

RESEARCH PAPER

ASSESSMENT OF THE COVID-19 RESPONSE AND SUPPORT FOR CRISIS MANAGEMENT PLANNING IN TUNISIA

APRIL 2024

UN WOMEN



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RESEARCH PAPER

PROMOTING WOMEN
AND GIRLS' LEADERSHIP
IN THE SOCIO-ECONOMIC
AND HEALTH RESPONSE
TO COVID-19 IN TUNISIA

*ASSESSMENT OF COVID-19 RESPONSE AND SUPPORT FOR
CRISIS MANAGEMENT PLANNING IN TUNISIA*

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LIST OF ACRONYMS

ARP	Assembly of People’s Representatives
ATSF	Tunisian Association of Midwives
BCT	Central Bank of Tunisia
CAPI	Computer-Assisted Personal Interviewing
CSOs	Civil Society Organizations
FGD	Focus Group Discussion
FTDES	Tunisian Forum for Social and Economic Rights
GBV	Gender-based violence
KI	Key Informant
KII	Key Informant Interview
LNB	Leave No One Behind
LTDH	Tunisian League for the Defense of Human Rights
NGO	Non-Governmental Organization
NSC	National Security Council
ONMNE	National Observatory for New and Emerging Diseases
PNAFN	National Assistance Program for Needy Families
PPE	Personal Protective Equipment
RSH	Reproductive and Sexual Health Services
SMEs	Small and Medium-sized Enterprises
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
WHO	World Health Organization

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1. Executive Summary

1.1. Background

Following the global trend, Tunisia has faced significant challenges since 2020 due to the COVID-19 pandemic, exacerbated by ongoing political and economic instability. Since the 2011 Jasmine Revolution, frequent changes in government and lack of consistent leadership have impacted the Tunisian economy, which has struggled with high unemployment rates, inflation, and a large public debt burden. These political and economic crises have affected government resources, reducing the funding available for public services and disrupting operations and policy implementation, particularly in public health.

The COVID-19 pandemic has placed enormous strain on Tunisia's healthcare system. Hospitals have been overwhelmed with COVID-19 patients, leading to a diversion of resources from other essential healthcare services. Initially, the government's response of lockdowns, curfews, and border closures kept early infection rates low compared to neighboring countries. However, as the pandemic continued, case numbers in Tunisia surged, making it one of the most affected countries in the region by the end of 2021.

In addition to limited financial resources and infrastructure deficiencies, staff shortages have compromised the quality and access to health care. While Tunisia has made progress in its vaccination campaign, challenges remain in addressing other diseases, placing additional pressure on the healthcare system. This is notably evident in women's health issues, including reproductive system disorders, pregnancy-related conditions, and breast health issues. As an example, "in Tunisia, breast cancer is [...] the most frequent and deadliest cancer among women" (Sung et al., 2020).¹ "According to the Northern Tunisia Cancer Registry (Hsairi, 2021)², breast cancer ranked first among women, with an estimated age-standardized incidence rate (ASIR) of 51.7 per 100,000 inhabitants in 2020, showing a significant increasing trend in incidence." Access to female healthcare remains uneven, with marginalized and rural populations in regions like Kef and Kebili experiencing significant barriers including unavailable transportation to health units in isolated communities. This disparity in healthcare access exacerbates existing inequalities in health outcomes. Addressing these issues requires sustained investment, comprehensive reforms, and effective management to ensure equitable access to quality healthcare for all Tunisians.

Public perceptions of the effectiveness of the pandemic responses have been mixed, with some highlighting the success under constraints. On the other hand, women, despite their involvement in the health response, were underrepresented in major decision-making bodies, affecting the integration of gender considerations in response strategies. Furthermore, regional disparities between coastal and interior regions like Kebili and Kef, have been exacerbated by the crisis. This highlights the importance of an inclusive and gender-sensitive approach in crisis responses.

Moreover, the COVID-19 pandemic has aggravated gender-based violence (GBV) in Tunisia, as it has in many other parts of the world. The lockdowns, economic strain, and increased stress levels associated with the pandemic have contributed to a rise in incidents of violence against women and girls.

During a press conference held on December 2, 2020, to present the results of the report on "Violence Against Women During the COVID-19 Pandemic," Cherifa Tlili, the coordinator of the anti-violence committee of the Association Tunisienne des Femmes Démocrates (ATFD), explained that approximately 75% of women who were victims of violence during the period between March 16 and April 30, 2020, suffer from economic vulnerability. Of these women, 57% are unemployed, 11.6% are employed in professional activities, and 4.6% are domestic workers.

¹ Sung et al., 2020

[article_90514_355d61d39d9ac7f7bc3d6a639c2ce414.pdf \(waocp.org\)](https://www.waocp.org/article_90514_355d61d39d9ac7f7bc3d6a639c2ce414.pdf)

² Hsairi Mohamed. Northern Tunisia Cancer Registry: data 2020. Tunis: MPH; 2021

[article_90514_355d61d39d9ac7f7bc3d6a639c2ce414.pdf \(waocp.org\)](https://www.waocp.org/article_90514_355d61d39d9ac7f7bc3d6a639c2ce414.pdf)

Furthermore, Nabila Zoghalmi, ATFD Secretary General, noted that domestic violence against women increased fivefold during the confinement period in 2020 compared to 2019. She explained that the surge in this violence was due to the interruption of services in support structures for abused women, the absence of a clear support pathway, and the length and complexity of procedures related to these types of cases.³

1.2. About the study

In light of these issues, UN Women Tunisia, in collaboration with the United Nations Development Program (UNDP) and the World Health Organization (WHO), has been actively working to enhance the leadership roles of women and girls in addressing the socio-economic and health challenges posed by the pandemic. This partnership is part of a joint Denmark-funded project entitled "Promoting the leadership of women and girls in the socio-economic and health response to COVID-19 in Tunisia" which includes an assessment conducted by UN Women to analyze the pandemic's impact across several dimensions, including healthcare, economic participation, social protection, education, and gender-based violence (GBV), specifically focusing on the governorates of Kebili and Kef.



This study aims to inform the development of localized crisis response strategies and training programs that are both inclusive and supportive of gender equality (Leaving No One Behind).



In-depth desk review was conducted prior to, and during the analysis and reporting phase. In addition, data collection involved CAPI surveys, with 441 community members in both Kebili and Kef, and

³ [Coronavirus-Tunisie : 75% des femmes victimes de violence durant le confinement | African Manager](#)

1.3. Key findings

	Kebili	Kef
Impact of COVID-19 Response on Healthcare	<p>In Kebili, essential health services and medicines were perceived as moderately to widely available during the COVID-19 pandemic by over 60 percent of respondents, yet 40 percent perceived their availability as limited or unavailable. Issues such as medication availability were divisive, impacted by lockdowns affecting the circulation of medical supplies.</p> <p>While treatments for chronic conditions were available, reproductive and sexual health (RSH) services were seen as limited, with accessibility constraints particularly affecting rural and women with disabilities.</p> <p>The distribution of COVID-19 vaccines was largely viewed positively due to effective governmental and NGO-driven initiatives. Nonetheless, issues like transportation and economic barriers limited access for women and other vulnerable groups.</p>	<p>Responses from Kef mirrored those of Kebili in many respects, with generally positive views on the availability of essential health services. However, the respondents were divided on medication availability due to pandemic disruptions.</p> <p>Services for chronic health conditions were flagged by health professionals as deprioritized during the pandemic.</p> <p>Similarly, RSH services were considered limited, with accessibility challenges particularly pronounced for citizens in rural areas and people with disabilities. Unavailability of transportation also limited access for vulnerable groups.</p> <p>The vaccination efforts were well-received due to several community outreach efforts by local authorities and CSOs, and through mobile health units that traveled to remote areas to provide information, answer questions, and administer vaccines, ensuring that no community was left behind.</p>
Impact of COVID-19 Response on Economic Participation and Social Protection	<p>Economic challenges were notable in Kebili, where even stable income sources did not shield individuals from financial insecurity. Day laborers, small business owners, and those active in the informal sector were the most affected by the disruption of economic activities. A majority, comprising 75 percent of respondents reported not receiving assistance, but those who did often considered it insufficient and poorly targeted, failing to adequately support the most affected groups.</p>	<p>Economic conditions in Kef were similarly difficult, with many relying on insecure income sources. Additionally, single-income households were prevalent, with many women reporting that they relied on spouse income, putting them in a particular situation of vulnerability during the pandemic. Despite this, a striking majority of the respondents, nearing 80 percent, reported not having received any economic assistance from the government during the pandemic.</p>
Impact of COVID-19 Response on Education	<p>The educational sector in Kebili suffered greatly with approximately 60 percent of respondents reporting significant disruptions. The governmental response was largely criticized for being ineffective, contributing to a decline in the quality of education. Despite these challenges, community-led initiatives played a critical role in distributing essential supplies and maintaining educational continuity.</p>	<p>The educational impact of COVID-19 in Kef was severe, as acknowledged by nearly 60 percent of the survey respondents, with disruptions affecting class schedules and academic quality. Governmental measures were mostly perceived as moderately effective, with significant dissatisfaction regarding the management and quality of educational resources. Community-led initiatives were key in implementing preventive measures in schools and ensuring safety.</p>

Impact of COVID-19 Response on GBV

In Kebili, 14 percent of respondents only noted an increase in GBV during the pandemic, despite official data showing a broader rise. According to the survey conducted in the framework of this study, there were increased household tensions, with 44 percent of men and 38 percent of women noticing this rise, and around 20-26 percent reported experiencing violence. Despite varied perceptions of GBV protection service availability, 43 percent of males remain uncertain, a majority unaware of any campaigns to address GBV, and 25 percent recognizing of NGO efforts in this area.

