

## CONSOLIDATED RESULTS REPORT

Country: **TUNISIA**

Programme Cycle: **2007\_ to 2014**

1. Key Results Expected	2. Key Progress Indicators	3. Description of Results Achieved	4. Constraints and facilitating factors
<p>1.1 In target governorates, enhanced access and quality of care in 90% of maternal and child health facilities.</p>	<p><b>1.1.1. Neonatal mortality rate</b> 1996 (PAPCHILD): 25.7 for 1,000 live births 2012(MICS4): 11.5 for 1,000 live births</p> <p><b>1.1.2 Maternal mortality ratio</b> 2000 (MOH) : 54.8 for 100,000 live births 2008 (national survey) : 44.8 for 100,000 live births</p> <p><b>1.1.5 Clients satisfaction rate in MCH services:</b> Not available (MICS3, 2006: satisfaction during delivery stay in public hospitals)</p>	<p>Important progress registered in reducing maternal &amp; neonatal mortality rates. However, maternal mortality ratio remains high and progress in this field is very slow even if 75% of MM causes are avoidable. Neonatal mortality still represents more than 80% of U5MR, asphyxia remains the main cause of NN mortality.</p> <p>Health programme adopted a strategy targeting the 3 less performing Governorates. Support was concentrated in these regions with capacity building of health staff in problems identification, planning, GAR, management of health district, quality assurance of MCH services, IMCI with outreach activities. In addition, cold chain and measuring equipment was also provided. Documentation of the approach was made in 2009 and will be updated in 2014. Surveys on the reasons of home deliveries and on women's satisfaction with MCH services were conducted and used to improve interventions. Impact of targeting strategy is measured by MICS (2, 3 and 4), with a significant increase for different indicators. Increase has been higher on most MCH indicators as compared to other regions or to national rates, but they are still lower and disparities remain between socio-economic categories and urban/rural. (For example, rate of medically assisted deliveries went from 29.4% in Sidi Bouzid in 2000 (MICS2) to 88% in 2012 (MICS4).) Results of MICS 4 were disseminated and specific regional plans of action are being prepared.</p> <p>A new national data collection system on perinatal mortality has been set up and Health team capacities at central level has been reinforced in monitoring and epidemiology. Capacity building of health staff in managing main causes of maternal mortality were improved with partnership with MOH and a national NGO. A joint project of maternal and Neo-natal mortality reduction was launched with WHO, UNFPA, UNICEF and MoH.</p> <p>An evaluation of the health district programme has been conducted in 2013. The findings and recommendations are being used to revise the health district strategy, ensure the participation of beneficiaries and communities in health decision and feed the reflection on family medicine and the national dialogue on health reform.</p> <p>Improvement of primary healthcare services through health professionals' capacity building in terms of IMCI with the involvement of academic institutions. A study on cost-efficiency for the introduction of new vaccines (Hib, pneumocoque, rotavirus &amp; HPV) was conducted to support decision making for Hib introduction. Methodology was new. A</p>	<p><b>Facilitating factors:</b></p> <ul style="list-style-type: none"> <li>• Availability of the national survey on maternal mortality.</li> <li>• Review of the national system for maternal deaths surveillance.</li> <li>• Findings of WHO evaluation of the previous joint MM reduction programme available and disseminated.</li> <li>• Launching of the joint project of maternal mortality reduction.</li> <li>• Strong political commitment.</li> <li>• National dialogue on health reform currently taking place with strong participative methodology.</li> <li>• Revision of the national strategy on maternal mortality.</li> </ul> <p><b>Constraints:</b></p> <ul style="list-style-type: none"> <li>• Lack of integration of MCH programs and services.</li> <li>• Lack of evidence linking NN &amp; MM to socioeconomic determinants.</li> <li>• Persistence of inequities in terms of service delivery between regions &amp; quintiles.</li> <li>• Absence of multi-sectoral response to maternal &amp; neonatal mortality issue.</li> <li>• Monitoring and evaluation system is not efficient for decision making.</li> <li>• Lack of effective decentralization.</li> </ul>

		national survey on the Prevalence of Iodine deficiency disorder (among children aged 6-12) will be finalized in 2014 in preparation for the certification process of Tunisia.	
