

PERFORMANCE OF POVERTY ALLEVIATION POLICIES IN ALGERIA: THE SOCIAL  
SAFETY NETS , THE PARTICIPATORY COMMUNITY SERVICE SCHEMES AND PILOT  
COMMUNITARIAN PROJECTS

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**ABSTRACT**

*Among the costs incurred during this transition period (from 1994 to 2002) is increasing poverty and inequality in spite of an optimistic reverse tendency that began in 2003. Poverty policy has so far focussed on a system of social protection consisting mainly of subsidies and special assistance to the elderly, women and the handicapped. In addition, a safety net targeting has been implemented but, despite its contribution to alleviating poverty, has shown some drawbacks. The system has proved costly and targeting has become a source of corruption and cumbersome bureaucratically.*

*There is now a shift in thinking to more decentralisation and participation of the poor, hence consolidating the role of civil society, i-e the institutional dimension of social capital, as far as poverty alleviation is concerned. In that respect a re-targeting strategy based on participatory community service schemes has been launched in targeted areas to combat poverty. Community schemes which are endowed with a stock of networks, but in its high bonding and lesser bridging dimensions, may strengthen social ties but engage the poor in a process of dependency that reduces its performances. The community schemes are comprised into modules: Health and hygiene, Education and Social rights assistance.*

*The national strategy to reduce poverty for the period 2001-2005 stems mainly from a synergy approach that covers communitarian, network and institutional dimensions that allows for strengthening the bridging relations. In addition, a better understanding can be reached on the functioning of the different service providers and stakeholders in a diverse and poorly understood context. And in this case we shall present five pilot projects that appear to be more performing in the way that they may help the poor manage risk and vulnerability, in this paper, an attempt is made to evaluate the performance of the schemes.*

*Evidence from our examination suggests that this strategy based on effective decentralisation can achieve some poverty reduction and lessen inequality gaps.*

*Our findings, moreover, stresses the importance of civil society that triggers for the springing up of voluntary associations and fosters empowerment among the poor and, finally, lobbies central government to pursue pro-poor policies efficiently. It is in this context that the new strategy, especially the pilot projects can transform the poor into an active agent by teaching him how to cope with poverty.*

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## INTRODUCTION:

Over the past decade a number of factors (inappropriate policies, fall in oil exports earnings, political factors and weather fluctuations) have had adverse effects on the economic performance in Algeria. Economic reforms, therefore, have been undertaken, enabling the country to reform policies aimed at boosting the structure incentives and achieving an economic restructuring, supposedly conducive to higher and sustained growth, without putting up with unduly high reductions in consumption per capita and thus increasing the number of the poor<sup>(1)</sup> during the initial stages of the programme. This programme assisted by the International Monetary Fund (IMF) and the World Bank consists of stabilisation and adjustment policies that cover macroeconomic, exchange rate, financial sector, public enterprise and agricultural sector reforms. The results of such programme may be summarized as follows:

As regards the balance of payments, if changes in the current account and the trade balance are viewed as indicators, they generally exhibited improvements. However, the achievement of such improvements was mainly due to cuts in imports. In addition, due to the deflationary policy and the shortage of international means of payments, the cuts of imports had serious repercussions on economic growth.

Furthermore, rising inflation during early years of reforms, the results of bottlenecks and repetitive devaluations coupled with increasing unemployment resulting from the laying off of 630000 workers following the restructuring of public enterprises, led to a real decline in consumption level and an increase in poverty. From 1988 to 2000, the number of poor jumped from 5.5 million to an estimated 8.5 million people on the basis of the upper poverty line. The burden of poverty has many implications for the macro variables such as unemployment, income, health, education and housing.

### *I-I- Poverty and unemployment*

In general, as table 1 shows, unemployment has worsened as (GDP)<sup>(2)</sup> stagnated at about 2.1% decreasing from 3.5% in 1997 to 2.1% in 2001. Moreover, population growth led to increasing active labour force which jumped by nearly 50 % from 1997 to 2001.

**Table 1. Unemployment and Gross Domestic Product**

	1994	1997	2000	2001
<b>GDP Growth (%)</b>	1.38	3.5	2.5	2.1
<b>Active population (10<sup>3</sup>)</b>	6814	8072	8860	9073
<b>Official unemployment (10<sup>3</sup>)</b>	1660	2257	2544	2477
<b>Official Rate (%)</b>	24.4	28.6	28.71	27.3

**Source** - ONS, various issues - CENEAP, 1998- Ministry of planning  
-Rapport du CNES, Dec 2002

Although official rate of unemployment remained high at 27.3%, it nonetheless distorts the real magnitude of unemployment, as the latter, namely the gross unemployment rate averaged 23% by taking into account the 1398000 individuals working in the informal sector between 1994 and 2001. The rise in unemployment can be explained by the following reasons:

- 1- A stagnant gross domestic product (US \$ 54.2 billions in 2000 to US \$ 54.7 billions in 2001);
  - 2- The change in the population structure (demographic transition)<sup>(2)</sup> ( Benhabib and Ziani 2001) leading to an increasing number of new comers to the labour market;
  - 3- The increasing number of school drop outs;
  - 4- The lay off of an increasing number of workers from state owned companies ; the latest estimates are 630000 workers laid off;
  - 5- The mismanagement of unemployment ; In fact the social management of unemployment is founded on the presumption of flexibility in employment sharing (Boyer 1987). This was compounded by a mismatch and an incoherence in quality between demand and supply of labour;
  - 6- The soaring number of unemployed among university degree holders (140000 in 2001);
  - 7- More than 70% of the unemployed are less than 30 years old .
- Age group structure by areas shows a rising unemployment among the urban stratum less than 40 years.

Moreover, data reveal that only around 10% of the age group of more than 40 are unemployed with more significance of the rural relatively to urban strata (11.32% / 9.10%).

8- 62.21% of the unemployed belong to urban stratum of which one out of five individuals is a female.

9- The proportion of the unemployed female category represents 8.66 % relatively to 91.34 % for male in the rural area and 18.93 / 81.07 for the female in urban and rural areas. This difference may be explained by farm work.

