the family code, introducing favourable amendments for women, including those relating to the minimum age for marriage (19 for both men and women); restrictions on traditional marriages; the rights of young women in making marital decisions; the custody of children after divorce; and restrictions on polygamy. In 2004, the Government also amended the penal procedure code to provide judicial recourse for sexual

harassment. Gender gaps remain in the economic, political and social spheres. Women's access to employment is limited, and women's illiteracy is 31 per cent. Women's participation in political and public processes remains weak, and their ability to make decisions on private matters is limited.

II. Past cooperation and lessons learned

8. UNFPA has supported population programmes in Algeria since 1989. The third country programme (2002-2006) was approved for \$5.5 million, including, for the first time, \$500,000 in government cost-sharing. The programme focused on decentralization, targeting 20 underprivileged areas, where sexual and reproductive health indicators deviated from the national average.

9. The third country programme sought to: (a) reduce regional inequalities in accessing high-quality reproductive health services, including access to better information, in order to ensure the reproductive health choices and rights of all people; (b) develop an integrated reproductive health approach, using a life-cycle and gender-mainstreaming approach; and (c) satisfy the demand for youth and adolescent reproductive health using a multisectoral approach, including through medical schools, scouts, and youth information and activity centres; (d) improve the sexual and reproductive health status of the population; and (e) support the national population policy, taking into account a gender perspective and women's empowerment.

10. Midterm and other reviews underscored the government commitment to cost-sharing. The programme focused on upgrading the skills of health-care providers, which led to a gradual increase in the use of additional methods of modern contraception, including the intrauterine device. This is important because the majority of contraceptive clients use oral methods of contraception and have misconceptions about other methods. This is particularly the case in outlying regions of the country, where the Government is focusing its development interventions. The programme also promoted and supported new services such as cancer

screening for women. Positive outcomes included the opening of a youth-friendly family centre and the involvement of religious leaders at the community level in preventing STIs and HIV/AIDS, in collaboration with the Ministry of Religious Affairs. Success in advocating women's rights to combat gender-based violence opened the way for a joint project between UNFPA, United Nations Development Fund for Women, the United Nations Children's Fund (UNICEF) and the Ministry of Family and Women's Affairs. Another lesson learned was in setting up partnerships with other sectors to promote reproductive health. For example, health personnel trained rural government agricultural workers so that they could integrate concepts into their work that would improve understanding of reproductive health choices and services. This was important in order to increase referral and communication services.

III. Proposed programme

11. The proposed programme reflects the priorities of the common country assessment and the United Nations Development Assistance Framework (UNDAF). It was formulated using a human rights perspective, and takes into account the UNFPA multi-year funding framework, 2004-2007. The programme is harmonized with those of the other United Nations Development Group Executive Committee agencies in Algeria.

12. The UNDAF seeks to achieve, by 2011, the following outcomes: (a) improved access to quality health, education, training, social protection and decent employment; (b) reinforced partnerships between national institutions and the population for the sustainable management of the environment, in particular, the sustainable use of resources, risk management, and the prevention of natural disasters and crises; (c) modernized national institutions with strengthened capacities; and (d) the consolidated promotion of women's participation in political, economic and social life. The UNFPA country programme has three components: reproductive health; population and development; and gender.

Reproductive health component



13. ~~DP/FPA/DCP/DZA/4~~ UNEPA assistance in reproductive health relates to the UNDAF outcome on improved access to quality health. This will involve improved health care during pregnancy and childbirth, and improved post-natal care. The programme will pay particular attention to midwifery practices during childbirth and to neonatal health care. It will seek to improve contraceptive choices, including the increased utilization of integrated, high-quality sexual and reproductive health services and information by young people and adolescents. The programme will also support the underprivileged areas of the Hauts Plateaux and the south.

14. Output 1: Improved communication, follow-up and outreach at the policy level, in health settings and in the community, for women's comprehensive sexual and reproductive health, including access to maternal and child health and emergency obstetric care. This will be achieved by: (a) developing skills in emergency obstetric and neonatal care; adhering to high-quality clinical standards and norms; setting up comprehensive and integrated programmes for female genital cancer screening in the oncology units established in the referral delivery clinics; and ensuring follow-up and monitoring at management levels; (b) strengthening partnerships with civil society to promote better emergency obstetric care referral services and community involvement in underprivileged areas; (c) strengthening health information and monitoring systems to include a better analysis of the status of sexual and reproductive health; maternal mortality audits; and quality-of-care measures, including breast and cervical cancer screening; (d) mainstreaming gender and human rights in sexual and reproductive health; offering services addressing gender-based violence; and operationalizing a national strategy for combating gender-based violence; and (e) improving family planning services and contraceptive choices for clients and service providers.

