




















































## Promoting women and girls' leadership in the socio-economic and health response to COVID-19 in Tunisia

<p><b>Key results:</b></p> <ul style="list-style-type: none"> <li>- Increased resilience of local communities and vulnerable groups, especially women and girls in vulnerable situations, to the health challenges presented by COVID-19</li> <li>- Strengthened socio-economic resilience for marginalized and vulnerable women and girls in a context of COVID-19</li> <li>- Strengthened local and regional healthcare structures</li> </ul> <p><b>Justification for support:</b></p> <ul style="list-style-type: none"> <li>- Assisting Tunisia in managing the impact of the global COVID-19 pandemic</li> <li>- Strengthen the socio-economic resilience for women in the context of COVID-19</li> <li>- Focus on gender and gender based violence is part of Denmark's Strategy for Development Cooperation</li> </ul> <p><b>Major risks and challenges:</b></p> <ul style="list-style-type: none"> <li>- Political instability in Tunisia may affect a continuous and synchronized interaction with institutional partners</li> <li>- Social tension and instability in regions with a particular impact on women (violence and socio-economic challenges)</li> <li>- Impacts of COVID-19 crisis on movement in regions, restrictions on gatherings and the ability to engage the target population</li> </ul>	<p><b>File No.</b></p> <p>2021-16249</p>																					
	<p><b>Country</b></p> <p>Tunisia</p>																					
	<p><b>Responsible Unit</b></p> <p>MENA</p>																					
	<p><b>Sector</b></p> <p>Health, gender</p>																					
	<p><b>Partner</b></p> <p>UNDP (lead), WHO , UN Women</p>																					
	<p><i>DKK million</i></p> <table border="1"> <thead> <tr> <th></th> <th>2021</th> <th>2022</th> <th>2023</th> <th>2024</th> <th>2025</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td><b>Commitment</b></td> <td>25.3</td> <td></td> <td></td> <td></td> <td></td> <td>25.3</td> </tr> <tr> <td><b>Projected disbursement</b></td> <td>15</td> <td>10.3</td> <td></td> <td></td> <td></td> <td>25.3</td> </tr> </tbody> </table>		2021	2022	2023	2024	2025	Total	<b>Commitment</b>	25.3					25.3	<b>Projected disbursement</b>	15	10.3				25.3
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	<b>Projected disbursement</b>	15	10.3				25.3															
	<p><b>Duration</b></p> <p>24 months: Dec. 2021 – Dec. 2023</p>																					
	<p><b>Previous grants</b></p> <p>N/A</p>																					
	<p><b>Finance Act code</b></p> <p>§06.32.01.23</p>																					
	<p><b>Head of unit</b></p> <p>Louise Auken Wagner</p>																					
	<p><b>Desk officer</b></p> <p>Adwan Mohamad</p>																					
<p><b>Reviewed by CFO</b></p> <p>YES: Saida Ahmidou Boukaddid</p>																						
<p><b>Relevant SDGs</b> <i>[Maximum 1 – highlight with grey]</i></p> <table border="1"> <tbody> <tr> <td> No Poverty</td> <td> No Hunger</td> <td> Good Health, Wellbeing</td> <td> Quality Education</td> <td> Gender Equality</td> <td> Clean Water, Sanitation</td> </tr> <tr> <td> Affordable Clean Energy</td> <td> Decent Jobs, Econ. Growth</td> <td> Industry, Innovation, Infrastructure</td> <td> Reduced Inequalities</td> <td> Sustainable Cities, Communities</td> <td> Responsible Consumption &amp; Production</td> </tr> <tr> <td> Climate Action</td> <td> Life below Water</td> <td> Life on Land</td> <td> Peace &amp; Justice, strong Inst.</td> <td> Partnerships for Goals</td> <td></td> </tr> </tbody> </table>	 No Poverty	 No Hunger	 Good Health, Wellbeing	 Quality Education	 Gender Equality	 Clean Water, Sanitation	 Affordable Clean Energy	 Decent Jobs, Econ. Growth	 Industry, Innovation, Infrastructure	 Reduced Inequalities	 Sustainable Cities, Communities	 Responsible Consumption & Production	 Climate Action	 Life below Water	 Life on Land	 Peace & Justice, strong Inst.	 Partnerships for Goals					
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### Objectives:

The project will focus on women's and girls' empowerment in the context of the COVID-19 by enabling them to mitigate the health and socio-economic impacts of the pandemic in their households and communities.

### Justification for choice of partner:

UNDP is a global leader in development delivering results in its area of comparative advantage, in particular in terms of influencing policy and building capacity. WHO has been a global leader in providing advice on how to manage the crisis response from a health perspective during the COVID-19 pandemic. UN Women is the UN entity dedicated to gender equality and the empowerment of women with a reputation for high-quality and valued inputs to policy dialogue and advice at the country, regional and global levels.

### Summary:

The project is a joint programme involving UNDP (lead), WHO and UN Women with the overall purpose of mitigating the adverse effects of the COVID-19 crisis in Tunisia. The project will focus on health services and socio-economic opportunities with special focus on women and girls in vulnerable situations. Concretely, project activities aim at reducing the spread of COVID-19 as well as addressing challenges related to gender based violence. Furthermore, activities will improve the socio-economic conditions for women through increasing access to training, employment and financial services.

### Budget (engagement as defined in FMI):

Increased resilience of local communities and vulnerable groups	7.8
Improved socio-economic conditions for marginalized and vulnerable women and girls	7.8
Strengthened local and regional healthcare structures	7.8
Indirect costs (7 pct. Indirect Costs plus. 1 pct. Administrative Agent fee)	1.9
<b>Total</b>	<b>25.3</b>

## REVISED STANDARD JOINT PROGRAMME DOCUMENT

### Cover Page

**Country:** Tunisia

**Programme Title:** Promoting women and girls' leadership in the socio-economic and health response to COVID-19 in Tunisia.

**Joint Programme Outcome(s):**

**Outcome 1:** Increased resilience demonstrated in local communities, especially vulnerable, marginalized and hard-to-reach women and girls to prevent and respond to COVID-19.

**Outcome 2:** Marginalized and vulnerable women, young women, and girls increase their resilience and mitigate the socio-economic impact of COVID-19 including all forms of GBV.

**Outcome 3:** Regional and local authorities in pilot areas provide health leveraging the community awareness work.

<p>Programme Duration: 2 years</p> <p>Anticipated start/end dates: December 2021 – December 2023</p> <p>Fund Management Option(s): Pass-through (Parallel, pooled, pass-through, combination)</p> <p>Managing or Administrative Agent: UNDP Tunisia (if/as applicable)</p>	<p>Total estimated budget*: 4,000,751 USD</p> <p>Out of which:</p> <p>1. Funded Budget: 4,000,751 USD</p> <p>2. Unfunded budget: _____</p> <p><small>* Total estimated budget includes both programme costs and indirect support costs</small></p>
<p>Sources of funded budget:</p> <ul style="list-style-type: none"> <li>• Government _____</li> <li>• UN Org.... _____</li> <li>• UN Org... _____</li> <li>• Denmark 25,384,765 DKK</li> <li>• Donor ... _____</li> <li>• NGO... _____</li> </ul>	

UN organizations	
<p><b>Arnaud Peral</b> Signature <i>Arnaud Peral</i> <b>Resident Coordinator's Office (RCO) Tunisia</b> Date &amp; Seal 24-nov.-2021</p>	
<p><b>Martine Therer</b> Signature <i>Martine Therer</i> <b>UNDP Tunisia</b> Date &amp; Seal 24-Nov-2021</p>	
<p><b>Begoña Lasagabaster</b> Signature <i>Begoña Lasagabaster</i> <b>UN Women Tunisia</b> Date &amp; Seal 24-NOV-2021</p>	
<p><b>Joumana George HERMEZ</b> Signature <i>Joumana HERMEZ</i> <b>WHO Tunisia</b> Date &amp; Seal 24-Nov-2021</p>	

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## Abbreviations

<b>Abbreviation</b>	<b>Definition</b>
AA	Administrative Agent
CA	Convening Agent
CF	Cooperation Framework
CSO	Civil Society Organization
DAC	Development Assistance Committee
DIM	Direct Implementing Modality
FNCT	The National Federation of Tunisian Communes
GBV	Gender Based Violence
HQ	Headquarters
HRBA	Human Rights Based Approach
IAC	Internal Audit Service
ICF	Internal Control Framework
IEAS	Independent Evaluation and Audit Services
INS	Institute of National Statistics
JPSC	Joint Programme Steering Committee
LNOB	Leave No One Behind
MFA	Ministry of Foreign Affairs of Denmark
MFFES	The Ministry of Women, Family and Seniors
MoU	Memorandum of Understanding
MPTF	Multi Partner Trust Fund
NGO	Non-governmental Organization
ODA	Official Development Assistance
ONMNE	The National Observatory on New and Emerging Diseases
PPGF	Policy, Procedure and Guidance Framework
PUNO	Participating United Nations Organization
RCO	Resident Coordinator's Office
SAA	Standard Administrative Agreement
SADD	Sex and Age Disaggregated Data
SEA	Sexual Exploitation and Abuse
SERP	The Socio-Economic Response Plan
SME	Small Medium Enterprise
STEM	Science, Technology, Engineering and Mathematics
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
WHO	World Health Organization

## 1. Introduction

The present Joint Programme (JP) document outlines the background, rationale and justification, objectives and management arrangements for development cooperation concerning Promoting health response to COVID-19 in Tunisia and improving women and girls' socio-economic conditions, as agreed between the parties: UNDP, UN Women, WHO and the Ministry of Foreign Affairs of Denmark (MFA). The programme document is an annex to the Standard Administrative Arrangement to be signed by Denmark MFA and UNDP and constitutes an integral part hereof together with the documentation specified below.

## 2. Context, strategic considerations, rationale and justification

The gender inequalities related to the status of women in Tunisia have been highlighted in the recent World Economic Forum report on the socio-economic impact of COVID-19 as being amplified by the pandemic. Tunisia has recorded a decline in women's inclusion and participation in areas such as education, health, politics and ranks low in the area of women's economic participation. The COVID-19 pandemic is exacerbating and deepening pre-existing inequalities in Tunisia, exposing vulnerabilities in social, political and economic systems, which in turn are amplifying the impacts of the pandemic and the most prevalent of these inequalities is gender inequality. Despite important advances in relation to women's rights, there remains significant challenges for women's socio-economic empowerment in Tunisia, which has meant the socio-economic impact of the COVID-19 has been pervasive, particularly for women. Tunisian women are already among the most impoverished, working in the informal and precarious sectors (cleaning staff, informal trade, undeclared craftswomen), and social assistance measures have not addressed the needs of women, especially marginalized and vulnerable women.

In addition, around 25% of women are analphabets, their unemployment rate is almost the double of men's one, and half of all Tunisian women have been exposed to some form of violence in the public sphere. The rate of women's economic participation is at 28%, compared to 75% for male in 2019<sup>1</sup>. Addressing women's economic empowerment is key to tackling the socio-economic impact of the pandemic, which this programme seeks to do in increasing the resilience of marginalized and vulnerable (young) women, and to mitigate the socio-economic impact of COVID-19, through better access to economic and financial services and strengthening capacities to pursue sustainable income-generating activities.

The pandemic and its linked confinement measures have also led to an increase in the incidences of gender-based violence (GBV) with the number of calls to the Ministry of Women, Family and Seniors (MFFES) hotline increasing by a factor of 7.5 in March 2020, compared to the same period in 2019. Additionally, MFFES noted an exponential increase in calls received related to economic violence from 45% of all calls received in February 2020 to 49% in March 2020.<sup>2</sup> Addressing the "shadow pandemic", as the upsurge in violence against women is being called by experts<sup>3</sup>, is a cross-cutting issue of this programme reflected in activities, which reinforces the importance of continuing public awareness campaigns against GBV, raising awareness among professionals and workers in the protection and guidance of women who are survivors of violence and facilitating the access of GBV survivors to health-care facilities.

The role of women in managing the health crisis has been fundamental in both the public and private spheres. Women are on the frontlines of the battle against the pandemic. They make up the bulk of frontline health workers, including nursing staff (64%), who are in direct contact with the patients. Furthermore, women make up the majority of caregivers for sick family members. As such, women are particularly vulnerable to COVID-19 infection.

<sup>1</sup> <https://data.worldbank.org/indicator/SL.TLF.ACTI.FE.ZS?locations=TN>

<sup>2</sup> UN Women Policy Brief. Gender and Crisis of COVID-19 in Tunisia: Challenges and Recommendations. March-April 2020. Source: <https://arabstates.unwomen.org/en/digital-library/publications/2020/05/brief-gender-and-crisis-of-covid-19-in-tunisia>

<sup>3</sup> <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

The pandemic also has a negative impact on the availability of other essential health services, particularly reproductive and sexual health services, as well as services for chronic conditions. Data from the National Office for Family and Population shows that use of their sexual and reproductive health services decreased by over 30% in first 6 months of 2020 as compared to 2019. As part of advocacy efforts under outcome 1 of this programme, activities include raising awareness on referral systems between COVID-19 health services and other health and social services. Outcome 3 will strengthen women of all ages and girls access to health services, through improving their access to healthcare structures, diversifying the health services provided and capacitating service providers.