In Kef, only 29 percent of respondents observed an increase in GBV during the pandemic, which contrasts with official statistics. Household tensions were noted by 39 percent of women and 38 percent of men, with 23 percent of women and 17 percent of men experiencing violence. While perceptions of GBV protection services' availability were relatively higher, many male respondents remained uncertain. Additionally, 64 percent were unaware of campaigns to address GBV, although 30 percent acknowledged NGO involvement in these efforts.

2. Introduction

2.1. Background

Since the onset of the pandemic in early 2020, Tunisia has faced substantial challenges, including a persistent climate of political and economic instability that has plagued the country for the past decade. With a diminishing public sector and a private sector impacted by disruptions to supply chains and decreased consumer demand, along with delayed digitalization efforts, the pandemic has severely tested the country's resilience. The healthcare sector, in particular, has come under immense strain, revealing escalating needs and an urgent demand for solutions. However, the strain has extended to other fields like the economy, education, and justice, notably due to measures targeting the country's closure.

The government response included strict measures such as lockdowns, curfews, school closures, workplace restrictions, and border shutdowns. These actions helped Tunisia maintain relatively low case numbers compared to neighboring countries over the first months. By the end of June 2020, Tunisia had recorded only 94 cases per million, significantly lower than the figures for Algeria (298), Morocco (317), and Egypt (576) at the same time.⁴

Later, the number of cases surged considerably, making Tunisia one of the countries with the highest cases per million in the region. At the end of 2021, Tunisia reached 58,497 cases per million people, compared to 25,511 in Morocco and even fewer in the other neighboring countries.⁵ In response, the government's strategy adopted a changing approach to the fluctuating caseload, at times relaxing measures mainly due to economic concerns, and at other times tightening them when the number of cases escalated.

Opinions on the response to the pandemic vary. Some view it as successful given the existing constraints, while others feel it could have been more targeted. Gender inequality and regional disparities require further scrutiny. In fact, despite women's involvement in the Ministry of Health's scientific committee, led by figures such as Dr. Nissaf ben Alaya, their limited representation in other decision-making bodies like the National Security Council (NSC), the National Instance for the Fight against COVID-19, and the Coronavirus Crisis Unit at the Assembly of People's Representatives (ARP) raises questions about the integration of gender considerations into response measures.⁶ This is key given the pandemic's disproportionate impact on women, including job disruptions and increased household responsibilities.⁷

Exploring regional perspectives of the pandemic is crucial, especially considering the diverse needs of different governorates. Disparities between coastal and interior regions persist, with coastal areas generally having stronger infrastructure and economic capacity. For example, Kebili, heavily reliant on agriculture, faces high unemployment and school dropout rates, with unemployment rising by 9.1 percent between 2007 and 2019⁸ (with an unemployment rate of 24.70% in 2018⁹). Similarly, Kef, another

⁴ COVIDTRACKER. (n,d). Cumulative confirmed COVID-19 cases per million people. Retrieved March 28, 2024. <https://covidtracker.fr/covidtracker-world/>

⁵ Ibid

⁶ UN Women. (2020). Gender and the COVID-19 crisis in Tunisia: Challenges and recommendations. <https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/Publications/2021/03/PB%20no1%20MarchAvrilFR.pdf>

⁷ Ibid

⁸ Oukhaili, H. (2021). Regional trend in social inclusion . Ministry of Economy, Finance and Investment. <http://www.itceq.tn/files/tableaux-de-bord/social/tbord-social-inclusion.pdf>

⁹ [CHIFKEBILI.pdf \(ods.nat.tn\)](#)

agricultural region, struggles with unemployment rates reaching 17.8 percent in 2019, exceeding the national average of 15.3 percent.¹⁰

2.2. About the study

In this context, UN Women Tunisia has been working jointly with UNDP and WHO towards promoting women and girls' leadership in the socio-economic and health response to COVID-19 in Tunisia. This collaborative effort aims to achieve the following outcomes:

- 1. Increased resilience to crisis supported in local communities, especially vulnerable, marginalized and hard-to-reach women and girls to prevent and respond to COVID-19
- 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
- 3. Regional and local authorities in pilot area provide health leveraging the community awareness work

This partnership is part of a joint Denmark-funded project entitled "Promoting the leadership of women and girls in the socio-economic and health response to COVID-19 in Tunisia", for which UN Women is responsible for the above-mentioned outcome.

This evaluation is under the responsibility of UN Women and aims to assess the COVID-19 response from a multidimensional perspective, acknowledging that crisis prevention and management should consider the various impacts of this crisis. As such, the assessment focuses on the impact of the response on healthcare, economic participation, social protection, education and GBV in two targeted governorates: Kebili and Kef.

Based on the results of the assessment, pandemic management stakeholders in Kef and Kebili, with technical support from UN Women, will draw up two local crisis response plans as a preventive measure. These plans will provide solutions targeting women, children, and elders in line with the Leave No One Behind (LNOB) approach. Subsequently, UN Women will organize capacity-building sessions for stakeholders involved in the response to COVID-19, mainly government authorities and civil society. These training efforts aim to strengthen their capacities to support the community with inclusive and gender-sensitive approaches to a situation similar to the COVID-19 pandemic.

3. Methodology

3.1. Methodological Approach

UN Women has been working jointly with UNDP and WHO towards promoting women and girls' leadership in the socio-economic and health response to COVID-19 in Tunisia, to enable them to mitigate the impacts of the pandemic in their households and communities. As part of its efforts, UN Women is increasing the resilience of local communities, and in particular vulnerable and marginalized women and girls, to prevent and respond to crises through better access to financial and economic services, health and social assistance, and awareness-raising campaigns. UN Women has also been applying a gender-sensitive approach that emphasizes crisis responses based on sex and age disaggregated data gathering (SADD), gender equitable recovery monitoring mechanisms and inclusive communication and outreach campaigns.

¹⁰ Oukhaili, H. (2021). Regional trend in social inclusion . Ministry of Economy, Finance and Investment. <http://www.itceq.tn/files/tableaux-de-bord/social/tbord-social-inclusion.pdf>

This approach also focuses on evidence-based interventions that are locally led and driven by community inputs and demands rather than following top-down instructions. As such, women and girls play a role in the joint project as key agents of change and social mobilizers with ownership over knowledge-sharing and awareness-raising. Following this approach, the current project aims to foster the contribution of women to knowledge on sanitary crisis response and prevention, as well as increasing the capacity of government institutions to support community health awareness and mitigate adverse impacts of crisis response plans. Led by UN Women Tunisia’s team, the project also aims to increase men’s awareness to prevent discrimination against women and girls, combat gender-based violence (GBV) and promote positive masculinities in their communities.

To support UN Women’s programming, the current assignment has therefore (i) assessed the COVID-19 response from a multidimensional perspective in the two targeted governorates, namely Kebili and Kef, (ii) designed two crisis response plans at the local and national levels based on the initial assessments, and (iii) conducted two trainings with government authorities and other relevant stakeholders involved in the response to COVID-19 – and other crises – to build their capacities to support the community with inclusive and gender-equitable approaches.

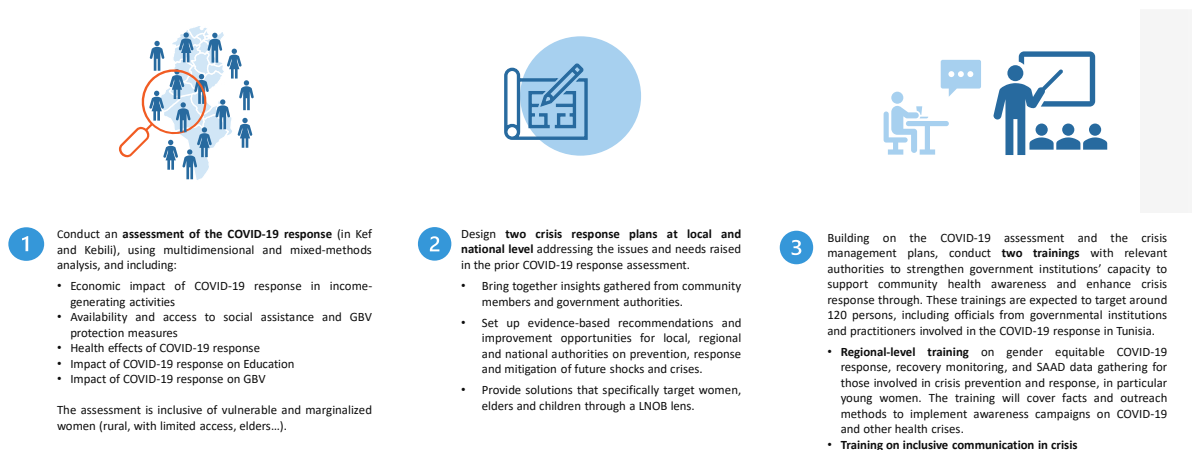


Figure 1: Study scope

The figure below outlines the study's framework, including activities, outputs, outcomes, and impact. Through these assessments, expertise in health programming, including COVID-19 studies, gender analysis, and the use of participative, human-centered methodologies and data analytics, was leveraged to understand local realities. As a result, this has assisted UN Women in strengthening its evidence-based interventions to support the COVID-19 response in Tunisia.