15. Output 2: Improved environment for preventing STIs and HIV/AIDS, focusing on access to youth-friendly services in sexual and reproductive health. This output will be achieved by: (a) supporting the establishment of youth-friendly centres offering HIV counselling and referral

services in selected areas, universities and schools; (b) ~~developing and operationalizing client care~~ standards and curricula for health personnel; (c) strengthening information and awareness among young people through youth information and activity centres and through health and youth clubs, with the involvement of non-governmental organizations (NGOs) and a national peer network; and (d) institutional support to key decision makers and influential community leaders, especially religious leaders, NGOs, the national AIDS committee and the social sectors. These efforts will support the integration of STI prevention programmes in sexual and reproductive health care.

Population and development component

16. The outcome of this component will be to facilitate the monitoring of the implementation of the population policy as well as its national and regional plans. This will be undertaken in order to achieve the Millennium Development Goals and the national development goals, particularly those aimed at reducing maternal mortality, reducing poverty, promoting gender equality and preventing HIV/AIDS, in the light of the 2005 World Summit outcome.

17. Output 1: Improved availability and use of regional and local data disaggregated by sex and age for national and local planning and development. The programme will analyse internal migration in relation to poverty and urbanization, and will establish a mechanism to regularly update statistics on maternal health, gender-based violence, living conditions, HIV/AIDS, young people and population ageing. The programme will include: (a) the analysis and use of collected data; (b) improved accuracy and reporting on vital statistics, especially in registering deaths; (c) assistance in monitoring the Millennium Development Goals, including collecting baseline information and assessing changes in key population and development issues; and (d) support to the 2008 census and the secondary analysis of emerging issues in population and development, including studies and research on internal migration.

18. Output 2: Effective regional and local mechanisms developed to implement population policy in selected regions, while addressing local priorities for economic and social development to meet the Millennium Development Goals. This will be achieved by: (a) strengthening the coordination and technical capacities of local authorities, with the support of regional population committees; (b) organizing advocacy programmes to increase the commitment of decision makers to update and implement the national population policy; (c) using new data on economic and social change to shape local and national plans; and (d) improving national and regional planners' ability to develop and implement effective plans.

Gender component

19. The outcome of the gender component is the promotion of gender equity and equality in public and private spheres. The programme will increase understanding of the nature and extent of violence against women, and will support the creation and operationalization of prevention and protection mechanisms, including those relating to access to legal support.

20. Output 1: Action plan developed and implementation begun to promote gender equity and equality. This will be achieved by: (a) supporting selected institutions and the media in campaigns for women's rights; (b) advocacy and policy dialogue at the national level regarding women's empowerment in the public and private spheres; and (c) capacity- and alliance-building for civil society and concerned governmental and community partners, including religious leaders, to promote, protect and publicize women's legal, economic, political and social rights at local and national levels.

21. Output 2: Assistance provided to establish a system for information, follow-up, crisis support and evaluation of violence-prevention interventions. This will be achieved by: (a) strengthening capacity to develop a data-collection system within relevant national institutions; (b) providing assistance to improve accountability, protection and legal support for cases of gender-based violence, in accordance

with legal provisions; (c) support for the creation of substantive annual reports on registered cases and the status of gender-based violence; and (d) reinforcing the quality of services, including counselling, support and legal advice to women experiencing violence.

IV. Programme management, monitoring and evaluation

22. UNFPA and the Government will implement the programme through the Ministry of Foreign Affairs and the Directorate of Population in the Ministry of Health, Population and Hospital Reform. The Directorate is responsible for the technical coordination of the national population policy and plan. UNFPA will also work in partnership with the Ministry of Family and Women's Affairs; the Ministry of Religious Affairs; and the Ministry of Youth and Sports. NGOs, the private sector and the media will also help to implement key programme components. UNFPA will undertake joint programming initiatives with other United Nations agencies.

23. A coordination committee will oversee the programme. UNFPA and the Government will organize annual programme reviews, along with a final evaluation in the context of an overall review and evaluation of the UNDAF. Where possible, UNFPA will harmonize its financial and administrative processes with other agencies, including exploring opportunities for pooling technical services and project management services.

24. The UNFPA country office in Algeria consists of seven core staff, including a representative, an assistant representative, and administrative and programme staff, as per the approved country office typology. Programme funds will be earmarked for two programme assistants, in addition to a project reproductive health specialist and a project driver. The UNFPA Country Technical Services Team based in Amman, Jordan, along with international consultants, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR ALGERIA