There is a strong need to implement specific support and protection measures that includes men and boys as allies and supportive partners to the women and girls in their homes and communities, which this programme addresses in its aim for men and boys to have increased awareness to prevent violence during COVID-19 and promote positive masculinities that supports their communities, especially women and girls.

The impact has also been felt by vulnerable populations, including those in rural and hard to reach places, who are often excluded and left behind. In particular, evidence shows that elderly people are much more vulnerable to COVID-19 than younger people with much higher risk of death and severe illness. Vulnerable and marginalized women and girls are defined as rural, persons with disabilities and elderly women and girls for the purposes of this programme. They are key population groups in this programme, which takes an inclusive approach in its implementation and outreach that cuts across gender, language, age, disability, and digital connectivity. According to figures from the Ministry of Agriculture, 32% of all Tunisian women live in rural areas and make up 70% of the Tunisian agricultural workforce<sup>4</sup>. They have lower job security than men and confinement measures deteriorated the socioeconomic situation for many women from rural regions due to restrictions on mobility, which meant less work and less income.

Furthermore, Tunisia received on March 17, 2021, the first batch of COVID-19 vaccines through the COVAX Facility and aims to vaccinate 20% of its population by the end of 2021. The project underscores the importance of sex and age disaggregated data (SADD) as essential to ensure an inclusive rollout and uptake of the vaccine. This is addressed under outcome 1 through training those involved in COVID-19 prevention and response, on gender equitable COVID-19 response and recovery monitoring and SADD data gathering, as well as supporting the improvement of collection and dissemination of data to ensure its availability to the public. In addition, women and girls are key target groups across the project, for their role as key agents of change and social mobilizers with a central role to play in sharing knowledge, raising awareness and enhancing protective care provision, whilst women's organizations play a critical role in building trust and disseminating accurate information about the vaccine and its benefits for men and women and the community.

#### **Brief description of the main actors and key stakeholders:**

##### **Implementing Partners**

- UNDP, UN Women and WHO.

##### **Executing Partners**

- Ministry of Health as the main partner of the project. The Ministry of Women, Family and Seniors, the Ministry of Social Affairs, the Ministry of Economy and Planning, the National Commission for Vaccination, the National Observatory on New and Emerging Diseases (ONMNE),

##### **Direct Beneficiaries**

- Network of Local Elected Women
- Municipalities

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<sup>4</sup><https://www.arab-reform.net/publication/tunisia-covid-19-increases-vulnerability-of-rural-women/>

- Civil Society Organizations and non-governmental organizations
- The Volunteer Network of 'Azima'
- Women project holders and unemployed graduates
- Women micro entrepreneurs
- Women business owners
- Tunisian Scouts
- School Health Clubs
- Private sector companies
- Men and young men

### **Indirect Beneficiaries**

- The broader community and people in the entourage of the direct beneficiaries.

### **Alignment with overall strategic objectives for Danish development cooperation:**

The proposed programme is part of an overall ambition of the Danish Government to increase engagements and relations with countries in North Africa, including Tunisia, and aligned with the Danish efforts to fight the spread of coronavirus and to mitigate the worst consequences of the pandemic in particular in Africa and the Neighborhood<sup>5</sup>. Furthermore, the focus on gender equality is also in line with the priorities in Denmark's Strategy for Development Cooperation: *The World We Share*. It is also in line with the Danish-Arab Partnership Programme in Tunisia, that have a focus on youth and women and addressing human rights, gender equality, youth participation, employment, entrepreneurship and access to finance.

### **Past Results**

The programme will capitalize on UNDP's past experiences in the area of entrepreneurship and opportunities for synergies with the intervention of UNDP's Cluster of Inclusive Growth and Human Development (Entrepreneurship, green jobs, women's socio-economic empowerment, etc.) will be explored. It will also capitalize on UN Women's comparative advantage in the areas of eliminating gender-based violence and gender equality and women empowerment, in addition to expanding the work carried out by UNDP and UN Women in the Multi Partner Trust Fund (MPTF) joint agency project "Strengthening Social Protection and Economic Relief Systems for Vulnerable and Marginalized segments of the Population" which noted that even before COVID-19, essential services suffered from several shortcomings related to poor synergies amongst the coordinating mechanisms, which hampers women and girl's access, and indicates a need to strengthen the referral pathway and raise awareness amongst communities on how to access essential health services.

### **Lessons Learned**

A lesson learned during the past year is that UNDP, UN Women and WHO need to be agile and flexible in addressing the impact of COVID-19 on their programme's interventions. The COVID-19 pandemic is having major socioeconomic consequences for women and girls. The differential impact is clearly visible in women's increased care responsibilities, disruptions in formal and informal work, lack of access to health care, as well as dramatic increases in domestic violence. Globally, women make up 70 per cent of the health workforce. Yet their work and contributions remain undervalued and underpaid. As did UNDP, UN Women and WHO globally, the offices in Tunisia adjusted their interventions and undertook new programming as part of the United Nations Country Team (UNCT) to:

- a. ensure women's equal representation in all COVID-19 response planning and decision-making

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<sup>5</sup> <https://um.dk/en/danida-en/denmarks-efforts-against-covid19-in-developing-countries/>



- b. address increases in violence against women and girls, including economic violence
- c. apply an intentional gender lens to social protection and socio-economic stimulus packages
- d. support the availability and analysis of gender data

The programme will build on the results and scale-up initiatives of three existing programmes currently being implemented by UN Women, UNDP and WHO which are:

- 'Addressing Gender-Based Violence (GBV) post-COVID-19 in Tunisia', a two-year joint programme that is providing women and girls in situations of vulnerability, access to better services and the ability to provide for themselves economically, with increased self-confidence, business skills, and financial support to reduce poverty and inequalities. (January 2021-December 2022)
- the 'Azima / Determination' project, which is part of the Tunisian national campaign for the prevention of COVID-19 that addresses the repercussions of the rapid spread of this virus and protects citizens from the risk of infection through provision of prevention tools and by raising awareness about the protocol and measures adopted by the Ministry of Health, through the establishment of a network of 2,000 trained volunteers. This is a network that will be in existence as long as needed
- Support to 'National Action Plan to respond COVID-19' which defined priority pillars to be addressed in order to respond to this major public health challenge. As part of this plan, the focus of the support from Denmark will ensure that essential health services at the community-level are provided to women and girls throughout the COVID-19 pandemic.

### **Alignment with national and global priorities**

The JP between UN Women, UNDP and WHO is in line with the national objectives of Tunisia's National Strategy of Entrepreneurship, as well as the COVID-19 response priorities of the Ministry Employment and Professional Training, and the MFFES. It builds on UN Women's established relationship with MFFES to support with integrating gender into their COVID-19 response plan in the areas of addressing all forms of gender-based violence and gender disaggregated data.

UNDP Global response to COVID-19 has been framed around three objectives: Prepare, Respond, Recover, with three immediate priorities to address, namely i) health systems support, ii) inclusive and integrated crisis management and response, iii) social and economic needs assessment and response. UNDP is working in full alignment with the WHO through their COVID-19 Strategic Preparedness and Response Plan and alongside UN Women, to ensure that gender equality, women empowerment and resilience are at the heart of UNDP's COVID-19 frontline objectives, priorities and service delivery.

### **Alignment with the Country Strategic Framework**

The UN Cooperation Framework<sup>6</sup> (CF) for Tunisia 2021-2025 signed in December 2020 highlights the need to strengthen the participatory role of the population. Through different activities which will be jointly implemented by UN entities in coordination with the Tunisian partners, the CF plans to strengthen the population's knowledge of their rights and their capacities to improve their resilience to prevent and respond to different challenges. In a COVID-19 context, such an objective takes all its place.

This JP between UN Women, UNDP and WHO is in line with the CF where the first pillar of this document plans to promote an inclusive and sustainable development model considering and protecting the most vulnerable populations, including women, and help them obtaining a job and a decent life. This pillar takes into account the

<sup>6</sup> <https://unsdg.un.org/resources/un-sustainable-development-cooperation-framework-tunisia-2021-2025-draft>



Socio-Economic Response Plan (SERP) carried out by the UNCT to mitigate the impacts of the pandemic. The SERP which is fully integrated in the CF has identified women and young women as the main beneficiaries from UN support as they have been deeply impacted by the pandemic as mentioned above.

Moreover, this project is in line with the third pillar of the CF, and especially Outputs 3.6 and 3.8, which plan to (i) contribute to design and implement innovative approaches to face health issues with an active engagement of the population and the participation of all stakeholders, and (ii) contribute to implement adequate and innovative mechanisms and services allowing the prevention, early identification, treatment and violence monitoring and social vulnerabilities including in crisis situations.

As defined below, the objectives of this joint programme (JP) will contribute to the implementation of these two strategic pillars of the CF with a specific target to women and girls.

### **Human rights-based approach (HRBA), Leaving No-one Behind (LNOB), gender and youth**

The programme takes an inclusive approach in its implementation and outreach that cuts across gender, language, age, disability, and digital connectivity to ensure no one is left behind. The main beneficiaries of the project are women and girls, the elderly, persons with disabilities and hardest to reach (rural), both from a material and physical point of view, due to inter alia gender discrimination in the public and private sphere, victims of GBV and low representation in decision-making positions.

The activities of the proposal have been defined based on the acknowledgement that the impact of the pandemic and the preventive measures are gender-differentiated and has highlighted pre-existing inequalities and discrimination, in particular the socio-economic impact on women has been more pervasive given that they are already the most impoverished in Tunisia. In working collaboratively with relevant ministries and departments, civil society (CSOs) and non-governmental organizations (NGOs) to address these issues through developing an awareness campaign on COVID-19 facts, training on disaggregated data collection, monitoring related prevention and response, improving access for women to economic and financial services, as well as essential health services and engaging men and boys to support women and girls, the project strengthens our partners capacities to protect and uphold human rights and contributes to Tunisia achieving key human rights-based approach (HRBA) principles of participation, accountability, non-discrimination and transparency. Additionally, by targeting the most vulnerable, marginalized and hardest to reach women and girls, ensuring all print and media materials are in diverse languages and accessible for persons with disabilities, the Leave No One Behind (LNOB) approach is crosscutting throughout all the project outputs.

Justification of the programme design based on the six DAC criteria; relevance, impact, effectiveness, efficiency, coherence and sustainability in terms of choice of partner, aid modalities, capacity building and technical assistance. The present document outlines the rationale of this project and its relevance based on the country context and the impact that this joint programme would have.

## **3. Programme Objective**

The activities in this JP focus on women's and girls' empowerment in the context of the COVID-19 by enabling them to mitigate the health and socio-economic impacts of the pandemic in their households and communities. This programme aims to:

- (i) increase the resilience of local communities, especially vulnerable, marginalized and hard-to-reach women and girls to prevent, respond to COVID-19 and limit its spread (Pillar 3 of the CF)

- (ii) increase the resilience of marginalized and vulnerable women, young women, and girls through technical support to mitigate the socio-economic impact of COVID-19 and including all forms of GBV (Pillar 1 of the CF).
- (iii) support the regional and local authorities in pilot areas (Kébili and Kef) to provide health leveraging the community awareness work (Pillar 3 of the CF).

For interventions (ii) and (iii), two pilot governorates from the south and the north-west, Kébili because UNDP is currently working in this area and Kef because of the high mortality rate during COVID outbreak, have been chosen to implement these activities.

## 4. Theory of change and key assumptions

The proposed joint programme takes a three-pronged approach in addressing the negative socio-economic and health consequences of COVID-19 in Tunisia.

- At the individual level, women and young women will be strengthened to have increased knowledge of their rights and available services, financial support and skills development for livelihood generation, and by assuming leadership in the community-level health campaign.
- At the community-level, community members, including rural women, the elderly, persons with disabilities and men and boys, will have increase knowledge (including on vaccine) and supplies (including PPE) through a nationwide, community-level health campaign that promotes women's and girls' leadership and rights, transparent and equitable access to COVID-19 response services and essential health services in pilot areas (Kébili and Kef).
- At the institutional level (local and national), knowledge and capacity will be enhanced to ensure that COVID-19 response and recovery policies and plans are gender-responsive, rights-based, inclusive, and transparent.

Overall, the project is based on three underlying assumptions that inform the more detailed analyses under the overall impact, outcomes and outputs:

1. Political will and commitments at the highest levels exist.
2. Changes in knowledge can contribute to changes in attitudes and behaviours – in implementing partners, direct and indirect beneficiaries.
3. Multi-pronged prevention and response initiatives at the national, community, and individual level reinforce each other.