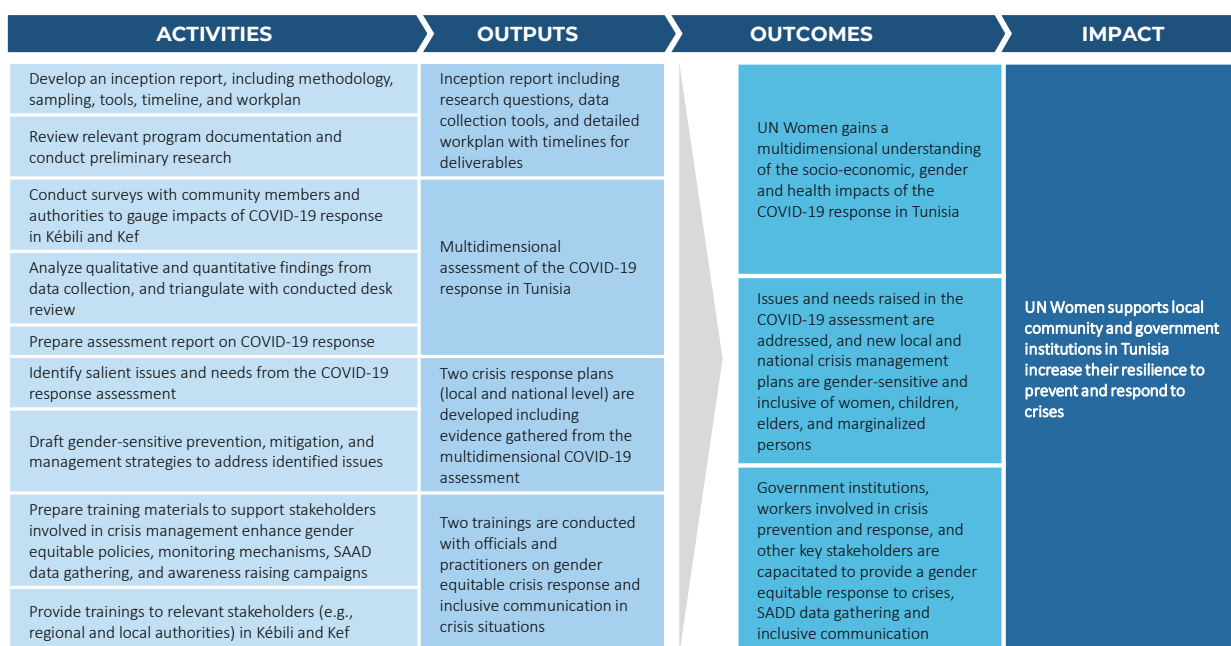


Figure 2: Understanding of the assignment

3.2. Analytical framework

As illustrated in the figure below, the assessment covers four research areas, incorporating both quantitative and qualitative data collection methods according to the specific research questions.

RESEARCH AREAS	
Impact of COVID-19 response on economic participation	Main source of income before the pandemic (formal job market, informal job market, no revenue)
	Main source of income during the pandemic (formal job market, informal job market, no revenue)
	Changes in personal and family income due to COVID-19 pandemic response
	Capacity to pursue sustainable income-generating activities
	Availability and access to economic safety nets during COVID-19 pandemic
	Availability and access to economic and financial services
Impact of COVID-19 response on health	Level of exposure to COVID-19 infection
	Availability and access to essential health services
	Availability and access to treatment for chronic health conditions
Impact of COVID-19 response on social protection and GBV	Availability and access to reproductive and sexual health services
	Level of exposure to GBV during COVID-19 pandemic
	Existence of public awareness campaigns against GBV
	Availability and access to protection services during COVID-19 pandemic
Crisis prevention and mitigation strategies	Capacity of health professionals and social workers to handle GBV cases
	Capacity of government authorities to provide socio-economic assistance, health services and protection mechanisms during crises
	Capacity of government authorities to gather sex and age disaggregated data (SADD) and monitor crises
	Existence of public referral systems for health and social services during crises
	Inclusion of women, vulnerable and marginalized communities, children and elders in crisis prevention and mitigation plans

Figure 3. Analytical Framework

3.4. Sampling and data collection

This section provides an overview of the data collection modes employed to fulfill the research assignment in a participatory and fact-based manner. The methods include an initial thorough documentation review, 441 face-to-face Computer-Assisted Personal Interviewing (CAPI) interviews in both Kebili and Kef, and 44 KI interviews (KIs) in the two governorates and with national stakeholders. For details on the data collection tools used in this report, please see [Annex 3](#).

Desk review

As part of the inception phase, Voluntas conducted a preliminary desk review to inform the research methodology and the development of the data collection tools. Further desk research was carried out on available information, including pre-existing data and literature on the response to COVID-19 in Tunisia. The findings from these desk reviews were used to provide context to the survey and KI results, helping to clarify the perceptions gathered from the respondents and surveyed in Kebili and Kef, and key stakeholders engaged in crisis response efforts.

Computer-Assisted Personal Interviewing (CAPIs)

441 CAPI surveys were conducted in the two targeted governorates: Kebili and Kef. The survey was built upon a multidimensional analytical framework including components on socioeconomic, health, and gender impacts of the COVID-19 response in Tunisia. These interviews included qualitative components, namely, open-ended questions, to allow respondents to provide more detailed insights on their institutions' capacities, challenges, and plans, and to complement quantitative data. For the quantitative survey, a questionnaire (please see [Annex 3](#)) was deployed for the selected respondent group (Please see [Annex 2](#)). The CAPI¹¹ survey with community members included 224 respondents in Kebili and 217 in Kef and captured broader community experiences derived from the COVID-19 response. To ensure comprehensive representation, the survey targeted a sample that maintains a balanced distribution across gender, age groups, and urbanization. The following section provides further details about the sampling approach.

Key Informant Interviews (KIs)

In addition to the quantitative findings obtained from the CAPI surveys, **44 Key informant interviews (KIs)**, each lasting 50 minutes on average, were conducted to collect qualitative insights from relevant stakeholders in Kebili and Kef, as well as at the national level (please see [Annex 1](#)). Among these, **five in-depth interviews** were carried out with representatives from ministries, governmental entities, and WHO involved in addressing the COVID-19 crisis. The aim was to gain insights into the government's response, the level of each ministry's involvement, and the coordination among them. More precisely, the five in-depth interviews were conducted with representatives from the Ministry of Health, the Ministry of Social Affairs, the Ministry for the Family, Women, Children, and the Elderly, as well as the National Family and Population Office (ONFP). And the World Health Organization.

The remaining **39 short KIs** were split between the two pilot governorates. Details regarding the KIs, including their stakeholder type and position, are available in *Annex 1*. The questionnaire for these short interviews with local authorities, service providers, and other relevant stakeholders such as Civil Society Organizations (NGOs) was distributed to 20 KIs in Kef and 19 KIs in Kebili to grasp complementary information on the COVID-19 response from the relevant stakeholders, including first-hand information on current or past social assistance programs and health and protection services. Furthermore, the

¹¹ CAPI: Computer-Assisted Personal Interview

interviewed NGOs mainly consisted of local-level organizations working with various vulnerable groups in Kebili and Kef, providing support during the pandemic in different capacities.



Desk review

As part of the inception phase, Voluntas conducted a preliminary desk review to inform the research methodology and the development of the data collection tools. Further desk research was carried out on available information, including pre-existing data and literature on the response to COVID-19 in Tunisia. The findings from these desk reviews were used to provide context to the survey and KII results, aiding in the elucidation of perceptions gathered from the general population and key stakeholders engaged in crisis response efforts.



Computer-Assisted Personal Interviews (CAPI)

Voluntas conducted 441 CAPI surveys with communities in the two targeted governorates: Kebili and Kef. The survey was built upon a multidimensional analytical framework including components on socioeconomic, health, and gender impacts of the COVID-19 response in Tunisia. A quantitative survey questionnaire was deployed for the selected respondent group. The CAPI survey with community members has included 224 respondents in Kebili and 217 in Kef and has captured broader community experiences derived from the COVID-19 response. To ensure comprehensive representation, the survey targeted a sample that maintains a balanced distribution across gender, age groups, and urbanization.



