

Algeria

Country programme document 2012-2014

The draft country programme document for Algeria (E/ICEF/2011/P/L.38) was presented to the Executive Board for discussion and comments at its 2011 second regular session (12-15 September 2011).

The document was subsequently revised, and this final version was approved at the 2012 first regular session of the Executive Board on 10 February 2012.

Basic data[†]

(2009, unless otherwise stated)

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|--|--------------|
| Child population (millions, under 18 years) | 11.7 |
| U5MR (per 1,000 live births) | 32 |
| Underweight (% , moderate and severe) | 3 |
| (% urban/rural, poorest, richest) | 3/4, 5/2 |
| Maternal mortality ratio (per 100,000 live births) | 120 |
| Primary school attendance (% net, male/female) | 96/94 |
| Survival rate to last primary grade (%) | 93 |
| Use of improved drinking water sources (% , 2007) | 83 |
| Use of improved sanitation facilities (% , 2008) | 95 |
| Adult HIV prevalence rate (% , 2009) | 0.1 |
| Child labour (% , 5-14 years old) (% , 2006) | 5 |
| Birth registration (% , under 5 years) | 99 |
| (% male/female, urban/rural, poorest/richest) | 99/99, 99/99 |
| GNI per capita (US\$) | 4,420 |
| One-year-olds immunized with DTP3 (%) | 93 |
| One-year-olds immunized against measles (%) | 88 |

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

Summary of the situation of children and women

1. Algeria, with a gross domestic product (GDP) per capita of US\$ 4,420 in 2010, is classified as a middle-income country. A budget of US\$ 286 billion has been allocated to the five-year development programme for 2010-2014, which is national in scope but focuses in particular on the disadvantaged regions. The Algerian Government is committed to achieving the Millennium Development Goals, and its periodic reports indicate that the country is on track to meet most of the Goals by 2015. The targets for reduction of neonatal and maternal mortality will, however, be difficult to achieve owing to persistent disparities, particularly among the population in the south and highland regions and the poor in urban and peri-urban areas. Saharawi refugees, who have been living under difficult conditions in the camps in Tindouf (western Algeria) for more than 30 years, are also considered to be one of the most vulnerable populations.

2. Although the Government has been working for a decade through complementary programmes to improve the situation in these areas, the quality of and access to health, education and protection services remain below the national average, thus hindering children's full enjoyment of their rights. The maternal mortality ratio — estimated by the Ministry of Health, Population and Hospital Reform, according to the 2010 national report on the Millennium Development Goals, at 86 per 100,000 live births for the country as a whole — is 2 to 3 times higher in the south (182) than in the north (85).

3. With regard to maternal and child health, maternal mortality remains high despite significant progress. The ratio was estimated at 86.2 per 100,000 live births in 2008 — 18.4 in the north (Algiers), 91.3 in the east (Annaba) and more than 100 in the south. The findings of the third round of the multiple indicator cluster survey (MICS 3) indicate that 13 per cent of women in the south received no antenatal care, as compared with 10 per cent nationally. The proportion of women who had at least one antenatal care visit is 76 per cent for the poorest households versus 98 per cent for the richest households. The infant mortality is 25 per 1,000 live births (15 per 1,000 in the north, 30 in the south and 25 in the highlands), while the neonatal mortality rate is 33 per 1,000 live births. Deaths during the neonatal period account for 70 per cent of all deaths of children under one year of age, with 80 per cent of such deaths occurring during the first week after birth. According to the multiple indicator cluster survey (MICS 3), the exclusive breastfeeding rate is 7 per cent, with no significant difference between rural and urban areas. The rate of iodized salt consumption among households is 60 per cent (72 per cent in the central region, 37 per cent in the south, 57 per cent in the east and 59 per cent in the west), with variations between urban areas (68 per cent) and rural areas (51 per cent). Between 23 and 38 per cent of children under 5 years of age suffer from iron-deficiency anaemia. The prevalence of acute diarrhoeal disease is 12 per cent in the south, 7 per cent in the central region and 6 per cent in the west. In the poorest quintile the rate is 10 per cent, versus 7.5 per cent for the richest quintile. The south also has the highest prevalence of stunting (height-for-age), with a rate of 17 per cent for moderate to severe stunting and 5 per cent for the severe form. The HIV/AIDS epidemic remains concentrated in high-risk populations. The prevalence rate is estimated at 0.1 per cent among pregnant women, with 23 cases of mother-to-child transmission recorded as at 31 March 2011.