**Theory of change**

<b>IF</b>	<ol style="list-style-type: none"> <li>1. Local communities, especially elderly, persons with disabilities and hard-to-reach women and girls increase their knowledge and awareness on COVID-19 prevention and response;</li> <li>2. COVID-19 prevention and response monitoring include sex and age disaggregated data;</li> <li>3. Women and young women have a better access to economic and financial services and have strengthened their capacities to pursue sustainable income-generating activities;</li> <li>4. Accompaniment is ensured in communities, especially for men and boys, to raise awareness and prevent discrimination against women and girls' rights to education, employment, health and to be free from all forms of GBV;</li> <li>5. Access to health services is strengthened and local and regional healthcare structures are reinforced.</li> </ol>
<b>Then by 2023</b>	<ol style="list-style-type: none"> <li>1. The resilience to prevent and respond to COVID-19 by local communities, especially elderly, persons with disabilities and hard-to-reach women and girls, is increased;</li> <li>2. COVID-19 prevention and response interventions, including vaccine rollout are inclusive, to ensure no one is left behind;</li> <li>3. The health and socio-economic impacts of COVID-19 on women, young women and girls' households and communities are mitigated;</li> <li>4. Women and girls, men and boys can equally exercise their rights and opportunities as active citizens;</li> <li>5. Regional and local authorities in pilot areas provide health services leveraging the community awareness work.</li> </ol>
<b>Because</b>	<ol style="list-style-type: none"> <li>1. Women, girls including elderly, persons with disabilities and hard-to-reach populations will have knowledge of COVID-19 prevention and response;</li> <li>2. Gender analyses are conducted to understand the diverse contexts in which men and women understand information about COVID-19, make decisions about immunizations, and support institutions to develop inclusive COVID-19 prevention response and recovery plans;</li> <li>3. Women and young women will benefit from enhanced capacities to create and develop businesses, as well as improved financial and digital inclusion;</li> <li>4. Women will be empowered and recognized as change-makers for health and COVID-19 recovery;</li> <li>5. Local and regional healthcare structures are strengthened and the access to healthcare is facilitated.</li> </ol>

## 5. Sustainability and Exit Strategy

The **sustainability strategy** is an integral part of project planning and implementation and is ensured through the following components (cf. chapter 2):

- **Alignment:** The proposed project is fully aligned to the government's national COVID-19 response plan
- **Ownership through participation:** Our partnership with national institutions (ministries, local governments), CSOs and other partners who were involved in defining the project and the collaborative implementation approach which strengthens national ownership. All interventions are designed, planned

and will be implemented and monitored in a participatory way to encourage full ownership by stakeholders and beneficiaries

The programme is in response to the COVID-19 pandemic and its negative socio-economic and health consequences, within the framework of the overall UN system response and directly supporting the Tunisian Government's efforts. With the development of several vaccines, it is fair to assume that COVID-19 will be downgraded from a "pandemic" status two years from now. Therefore, regarding **exit strategy**, focus will be on sustaining the gains in the programme period, and building the resilience of Tunisia and its people, to effectively manage the fallout from the crisis and emerge stronger.

## 6. Summary of the results framework

Progress will be measured through the annexed **Results Framework** and monitoring framework (Annex 1). For results-based management, learning and reporting purposes Denmark will base the actual support on progress on the indicators below.

Project	Promoting health response to COVID-19 in Tunisia and improving women and girls' socio-economic conditions
Project Objective	Women and girls are enabled to mitigate the health and socio-economic impacts of COVID-19 in their households and communities  SDG3 (Target 3.8), SDG 5 (targets 5.1, 5.2 and 5.5), SDG8 (targets 8.2, 8.5 and 8.10), SDG10 (targets 10.1 and 10.2)

Outcome 1	Increased resilience demonstrated in local communities, especially vulnerable, marginalized and hard-to-reach women and girls to prevent and respond to COVID-19		
Outcome indicator	% of targeted population with increased knowledge on COVID-19 prevention and response		
Baseline	Year	2021	0 pct.
Target	Year	2023	60 pct.

Output 1.1	Members of local communities, especially women and young women have increased knowledge on COVID-19 response and prevention, the social implications of the outbreak and related services		
Output indicator	Number of persons trained on facts and outreach methods to implement awareness campaign on COVID-19 in their communities		
Baseline	Year	2020	0
Target	Year 1	2021	0
		2022	600
Target	Year 2	2023	1,000

Outcome 2	Marginalized and vulnerable women, young women, and girls increase their resilience and mitigate the socio-economic impact of COVID-19 including all forms of GBV		
Outcome indicator	% of supported women and young girls in target communities reporting an increasing income at the end of the project		
Baseline	Year	2021	0 pct.
Target	Year	2023	60 pct.

Output 2.1	Women and youth are supported to have a better access to economic and financial services		
Output indicator	Number of women and girls trained on financial and digital inclusion and management		
Baseline	Year	2020	0
Target	Year 1	2021	0
Target	Year 2	2022	50
Target	Year 3	2023	250

Output 2.2	Women and youth in targeted communities have strengthened capacities to pursue sustainable income-generating activities taking into account digital disruption and opportunities		
Output indicator	Number of women supported to scale up or develop their projects		
Baseline	Year	2020	0
Target	Year 1	2021	0
Target	Year 2	2022	0
Target	Year 3	2023	150

Outcome 3		Regional and local authorities in pilot area provide health leveraging the community awareness work	
Outcome indicator		% targeted population in targeted area confirming that accessibility to health services helps to raise awareness within their local community	
Baseline	Year	2021	0 pct.
Target	Year	2023	20 pct.

Output 3.2		Strengthened local and regional healthcare structures with equipment, accessories, and reagents	
Output indicator		Percentage increase in oxygen beds and care services provided at regional hospital level	
Baseline	Year	2020	0 pct.
Target	Year 1	2021	0 pct.
Target	Year 2	2022	5 pct. increase in the number of oxygen beds 5 pct. increase in number of care services at regional hospital level
Target	Year 3	2023	10 pct. increase in the number of oxygen beds 10 pct. increase in number of care services at regional hospital level

## 7. Inputs/budget

The table below summarizes the budget for the project. A detailed budget can be found in annex 3.

Overall budget	DKK
Outcome 1: Increased resilience of local communities and vulnerable groups	7.8
Outcome 2: Improved socio-economic conditions for marginalized and vulnerable women and girls	7.8
Outcome 3: Strengthened local and regional healthcare structures	7.8
Indirect costs (7 pct. Indirect Cost and 1 pct. Administrative Agent fee)	1.9
<b>Total</b>	<b>25.3</b>

## 8. Management and Coordination Arrangements

The joint programme developed together by UNDP, UN Women and WHO in consultation with and based on the needs and key priorities of the national counterparts, will be implemented jointly by the three agencies through a joint management and implementation structure. The programme will be directly implemented by UNDP, UN Women and WHO applying the rules and procedures for implementation, monitoring and evaluation of Joint Programmes as defined by the UN joint programme management and a results-based management approach. Specific programme activities may be implemented by government counterparts, CSOs and NGOs; in such cases designated funds will be channelled to the recipients using signed legal agreements among recipients and UNDP, UN Women or WHO respectively. As agreed by the UN Agencies, UNDP is the lead agency and throughout the project implementation period will serve in the capacity of:

### 1. The Administrative Agent (AA) - Responsible for Financial and administrative management of the JP

- Receives donor contributions
- Disburses funds to the PUNOs based on Steering Committee instructions
- Consolidates periodic financial reports and the final financial report
- Involved in day-to-day administration of the financial aspects of the JP fund account
- Coordinates financial closure of the JP

### 2. The Convening Agent (CA) - Responsible for coordination of programmatic activities and narrative reporting

- Coordinates all Joint Programme (JP) partners
- Coordinates and compiles annual work plans and narrative reports
- Coordinates monitoring of annual targets
- Calls and supports Steering Committee meetings

- e. Facilitates audits and evaluation
- f. Reports back to Steering Committee
- g. May be involved in Resource Mobilization for the JP
- h. Overall involved in day-to-day coordination but does not hold any financial or programmatic accountability.

### **The Joint Programme Steering Committee**

The governance structure of the programme will include the **Joint Programme Steering Committee (JPSC)** that will be established guided by the UN Development Group (UNDG) guidance and the TOR for the JPSC will be developed detailing roles and responsibilities for each party. The JPSC is the main oversight body for the joint programme, responsible for making consensus-based recommendations, including to provide strategic direction and guidance to ensure that its objectives are being met, that progress is achieved against set targets, and that risks and issues, e.g. regarding the need for adapting engagements based on lessons learned, are adequately addressed through management actions.

The key responsibilities of the JPSC are defined by the UNDG guidelines for the implementation of joint programmes and includes:

- Providing strategic guidance to project implementation;
- Ensuring coordination between related donor funded and government funded projects and programmes;
- Overseeing annual project work plans and budgets;
- Providing guidance on potential needs for any major changes in project plans or programmes;
- Overseeing monitoring, evaluation and reporting in line with requirements;
- Negotiating solutions between the project and any parties beyond the scope of the project;
- Ensuring Social and Environmental Safeguards Policy is applied throughout project implementation; and, address related grievances as necessary.

The main oversight body for the joint programme will be the Joint Programme Steering Committee (JPSC). The JPSC is the group responsible for making consensus-based recommendations for the programme when guidance is required, including to provide strategic direction and guidance to the programme to ensure that its objectives are being met, that progress is achieved against set targets, and that risks and issues are adequately addressed through management actions. The JPSC will be established with representation of the involved UN Agencies (UNDP, UNWomen, WHO) in the senior Executive Role, the Resident Coordinator's Office, the Donor (Ministry of Foreign Affairs of Denmark) in the Senior Supplier Role and the Ministry of Foreign Affairs of Tunisia in the Senior Beneficiary Role, along with the Ministry of Economy and Planification, the Ministry of Women, Family, children and Seniors, the Ministry of Health as members. UNDP will co-chair the JPSC with the Senior Representative of the Ministry of Foreign Affairs of Tunisia. The JPSC will meet semi-annually.

UNDP, UNWOMEN, WHO are the implementing partners and will be responsible for the implementation of programme activities at the output level, as described in the programme cooperation agreement(s) and for achieving the results in line with the work plan and budget. They will be responsible for regular cooperation among them through meetings and correspondence to ensure standardization of approaches and to avoid duplication. The programme focal point in each UN agency will liaise with, and provide support to, their national counterparts and provide technical expertise and programmatic support to ensure effective implementation of programme activities. Where appropriate, the project will engage external technical expertise in order to deliver specific activities and results.

The programme will build on existing partnerships with relevant government institutions, civil society, non-governmental organizations, particularly women organizations, as well as the health authorities, private sector and micro-enterprises. A Standard Administrative Agreement (SAA) will be signed between the AA and the Ministry of

Foreign Affairs of Denmark, as well as a memorandum of understanding (MOU) will be signed by UN Women and WHO with UNDP as Administrative Agent, stipulating the responsibilities of each party with regard to programme management and implementation and depending on discussions with the donor.

### **Staffing Needs**

The project will prioritize the use of existing regional expertise and will hire international experts only in the cases when local expertise is not available. Short term consultants with specialized expertise will be hired on a need basis to support implementation of the project activities. UNDP, UN Women and WHO will undertake hiring the undermentioned staff members to provide technical support to stakeholders responsible for implementing their activities. The budget for the posts has been included in the management budget in Annex 3:

- a. One Project Manager (national) for each UN agency, who will be responsible for planning, coordinating, implementing and overseeing each agency's activities in order to fulfil the outcomes and objectives as set out in the relevant programme documents, and in accordance with the UN Women standards and best practices. They will conduct routine monitoring visits and in close collaboration with main stakeholders and partners suggest changes of approaches if needed.
- b. One Project Associate (national) for each UN agency, who will provide backstopping, technical assistance, documentation of activities and dissemination of programme materials and results. They will coordinate with programme partners, support the preparation of trainings, public events, engage in dissemination of information and other communication materials and products as well as prepare reports on the implementation of the programme.
- c. Monitoring & Evaluation Specialist (half time) [cost-shared between UNDP, UN Women and WHO]. The position will be cost shared and the M&E specialist will support the project in monitoring the defined activities and support project's reporting in compliance with Donor and UNDP regulations and requirements.
- d. Communication specialist (half time) [cost-shared between UNDP, and WHO], who will be engaged to define and support best practices in the dissemination of information and other communication materials and products.

## **9. Financial Management**

### **Fund management**

The programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channeled for the programme through the AA. Each participating UN organization receiving funds through the pass-through would have to sign a standardized Memorandum of Understanding with the AA.

The Administrative Agent will:

- Establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds received from the donor(s) pursuant to the Administrative Arrangement. This Joint Programme Account will be administered by the Administrative Agent in accordance with the regulations, rules, directives and procedures applicable to it, including those relating to interest;
- Make disbursements to Participating UN Organizations from the Joint Programme Account based on instructions from the Steering Committee, in line with the budget set forth in the Joint Programme Document.

The Participating UN Organizations will:



- Assume full programmatic and financial responsibility and accountability for the funds disbursed by the AA.
- Establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.
- Each UN organization is entitled to deduct their indirect costs on contributions received according to their own regulation and rules, taking into account the size and complexity of the programme. Each UN organization will deduct 7% as overhead costs of the total allocation received for the agency.

The MPTF Office will charge administrative agent fee of one per cent (1%) of the total contributions made to the Joint Programme.

### **Disbursement**

Disbursements are based on a written request from UNDP indicating the amount requested for disbursement, the period covered indicated in the SAA's disbursement schedule, project reference number/name and detailed information on recipient bank.

UNDP must return a letter with acknowledgement of receipt of funds no later than four weeks after having received the funds, indicating the Joint Programme fund account number value in USD and DKK.

The total contribution of DKK 25,384,765 will be disbursed in two tranches:

- First tranche of DKK 15,000,000 upon the signing of the Standard Administrative Agreement
- Second tranche of DKK 10,384,765 upon request by UNDP based on actual liquidity needs

### **Accounting and auditing**

Each UN organization will account for the income received to fund its programme components in accordance with its financial regulations and rules. Procedures for auditing will follow each PUNO's own procedures.