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1. Key Results Expected	2. Key Progress Indicators (with data in 2013)	3. Description of Results Achieved	4. Constraints and facilitating factors
<p>2.1. In the least performing regions, at least 70% of students acquire learning achievements in line with national standards.</p>	<p>2.1.1. % of children reaching level of minimum mastery of basic competencies in the various grades of primary and intermediate cycles  <b>Primary school : 91,5</b>  <b>1<sup>st</sup> cycle Secondary : 73,4</b>  <b>2<sup>nd</sup> cycle Secondary: 71,3</b></p> <p>2.1.2. pass rates in various grades  <b>From 6<sup>th</sup> to 7<sup>th</sup> grade : 67,5% (nationally)</b></p> <p>2.1.3. % of in-service training programmes covered by a certification system. <b>Not available</b></p>	<p>- National quality norms and standards in formative evaluation have been established (4,000 teachers have been trained in the use of formative evaluation tools), early childhood education (quality management system, teacher guide) and parent education (the last two dimensions were not mentioned in the CPD).</p> <p>- A study has been implemented to assess the preparatory year (last preschool year before primary school) and to advocate for its generalization. (According to the MICS4, 79,5% of children enrolled in 1<sup>st</sup> year of primary school have attended pre-school education during the previous year but major disparities still exist in rural and peri-urban areas)</p> <p>- The Child Friendly School approach is being introduced in 30 schools, with the aim to develop a new model of participatory school management, new norms related to school environment and new types of child-centered pedagogy.</p>	<p><b>Facilitating factors:</b>  After the Revolution, the Government has expressed a stronger commitment to reinvest in this sector (preschools).</p> <p><b>Main constraints:</b>  - Lack of coordination between Ministries concerned with early childhood education (Ministry of Women and Family Affairs, Ministry of Education, Ministry of Religious Affairs, Ministry of Interior, Ministry of Social Affairs)  - Lack of a strong monitoring and evaluation system regularly updated.</p>
<p>2.2. For out of school children aged 6 to 16: a) percentage is reduced from 9.7% in 2005 to 7% in 2011, with emphasis on the least performing regions  b) 70% of them are adequately covered by alternative training programmes and other schemes and services.</p>	<p>2.2.1. Global dropout rate <b>2013 : 7,9 % (national); &lt;7,5% in three to four target regions (Le Kef, Jendouba and Siliana) and 9,8% in Sidi-Bouزيد</b></p> <p>2.2.2 % of at risk children covered by school dropout prevention programmes <b>Not available</b></p> <p>2.2.3. % of out of school children enrolled in alternative programmes <b>Not available</b></p> <p>2.2.4 timeliness in the elaboration of the national strategy for out of school children <b>On-going</b></p>	<p>- Strengthening the national programme of social action in schools (training of 422 social action units providing support to children with learning and social problems in targeted regions) and recommendations from a review of the programme to improve coordination and integration of interventions have been validated by various ministries &amp; departments.</p> <p>- Knowledge generation on school drop out to better target interventions: monitoring of a cohort of 17,000 school children to assess the causes of school failure and success ; regional study on Out-of-School Children (within the OOSC Initiative managed by UNICEF MENA Regional Office and other partners) to improve understanding of statistics, define the scale of the problem and better define strategies ; and a study to assess the effectiveness of school allowances on students success and attendance.</p>	<p><b>Facilitating factors:</b>  - Commitment of the Department of Planning in the MoE.  - Several departments of the MoE involved in the technical committee of the study on “Out of school children”.</p> <p><b>Main constraints:</b>  - Social action programme suffers from a lack of engagement of concerned parties.  - Developing a renewed strategy to fight school dropout and failure is progressing, but participation is limited.</p>