National priority: by 2015, vulnerable populations and groups will continue to improve their level of human development to attain the Millennium Development Goals UNDAF outcomes: (a) improved access to quality health, education, training, social protection and decent employment; (b) reinforced partnerships between national institutions and the population for the sustainable management of the environment, in particular, the sustainable use of resources, risk management, and the prevention of natural disasters and crises; (c) modernized national institutions with strengthened capacities; and (d) the consolidated promotion of women's participation in political, economic and social life				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Increased support to vulnerable groups to improve maternal and neonatal health care, childbirth services, and contraceptive choices, including the increased utilization of integrated, high-quality sexual and reproductive health services and information by young people and adolescents</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Maternal mortality ratio • Prevalence of modern contraception and intrauterine devices • Proportion of births assisted by skilled attendants • Proportion of young people taking advantage of the services <p>Baseline: Studies and research, audits in maternity clinics and services related to the protection of mothers and infants</p>	<p>Output 1: Improved communication, follow-up and outreach at the policy level, in health settings and in the community, for women's comprehensive sexual and reproductive health, including access to maternal and child health and emergency obstetric care</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of centres and units with norms and standards for emergency obstetric care services • Percentage of centres with trained staff and an integrated package of services • Percentage of <i>wilayate</i> (provinces) with maternal audits implemented and analysed • Number of partnerships with action plans implemented • Number and type of partnerships • Types of advocacy coverage • Management information system revised <p>Output 2: Improved environment for preventing STIs and HIV/AIDS, focusing on access to youth-friendly services in sexual and reproductive health</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of high-risk areas covered by peer services • Number of vulnerable and risky behaviour groups targeted by the programmes • Model for youth services introduced and tested • Number of religious leaders using positive messages in their weekly speeches to prevent STIs and HIV/AIDS • Number of decision makers supporting activities aimed at preventing STIs, including HIV/AIDS, in their annual programmes <p>Baseline: Statistics of the Ministry of Health, Population and Hospital Reform; report of training activities</p>	<p>Directorate of Population and the Directorate of Prevention, Ministry of Health, Population and Hospital Reform; National Institute of Public Health; National School of Public Health; Ministry of Youth and Sports; Ministry of Religious Affairs</p> <p>NGOs, including Scouts musulmans algériens (Algerian Muslim Scouts); AIDS Algérie; Le Souk</p> <p>United Nations Children's Fund; World Health Organization</p>	\$4.2 million (\$3.4 million from regular resources and \$0.8 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: To facilitate the monitoring of the implementation of the population policy as well as its national and regional plans, in order to achieve the MDGs and the national development goals, particularly those aimed at reducing maternal mortality, reducing poverty, promoting gender equality and preventing HIV/AIDS, in the light of the 2005 World Summit outcome</p> <p>Outcome indicator: Population policy document updated on a regular basis</p> <p>Baseline: Statistical data available through vital statistics and the census</p>	<p>Output 1: Improved availability and use of regional and local data disaggregated by sex and age for national and local planning and development</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Up-to-date, disaggregated data available and used in at least three regions • Percentage of <i>wilayate</i> with trained staff to address disparities and changes • Number and percentage of data systems active and used by the <i>wilayate</i> <p>Output 2: Effective regional and local mechanisms developed to implement population policy in selected regions, while addressing local priorities for economic and social development to meet the Millennium Development Goals</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Multisectoral mechanism following-up and monitoring the population policy • Number of active regional committees • Percentage of implemented regional plans, especially those addressing population issues, reproductive health and the prevention of gender-based violence <p>Baseline: Reports of the national population committee, the national statistics office, and the planning group</p>	Directorate of Population, Ministry of Health, Population and Hospital Reform; <i>Wilayate</i> /regional population committees; national statistics office; planning group	\$0.7 million from regular resources
Gender	<p>Outcome: The promotion of gender equity and equality in public and private spheres</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Existence of an institutional mechanism to promote gender equity and equality • Existence of institutional mechanisms to combat gender-based violence <p>Baseline: Legislation and laws, reports, statistics and studies on violence</p>	<p>Output 1: Action plan developed and implementation begun to promote gender equity and equality</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Strategy developed, accepted and supported • Percentage and types of NGOs trained, with action plans • Number of regions using legal procedures that protect women and children • Number of press campaigns implemented and replicated <p>Output 2: Assistance provided to establish a system for information, follow-up, crisis support and evaluation of violence-prevention interventions</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Legal procedures for women's rights disseminated and available in all <i>wilayate</i> (provinces) • Amount and quality of national press coverage of women's rights issues, as well as in three key regions • Creation of an action plan for a national strategy on gender-based violence • Draft decree to establish a national commission on gender-based violence and violence against women <p>Baseline: Data collection systems of the Ministry of Family and Women's Affairs; Ministry of Justice; Ministry of Health, Population and Hospital Reform; General Directorate of National Safety; General Directorate of the National Gendarmerie; National Institute of Public Health; research institutions</p>	<p>Ministry of Family and Women's Affairs; Ministry of Justice; National Institute of Public Health; Ministry of National Solidarity and Employment; Ministry of Health, Population and Hospital Reform</p> <p>General directorate of national security; National gendarmerie; national NGOs</p> <p>National media</p>	<p>\$0.6 million (\$0.4 million from regular resources and \$0.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>