### **Procurement**

Each participating UN organization will follow its own rules and procedures.<sup>7</sup>

## **10. Monitoring and Evaluation**

### **Monitoring**

Throughout the programme implementation, the overall performance of the programme and progress on impact, outcomes and outputs will be continuously monitored by tracking the progress of each of the indicators as specified in the results framework. This is in line with the adaptive management strand of Denmark's Ministry of Foreign Affairs (MFA) "Doing Development Differently" (DDD) approach that has an increased emphasis on learning and underscores the importance of regular monitoring and documentation of results as an integral part of programme management, which is also in line with UNDP, UN Women and WHO reporting systems. **Learning** in this programme is facilitated through capacity building, community engagement initiatives and a national campaign that focuses on building awareness on COVID-19, access to health services and address the socio-economic impact of COVID-19.

Internal monitoring will be conducted by the programme team throughout the programme implementation with regular field visits, regular meetings with partners, through collection of evidence to monitor programme activities

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<sup>7</sup> <https://www.unwomen.org/en/about-us/procurement>

<https://popp.undp.org/SitePages/POPPBSUnit.aspx?TermID=254a9f96-b883-476a-8ef8-e81f93a2b38d>

and regular team meetings. All organizations involved (UNDP, UN Women, WHO, government partners and other responsible partners) will be responsible for data collection, and for providing timely and quality inputs.<sup>8</sup> Specifically, the programme's continuous monitoring approach will be done through the following activities:

- a. Tracking results progress: Progress data against results indicators in the results framework will be collected on a regular basis and analyzed to assess the progress of the programme in achieving the agreed outputs. Results will inform management decisions and slower than expected progress will be addressed by the programme team, with overall guidance from JPSC.
- b. Monitoring and managing risk: On a quarterly basis, the programme team will identify and monitor specific risks that may threaten the achievement of the programme's intended results and maintain a log keeping track of the risk identified and the actions taken. This will include monitoring measures and plans that may have been required as per the UN Social and Environmental Standards. Financial risks will be managed in accordance with UN Agencies protocols and audit policy.
- c. Semi-Annual/Regular reviews: On a semi-annual basis, Senior Management of UN Agencies with the programme team will facilitate technical review of the programme activities, implementation status, risk analysis and mitigation plan in coordination with its key partners. This is to ensure that the programme is on track, discuss any adjustments required and address any unforeseen challenges and risks that may arise over time. These inputs will be shared with the JSPC for approval on the next course of actions. The quality of the programme will also be assessed against UN Women, WHO and UNDP's quality standards to identify its strengths and weaknesses and to inform the JSC decision to improve performance.

### **Evaluation**

As per the PUNOs evaluation policy and guidelines, the programme will undergo an independent final joint evaluation. It will be conducted looking at the relevance, results, efficiency and effectiveness of the joint programme implementation. This evaluation is reflected separately in the proposed budget. (See Annex3\_Budget)

### **Reporting**

On a semi-annual basis, Senior Management of the three agencies with the programme team will facilitate technical review of the programme activities, implementation status, risk analysis and mitigation plan in coordination with its key partners. This is to ensure that the programme is on track, discuss any adjustments required and address any unforeseen challenges and risks that may arise over time. These inputs will be shared with the JPSC for approval on the next course of actions. The quality of the programme will also be assessed against Joint Partners quality standards to identify its strengths and weaknesses and to inform the JPSC decision to improve performance.

Annual and final narrative progress reporting will be results-oriented, and evidence based. Annual and final narrative progress reports will compare actual results with expected results at the output and outcome level and explain the reasons for over or underachievement. The final narrative report will also contain an analysis of how the outputs and outcomes have contributed to the overall impact of the Programme.

## **11. Risk Management**

Among the most prevalent risks are political instability in Tunisia and how it may risk having adverse effects on project implementation and the overall context in which project activities are implemented.

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<sup>8</sup> All field monitoring, in-person consultations and face-to-face meetings will be done based on the Tunisian Government's restrictions related to COVID-19. In the instance where gatherings are prohibited and meetings are not allowed, these activities will be done virtually and based on UN SOP guidance in Tunisia as it relates to COVID-19.

Furthermore, the COVID-19 pandemic may have an impact on movement and access to specific regions and vulnerable population groups.

A detailed risk matrix is provided in Annex 4 giving an overview of the project's risk analysis and risk response for contextual, programmatic, and institutional risk factors.

## 12. Legal Context or Basis of Relationship

Table 3 below lists the specifics of relevant cooperation or assistance agreements that form the legal basis for the relationships between the Government of Tunisia and each of the UN organizations participating in this joint programme.

**Table 3: Basis of Relationship**

Participating UN Organization	Agreement
UNDP	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the Government of Tunisia and the United Nations Development Programme, signed by the parties on 25 April 1987
WHO	WHO Office was established in accordance with the Agreement between the Government of Tunisia and WHO. The Office as established in 2004.
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women, also known as UN Women in Tunisia, is currently operating as a programme presence since 2009. The Country Representative is in discussions with the Ministry of Foreign Affairs to establish a Host Agreement.

## 13. Work plans and budgets

The budget is designed to reflect the structure and corresponding level of the outputs of the results framework. It is detailed enough to show the different categories of inputs and budget items necessary for achieving the planned results. It's output-based and at activity level.

The UN agencies may have the discretion to re-allocate between budget lines to a certain limit. Changes exceeding 10 % must be presented to and approved by the steering committee and MoFA. Any reallocations to budget items for salaries and staff costs must be approved by the Steering Committee and MOFA.

## 14. Annexes

1. Result & Monitoring Framework: Annex1\_JP\_ResultFramework
2. Work Plan: Annex2\_Work\_Plan
3. Budget: Annex3\_Budget
4. Risk Management
5. List of supplementary material
6. Communication Plan
7. SDG Impact Indicators
8. Danida Financial Management Guidelines (For information purposes only)

Joint Programme Impact: Women, young women and girls actively contribute to mitigate the health and socio-economic impacts of COVID-19 in their households and communities							
JP Outcomes (with corresponding	Participating UN Organization-specific	Participating UN	Implementing Partner	Indicative activities for each output	Resource allocation and		
					Y1 (US\$)	Y2 (US\$)	Total (US\$)
<b>JP Outcome 1: Increased resilience demonstrated in local communities, especially vulnerable, marginalized and hard-to-reach women and girls to prevent and respond to COVID-19</b>	Output 1.1. Members of local communities, especially women and young women have increased knowledge on COVID-19 response and prevention, the social implications of the outbreak and related services	UN Women and WHO	Ministry of Health, Ministry of Education, Ministry of Women, National Commission for Vaccination, Network of Local Elected Women, CSOs, NGOs, the Azima project	1.1.1: Design and implement a nationwide awareness campaign on COVID-19 facts (prevention, treatment, vaccine) at community level (in-person, social media, radio and TV spots) - inclusive of gender, language, age, disability, and digital connectivity	190.000	110.000	300.000
		UN Women and WHO	Ministry of Health and Ministry of Education, Ministry of Women, Network of Local Elected Women, School Health Clubs, Tunisian Scouts, CSOs, NGOs, the Azima Project	1.1.2: Train and provide material support to health workers (teachers, students, community leaders, volunteers, NGOs and CSO) to effectively use awareness campaign and information materials in their communities, with a particular focus on reaching women, people with disabilities, and other marginalized and vulnerable populations such as children and youth, refugees, migrants, survivors of GBV	200.000	100.000	300.000
	Total Output 1.1				390.000	210.000	600.000
	Output 1.2. Responsible persons in Government institutions have increased capacity to support COVID-19 community health awareness through gender disaggregated data gathering, monitoring response and recovery	UN Women	Ministry of Health, Ministry of Education, Ministry of Women, Network of Local Elected Women, the Azima project, National Commission for Vaccination	1.2.1: Conduct regional-level training and provide materials for those involved in COVID-19 prevention and response, in particular (young) women on gender equitable COVID-19 response and recovery monitoring and SADD data gathering	90.000	20.000	110.000
		UN Women	Ministry of Health, ONMNE, the Azima project, National Commission for Vaccination	1.2.2: Support the improved collection and dissemination of data on Government social media accounts, through developing visually creative social media content (infographics, graphs and mappings) that is accessible (language, disability)	40.000	30.000	70.000
	Total Output 1.2				130.000		180.000
	Output 1.3 Men and young men have increased awareness to prevent discrimination against women and girls in accessing health services,	UN Women	Ministry of Health, Ministry of Education, the Azima project, Tunisian Scouts, community leaders, CSOs and NGOs	1.3.1 Conduct participatory workshops for men and young men on positive masculinities, supporting women, young women and girls to access health services and combat GBV, as well as establish networks to educate others and support their outreach work with materials and equipment	90.000	60.000	150.000

	combatting gender-based violence and to promote positive masculinities in their communities	UN Women	Ministry of Health, Ministry of Education, community leaders, CSOs, NGOs	1.3.2: Design and disseminate creative materials based on outcomes of workshops for outreach work with men, young men and boys networks, available in diverse languages and for persons with disabilities	-	70.000	70.000	
	Total Output 1.3				90.000	130.000	220.000	
<b>JP Outcome 2: Marginalized and vulnerable women, young women, and girls increase their resilience and mitigate the socio-economic impact of COVID-19 including all forms of GBV</b>	Output 2.1. Women and youth are supported to have a better access to economic and financial services	UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.1.1: The production of 2 knowledge products: 1 survey on the needs and access of women entrepreneurs to financial services and 1 study on financial inclusion of women entrepreneurs.	20.000	20.000	40.000	
		UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.1.2: Design and conduct at least 4 workshops in targeted communities for marginalized women and girls (150) on economic and financial services that they can access.	40.000	50.000	90.000	
		UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.1.3: Trainings (3) in financial inclusion services, business management and digital tools for 250 targeted vulnerable women and girls.	40.000	50.000	90.000	
		Total Output 2.1				100.000	120.000	220.000
	Output 2.2. Women and youth in targeted communities have strengthened capacities to pursue sustainable income-generating activities taking into account digital disruption and opportunities	UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.2.1: The production of 2 knowledge products : 1 mapping of the digital gap on 5 value chains (tourism, energy, handicraft, agribusiness, eco-construction and green value chains) and 1 study on the digital development of these value chains.	30.000	30.000	60.000	
		UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.2.2: Support to 120 vulnerable women entrepreneurs to create or scale up their businesses through capacity development.	50.000	50.000	100.000	
		UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.2.3: Provision of equipments (digital, technical, etc.), supplies and at least 2 trainings (on use and maintenance) to support entrepreneur's groups for the benefice of at least 90 vulnerable women.	100.000	120.000	220.000	
		UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.2.4: Provide professional retraining to enhance resilience of young (30 women and 30 men) business owners or project holders by diversifying entrepreneurial activities	30.000	30.000	60.000	

Total Output 2.2				210.000	230.000	440.000
Output 2.3 Increased awareness among and support from men and boys in communities for women and girls' rights to socio-economic inclusion, including employment, financial services and training	UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.3.1: Design and conduct at least 6 workshops in targeted communities for at least 90 men and boys applying the "barbershop toolkit" ( <a href="https://www.heforshe.org/en/barbershop">https://www.heforshe.org/en/barbershop</a> ) to raise awareness on gender equality and sensitize male audiences on socially gendered norms and socio-economic rights, with a focus on employment rights and access to financial services	50.000	50.000	100.000
	UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.3.2: CSOs and at least 20 men and boys develop and produce communication materials for social media to sensitize male audiences of at least 1000 online viewers on women and girls' socio-economic rights (to education, employment and access to financial services)	40.000	40.000	80.000
	UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.3.3: CSOs and young leaders/change agents (at least 6) identified in the Barbershop workshops work develop 1 advocacy-manual and receive ToT-training (at least 3 ToTs)	40.000	40.000	80.000
	UNDP	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	2.3.4: Localization of communication campaign where at least 6 young leaders/change agents conduct at least 3 discussions and participatory workshops with audiences of at least 20 men and boys per workshop in target communities	40.000	40.000	80.000
Total Output 2.3				170.000	170.000	340.000
Output 3.1. Women's and girls' access to health services in the pilot project area is strengthened	WHO		3.1.1: Facilitate access to healthcare structures Purchase 3 ambulances Agreement for the transport of patients if the ambulance is inaccessible Establishment of telemedicine	130.000	20.000	150.000
	WHO		3.1.2: Diversify the health services provided Agreement with specialist doctors (obstetrics, gynecology, radiology, cardiology, etc.) Screening campaign (covid 19, gynecological and colorectal cancer)	20.000	20.000	40.000

<b>JP Outcome 3: Regional and local authorities in pilot area provide health leveraging the community awareness work</b>		WHO		3.1.3: Strengthen the technical capacities of service providers (doctors, nurses, midwives) on materials or equipments bought in the project and on COVID- prevention and sensibilisation through Training, Simulation and Traineeship	10.000	10.000	20.000	
	Total Output 3.1							210.000
	Output 3.2 Strengthen local and regional healthcare structures with equipment, accessories and reagents	WHO		3.2.1 Strengthen local and regional healthcare structures with equipment, accessories and reagents (10 health structures, 2 regional hospitals and 8 district hospitals) Purshase of : PPE, Medical equipment, Laboratory equipment	400.000	370.000	770.000	
		WHO		3.2.2 Strengthen healthcare structures with equipment for training and communication (10 health structures, 2 regional hospitals and 8 district hospitals) Purshase of :ADSL, ICT equipment, Datashows, smart phone	10.000	10.000	20.000	
	Total Output 3.2							790.000
<b>UNDP (US\$)</b>	Programme Cost **							1.000.000
	Management, Operations, MnE etc							235.000
	Indirect Support Cost ** 7%							86.450
<b>UN Women (US\$)</b>	Programme Cost **							1.000.000
	Management, Operations, MnE etc							235.000
	Indirect Support Cost ** 7%							86.450
<b>WHO (US\$)</b>	Programme Cost **							1.000.000
	Management, Operations, MnE etc							212.000
	Indirect Support Cost **							84.840
<b>Total (US\$)</b>	<b>Programme Cost</b>		UNDP, UNW&WHO				<b>3.000.000</b>	
	<b>Management, Operations, MnE etc</b>		UNDP, UNW&WHO				<b>682.000</b>	
	<b>Indirect Support Cost (7%)</b>		UNDP, UNW&WHO				<b>257.740</b>	
<b>Evaluation (US\$) (incl GMS)</b>								21.400
<b>Administrative Agent (US\$)</b>	AA (1%)							39.611
<b>Total Project Budget (US\$)</b>	<b>Programme cost, Indirect cost and AA</b>							<b>4.000.751</b>

\* Resource allocation may be agreed at either output or indicative activity level.