Key Informant Interviews (KIIs)

In addition to the quantitative findings obtained from the CAPI surveys, 44 key informant interviews were conducted in order to collect qualitative insights from relevant stakeholders in Kebili and Kef and on the national level. Among these, five in-depth interviews were conducted with representatives from ministries involved in addressing the COVID-19 crisis, aiming to gain insights into the government's response, the extent of each ministry's involvement, as well as the coordination among them. The remaining 39 short KIIs were split between the two pilot governorates. The questionnaire for these short interviews with local authorities, service providers, and other relevant stakeholders such as CSOs was distributed to 20 key informants in Kef and 19 key informants in Kebili to grasp complementary information on the COVID-19 response from the authorities, including first-hand information on their current or past social assistance programs, health and protection services. These interviews have included qualitative components (e.g., open-ended questions) to allow respondents to provide more detailed insights on their institutions' capacities, challenges, and plans, and complement quantitative data.

Figure 4. Data Collection Modes

3.5. Survey sample profile

The quantitative survey comprises a sample of 224 individuals from Kebili and an additional 217 individuals from Kef, exceeding the initial target of 400 respondents in total. All 441 survey participants were residents of these two governorates.

The sampling process was randomized to reflect the demographic composition of both governorates, ensuring representation across gender, age, and urban/rural distribution, following a Leave No One Behind (LNB) approach. Equal representation of women and men was achieved in both Kebili and Kef, with age ranges spanning from 18 to 50+. The 50+ age group was the largest, comprising over 30 percent of the sample in Kebili and nearly 40 percent in Kef. The survey also ensured a fair representation of rural and urban populations in both governorates (45 percent in Kebili and 42 percent), with a slight increase observed in the urban population. Details of the covered delegations and sectors in Kebili and Kef can be found in [Annex 2](#).

Various education levels were represented in the sample, with the highest proportion being individuals with a high school education level in both governorates. Respondents were also asked about disabilities, either personal or within their family, with low reported numbers.

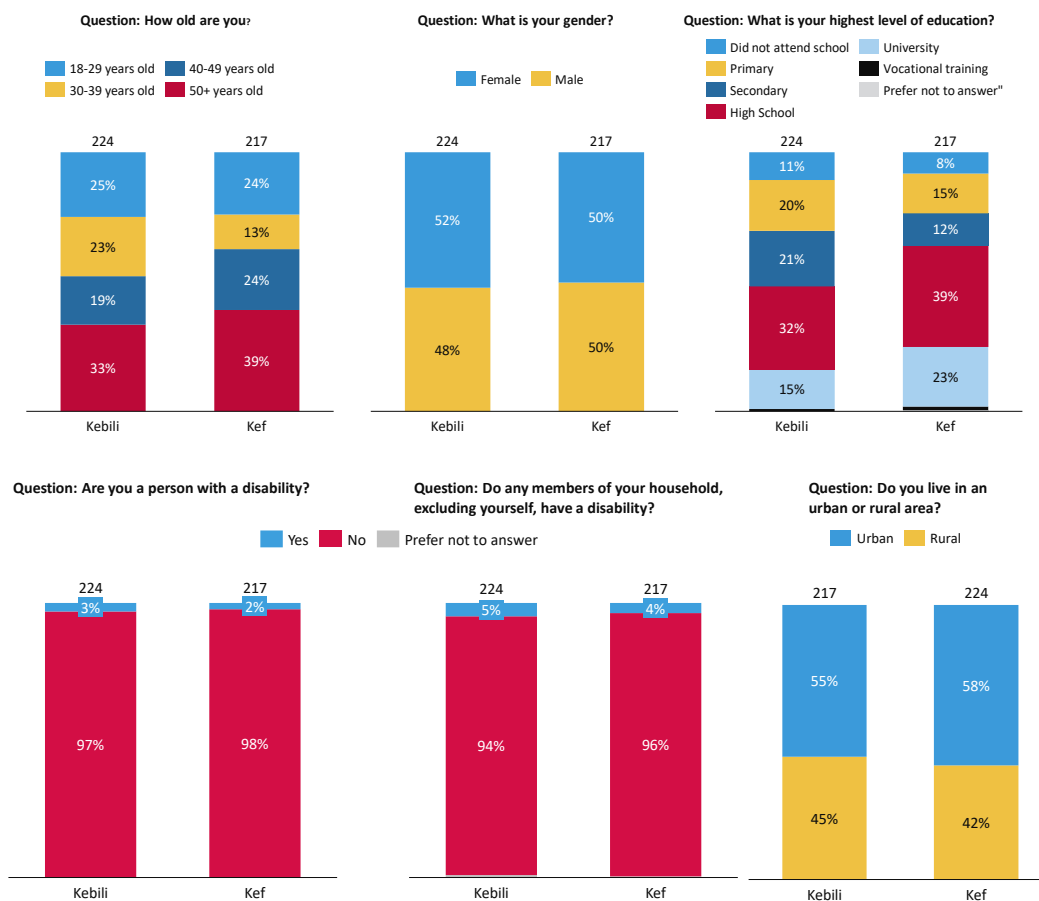


Figure 5. Survey Demographics

CAPI survey involved 441 respondents in Kebili and Kef governorates. This method allowed for a 5 percent margin of error within a 95 percent confidence interval across both regions, ensuring statistical reliability. Notably, the survey maintained a representational accuracy at the governorate level, with a maximum margin of error of 7 percent in each area within the same confidence interval. The sample size was structured based on urbanization, gender, and age, ensuring a diverse and comprehensive representation of the population.

3.6. Key challenges and limitations

Selection of participants

The KII selection process was delayed due to the lengthy process of obtaining contact details for local governance representatives. We noted an initial reluctance to participate in data collection, which eased after the involvement of civil society representatives, who sometimes intervened to facilitate communication.

Difficulties in identifying KIIs may have led to certain stakeholders being overrepresented or underrepresented. This should be considered when interpreting the collected data.

Data collection timeline challenges

The difficulties in identifying KIIs resulted in setbacks to the overall study timeline. To address this issue, the quantitative analysis of survey findings was prioritized and the deadline to ensure thorough analysis and reporting was extended.

Inherent research biases

Assessing the government's response to COVID-19 in survey responses can be prone to certain cognitive and research biases, which are key to consider in interpreting the findings.

Social desirability bias: Respondents may provide answers they perceive as socially acceptable or desirable, potentially distorting findings.

Cognitive dissonance bias: Respondents may experience discomfort when acknowledging negative aspects of the government's response. To alleviate this discomfort, they may downplay or rationalize these negative aspects. This bias can affect how respondents perceive and report on certain aspects of the study, potentially skewing the findings.

Confirmation bias: There is a risk that respondents may actively seek out information that confirms their existing beliefs or aligns with the predominant views of the group they identify with. This bias can influence how respondents interpret and respond to survey questions, leading to a distortion in the data collected.

4. Impact of the COVID-19 Response on Healthcare



On January 30th, 2020, WHO declared the COVID-19 virus a public health emergency of international concern. On March 3rd, 2020, COVID-19 was declared a global pandemic. At this date, Tunisia had reported seven COVID-19 cases. However, as the pandemic evolved, numbers increased to a total of 29,494 COVID-19-related deaths across the country by October 25th, 2023.¹² This surge in cases placed tremendous pressure on the health sector, requiring the implementation of immediate and comprehensive policies. In this section, we will expose the different policies that were enacted, and the interviewees' perceptions of the support received by the residents in Kebili and Kef through these health measures.

4.1. Overview of the measures related to the health sector as part of the COVID-19 response

The Ministry of Health (MoH) played a pivotal role in disseminating information and providing regular updates on case numbers, international developments, transmission rates, prevention guidelines, weekly international epidemiological monitoring, and key literature reviews, among others.¹³ Furthermore, the National Observatory for New and Emerging Diseases (ONMNE)¹⁴, an entity of the Ministry of Health, worked on identifying effective measures to limit the risks associated with SARS-CoV-2. To this end, they established a robust information system that provided comprehensible data, analysis, research, and guidelines publicly available on the ONMNE website, ensuring transparency and raising awareness among the population.

As the situation evolved, Tunisia implemented various measures to contain the virus, including lockdowns, travel restrictions, and social distancing protocols. The Ministry of Health developed two key plans, the preparation plan "2P2PRCOVID-19" and the prevention plan "SARS-COV-2," which were divided into three phases of action:¹⁵

MEASURES TAKEN BY THE MoH (JANUARY- FEBRUARY 2020)



Distance Learning Implementation:

The Ministry of Education initially closed schools for an extended period and implemented a platform for distance education. This involved recorded sessions broadcast on national television, primarily targeting baccalaureate-level students.



Increased awareness campaigns and communication

Increased communication around prevention, symptom detection, and risks, as well as online awareness campaigns to combat disinformation.



Reporting symptoms

Establishment of a free hotline number (190 SAMI and green number) for information and symptom reporting



Enhanced coordination between ministries

Establishment of a National Committee for monitoring the spread of the virus & the Emergency Medical Assistance Department (Status No. 190)

¹² République Tunisienne, ministère de la Santé. (2023, Octobre 25). Les principaux chiffres enregistrés pour le 25 octobre 2023. <https://www.onmne.tn/?p=16908>

¹³ République Tunisienne, Ministère de la Santé, Facteurs prédictifs de mortalité liée au COVID-19 Revue de la littérature & Quel est l'évidence scientifique de l'efficacité du port de masque pour limiter la transmission du SARS - CoV2? & Est-ce que les personnes asymptomatiques et pré symptomatiques sont une source potentielle de la transmission du SARS-CoV-2 ? <https://www.onmne.tn/?p=9434>

¹⁴ National Observatory for New and Emerging Diseases. <https://www.onmne.tn/>

¹⁵ ONMNE, Ministère de la Santé (2020), Bulletin de veille scientifique des nouvelles variantes du SARS-CoV-2 à la date du 08 Janvier 2020-5 Mai 2020.