4. With regard to education, the results achieved still fall short of those envisaged under the education reform programme. The enrolment rate for children aged 6 to 15 years in the poorest households is 85 per cent, compared with 97 per cent in the wealthiest households. The proportion of youths who go on to enter secondary school after completing primary school is 51 per cent in the south, versus 66 per cent nationally. According to the multiple indicator cluster survey (MICS 3), the enrolment gap between the poorest and the wealthiest households is 16 points for girls aged 6 to 15 years, whereas for boys it is only 8.

5. As concerns child protection, there is no mechanism for reporting cases of violence against children, and consequently there are no disaggregated data on the phenomenon. The multiple indicator cluster survey (MICS 3) found that 86 per cent of children aged 2 to 14 had been subjected to physical or psychological punishment; no significant variations in rates were found by region, setting or gender. The same survey revealed child labour to be more prevalent in the south than in the east or west. School participation rates among adolescents in the south and in the north also differ markedly.

6. These disparities are the result of structural factors related to geography as well as institutional and sociocultural factors. At the institutional level, a shortage of human resources adversely affects the quality of local and regional governance. Weaknesses in information, monitoring and evaluation systems make it difficult to ensure sound planning and good management of programmes for mothers and children. As a result, neither the quality of social services nor access to those services meets required norms and standards or is consonant with the investment

made by the State. Although the country has compiled a large body of statistics on the situation of mothers and children, the available data are not always disaggregated by region, gender and quintile and are often not easily accessible. Little headway has been made in developing partnerships with universities and research institutions for the production, management and application of knowledge for the formulation of child-focused social policies.

7. Sociocultural constraints also hinder the society's acceptance of change and impede effective participation in the development process. The influence of traditional values in the southern and highland regions is a major obstacle to girls' schooling. The available data show that the mother's level of education is the most important factor influencing school attendance. HIV/AIDS remains a taboo subject, and according to the multiple indicator cluster survey (MICS 3) the proportion of women aged 15 to 49 who know how the virus is transmitted stands at around 14 per cent, while the rate of mother-to-child transmission is 44 per cent. A 2009 study on adolescent participation in six *wilayas* (provinces) found that communication within the family is an acute problem in the highland and southern regions. The adolescents surveyed complained of lack of understanding and dialogue, the relationship between parents and adolescents being one solely of authority. The survey also noted discrimination against girls, especially those not enrolled in school, in these regions.

8. Algeria made progress during 2009 in implementing the recommendations of the Committee on the Rights of the Child. In 2006, it signed the two Optional Protocols to the Convention on the Rights of the Child and has developed a national plan of action for children for the period 2008-2015. However, it has not yet withdrawn its interpretative declarations on articles 13, 16 and 17 and paragraphs 1 and 2 of article 14 of the Convention. With regard to the reservations made by Algeria on articles 2, 9, 15, 16 and 29 of the Convention on the Elimination of All Forms of Discrimination against Women, only the reservation on article 9 has been withdrawn. The latter was withdrawn after the Code of Algerian Nationality was amended in 2005, giving Algerian women the right to transmit Algerian nationality to their children and their husbands.

Key results and lessons learned from previous cooperation, 2007-2011

Key results achieved

9. An integrated strategic vision of childhood was developed as part of the process of formulating the national plan of action (2008-2015), which aims to achieve the objectives of the special session of the General Assembly on children.

10. Knowledge of the situation of children, adolescents and women has improved as a result of various studies and surveys, coupled with strengthening of information systems, and is increasingly being taken into account in the formulation of national programmes for children.

11. The issue of children's rights has been given greater visibility among a number of civil society actors, the media and researchers through the strengthening of citizen partnership aimed at protecting the best interests of Algerian children.

12. The concepts of equity, vulnerability and poverty as they relate specifically to children have been highlighted among partners and are being integrated into social policy.