\*\* Please read the Explanatory Note on Harmonized Financial Reporting to Donors and its Annexes for guidance on how these terms should be interpreted



Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe and targets)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risk & Assumptions
<i>From Results Framework (Table 1)</i>	<i>From Results Framework (Table 1) Baselines are measure of the indicator at the start of the joint programme</i>	<i>from identified data and information sources</i>	<i>how is it to be obtained?</i>	<i>specific responsibilities of participating UN organizations (including the case of shared results)</i>	<i>Summary of assumptions and risks for each result</i>
<b>JP Outcome 1: Increased resilience demonstrated in local communities, especially vulnerable, marginalized and hard-to-reach women and girls to prevent and respond to COVID-19</b>	Indicators: % of Targeted population with increased knowledge on COVID-19 prevention and response Baselines: 0 Target: 60%	Perception survey report	Survey administered once at the end of intervention (online – social media, through whatsapp and considering digital connectivity)	UN Women	Assumption: Tunisians want factual knowledge on COVID-19 and are invested in reducing the number of new COVID-19 cases. Risk: The prominence of fake news and misinformation conflicts with factual knowledge on COVID
Output 1.1. Members of local communities, especially women and young women have increased knowledge on COVID-19 response and prevention, the social implications of the outbreak and related services	Indicators: # of persons trained on facts and outreach methods to implement awareness campaign on COVID-19 in their communities Baseline: 0 Target: 1,000 people	Training attendance sheets	Once at the end of training	UN Women and WHO	Assumption: 1) COVID-19 restrictions do not impede travel and allow in-person meeting within social distancing guidelines. 2) Enough people have access to technology and stable internet. Risk: COVID-19 restrictions prevent in-person training and lack of technology and internet access prevent virtual meetings
	Indicators: % of persons trained with a high knowledge of facts and outreach methods to implement awareness campaign on COVID-19 in their communities Baseline: 0 Target: 75%	Training report	Once at the end of training based on pre- and post-test results	UN Women and WHO	Assumption: 1) COVID-19 restrictions do not impede travel and allow in-person meeting within social distancing guidelines. 2) Enough people have access to technology and stable internet. Risk: COVID-19 restrictions prevent in-person training and lack of technology and internet access prevent virtual meetings
Output 1.2. Responsible persons in Government institutions have increased capacity to support COVID-19 community health awareness through gender disaggregated data gathering, monitoring response and recovery	Indicators: # of Governorates that provide gender disaggregated, COVID-19 data Baselines: 0 Target: 18	Monitoring reports	Monthly based on monitoring plan	UN Women and WHO	Assumption: 1) COVID-19 restrictions do not impede travel and allow in-person meeting within social distancing guidelines. 2) Enough people have access to technology and stable internet. Risk: COVID-19 restrictions prevent in-person training and data collection; lack of technology and internet access prevent virtual meetings
	Indicators: # of people trained on gender equitable COVID-19 response and recovery monitoring and SADD data gathering Baselines: 0 Target: 120 people	Training attendance sheets	Once at the end of training	UN Women and WHO	Assumption: 1) COVID-19 restrictions do not impede travel and allow in-person meeting within social distancing guidelines. 2) Enough people have access to technology and stable internet. Risk: COVID-19 restrictions prevent in-person training and data collection; lack of technology and internet access prevent virtual meetings
Output 1.3 Men and young men have increased awareness to prevent discrimination against women and girls in accessing health services, combatting gender-based violence and to promote positive masculinities in their communities	Indicators: # of peer networks established among men and young men to exchange on positive masculinity and addressing gender discrimination Baseline: 0 Target: 6 (1 per region)	Joint programme Final Donor report	Once at the end of the programme	UN Women	Assumption: COVID-19 restrictions do not impede travel and allow in-person meeting within social distancing guidelines. Risk: Social and cultural norms inhibit men and young men participation

	Indicators: # of men and young men trained on positive masculinity and addressing gender discrimination Baseline: 0 Target: 200 men and young men	Training attendance sheets	Once at the end of training	UN Women	Assumption: COVID-19 restrictions do not impede travel and allow in-person meeting within social distancing guidelines. Risk: Social and cultural norms inhibit men and young men participation
<b>JP Outcome 2: Marginalized and vulnerable women, young women, and girls increase their resilience and mitigate the socio-economic impact of COVID-19 including all forms of GBV</b>	Indicator: % of supported women and young girls in target communities reporting an increasing income at the end of the project Baseline: 0% Target: 60%	responses from women	Once at the end of the programme	<b>UNDP</b>	Assumption: COVID-19 restrictions do not impede travel and allow the opening of the institutions, shops and works.
Output 2.1. Women and youth are supported to have a better access to economic and financial services	Indicators: 2.1 : Nbr of women and girls trained on financial and digital inclusion and management Baseline : 0 Target: 250	Training report	Twice at the end of the first year and end of the programme	UNDP	Assumption: 1) COVID-19 restrictions do not impede travel and allow in-person meeting within social distancing guidelines. 2) Enough people have access to technology and stable internet. Risk: COVID-19 restrictions prevent in-person training and lack of technology and internet access prevent virtual meetings
Output 2.2. Women and youth in targeted communities have strengthened capacities to pursue sustainable income-generating activities taking into account digital disruption and opportunities	Indicator: Nbr of women supported to scale up or develop their projects Baseline: 0 Target: 150	Monitoring reports	Twice at the end of the first year and end of the programme	UNDP	Assumption: 1) COVID-19 restrictions do not impede travel and allow in-person meeting within social distancing guidelines. 2) Enough people have access to technology and stable internet. Risk: COVID-19 restrictions prevent in-person training and lack of technology and internet access prevent virtual meetings
Output 2.3 Increased awareness among and support from men and boys in communities for women and girls' rights to socio-economic inclusion, including employment, financial services and training	Indicators: # of peer networks established among men and young men to exchange on positive masculinity and addressing gender discrimination in relation to socio-economic rights Baseline: 0 Target: 3 (1 per pilot region)	Monitoring reports based on evidence of the establishment (formal or informal)	Checking every quarter	UNDP	Assumptions : Traditions and local traditional conservative leaders are supporting the work of masculinities
<b>JP Outcome 3: Regional and local authorities in pilot area provide health leveraging the community awareness work</b>	% targeted population in targeted area confirming that accessibility to health services helps to raise awareness within their local community Baseline 0 Target: 50%	survey	At the end of the project	WHO	Assumptions : access to services (transportation, infrastructures, mainly) is provided and open to women Risk : Covid-19 imposes a new crfew and local lockdown and affects the access to citizens
Output 3.1. Women's and girls' access to health services in the pilot project area is strengthened	Base line : Number of COVID 19 tests (RDT and PCR) per week Target : Number of COVID 19 tests (RDT and PCR) per week has doubled	Data from MoH	Data from regional directorate of health evry week	WHO	Assumptions : access to services (transportation, infrastructures, mainly) is provided and open to women Risk : Covid-19 imposes a new crfew and local lockdown and affects the access to citizens

<p>Output 3.2 Strengthen local and regional healthcare structures with equipment, accessories and reagents</p>	<p>Base line 1 : Number of oxygene bed  Target : increase of 30 % of the number of oxygene bed  Base line 2 : Number of care services provided at regional hospital level  Target : increase of 20 % of Number of care services provided at regional hospital level</p>	<p>Data from MoH</p>	<p>Data from regional directorate of health evry Quarter</p>	<p>WHO</p>	<p>Risk : Lack of coordination with regional and local authorities</p>
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Joint Programme Impact: Women, young women and girls actively contribute to mitigate the health and socio-economic impacts of COVID-19 in their households and communities																
UN Organization-specific annual targets	UN organization	activities	timeframe Y1				timeframe Y2				Implementing partner	Planned budget Y1		Planned budget Y2		Implementing partner
			Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023		Source of Funds	Budget description	Amount \$	Source of Funds	
<b>JP Outcome 1: Increased resilience demonstrated in local communities, especially vulnerable, marginalized and hard-to-reach women and girls to prevent and respond to COVID-19</b>																
<b>Output 1.1. Members of local communities, especially women and young women have increased knowledge on COVID-19 response and prevention, the social implications of the outbreak and related services</b>																
(of UN organization 1)	UN Women and WHO	1.1.1: Design and implement a nationwide awareness campaign on COVID-19 facts (prevention, treatment, vaccine) at community level (in-person, social media, radio and TV spots) - inclusive of gender, language, age, disability, and digital connectivity	x	x	x	x	x	x	x	x	Ministry of Health, Ministry of Education, Ministry of Women, National Commission for Vaccination, Network of Local Elected Women, CSOs, NGOs, the Azima project	Gender and Health Care consultant to design campaign and materials, Graphic designer to design layout for printed materials and social media, printing company, translator to braille, translator to local language, production company to produce radio/tv spots, cost to radio/TV stations to air spots, sign language translator, campaign van (national level)	190.000,00		Printing company, cost to radio/TV stations to air spots, campaign van, translator to local language, sign language translator	110.000,00
(of UN organization 1)	UN Women and WHO	1.1.2: Train and provide material support to health workers (teachers, students, community leaders, volunteers, NGOs and CSO) to effectively use awareness campaign and information materials in their communities, with a particular focus of reaching (young) women, people with disability, and other marginalized and vulnerable populations such as children and youth, refugees, migrants, survivors of GBV		x	x	x	x	x	x		Ministry of Health and Ministry of Education, Ministry of Women, Network of Local Elected Women, School Health Clubs, Tunisian Scouts, CSOs, NGOs, the Azima Project	Gender and Health Care consultant to conduct trainings, printed materials, local language translator, sign language translator, conference services (venue, meals, equipment), masks+hand sanitizer, transport, DSA for overnight (4 2-day trainings in 4 regions), phone cards + PPE + branded jackets for 2,000 Azima volunteers	200.000,00		Gender and Health Care consultant to conduct trainings, printed materials, local language translator, sign language translator, conference services (venue, meals, equipment), masks+hand sanitizer, transport, DSA for overnight (2 2-day trainings in 2 regions), Material support: food, essential sanitary items, PPE, etc.	100.000,00
<b>Output 1.2. Responsible persons in relevant institutions have increased capacity to support COVID-19 community health awareness through gender disaggregated data gathering, monitoring response and recovery</b>																
(of UN organization 1)	UN Women	1.2.1: Conduct regional-level training and provide materials for those involved in COVID-19 prevention and response, in particular (young) women on gender equitable COVID-19 response and recovery monitoring and SADD data gathering		x	x	x	x				Ministry of Health, Ministry of Education, Ministry of Women, Network of Local Elected Women, the Azima project, National Commission for Vaccination	Gender and Health Care consultant to conduct trainings, printed materials, translator, sign language translator, conference services (venue, meals, equipment), masks+hand sanitizer, transport, DSA for overnight (6 1-day trainings in 6 regions).	90.000,00		PPE, branded jackets, phone cards + meals for 10 Azima volunteers at vaccination sites over 24 Governorates for 2 months	20.000,00
(of UN organization 1)	UN Women	1.2.2: Support the improved collection and dissemination of data on Government social media accounts, through developing visually creative social media content (infographics, graphs and mappings) that is accessible (language, disability)				x	x	x	x		Ministry of Health, ONMNE, the Azima project, National Commission for Vaccination	Gender and Health Care consultant to strengthen reporting systems, Translator	40.000,00		Translator to major languages, graphic designer who specializes in web accessibility to do develop content	30.000,00
<b>Output 1.3 Men and young men have increased awareness to prevent discrimination against women and girls in accessing health services, combatting gender-based violence and to promote positive masculinities in their communities</b>																
(of UN organization 1)	UN Women	1.3.1: Conduct participatory workshops for men and young men on positive masculinities, supporting women, young women and girls to access health services and combat GBV, as well as establish networks to educate others and support their outreach work with materials and equipment		x	x	x	x	x	x		Ministry of Health, Ministry of Education, the Azima project, Tunisian Scouts, community leaders, CSOs and NGOs	Men and Boys engagement specialist to conduct workshops, translator, sign language translator, transport, DSA for overnight, conference services (venue, meals, equipment), masks+hand sanitizer, (6 1-day workshops in 6 regions)	90.000,00		Support to Networks and their outreach work	60.000,00
(of UN organization 1)	UN Women	1.3.2: Design and disseminate creative materials based on outcomes of workshops for outreach work with men, young men and boys networks, available in diverse languages and for persons with disabilities				x	x	x	x		Ministry of Health, Ministry of Education, community leaders, CSOs, NGOs		-	Men and Boys engagement specialist, graphic designer, printing company, translator to braille, translator to local language	70.000,00	

