

## Format for the Country Programme Performance Summary

<b>A. Country Information</b>		
Country name: Tunisia		
Category per decision 2013/31:	Current programme period: 2015 - 2020	Cycle of assistance: 9th

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>			
<b>Output 1 Supported policy dialogue to develop and integrate an essential package of quality sexual and reproductive health services for women and young people in targeted areas</b>			
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<input type="checkbox"/> An essential package of integrated sexual and reproductive health services is developed, budgeted and presented to the government	No	Yes	Yes
<input type="checkbox"/> Number of health centers in targeted areas that have integrated the essential package of sexual and reproductive health services	0	24	24

### **Key Achievements**

Overall, the programmed activities were carried out, they are relevant for the endorsement, budgeting and implementation of an essential SRH package. However, there is a significant delay in implementing the package, especially since the process has resulted in the identification of three essential package options.

This delay was due mainly to i) the high turnover of government officials and institutional instability with frequent changes of managers, ii) the lack of commitment and ownership of the joint program, by government partners; and iii) lack of process monitoring and coordination among partners.

The establishment of a steering committee involving MOH officials and the relevant UN agencies (UNFPA, UNICEF and WHO) has helped to overcome certain obstacles to the joint implementation of the program.

Maintaining continuous communication with partners and in particular national partners through, among other things, a platform for regular monitoring of the program has enabled progress to be made in achieving the expected results. In the current context of the country, the identification of a single basket option required (in 2018) a whole process of communication between the various partners, especially government (health, social affairs / CNAM, finance, etc.) which should be appropriate for the vision and the program.

The development and integration of an essential package of quality MNCH services for women and young people is part of the joint MNCH program with the aim of reducing maternal mortality. The process of joint programming and coordination between the relevant United Nations agencies "the use of one UN voice with partners" has brought together national actors and brought them all in line with long-term results. This coordination enabled better use of financial resources and better management of synergies during the implementation of the program. The essential package will concern the 3 levels of health care and both public and private sectors; the participatory approach with the involvement of different sectors, is an important condition for ownership of the program. However, the package options prepared only considered the perinatal period. Thus, the other components of reproductive

health were not included, in particular family planning (considered only among the services to be provided to women postpartum), prevention and management of STIs and HIV / AIDS (the package only addresses care of pregnant women with HIV) and the early detection of female cancers. National partners feel that national SRH programs are reduced to a single component - reducing maternal mortality. In fact, opting for a full SRH package is much more relevant, more effective and more efficient, especially since reproductive health programs are already implemented in different structures in Tunisia.

Vulnerability factors and the specific actions needed to improve targeting the populations whose needs in SRH are not satisfied (including young people and adolescents), are not yet well identified.

**Output 2 Strengthened capacities of national policy makers and civil society organizations to advance reproductive rights and promote gender equality**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
Number of advocacy initiatives undertaken by civil society and parliamentarian networks for the dissemination and promotion of reproductive rights and gender equality	0	4	6
Functional system to monitor progress and reporting on the implementation of international recommendations instruments on human rights including reproductive rights	Non	Yes	Yes
Nombre d'organisations gouvernementales et non gouvernementales formées sur le suivi de la mise en œuvre des recommandations de l'UPR (Universal Periodical Review)	0	5	5

**Key Achievements**

Under this output, the results are mixed. Progress has been made regarding the monitoring and reporting system on the implementation of recommendations from international human rights instruments, including on reproductive rights, support for WGSS and advocacy that strongly participated in the enactment of the law against gender-based violence.

However, the implementation of other activities faced sometimes significant difficulties. The challenges were mainly related to political instability and the lack of coordination among partners. They were at the origin of the difficulties in the management of the programs and the delay of the realization of the planned activities in particular for the development of the protocols of case management for GBV survivors and the development of the sectoral plans.

In addition, with the growing number of actors involved in gender and GBV related issues and the multiplicity of programs, coordination is increasingly difficult. The delay in the implementation of the activities planned within the framework of the project co-financed by the EU and UNFPA was inter alia due to the adjustments made between the donor (EU) and the national partner MWFCs (Ministry of Women, Family, Children and Seniors). Within the framework of the joint program on the care of women victims of violence in Tunisia, the delay in the official signing of the program as well as in the designation of focal points within the ministries delayed the implementation of certain activities. The MWFCs underwent several changes of managers and several key positions remained vacant for months, which made decision-making difficult with a delay in the creation of the program management unit.

In addition, the actors did not have the same degree of commitment which affected the progress of the implementation.

The difficulty of setting up associative and parliamentary networks for the dissemination and promotion of reproductive rights and gender equality is related to various factors including the very small number of networks working on the promotion of reproductive rights, and the level of knowledge regarding reproductive rights and the level of commitment. In fact, sexual and reproductive rights are mainly dealt with from an “HIV perspective” considering only the rights of people infected with HIV and AIDS. The partners also recommend that the scope of sexual and reproductive rights be more clearly defined.