## I-2- Income poverty and inequality

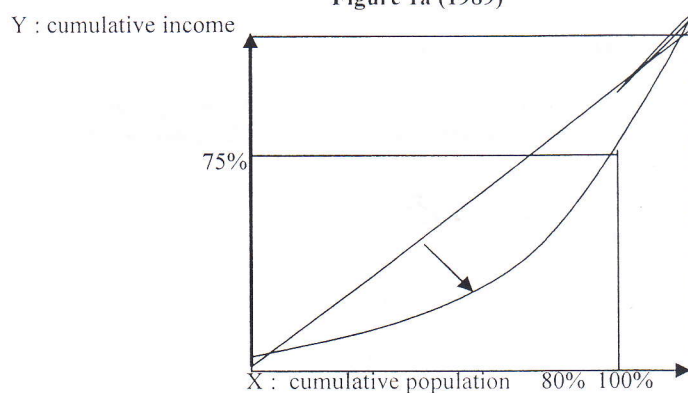
The change of income can best be plotted in a *Lorenz Curve* which shows the concentration of income in the hand of a small stratum of the population.

The plot of Lorenz curve as shown in the **Figure 1a** for 1989 shows that the richest 20% of population possessed around 25% of income. This proportion of income doubled for the same group in 2001 (See **Figure 1b**). The arrow shows that the curve moved off the equality line reflecting a deterioration in income distribution.

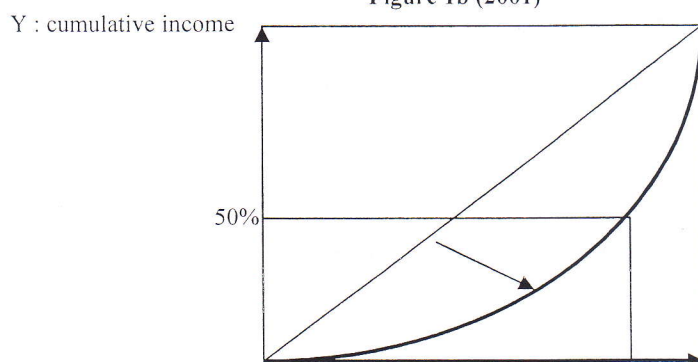
Actually, data from a 1998 survey show that 20 % of the poorest relate to 534401 households. Moreover, the poorest spend about 64 % of income on food on the basis of the maximum poverty line- while, on the other side, the 20% (the richest) spend 34% only with an income per capita of 28085 (Algerian dinar) which represents nine fold the mean per capita income of AD 3042.

The heads of the poorest households belong to the working class (small farmers, farm workers, workers). This SPC (Socio Professional Category) accounts for 52% of total household. Income disparities in the hands of upper strata of the Algerian society as indicated by the Lorenz curve show some resemblance with Sri Lanka 1996 case. It stems from this curve that anti-poverty policies have overlooked equality concerns in Algeria. It may be argued that the extend of inequality is implicit to the transition reforms with political and economic liberalization.

**Figure 1a (1989)**



**Figure 1b (2001)**





X : cumulative population 80% 100%

Source: Authors own calculations

### I-3-Social indicators

As far as social indicators are concerned, the following observations can be made from the table: where infant mortality rate as well as child malnutrition are still high at 3.6% compared to that of Spain and Italy with 0.5% (Unicef 2001).

Table 2. Social indicators

	94	97	2000	2001
Life expectancy at birth (years)	67.5	69.5	69.9	70.7
Infant mortality rate %	5.07	4.4	3.6	3.6

Source - ONS - Ministry of health - A.N.D.S (Agence Nationale de Développement de la Santé) -CNES 2001

However this figure is half that of developing countries (6.3% on average). Although there is some sign of rate stabilization for the major indicators, the extent of such variables remains considerably high particularly when we attempt to assess the impact of the 40% illiteracy rate and the Human Development Index value (HDI) of 0.693 which places Algeria on the 100<sup>th</sup> world rank (CNES) in 2001. Moreover the Human Poverty Index (HPI) sets Algeria on the 40<sup>th</sup> place among the 90 developing countries. Considering the percentage of population living below the poverty line (see table 3), Algeria with 12.2% stands between Tunisia with 7.6% and Morocco 19%. The poverty gap which measures the difference between the poverty line and the mean of the poor living under the poverty line shows for the case of Algeria that the 3.6% gap does not reflect a significant deepness of poverty. Poverty is more pronounced in rural areas, especially Tunisia.

Table 3. Poverty in Maghreb countries

Country	Population below the poverty line				Poverty gap at 2\$ a day %
	Survey year	Rural	Urban	National	
Algeria	1988	16.6	7.3	12.2	3.6
	1995	30.3	14.7	22.6	3.6
Morocco	1998-1999	27.2	12.0	19.0	3.1
Tunisia	1995	13.9	3.6	7.6	2.3

Source: International Poverty Monetary, World Bank, 2000

I-3-1- Education, health and poverty With regards to education, the following assessment can be made:





**Table 4. Expenditure on education and health**

	94	97	2000	2001
Public expenditure on education as % of GDP	6.3	5.8	5.1	3.9
Public expenditure on health as % of GDP	4.00	3.80	2.60	2.72

**Source** - ONS Various issues - Ministry of Education-Ministry of interior and Local collectivities

- a stagnant public expenditure on education, which represents 16.4 % of public spending;
- a declining secondary school enrolment ratio ;
- an alarming number of dropouts (8% at the primary level; 5% arrive at the baccalaureate level) with a success ratio of 34%;
- and non-adjustment between education and occupation (this may be the reason behind unemployment of an increasing number of graduates).

Data on health show a decline in the overall public expenditure, which falls, from 4% of 1994 GDP to 2.6% in 2000).

Also, the overall State expenditure diminishes compared to social security and household spending. This is coupled with a considerable increase in the cost of drugs and medicine. Some generic medicine have seen their price soaring to 44 times their initial price (Benhabib and Ziani, 1999).

Actually, there is a substantial deterioration in health and care prevention measures. Supply of public care remains over dimensioned, misallocated and very costly vis-à-vis a high protection requirement

	1987	1998	2001
Urban population %	49.67	58.3	60.8
Rural population %	50.33	41.7	39.2
Precarious houses %	6.4	6.95	9.95
Occupated/room	2.65	2.3	1.87
Houses with drinking water	57.8	70.8	85.85
Houses related to sewage system %	51.73	66.34	85

generated by crises, unemployment and social pressure.

*I-3-2- Housing and poverty* The increasing rate of urbanisation in recent years has posed problems such as the quality of life, environment and the precarity of housing in urban areas. This situation is summarised in table5 .

**Table 5. Selected parameters related to housing**

The urban population represented 61% of the total population in 2001. The number of urban agglomerations went up from 447 in 1987 to 579 in 1998; Population living in agglomerations is estimated at 23645623 in 1998, increasing by 16901291 in 32 year

The population living in sparse areas is estimated at 562720. The situation is compounded by rural exodus, rural migrants looking for jobs and fleeing terrorism. The housing stock reached 5470217 houses in 2001 with an unoccupied number estimated at 919911 representing 16.8% of the total housing stock.