Lessons learned

13. In the wake of the December 2007 attack on the United Nations offices, all efforts between 2008 and 2010 were focused on rehabilitating, in cooperation with the Algerian Government, the United Nations system from the human resources, logistics and security perspectives. Because this situation temporarily derailed the programme, most of the planned evaluations were cancelled. Consequently, the annual and midterm reviews could not be conducted on the basis of quantified data. The following lessons learned were drawn from discussions with partners.

14. Studies carried out in cooperation with the regional offices of the United Nations agencies present in Algeria, together with meetings held with partners on the strategic role of the United Nations in a middle-income country such as Algeria, pointed up the need to establish a partnership founded on technical support and exchange of experiences, with emphasis on South-South cooperation and support for Algeria in the formulation of economic and social policies based on the values and principles established under the international body of law and in the achievement of its goals with respect to the establishment of a knowledge and information society.

15. Data collected during the current programme period have confirmed the existence of a development lag in the highlands and the south and revealed the vulnerability of population groups such as adolescents and the urban poor. These areas and groups will be targeted as priorities under the 2012-2014 programme.

16. It is clear from studies and surveys on knowledge, attitudes and practices that certain social and cultural norms are hindering children's enjoyment of their rights and should be addressed under the programme for 2012-2014.

Country programme, 2012-2014

Summary budget table

| <i>Programme</i> | <i>(In thousands of United States dollars)</i> | | <i>Total</i> |
|--|--|------------------------|--------------|
| | <i>Regular resources</i> | <i>Other resources</i> | |
| Strengthening of institutional aspects of pro-child policies | 750 | 1 050 | 1 800 |
| Improved knowledge of the situation of women and children | 630 | 850 | 1 480 |
| Social and cultural norms relating to children | 420 | 600 | 1 020 |
| Cross-sectoral costs | 972 | — | 972 |
| Total | 2 772 | 2 500 | 5 272 |

Preparation process

17. The country programme was prepared jointly with national partners and representatives of civil society under the coordination of the Ministry of Foreign Affairs. It takes into account national priorities, the recommendations of the midterm and annual reviews, studies and research, the 2005 recommendations of the Committee on the Rights of the Child and, more recently, the strategic cooperation framework, which identified five areas of cooperation: (a) governance and human rights, (b) economic and social development, (c) human development, (d) the environment, and (e) humanitarian action.

Programme and component results and strategies

18. The overall outcome to be achieved by this country programme is defined as follows: by 2014, national policies that are more equitable and responsive to children, including adolescents (girls and boys), the poorest and the most vulnerable in poor urban areas and in the highlands and the south will be supported. This outcome is in line with the set of outcomes envisaged for the strategic cooperation framework.

19. The results of the programme components have accordingly been defined as follows:

(a) By 2014, access for children, including adolescents (girls and boys), as well as women, the poorest and the most vulnerable, to high-quality community-based social services that will address their needs on a priority basis in the poorest urban areas and in the highlands and the south will have been strengthened from an institutional perspective;

(b) By 2014, evidence-based knowledge of the situation of children, including adolescents (girls and boys), and women, especially the poorest and most vulnerable, will be available and accessible;

(c) By 2014, families' knowledge of maternal health and nutrition, integrated development of young children, child protection and the specific needs and participation rights of adolescents (girls and boys) will have been enhanced with a view to bringing about positive and lasting behaviour change.

20. To achieve these results, the cooperation programme will apply several strategies, including advocacy at the central and local levels, aimed at promoting the inclusion of action aimed at protecting the rights of children, especially those who are most vulnerable, among the national priorities and supporting partners in order to ensure that policies and reforms are responsive to children's needs. Training and capacity-building will also be key strategies for improving the quality of services, particularly in disadvantaged areas in the highlands and the south. With regard to sociocultural norms, communication for development will be used to encourage the active participation and enhance the knowledge of the population with a view to bringing about positive and lasting behaviour change. Any instances of gender-based discrimination will be analysed carefully and an appropriate response devised. Citizen partnerships will create synergies and afford opportunities for numerous stakeholders to contribute to the achievement of children's rights. South-South cooperation will be prioritized in the exchange of experiences and technical assistance.

