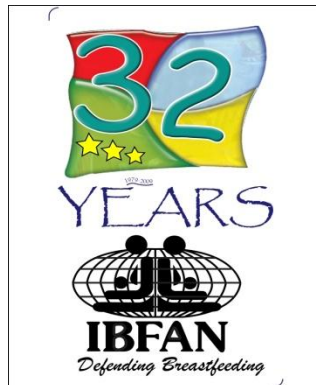


THE CONVENTION ON THE RIGHTS OF THE CHILD
Session 60, May-June 2012

**REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN ALGERIA**



May 2012

Data sourced from:

UNICEF, The State of World's Children 2011
Childinfo.org
International Code Documentation Center, ICDC
International Labor Organization, ILO
World Alliance for Breastfeeding Action (WABA)

Prepared by:

The Geneva Infant Feeding Association (GIFA)

1) General points concerning reporting to the CRC

The Committee on the Rights of the Child will examine the third and fourth periodic reports of Algeria in June 2012.

During the last session in 2005 (40th Session), IBFAN sent the Committee on the Rights of the Child an alternative report on the situation of breastfeeding.

During this session in 2005, the Committee on the Rights of the Child made recommendations concerning infant and young child feeding. The Committee recommended to Algeria (para 51):

*"Adopt necessary legislative, administrative and budgetary measures in order to fully implement the national perinatal programme Le programme National de Périnatalité 2005-2008 in order to reduce newborn and maternal mortality by 50%. It furthermore recommends to implement measures to guarantee access to quality pre- and post-natal health services and facilities, including training programmes of midwives and traditional birth attendants, by paying particular attention to the rural areas of the country"; and to **breastfeeding**, (para 57c): **"Encourage exclusive breastfeeding for 6 months after birth with the addition of an appropriate infant diet thereafter and take measures to improve the nutritional status of children through education and promotion of healthy feeding practices..."***

2) General situation concerning breastfeeding in Algeria

General data¹

Neonatal mortality rate (per 1000 live births)	18 (2010)
Infant mortality rates (per 1000 live births)	31 (2010)
Under 5 mortality rate (per 1000 live births)	36 (2010)
Rank	69
% of children suffering from stunting (moderate & severe)	15 (2006-2010)
% of population using improved drinking water sources (rural & urban, 2008)	83% (79, 85)
Maternal mortality ratio (per 100,000 live births) ²	97 (22010)
Delivery care coverage (%):	
Skilled attendant at birth	95%
Institutional delivery	95% (2006-2010)
C-section	No data

¹ UNICEF, State of the World's Children 2011

² Childinfo: http://www.childinfo.org/maternal_mortality_indicators.php

Adolescent (15-19 years old) birth rate (births per 1,000 women)	4 (2000-2010)
Antenatal visits for woman (4 or more visits)	No data

Breastfeeding data³

	2006
Early initiation of breastfeeding ⁴	50% (2006-2010)
Children exclusively breastfed at:	
0 months	No data
3 months	No data
6 months	7%
Children who are breastfed with complementary foods (6-9 months)	39%
Still breastfeeding at 12-15 months	47%
Continued breastfeeding at 20-23 months	22%

The data shows that breastfeeding indicators are very low, especially exclusive breastfeeding for the first 6 months which is extremely low, **7%**.

One of the reasons behind low breastfeeding rates may be the lack of adequate baby friendly practices in hospitals, where 95% of deliveries takes place. Inadequate support for infant and young child feeding in health services is a main contributing factor to poor breastfeeding and complementary feeding rates worldwide. Health workers often do not have updated knowledge and skills to effectively support infant and young child feeding, and hospital practices and routines impede the initiation and continuation of appropriate feeding practices.

3) Government efforts to encourage breastfeeding

Specific information concerning the International Code of Marketing of Breastmilk Substitutes:

According to the State of the World by Country, 2011, Algeria has incorporated parts of the Code into other laws, in particular those pertaining to labelling, quality and consumer protection.

This means that there is no national law that fully implements the International code of marketing of Breastmilk Substitutes.

The CRC Committee should investigate further on the measures taken to give effect to a comprehensive law.

³ Childinfo: http://www.childinfo.org/breastfeeding_icyf.php

⁴ UNICEF State of World's Children 2011

4) Baby Friendly Hospital Initiative (BFHI)

According to the most recent data composed by UNICEF in 2002, Algeria currently has only 2 certified baby-friendly facilities.

5) Maternity protection for working women⁵

Maternity Leave: In Algeria, female workers are given 14 weeks of maternity leave. The pregnant worker has to stop working before the date of birth, determined by a medical certificate. This compulsory leave must be at least one week before confinement. Male workers are entitled to a 3 day leave without loss of remuneration, as long as they have submitted justified cause and notification to the employer, in the event of the birth of the worker's child. The employer shall pay for the paternity leave.

Cash Benefits: Every worker, whether employees or related employees, no matter in which activity sector they belong, benefits from the social security.

The daily benefit conceded to the female worker due for maternity leave shall be given for the period in which she has interrupted work that is up to 14 weeks. The female worker, obliged to interrupt work because of the pregnancy, has the right to a daily benefit during maternity leave equal to a 100% of the regular wage she receives.

Medical Benefits: 100 per cent of medical benefits are guaranteed to women workers covered by the Social Insurance Act. Hospitalization costs are guaranteed to a maximum of 8 days. The female worker is also entitled to reimbursement for medical and pharmaceutical expenses in the order of 100%. The same rights are granted to self employed female workers and the spouse of a male worker, provided that she does not exercise a professional activity. These benefits are funded by the social security system, which is financed by the contributions of employers and persons covered by the social insurance act.

Breastfeeding⁶: According to the World Alliance for Breastfeeding Action in 2004, Algeria does not provide breastfeeding breaks for its workers.

⁵ International Labor Organization: Conditions of Work and Employment Programme
http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_countries=DZ&p_sc_id=2000&p_year=2011&p_structure=3

⁶ WABA <http://www.ibfanasia.org/Maternity%20Protection/mpc19Nov04.pdf>

6) Obstacles and recommendations

The following obstacles/problems have been identified:

- Extremely low rates of exclusive breastfeeding under 6 months.
- There is no national law which implement the International code of Marketing of Breastmilk Substitutes. This may be at the root of the very low numbers of exclusive breastfeeding.
- No breastfeeding breaks for female workers.
- Very low number of certified baby-friendly facilities.

Our recommendations include:

- **Implement the International Code of Marketing of Breastmilk Substitutes together with appropriate enforcement and monitoring mechanisms.**
- Promote exclusive breastfeeding for 6 months to the parents and communities.
- Include breastfeeding in the training curricula of all health care professionals as the most sustainable way of educating them.
- Take urgent measures to increase the number of certified baby-friendly health care facilities.
- Introduce a law allowing for female works to take breastfeeding breaks once they have returned to work.