The house occupation rate is estimated at 5.67 persons per house; and taking into account the occupied housing stock only, the real house occupation rate turns around 6.82 persons, and the rate of occupation by room is 1.87 person . As for housing conditions, the number of run down houses is estimated at around 2000000 units, and the number of precarious houses at 544200 units representing 9.95% of the total housing stock ; half of

these precarious units are considered irreparable.

Although housing conditions have improved in the last two decades , with a budget representing 3% of GDP there still remain a deficit in housing stock. The annual deficit (an increasing occupation rate of 6 per house, including the precarious housing park) is estimated at around 800000 units, with an additional demand of 100000 units per year.

Using the national poverty lines, Algeria stands between Tunisia and Morocco at 12.2% whereas

population living below poverty line was 19% in Morocco and 7.6% in Tunisia. Poverty is more pronounced in rural areas especially Tunisia.

This disparity in poverty levels is understandable since stabilization adjustment in Algeria contributed more to poverty owing to the large share of the public sector and general subsidies provided before their elimination.

To alleviate this ever-increasing burden, Algeria has been experiencing some social protection policies. We present hereafter two fundamental safety net policies

## **I) SOCIAL PROTECTION POLICIES AND SOCIAL CAPITAL**

Compensation<sup>(1)</sup> and poverty alleviation programmes are generally developed from one of the three following dimensions: the technocratic, the institutional and the synergy dimension.

- 1) The first, which is associated with economists, focuses on targeting<sup>(2)</sup> and direct public intervention (health, education and food to the poor).
- 2) The second is the institutional dimension that recommends developing institutions, improving government performance, changing political structure and attitudes toward the poor "Besley 1997".
- 3) The third is the synergy dimension which attempts to integrate community networks and state-society relations "Woolcock & Narayan 2000".

Compensation of the losers in the transitional period can be defended on many grounds that are not mutually exclusive "Miller 1999". As in the case of Algeria we may set three grounds:

- **The instrumental and implementation grounds** are needed to achieve large values or goals to which compensation is a means (securing political support, increasing demand and hence economic growth, and strengthening social capital and social contract).
- **Moral grounds** are advanced by the well known UNESCO study on adjustment with "Human face" in order to defend compensatory programmes for the poor "Cornia and Al 1987".
- Moreover, a **third ground** that is receiving greater attention relies on **local self-governing institutions**, Participatory schemes and community involvement in order to combat poverty.

So "participation", "Development from within", "Good governance", "Social capital building", "Enabling environments" are now in vogue. As Neo liberalism declines and attacks on the welfare state recede, dealing with poverty and social costs of reforms has become a matter of political priority for both government and international community. It is no longer a simple by-product of macroeconomic growth.

In this case, "Joshi and Moore 1999" advance a conceptual framework to better think about the conditions under which public anti poverty interventions can be successful. While sharing with neo liberalism the "leakage problem" in many countries- of which Algeria is an example- and the "enabling environment necessity", they suggest three requirements for positive poverty alleviation interventions: Trustworthiness, programme stability and formal entitlement. Examples of the water supply programme in Nepal along with the Kgotla in participatory scheme in Botswana " Arnon Bar-On 1999" offer many similarities with the Algerian Participatory Community Service Scheme.

### **I-2-2- The A.C.W**

This allowance is paid to active people with no income, in return for community work within workshops organised by local authorities.

The value of the allowance is AD 2800 / month, which represents half the Algerian minimum wage. More than 588000 people are involved in such programme.

Despite its benefits, this system shows however some drawbacks.

### **I-2-3- Drawbacks of the S.B.A & A.C.W**

#### **A- the S.B.A:**

There are some difficulties in targeting the deserving.

- Close record examination has allowed to disqualify the non-eligible. The latest study "CENEAP 1999" reveals that 64.4% of all beneficiaries are not eligible, with 11% for retired people. The study shows that there still exist some disparities at the disadvantage of the female gender: 35.8% against 64.2% for male.



### **B- the A.C.W**

There are some difficulties to set up workshops within communes that are under-staffed and struggling to perform their daily duties. The CENEAP study reveals that 40% of all beneficiaries are not poor and, thus brings to light a somewhat relative inefficiency of the policies, which cannot, on their own, contribute to alleviating poverty, and should, therefore be supplemented by other policies like the participatory community service scheme, which will be presented in the second part.

## **II- THE PARTICIPATORY COMMUNITY SERVICE SCHEME: PCSS**

The participatory community service scheme is a multidisciplinary team involved in alleviating poverty in a targeted district. Its programme comprises four modules: hygiene and health, social rights assistance, education, and sports and cultural activities. Its appeal lies in the fact that it can minimize the cost of achieving poverty alleviation objectives.

In addition, the PCSS work is designed to inform decision-makers on the factors responsible for poverty, such as: social distortions, school dropouts, and deficiencies in social and health protection. Before presenting the case studies, we shall expose the setting of a social proximity unit. We shall end up with some arguments for the implementation of the concept of "facilitators of development".

### **II-1- The setting**

#### **II-1-1 - The origin**

The project emerged from a diagnostic based on an economic and social study of the shantytown. The creation of the unit followed four stages:

Stage 1. The first survey of the population targeted was conducted in 1991 (family size, employment, income, savings).

Stage 2. The governor (wali) commissioned a study showing various issues raised by the local population and the representatives of ministries involved (labour and social affairs; health and population, youth and sports).

Stage 3. The report was completed and eligibility criteria were approved.

Stage 4. The unit structure (human resources and logistics) and appointments were established. The unit being staffed by voluntary specialists covering the required domains (health & hygiene, education, social rights assistance, cultural & sporting activities). Participants in the unit must meet the following conditions:

- a. Qualification and a record of past achievement deemed acceptable,
- b. Practical experience and interest in community services;
- c. Willingness to work in a group and easy contact;
- d. Rigorous morality and commitment to work in the care and education of people in difficulty.

#### **II-1-2- Organisation and functioning**

The social proximity unit consists of a multidisciplinary team, located in the targeted district and housed in an established, prefabricated premise or a caravan.