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<p>2.3. A range of operational approaches tested promoting children and parents' participation in school life and management and a national model is ready for adoption.</p>	<p>2.3.1. Adequacy of new initiatives launched in pilot schools promoting student participation <b>Not available</b></p> <p>2.3.2. % of students participating to school life and taking initiatives <b>Not available.</b></p> <p>2.3.3. % of schools with active involvement of teachers and parents in school management <b>Not available</b></p>	<p>During the first part of the cycle, UNICEF and partners tested operational approaches for promoting children and parents' participation in school life, through the training of 53 rural women workers in parent education and some regional inspectors in the methodology of action research on violence at school.</p> <p>After the Revolution, development of a strategy for citizenship and human rights education, through the testing of Citizenship and Human Rights Clubs in 7 schools further extended to 24, before scaling up to the rest of the schools, was made through a joint effort from different UN agencies (UNICEF, UNESCO, UNDP, OHCHR, UNFPA) and international NGO (Arab Institute for Human Rights) as well as the development of a new curriculum integrating HR principles and participatory methods. The new citizenship education strategy seems on track, however work on the three components (clubs, manuals, training) should be better harmonized.</p> <p>Since 2012, UNICEF contributed to support the reform of the school system with primary school teacher's consultation through planning and training of officers from MoE responsible for managing the reform in a participatory and inclusive way.</p>	<p><b>Facilitating factors:</b></p> <ul style="list-style-type: none"> <li>- A strong commitment of the Ministry of Education, the Arab Institute for Human Rights and a number of UN agencies to promote the culture of citizenship in schools.</li> <li>- A strong demand among students to be trained and assisted to initiate participatory projects at school.</li> </ul> <p><b>Main constraints:</b></p> <ul style="list-style-type: none"> <li>- Knowledge of regional actors to address the problem of school violence is limited.</li> <li>- The implementation process of citizenship clubs is very slow and the involvement of local associations is limited.</li> <li>- The involvement of parents in school life is limited. Mechanisms and current practice are not favorable to this implication.</li> </ul>
<p>2.4. Vulnerable children (disabilities or geographic), benefit from positive discrimination measures and their school results improved by 20%.</p>	<p>2.4.1. % of children with disabilities enrolled in inclusive schools <b>In absolute numbers : 2003-2004: 299 children; 2011-2012: 1634 children</b></p> <p>2.4.2. Pass rate of children with disabilities in schools <b>Not available.</b></p> <p>2.4. 3. Pass rate of vulnerable children in the 4 deprived regions. <b>Primary school : 88.6 Junior High school (Collège) : 71.9 Secondary school : 63.6</b></p>	<p>Despite efforts to enroll children with disabilities in regular public schools since 2004, results in term of percentage appear lower than expected. This has lead the Ministry of Education to make a recent strategic shift to ensure the schooling of children with disabilities and to move from an "integration" to an "inclusion" approach, allowing all regular public schools to enroll CwD.</p> <p>Along with this shift, the Ministry of Education has developed communication and training tools to facilitate the implementation of this strategy. In terms of educational policy, through strong advocacy led by UNICEF Tunisia, the inclusive education approach and positive discrimination was adopted by the MoE.</p> <p>Partnership with NGOs working on Disability has been developed to strengthen parental and community support to ensure successful inclusion of CwD, supervise</p>	<p><b>Facilitating factors:</b></p> <ul style="list-style-type: none"> <li>- On the political level, inclusive education and affirmative action approaches are adopted by the MoE.</li> <li>- There is a strong demand for training at regional and local levels.</li> </ul> <p><b>Main constraints:</b></p> <ul style="list-style-type: none"> <li>- Absence of a permanent steering committee of the inclusive education program.</li> <li>- Lack of effective mechanisms to revitalize the priority education program.</li> <li>- Lack of training on project management both at national and regional level.</li> </ul>

	(for all children from these regions)	and monitor actions in schools in the field. This would serve as a model to ensure the success of the new strategy of inclusive education.	
