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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Tunisia

Proposed indicative UNFPA assistance: \$6 million : \$2.5 million from regular resources and \$3.5 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Tenth

Category per decision 2017/23: Pink

Alignment with the UNSDCF Cycle UN Cooperation Framework (2021-2025)

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.5	0.90	1.4
Outcome 2	Adolescents and youth	0.5	0.90	1.4
Outcome 3	Gender equality and women's empowerment	0.5	0.90	1.4
Outcome 4	Population dynamics	0.6	0.80	1.4
Programme coordination and assistance		0.4	-	0.4
Total		2.5	3.5	6.0

Note: The present document was processed in its entirety by UNFPA.



I. Programme rationale

1. Since 2011, Tunisia has been undergoing a successful democratic transition, despite continuing structural challenges and the spill-over effects of regional conflicts. The 2019 presidential and parliamentary elections marked the country's fifth consecutive free and fair elections. However, the recent democratic gains are fragile and increasingly challenged as economic disparities persist, particularly affecting youth in the marginalized interior regions. The national poverty rate is 15.5 per cent, with significant differences between the northern and eastern regions (around 10 per cent) and the southern and western parts of the country (18-32 per cent). In addition, the instability in the region, particularly in neighbouring Libya, and the effects of the COVID19 pandemic, add another layer of complexity to the fragile socio-economic and political context.

2. Disparities in access to high-quality health services are apparent; 80 per cent of Tunisians rely on the public health care system but only half of all doctors serve them, with only 28 per cent of all advanced diagnostic medical equipment. In addition to public-private disparities, geographic disparities compound the problem. The capital Tunis has an average of 3.5 medical doctors per 1,000 inhabitants while only 0.6 medical doctors per 1,000 inhabitants serve the populations of the northwest and southern regions. The Tunisian health system will be stretched to its full capacity by the COVID-19 pandemic and may have difficulties recovering.

3. Sexual and reproductive health services, including for young people, is unevenly distributed and insufficiently integrated into the country's health care system. The contraceptive prevalence rate for any contraceptive method has decreased from 62.5 per cent in 2012 to 50.7 per cent in 2018. In the central-western region, the decline is most significant (around 15 percentage points). The unmet need for family planning has increased, from 9 per cent to 19.9 per cent. The regional disparity is significant since the northwest region recorded an increase in the rate of unmet need for family planning from 2.6 per cent to 15.8 per cent. The latest national data (2008) on the maternal mortality ratio (44.8 per 100,000 live births) revealed significant regional variations, the highest in the northwest (67 per 100,000 live births), followed by the southeast (57 per 100,000 live births) and the midwest (56 per 100,000 live births). More recent data (2018) only includes public-sector facilities, with an estimate maternal mortality ratio of 32 per 100,000 live births.

4. Tunisia is party to most international human rights treaties. The 2014 Constitution enshrines the principles of transparency, neutrality, good governance, social justice, equality of rights and duties between all citizens and equity between the regions. While there is a significant progressive legal framework, the weak implementation mechanisms, have not yet allowed rights-holders to fully reap the benefits of this progress.

5. In 2010, 47.6 per cent of women experienced at least one form of violence in their lifetime: 31.7 per cent experienced physical violence; 28.9 per cent, psychological violence; 15.7 per cent, sexual violence; 7.1 per cent, economic violence; and 53.5 per cent, violence in a public space. However, recent studies such as the sixth multiple indicator cluster survey (MICS-6) have shown a shift in attitudes towards violence, with a significant decrease of women who think that it is justified that a husband beats his wife (down from 30.3% in 2012 to 14.9% in 2018). In 2017, Tunisia voted for a law on violence against women and girls, adopting a broad definition of 'violence' in all its forms. Other laws and protocols have also been enacted, including on the trafficking and exploitation of people, especially women and children, and sectoral protocols on the care of women victims of violence.

