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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Algeria**

Proposed indicative UNFPA assistance: \$2.7 million: \$1.85 million from regular resources and \$0.85 million through co-financing modalities and/or other, including regular resources

Programme period: Four years (2017-2020)

Cycle of assistance: Sixth

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.55	0.27	0.82
Outcome 3	Gender equality and women's empowerment	0.52	0.24	0.76
Outcome 4	Population dynamics	0.51	0.22	0.73
Programme coordination and assistance		0.27	0.12	0.39
<b>Total</b>		<b>1.85</b>	<b>0.85</b>	<b>2.70</b>



## I. Situation analysis

1. Algeria has an estimated population of 39.5 million (2015); the gross domestic product per capita stands at \$5,451 (2013). A middle-income country, with a human development index of 0.717 (2013), Algeria is experiencing a rapid pace of development. According to the latest figures (2014), the unemployment rate stands at 10.6 per cent; two of every three unemployed are below the age of 30. Efforts have been undertaken to improve the accessibility of social sector policies to the public and to increase investments in social development.

2. The total fertility rate has increased, from 2.4 children per woman in 2000 to 3 children per woman in 2014. The total number of live births reached 1 million in 2014. Demographic data show that the proportion of population aged 60 years and above is increasing steadily, reaching 8.5 per cent (over 3.34 million people) in 2014; the proportion of those aged 15-59 years decreased from 64 per cent in 2012 to 63 per cent in 2014, while the youngest age group (0-15 years) showed a slight increase.

3. Algeria has been making strong efforts to strengthen its statistical systems and meet international standards. A population and housing census is scheduled for 2018; the Government aims to use cutting-edge technology for its implementation. Line ministries lead the collection of sectoral data disaggregated by age, sex and geographic areas (wilaya). Technical assistance for research and analysis would facilitate availability of high-quality data to better inform public policies based on the national priorities, which, in turn, can be widely disseminated.

4. Youth and adolescents aged 10-24 years constitute one quarter of the population. Algeria has made great efforts to create a favourable environment for youth, addressing unemployment and poverty and increasing access to services, including health services, and promoting youth participation and engagement. However, youth aged 16-24 years are significantly affected by unemployment (22 per cent for males and 42 per cent for females). The average age at first marriage is 33 years for men and 29 years for women (2008). Additional research would facilitate understanding of the behavioural trends of the population, especially those who are unmarried, out of school or unemployed.

5. The contraceptive prevalence rate in Algeria is 48 (modern methods, MICS 4), unmet need in family planning stands at 7 per cent (2 per cent for limiting and 5 per cent for spacing). Qualitative studies undertaken in 2013 on the sexual and reproductive health package of services available indicated that a limited range of modern methods is available in certain health centres. Studies also reflected that further efforts are required to address reproductive health commodity security. An assessment of the family planning programme in light of emerging demographic trends would improve orientation to the needs of clients, ensuring their rights are fully met.

6. Algeria has made remarkable progress in achieving the Millennium Development Goals (MDGs), notably MDG 5, reducing the maternal mortality ratio from an estimated 230 maternal deaths per 100,000 live births in 1989 to 63.6 per 100,000 live births in 2014. However, the MDG 5 target was 57 per 100,000 live births.

7. An in-depth assessment of the sexual and reproductive health context would consolidate Government efforts already in place to reduce the disparities, particularly in the areas of the South and the Hauts Plateaux, specifically for sexual and reproductive health service delivery for young people, including choice of family planning methods, as well as screening and clinical management of cases of violence against women.

8. Algeria has policy and legislative frameworks in place to protect the rights of women. A 2010 gender-based violence situation assessment shows that additional efforts could strengthen the multisectoral response, especially the component related to clinical management of cases.

9. The national disaster response, including for the health sector, is well established. While the health sector has been based on the Minimum Initial Service Package (MISP) for reproductive health in humanitarian situations, other sectors could also benefit from the MISP in their standard package of preparedness and response.

## **II. Past cooperation and lessons learned**

10. The cooperation between the Government of Algeria and UNFPA began in 1989. Past assistance was implemented through close partnerships with the Ministry of Health, Population and Hospital Reform; the National Statistics Office; the Ministry of National Solidarity and Women's Affairs; and civil society organizations. Overall, UNFPA strategies were aligned with national development plans and contextualized within the results of the United Nations development frameworks. UNFPA assistance in the fifth programme cycle led to the following key results: (a) updating sexual and reproductive health services to expand contraceptive choice; (b) training on budgets for sexual and reproductive health; (c) technical support for implementation of the maternal death audits; (d) improved access to reproductive health commodities and family planning counselling work with religious counsellors; (e) South-South cooperation and experience sharing in reproductive health commodity security; and (f) dialogue on adjustment of the national population policy objectives.