##### **A- Domains of intervention**

They include four modules:

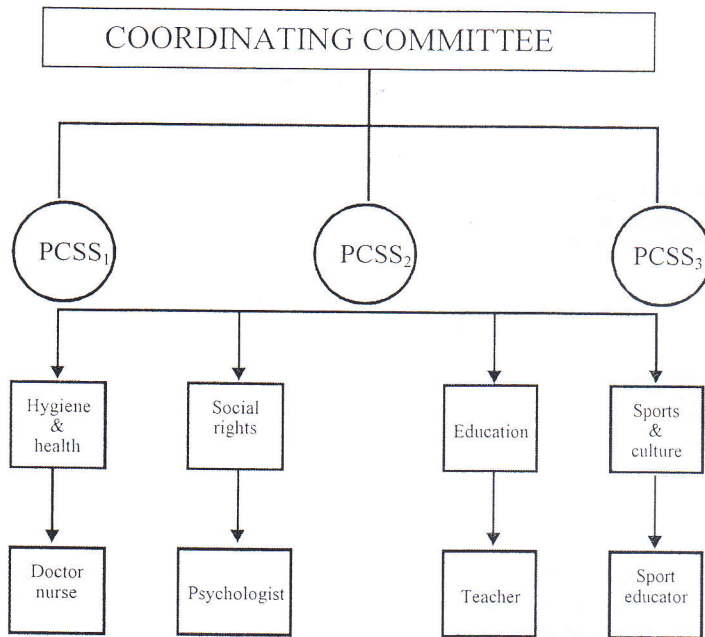
- hygiene and health module staffed by a doctor and a technician;
- Psychosocial module staffed by a psychologist and an educator;
- Education module staffed by a teacher;
- Culture and sports module staffed by a teacher and a sport educator.

##### **B- Organisation**

As the PCSS involves tasks of multidisciplinary nature, a coordination committee is set up, it performs the following functions: (see figure 2).

1. Choosing the location of the PCSS;
2. Mobilising and organising local committees;
3. Selection of personnel to staff the PCSS;

**Figure 2: Coordination structure**



4. Establishing relation and channels with services, institutions and associations involved in the programme;

5. Evaluating the PCSS performance.

The PCSS is implanted in a targeted site according to:

- poor housing conditions;
- bad hygiene conditions;
- over population;
- unfavourable surrounding (neighbouring).

### C- The staff & activities of the PCSS

a. The doctor, who, as a general practitioner in public health, is in charge of:

- Scheduling, coordinating and animating seminars (classes) in health education (individual & collective),
- offering advice on hygiene and prevention,
  - supervising prevention programmes (vaccination, family planning),
  - Combatting delinquency,
- Offering health services.

b. The technician who helps the doctor and provides paramedical services.

c. The psychologist, who comes from an institution specialising in social protection; Her tasks consist in:

- initiating and encouraging initiatives (individuals & groups),
- informing and helping the community in matters of social right in coordination with other participants in the unit,
- helping people in difficulty (handicapped, elderly, abandoned children and youth with moral disorder),
- reorienting to safety net, social action services and specialized institutions.

d. The teacher with proven competence and experience. His duties are:

- spotting children with exam failures,
- giving bridging courses and remedial classes for children with special difficulties,
- dispensing elementary classes in reading and writing for the illiterate,
- Working to decrease the number of dropouts,

- establishing links & communication between parents, teacher and the child.
- e. The sport educator whose roles are:
  - to set an organize arenas for different games in the proximity;
  - to animate different sport activities;
  - to establish links with youth and sport institutions and associations.
- f. The cultural animator functions are:
  - to set up a small library;
  - to organize cultural activities (excursions, visits to historical building and museums...); - to reorient to youth hostels & cultural centres,

### II-1-3- System of information

Intra and inter sectorial information of PCSS are established at several levels:

- a. Participant note taking of the daily duties; activities and home visits;
  - b. Group and population information: regular group meetings, working sessions with the population, publicity, PCSS and complaint registers;
  - c. D.S.P.S (*Direction de la Santé et de la Protection Sociale*) information on meetings minutes, PCSS registers, quarterly reports and verbal information;
  - d. Information from other sectors consisting mainly of regular reports of each participant to the sector of origin;
  - e. Administrative and regulatory organization: the establishment of the PCSS is by a *wali* decree (governor). The staff is appointed on an interministerial decree.
- They are paid by their employers (ministries) with which they maintain administrative and technical links.

**Table 8: Number and distribution of PCSS**

WILAYA	NUMBER OF SPU	DISTRICT
Algiers	2	✧ Mouradia ✧ Madania
Annaba	2	✧ Drâa Erich ✧ Transit centre
Boumerdes	2	✧ El-Marsa ✧ El-Sahel
Constantine	6	✧ El-Khroub ✧ Constantine ✧ Zirout Youcef ✧ Hamma Bouziane ✧ Ibn Ziad ✧ Didouche Mourad
Blida	2	✧ Blida
Setif	2	✧ Setif
Tlemcen	2	✧ Boudghene ✧ Bab Zir
<b>TOTAL</b>	<b>18</b>	



Source: - Ministry of health and social protection - *Wilaya de Tlemcen*

**Table 9: Summary statistics of two shanty-towns (pilot sites)**

DEMOGRAPHY	MARSA	SAHEL
Total population	1002	700
Number of families	109	75
Number of shanties	109	70

AGE STRUCTURE	MARSA	SAHEL
0 - 15	56,49%	64,16%
16 - 25	13,63%	17,47%
26 - 35	13,47%	7,30%
36 - 45 more	9,57%	4,61%
than 45	6,81%	6,06%

EMPLOYMENT	MARSA	SAHEL
Active population	23,00%	19,50%
Employed	16,72%	16,50%
Unemployed	6,33%	3,00%
	(22,48% of all population)	(17,07 of all population)

INCOME	MARSA	SAHEL
Less than 2500	32,03%	10,30%
2500 - 5000	55,33%	61,75%
5000 - 7500	11,65%	22,05%
more than 7500	0,97%	5,86%

NUMBER OF FAMILY INCOME	MARSA	SAHEL
No income	18,18%	10,00%
One income	64,64%	75,00%
Two incomes	13,13%	12,50%
Three incomes	4,04%	1,56%

Source: Ministry of health and social protection.

## **II-2- Participatory Community Service Schemes : PCSS case studies**

### **I.-2-1- The social proximity unit of El-Marsa**

#### **1- Health**

As can be seen from the following tables, the pilot district health problems are dominated by poverty related diseases such as infant diarries, breathing pathologies, *hypertension arterial* (H.T.A) and micro nutrient deficiencies.

This health profile requires public intervention at a community level requiring base services. Therefore, health outcomes seem to be satisfactory on several grounds; firstly seeing the limited means, one can expect high cost effectiveness and great gain per public Dinar spent (World Bank, 1993). Secondly, other unobservable factors can be affected positively. These include discomfort, inconvenience (time spent travelling) and the courtesy of service providers (Hammar 1997); thirdly, in terms of efficiency and in comparison with the performance of hospital and clinic staff, the PCSS'S staff has shown a superior record (see table 10); and finally, external benefits can be conferred by the reduction of infectious diseases and immunization programmes.