6. Tunisia has made progress in implementing the essential package of services for women victims of violence. Despite this progress, more is required to meet the country's equality commitments as well as the three UNFPA transformative results. The number of reported cases of gender-based violence (GBV) towards women has increased fivefold during COVID 19 confinement. Full implementation of national frameworks remains a challenge, particularly regarding GBV prevention and effective coordination and data

collection is needed. Discriminatory laws and practices that adversely affect gender equality and human rights persist, for example the absence of a specific law on cyber-violence, the circular on the obligation of health providers to declare each birth out of marriage and the discrimination in certain labour laws.

7. Young people in Tunisia are defined by the Government as aged between 15 and 29 years. They represent 28 per cent of the population but currently face many challenges that hinder their ability and potential as development actors. The overall unemployment rate is more than 15 per cent but it is much higher (35.2 per cent) among youth. Not only are they hindered from meaningful participation and contribution to economic growth but are also vulnerable to risks such as addiction, irregular migration and violent extremism. In addition, young people have limited access to high-quality sexual and reproductive health services and information. The absence of a high-quality and age-appropriate comprehensive sexuality education make young people vulnerable to risky behaviour. All these factors, compounded by the COVID-19 outbreak, compromise young people's ability to realize their full potential and their contribution to sustainable development, peace and security.

8. Tunisian population projections estimate the population to be 11,852,032 in 2020, with 38.8 per cent under the age of 25 and 13.7 per cent above 60 years old. Tunisia is rapidly moving through its demographic transition without having fully achieved the development benefits associated with such a transition. The total fertility rate is 2.15 and the annual growth rate is 1.03 per cent. The population is rapidly ageing, with the proportion of people aged 60 and over expected to rise to 16 per cent in 2026 and 20 per cent in 2036. This phenomenon will have health, social and economic productivity implications, which need to be addressed proactively. While the civil registration and vital statistics system in Tunisia is recognized for the completeness and the high-quality vital statistics produced, a major gap, however, persists in terms of other sources of complete, inclusive, and timely gender and status-disaggregated data. The census, planned for 2024 and all subsequent analysis will be an important milestone toward the monitoring of the achievement of the Sustainable Development Goals (SDGs) through the data system enrichment.

9. UNFPA, through innovative and vital interventions, has pushed the agenda of eliminating GBV in the country by supporting the adoption of a comprehensive law on eliminating GBV and delivering the 'essential package of services for women and girls subject to violence'. It has promoted sexual and reproductive health and rights for all, supporting the development of a maternal and neonatal health strategy and an adolescent and youth health strategy, and advocating for comprehensive sexuality education. UNFPA has also strengthened the national capacity to improve national population data systems in order to map and address existing inequalities.

10. The piloting of the essential package of maternal and newborn health services is another example of the leading role of UNFPA in promoting universal health coverage in coordination with other United Nations agencies. The approach of UNFPA to partnerships is built upon creating a dialogue between national institutions and civil society and it contributed to the development of synergies and experience sharing, especially in relation to mainstreaming human rights within SRHR and youth programming. The collaboration between civil society organizations, in particular women-driven community-based groups, with supporting governmental structures has proven to be a valuable way to sustain and invest in women's participation in decision-making, to improve outreach to the most disadvantaged communities and individuals, especially women, girls and people with disabilities, and to build sustainable solutions at the community level. This is even more critical in the current response to COVID-19, where access to communities is restricted, services are delivered remotely and where, generally, existing formal response systems are overstretched or overly centralized.

II. Programme priorities and partnerships

11. The new country programme was developed in consultation with the Government, civil society, academia and youth groups. The programme is aligned to the UNFPA Strategic Plan, 2018-2021, the Common Country Assessment, the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025, the 2030 Agenda for Sustainable Development, and commitments made by the Government and partners at the Nairobi Summit on the International Conference on Population and Development (ICPD+25). In addition, it takes into consideration existing policies and strategies, including the Maternal and Newborn Health Strategy, 2020-2024, and the Adolescent and Youth Health strategy, 2020-2030.