11. The fifth programme cycle started with a delay of 18 months; it was extended by one year until the end of 2015. A midterm review undertaken in 2014 highlighted that the programme is aligned to the national priorities and to the Millennium Development Goals, the International Conference on Population and Development (ICPD) Plan of Action and the Convention on the Elimination of All Forms of Discrimination against Women. Noted that the programme was overly ambitious, the midterm review recommended that the subsequent programme focus on a limited number of priority interventions subject to feasible implementation.

12. The main lessons learned include the need for (a) common understanding among partners of the role and strategic direction of UNFPA especially as it pertains to cooperation in a middle-income country with specific needs; (b) strengthening monitoring and evaluation of the programme, with full involvement of the lead coordination body; (c) continued analysis of the population dynamics, gender and sexual and reproductive health environment.

### III. Proposed programme

13. The proposed programme was developed by the Government of Algeria and UNFPA through a consultative process with national partners. It is aligned with the Strategic Cooperation Framework 2016-2020 between the United Nations system and Government of Algeria and with the Development Action Plan of the Government of May 2014, which is based on the President's priorities for 2014-2018. The UNFPA cooperation with Algeria is implemented in the context of a middle-income country that is assessed as having made significant progress towards the ICPD Plan of Action and achievement of the MDGs.

14. The new programme is designed to provide technical expertise and advocacy to improve programme management in sexual and reproductive health and family planning, for strengthening the quality of services, increasing access and expanding sexual and reproductive health services. It will support analysis of data on demographic trends and on youth, including all aspects related to their well-being, in order to advance the country's social development.

15. The programme will contribute to strengthening policies and institutional mechanisms to further improve the delivery of high-quality sexual and reproductive health services, including essential services to vulnerable groups. Demographic analysis will be undertaken, especially related to young people and particularly women, to help policy makers plan more effectively for the population and provide evidence for additional investments required in the area of sexual and reproductive health, gender and population dynamics. UNFPA will assist national institutions to document and showcase successful Algerian initiatives in the region and globally through South-South cooperation in the field of sexual reproductive health, family planning and population dynamics.

16. Civil society will be an essential partner in advocating for the improved access to high-quality sexual and reproductive health services, including family planning, especially for vulnerable groups. Based on the results of a needs assessment, the programme will support integration of the Minimum Initial Service Package of Reproductive Health into national preparedness and disaster response plans.

17. Under the coordination of the Ministry of Foreign Affairs and in consultation with the Ministry of Health, relevant partnerships with civil society will be established and strengthened to achieve the programme results. The United Nations strategic framework and other coordination mechanisms will be utilized to ensure complementarity and efficiency in delivery of results within the United Nations system and together with other partners.

18. The proposed programme contributes to two priority areas of the Strategic Cooperation Framework between the United Nations system and the Government of Algeria, namely social development and good governance.

#### A. Outcome 1: Sexual and reproductive health

19. Output 1: Strengthened national mechanisms to deliver integrated sexual and reproductive health/ family planning service package. Technical expertise and advocacy will be supported to (a) assess the current sexual reproductive health, family planning systems, with particular focus on documentation of good practices,

strengthening supervision and monitoring, improving the quality of services as well as establishing a client feedback mechanism on the quality of sexual reproductive health and family planning services; (b) provide recommendations on the sexual reproductive health, family planning package of services to further promote consistent access to the package of services; (c) provide recommendations on how to improve the access of vulnerable populations to comprehensive high-quality sexual reproductive health, family planning services; (d) provide support at the request of national partners for integration of MISIP in the national preparedness and disaster response mechanisms; and (e) undertake analysis to improve the reproductive health commodity security system to ensure expansion of contraceptive choices available and improve the quality of family planning programmes.

20. Output 2: Advocacy and technical support to further address the sexual and reproductive health needs of youth. The programme will provide advisory and technical support to (a) strengthen the youth groups working in the sexual reproductive health, family planning domain to attain the programme objectives; (b) engage with the Ministry of Youth to strengthen their capacity to analyse data pertaining to youth and to facilitate use of their network, including the use of the health facilities within youth centres for dissemination of sexual reproductive health and family planning package of services; (c) advocate with the Ministry of Religious Affairs and *Wakfs*<sup>1</sup> so as to institutionalize sexual reproductive health and family planning in their curriculum for the imams and female counsellors; and (d) engage with the Ministry of Education and other partners for review of the national sexuality and reproductive education instruments within the national context.