- Phase I aimed to halt the introduction of the virus into the country through preventative quarantines and checks at entry points.
- Phase II focused on halting the propagation of the virus within the country by identifying clusters, closing schools, imposing travel restrictions, and limiting large gatherings.
- Phase III was dedicated to effectively managing the consequences of the pandemic and mitigating its effects.

During the implementation of this strategy, the Tunisian government introduced various measures, which were occasionally intensified or eased based on fluctuations in case numbers.

At the start, preventative measures were adopted starting in March 2020 including suspending trips from certain destinations, increasing precautions for individuals traveling, suspending student study-abroad programs, discouraging larger gatherings, intensifying media campaigns around the quarantine period, increasing human resources in Ministries, issuing sanitation cards for those arriving by boat and air, training public servants and ministry officers to contribute to awareness efforts, and establishing a risk matrix.¹⁶ These numerous measures required cooperation between various entities, including the Ministry of Health's Scientific Committee and the Observatory for New and Emerging Diseases (ONMNE), the National Security Council, the National Instance for the Fight against COVID-19, and the Coronavirus Crisis Unit at the Assembly of People's Representatives, to ensure coordinated efforts across different decision-making bodies.¹⁷

The strategy then shifted towards targeted confinement starting on May 5th, 2020, with the strengthening of the monitoring and response system. This included classifying governorates and districts into risk levels, enhancing surveillance of the geographical distribution of the spread of the virus, monitoring at-risk groups, conducting contact tracing, and implementing mitigation and physical distancing measures.¹⁸

As borders reopened on June 27th, 2020, the Ministry of Health implemented the “Tester, Tracker, Tracer” (TTT) strategy with robust health protocols for travelers arriving in the country with enhanced testing capacities. The Ministry of Health classified countries of origin based on their risk level. Travelers arriving from “red zones” were required to undergo a mandatory quarantine period in a designated facility and present a negative PCR test result taken within 72 hours before boarding. They were then transported to quarantine centers for seven days, with a PCR test conducted between the 5th and 7th day after arrival. Visitors from “orange zones” were required to self-quarantine for 14 days with online tracking and monitoring. Those arriving from “green zones” were not required to undergo a PCR test or quarantine period upon arrival. The Ministry of Health oversaw the implementation, coordination, and logistics of mandatory quarantines and testing at arrivals, collaborating with relevant departments.¹⁹

¹⁶ ONMNE, Ministère de la Sante. (2020). Bulletin de veille scientifique des nouvelles variantes du SARS-CoV-2 à la date du 08 Janvier 2020- 5 Mai 2020

¹⁷ UN Women. (2020). Gender and the COVID-19 crisis in Tunisia: Challenges and recommendations. <https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/Publications/2021/03/PB%20no1%20MarchAvrilFR.pdf>

¹⁸ ONMNE, Ministère de la Sante. (2020). Bulletin de veille scientifique des nouvelles variantes du SARS-CoV-2 à la date du 08 Janvier 2020- 5 Mai 2020

¹⁹ ONMNE, Ministère de la Sante. (2020). Bulletin de veille scientifique des nouvelles variantes du SARS-CoV-2 à la date du 08 Janvier 2020- 5 Mai 2020

In the following months, new or adjusted measures were continuously made as necessary, including the implementation of targeted lockdowns in governorates experiencing spikes in case numbers, such as Kef in August 2020.²⁰

By March 2021, vaccination campaigns had started. While the early stages of the vaccination rollout were marked by challenges such as slow vaccination rates and limited vaccine availability, vaccines gradually became widely accessible to the population. After securing vaccine doses, the government organized a series of national open to gradually vaccinate citizens above the age of 18 across all 24 governorates.²¹ In February 2022, at the European Union-African Union summit in Brussels, Tunisia was chosen to receive support to develop the technology needed to produce messenger ribonucleic acid (mRNA) vaccines. Internally, as part of the establishment of the global mRNA technology transfer hub created in 2021 to assist low and middle-income countries in producing their own vaccines.²²

The repercussions of the pandemic persisted, presenting new challenges as cases continued to surge. The strain on the healthcare system resulted in issues such as intensive care beds reaching full capacity and oxygen demands surpassing Tunisia's production capabilities. As a response, rapid efforts were made to implement targeted lockdowns when considered necessary and to procure essential supplies from abroad, including Algeria and the EU.^{23,24}

The health policies enacted during the pandemic followed a largely uniform approach nationwide, with some exceptions such as targeted lockdowns in high-risk regions. Examining the effects of this strategy on various governorates, particularly Kebili and Kef, is particularly relevant in assessing individual governorates' unique obstacles in developing localized crisis response plans.

²⁰ Mosaique FM. (2020). COVID-19 : Un couvre-feu décrété au Kef. <https://www.mosaiquefm.net/fr/actualite-regionale-tunisie/786765/COVID-19-un-couvre-feu-decrete-au-kef>

²¹ Xinhua. (2021, November 2022). Tunisia starts 7th national open day for COVID-19 vaccination. Huaxia.: <https://shorturl.at/dAEOW>

²² World Health Organization. (2022, February 18). WHO announces first technology recipients of mRNA vaccine hub with strong support from African and European partners, <https://shorturl.at/krBL6>

²³ Anadalou Agency. (2021). Tunisia / COVID-19: saturation of intensive care beds. <https://www.aa.com.tr/fr/sante/tunisie-COVID-19-saturation-des-lits-de-r%C3%A9animation/2106051>

²⁴ FranceInfo. (2021). COVID-19: Tunisia in need of oxygen. https://www.francetvinfo.fr/monde/afrique/societe-africaine/COVID-19-la-tunisie-en-manque-d-oxygene_4618429.html

4.2. Perceptions of the health response to the COVID-19 pandemic in Kebili and Kef

This study gathered perceptions from the survey respondents in Kebili and Kef governorates, as well as stakeholders directly involved in the COVID-19 response, to assess the various measures implemented in the health response. These firsthand insights cover availability and access to essential health services, treatment for chronic conditions, reproductive and sexual health services, COVID-19 vaccination, and access issues for women and vulnerable groups.

Availability and access to essential health services and medicine

Survey findings highlight that primary care like routine check-ups and treatment of common illnesses were seen as generally available in both Kebili and Kef. This trend was more widespread in Kef and suggests that people perceived that medical activities were generally ongoing despite the pandemic.

In fact, **in Kef**, more than 70 percent viewed these services as moderately to widely available compared to a fifth of the sample seeing their availability as limited to absent.

In Kebili, nearly 60 percent thought that essential health services were moderately to widely available, while as many as 40 percent considered them to be limited or unavailable.

KIs with NGO representatives and healthcare workers from both Kebili and Kef reported ongoing availability of essential care despite challenges related to accessibility due to the pandemic context.²⁵ Furthermore, KIs in both governorates widely agreed that despite constraints such as limited equipment and human resources, health services were available to all, regardless of gender, age, or socio-economic status. However, people in rural areas faced additional

obstacles to access due to limited transportation options.

Questions 21: To what extent was primary care like routine check-ups and treatment of common illnesses available during the Pandemic in your governorate?

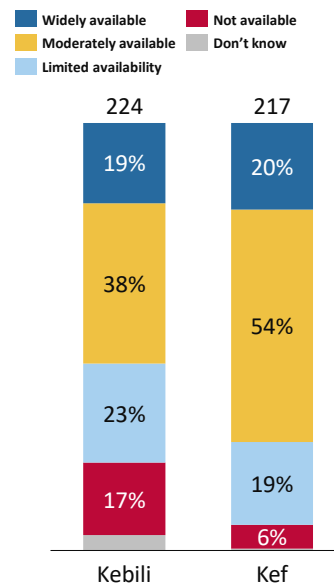


Figure 6. Availability of Primary Care Services in Kebili and Kef

When considering these perceptions of the availability of essential health services, it is essential to highlight the additional factors that have facilitated this continuity. In particular, NGOs have played an active role in facilitating access to healthcare. Not only did they provide essential equipment, but they also helped to set up separate quarantine facilities, enabling normal health services to continue to operate alongside COVID-19-related care.²⁶

On the availability of medicines, survey responses from both Kebili and Kef tended either towards moderate availability or limited availability with a fairly even distribution in both governorates.