JP Outcome 2: Marginalized and vulnerable women, young women, and girls increase their resilience and mitigate the socio-economic impact of COVID-19 including all forms of GBV																			
Output 2.1. Women and youth are supported to have a better access to economic and financial services																			
(of UN organization 2)	UNDP	2.1.1: The production of 2 knowledge products: 1 survey on the needs and access of women entrepreneurs to financial services and 1 study on financial inclusion of women entrepreneurs.	x	x				x	x			Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Consultations (individual or cabinet) to produce knowledge (data collection, analysis, diagnostics, assessments) on employment / finance / vocational trainings / etc. ; graphic designer ; printing company ; conference services (venue, meals, equipment), masks+hand sanitizer ; communication	20.000,00	Danish	Training & Workshop Consultant Audio Visual&Print Prod	20.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
(of UN organization 2)	UNDP	2.1.2: Design and conduct at least 4 workshops in targeted communities for marginalized women and girls (150) on economic and financial services that they can access.	x	x	x	x	x	x	x	x	x	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Experts on economic and financial services; conference services ; graphic designer ; printing company ; conference services (venue, meals, equipment), masks+hand sanitizer, DSA, transportation	40.000,00	Danish	Training & Workshop Consultant Audio Visual&Print Prod Travel & Accommodation	50.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
(of UN organization 2)	UNDP	2.1.3: Trainings (3) in financial inclusion services, business management and digital tools for 250 targeted vulnerable women and girls.		x	x	x	x	x	x	x	x	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Experts on financial inclusion, business management and digital tools ; conference services ; graphic designer ; printing company ; conference services (venue, meals, equipment), masks+hand sanitizer, DSA, transportation	40.000,00	Danish	Training & Workshop Consultant Audio Visual&Print Prod Travel & Accommodation	50.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
Output 2.2. Women and youth in targeted communities have strengthened capacities to pursue sustainable income-generating activities taking into account digital disruption and opportunities																			
(of UN organization 2)	UNDP	2.2.1: The production of 2 knowledge products : 1 mapping of the digital gap on 5 value chains (tourism, energy, handicraft, agribusiness, eco-construction and green value chains) and 1 study on the digital development of these value chains.	x	x				x	x			Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Consultations (individual or cabinet) to produce knowledge (data collection, analysis, diagnostics, assessments) on digital gap and value chains ; graphic designer ; printing company ; conference services (venue, meals, equipment), masks+hand sanitizer ; communication	30.000,00	Danish	Training & Workshop Contractual service Consultant Audio Visual&Print Prod	30.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
(of UN organization 2)	UNDP	2.2.2: Support to 120 vulnerable women entrepreneurs to create or scale up their businesses through capacity development.		x	x	x	x	x	x	x	x	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Entrepreneurship experts & coach (individuals or firm) ; communication, design & marketing experts ; conference services ; graphic designer ; printing company ; conference services (venue, meals, equipment), masks+hand sanitizer, DSA, transportation ; communication supports ; Grants for CSO	50.000,00	Danish	Training & Workshop Consultant Audio Visual&Print Prod Grants Travel & Accommodation	50.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
(of UN organization 2)	UNDP	2.2.3: Provision of equipments (digital, technical, etc.), supplies and at least 2 trainings (on use and maintenance) to support entrepreneur's groups for the benefit of at least 90 vulnerable women.			x	x	x	x	x	x	x	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Equipment (digital, technical) ; trainers on the specific use and maintenance of the equipments ; conference services ; graphic designer ; printing company ; conference services (venue, meals, equipment), masks+hand sanitizer, DSA, transportation ; communication	100.000,00	Danish	Training & Workshop Contractual service Audio Visual&Print Prod Equipments Travel & Accommodation	120.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
(of UN organization 2)	UNDP	2.2.4: Provide professional retraining to enhance resilience of young (30 women and 30 men) business owners or project holders by diversifying entrepreneurial activities			x	x	x	x	x	x	x	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Trainers & coach (individuals or firm) ; conference services ; graphic designer ; printing company ; conference services (venue, meals, equipment), masks+hand sanitizer, DSA, transportation ; communication supports	30.000,00	Danish	Training & Workshop Consultant Audio Visual&Print Prod Travel & Accommodation	30.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
Output 2.3 Increased awareness among and support from men and boys in communities for women and girls' rights to socio-economic inclusion, including employment, financial services and training																			

(of UN organization 2)	UNDP	2.3.1: Design and conduct workshops in targeted communities for men and boys applying the "barbershop toolkit" ( <a href="https://www.heforshes.org/en/barbershop">https://www.heforshes.org/en/barbershop</a> ) to raise awareness on gender equality and sensitize male audiences on socially gendered norms and socio-economic rights, with a focus on employment rights and access to financial services	x															Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Gender and communication consultant, men and boys engagement, workshops and consultations, catering	50.000,00	Danish	Training & Workshop Consultant Audio Visual&Print Prod Travel & Accommodation	50.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
(of UN organization 2)	UNDP	2.3.2: CSOs and men and boys develop and produce communication materials for social media to sensitize male audiences on women and girls' socio-economic rights (to education, employment and access to financial services)		x						x								Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Consultations to produce communication and knowledge products, graphic designer ; graphic designer ; catering	40.000,00	Danish	Training & Workshop Contractual service Audio Visual&Print Prod Travel & Accommodation	40.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
(of UN organization 2)	UNDP	2.3.3: CSOs and young leaders/change agents identified in the Barbershop workshops work develop an advocacy-manual and receive ToT-training		x	x					x	x							Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Trainings, men and boys engagement, graphic designer ; printing company ; catering	40.000,00	Danish	Training & Workshop Contractual service Audio Visual&Print Prod Travel & Accommodation	40.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
(of UN organization 2)	UNDP	2.3.4: Localization of communication campaign where young leaders/change agents conduct discussions and participatory workshops with audiences of men and boys in target communities																Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO	Danish	Men and boys engagement, trainings, workshops, catering	40.000,00	Danish	Training & Workshop Contractual service Audio Visual&Print Prod Travel & Accommodation	40.000,00	Ministry of Employment, Ministry of Women, Ministry of Youth, Ministry of Development, Private sector, CSO, NGO
<b>JP Outcome 3: Regional and local authorities in pilot area provide health leveraging the community awareness work</b>																									
<b>Output 3.1. Women's and girls' access to health services in the pilot project area is strengthened</b>																									
(of UN organization 3)	WHO	3.1.1: Facilitate access to healthcare structures		x	X	X	X	X	X	X	X							MoH , scouts , Red Crescent, local NGO	Danish	*Purshase 3 ambulances *Agreement for the transport of patients if the ambulance is inaccessible * Establishment of telemedicine	130.000,00	Danish	*Agreement for the transport of patients if the ambulance is inaccessible * Establishment of telemedicine	20.000,00	MoH , scouts , Red Crescent, local NGO
(of UN organization 3)	WHO	3.1.2:Diversify the health services provided		x	x	x	x	x	x	x	x								Danish	Agreement with specialist doctors (obstetrics, gynecology, radiology, cardiology, etc.) Screening campaign (covid 19, gynecological and colorectal cancer ....)	20.000,00	Danish	Agreement with specialist doctors (obstetrics, gynecology, radiology, cardiology, etc.) Screening campaign (covid 19, gynecological and colorectal cancer ....)	20.000,00	
(of UN organization 3)	WHO	3.1.3: Strengthen the technical capacities of service providers		x	x	x	x	x	x	x	x								Danish	Training Simulation Traineeship	10.000,00	Danish	Training Simulation Traineeship	10.000,00	
<b>Output 3.2 Strengthen local and regional healthcare structures with equipment, accessories and reagents</b>																									
(of UN organization 3)	WHO	3.2.1 Strengthen local and regional healthcare structures with equipment, accessories and reagents	X	X	X	X	X	X	X	X								MoH , scouts , Red crescent local NGO	Danish	Purshase of PPE ;Medical equipment ; Laboratory equipment	400.000,00	Danish	*Purshase of reagent ; medical devices	370.000,00	MoH , scouts , Red Crescent, local NGO
(of UN organization 3)	WHO	3.2.2 Strengthen healthcare structures with equipment for training and communication	x	x	x	x	x	x	x	x								MOH structures	Danish	*Purshase of ADSL; IT equipment; Datashow;smart phone	10.000,00	Danish	*Purshase of ADSL; IT equipment; Datashow;smart phone	10.000,00	MOH structures

Total planned budget in \$							
Including both programme cost and indirect support cost	Total Amount UN Organization 1 (UNWomen)	Year 1	Activities	610,000.00	Year 2	Activities	390,000.00
			Management & Operation	117,500.00		Management & Operation	117,500.00
		GMS (7%)	50,925.00	GMS (7%)	35,525.00		
		<b>Total</b>	<b>778,425.00</b>	<b>Total</b>	<b>543,025.00</b>		
	Total Amount UN Organization 2 (UNDP)	Year 1	Activities	480,000.00	Year 2	Activities	520,000.00
			Management & Operation	117,500.00		Management & Operation	117,500.00
		GMS (7%)	41,825.00	GMS (7%)	44,625.00		
		<b>Total</b>	<b>639,325.00</b>	<b>Total</b>	<b>682,125.00</b>		
	Total Amount UN Organization 3 (WHO)	Year 1	Activities	570,000.00	Year 2	Activities	430,000.00
			Management & Operation	106,000.00		Management & Operation	106,000.00
		GMS (7%)	47,320.00	GMS (7%)	37,520.00		
		<b>Total</b>	<b>723,320.00</b>	<b>Total</b>	<b>573,520.00</b>		

USD Amount		
UNWomen	Total activities	1,000,000.00
	Management & operation	235,000.00
	GMS	86,450.00
UNDP	Total activities	1,000,000.00
	Management & operation	235,000.00
	GMS	86,450.00
WHO	Total activities	1,000,000.00
	Management & operation	212,000.00
	GMS	84,840.00
Project	Evaluation	20,000.00
	GMS/ evaluation	1,400.00
	total project activities & Mgt cost	3,682,000.00
	total GMS	259,140.00
	evaluation	20,000.00
	total budget	3,961,140.00
	AA	39,611.40
	<b>total project budget incl AA</b>	<b>4,000,751.40</b>



	Budget	Year 1 (Q1-Q2)	Year 1 (Q3-Q4)	Year 2 (Q1-Q2)	Year 2 (Q3-Q4)	DKK
<b>Total Outcome 1-3</b>	<b>3.702.000</b>	1.160.500	840.500	1.000.500	700.500	23.489.190
<b>Outcome 1 Increased resilience demonstrated in local communities, especially vulnerable, marginalized and hard-to-reach women and girls to prevent and respond to COVID-19</b>						
Activity 1.1.1: Implement a nationwide awareness campaign	300.000	100.000	90.000	70.000	40.000	
Activity 1.1.2: Train and provide material support to health workers	300.000	120.000	80.000	60.000	40.000	
Activity 1.2.1: Training for those involved in COVID-19 prevention and response	110.000	60.000	30.000	20.000	-	
Activity 1.2.2: Support for the online data gathering for COVID-19 data	70.000	-	40.000	20.000	10.000	
Activity 1.3.1: Workshops to access health services and combat GBV	150.000	30.000	60.000	30.000	30.000	
Activity 1.3.2: Design and disseminate creative materials	70.000	-	-	40.000	30.000	
Project Management and Operations costs	235.000	58.750	58.750	58.750	58.750	
<b>Total direct cost outcome 1</b>	<b>1.235.000</b>	368.750	358.750	298.750	208.750	7.836.075
indirect cost outcome 1	86.450	25.813	25.113	20.913	14.613	548.525
<b>Total budget outcome 1</b>	<b>1.321.450</b>	394.563	383.863	319.663	223.363	8.384.600
<b>Outcome 2 Marginalized and vulnerable women, young women, and girls increase their resilience and mitigate the socio-economic impact of COVID-19 including all forms of GBV</b>						
Activity 2.1.1: knowledge products	40.000	10.000	10.000	10.000	10.000	
Activity 2.1.2: workshops for marginalized women and girls on economic and financial services they can	90.000	20.000	20.000	25.000	25.000	
Activity 2.1.3: Trainings on financial inclusion services, business management and digital tools.	90.000	20.000	20.000	25.000	25.000	
Activity 2.2.1: knowledge products	60.000	15.000	15.000	15.000	15.000	
Activity 2.2.2: Capacity development for women entrepreneurs to create or scale up businesses	100.000	25.000	25.000	25.000	25.000	
Activity 2.2.3: Equipments supplies and trainings to support vulnerable women's entrepreneur groups.	220.000	40.000	60.000	60.000	60.000	
Activity 2.2.4: Trainings and technical assistance in entrepreneurship	60.000	15.000	15.000	15.000	15.000	
Activity 2.3.1: Design and conduct workshops in targeted communities for men and boys "barbershop to	100.000	20.000	30.000	20.000	30.000	
Activity 2.3.2: communication to sensitize audiences on women and girls' socio-economic rights	80.000	20.000	20.000	20.000	20.000	
Activity 2.3.3: ToT of CSOs and young leaders/change agents	80.000	20.000	20.000	20.000	20.000	
Activity 2.3.4: Communication campaign and participatory workshops	80.000	15.000	25.000	15.000	25.000	
Project Management and Operations costs	235.000	58.750	58.750	58.750	58.750	
Evaluation	20.000				20.000	
<b>Total direct cost outcome 2</b>	<b>1.255.000</b>	278.750	318.750	308.750	348.750	7.962.975
indirect cost outcome 2	87.850	19.513	22.313	21.613	24.413	557.408
<b>Total budget outcome 2</b>	<b>1.342.850</b>	298.263	341.063	330.363	373.163	8.520.383
<b>Outcome 3 Regional and local authorities in pilot area provide health leveraging the community awareness work</b>						
Activity 3.1.1: Facilitate access to healthcare structures	150.000	130.000	-	10.000	10.000	
Activity 3.1.2: Diversify the health services provided	40.000	10.000	10.000	10.000	10.000	
Activity 3.1.3: Strengthen the technical capacities of service providers	20.000	10.000		10.000		
Activity 3.2.1: Strengthen local and regional healthcare structures with equipment, accessories and reagents	770.000	300.000	100.000	300.000	70.000	
Activity 3.2.2 Strengthen healthcare structures with equipment for training and communication	20.000	10.000		10.000		
Project Management and Operations costs	212.000	53.000	53.000	53.000	53.000	
<b>Total direct cost outcome 3</b>	<b>1.212.000</b>	513.000	163.000	393.000	143.000	7.690.140
Share indirect cost outcome 3	84.840	35.910	11.410	27.510	10.010	538.310
<b>Total budget outcome 3</b>	<b>1.296.840</b>	548.910	174.410	420.510	153.010	8.228.450