12. The country programme will build on past achievements and lessons learned from previous experiences, such as 2011 influx of refugees and the ongoing preparedness for a potential spill-over of hostilities in Libya and the potential surge of the COVID19 pandemic, and the utilization of flexible strategies within the humanitarian, development and peace nexus, such as the establishment of a coordination mechanism to support the continuity of essential sexual and reproductive health services. It is also built on the impact evaluation report on adolescent sexual and reproductive health to assess evidence on the effectiveness of related programmes in low-income and middle-income countries; which emphasizes the importance of addressing socioeconomic inequalities, and reinforcing the State's accountability towards youth expectations and engagements. The programme also drew on the lessons learned from the study on the effectiveness of a peer-led HIV/AIDS education programme on HIV-related health literacy of jailed adolescents in Tunisia.

13. UNFPA commits to reach at least 100,000 adolescents and youth with comprehensive sexuality education in schools and out of schools. The proposed programme aims to strengthen social protection and health systems in order to increase access to sexual and reproductive health and rights and GBV services and information for the most vulnerable people. The programme is focused on those left behind, particularly communities in rural areas, including adolescents and youth, women, people with disabilities, people on the move and older persons. For this purpose, UNFPA will contribute to strengthening and increasing the resilience of the health system in terms of equitable access, particularly for the most vulnerable. UNFPA will contribute to strengthening the rule of law and protecting human rights, with a focus on the most vulnerable, through tailored support to various stakeholders to ensure that high-quality disaggregated data and evidence, including from the population and housing census planned in 2024, is available and used for planning and monitoring purposes. Data will also be utilized to advance the ICPD Programme of Action and the 22 commitments that the Government and its partners made at the Nairobi Summit, including achieving zero preventable maternal deaths, increasing access to family planning services and information, access for all adolescents and youth to SRH information and services, and combatting GBV through the implementation of a comprehensive law of eliminating violence against women. The programme will contribute to the achievement of the SDGs, and adolescents and youth will be supported to exercise their leadership and participate in sustainable development, humanitarian action and peacebuilding.

14. The transformation of social norms will be a cornerstone of the proposed UNFPA strategy to address the root causes of GBV and gender inequality, the lack of sexual and reproductive rights, as well as the insufficient empowerment of adolescents and youth to fulfil their aspirations. UNFPA interventions will apply a human rights-based and gender-transformative approach across all the thematic areas of programming, and adopt results-based management and inclusive and participatory approaches, while leveraging innovation and integration of volunteerism to achieve results.

15. Various modes of engagement will be used to achieve the programme, with a focus on advocacy and policy dialogue. Capacity development and knowledge management may be used to support advocacy and service delivery in the case of a humanitarian response. The programme will be implemented with the Government, civil society organizations, academia, communities and youth-led organizations. UNFPA will foster coordination with

partner United Nations organizations, through joint programming in the areas of common interest, with the World Health Organization (WHO) for SRH; UNDP, UNICEF and UNESCO for adolescents and youth; and UNDP, UN-Women, the United Nations Office on Drugs and Crime and the Office of the High Commissioner for Human Rights for GBV programming. UNFPA Tunisia will scale up cross-sectoral collaboration and engage with actors working in poverty reduction and environmental protection, the rule of law and security to address all causes of regional and gender inequalities, while ensuring proper mitigation of the effects of the crisis, in particular the COVID19 pandemic.

A. Sexual and reproductive health

16. Output 1. Strengthened national capacities to ensure equitable access to high-quality integrated sexual and reproductive health services for women, adolescents and young people, including in humanitarian and emergency settings.