In Kef, perceptions of the availability of medicines were split. While half respondents stated they were moderately or widely available, the other half disagreed. When looking at KIs however, the consensus among health professionals appears to be that medication was not sufficiently available as they highlighted large disruptions in stocks.²⁷

²⁵ KII 32. Deputy director of the Primary Health Care Directorate in Kebili. (2024). Kebili & KII 33. General Secretary of the Kebili Primary Health Care Union. (2024). Kebili & KII 24. LTDH General Secretary. (2024). Kebili

²⁶ KII 29. President of Les Cavaliers du Désert NGO. (2024). Kebili

²⁷ KII 6. General physician in emergency services of the Kef Regional Hospital. (2024). Kef & KII 13. Assistant surgeon at the Kef regional hospital (surgeon 1). (2024). Kef & KII 16. Assistant surgeon at the Kef regional hospital (surgeon 2). (2024). Kef

In Kebili, opinions were also split almost equally between those perceiving medications as available and those noting disruptions. Almost half of the people surveyed leaned towards a disrupted availability of medicine with 20 percent believing that it was not available and 24 percent stating it was limited. The other 52 percent had more positive perceptions ranging from moderately to widely available. The respondents interviewed from NGOs in the region shared these overall positive perceptions of availability of medication, noting only slight disruptions in stocks.²⁸

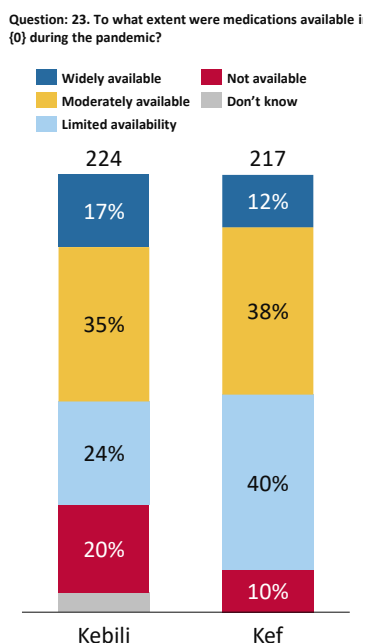


Figure 7. Availability of Medication in Kebili and Kef



The divide in the opinions regarding the availability of medicines coupled with reports from healthcare professionals about shortages of medication suggests the need for improved management of medication and supply chains in future crises. With professionals of the health ability to respond effectively to crises relies on having sufficient access to medical resources.

Availability and access to treatment for chronic health conditions

The survey findings showed mixed opinions about the availability and access to treatment for chronic health conditions, which was also seen in the responses of different KIs based on their different roles. KIs from the health sector at times echoed the survey findings that services for chronic health conditions were moderately available or limited during the pandemic. Conversely, NGO representatives from both Kebili and Kef generally described access to treatment for chronic conditions as consistent and unaffected by the health crisis.²⁹ Overall, specific adaptations were reportedly made to anticipate the obstacles from the pandemic such as extending the availability of prescription medications from 15 days to 90 days and establishing special areas to separate treatment for chronic conditions and COVID-19 cases. In Kef, KIs from the healthcare sector generally agreed with the survey findings that the availability of medical care for the treatment of chronic conditions was moderately available or limited given the overload of the healthcare system with human and material resources predominantly dedicated to COVID-19 cases.³⁰ Furthermore, an informant from the health sector in Kef described chronic health conditions care as secondary, given that the urgent care units focused mostly on COVID-19 cases:³¹

The challenges described included complications in obtaining dialysis sessions, transportation to the hospitals, and individuals' fear of being infected during their consultations which further discouraged patients from seeking regular treatment throughout the pandemic.³²

²⁸ KII 29. President of Les Cavaliers du Désert NGO. (2024). Kebili & KII 28. President of the Red Crescent in Kebili. (2024). Kebili & KII 39. President of Les Oasis de Jemna NGO. (2024). Kebili & KII 27. Director of basic health care in Kebili. (2024). Kebili

²⁹ KII 21. Member of the Toris NGO. (2024). Kebili & KII 29. President of Les Cavaliers du Désert NGO. (2024). Kebili

³⁰ KII 18. Assistant surgeon at the Kef regional hospital (surgeon 3). (2024). Kef

³¹ KII 6. General physician in emergency services of the Kef Regional Hospital. (2024). Kef

³² KII 7. Pharmacist in Sers. (2024). Kef

“Access to these chronic disease services was moderate because all efforts were directed towards COVID cases, with a special focus on severe cases.”

- KII 6. General physician in emergency services of the Kef Regional Hospital. (2024). Kef

In Kebili, access to treatment for chronic health conditions was perceived as more available by health professionals than in Kef. In fact, informants from the public health sector seemed to align more with the perspective of NGO informants that access and treatment for chronic conditions continued as normal.³³

Questions 24: To what extent was treatment for chronic health conditions like diabetes and cardiovascular diseases available in your governorate during the pandemic?

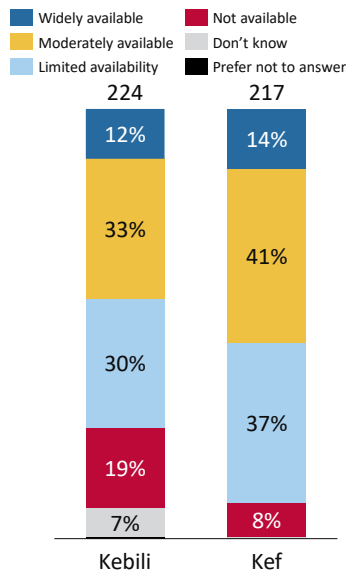


Figure 8. Availability of Treatment for Chronic Health Conditions in Kebili and Kef

Availability and access to reproductive and sexual health services

In Kef, respondents mostly felt that the availability of RSH was limited, with 40 percent expressing this view, followed by 32 percent who considered it moderate.

Moreover, the accessibility of these services for all women in the governorate, including those in rural areas and with disabilities, was considered as moderate by half of the respondents.

In Kebili, respondents mostly felt that the availability of these services was moderate or limited, with similar percentages at 29 and 28 percent. Additionally, more than half of the survey respondents believed that these services were accessible to all women, regardless of urbanization and disability status.

Question: 25: To what extent were reproductive and sexual health services available in (0) during the pandemic?

Question 26: To what extent were these services accessible to all women in your governorate including those in rural areas and women with disabilities?

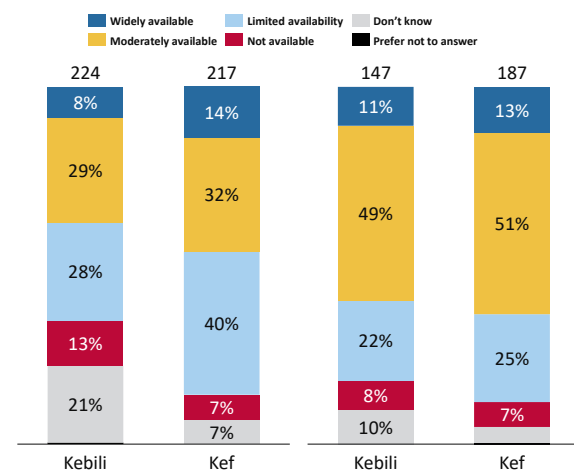


Figure 9. Availability and Access to RSH Services for all Women in Kebili and Kef

When looking at opinions of availability by gender, 58 percent of women surveyed in Kef viewed it as either widely or moderately available. 52 percent of men, on the other hand, stated it was limited suggesting a possible divergence in the understanding of RSH services between men and women as well as the availability of these different services to each gender.

Similarly, in Kebili, while 36 percent of women viewed RSH services as moderately available, 36 percent of men perceived their availability as limited. This finding suggests yet again differences between genders in the perception of available RSH services, with men having a more negative perception compared to women. However, the percentage of men who answered “do not know” was 31 percent, which was more than

³³ KII 32. Deputy Director of the Primary Health Care Directorate in Kebili. (2024). Kebili & KII 31. Director of Douz Hospital. (2024). Kebili

double the 13 percent of women, suggesting that men’s perceptions of limited availability might stem from a general lack of awareness or understanding of these services.

n: 25. To what extent were reproductive and health services available in {0} during the ic?
 Question 26: To what extent were these services accessible to all women in your governorate including those in rural areas and women with disabilities?

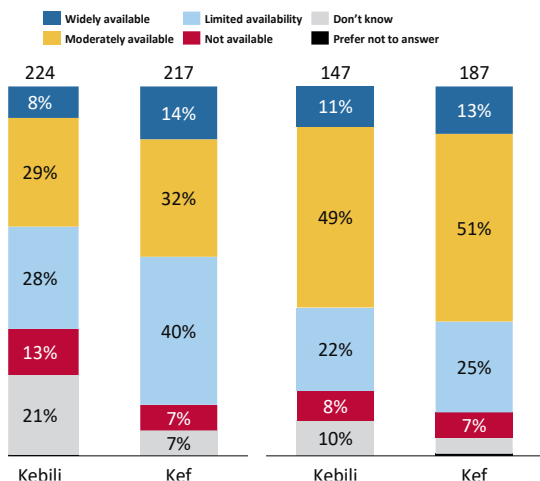


Figure 10. Perception of Availability of RSH in Kebili and Kef by Gender

As for KIs from NGOs and the healthcare sector, they tended to view access and availability to these services as relatively stable throughout the pandemic. While they acknowledged the pandemic's predominant influence on the health sector and specifically RSH, they did not describe it as completely overshadowing the availability of these services.