**Table 10: Infections treated (1997)**

	ADULTS	CHILDREN
Breathing infections & tuberculosis	12	55
O.R.L	80	185
Digestive infections	55	80
Skin infections	57	120
Heart diseases	165	05
H.T.A		
Endocrinology	04	/
Urology	15	10
Gynecology	90	/
Accidents burns...	42	60
Ophthalmology	10	20
Others	180	40

**Source:** compiled from PCSS records.

**Table 11: Health interventions 1997**

	ADULTS	CHILDREN	TOTAL	PERCENT
Breathing infections	120	55	175	10.3 %
O.R.L	85	185	270	20.0 %
Skin infections	57	123	180	13.2 %
Digestive infections	55	80	135	26.0 %
Heart infections	165	05	170	12.5 %
Urology	15	10	25	2.0 %
Gynecology	80	00	80	6.0 %
Accidents burns	46	45	91	7.0 %
Others	175	40	215	16.0 %

**Source:** Compiled from PCSS Records.

**Table 12: Paramedical treatments 1997**

	ADULTS	CHILDREN
INJECTIONS	430	82
CARE	195	140
FIRST AID	02	02
CIRCUMCISION		06

Source: compiled from PCSS records

#### **B- Psychosocial activities**

A diagnostic was made of the social conditions in the district. The most striking finding was increasing behaviour disorder (due to uncertainties and terrorism), stress and frustration. Table 13 provides some data on social and psychological facts.

**Table 13 : psychosocial activities**

	CHILDREN	ADULTS	<u>Sour ce:</u> comp iled from PCS S recor ds
Behavior trouble	10	15	
Toxicomania	08		
School problems	30		
Child labor	40		
Divorces	10		
Beaten women		05	
Birth at home	06		
Prostitution		10	
Absent fathers		05	

The factors responsible for children problems were identified as the absence of parents, the work by children (fetching water, in farms, selling crops and prostitution), their rejection by the teacher and other pupils. The school being distant from home and poverty.

It follows, therefore, that these children are placed at a comparative disadvantage vis-à-vis other children in school. Their performance reveal their unfavourable conditions (family environment, peer group interactions, personality and early nutrition and health) (Simmons 1976).

Several measures aimed at improving schooling performance and reducing behaviour disorder and stress were undertaken. Among these are:

- Psychological therapies;
- Counselling help;
- Special classes for poor performance children and reorientation to specialised institutions.

#### **C- Cultural and sports activities**

The programme of these two modules are designed to allow the greatest possible integration of individuals in public life. There are five parts to the programme:

1. Literacy classes for the illiterate and catch up classes for failing children,
2. Physical and sport education;
3. Arts and games;
4. Orientation and legal advice on social rights;
5. and solidarity and community work.



**Table 14 : Excursions and cultural activities 1997**

	Number of visitors (Beneficiaries)
EXCURSIONS	150
SUMMER CAMPING	25
THEATRE	50
CULTURAL CARAVAN	Most people
SPORTS ACTIVITIES	100

**Source:** compiled from PCSS records

#### **II- 2-2- The Sahel PCSS**

The unit was first established in 1994. The population consists of 64 families coming mainly from Boumerdes and Thenia. More than 65% are under 25 and unemployment is 18% .The unit human and material resources are listed in table below.

**Table 15: Human & material resources**

Human resources	Material resources
1 doctor	2 prevaricated cabins
1male nurse	4 desks
1social assistant	1 cupboard
1psychologist	12 chairs
1specialised teacher	Drugs.
1sport technician	
1youth technician	

**Source:** compiled from PCSS records

The results obtained in the four modules have been encouraging as regards health and hygiene. The first set of results means that increasing awareness, prevention, and participation can have great positive effects, as for family planning advantages were made as women became informed on contraception, and advice were offered to them on:

- Body hygiene;
- preparation of feeding bottles and child nutrition;
- environment hygiene;

The second set of results reveals that that because of convenience and trust, people become less reluctant to seek treatment and advice either on psychosocial matters or on social rights. The third set of results is how well the performance of the Scheme state compares with others.

An example is illustrated in table 16 showing the performance of the doctor.

**Table 16: Number of checkups**

	Men	women	Children	Total
Number of checkups	213	985	646	1844
As a %	2	4	7	40

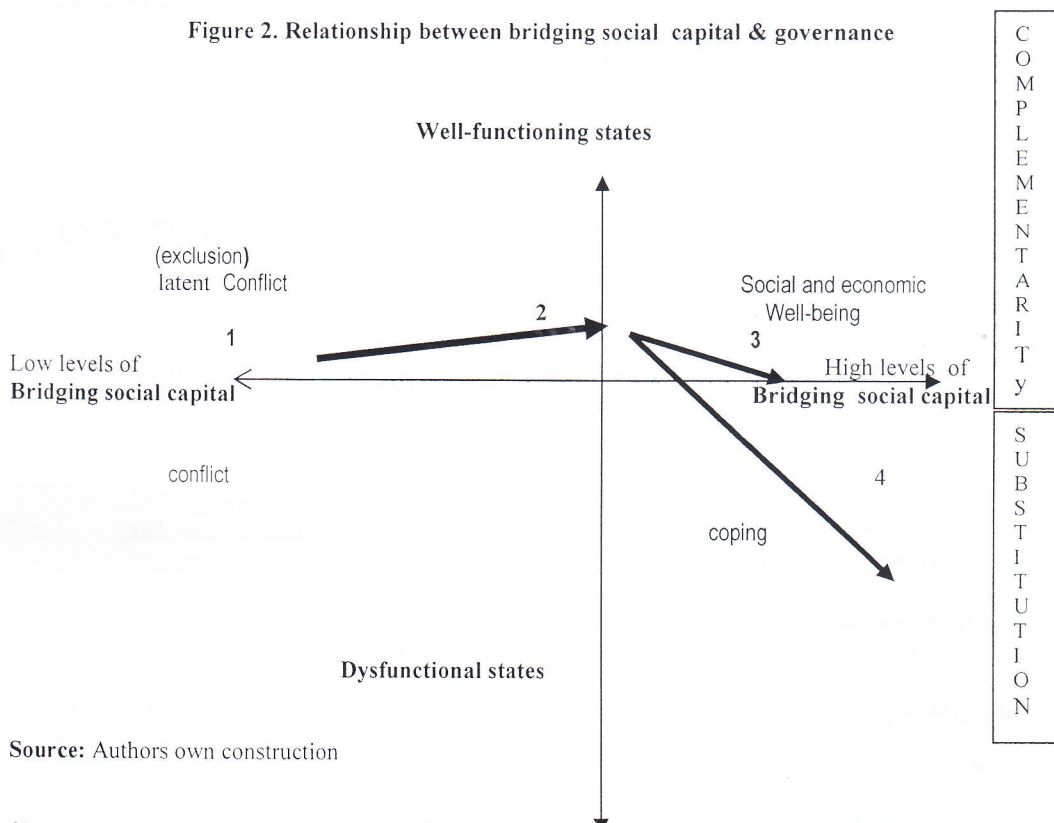
implementation of policies aimed at overcoming inequalities of social capital. This can be really achieved through the enlarging of civil society that has become highly demanding. In this context come important egalitarian issues emerge if we assume that civil society includes expanding voluntary associations and displacing or reducing the role of government. Evidence from underdeveloped countries shows that strong social solidarity does not necessarily tend towards economic welfare. "Woolcock & Narayan 2000".