17. To achieve this result, UNFPA will use approaches that involve: (a) supporting the implementation of national strategies related to sexual and reproductive health (the national strategy for maternal and newborn health, the national strategy for health of adolescents and youth and the national sexual and reproductive health plan), in particular with regard to: (i) strengthening supply-chain and reproductive-health commodity security and optimal management of human resources in sexual and reproductive health; (ii) supporting the development of health-economic approaches and investment cases that generate evidence on the long-term return on investment in sexual and reproductive health; (iii) supporting development, promotion and application of an innovative and tailored awareness-raising strategy for sexual and reproductive health and rights, with a focus on family planning and increasing information on the operations and services provided by youth-friendly spaces; and (iv) supporting youth-friendly health centres; and (b) supporting monitoring and quality control systems by: (i) enhancing the maternal and perinatal death surveillance and response system, (ii) updating high-quality assessment guidelines and audit tools, and (c) ensuring the integration of sexual and reproductive health during crisis situations, including the provision of the Minimum Essential Service Package, into national sexual and reproductive health strategies and in emergency preparedness and contingency plans.

B. Adolescents and youth

18. Output 1. Strengthened national capacities to implement programmes that empower youth to make decisions about their bodies and lives and to participate in sustainable development, peace and security, including in humanitarian settings.

19. To achieve this result, UNFPA will focus its efforts on (a) supporting national multisectoral policies, strategies and programmes focused on adolescents and youth, which take into account the determinants of their sexual and reproductive health and rights and well-being. This will include supporting: (i) implementation of the multisectoral strategy for the promotion of adolescent and youth health and the development of an integrated national youth policy; and (ii) use of specific sexual and reproductive rights indicators to monitor and report on the implementation of national strategies and programmes. UNFPA will also focus on (b) empowering young people with knowledge and skills to make informed choices for a healthy life and successful transition into adulthood. This will include supporting: (i) implementation of a comprehensive sexuality education programme in and out of school; (ii) implementation of life skills, citizenship and human rights education programme in and out of school; and (iii) community engagement to spread the knowledge and advocate for the sexual and reproductive health and rights of young people. UNFPA will further focus on: (c) supporting the rights of young people in leading and participating in sustainable development, humanitarian action and peace. To this end, UNFPA will support: (i) youth-led organizations, initiatives and movements and their engagement in social and political processes, including in crisis and peacebuilding contexts; (ii) establishment of an institutional mechanism and partnership platforms at the national and local levels for an effective, inclusive and representative participation of young people

in decision-making and dialogue; and (iii) implementation of the national strategy on youth, peace and security.

C. Gender equality and women's empowerment

20. Output 1. Improved national capacity to advocate, prevent and respond to gender-based violence, including in humanitarian contexts.

21. To achieve this result, UNFPA will focus its strategies on: (a) generation and dissemination of knowledge for evidence-based advocacy by supporting: (i) the national observatory of combatting violence against women; (ii) the operationalization of the indicators of the national strategy on combatting violence against women in administrative registers with the involvement of civil society; (iii) the launch of GBV studies and policy briefs and the identification and dissemination of good practices; and (iv) the creation of a coalition for combatting GBV, involving civil society organizations and universities with strong research records. UNFPA will also focus on: (b) advocacy related to the implementation of the law on the elimination of violence against women, focusing on studying the discriminatory measures and legislations and the development of advocacy tools based on the results of studies. UNFPA will further focus on: (c) prevention of GBV through: (i) the development of a positive social norms' framework; (ii) implementation of GBV prevention measures in governmental and non-governmental organizations as well as the private sector; (iii) the reinforcement of watchdog functions on discriminatory legislation; (iv) the involvement of religious leaders and the media in order to disseminate prevention standards; and (v) the participation of men and boys in GBV prevention, and their inclusion in GBV mitigation measures. Finally, UNFPA will focus on: (d) improving care services and efficient multisectoral coordination through: (i) easier access to a high-quality package of essential GBV response services, extension of geographic coverage of GBV response services, including specific care for vulnerable people and social protection; (ii) improved coordination and integration of SRH services and GBV responses; (iii) endorsement of health and other care providers to prioritize GBV services; (iv) support to the development of an older persons national strategy that includes GBV; (v) the development of GBV essential services continuity; and (vi) the operationalization of the national strategy violence against women.