<b>Contingency</b>						
Contingency (max 10% of total direct cost excluding contingency)	-					-
<b>Total direct cost</b>	<b>3.702.000</b>	1.160.500	840.500	1.000.500	700.500	23.489.190
<b>Indirect cost</b>						
Administrative costs (max. 7% of direct cost)	259.140	81.235	58.835	70.035	49.035	1.644.243
Administrative Agent Costs (1%)	39.611	39.611				251.334
<b>Total indirect cost</b>	<b>298.751</b>	<b>120.846</b>	<b>58.835</b>	<b>70.035</b>	<b>49.035</b>	<b>1.895.578</b>
<b>Total budget</b>	<b>4.000.751</b>	1.281.346	899.335	1.070.535	749.535	25.384.768

## ANNEX 4: RISK MANAGEMENT

### Contextual risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
<b>Political</b>					
Political instability in the country may affect a continuous and synchronized interaction with institutional partners	Likely	Minor	- Mutual cooperation and technical collaboration between the UN Agencies and the national institutions to address Tunisian priorities will support building trust to help overcome potential challenges and find solutions to ensure the continuity of activities.	A slight delay in the implementation of activities may arise.	Government reshuffling
Lack of political consensus	Likely	Minor	The project is based on already existent relationship with the National administrations and are delinked from political level for the daily work and implementation.	Ministries are not able to take strategic decisions	Government reshuffling
<b>Societal</b>					
Social tension and instability in regions with a particular impact on women (more violence, in particular economic).	Likely	Medium	- The UN agencies will work close to the communities and populations and will involve the individuals (men and youth and women) in the selection of the direct beneficiaries - Activities will be designed to ensure the full and compliant integration of the direct beneficiaries in respect of the gender specificities	The ongoing COVID-19 pandemic and its gendered, socio-economic impact threaten to stabilize gains made	Increasing exclusion, regional disparities, and marginalization of the youth and other vulnerable groups (particularly women and children in rural and peri-urban areas) who are critical actors of change, may constrain sustainable development and augment social instability. Moreover, women and youth face significant obstacles to joining the job market because employability enhancement programmes are insufficient. This situation, which is perceived as being socially unjust, may aggravate frustrations and even prompt irregular migration or expose youth to violence, criminality, and suicide. It also affects social cohesion and fuels extremist violence.
<b>Security</b>					
Instability in neighboring countries and border tensions redirecting all local activities and resources towards crisis response and impacting the socio-economic stability of the targeted region	Significant	Low	- The use of tools/method ensuring the continuity of work with partners and beneficiaries, including through key intermediaries (local associations, youth centers, etc.). - Review implementation schedule and formats - Evitement as mitigation if the region is forbidden	The instability have major impact and doesn't allow access to the field of implementation	Lessons learned from the events in Libya since 2011 point to a risk for instability in neighbouring countries resulting in migratory pressures and instability at frontiers affecting the mobility of populations. Similar occurrences could impact the project.
Impacts of Covid-19 crisis on movement	Likely	Medium	- Promote the decentralization of partners and resources	The threat of emerging variants of the COVID-19 virus	Previous experiences with other health related global crisis.

in regions, restrictions on gatherings and the ability to engage vulnerable populations.			at the local level in order to be closer to the beneficiaries. - Other business continuity plan - Review implementation schedule & formats		COVID-19 was declared a global pandemic in March 2020 and after one year, the pandemic is still ongoing. Vaccines became available in January 2021, signaling a way out of the pandemic and Tunisia got their first batch of 20,000 doses in March 2021 through the WHO organized COVAX facility. However, towards the end of 2020, evolved variants of the virus started to emerge that compromise the efficacy of some vaccines.
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### **Programmatic risks**

<b>Risk Factor</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk response</b>	<b>Residual risk</b>	<b>Background to assessment</b>
Overlap of interventions due to the multitude of interventions in support of the Ministry of Health and other partners particularly with regard to COVID coordination	Very unlikely	Minor	- The Ministry of Health has put in place a COVID response plan with clear pillars according to the stakeholder. This tool will serve as coordination of interventions to avoid any overlap. PUNOs (e.g. UNDP, WHO) are member in several coordination platforms related to COVID support (UN, Ministry of Local Affairs, etc.). This will allow him to keep a watch with the Ministry of Health (project partner).	No residual risk	UN agencies are part of the national response comity and are assessing with the Ministries.

### **Institutional risks**

<b>Risk Factor</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk response</b>	<b>Residual risk</b>	<b>Background to assessment</b>
Efficiency of UN agencies in joint programme management and implementation	Very unlikely	Minor	The programme is in response to the COVID-19 pandemic and to mitigate its fallout. Interventions are fully aligned to the Government's COVID-19 Response plan and the UNSG's COVID-19 Socio-Economic Recovery Plan	The threat of emerging variants of the COVID-19 virus	To ensure a development response of unprecedented speed in addressing the impact of the COVID-19 pandemic, all agencies have adopted a one UN approach guided by the leadership of the Resident Coordinator and are guided by the following principles: > Transaction costs must be minimized to the extent possible, by using existing platforms, capacities, institutions and systems. > Flexibility must be enhanced, by drawing on programming and operational modalities usually reserved for high risk / conflict / humanitarian responses. > Risks must be taken and managed, by making full use of entity specific and joint risk management tools, and by speeding up the sharing of information on what work and what doesn't all at all levels.

					<p>&gt; Coherence and discipline must be everyone's focus, by working with and through collective initiatives and frameworks, including when it comes to resource mobilization</p> <p>UN agencies demonstrated their capacity to deliver under the leadership of the Resident Coordinator, with support from UNDP as technical lead, and the UN Country Teams working as one across all facets of the response.</p>
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## ANNEX 5 – LIST OF SUPPLEMENTARY MATERIALS

#	Document / Material	Source
1	The World 2030, Denmark's Strategy for Development Cooperation and Humanitarian Action	Ministry of Foreign Affairs of Denmark
2	The Tunisian Constitution 2014	<a href="https://www.constituteproject.org/constitution/Tunisia_2014.pdf">https://www.constituteproject.org/constitution/Tunisia_2014.pdf</a>
3	"Unemployment in Tunisia: Why it's so high amongst women and youth"	Article by M. Boughzala on The Forum, ERF Policy Portal. <a href="https://theforum.eref.org.eg/2019/05/07/unemployment-tunisia-high-among-women-youth/#:~:text=Unemployment%20in%20Tunisia%20is%20persistently,35%20years%20old%20is%2085%25">https://theforum.eref.org.eg/2019/05/07/unemployment-tunisia-high-among-women-youth/#:~:text=Unemployment%20in%20Tunisia%20is%20persistently,35%20years%20old%20is%2085%25</a>
4	Tunisia: Breaking the Barriers to Youth Inclusion	The World Bank Report No. 89233-TN, 2014
5	Graph illustration representing "Unemployment, youth total (% of total labor force ages 15-24) – Tunisia"	<a href="https://data.worldbank.org/indicator/SL.UEM.1524.ZS?locations=TN">https://data.worldbank.org/indicator/SL.UEM.1524.ZS?locations=TN</a>
6	Agora Survey	Observatoire Nationale de la Jeunesse, Tunis. ONJ. 2013.
7	Universal Periodic Review Recommendations for Tunisia, 3rd Cycle, 27th Session, 2017	<a href="https://www.ohchr.org/EN/HRBodies/UPR/Pages/tindex.aspx">https://www.ohchr.org/EN/HRBodies/UPR/Pages/tindex.aspx</a>
8	Global Gender Gap Index 2020	<a href="https://www.weforum.org/reports/gender-gap-2020-report-100-years-pay-equality">https://www.weforum.org/reports/gender-gap-2020-report-100-years-pay-equality</a>
9	Gender Quotas Database, Tunisia	International Institute for Democracy and Electoral Assistance <a href="https://www.idea.int/data-tools/data/gender-quotas/country-view/284/35">https://www.idea.int/data-tools/data/gender-quotas/country-view/284/35</a>
10	"Historic leap in Tunisia: Women make up 47 per cent of local government"	UN Women <a href="https://www.unwomen.org/en/news/stories/2018/8/feature-tunisian-women-in-local-elections">https://www.unwomen.org/en/news/stories/2018/8/feature-tunisian-women-in-local-elections</a>
11	"Tunisia: COVID-19 increases vulnerability of Rural Women"	Article by Alessandra Bajec for Arab Reform Initiative <a href="https://www.arab-reform.net/publication/tunisia-covid-19-increases-vulnerability-of-rural-women/">https://www.arab-reform.net/publication/tunisia-covid-19-increases-vulnerability-of-rural-women/</a>
12	"Gender and Crisis of COVID-19 in Tunisia: Challenges and Recommendations"	UN Women Policy Brief, March-April 2020. <a href="https://arabstates.unwomen.org/en/digital-library/publications/2020/05/brief-gender-and-crisis-of-covid-19-in-tunisia">https://arabstates.unwomen.org/en/digital-library/publications/2020/05/brief-gender-and-crisis-of-covid-19-in-tunisia</a>
13	"Violence against women and girls: the shadow pandemic", Statement by Phumzile Mlambo-Ngcuka, Executive Director of UN Women	UN Women, April 2020 <a href="https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic">https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic</a>
14	Article: The nursing profession in Tunisia	<a href="https://www.latunisiemedicale.com/article-medicale-tunisie_3470_fr">https://www.latunisiemedicale.com/article-medicale-tunisie_3470_fr</a>
15	"Tunisian Women in the Face of COVID-19: During and After Confinement"	UN Women Policy Brief, May-June 2020 <a href="https://arabstates.unwomen.org/en/digital-library/publications/2020/07/policy-brief-tunisian-women-in-the-face-of-covid19">https://arabstates.unwomen.org/en/digital-library/publications/2020/07/policy-brief-tunisian-women-in-the-face-of-covid19</a>
16	Bulletin statistique premier semestre 2020	Office national de la famille et de la population
17	COVID-19 en Tunisie Bulletin de veille-15 Janvier 2021	<a href="http://admin.onmne.tn/wp-content/uploads/2021/01/bulletin-COVID-19-du-15-Janvier-2021-NBA.pdf">http://admin.onmne.tn/wp-content/uploads/2021/01/bulletin-COVID-19-du-15-Janvier-2021-NBA.pdf</a>

## ANNEX 6: PLAN FOR COMMUNICATION OF RESULTS

The communication plan below is tentative and will be finalized by the communication specialist and submitted to the donor no later than three months after the disbursement of the first tranche of the grant.