Overall, survey and interview results show differences in the perceived availability and access to RSH services during the pandemic in Kebili and Kef. KIs tended to view access and availability to these services as relatively stable throughout the pandemic, whereas survey findings shed light on a more negative perception among the general population. This last view is supported by a survey conducted by the Tawhida Ben Cheikh Group and the Tunisian Association of Midwives (ATSF) which revealed that during lockdown, 10 percent of Tunisian

women gave birth at home, a much higher rate than the usual 0.1 percent.³⁴



The survey findings suggest a potential pre-existing barrier to accessing RSH services. This has led to a generally negative perception of the existence of these services among the different communities.³⁵ This highlights the need to raise awareness about the availability of RSH services overall.

Availability and access to COVID-19 vaccination

Although in early 2021 Tunisia was among the five African countries that accounted for 83 percent of total deaths in Africa recorded in the second week of July,³⁶ by the end of 2021, Tunisia was one of the five African countries projected to reach the goal of fully vaccinating 40 percent of its population by the end of the year.³⁷

The survey findings showcase that the perception of the availability of COVID-19 vaccines in the two governorates was predominantly seen as moderately available to widespread despite an initial slow start in obtaining a sufficient supply of vaccines.³⁸ For context, in February 2021, a limited batch of 320,000 Pfizer-BioNTech vaccines was allocated to Rwanda, Cabo Verde, South Africa, and Tunisia, which were selected out of thirteen applicant countries based on their case numbers, capacity to administer vaccines and store doses at -70 degrees Celsius, as well as their high mortality rates.³⁹ The COVAX initiative of WHO, UNICEF, and partner countries, started in March 2021, significantly accelerated the initially slow Tunisian vaccination campaign process. In less than a month, Tunisia received over 5.4 million doses of vaccines thanks to donations from countries such as Germany, the United States of America, and France.⁴⁰

In Kebili, respondents viewed the availability of COVID-19 vaccines positively with the majority, at almost 60

³⁴ Jeune Afrique. (2020, May 25). Tunisia: Women's access to healthcare, a collateral victim of COVID-19: <https://shorturl.at/mELV9>

³⁵ KII 29. President of Les Cavaliers du Désert NGO. (2024). Kebili

³⁶ World Health Organization. (2021, July 15). COVID-19 deaths in Africa surge more than 40% over previous week.

³⁷ World Health Organization. (2022, February 21). Effective evidence-based decision making for COVID-19 in Africa. Retrieved from [URL]

³⁸ KII 4. Senior Nurse in emergency services of the Kef Regional Hospital. (2024). Kef

³⁹ Moeti, M. (2021, February 4). Opening Statement, COVID-19 Press Conference. Remarks presented at the World Health Organization Regional Office for Africa.

⁴⁰ Gavi. (n.d.). COVAX vaccine roll-out: Tunisia [Press release]. Gavi, the Vaccine Alliance: <https://shorturl.at/qBFGI>

percent, believing the vaccines were widely available. In Kef, around 40 percent of respondents perceived the availability as moderate, followed by 36 percent who thought it was widespread.

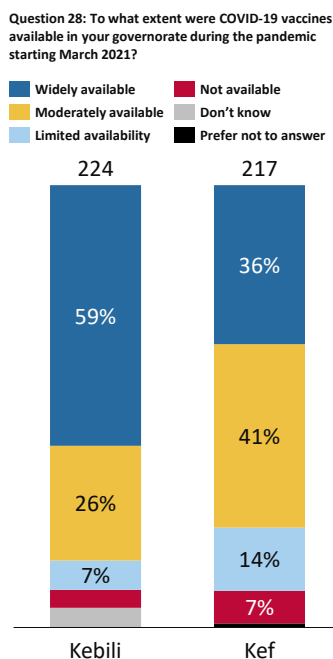


Figure 11. Availability of Vaccines in Kebili and Kef

This success was attributed to the effectiveness of the communication efforts at both the national and local levels encouraging people to get vaccinated. Here, NGOs and local initiatives played a crucial role in disseminating information across the regions. The majority of KIs mentioned the successes of targeted information campaigns, specifically in the early phases when vaccines were reserved to certain categories of the society like the elderly, disabled and people suffering from chronic conditions.⁴¹

Issues with access to health services for women and other vulnerable groups

The survey revealed that the main challenges for vulnerable groups in accessing essential health services were fear of contamination and limited transportation to health centers. This particularly affected those in rural areas, the elderly, and persons with disabilities. While gender discrimination was the least cited issue,

the survey in Kebili and Kef revealed transportation challenges, especially for women.

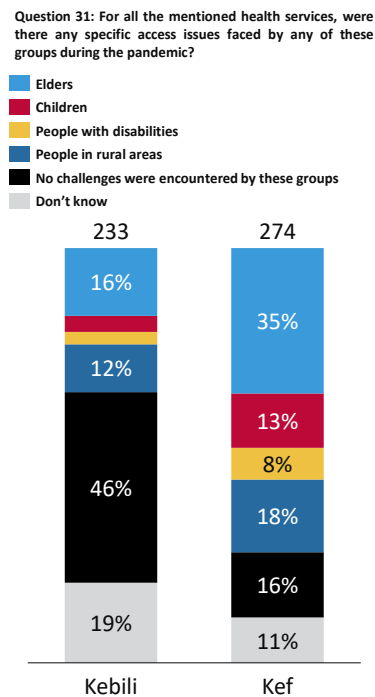


Figure 12. Specific Access Issues Faced by Groups in Kebili and Kef

In Kef, 35 percent of respondents indicated that the elderly faced specific accessibility problems. These included difficulties with transportation, insufficient medication for chronic illnesses, shortage of medical staff, and overcrowded hospitals. In addition, 18 percent identified problems faced by people living in rural areas, citing transportation and economic difficulties as barriers to accessing healthcare facilities.

In Kebili, nearly half of the respondents to the survey indicated that vulnerable groups did not encounter any specific challenges. This was followed by respondents expressing uncertainty at 19 percent, and 16 percent mentioning that elders faced particular issues.

KIs revealed that NGOs like the Scouts and the Red Crescent played an important role in providing essential services such as transporting vulnerable individuals to hospitals for medical care and mobilizing staff to be able to check on elderly people directly in their homes in both Kebili and Kef.^{42,43}

⁴¹ KII 14. President of Femmes et Citoyenneté NGO. (2024). Kef

⁴² KII 22. Tunisian Scout Leaders and Faouar Desert Scouts Development Coordinator.(2024). Kebili

⁴³ KII 2. Member of the Red Crescent and the Scouts in Kef. (2024), Kef

“We tried to provide transport for sick people wishing to travel to hospitals.”

- KII 22. Tunisian Scout President and Faouar Desert Scouts Development Coordinator. (2024). Kebili

Regarding the specific challenges encountered by women, opinions varied within the two governorates. **In Kebili**, more than half of respondents did not think there were specific issues faced by women, while 20 percent acknowledged their presence and 26 percent were uncertain. **In Kef**, an equal proportion of respondents held varied opinions, with 8 percent expressing uncertainty. Healthcare professionals interviewed in Kef reflected this data by reporting no differences in both the access and availability of health services to women and men⁴⁴.

Question: 29. For all the mentioned health services, were there any specific access issues faced by women during the pandemic?

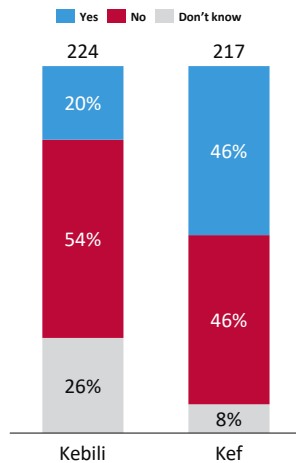


Figure 13. Specific Access Issues Faced by Women in Kebili and Kef

Those who thought women faced particular challenges mentioned transportation issues, a lack of female health providers, economic difficulties, and fear of COVID-19 exposure in healthcare facilities as the main concerns. This comes despite some efforts done at the local level such as the creation of two separate centers **in Kebili** for pregnant women: one for those contaminated by COVID-19 and another for those not suffering from the virus.

⁴⁴ KII 6. General physician in emergency services of the Kef Regional Hospital. (2024). Kef

4.3. Key Findings

Availability and access to essential health services and medicine. The findings indicate there was room for improvement in enhancing the availability of essential health services during the pandemic. Although the survey showed that over 60 percent perceived the services as moderately to widely available, a significant 40 percent considered them to be limited or unavailable. KIs further acknowledged existing challenges with accessibility but affirmed that these services remained available. Views on medication availability were evenly split, with healthcare professionals highlighting instances of adaptability and the impact of measures like lockdowns on the circulation of medical supplies.