D. Population dynamics

22. Output 1. Improved national population data systems to map and address inequalities to advance the achievement of the SDGs and the commitments of the International Conference on Population and Development Programme of Action and to strengthen interventions in humanitarian crises.

23. To achieve this result, UNFPA will focus its efforts on the following three areas of intervention: (a) support the design, implementation, analysis and dissemination of the 2024 population census; (b) improve the availability of high-quality, reliable and sufficiently disaggregated data relating to demographic aspects, gender, sexual and reproductive health and rights of women, adolescents and youth, older people and vulnerable groups; this will be done by: (i) supporting government institutions and non-governmental organizations in identifying needs, collecting, organizing, analysing, interpreting and sharing population data; (ii) building on the strengths of the civil registration and vital statistics to enhance other systems such as maternal perinatal death surveillance and response while empowering multisectoral coordination mechanisms; and (iii) supporting partners in developing a comprehensive vision for research on key population-related topics; and (c) strengthening advocacy for evidence-based policy-making by: (i) raising awareness among leaders at different levels on the importance of evidence-based decision-making, in particular on issues related to the ICPD agenda and the SDGs; (ii) encouraging decision-makers to appreciate a human rights and evidence-based approach to policy-making, while ensuring that a refined definition of vulnerable groups is adopted and their situation is well documented in data collection efforts, including in the 2024 population census, in order to

improve their access to social security services; and (iii) supporting the establishment of functioning mechanisms for monitoring population-based SDG indicators and developing a country-specific framework to monitor good governance.

III. Programme and risk management

24. In the framework of the United Nations country team (UNCT), UNFPA will regularly assess the operational, security, socio-political and fraud risks of the programme. Taking into account the country's security context, UNFPA will prioritize business continuity and regularly conduct programme criticality assessments for managing security risks. UNFPA will continue to strengthen emergency preparedness planning and implement minimum preparedness actions for a timely and effective response to affected populations.

25. In order to strengthen risk mitigation, UNFPA will apply the harmonized approach to cash transfers in collaboration with other United Nations agencies, selecting implementing partners based on their comparative advantage and ability to deliver high-quality results. Quality assurance activities will be conducted on an ongoing basis.

26. UNFPA will continue to support the United Nations reform process by engaging jointly with other United Nations agencies in programme coordination and monitoring mechanisms established through the United Nations Strategic Framework, to promote integration and synergy; this will be mainly ensured through the thematic United Nations results groups, the monitoring and evaluation group, and by developing common chapter initiatives with UNDP, UNICEF and UN-Women.

27. The current country office structure comprises 12 staff; it may need to be adjusted to effectively and efficiently address the new priority areas identified for the coming programme cycle. The mobilization of resources, through co-financing initiatives, will involve strengthening the structure for the implementation of new initiatives and innovative approaches. The resources needed to finance the necessary support positions will be considered in the same mobilized projects. The country office will also seek support from United Nations Volunteers and individual consultants for specific tasks.

28. The resource mobilization and partnership strategy outlines diversified and innovative financing approaches, including through non-traditional donors, South-South cooperation and joint initiatives with other United Nations agencies.

29. UNFPA has developed a sound theory of change identifying the programmatic risks, and a risk mitigation plan, which will be monitored and updated on an ongoing basis to effectively prepare for and safeguard against various risks during the implementation of the programme.

30. The country programme will be implemented at the national level under the general coordination of the Ministry of Foreign Affairs. The concerned ministries, NGOs, partners and youth organizations will implement the programme activities through the execution of workplans describing the results to be achieved, in line with the agreement between UNFPA and implementing partners. The programme will be nationally executed to ensure national ownership. If necessary, national execution may be replaced by a direct implementation modality for part or the entire programme to enable UNFPA to respond to *force majeure* situations. Cost definitions and classifications for programme and development effectiveness will be charged to the concerned projects.