There is a lack of human and financial resources in the governmental and non-governmental sectors devoted to sexual and reproductive rights. These resources, which were also claimed during the interviews, are essentially for:

- meet the multiple needs of the supported GBV survivors,
- provide echo trainings on large-scale care for GBV survivors to service providers and professionals in the sectors concerned,
- train in matters of data collection, the partners of the various sectors involved in the system for collecting and monitoring 24 indicators on GBV, including managers of WGSS,
- pay the officers in charge of the administrative and financial aspects (FACE software) of the programs in partnership with UNFPA.

To improve coordination, the CO multiplied meetings with partners and ensured close and regular monitoring of activities. The establishment of technical coordination groups specific to each sector also helped to involve all stakeholders.

Tunisia CO had to ensure that the partner NGO had achieved the results in a timely manner and, but with enough flexibility to allow partners to produce relevant evidence.

In an unstable political environment, managing relations with partners, particularly government partners, is a sensitive issue; it is necessary to build trust and work in a collaborative way which is not always easy with the high turnover of counterparts. Technical support to partners takes longer in this context.

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<input type="checkbox"/> Number of studies on population dynamics and access to sexual and reproductive health carried out and disseminated	0	8	10
<input type="checkbox"/> Number of UNFPA-supported policy briefs produced and presented to public policy makers and opinion leaders	0	4	6
number of evaluations performed on strategic interventions related to sexual and reproductive health and youth and adolescents	0	2	2

**Key Achievements**

Despite the availability of research study results, the partners continue to ask for further research. The current resources of the program cannot meet the different needs expressed by the partners. In addition, we must first ensure the relevance of their requests (provision of new data useful for orientation and planning or monitoring and evaluation of interventions).

Resources also do not allow for large studies to assess the impact.

Lack of human resources from partners has resulted in an additional workload for designated focal points in the UNFPA office.

The leadership and ownership of the program by partners (namely the National Statistic Institute) has enabled the program to be better implemented.

In summary, by referring to the planning matrix for monitoring and evaluation, the level of achievement of the programmed activities was achieved with excess performance.

<b>C. National Progress on Strategic Plan Outcomes<sup>1</sup></b>	<b>Start value</b>	<b>Year</b>	<b>End value</b>	<b>Year</b>	<b>Comments</b>
<b>Outcome 1: 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</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list					Not available
Contraceptive prevalence rate (total)	62,5%	2012	50,7%	2018	
Proportion of demand for contraception satisfied (total)	<b>93%</b>	<b>2012</b>	<b>80,1%</b>	2018	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	-		100%	2020	
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	98,6%	2012	99,5%	2018	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	6	2013	6	2020	
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	30,3%	2014	36,2%	2019	Data available only for 15-24
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?					Not available (there is no breakdown by sub sector in the national budget for health).
<b><u>Summary of National Progress</u></b>					
<b><u>UNFPA's Contributions</u></b> <i>Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.</i>					

<sup>1</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

--

<b>Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health</b>					
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	F: 19,1% M: na	2012	F : 14,4 %, M : 15,6 %	2018	
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes		Yes		
<b><u>Summary of National Progress</u></b>					
<b><u>UNFPA's Contributions</u></b>					

<b>Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</b>					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?					Not available
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	0	2015	5	2019	
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	30.3%	2012	14.9	2018	
<b><u>Summary of National Progress</u></b>					
<b><u>UNFPA's Contributions</u></b>					
<b>Outcome 4: 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</b>					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?		2014			national census of 2014
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?		2005	No		
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2015	Yes	2017	Yes
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets					the 2015-2020 national plan
<b><u>Summary of National Progress</u></b>					

**UNFPA's Contributions**

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b> <b>Choose only those relevant to your CP</b>	<b>Regular Resource (Planned and Final Expenditure)</b>		<b>Others (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
Increased availability and use of integrated sexual and reproductive health services	498 824,34	472 483,00	1 127,00	316,00	499 951,34	472 799,00
Youth policies and programmes, and increased availability of comprehensive sexuality education	0\$	0 \$	0\$	0 \$	0\$	0\$
Advanced gender equality, women's and girls' empowerment, and reproductive rights	797 134,85	765 827,00	3 017 066,68	2 817 067,0	3 814 201,53	3 582 894,00
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	496 756,42	492 336,82	85 000,00	69 650,00	581 756,42	561 986,82
Programme coordination and assistance	245 281,00	249 326,00	573 035,00	499 156,00	818 316,00	748 482,00
<b>Total</b>	<b>2 037 996,61</b>	<b>1 979 972,815</b>	<b>3 676 228,68</b>	<b>3 386 189</b>	<b>5 714 225,292</b>	<b>5 366 161,815</b>