



**Executive Board of the
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Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for Tunisia

Proposed UNFPA assistance: \$5 million: \$2.5 million from regular resources and \$2.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Eighth

Category per decision 2005/13: B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.00	2.30	4.30
Population and development	0.15	0.10	0.25
Gender	0.10	0.10	0.20
Programme coordination and assistance	0.25	-	0.25
Total	2.50	2.50	5.00

I. Situation analysis

1. Tunisia, with a population of 9.9 million and a per capita gross domestic product (GDP) of \$2,900 in 2004, is a middle-income country. With an annual GDP growth rate of 4.5 per cent during 1997-2004, it has one of the best performing economies in the Middle East and North Africa. Tunisia has a high proportion (64 per cent) of economically active people aged 15-59 years, and is in the final stage of its demographic transition. However, unemployment affects 14 per cent of the population and over 25 per cent of young people aged 15-29. Increasingly, young university graduates are turning to immigration or to jobs in the informal employment sector.

2. The Government has made much progress in the health sector. Ninety per cent of the population has access to primary health-care services, and skilled attendants are present at 89 per cent of births. The contraceptive prevalence rate is 69 per cent. The infant mortality rate is 20.6 deaths per 1,000 live births; the maternal mortality ratio is 55 deaths per 100,000 live births. Life expectancy is 75.3 years for women and 71.4 years for men. Preventive health-care services, including reproductive health services, are free of charge. However, regional disparities exist, with the central-western and southern regions having less access to health services.

3. The age structure is presenting new challenges. Increasing life expectancy means that Tunisia must address reproductive health issues related to ageing, including menopause and breast and cervical cancers. Adolescents and youth (aged 10-24) represent more than 30 per cent of the population, fuelling the need for youth-friendly reproductive health services. An increase in the age of first marriage presents challenges related to preventing sexually transmitted infections (STIs), HIV/AIDS and unwanted pregnancies among young people, including those aged 25-29 years who are still unmarried.

4. Regional disparities persist between the industrialized, highly urbanized coastal areas and

the inland areas, which are predominantly rural. For example, the level of formal employment among women in rural areas is 8.1 per cent, compared to 24.8 per cent in urban areas. Female illiteracy is 46 per cent in rural areas, compared to 22 per cent in urban areas. The Government aims to reduce disparities by: (a) creating diverse income sources; (b) ensuring comprehensive reproductive health services; and (c) improving conditions for women. Several universities in the regions have been upgraded, and local public institutions, the private sector and civil society organizations have been enhanced.

5. A number of laws and provisions unfavourable to women have been revoked or amended, including those contained in the personal status code, the penal code, the labour code and the nationality code. Women's representation in parliament rose from 4 per cent in 1989 to 23 per cent in 2004. The unemployment rate is 16.7 per cent for women and 12.9 per cent for men. Further analysis and qualitative studies are needed to promote the integration of women in regional and local development. There is also a need to address violence against women.

6. The common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) were elaborated using a human rights-based approach. Both the CCA and the UNDAF emphasize the importance of ensuring the rights of individuals to access high-quality socio-economic services, particularly in rural areas, and the need to reduce vulnerability and disparities, focusing on young people.

II. Past cooperation and lessons learned

7. Since 1974, UNFPA has provided an estimated \$33 million in assistance to Tunisia. The seventh country programme (2002-2006) focused on strengthening reproductive health services, particularly for youth and adolescents. Among the lessons learned was that conventional service-delivery approaches do not work well for young people, and that health workers need special skills to deliver youth-friendly services.

Efforts are needed to reinforce planning and evaluation systems and to decentralize quality assurance and monitoring mechanisms.

8. The Government built partnerships with non-government organizations (NGOs) and communities to: (a) reach a large number of youth, mainly through the peer-educator approach; and (b) reorganize and optimize the use of selected clinics to cater to the needs of young people. However, quality standards for these services need to be further developed.

9. Another lesson learned is the need to build regional capacities rather than depend on central assistance to facilitate the decentralization process and accelerate regional development. Locally available, disaggregated data for planning and evaluation are needed. Local government institutions and structures, NGOs, the private sector and universities must also be developed.

10. The involvement of the United Nations country team in preventing STIs and HIV/AIDS demonstrated the effectiveness of advocacy at the national level, especially when efforts were implemented directly through civil, social and national entities and not solely by government institutions. This fostered greater acceptance and was important in reaching young people at risk.

