

REVISED STANDARD JOINT PROGRAMME DOCUMENT

Cover Page

Country: Tunisia

Programme Title: Promoting women and girls' leadership in the socio-economic and health response to COVID19 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 December 2023</p> <p>Fund Management Option(s): Pass-thru (Parallel, pooled, pass-through, combi)</p> <p>Managing or Administrative Agent: UNICEF (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 2. Unfunded budget: _____</p> <p>* Total estimated budget includes both programme costs and indirect support costs</p>
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Abbreviations

Abbreviation	Definition
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

preexisting 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 socioeconomic 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 2019¹. 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 2020.² Addressing the "shadow pandemic", as the upsurge in violence against women is being called by experts³, 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. 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.

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

² 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> ³ <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

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 workforce³. 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
- 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

³ <https://www.arab-reform.net/publication/tunisia-covid-19-increases-vulnerability-of-rural-women/>

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 Neighborhood⁴. 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
- 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

⁴ <https://um.dk/en/danida-en/denmarks-efforts-against-covid19-in-developing-countries/>

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 COVID19 frontline objectives, priorities and service delivery.

Alignment with the Country Strategic Framework

The UN Cooperation Framework⁵ (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 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

⁵ <https://unsdg.un.org/resources/un-sustainable-development-cooperation-framework-tunisia-2021-2025-draft>

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

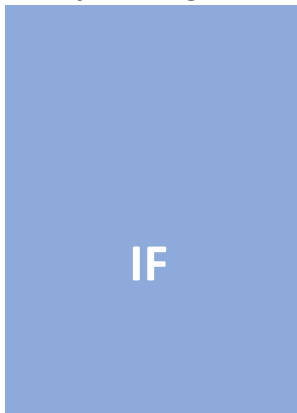
The proposed joint programme takes a three-pronged approach in addressing the negative socio-economic and health consequences of COVID-19 in Tunisia.

- 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



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;
2. COVID-19 prevention and response monitoring include sex and age disaggregated data;
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;
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;

	<ol style="list-style-type: none"> 5. Access to health services is strengthened and local and regional healthcare structures are reinforced.
<p>Then by 2023</p>	<ol style="list-style-type: none"> 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; 2. COVID-19 prevention and response interventions, including vaccine rollout are inclusive, to ensure no one is left behind; 3. The health and socio-economic impacts of COVID-19 on women, young women and girls' households and communities are mitigated; 4. Women and girls, men and boys can equally exercise their rights and opportunities as active citizens; 5. Regional and local authorities in pilot areas provide health services leveraging the community awareness work.
<p>Because</p>	<ol style="list-style-type: none"> 1. Women, girls including elderly, persons with disabilities and hard-to-reach populations will have knowledge of COVID-19 prevention and response; 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; 3. Women and young women will benefit from enhanced capacities to create and develop businesses, as well as improved financial and digital inclusion; 4. Women will be empowered and recognized as change-makers for health and COVID19 recovery; 5. Local and regional healthcare structures are strengthened and the access to healthcare is facilitated.

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
Total	25.3

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 a.

Receives donor contributions

- b. Disburses funds to the PUNOs based on Steering Committee instructions
- c. Consolidates periodic financial reports and the final financial report
- d. Involved in day-to-day administration of the financial aspects of the JP fund account e. Coordinates financial closure of the JP

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

Coordinates all Joint Programme (JP) partners

- b. Coordinates and compiles annual work plans and narrative reports
- c. Coordinates monitoring of annual targets
- d. 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, nongovernmental 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.⁶

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 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.⁷ 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.

⁶ <https://www.unwomen.org/en/about-us/procurement>

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

⁷ 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.

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.

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)