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<p>3.1. At least 5 major adolescents and young people centres are set up to promote healthy life style including information, skills and services for HIV/AIDS prevention, care and support.</p>	<p>3.1.1. Number of adolescents &amp; young people counselled and tested for HIV <b>Not available</b></p> <p>3.1.2. % of young people at the 5 major centres who declare adopting healthy lifestyles. <b>Not available</b></p> <p>3.1.3. Number of services established and fully functioning <b>Number of functioning HIV Voluntary Counselling and Testing centers = 19 / 25 existing centers (on 10 planned)</b></p>	<p>- In addition to 10 planned centres, 25 were created providing anonymous and free HIV testing and counselling services. Two major evaluations performed in 2009 and 2013 clearly identified areas for improvement, i.e. in reaching the target populations. An action plan has been elaborated with concerned partners based upon recommendations.</p> <p>- Life-skills interventions started in 2011 in 18 secondary schools. A minimum package of important life-skills (linked to prevention of addiction) was developed, educators (teachers and school doctors) were trained and testing of tools is ongoing. A situation analysis on life-skills was also produced which helped identify priorities.</p> <p>- Information on behavior change among adolescents and young people has been indirectly measured through a national survey conducted by the Global Fund, National Programme on HIV/Aids, UNAIDS, UNICEF and a national NGO (ATL/MST /Sida) on adolescents and youth risky behaviours, results will be available soon.</p>	<p><b>Facilitating factors:</b> Existing political will to improve youth situation in different sectors Existence of reproductive health centres in all governorates that can host youth friendly services A new national HIV/AIDS screening strategy to be launched integrating approaches targeting key populations.</p> <p><b>Main constraints:</b> Absence of policy/services reaching the most disadvantaged adolescents and young people Criminalization of drug use and absence of rehabilitation policy/services. Lack of a continuous follow up and evaluation of youth friendly initiatives. Political transitional situation makes it difficult to obtain commitment on the long term.</p>
<p>3.2. Prevention services and quality of care, treatment and psychosocial support provided to HIV infected women and children are improved.</p>	<p>3.2.1. % of pregnant women who receive counselling on PMTCT 2011: 3.2% (MICS4) 3.2.2. % of registered HIV infected women who receive a complete course of ARV prophylaxis to reduce MTCT 2010: 12.5% 2012: 13.2% 3.2.3. % of registered HIV infected women and infants who have access to psychosocial support services – Not available</p>	<p>Limited progress was registered in eMTCT, with a limited number of pregnant women having access to counselling &amp; testing for HIV/Aids. eMTCT strategy has been reviewed in 2011 to be fully integrated in MCH. The integration was made through a participative process including all actors concerned including also mothers living with HIV, in order to integrate testing and counseling in prenatal care for all pregnant women. The revised strategy launched in 2013 will be implemented in 2014. MCH modules and reference materials, including communication tools, are being reviewed to integrate eMTCT component. Implementation will start mid-2014 in the health centres and maternities around the 4 main Medical universities of the country and will be scaled up progressively.</p>	<p><b>Facilitating factors:</b> Global Fund support.</p> <p><b>Main constraints:</b></p> <ul style="list-style-type: none"> <li>• Health professionals capacities in counselling</li> <li>• Stigmatization of PLHIV/AIDS.</li> <li>• Weak monitoring and evaluation system.</li> </ul>

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<p>4.1. Child protection networks are established in 10 governorates to support children in conflict with the law and at risk, children referred to the regional child protection officers /other social structures, with a priority to their reintegration into the family.</p>	<p><b>4.1.1. Percentage of referred children benefiting from protection services</b> : percentage of children referred to the Child Protection Delegate that benefit from a support according to legal norm <b>2006: NA; 2012 : &gt; 70%</b></p> <p>4.1.2. <b>Recurrence rate of at risk children</b> : percentage of children living in Integrated Child Protection center (CIJE) that are re-integrated in their family <b>2006 : NA; 2012 : 18% and 2013 : 28% (Ministry of Family)</b> Percentage of children born out-of wedlock received in institution and benefit from family placement/reintegration <b>2006 : NA; 2013 : 65% (Ministry of Social Affairs)</b></p> <p>4.1.3. Percentage of children in conflict w/the law who benefit from reintegration projects. <b>Not available</b></p>	<p>- Child protection delegates increased from 24 to 34 and their capacities were strengthened, especially in dealing with violence against children. An action-research study experimented services for children using drugs.