11. The participation of young people in implementing the programme led to an increase in condom usage, causing the national programme to seek additional supplies for its clinics. Interactions with young people revealed the need to ensure health coverage for unemployed youth and other vulnerable groups that are presently excluded from the proposed health financing system.

12. Tunisia receives little foreign assistance. UNFPA will therefore promote joint efforts with other United Nations agencies, especially in mobilizing resources and in implementing programmes for young people and women. More South-South cooperation and North-South exchanges are needed to help Tunisia address

emerging challenges. In Tunisia, UNFPA is the only organization supporting programmes in population and development, gender, and sexual and reproductive health for adolescents and youth. With more than 30 years of experience in the population field, Tunisia can serve as a centre of excellence and play a leading role in South-South cooperation.

III. Proposed programme

13. UNFPA and the Government elaborated the proposed programme in line with national priorities, national development policies, the CCA and the UNDAF. The programme is also aligned with the eleventh economic and social development plan of Tunisia (2007-2011).

14. The programme is designed to help to achieve UNDAF outcomes on: (a) improving the ability of the public and private sectors to respond to the evolving needs of the population within an environment of globalization; (b) increasing access to quality socio-economic and environmental services and reducing vulnerability in underprivileged areas, particularly rural areas; (c) increasing job opportunities for youth, women and university graduates; and (d) enhancing the integration and participation of youth and adolescents in the development process and increasing their access to high-quality socio-economic services adapted to their needs and rights. Some programme components will be undertaken through joint programming initiatives with other United Nations agencies.

15. The programme aims to improve the quality of life of the population, thereby contributing to national efforts to achieve the Millennium Development Goals and the goals and objectives of the Programme of Action of the International Conference on Population and Development, in line with national development objectives for 2007-2011. The programme takes a human rights-based approach concerning: (a) the right of couples and individuals, including youth and adolescents, to access high-quality reproductive health information and services; (b)

equality across regions regarding access to development opportunities, including by addressing gender- and population-related issues; and (c) women's right to equal opportunities as agents of development in an environment that fosters and supports the participation of women at all levels, including at the policymaking level, and integrates the gender dimension into institutions and organizations that produce and use data for development.

16. Youth and adolescents of both sexes are the primary focus of the programme, in terms of access to sexual and reproductive health information and services from the public and NGO sectors. The programme will enhance the participation of youth and will integrate youth issues into development efforts.

Reproductive health component

17. The reproductive health component will promote access to high-quality reproductive health services that respond to the needs and rights of couples and individuals, including youth and adolescents. In the context of the ongoing health-system reform and government plans to involve the private sector through contracted services, the programme will advocate the creation of a safety net system to ensure free reproductive health service coverage for vulnerable groups, especially unemployed youth.

18. Output 1: Increased availability of high-quality reproductive health services at the primary health-care level and the referral level, in both public and private sectors, in targeted, underprivileged areas. This will involve: (a) advocacy for reproductive health rights and for affordable health services for all social groups, with reproductive health services reimbursed through the national social security system; (b) quality control, including unified standards and a minimum package of services that includes: referral services for cervical and breast cancer, STI screening and treatment, and care and support related to menopause, infertility and gender-based violence; (c) policy dialogue to

regulate and train private physicians, pharmacists and family doctors in reproductive health and rights; (d) support to the National Office for the Family and Population to carry out its oversight and coordination roles in the technical, research, managerial and evaluation activities of reproductive health and population programmes. The programme will analyse and use data from the multiple indicator cluster survey III, which is now under way; (e) community mobilization to promote and fund reproductive health rights in local development; and (f) a review of management systems, including reproductive health commodity security.

19. Output 2: Strengthened coordination of partnerships for adolescent and youth sexual and reproductive health, fostering youth participation in NGOs and in the government and private sectors. This will include: (a) broadening the partnership base for reproductive health to youth institutions; the Ministry of Youth, Sports and Physical Education; the Ministry of Education and Training; NGOs and the private sector. The involvement of parents will be sought through parents' associations and civil society; (b) supporting youth-friendly centres for sexual and reproductive health services; and (c) integrating sexual and reproductive health information within youth-managed "youth space" centres. Tunisia will share its experience in youth-friendly services through South-South cooperation.

Population and development component

20. The population and development component seeks to integrate population issues emerging from the post-demographic transition into national development policies, plans and implementation processes. It will focus on establishing linkages between universities, the private sector, NGOs and government institutions at the regional level.