1/What? (the message)	2/When? (the timing)	3/How? (the mechanism)	4/Audience(s)	5/Responsible
With majority of health care resources being redirected to respond to COVID-19, furthering limiting women's access to reproductive and sexual health services. Throughout this pandemic, we must ensure that women's right to access sexual and reproductive health care is protected and sustained.	Throughout the duration of the project  During national and international days	Social media messages; Human Interest Stories; Public engagement initiatives; TV & Radio spots; Fact sheets	Primary – General public; Secondary – Policy makers, academics, private sector, extended audience across the region, donors	WHO communications focal point in close collaboration with programme managers
The COVID19 crisis has disproportionately affected women, leaving them even more vulnerable to unemployment and poverty. Lack of adequate social protection systems, an increase in unpaid care work, and economic violence create additional barriers to their sustainable livelihoods and well-being. Their inclusion in recovery efforts is essential for a post-COVID-19 sustainable and fair economy.	Throughout the duration of the project During national and international days	Social media messages; Human Interest Stories; Public engagement initiatives; TV & Radio spots; Fact sheets	Primary – General public; Secondary – Policy makers, academics, private sector, extended audience across the region, donors	UNDP communications focal point in close collaboration with programme managers
Even before the pandemic, women were most workers in the informal sector, which lacks adequate social protection. Due to lockdown measures and economic recession, many women have lost their livelihood. Recovery policies should prioritize the most vulnerable women and increase their resilience.	Throughout the duration of the project During national and international days	Social media messages; Human Interest Stories; Public engagement initiatives; TV & Radio spots; Fact sheets	Primary – General public; Secondary – Policy makers, academics, private sector, extended audience across the region, donors	UNDP communications focal point in close collaboration with programme managers
The backbone of an inclusive rollout and uptake of the vaccine is sex and age disaggregated data. With timely, accurate and disaggregated data, coupled with a gender analysis, actions can be taken to ensure that no one is left behind.	Throughout the duration of the project During national and international days	Social media messages; Human Interest Stories; Public engagement initiatives; TV & Radio spots; Fact sheets	Primary – General public; Secondary – Policy makers, academics, private sector, extended audience	UN Women communications focal point in close collaboration



			across the region, donors	with programme managers
Communities, including women's organizations have a critical role to play in building trust and disseminating accurate information about the vaccine and its benefits for men and women and the community. The engagement and leadership of women's groups is particularly valuable in identifying gender-related barriers to uptake of the vaccine and thus ensuring that no one is left behind.	Throughout the duration of the project During national and international days	Social media messages; Human Interest Stories; Public engagement initiatives; TV & Radio spots; Fact sheets	Primary – General public; Secondary – Policy makers, academics, private sector, extended audience across the region, donors	UN Women communications focal point in close collaboration with programme managers

## **Partner Assessment – UNDP, WHO, UNWOMEN - Tunisia**

### **1. Brief presentation of partners**

**UNDP** is the United Nations lead agency on international development. UNDP has the most comprehensive mandate among all UN agencies, including a unique mandate on democratic governance, peacebuilding, and state-building. UNDP has been present in Tunisia since 1966 and helped with building the national institutions of the then young nation.

**WHO** is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable. During the COVID-19 pandemic, WHO has been a global leader in providing advice on how to manage the crisis response from a health perspective.

**UN Women** is the United Nations entity dedicated to gender equality and the empowerment of women. UN Women supports programmes across the Arab states/North Africa region. One key focus is broadening the scope of women's citizenship, leadership and political participation, especially in transition countries.

### **2. Summary of partner capacity assessment**

**UNDP:** UNDP is the largest UN development organisation and it is the chair of the UN Development Group. Working through a network of country offices and regional service centres. UNDP is delivering results and impact in its area of comparative advantage, in particular in terms of influencing policy and building capacity.

**WHO** has been present in Tunisia since 1962 and has been a constant pillar in the development of the health sector in the country. WHO plays a unique role among global health organisations in its mandate to provide independent, normative guidance. WHO – as a technical agency - often carries out less visible work which lays the foundation for the work of other partners, guiding them and providing effective strategies to address health issues by building sustainable institutional capacity.

**UNWOMEN:** UN Women has a reputation for high-quality and valued inputs to policy dialogue and advice at the country, regional and global levels. The organisation often acts as a bridge-builder between stakeholders, for example by providing a platform for discussion between governments and local women's organisations.

### 3. Summary of key partner features

Name of Partner	Core business What is the main business, interest and goal of the partner?	Importance How important is the project/programme for the partner's activity-level (Low, medium high)?	Influence How much influence does the partner have over the programme (low, medium, high)?	Contribution What will be the partner's main contribution?	Capacity What are the main issues emerging from the assessment of the partner's capacity?	Exit strategy What is the strategy for exiting the partnership?
UNDP	<p>UNDP works to help to eradicate poverty, reduce inequalities and exclusion, and build resilience so countries can sustain progress. As the UN's development agency, UNDP plays a critical role in helping countries achieve the Sustainable Development Goals.</p> <p>In the programme UNDP is the lead agency and its main goal is to improve the economic resilience of women during COVID 19, while also protecting them from GBV.</p>	<p>Low</p> <p>UNDP operates with its own budget and does not rely on the current programme for their operations. They envision to hire extra staff to support programme management and implementation</p>	<p>High</p> <p>The programme will be directly implemented by UNDP, UN Women and WHO applying the rules and procedures for implementation, monitoring and evaluation of Joint Programmes as defined by the UN joint programme management and a results-based management approach.</p> <p>UNDP is the lead agency.</p>	<p>UNDP will contribute with their expertise in support to marginalized and vulnerable women, young women, and girls to increase their resilience and mitigate the socio-economic impact of COVID-19</p> <p>As the lead agency UNDP will serve in the capacity of: (1) Administrative Agent (AA) responsible for financial and administrative management of the joint programme; and (2) as Convening Agent (CA) responsible for coordinating programme activities and narrative reporting as laid out in the UNDG guidelines for joint programmes</p>	<p><b>Strengths:</b> On the whole UNDP's interventions are relevant to the needs and priorities of partner countries and beneficiaries, and its operating model and human/financial resources support relevance and agility. Its decentralised nature is a major strength</p> <p><b>Weakness:</b> UNDP has a challenge of implementing ongoing organisational and operational reform, and maintaining such a broad sectoral and geographical focus, in the context of reduced core funding</p> <p><b>Opportunities:</b> The programme will build on the results and scale-up initiatives of three existing</p>	<p>The Programme Document itself does not provide an exit strategy. Considering the programme is a response to the COVID-19 pandemic and its negative socio-economic and health consequences it is fair to assume that COVID-19 will not be a huge issue two years from now. Hence an exit strategy would be focused on sustaining the gains in the programme period.</p>

					<p>programmes currently being implemented by UN Women, and UNDP and WHO</p> <p><b>Threats:</b> Potential time delays caused by burdensome procedures from joint UN programme management and many implementing partners</p>	
WHO	<p>WHO is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health.</p> <p>In the programme WHO's key role is to strengthen women's and girls' access to health services; and strengthen local and regional healthcare structures with equipment etc.</p>	<p>Low</p> <p>WHO operates with its own budget and does not rely on the current programme for their operations. The programme envision to hire extra staff to support programme management and implementation.</p>	<p>Medium</p> <p>The programme will be directly implemented by UNDP, UN Women and WHO applying the rules and procedures for implementation, monitoring and evaluation of Joint Programmes as defined by the UN joint programme management and a results-based management approach.</p> <p>WHO is a technical partner in the programme.</p>	<p>WHO will focus on the local and regional awareness for health services, especially focused on women and girls' access by (a) strengthening women's and girls' access to health services; and (b) strengthening local and regional healthcare structures with equipment etc.</p>	<p><b>Strength:</b> WHO has a central role in the international response to COVID-19, spanning almost all areas of response from leadership and advocacy at the global level, to detailed implementation at the country level. In Tunisia, WHO has worked very closely with the national authorities, particularly the Ministry of Health, as well as many civil society organizations since the beginning of the pandemic to mitigate its health impact.</p> <p><b>Weakness:</b></p>	<p>The Programme Document itself does not provide an exit strategy. Considering the programme is a response to the COVID-19 pandemic and its negative socio-economic and health consequences it is fair to assume that COVID-19 will not be a huge issue two years from now. Hence an exit strategy would be focused on sustaining the gains in the programme period.</p>

					<p>WHO as a technical agency is very strong at the central and regional level but technical capacity at the country offices are often challenged</p> <p><b>Opportunities:</b> WHO will be able to use its experiences from other countries in the struggle against COVID-19 while also continuing the work they have already begun in Tunisia.</p> <p><b>Threats:</b> Potential time delays caused by burdensome procedures from UN joint programme management and many implementing partners</p>	
UN Women	UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.	Low UN Women operates with its own budget and does not rely on the current programme for their operations. The programme envision to hire extra staff to support programme management and implementation	Medium The programme will be directly implemented by UNDP, UN Women and WHO applying the rules and procedures for implementation, monitoring and evaluation of Joint Programmes as	UN Women will primarily focus on the issues that women and girls face due to the COVID-19 pandemic with a focus on increased resilience of local communities to combat COVID-19 and a specific focus on Gender Based Violence.	<p><b>Strengths:</b> UN Women already has good relationship with the Government, from their work for women and girls.</p> <p><b>Weakness:</b> UN Women is still a relatively young UN agency and does therefore not have the same experience</p>	The Programme Document itself does not provide an exit strategy. Considering the programme is a response to the COVID-19 pandemic and its negative socio-economic and health consequences it is fair to assume that COVID-19 will not be a huge issue

	<p>In the programme UNWOMEN's main role is to promote the rights of women and girls and to protect them from Gender Based Violence</p>		<p>defined by the UN joint programme management and a results-based management approach.</p> <p>UN Women is a technical partner in the programme.</p>		<p>in Tunisia as the other participating UN organisations.</p> <p><b>Opportunities:</b> Women in particular have suffered during the COVID-19 pandemic because they make up the bulk of the medical personnel as well as being the primary caretakers at home. There is therefore a momentum of attention on creating better conditions for women, while also drawing in men as allies.</p> <p><b>Threats:</b> The risk of new spikes of COVID-19 will seriously delay the work of UN Women, while also targeting the main focus of the organization. Potential time delays caused by burdensome procedures from UN joint programme management and many implementing partners</p>	<p>two years from now. Hence an exit strategy would be focused on sustaining the gains in the programme period</p>
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## ANNEX 8: QUALITY ASSURANCE CHECKLIST

File number/F2 reference: **2021-16249**

Programme/Project name: **Promoting women and girls' leadership in the socio-economic and health response to COVID-19 in Tunisia**

Programme/Project period: **December 2021 – December 2023**

Budget: **DKK 25,384,765**

Presentation of quality assurance process:

*MENA Department has been in continuous dialogue with UNDP concerning the project both regarding structure, content, budget etc. The project document along with its annexes has been through a process of appraisal by an independent external consultant. Recommendations from this appraisal has been incorporated in the project documents by the partner. Furthermore, a financial management specialist from FRU has reviewed the project from a financial perspective. FRU has also been involved in the discussions concerning the contract. In addition to this, the project has also undergone UNDP's own internal quality assurance process.*

The design of the programme/project has been appraised by someone independent who has not been involved in the development of the programme/project.

*Comments: The project has been appraised by an independent external consultant through a desk study due to COVID-19 travel restrictions. The consultant has conducted interviews with the partner and the responsible desk officer at MFA.*

The recommendations of the appraisal has been reflected upon in the final design of the programme/project.

*Comments: The partner has incorporated the appraisal recommendations into the project documents.*

The programme/project complies with Danida policies and Aid Management Guidelines, including the fundamental principles of Doing Development Differently.

*Comments: Yes.*

The programme/project addresses relevant challenges and provides adequate responses.

*Comments: The external appraisal finds the programme relevant, justified and ambitious with well-described interventions.*

Issues related to HRBA, LNOB, Gender, Youth, Climate Change, Green Growth and Environment have been addressed sufficiently in relation to content of the project/programme.

*Comments: Green growth and environment is not a focus area for this specific project that is primarily relating to health. The project has special focus on women and girls.*

Comments from the Danida Programme Committee have been addressed (if applicable).

*Comments: The Danida Programme Committee has not been consulted regarding this project.*

- The programme/project outcome(s) are found to be sustainable and in line with the partner's development policies and strategies. Implementation modalities are well described and justified.

*Comments: Yes.*

- The theory of change, results framework, indicators and monitoring framework of the programme/project provide an adequate basis for monitoring results and outcome.

*Comments: Yes.*

- The programme/project is found sound budget-wise.

*Comments: Yes. The budget has been reviewed by a financial management specialist from FRU.*

- The programme/project is found realistic in its time-schedule.

*Comments: Yes.*

- Other donors involved in the same programme/project have been consulted, and possible harmonised common procedures for funding and monitoring have been explored.

*Comments: Denmark is currently single donor in this project. Other donors may contribute to the project in the future.*

- Key programme/project stakeholders have been identified, the choice of partner has been justified and criteria for selection have been documented.

*Comments: The Danish Embassy in Algiers has identified the partner based on their local knowledge and experience. The Danish Embassies covering Algeria, Morocco, Tunisia and Egypt were requested to submit project proposals. Based on this input from the Embassies, decision was made at MFA HQ regarding the selection of which projects and partners to support. A specific assessment of the partners has also been conducted by an external consultant.*

- The implementing partner(s) is/are found to have the capacity to properly manage, implement and report on the funds for the programme/project and lines of management responsibility are clear.

*Comments: Yes. A partner assessment of UNDP, WHO and UN Women has been conducted as part of the appraisal process by an external consultant.*

- Implementing partner(s) has/have been informed about Denmark's zero-tolerance policies towards (i) Anti-corruption; (ii) Child labour; (iii) Sexual exploitation, abuse and harassment (SEAH); and, (iv) Anti-terrorism.


*Comments: The contract with the partner contains clauses regarding anti-corruption; Child labour; Sexual exploitation, abuse and harassment (SEAH); and Anti-terrorism.*


- Risks involved have been considered and risk management integrated in the programme/project document.

*Comments: Yes.*

In conclusion, the programme/project can be recommended for approval: yes



Date and signature of Desk Officer: 26/11-2021  Adwan Mostafa Mohamad

Date and signature of Management: 26/11-21  Darriann Riber