</p> <p>- UNICEF supported networking among stakeholders at local level: an annual meeting between family judges and child protection delegates is organized since 2010. A national plan on violence against children adopted in 2009 is being implemented, capacities of stakeholders are strengthened and civil society partnership to combat violence against children is developed.</p> <p>- A survey on children in the street provided the basis for a national strategy for outreach social work; regional action plans are being developed and action researches on working children and use of drugs in two regions were developed.</p> <p>- The competency framework for social workers attached to tribunals has been revised to include support for sentenced children, and the number of social workers has increased. However, little progress has been made in relation to the psychosocial care of children returning to their families after serving detention sentences. Only 40% of girls and 30% of boys<sup>1</sup> benefitted from reintegration projects, compared to the planned 85% and 50%.</p>	<p><b>Facilitating factors:</b></p> <ul style="list-style-type: none"> <li>- Existence of an information system in child protection and relevant indicators for monitoring situations of children duly reported</li> <li>- Capacity building of child protection delegates</li> <li>- Strengthening cooperation between family judges and child protection delegates.</li> </ul> <p><b>Constraints</b></p> <ul style="list-style-type: none"> <li>- Lack of coordination between the different stakeholders</li> <li>- Lack of resources among child protection delegates hinders the quality of intervention for children at risk.</li> </ul>
<p>4.2. A system of data collection and information monitoring is operational with relevant indicators addressing child protection issues.</p>	<p>4.2.1. Percentage of protection indicators for which data is available <b>Not available</b></p> <p>4.2.2. Progress in establishing a database and in its use. <b>Constrained</b></p>	<p>Progress has been made on this result particularly the introduction of child protection indicators into the Child Info database, i.e. on violence against children; and the development of specific information systems for the CIJE, the Regional Child Protection Delegates and the National Institute for Child Protection (INPE). UNICEF supported the setting up of an information system in child protection and relevant indicators for monitoring the situations of children which is producing an annual report since 2011 and a special brochure on violence against children. Studies on working children especially girls in domestic work are being conducted with support of ILO and in partnership with Ministry of social affairs.</p>	<p><b>Facilitating factors:</b></p> <ul style="list-style-type: none"> <li>- Strengthened stakeholder's capacities to manage information systems</li> <li>- The lifting of taboos after the revolution on sensitive issues such as child labor &amp; sexual violence which can now be addressed by researches, studies and interventions</li> </ul> <p><b>Constraints</b></p> <p>Since 2011, child info system has neither been updated nor functional due to institutional difficulties. Information system is not decentralized.</p>

<sup>1</sup> Ministry of Justice and Human Rights, 2009

1. Key Results Expected	2. Key Progress Indicators	3. Description of Results Achieved	4. Constraints and facilitating factors (a brief and precise description for each Result description in column 3)
<p>4.3 Policies and legislations related to children's right and protection are implemented/enforced.</p>	<p>4.3.1 Progress achieved in full functioning of support systems (existing and new).</p> <p><b>Strengthened child protection system, with adoption of plan of action to fight violence against children</b></p> <p><b>Lack of progress towards the implementation of deinstitutionalization strategy</b></p>	<p>Progress on this outcome has been more difficult than expected. The action plan for the "optimization of the child protection system" is progressing, but at a slower pace than planned. A national plan on violence against children was adopted in 2009 and needs to be implemented. Work in favor of children without primary care givers is ongoing; however, the action plan to ensure strengthened coordination between relevant government agencies has been dropped.