21. Output 1: Strengthened national capacity for analysis and policy response for population, social and regional development needs. This will involve: (a) policy dialogue on population and

development policies to address the challenges of the post-demographic transition, including those related to youth, single adults, senior citizens, changing behaviour and values, mobility, international migration and urbanization; and (b) supporting a secondary analysis of the 2004 population census (which was disseminated in 2006), following up on the results of the national youth survey conducted in 2005, and reviewing the policy implications of health reform.

22. Output 2: Enhanced stakeholder involvement in regional partnerships, using disaggregated population- and gender-related data for short- and long-term planning and for development of the northwest part of the country. This will be achieved by: (a) developing the local capacity of public institutions and organizations responsible for processing, analysing and integrating population and development data into regional development plans; (b) promoting policy dialogue at the regional and local levels; and (c) promoting results-based management and integrating gender and human rights dimensions into the training of regional management staff, NGOs and civil society.

Gender component

23. The gender component will focus on issues related to equal opportunities and improved social status for women. The outcome of this component seeks to increase acceptance of the value of the role of women and their empowerment in the development process.

24. Output 1: Increased supportive environment for the representation of women and their active participation at all levels, especially in non-traditional sectors and in management and policymaking. This will be achieved by: (a) reinforcing positive images and roles of women and the critical role they play in attaining the Millennium Development Goals and national development targets, especially in underdeveloped regions; (b) building capacity and raising awareness through the media, NGOs, the private sector and development institutions

working in gender analysis and women's empowerment; (c) launching a gender-auditing process in key sectors; and (d) analysing research results, promoting policy dialogue and raising public awareness of gender-based violence and actions to halt it.

IV. Programme management, monitoring and evaluation

25. The Ministry of Development and International Cooperation; the National Office for the Family and Population within the Ministry of Public Health; the Ministry of Education and Training; the Ministry of Youth, Sports and Physical Education; and the Ministry of Women's Affairs, the Family, Childhood and Elderly Persons will implement the programme. The programme will also forge partnerships with NGOs, private-sector institutions, the media, and university and research institutions.

26. The programme will use a participatory approach based on national ownership and execution. UNFPA and the Government will undertake annual reviews of the programme. Monitoring and evaluation will take place within the context of the UNDAF follow-up and evaluation, the Millennium Development Goals follow-up, and within the framework of the United Nations system.

27. UNFPA will negotiate a co-financing agreement with the Government for 2007-2011. Since its inception in 1966, the national population programme has received over 90 per cent of its support from the government budget.

28. The UNFPA country office in Tunisia consists of a UNDP resident representative who serves as the UNFPA representative; a non-resident UNFPA country director; an assistant representative; a finance assistant; and a secretary. Programme staff include a programme officer and one support staff. The UNFPA Country Technical Services Team in Amman, Jordan, along with international and national consultants, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR TUNISIA

National priorities (2007-2011): (a) transition from a successful development pattern to an advanced development pattern (investments in employment, education and health); (b) demographic transition (growth of active population, youth, ageing, consolidate social achievements, improve quality and reduce disparities); and (c) globalization (need for sustained economic growth rate, adapting to changes and flexibility)				
UNDAF outcome 2: improved access by the population to quality socio-economic and environmental services and reduced vulnerability, particularly in rural areas and the most disadvantaged regions				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> to enable couples and individuals, including youth and adolescents, to access and use high-quality reproductive health services that respond to their requirements and rights</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Maternal mortality reduced ▪ Infant mortality reduced ▪ Contraceptive prevalence increased ▪ Laws on reproductive health revised ▪ Percentage of access to high-quality services, especially among youth <p><u>Baseline:</u> Ministry of Public Health and the National Office for the Family and Population; the Pan-Arab Project for Family Health (PAPFAM); multiple indicator cluster survey (MICS-2); rapid surveys</p> <p><u>Outcome:</u> Adolescents and youth entitled to participate actively in society and to access high-quality socio-economic services that meet their needs and rights</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Increased understanding of youth and adolescent reproductive health rights and needs ▪ Improved knowledge among youth and adolescents about STIs and HIV/AIDS ▪ Prevalence of STIs and HIV/AIDS <p><u>Baseline:</u> PAPFAM; MICS-2 and other surveys; national report on HIV/AIDS</p>	<p><u>Output 1:</u> Increased availability of high-quality reproductive health services at the primary health-care level and the referral level, in both public and private sectors, in targeted, underprivileged areas</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ 80% of health-care centres comply with quality assurance and unified standards ▪ Health regulatory system with at least 50% of private physicians and 80% of private pharmacists in public health coverage ▪ Functioning referral system, including private physicians ▪ Midwifery standards improved ▪ Policy agreed for reproductive health within health insurance <p><u>Output 2:</u> Strengthened coordination of partnerships for adolescent and youth sexual and reproductive health, fostering youth participation in NGOs and in the government and private sectors</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of effective and active partners ▪ Coverage of peer educator networks ▪ Percentage of partners adopting quality standards for youth and peer education ▪ Increase in number of youth and adolescents in leadership roles in community decision-making 	<p>Ministry of Public Health (Primary health care department and the National Office for the Family and Population) NGOs; universities; councils of physicians and pharmacists; physicians' trade union</p> <p>WHO; UNICEF</p> <p>Ministries of: Public Health; Youth, Sports and Physical Education; Education and Training; and National Defence</p> <p>NGOs; universities</p> <p>UNAIDS; WHO; UNICEF; UNDP; International Organization for Migration</p>	\$4.3 million (\$2 million from regular resources and \$2.3 million from other resources)