31. Major programmatic risks include the political instability within the country, the regional instability due to the protracted conflict in Libya and the foreseeable emergence of a new wave of COVID19 outbreak and accompanying government restrictions, including the impact on a fragile health system. The frequent changes in decision-makers and lack of political will may affect programme continuity. Insufficient human resources due to the departure of medical and paramedical staff, lack of recruitment, and the turnover of staff in programme management may affect the proper implementation of interventions and the provision of sexual and reproductive health services, youth-friendly services, and the clinical management and legal redress for GBV survivors, especially in remote and

underserved areas. The latest escalation of the conflict in Libya presents an elevated threat due to the risk of increased numbers of internally displaced persons in Tunisia, which would put pressure on the health system, among other economic and security risks.

32. UNFPA will work closely with its partners to mitigate risks and continue to strengthen the competencies of national authorities and civil society organizations to better respond to the possible influx of refugees in southern Tunisia from Libya, to react to the consequences of the COVID-19 outbreak, as embedded into the programmatic activities, while enhancing its internal capacity to support its staff and beneficiaries, building on lessons learned from the first wave, and regularly updating the business continuity plan. Limited access to some areas of the country can also be a potential risk for programme delivery, especially to the most vulnerable. UNFPA will conduct regular environmental scanning and assess operational and programme criticality risks in collaboration with implementing partners and other United Nations agencies.

33. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

34. UNFPA and its partners will develop a monitoring and evaluation plan and related tools for periodic progress reviews and monitoring with national entities and carry out annual programme reviews and field monitoring visits, when relevant, and will strengthen the feedback mechanism with partners to inform an evidence-based programme design and implementation. UNFPA will conduct a midterm review exercise to assess the progress towards achievement of the outputs, related targets and milestones, identify lessons learned and best practices, challenges, priorities, and develop evidence-based programme and operations strategies for the remainder of the programme. A summative evaluation and other evaluation activities will be conducted in the course of the programme, as detailed in the costed evaluation plan. Quality assurance activities will be undertaken to improve accountability. The country programme will be monitored to track its contribution to the national commitments made by the Government of Tunisia at the Nairobi summit in November 2019.

35. Under the leadership of the Resident Coordinator, UNFPA will strive to scale up cross-sectoral collaboration, including as a member of the UNCT and the monitoring and evaluation working group, by continuing to contribute to the UNSDCF coordination, joint programming, and harmonized results-based management approaches. UNFPA will also participate in joint United Nations assessments and evaluations. It will actively support the functioning of the systems and tools developed to monitor and track performance results for the UNSDCF as well as the SDGs.

36. UNFPA will collaborate with other United Nations organizations, and key bilateral partners to strengthen monitoring and evaluation capacities and systems, at national and subnational levels, to improve national reporting. This includes strengthening national statistical capacities, including the capacity for routine age and sex-disaggregated data collection to ensure effective monitoring, evaluation and voluntary national reporting on the country's progress towards achievement of the SDGs.

RESULTS AND RESOURCES FRAMEWORK FOR TUNISIA (2021-2025)