## **B. Outcome 3: Gender equality and women's empowerment**

21. Output 1: Strengthened engagement of key stakeholders, including civil society, to promote sexual and reproductive health and clinical management for survivors of gender based violence. This will be achieved by (a) supporting civil society, in coordination with the ministries, to optimize implementation of the sexual reproductive health, family planning package; (b) providing technical support in collaboration with UN-Women to the Ministry of National Solidarity for generation of current data on the prevalence of violence, using global best practices on the subject in light of the national context; (c) strengthening the clinical response for survivors of gender-based violence; and (d) documenting national good practices in clinical management of cases of gender-based violence and sharing the experiences in global and regional consultations.

## **C. Outcome 4: Population dynamics**

22. Output 1: Strengthened use of age- and sex-disaggregated data on population dynamics, reproductive health, youth and gender equality within programmes for sustainable development. This will be achieved by (a) supporting South-South

<sup>1</sup> Under Muslim Law, *Wakf* refers to a permanent dedication of movable or immovable properties for religious, pious or charitable purposes. The person making such dedication is known as *Wakf*.

cooperation and exchanges for strengthening the statistical system ahead of the census planned for 2018 and providing technical support for improved analysis and dissemination of data from national sources; (b) supporting policy analysis and thematic reviews, including on sexual and reproductive health, gender equality, ageing, youth and the demographic transition, aimed at supporting national development efforts; (c) following up on recommendations from the national review of the ICPD programme of action; (d) documenting and disseminating national good practice models for sexual reproductive health, family planning, gender equality and population dynamics, especially through South-South cooperation; and (e) providing technical support to national partners for high-quality data analysis and dissemination to inform development-related policies and public dialogue.

#### **IV. Programme management, monitoring and evaluation**

23. The Ministry of Foreign Affairs oversees the overall coordination of cooperation with the United Nations system. The sixth programme of cooperation between the Government of Algeria and UNFPA will be implemented by relevant national partners identified by the Government and UNFPA. The main partners are the Ministry of Health, Population, and Hospital Reform; the Ministry of Youth; the Ministry of National Education; the Ministry of National Solidarity, Family and Women's Status, the Ministry of Religious Affairs and *Wakfs*, as well as the Office of National Statistics, research institutes working on population and development issues; civil society and, in due course, the private sector.

24. Monitoring of the programme will be conducted jointly by the Government and UNFPA, in accordance with the country programme monitoring and evaluation plan, aligned to the requirements of the Strategic Framework of Cooperation between the Government of Algeria and the United Nations system. In line with the quadrennial comprehensive policy review of operational activities for development of the United Nations system, the programme will be implemented through national execution, using modalities appropriate for the Algerian administrative context, and will engage in joint United Nations programmes, where feasible.

25. In case of a crisis or an emergency, UNFPA may, in consultation with Ministry of Foreign Affairs and relevant national partners, reprogramme activities towards emergency response interventions aligned to the UNFPA mandate.

26. Possibilities of co-financing through Government resources will be discussed between the Government of Algeria and UNFPA. In addition, UNFPA will engage on the basis of a partnership plan, and develop a resource mobilization plan to gain support for programme.

27. The UNFPA country office includes staff funded from the UNFPA institutional budget, performing management and development effectiveness functions. UNFPA will allocate programme resources for technical support required, and will source, through its internal and external network, technical support, as may be required.