UNDAF outcomes 1, 2, 3 and 4: (1) public authorities will be able to respond to the evolving needs of all citizens and the private sector; (2) improved access by the population to quality socio-economic and environmental services and reduced vulnerability, particularly in rural areas and the most disadvantaged regions; (3) increased job opportunities for youth, women and university graduates; and (4) the integration and participation of youth and adolescents in the development process and their access to quality socio-economic services adapted to their needs and rights				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources
Population and development	<p>Outcome: The integration of emerging and post-demographic transition population issues into development policies and into the planning and implementation of population programmes at the regional level</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Emerging issues related to reproductive health, youth and gender underlined in policies ▪ Population integrated into debates and development plans ▪ Regional plans address youth, population and gender <p>Baseline: National Millennium Development Goal report; surveys on population and employment</p>	<p>Output 1: Strengthened national capacity for analysis and policy response for population, social and regional development needs</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Number of related issues in regional plans ▪ Number of public and media events ▪ Number of regions using analysed, disaggregated data <p>Output 2: Enhanced stakeholder involvement in regional partnerships, using disaggregated population- and gender-related data for short- and long-term planning and for development of the northwest part of the country</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Percentage undertaken in plans ▪ Number of key regions with participatory planning, monitoring and implementation 	<p>Ministry of Development and International Cooperation</p> <p>Private sector; NGOs; university</p> <p>Ministries of: Youth, Sports and Physical Education; Education and Training; Social Affairs, Solidarity and Tunisians Abroad</p> <p>University of Jendouba; regional board for the development of the northwest</p> <p>Parliamentarians and municipal staff</p>	<p>\$0.25 million (\$0.15 million from regular resources and \$0.1 million from other resources)</p>
UNDAF outcomes 1 and 3: (1) public authorities will be able to continue to respond to the evolving needs of all citizens and the private sector as generated by the international environment; (3) increased job opportunities for youth, women and university graduates				
Gender	<p>Outcome: Increased acceptance of the value of the role of women and their empowerment in the development process</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ▪ Increased commitment of civil society ▪ Increased job opportunities for women <p>Baseline: reports on the promotion of women; national committee for equal opportunities; census; population and employment surveys</p>	<p>Output 1: Increased supportive environment for the representation of women and their active participation at all levels, especially in non-traditional sectors and in management and policymaking</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ▪ Disaggregated data incorporated and needs addressed in advocacy efforts for the Millennium Development Goals ▪ Increased gender equality in the media and in private- and public-sector management ▪ Gender auditing introduced in key sectors ▪ Increase in legal protection and support for those affected by gender-based violence ▪ Increase in community action for gender equality and women's empowerment ▪ Number of NGO action plans and programmes integrating women's empowerment issues 	<p>Ministries of: Public Health; Women's Affairs, the Family, Childhood and Elderly Persons; Social Affairs, Solidarity and Tunisians Abroad; Development and International Cooperation</p> <p>Research institutes; NGOs</p>	<p>\$0.2 million (\$0.1 million from regular resources and \$0.1 million from other resources)</p> <p>----- Programme coordination and assistance: \$0.25 million from regular resources</p>