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**UNITED NATIONS POPULATION FUND  
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director  
Assistance to the Government of Tunisia\*

Proposed UNFPA assistance: \$4.75 million, \$2.5 million from regular resources and \$2.25 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2002-2006)

Cycle of assistance: Seventh

Category per decision 2000/19: C

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

	Regular resources	Other	Total
Reproductive health	2.00	2.00	4.00
Population and development strategies	0.25	0.25	0.50
Programme coordination and assistance	0.25	-	0.25
Total	2.50	2.25	4.75

\* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

## I. Situation analysis

1. The proposed programme was developed in consultation with the Government of Tunisia and took into account the findings of the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF). This will be the seventh UNFPA programme of assistance to Tunisia. The programme will be harmonized with the Government's tenth development plan (2002-2006) and with the programmes of UNDP and the United Nations Children's Fund (UNICEF).

2. Tunisia has an estimated population of 9.5 million and a per capita gross national product (GNP) of \$2,000. It is among the best performing countries in the region. Nevertheless, unemployment is a major problem as is the integration of the country into the world economy. As a result, large numbers of new graduates and dropouts must consider migration or jobs in the informal sector.

3. Tunisia endorsed the recommendations of the International Conference on Population and Development (ICPD) and the five-year review of ICPD (ICPD+5). It has achieved the following thresholds : (a) access to basic health services (90 per cent); (b) births with skilled attendants (89 per cent); (c) contraceptive prevalence rate (CPR) (63 per cent); (d) school enrolment, 6-12 years (92 per cent); (e) female literacy rate (64 per cent); (f) infant mortality rate (26 per cent); and (g) maternal mortality ratio (70 per 100,000 live births). Tunisia has a similarly good record in providing institutional support for gender equity and has ratified the Convention on the

Elimination of All Forms of Discrimination Against Women. The country is classified as a category "C" country under the resource allocation system of UNFPA.

4. Despite the progress made, the indicators for CPR and births with skilled attendants in rural and peri-urban areas in the southern and central-western regions are below those at the national level. For example, the CPR in these areas is 53 per cent as opposed to 63 per cent at the national level; and only 68 per cent of births in these areas take place with skilled attendants as opposed to 89 per cent at the national level.

5. Tunisia is in the final phase of its demographic transition. Life expectancy at birth is 72 years. Thirty per cent of the population is between the ages of 15 and 29. This will influence the nature of the demand for reproductive health services, including post-menopause services, cancer screening, the prevention of sexually transmitted infections (STIs) and HIV/AIDS, and contraception to address high levels of unwanted pregnancies.

6. The national reproductive health programme has up to now been focused on married couples. Challenges remain in addressing young people's needs. The age at first marriage is 29 years for women, which indicates a large premarital reproductive period. Accessibility to reproductive health services for young people is limited or non-existent, and they have little knowledge of reproductive health issues. For example, only 4 per cent of students are aware of one or two other STIs besides AIDS; 36 per cent of female students think that no contraceptive method

can be used before childbirth; and only 2 per cent of university students use condoms.

7. Both the CCA and the UNDAF mention the importance of the working age population (15-59 years), which represents 60 per cent of the total population and has an unemployment rate of 15.8 per cent. The CCA and UNDAF also note the importance of the number of youth and adolescents entering reproductive age compared to the existing health structure. Furthermore, urban, rural and regional disparities exist. A major challenge for the Government will be to ensure affordable prices for reproductive health services and commodities in the light of the new financing system and health-sector reform.

## II. Past cooperation and lessons learned

8. UNFPA has provided approximately \$30 million in assistance since 1974. The previous country programme focused on strengthening reproductive health services. A key lesson learned was that the introduction of new reproductive health components was a gradual process. In addition to upgrading equipment and staff capabilities, the expansion of reproductive health services at primary health care centres required a concomitant strengthening of the monitoring, evaluation and referral systems, particularly at the regional level.

9. The strategy adopted for the underdeveloped regions of the country, known as the "zones d'ombre", centred on face-to-face, interpersonal communication by rural field workers. This strategy was effective in reducing disparities in the utilization of reproductive health services, which led to increases in CPR, antenatal

coverage and births with skilled attendants in these areas.

10. The first reproductive health initiative for youth, implemented in cooperation with a number of national NGOs, was successful in lifting the taboo surrounding sexual and reproductive health by using a peer education approach. However, its expansion in the context of a national strategy for sexual and reproductive health will require careful preparation and improvement of its monitoring system.

11. The World Bank, the World Health Organization and UNICEF provide support to improve hospital management and strengthen the quality of primary health care. The United Nations Joint Programme on AIDS supports a surveillance system and activities that target vulnerable groups. The major bilateral donors in the health sector, Japan and the European Union, support information, education and communication (IEC) training, materials and activities that target men.