</p> <p>Social workers of integrated centers for youth and childhood were trained in family mediation and psychologists in reintegration projects. The competency framework for social workers in tribunals was revised to include support for sentenced children.</p> <p>65% of children born out of wedlock receive foster care and shelters operated by NGOs are being decentralized in order to allow children to remain close to their biological parents.</p>	<p><b>Facilitating factors:</b></p> <ul style="list-style-type: none"> <li>- Amendment of the criminal law for the criminalization of corporal punishment against children by parents, guardians and educators</li> <li>-Existence of child protection law, child protection delegates and family judges constitute a legal and institutional framework enabling a protective environment to children at risk</li> <li>- Capacity building of various stakeholders, including Civil Society Organizations to advocate in favor of children rights.</li> </ul> <p><b>Constraints</b></p> <ul style="list-style-type: none"> <li>- The socioeconomic context following the Revolution characterized might have a negative impact on children.</li> <li>- Lack of a national child protection policy and of a coordination mechanism.</li> </ul>

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<p>5.1. Partnerships for policy analysis and dialogue are strengthened, supported by an integrated child rights monitoring system.</p>	<p>5.1.1. Involvement of the Observatories (Child Rights; Youth, Education) in policy dialogue for children <b>Yes (2/3)</b></p> <p>5.1.2. Progress achieved in establishing and using child rights monitoring system, including at decentralized levels. <b>Slow progress, especially in CR monitoring at decentralized level</b></p>	<p>Observatories are involved in policy dialogue, having some coordination role (CR Observatory) or developing their role as knowledge center (Observatory for Youth).</p> <p>The capacity of Observatories was strengthened with training on Data analysis, HRBA, RBM and BBA. The analytical capabilities of partners in planning and monitoring children's rights were strengthened.</p> <p>The monitoring system for assessing the welfare of children has been disaggregated and priority interventions have been mapped at local level.</p> <p>A stronger partnership has been established with several Ministries (of Planning, Social affairs and Prime Minister in addition to other ministries), universities and civil society to make social policy analysis, producing a new child poverty analysis using a Multiple Overlapping Deprivation Approach adapted to Tunisia.</p>	<p><b>Facilitating factors:</b> The existence of disaggregated data produced by MICS 4 has a favorable impact on advocacy for children's rights and on the establishment of a political dialogue.</p> <p><b>Main constraints:</b> The culture of monitoring and evaluation remains limited. Data is still not available at decentralized level for planning and decision making</p>
<p>5.2. Improved availability of disaggregated data at district level to support targeting and monitoring of MDGs and NPA</p>	<p>5.2.1. MDGs/NPA indicators, as per DevInfo, for which disaggregated data is available as per planned timeframe. <b>Yes (MICS 4 conducted and disseminated)</b></p>	<p>MICS4 - 2011-2012 provided disaggregated data at regional level and in the target governorates that allow assessing MDG indicators at subnational level, giving a good understanding of trends in children's issues with adequate (geographic, socio-economic status, age group and gender) disaggregation compared to previous MICS3 (2006) and other studies.</p> <p>Child protection indicators were introduced in the Child Info database that was accessible on the web site of the Child Rights National Observatory.</p>	<p><b>Facilitating factors:</b> Data on children are more available and specific surveys and studies are in progress (MODA, Duke survey, Child labor survey, Migrations survey...)</p> <p><b>Main constraints:</b> - Child info system is no longer updated nor available since 2011 - Limited partners' capacity particularly at decentralized level to manage database.</p>