Until now, performance of the PCSS is relatively satisfactory, but as the system is still based on a top-down model, citizen participation may go to some sort of disillusionment as a whole and reduce its efficiency as a result of increasing cost and lower people's involvement. Consequently, it fosters passivity among the beneficiaries that restrict their role to producing list of requests that are harder to meet and create a syndrome of dependency on government. Conversely, the bottom-up model can provide some of the leverage required to change three critical elements:

- The staff's communication with, and attitudes, towards their constituents.
- Their horizontal interservice connectivity.
- Their connectivity with Wilaya services.

Each of these relations must be modified if service providers are to be reoriented from being "**benefactors of development**" to becoming "**facilitators of development**". This can be applied when incorporating the whole concept of social capital with its positive and negative outcomes "Woolcock & Narayan 2000". In this context, It is argued that the synergy view based on complementarity and embeddedness between government and citizen, integrates dynamics from institutional and network approach. The Top-down approach which refers to PCSS has produced some disadvantages which can be overcome by the implementation of a more comprehensive somewhat synergy approach as in the case of the national strategy with the five pilot projects. Figure 3 inspired from Woolcock & Narayan and applied to Algeria, shows four types of situations :

Figure 2. Relationship between bridging social capital & governance



**Situation 1** before the implementation of the national strategy, may be characterised by the following elements: rich state with ever increasing number of poor.

**Situation 2** with the implementation of participatory community service schemes may be described as follows: high bonding, low bridging and dependency on the state.

**Situation 3** a somewhat simultaneous coupled model: bottom-up and top-down, as in the case of planned pilot projects for communitarian social and economic development which are part of central and local poverty reduction strategy implemented during the period 2001-2005 with a budget of US\$ 13 billions.<sup>(4)</sup>

**Situation 4** case of a somewhat bad governance with unsuccessful implementation of local poverty reduction strategy.

### **III/ CENTRAL AND LOCAL POVERTY REDUCTION STRATEGY**

The new poverty reduction strategy is based on the implementation of national programmes and pilot projects. These stem from the configuration of thirteen objectives.

#### **III.1/ Objectives:**

1. Fostering economic growth with reforms at the minimum social cost.
  2. Financial sector reforms and providing the poor with access to credit;
  3. Encouraging the private sector and privatization;
  4. Agriculture development (by increasing the production of basic commodities; diversification, increasing productivity, encouraging semi- arid agriculture and fishing, and enlarging the role of civil society in rural development);
  5. Human development (nutrition, education, subsidies for education, health, reinforce the PCSS, and the NGOS, special help for the handicapped, the elderly and the sick...)
  6. Gender strategy (reinforce school of girls, education of women, associations for women, maternal and infant health)
  7. Enlarge the labour market (encouraging investment, and service industry, rural development, training of the poor.
  8. Housing (credit and tax policies to encourage the development of a moderate rent housing for the poor, and housing subsidies for the needy)
  9. Better project appraisal (terms of profitability, employment)
  10. Safety nets and social aid to the very poor.
  11. institutional, legal and regulatory framework for poverty reduction policy (ministry of solidarity, more decentralization in decision making, special body for micro-credit, encourage local associations)
  12. social participatory development (increase the resources of local authorities, more transparency in elected bodies ,deliberations on spending and projects, and participation of citizens in decision making at the local level)
  13. monitoring poverty (the creation of an independent monitoring body for the evaluation of poverty and assess the poverty reduction strategy, and improve data bank on poverty and welfare).
- the implementation of these objectives will be carried out through two levels: national and local.

#### **III.2/ Mechanisms for implementing poverty reduction strategy**

The formulation of the strategy is due to be implemented at two levels:

**III.2.1/ Government (central) level** with the launch of the communitarian programmes, based on the experience of the five pilot projects, the evaluation of all policies, strategies and laws related to poverty reduction, and the overall impact of

the five national programmes that comprise:

- agriculture diversification and productivity programme
- youth training programme
- housing programme



- micro-credit programme for the poor;
- health programme

**III2.2/Local level**, where the execution and the follow-up of the five national programmes are overseen by the Wali (governor) at the Wilaya level and commune president (mayor) at the commune level.

The execution of the pilot projects will be overseen by the ministry of solidarity.

### **III3 / The National Programmes 2001-2002**

The five mentioned programs are interdependent and strategically linked to all sectors of the national economy.

The cost of the programs are planned to be borne by the beneficiaries and the central government (see appendix 1). In what follows, a brief description of each program is presented.

#### **III31/Agriculture Diversification and Productivity Programme:**

The objective consists in increasing productivity, investment, diversification and the creation of 585 000 jobs so as to reduce poverty especially in rural areas. The following instruments are proposed:

- extending credit (U.S \$ 3 billions), for the three types of agriculture areas :plain, mountain, and steppe)
- new financial instruments such as the national Mutual fund, the national regulatory fund;
- natural resource protection;
- new irrigation techniques
- encouraging small and medium plantations, and the introduction of new crops;
- extending the production of the existing potential so as to encourage agro-industries
  - subsidies to the program (25%) and credit from specialized institutions for the rural poor.

#### **III3.2/Unemployed Youth Training Programme:**

The targeted groups (16 – 30) include: dropouts, and those without any qualification, about 2 400 000 to be trained during the program (2001-2005), with 30% in the private sector. Two modes of training have been set; training by doing, and training in specialized institutions. The cost of the program is estimated at A.D 50 billions.