NATIONAL PRIORITY: Advancement towards universal health coverage to ensure the entire population access high-quality health services with financial protection				
UNSDCF OUTCOME INVOLVING UNFPA: In 2025, health, education, and social protection systems are resilient and their accessibility and quality are improved, specifically for most vulnerable, in accordance with communities' engagement				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence				
UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population) <i>Baseline: TBD; Target: TBD</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Maternal mortality ratio <i>Baseline (2018): 32 per 100 000 live births; Target (2025): 23 per 100 000 live births</i> 	<p>Output 1. Strengthened national capacities to ensure equitable access to high-quality integrated sexual and reproductive health services and information for women, adolescents and young people, including in humanitarian and emergency settings</p>	<ul style="list-style-type: none"> Maternal and perinatal death surveillance and response system is fully functioning at national and subnational levels <i>Baseline: No; Target: Yes</i> Number of national quality assessment guidelines and audit tools developed or updated that are in use to monitor the quality of sexual and reproductive health services at all levels of care <i>Baseline: 0; Target: 5</i> Availability of a national strategy on sexual and reproductive health and rights programming that includes family planning <i>Baseline: No; Target: Yes</i> Existence of a functional national emergency preparedness and contingency plan which integrates the sexual and reproductive health and rights of women, girls and young people <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Health, Ministry of Women, Family and Children, Ministry of Development and International Cooperation, Ministry of Social Affairs; National Institute of Public Health, National Observatory of Migration, National Youth Observatory, Ministry of Interior, Ministry of Defence, civil society, academic societies, the media, democratic institutions, local elected representatives, unions, UN agencies.</p>	<p>\$1.4 million (\$0.5 million from regular resources and \$0.9 million from other resources)</p>
NATIONAL PRIORITY: Advancement towards universal health coverage to ensure the entire population access high-quality health services with financial protection. Structural programme for the reform of the State and the finalization of decentralized construction in order to adapt it to the constitution				
SPECIFIC FRAMEWORK OUTCOME: Outcome 2. In 2025, accountable institutions supported by a harmonized legislative framework and committed populations guarantee the strengthening of the rule of law, the protection of human rights and social cohesion and justice, particularly for the most vulnerable, in accordance with international conventions and standards and in complementarity and interdependence with inclusive and sustainable development efforts. Outcome 3. In 2025, the health, education and social protection systems are resilient and ensure equitable and quality access, particularly for the most vulnerable, and effective engagement of the population				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Adolescents and youth: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights in all contexts.				
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> Percentage of recommendations made and accepted during the Universal Periodic Review that have been implemented <i>Baseline: N/A; Target: 80%</i> 	<p>Output 1. Strengthened national capacities to implement programmes that empower youth to make decisions about their bodies and lives and to participate in</p>	<ul style="list-style-type: none"> Number of schools that have integrated comprehensive sexuality education, including institutions for young people with disabilities. <i>Baseline: 0; Target: 500</i> Number of organizations and ministries (other than education) that have implemented out-of-school comprehensive sexuality education 	<p>Ministry of Education, Ministry of Health, Ministry of Social Affairs, Ministry of Youth, National Observatory of Youth, Ministry of Culture, Ministry of Professional Training, Ministry of Women, Ministry of Higher</p>	<p>\$1.4 million (\$0.5 million from regular resources and \$0.9 million from other resources)</p>