<p>5.3. Successful experiences in various programs are documented to support wider implementation.</p>	<p>5.3.1. Number of targeted projects that are well documented <b>8 projects documented</b></p> <p>5.3.2. Number of documented projects that are scaled up. <b>None</b></p>	<p>A mid-term review of the National Plan of Action for Children (PNAE) has been conducted, the targeting strategy to less developed governorates in health implemented by the Ministry of Health and UNICEF was documented and a study on the cost-benefit analysis of the child protection system is ongoing. The advocacy process aiming at the integration of children's rights in the new constitution was documented in order to capitalize on this experience and to share it with other UNICEF offices experiencing similar political transition.</p>	<p><b>Facilitating factors:</b> Better acceptance towards evaluation of social programs.</p> <p><b>Main constraints:</b> Projects, programmes or successful experiences are not sufficiently documented.</p>

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<p>5.4. In target regions, 70% of parents and families are further empowered in child care, development and protection.</p>	<p>5.4.1. % of parents in target regions who have adopted appropriate knowledge, practices and skills. <b>Not available</b></p> <p>5.4.2. % of parents in the target regions who are reached by the communication package <b>Not available (coverage survey planned in 2014)</b></p> <p>5.4.3. Progress in developing a communication package. <b>A parental education strategy has been elaborated and tools developed to implement this strategy</b></p>	<p>MICS4 data show improvement in several parental practices, especially in target regions. Progress has been made in the targeted regions, but implementation at the national level remains limited.</p> <p>However, important targets were achieved, such as the elaboration of communication strategies for parent education and the promotion of child rights; an inventory of associations working on children’s rights, followed by targeted capacity building; the training of 175 participants from different ministries, NGOs, communicators and field workers in child protection, development issues and communication for development (C4D); and the development of parent education tools. A partnership was developed with National Program for Adult Literacy and parental education module was introduced in the curricula.</p>	<p><b>Facilitating factors:</b> In the disadvantaged areas, the availability of childhood services is very limited and parents are demanding support, knowledge and skills.</p> <p><b>Main constraints:</b> Difficulty to implement cross-cutting strategies that require a contribution and multi-sectoral coordination (government institutions, associated network, media, communities and parents and, to some extent, the private sector).</p>
<p>5.5. Adolescents and young people participate responsively in the targeted “youth-friendly spaces/services”.</p>	<p>5.5.1. Number of adolescents and &amp; young people attending “friendly services”. <b>Not available</b></p> <p>5.5.2. Number of services that have active participation of adolescents and young people in management of services. <b>Not available</b></p>	<p>- Progress was made during the first years of the programme cycle in 3 adolescent and youth-friendly spaces but could not be maintained due to lack of leadership and ownership. A situation analysis of youth spaces of various partners in the country was made and provided useful recommendations. Training of educators took place, including in participative approaches, and a monitoring tool for measuring adolescent and youth-friendly selected criteria (including participation) was developed.</p> <p>In order to strengthen children’s rights and to improve the participation of children, adolescents and young people (CYP), support focuses on strengthening the capacities of professionals aiming to build a critical mass of professionals, teenagers and young people capable to apply the concept, mechanisms and tools of measurement and evaluation of participation. Through a UNFPA-UNICEF joint program, training sessions and TOT on youth participation were organized. A specific manual on CYP was developed. A targeted coaching was given to support some initiatives. A simplified guide on A&amp;YP participation was elaborated.</p>	<p><b>Facilitating factors:</b> Revolution and the democratic transition offer opportunities to promote participation and citizenship of youth as real agents of change. Creation of new associations and NGOs by and for YP.</p> <p><b>Main constraints:</b> Effective participation of children, adolescents and young people, even in the structures that are intended to them, is still limited. Sociocultural barriers remain for an active participation of adolescents and young people in family, school or in the community. Limited coordination mechanism in designing, implementing and monitoring youth policies and programmes &amp; limited use of participatory approach and knowledge. Limited decentralized management authority and culture in most institutions and associations &amp; engagement of YP in political organizations or associations.</p>