#### **III3.3/Housing programme:**

A large part of this national programme is intended for the lower social strata of the population mainly in rural areas and semi urban areas . The 520000 housing units planned within the five years programme ( 2001-2005) is based on two important pillars:

- **communitarian participation**; which is set up on local resources raising, on partnership decision making, and know-how;

- **proximity action** witch comprehends all actions inherent in participation communitarian schemes (see the previous section) ;

the success of this programme will depend on joint action of three actors:

- local authorities
- civil society (public, private, NGO associations)
- beneficiaries

The objectif of the programme is aimed at housing renovation and development as far as utilities are concerned (drinking water, sewage, electricity and gas)

The total cost of the national programme is estimated around A.D300 billions (=USD 4.28 billions) which is shared evenly by the state (no income beneficiaries), credit from financial institutions (with advantageous terms), and contributions from the beneficiaries, depending on their incomes. As for the employment impact, the programme will create one million jobs.

#### **III.3.4 /Micro credit programme for the poor:**

This micro credit programme is destined for better access to credit by the poor by overcoming existing constraints laid out by the banking system (personal guaranties). The programme prioritizes the development of productive activities that are undertaken by the following:

- the young unemployed whose age group is 16 to 30 (705 000 micro enterprises are planned to be created)
- agricultural workers, small farmers, breeders and other rural workers(585 000 micro enterprises)
- small craftsmen and small businesses (360 000 micro enterprises)
- small and medium-sized enterprises (48 000 micro enterprises)

The overall planned number of micro enterprises is 1 698 000 witch corresponds to 42% of the unemployed as for the cost of the programme, it is estimated at around US \$5.283 billion covering micro credit (US\$ 3.9 billion), training and participatory communitarian schemes.

#### **III.3.5/ Health programme:**

As a result of adjustment policies, mainly public spending reductions, the poor have seen their health conditions worsened, by inadequate and decreasing daily food ration that increases the exposure to infections, over crowding, poor housing conditions ...etc.

This has had serious repercussions on physical and mental state of individuals.

The programme is in line with proximity actions whose aim is to strengthen the national programme of prevention, especially for women, children and the aged poor categories, estimated to represent 20 percent of the population.

The actions of the programme focus on:

- drugs, medicine and vaccines needs at a cost of A.D1.6 billion a year (that is A.D 800 person a year)
- the implementation of nutritional programmes which was hampered by targeting difficulties especially for school meals (with rations richer in milk) and pregnancy (with an E M O programme; eggs, milk and orange which has been successfully implemented in Canada, but its very high cost limits the efficiency of targeting)
- school health programme, with additional intake of fluor, costing A.D 12 500 per pupil/ year
- more investments on clino-mobiles to allow more and rapid intervention in scattered and remote areas;

#### **III.4/THE PILOT PROJECTS**

As mentioned earlier, pilot projects programme is one of the elements of the national strategy for poverty reduction. The experience can be extended to other regions in the country. The selection of the projects was undertaken by a technical committee. Five Wilayas were selected (Algiers, Oran, Oum-El Bouagui, Relizane and Souk-Ahras). The technical committee consists of national and international experts representing international institutions; the world bank, PNUD, UNICEF...).

The five pilot projects are :

Ramka ( Relizane)

Les planteurs (Oran)

Djazia (Oum el bouagui)

Sidi Fredj ( Souk ahras)

Baraki (Alger)

Targeting was made on the basis of the following criteria:

- low income;
- deprivation and exclusion;
- weak coverage of safety net, and public services;
- low bonding and bridging relations;
- loss of human lives and destruction of infrastructure;
- prospects of development (favorable environment)
- prospects of contributions by the private sector; beneficiary contributions ( See appendix 2)
- compatibility of projects to government priorities and potential donors.

The study went through the following steps:

- a questionnaire on resources, activities, services, socio-economic and socio-psycho logic profiles of the targeted population .
- a survey was made on a sample of 100 households in order to assess the level of poverty;
- interviews with the NGOS, associations and the representatives of the communities;
- selections of facilitators for each pilot project to help the committee and execute the questionnaire;
- long interview sessions with officials, NGOS actors ,village leaders;
- visits to the sample households by members of the expert committee;
- visits for fact finding (resource potentials and infrastructure);
- data from primary and secondary sources collected and analysed;
- visits by psychiatrics to the targeted areas;
- preliminary programme with the participation all stakeholders
- final programme adopted

Appendix 1 shows some selected characteristics of the targeted households and Appendix 2 exhibits the planned budget for these pilot projects.

Until now, we do not know how performant are these pilot projets as far as poverty alleviation is concerned.



## CONCLUSION

At this transitional stage to market economy, the State is, more than ever called for a subtler but difficult intervention as far as the management of social constraints is concerned. On equity and economic efficiency grounds the state should endeavour to preserve and reinforce social cohesion through income distribution, human capital building and public participation in the development process.

The evidence from our examination suggests that Participatory community work can achieve the basic requirements for a permanent poverty reduction; health improvements, education achievements, and a decline in criminality.

Besides, this approach makes targeting simpler because of the concentration of the poor, hence, increase the efficiency of poverty reduction policy.

There are additional roles Participatory schemes can perform; firstly, they can be a vehicle for fund raising relying on their performance, credibility and judgement of donors whether national or foreign; secondly, there can be an increase in efficiency due to complementarities and synergies with other poverty reducing policies.

Thirdly, Participatory units, like NGO's, can act as pressure groups by mobilising local populations to influence Policy process with regard to poverty alleviation since the costs are small and do not entail macroeconomic imbalances.

And finally, they can offer a paradigm for other Third World countries with similar conditions to follow. A common complaint about PCSS has been that they mask poverty elsewhere and so divert attention from other regions.

While the PCSS offer an opportunity for increasing social capital in its bonding form, they cannot address the issue of better targeting and increasing social capital in its bridging and linking dimensions. It is therefore, to that end, that the new poverty reduction strategy offers better perspectives for re-targeting and consequently, overcoming inequalities in social capital.

Moreover, Pilot projects that have been initiated from 2001 within a recovery programme (2001-2005) seem to be indicating promising results but a full assessment can only be given at the completion of the programme. In addition, a new National Agency for the management of micro credits has just been created on the 22<sup>nd</sup> of January 2005 to help the young unemployed to set up small activities with a start up credits that range between 50000 and 400000 Algerian Dinars.