## RESULTS AND RESOURCES FRAMEWORK FOR ALGERIA (2017-2020)

<p><b>National priority:</b> Support human development, through improved access to high-quality social services and social protection of vulnerable groups (women, children, aged population and people with specific needs).</p> <p><b>Strategic Cooperation Framework outcome:</b> By 2020, an increased, inclusive and equitable access to social services is accessible to the population.</p> <p>Convener: UNFPA</p> <p><b>Indicators:</b> A system of maternal death audits is in place (<i>Baseline: No; Target: Yes</i>).</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health</b></p> <p>Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access</p> <p><u>Outcome indicators</u></p> <ul style="list-style-type: none"> <li>Modern contraceptive prevalence rate</li> </ul> <p><i>Baseline: 48% (MICS4); Target: 55% by 2020 (MICS)</i></p> <ul style="list-style-type: none"> <li>National system for maternal death surveillance and response in place</li> </ul> <p><i>Baseline: No (2014); Target: Yes</i></p>	<p><u>Output 1:</u> Strengthened national mechanisms to deliver integrated sexual and reproductive health/ family planning service package.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Supervision and monitoring protocols adapted and operationalized</li> </ul> <p><i>Baseline (2007): 0; Target: 1</i></p> <ul style="list-style-type: none"> <li>Stock-out data for central and local levels disseminated</li> </ul> <p><i>Baseline (2014): No; Target: Yes</i></p>	<p>Ministry of Health; Research institutes; Civil protection agency; Algeria Red Crescent Society; World Health Organization, United Nations agencies</p>	<p>\$0.41 million (\$0.28 million from regular resources and \$0.13 million from other resources)</p>
	<p><u>Output 2:</u> Advocacy and technical support to further address the sexual and reproductive health needs of youth</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of communication events organized by civil society on youth sexual and reproductive health needs.</li> </ul> <p><i>Baseline (2014): 2; Target: 10</i></p>	<p>Ministry of Youth and Sport; Ministry of Health; Ministry of Religious Affairs and <i>Wakfs</i>; Ministry of National Education; civil society; private sector; United Nations agencies</p>	<p>\$0.41 million (\$0.27 million from regular resources and \$0.14 million from other resources)</p>
<p><b>National priority:</b> Strengthen status of women and promotion of their rights under the Constitution, to promote their role in the political, economic and social spheres</p> <p><b>Strategic Cooperation Framework outcome:</b> By 2020, the promotion of the status of women benefits from national strategies that are known, implemented, monitored and evaluated and that are responsive to the changes in the national legislative and normative frameworks. Convener: UNFPA</p> <p><b>Indicator:</b> Number of communication strategies elaborated on the status of women (<i>Baseline: 1; Target 2</i>).</p>				
<p><b>Outcome 3: Gender equality and women's empowerment</b></p> <p>Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</p> <p><u>Outcome indicator(s):</u></p> <p>Percentage of women aged 15-49 years who think that a husband/partner is justified in hitting or beating his wife/partner</p>	<p><u>Output 1:</u> Strengthened engagement of key stakeholders including civil society to promote sexual and reproductive health and clinical management for survivors of gender-based violence</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Protocol for clinical management of gender-based violence established in identified areas (<i>wilaya</i>)</li> </ul> <p><i>Baseline (2014): 0; Target: 80%</i></p> <ul style="list-style-type: none"> <li>Number of communication initiatives undertaken by civil society networks with key stakeholders to address violence against women</li> </ul> <p><i>Baseline: 1 (2014); Target: 6</i></p>	<p>Ministry of Health; Ministry of Religious Affairs and <i>Wakfs</i>; Ministry of Youth; Ministry of National Solidarity, Family and Women's Status; UN-Women; civil society; the media; the private sector</p>	<p>\$0.76 million (\$0.52 million from regular resources and \$0.24 million from other resources)</p>

under certain circumstance <i>Baseline: 59%, Target: 56%</i>				
<p><b>National priority:</b> Strengthening the capacity of institutional actors and national partners for the implementation of public policies, improve coordination among sectors and relevance of public policies to emerging national development needs, integrating the principles of human rights under international commitments, result-based management, monitoring and evaluation.</p> <p><b>Strategic Cooperation Framework outcome:</b> By 2020, citizens enjoy access to high-quality public services that are responsive to their needs, supported by strengthened public policy implementation using modern and participatory management.</p> <p><b>Indicators:</b> Number of institutional measures taken as a result of evaluations of policies, mechanisms and instruments in place (<i>Baseline: 0; Target: 1</i>).</p>				
<p><b>Outcome 4: Population dynamics</b> Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Review of the population policy addresses population dynamics by accounting for population trends and projections in setting development targets <i>Baseline: No; Target: Yes</i></li> </ul>	<p><u>Output 1:</u> Strengthened use of age and sex disaggregated data on population dynamics, reproductive health, youth, and gender equality within programs for sustainable development</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of in-depth reviews on SRH, gender equality, ageing, youth aimed at policies update/formulation. <i>Baseline: 2 (2015); Target: 8</i></li> <li>Number of briefs based on demographic studies and data and their impact on sustainable development. <i>Baseline: 0 (2015); Target: 10</i></li> </ul>	<p>Ministry of Finance; Ministry of Youth; National Office of Statistics; Ministry of Interior (civil registration); research centres; the private sector; the media; United Nations agencies</p>	<p>\$0.73 million (\$0.51 million from regular resources and \$0.22 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.27 million from regular resources and other resources</p>