Relationship to national priorities and the strategic cooperation framework

21. The results of the cooperation programme will contribute to the achievement of the objectives of the country's five-year plan for 2010-2014, which is supporting, in particular, the reforms under way in the areas of justice, education, health and social protection. UNICEF will support the efforts of national institutions to prevent HIV/AIDS infection, including mother-to-child transmission of the virus, by improving knowledge among the public, especially adolescents and young people. The programme will support partnerships between civil society and national institutions to strengthen protection for women and children. UNICEF will also support the achievement of the goals of the national plan of action for children for 2008-2015, which aims to implement the recommendations of the special session of the General Assembly on children.

Relationship to international priorities

22. The Government signed the Millennium Declaration and is committed to achieving the Millennium Development Goals. The programme will be guided by Algeria's international commitments with regard to women and children (Committee on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women), on which the Government will be submitting reports to the United Nations Office at Geneva in 2012, and on the recommendations of the report entitled *A World Fit for Children*, the Beijing +15 report, international resolutions on the fight against HIV/AIDS and the guidelines and plans formulated in the framework of the New Partnership for Africa's Development and the African Charter on the Rights and Welfare of the Child.

Programme components

23. With a view to fostering greater equity, the cooperation programme will employ a strategy aimed at reducing disparities in order to uphold the rights of children, adolescents (girls and boys), women, the poorest and the most vulnerable, particularly in poor urban and peri-urban areas and in the highlands and the south. The programme will focus on three main components:

24. Strengthening pro-child policies at the institutional level. Access to high-quality community-based social services is dependent on the availability of physical and human resources, which is a responsibility of the State, and also on the capacity of those resources to provide high-quality services. UNICEF will provide high-level technical assistance to support the Government's strategy for personnel capacity-building.

25. In the area of health, for example, the result to be achieved is that by 2014 at least 30 per cent of maternal and child health facilities in the south and the highlands will have the capacity to offer antenatal care services, including HIV/AIDS screening, obstetric care and post-natal follow-up that meet established quality standards. Emphasis will also be placed on access for vulnerable populations to basic services at the local level, including in the Saharawi refugee camps. The programme will seek to help national partners to develop strategies for surveillance and auditing of maternal and neonatal deaths in order to determine causes by region, gender and quintile, and to develop a referral system for the screening and management of pregnant women infected with HIV. In the area of nutrition, a

particular focus will be reduction of micronutrient deficiencies among women of childbearing age and pregnant women, as well as promotion of breastfeeding.

26. In the area of education, the result envisaged is that at least 30 per cent of schools will meet established standards at all levels of education, particularly in the south and the highlands. The programme will focus on developing quality standards for assessing student and teacher performance and improving the transition of students from primary to middle school and from middle to secondary school. Particular attention will be given to increasing the coverage of preschool education in poor urban areas and in the highlands and the south. A gender perspective will be applied in programming and advocacy activities in order to promote equity between girls and boys in school enrolment, with special emphasis on adolescent girls in rural areas. The programme will provide primary schools with school supplies and instructional materials.

27. With regard to natural disaster risk reduction, the expected result is that 30 per cent of children, teachers and school directors in earthquake-prone areas will be prepared to prevent and respond to risks associated with natural disasters.

28. The programme will help partners to continue the work under way aimed at reforming the social protection and justice systems through the enactment of new legislation, training of social workers and assessment of the quality of services provided by front-line social protection services. By the end of the programme period, 100 community-based social services will have been created and will be operational and accessible to vulnerable children in the south, in poor urban areas in the north and in the highlands.

29. As concerns adolescents aged 10 to 19 years, 30 per cent of targeted institutional stakeholders will be provided with information about participation rights and the relevant national laws with the aim of ensuring their integration into their institutional practices. In this context, a national strategy on civic participation and engagement will be developed and adopted by the Government in order to ensure that the right to participate is taken into account in the formulation, development and implementation of policies.

30. **Improved knowledge of the situation of children and women.** To improve the management of knowledge, the statistical system will develop a set of indicators of child well-being, and 30 per cent of programme managers and officials in the social sectors will have access to information and analysis on all aspects of childhood and adolescence and will be using such information in their programming and decision-making. In addition, 30 per cent of school administrators will be able to use education system performance indicators in their planning and decision-making.