<p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> The country has engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies <i>Baseline: No; Target: Yes</i> 	<p>sustainable development, peace and security, including in humanitarian settings</p>	<p>programmes for young people <i>Baseline: 0; Target: 5</i></p> <ul style="list-style-type: none"> Number of programmes at national and subnational levels that focus on the enhancement of youth knowledge and skills to contribute to sustainable development, peace and security <i>Baseline: 0; Target: 4</i> Number of actions and platforms at the national and subnational levels that are designed to strengthen youth engagement and participation in the promotion of youth rights, sustainable development, security and peace <i>Baseline: 9; Target: 30</i> A national strategy on youth, peace and security is in place <i>Baseline: No; Target: Yes</i> 	<p>Education, Ministry of Local Affairs, Ministry of Development, Investment and International Cooperation, Ministry of Religious Affairs, research institutions, CSOs, NGOs, academic societies, youth organizations and initiatives, media, democratic institutions (parliament, independent bodies, constitutional bodies), local elected representatives (municipal councils), the children’s parliament, unions, UN agencies, bilateral development agencies.</p>	
<p>NATIONAL PRIORITY: Advancement towards Universal Health Coverage to ensure the entire population access quality health services with financial protection</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: In 2025, health, education and social protection systems are resilient and their accessibility and quality are improved, specifically for most vulnerable, in accordance with communities’ engagement</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Advanced gender equality, women and girls’ empowerment and reproductive rights including the most vulnerable and marginalized women, adolescents and youth</p>				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Existence of an interoperable information system that allows case management, monitoring of incidents and programmatic oversight <i>Baseline: Not developed; Target: Partially interoperable</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Action taken on 75% of the Universal Periodic Review accepted recommendations on reproductive rights from the previous reporting cycle. <i>Baseline: No; Target: Yes</i> 	<p><u>Output 1.</u> Improved national capacity to advocate, prevent and respond to gender-based violence, including in humanitarian contexts</p>	<ul style="list-style-type: none"> Number of advocacy initiatives and dialogue mechanisms of civil society and the Government that lead to updating, implementation and operationalization of legal texts and strategies in combating GBV. <i>Baseline: 0; Target: 7</i> Existence and implementation of a national sensitization plan to prevent GBV and ensure gender equal treatment. <i>Baseline: No; Target: Yes</i> Number of GBV coordination mechanisms that allow victims to benefit from a holistic and coordinated set of care services, including persons with disabilities, older persons and migrants <i>Baseline: 1; Target: 4</i> 	<p>Ministry of Foreign Affairs; Ministry of Development, Investment, and International Cooperation; Ministry of Women, Family, Children and Seniors, Ministry of Religious Affairs, Ministry of Youth, Sport; Ministry of Justice; Ministry of the Interior, Ministry of Social Affairs, Ministry of Cultural Affairs; Parliament ; Non-governmental organizations active in the area of women and human rights; Media union of journalists, the Independent High Authority for Audio-visual Communication, African Centre for the Development of Journalists and Communicators; United Nations and other international organizations</p>	<p>\$1.4 million (\$0.5 million from regular resources and \$0.9 million from other resources)</p>

NATIONAL PRIORITY: Positive discrimination to achieve greater regional equality. Human development and social inclusion				
UNSDCF OUTCOME INVOLVING UNFPA: In 2025, accountable institutions supported by a harmonized legislative framework and engaged communities guarantee the strengthening of the rule of law, the protection of human rights and social cohesion, especially for the most vulnerable.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of sustainable development indicators produced at the national level, with full disaggregation when relevant to the target, in accordance with the fundamental principles of official statistics <p><i>Baseline (2020): 17%;</i> <i>Target: 50%</i></p>	<p><u>Output 1.</u> Improved national population data systems to map and address inequalities to advance the achievement of the SDGs and the commitments of the International Conference on Population and Development Programme of Action and to strengthen interventions in humanitarian crises</p>	<ul style="list-style-type: none"> Number of public institutions that have capacities for the analysis, monitoring and reporting around the ICPD-based SDGs indicators Baseline (2020): 0; Target: 3 A functioning country-specific mechanism/ framework for the monitoring of population-based SDG indicators is in place Baseline: No; Target: Yes Number of studies / surveys / data collection mechanisms, providing data on population-based SDG indicators, disaggregated by age, sex, place of residence, income quintile Baseline (2020): 0; Target: 5 Availability of census data that are disaggregated by age, gender, status (HIV, migrants, disability, legal status), ethnicity and age of the most vulnerable groups, in line with national or international guidance and standards Baseline: No; Target: Yes 	<p>Ministry of Health, Ministry of Women, Family and Children, Ministry of Development and International Cooperation, Ministry of Social Affairs, National Institute of Statistics, National Institute of Public Health, The National Observatory of Migration, National Youth Observatory, civil society, academic societies, the Media, democratic institutions, local elected representatives, unions, UN agencies.</p>	<p>\$1.4 million (\$0.6 million from regular resources and \$0.8 million from other resources)</p>