12. UNFPA is unique in that it considers in its programmes the linkages between population and development, using a gender-based approach. The Fund has more than 25 years of experience in Tunisia and has supported its efforts to become a centre of excellence in reproductive health and a forerunner in South-South cooperation. The Fund also has at its disposal the technical expertise of the UNFPA Country Technical Services Team based in Amman, Jordan.

## III. Proposed programme

13. The goal of the proposed programme is to contribute to improving the quality of life of the population in accordance with the

objectives of the tenth economic and social development plan of the Government and with the objectives of UNDAF by: (a) improving the access of couples and individuals, including youth and adolescents, to reproductive health information and high quality services; (b) promoting responsible attitudes and life skills among youth; and (c) diminishing regional population, gender and development disparities.

14. The programme will use an incremental approach that will strengthen existing regional reproductive health centres, managed by the National Office for the Family and Population (ONFP), which will serve as referral units for various reproductive health components. The majority of essential reproductive health services, however, will be provided by primary health care structures under the Ministry of Health. ONFP will provide support in training, IEC, monitoring and evaluation, research activities, and pilot initiatives. The programme will support capacity-building through partnerships with universities and NGOs and will also support the elaboration of quality of care, management and monitoring norms.

15. Youth and adolescents will be at the centre of the programme. The programme will support the formulation and implementation of a sexual and reproductive health strategy for youth, including IEC and reproductive health services, based on a partnership between the public sector and civil society. In the area of population and development strategies, youth issues will be better integrated into regional development plans. Given its extensive experience in reproductive health, Tunisia will broaden its national and

international training programmes to include adolescent sexual and reproductive health.

#### *Reproductive health subprogramme*

16. Reproductive health, including gender and advocacy components, will be the principal subprogramme. The proposed outcome of the reproductive health subprogramme is to increase the utilization of quality reproductive health services by all couples and individuals, including youth and adolescents. Strategies are based on capacity-building programmes, which include: (a) South-South cooperation and strengthened interregional training programmes for adolescents and youth; (b) community mobilization for the respect of clients' reproductive rights; (c) the use of national expertise for the elaboration of quality of care protocols; and (d) improved supervision and evaluation through data collection and operations research.

17. The first output aims to increase the availability of a minimal package of quality reproductive health services through: (a) integrating into the primary health care structure those reproductive health components for which quality of care protocols have been developed, such as contraception, essential obstetric care, reproductive tract infections and AIDS; (b) elaborating and pilot testing protocols for additional reproductive health components, such as the management of menopause and gender-based violence; (c) strengthening selected regional reproductive health centres to serve as regional referral units; (d) collaborating with the private sector, including professional groups, in preventing reproductive tract infections and HIV/AIDS; and (e) assisting the Government in procuring low-priced

reproductive health commodities for distribution to consumers. A study on contraceptive requirements and management needs is also foreseen.

18. The second output will seek to create an enabling environment for responsible behaviour among youth and adolescents. The strategies focus on capacity-building for staff interacting with young people; the use of national and international expertise in programming and evaluation; the consolidation of partnerships with schools, universities and outreach groups; and coordination with existing initiatives on STIs and AIDS. Activities will be based on an analysis of studies and surveys regarding youth and adolescents and their sexual and reproductive health needs. A national forum on youth and adolescent reproductive health issues will be organized. A peer education programme on sexual and reproductive health for adolescents and youth will also be established.

#### *Population and development strategies subprogramme*

19. The outcome of this subprogramme will be to strengthen the integration of population and gender aspects into regional action plans and to upgrade the national capacity for regional policy planning and monitoring. Data from the Pan Arab Project for Family Health (PAPFAM) survey and studies on emerging population issues, such as the impact of globalization and health-sector reform on access to reproductive health, will be analysed. The monitoring system for population and development indicators, including those of the national rural women's plan of action, will receive limited support under the subprogramme.

20. UNFPA will also support advocacy activities to mobilize resources from other donors and enable national counterparts to help to further the ICPD agenda in the Arab region.

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

21. Since it began in 1966, the national population programme has benefited from government funding, which now represents over 90 per cent of total programme costs. The proposed UNFPA programme will be implemented, and for the most part executed, by the Government through the Ministry for Economic Development, the Ministry of Public Health and the ONFP, in partnership with a number of non-governmental organizations (NGOs) and universities.

22. Programme monitoring and evaluation will be conducted in accordance with UNFPA policies and procedures. Results-based monitoring, using PAPFAM indicators and rapid assessment procedures, will be an integral part of programme management and evaluation. The UNFPA country office in Tunis has an experienced staff that will be assisted by national consultants and national project personnel. The UNFPA Country Technical Services Team in Amman, Jordan, will provide technical assistance. In addition, external consultants may be called upon to provide specific technical expertise, as needed.