**APPENDIX 1 :Sample of targeted households: selected characteristics**

Characteristics	Ramka	Les planteurs	El-Djazia	Sidi-Fredj	Baraki
1- Population	5215	73660	4063	7949	95247
2- Sample					
Sample size	110	108	129	161	189
House holds	646	11000	724	1258	14578
Sample percentage	17.03%	0.98%	17.82%	12.80%	1.30%
3-Areas	Ramka centre, Achouche, Ksar, Hessainia, Ouedadou a, Ouled Benaouda, Ouled- Adda	Rais-El-Ain Rais-El-Ain Nouvelle Cité, Fontaine Zouaoua, El- Halib, Terrain Hadj-Hassan, Terrain Guelloui	Bir-Essatla, Zouabi, El-Forn, BirMekhlouf, Hensir, Oulad- Arama, Ras-Nini, Drah, Lamkhazen, Lef- Zizet, Fez- Attene, El-Djazia Markhez Gabal El-Forn	Koudiat Lâassa, Bouharaoua Sidi-Fredj, Mridef Ouled- Abbas	Baraki centre cité Dise El- Baraka, El- Merdja, cité 2004 logements Hai Ben- Gazi Haouch Mérim, Haouch Mihoub Bentalha
4- Sample (number of people)	942	748	1213	1112	1481
5- Households size					
1 – 5	15	36	17	41	25
6 - 8	34	28	22	30	39
8-	51	26	61	29	35
Size of household	8.56	6.93	9.4	6.91	7.84
6- Age of house hold head (%)					
19 – 40	29	21	28	42	19
41 – 49	25	32	27	15	21
50 – 64	33	26	23	22	40
65 -	14	21	22	20	21
Average age of house hold head	49.25	51.55	50.03	48.17	53.32
7- Education of household head (%)					
None	72	44	61	58	38
Coranic	7	19	16	12	13
Other school	0	4	1	1	1
primary	13	17	13	17	22
intermediary	5	13	7	7	14
secondary	4	4	2	4	11
high	0	0	0	0	2

Sample of the targeted households: selected characteristics (cont)

Characteristics	Ramka	Les planteurs	El-Djazia	Sidi-Fredj	Baraki
<b>8- employment situation of household head (%)</b>					
employed	40	37	12	7	32
self-employed	15	26	30	59	18
unemployed	26	4	43	9	11
retired / handicapped	14	31	14	24	37
housewife	5	3	2	0	3
<b>9- Sex</b>					
male	92	87	87	94	92
female	8	13	13	6	8
<b>10- Terrorism victim (%)</b>					
yes	55	6	53	0.6	44
no	45	94	47	99.4	56
<b>11- Losses Due to Terrorism (%)</b>					
loss of belongings	66	16	45	0	27
house	69	16	28	0	40
other effects (forced migration and/or psychological)	39	33	23	0	51
death (number of families affected)	8	5	18	0	15
death	15	5	19	0	40
injured (number of families)	2	0	21	1	11
number of injured	2	0	23	1	15
<b>12- source of income %</b>					
agriculture	5	0	43	25	1
small / medium company	6	13	1	0	5



**Sample of the targeted households: selected characteristics (Cont)**

characteristics	Ramka	Les planteurs	El-Djazia	Sidi-Fredj	Bentalha
Friends or relatives	79	50	84	89	87
Others (ANSEJ)	0	50	16	11	2
20- difficulty at obtaining credit					
yes	69	84	98	73	74
no	31	16	2	27	26
21 use of credit					
exploitation	14	6	70	38	6
investment	58	48	80	47	47
housing	42	44	78	20	32
education	8	2	40	27	2
consumption	7	10	72	20	7
others	1	2		1	2
22- adhesion to a society					
yes	0	4	1	20	13
no	100	96	99	80	87
23- housing					
poor	52	59	51	29	30
traditional	20	25	31	42	17
individual	22	12	18	33	38
apartment	6	3	0	1	15

**Source:** première conférence nationale sur la lutte contre la pauvreté et l'exclusion.

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**APPENDIX 2: Planned financing for the pilot projects**

Project	Total cost	Source of finance		
		Beneficiaries contribution	Commune contribution	Programme contribution
<b>Ramka, Relizen</b>				
Total cost (AD)	1150185000	196400000	26880000	925335000
Total cost (US\$)	16431214	2805714	384000	13219071
Contribution (%)	100.0 %	17.1 %	2.3 %	80.5 %
<b>Les planteurs, Oran</b>				
Total cost (AD)				
Total cost (US\$)	2864057600	61600000	21500000	2226557600
Contribution (%)	40915109	8800000	307143	31807966
	100.0 %	21.5 %	0.8 %	77.7 %
<b>Djazia, O.Bouagui</b>				
Total cost (AD)	763983045	160553700	4400000	599029345
Total cost (US\$)	10914043	2293624	62857	8557562
Contribution (%)	100.0 %	21.0 %	0.6 %	78.4 %
<b>Sidi-Fredj. Sahras</b>				
Total cost (AD)	560439785	111185000	8800000	44045785
Total cost (US\$)	8006283	1588357	125714	6292211
Contribution (%)	100.0 %	19.8 %	1.6 %	78.6 %
<b>Bareki, Alger</b>				
Total cost (AD)	3721668796	926800000	28433000	2766435796
Total cost (US\$)	53166697	13240000	406186	39520511
Contribution (%)	100.0 %	24.9 %	0.8 %	74.3 %
<b>Total cost of arl pilot programme</b>				
Total cost (AD)	9060334225	2010938700	90013000	6957812525
Total cost (US\$)	129433346	28727696	1285900	99397322
Contribution (%)	100.0 %	22.2 %	1.0 %	76.8 %

**Source:** première conférence nationale sur la lutte contre la pauvreté et l'exclusion.

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## ENDNOTES

- (1) For concepts and measures of poverty, the bulk of economic knowledge is found in SEN (1981a, 1981b, 1985, 1989), FOSTER and AI 1984, ATKINSON 1987, BOURGIGNON and CHAKRAVARTY 1998. and some articles in the Review "Economie et Statistique" N°308,309,310/1997.
- (2) The demographic transition is characterised by declining rates of fertility and rates of mortality accompanied by policies to sustain education of the gender. In 2001, the 5-15 age group represented 35% of the population while it was 49% in 1970. The 15-64 age group which represented 45% in 1970 went up to 59% in 2001.
- (3) CENEAP: Centre National d'Études et d'Analyse de la Planification.
- (4) The formulation of the strategy is due to be implemented at two levels:
- 1- *Government (central) level* with the launch of the communitarian programmes, based on the experience of the five pilot projects, the evaluation of all policies, strategies and laws related to poverty reduction, and the overall impact of the five national programmes that comprise:
    - agriculture diversification and productivity programme
    - youth training programme
    - housing programme
    - micro-credit programme for the poor;
  - health programme
- 2- *Local level* where the execution and the follow-up of the five national programmes are overseen by the Wali (governor) at the Wilaya level and commune president (mayor) at the commune level. The execution of the pilot projects will be overseen by the ministry of solidarity.
- (5) The upper poverty line is estimated at 18191 DA per capita per year while the lower poverty line is estimated at 14827 DA on the basis of O.N.S (Office National des Statistiques).