31. In the area of child protection, gaps relating to geographic location, gender and quintile among children with specific needs will be addressed by specific studies. Mapping and analysis of institutional and social resources for adolescents will be carried out in order to identify strategic actions and facilitate the adoption of a multisectoral approach to youth policy, especially in the areas of participation, knowledge management and capacity-building. A component relating to adolescents and young people will be included in the majority of poverty studies and analyses of disparity, social supply and demand, and the rights of the child.

32. In the area of education, action research on the quality of education at the various levels will yield better approaches to the problems of dropout, repetition and low school attendance among vulnerable groups, especially in the target regions. Assessments of children's learning achievement, teacher and school performance, and education system performance will be conducted to identify corrective action to be taken in the context of educational reform.

33. In addition to conducting studies on knowledge, attitudes and practices with regard to breastfeeding, the right to participate and the rights of the child, the programme will strengthen knowledge about young child development, protection against violence, and micronutrient deficiencies. This research will identify sociocultural obstacles and ways of overcoming them through an appropriate communication for development strategy.

34. **Social and cultural norms relating to children.** Constraints linked to social and cultural norms specific to the country and to different regions of the highlands and the south will be addressed through communication for development and the creation of opportunities for community-based social dialogue on child-related issues, aimed at bringing about positive behaviour change.

35. This programme component will seek to improve knowledge in order to induce positive behaviour change with regard to breastfeeding and young child development. To that end, 30 per cent of mothers and families will have acquired knowledge about behaviours that promote stimulation and development during early childhood. In addition, by the end of 2014, 30 per cent of targeted families will have acquired knowledge of best practices for preventing domestic violence. The communication for development strategy will be used to identify the best ways of addressing sociocultural constraints that may hinder the adoption of best practices for enhancing the well-being of children and women and protecting them against violence.

36. As concerns adolescents, this component will support innovations designed to change the behaviour of families, especially parents, by providing them with appropriate education about adolescence. The programme will seek to ensure that 30 per cent of the parents targeted acquire knowledge about adolescent development and participation rights. Civic participation and engagement of adolescents (girls and boys) will be incorporated into efforts aimed at preventing violence and fostering a culture of children's rights.

37. An information and communication strategy will be adopted to encourage people to learn more about the basic services provided by the State and strengthen their ability to demand the high-quality services necessary for the realization of their rights.

38. **Cross-sectoral costs** will cover overall programme management and support, including programme planning and coordination. Operational costs such as personnel and operating expenses relating to procurement, logistics, administration and finance are included under this component.

Major partnerships

39. The Ministry of Foreign Affairs will be responsible for coordination. The United Nations agencies, UNICEF committees, civil society, the media, academia and private and public companies will participate, in fulfilment of their social

commitment and in keeping with their respective roles and resources, in institutional strengthening, knowledge management, communication and advocacy and mobilization of additional resources.

Monitoring, evaluation and programme management

40. A strategy for monitoring and evaluation of the cooperation programme will be implemented with key partners. It will comprise two integrated surveys, one at the beginning of the programme period and one at the end, to track progress towards the planned results. Thematic and sectoral studies will be conducted to monitor programme performance and enhance knowledge of the situation of children in strategic areas. The multiple indicator cluster survey (MICS 4) will provide information needed to updated indicators relating to the situation of women and children at national, regional and subregional levels, as well as the Millennium Development Goal indicators. National capacity for evaluation will be strengthened through a partnership with the Ministry of Prospective Planning and Statistics and the ministries responsible for social issues. The statistical information system will be strengthened in areas where data are not available, such as protection of children, adolescents, young children, women, child poverty and disparities. Professional evaluation networks will be supported with a view to developing national expertise in this area.

41. The Ministry of Foreign Affairs will be responsible for coordination and monitoring of the cooperation programme. Annual or multi-year action plans will be developed at the beginning of each year and will be signed jointly by the Ministry of Foreign Affairs and UNICEF. Annual and semi-annual reviews will be conducted over the three years of the programme period in order to track progress in implementation. All institutional partners and civil society will take part in these reviews. Because of the short duration of this programme, the midterm review generally carried out in the middle of a five-year period will be replaced by a final evaluation of some key components of the programme.