#### **V. Recommendation**

23. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Tunisia, as presented above, in the

amount of \$4.75 million for the period 2002-2006. Of this amount, \$2.5 million will be programmed from the regular resources of the Fund, to the extent such resources are available, and the balance of \$2.25 million will be sought through co-financing modalities and/or other, including regular, resources, to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

## ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR TUNISIA

UNDAF Objective A: Integration of youth into society				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
<p>To contribute to improving the quality of life of the population in conformity with the objectives of the tenth economic and social development plan (2002-2006)</p> <p>Goal indicators:</p> <ul style="list-style-type: none"> <li>Population growth rate: 1%</li> <li>TFR : 1.7</li> <li>Life expectancy: 73.5 years</li> <li>MMR: 40/100,000</li> <li>IMR: 20/1,000</li> <li>Decrease in prevalence of STIs</li> </ul>	<p><i>[Reproductive health (RH) subprogramme]</i></p> <p>Improved access of couples and individuals, including youth and adolescents, to RH information and quality services</p>	<ul style="list-style-type: none"> <li>CPR increased from 63% to 70% (national level)</li> <li>Births by skilled attendants: 90% (national level)</li> <li>% of unmarried individuals, including youth and adolescents, informed and using RH services</li> </ul>	<p><b>Output 1 :</b> Enhancement of responsible behaviour among youth and adolescents and increased availability of RH services, including counselling, commodities and multidisciplinary referral services</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Funds for research used in the formulation, adoption and operationalization of a national sexual and RH strategy for youth</li> <li>Increased sexual and reproductive health education in schools, universities and vocational training programmes</li> <li>Increased sexual and reproductive health activities involving key community members (NGOs and civil society)</li> <li>Number of IEC personnel and service providers trained in adolescent sexual and RH</li> <li>Number of youth informed about 3 family planning methods and STIs in target areas</li> <li>Number of regional RH centres providing appropriate services for youth</li> </ul>	<p><b>Total resources for UNFPA Programme:</b> \$4.75 million (\$2.5 million from regular resources and \$2.25 million through co-financing modalities and/or other, including regular, resources)</p> <p><b>Total for RH sub-programme:</b> \$4 million (approx. 85% of total resources): (\$2 million from regular resources and \$2 million through co-financing modalities and/or other, including regular, resources)</p>
UNDAF Objective B: The fight against marginalization and social exclusion				
Same as above	Same as above	Same as above	<p><b>Output 1:</b> Increased availability of a minimal package of integrated and high quality RH services (family planning, essential obstetric care and STIs/AIDS)</p> <ul style="list-style-type: none"> <li>New RH components are developed and introduced</li> </ul> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of regional RH centres benefiting from technical support as referral units</li> <li>Increased collaboration with private sector</li> <li>Services for menopause treatment and gender-based violence set up on pilot basis</li> </ul>	Same as above

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
			<ul style="list-style-type: none"> <li>▪ Regional disparities in RH are reduced in selected areas</li> </ul> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• % of individuals referred by field workers to RH services and social structures</li> </ul>	
<b>UNDAF Objective B: The fight against marginalization and UNDAF Objective C: Support to the decentralization process</b>				
Same as above	<p><i>[Population and development strategies subprogramme]</i></p> <p>Strengthening the integration of population and gender aspects into development planning and upgrading national capacities for regional social policy planning and monitoring</p>	<ul style="list-style-type: none"> <li>• Increased utilization of population and gender indicators by development planners</li> <li>• Increased awareness of social risks of globalization on RH/and population issues</li> <li>• Formulation of social policies aimed at reducing regional and social gaps</li> </ul>	<p><b>Output 1:</b> Availability of mechanism for improved integration of population variables and gender aspects into regional planning</p> <p><b>Output indicators</b></p> <ul style="list-style-type: none"> <li>• Number of regional plans of action prepared and indicating integration</li> <li>• Adequate and relevant data for planning is available by region/ sex/age group</li> </ul> <p><b>Output 2:</b> National capacities for social policy planning and emerging population themes improved</p> <p><b>Output indicators</b></p> <ul style="list-style-type: none"> <li>• Enhanced technical knowledge and analytical skills among planners concerning the linkages between social policies/poverty and gender/RH issues</li> <li>• Enhanced national capacity to: undertake policy-relevant studies on emerging population themes, gender, globalization and demographic transition issues (such as the impact of health-sector reform on access to RH services); and monitor population and development indicators, including those of the national rural women's plan of action</li> </ul>	<p><b>Total for population and development strategies subprogramme:</b> \$0.5 million (11% of total resources): (\$0.25 million from regular resources and \$0.25 million through co-financing modalities and/or other, including regular, resources)</p>

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