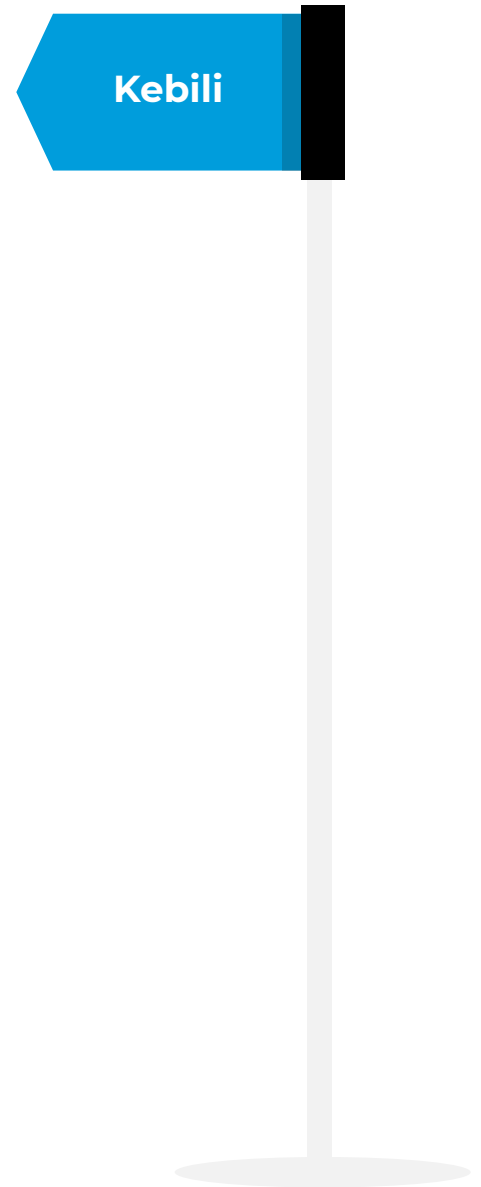
Availability and access to treatment for chronic health conditions. Opinions regarding the availability of treatment for chronic health conditions differed among the general population, whereas healthcare professionals leaned towards acknowledging its availability during the pandemic. Adaptations such as the establishment of dedicated areas to separate treatment for chronic conditions and COVID-19 cases were mentioned.

Availability and access to reproductive and sexual health services. Perceived availability of RSH services ranged from moderate to limited with differences in perceptions between genders. There appears to be decreased general awareness about the availability of these services, even outside of the pandemic context. The accessibility of these services to all women in Kebili, including those in rural areas and with disabilities, was mainly regarded as moderate to limited.

Availability and access to COVID-19 vaccination. Generally, the availability of COVID-19 vaccines was positively perceived, with 60 percent indicating widespread availability. Government communication and awareness campaigns on the topic, along with the engagement of NGOs in these efforts, were seen as contributing factors to the extent of population vaccination in Kebili.

Issues with access to health services for women and other vulnerable groups. Half of the survey respondents in Kebili did not perceive any specific access issues for vulnerable groups during the pandemic. However, a minority believed that elders faced challenges. NGOs like the Scouts have played an important role in ensuring that sick and elderly people can reach hospitals when they need to.

As for women, while half of the respondents did not perceive any specific issues faced by women, those who did highlighted transportation issues, insufficient availability of female health providers, economic difficulties, and fear of exposure to COVID-19 in healthcare facilities as the main obstacles.





Kef

Availability and access to essential health services and medicine.

Overall, general perceptions regarding the availability of essential health services appear positive with some accessibility challenges highlighted by KIs. However, opinions on the availability of medication were divided among the survey respondents in Kef, with some indicating availability and others disagreeing. Healthcare professionals tended to emphasize disruptions in medication availability during the pandemic.

Availability and access to treatment for chronic health conditions.

Perceptions regarding the availability of treatment for chronic health conditions ranged from moderate to limited, as indicated by both general perceptions and insights from healthcare professionals. These professionals emphasized that these services were given lower priority compared to addressing COVID-19-related needs. Challenges such as securing dialysis sessions, arranging transportation to hospitals, and concerns about potential infection during consultations have further complicated the management of chronic health conditions in Kef.

Availability and access to reproductive and sexual health services (RSH).

Respondents predominantly felt that the availability of RSH services was limited. Accessibility for all women, regardless of urbanization and disability, was mostly considered moderate to limited.

Availability and access to COVID-19 vaccination. Perceptions regarding the availability of COVID-19 vaccines were generally positive, with availability ranging from moderate to widespread. The government's communication on this subject, as well as local NGO initiatives, have strengthened efforts to reach the entire population of Kef.

Issues with access for women and other vulnerable groups. The elderly and people residing in rural areas were identified as facing specific challenges in accessing government assistance. These challenges included transportation difficulties, overcrowded hospitals, and economic constraints.

In terms of accessibility for women, although half the survey respondents did not identify any specific accessibility issues for women, those who did reported barriers such as transportation difficulties, a lack of female healthcare providers, economic difficulties and concerns about exposure to COVID-19 in healthcare facilities.

5. Impact of the COVID-19 Response on Economic Participation and Social Protection



The economic repercussions of the COVID-19 pandemic began to manifest since early 2020. Interruptions in supply chains and business closures resulting from the lockdowns, travel restrictions, and social distancing policies implemented in an attempt to contain the virus, have led to significant economic losses. Furthermore, the pandemic exacerbated pre-existing social and financial difficulties in the country, leading to the urgent adoption of rapid economic and social protective measures. In this section, we will expose the different policies that were enacted, and the perceptions of the support received by the citizens in Kebili and Kef through the implemented mechanisms.

5.1. Overview of the socio-economic measures as part of the COVID-19 response

Measures focusing on addressing the socio-economic aspects of the pandemic targeted both individuals and companies. They included financial aid packages, employment protection programs, and support measures for vulnerable communities and affected businesses. Financial assistance was disbursed multiple times, either as one-time grants or as ongoing aid to different categories of recipients. For instance, low-income households that were under the National Assistance Program for Needy Families (PNAFN), received a monthly stipend of 180 dinars. An extra 10 dinars per month have been allocated for each child attending school (up to a maximum of 3 children), as well as 20 dinars per month for each child with a disability.⁴⁵

SOCIAL PROTECTION MEASURES FOR INDIVIDUALS



Financial Aid for students

A one-time financial aid of 50 dinars was allocated to 307,650 students, amounting to 15.4 million dinars.



Suspension of utility disconnections

Decisions to disconnect water, electricity, and telecommunications services for households were suspended for a period of six months.



Financial Aid for needy households

A monthly payment of 180 dinars was made for needy households who were under the National Assistance Program for Needy Families (PNAFN).



Protection of employees from dismissal

Decree law n° 2020-2 of April 14, 2020, stipulated the exceptional and provisional suspension of certain articles of the Tunisian Labor legislation related to contract termination without prior approval in cases of force majeure, aiming to protect private sector employees from dismissal during the COVID-19 pandemic.



Cash transfers to vulnerable households: AMEN Social Program

The AMEN Social social protection program has adapted to provide temporary cash transfers to low-income and vulnerable households



Postponing loan deadlines

Circular to Banks No. 2020-8, by BCT dated April 1, 2020, stipulated extending loan deadlines for individuals earning a monthly

⁴⁵ Mahjou, A. (n,d). Pandémie COVID-19 en Tunisie: Les inégalités, les vulnérabilités à la pauvreté et au chômage. FTDES. <https://ftdes.net/rapports/COVID-AZ19.pdf>

For students, a one-time allowance of 50 dinars was disbursed benefitting 307,650 students.⁴⁶ Furthermore, exceptional circulars were issued by the Central Bank of Tunisia (BCT) to support individuals, including the postponement of loan due dates and suspension of electronic payment fees.⁴⁷ Utility disconnections were also suspended during the first wave of COVID-19. Households benefited from a six-month suspension of disconnections for services such as electricity, water and telecommunication.⁴⁸ Additionally, from an employee protection perspective, decrees and circulars were adopted aiming at preventing dismissals of employees in the private sector due to unforeseen circumstances related to the pandemic.⁴⁹ In addition, the “AMEN Social” program, initially launched by the Ministry of Economy in early 2019 as an integrated social protection program for low-income households, has been adapted to support the immediate need for emergency assistance caused by the pandemic, through the provision of temporary cash transfers to low-income and vulnerable households.⁵⁰

SOCIAL PROTECTION MEASURES FOR BUSINESSES



Deferment of social security contributions

Decree No. 2020-4, issued on April 14, 2020, allowed companies impacted by activity suspensions to defer social security contributions for the second quarter of 2020 without penalties after meeting certain conditions.



Supporting self-employed workers and their employees who were affected by total lockdown

Decree-law n° 2020-3 of April 14, 2020, outlined exceptional social measures to support self-employed workers and their employees affected by total lockdown measures. It provided a monthly compensation of 200 dinars during temporary work interruptions, which ceased upon the resumption of their activities following revised health containment procedures.



Deadline extension for corporate tax declarations

Legislative decree No. 2020-6, issued on April 16, 2020, aimed at alleviating the tax burden on them by extending deadlines for corporate tax declarations and suspending penalties for late filing.



Compensation and support to SMEs

Legislative decree No. 2020-4, issued on April 14, 2020, allowed for the deferment of social security contributions and one-time compensation for affiliated companies. This support also encompassed the allocation of funds for financing rescheduled loans granted by banks to small and medium-sized enterprises (SMEs) affected by COVID-19.

Concerning businesses, fiscal measures were implemented through the decree No. 2020-6, issued on April 16, 2020, that contributed to alleviating tax burdens by extending deadlines for corporate tax declarations and suspending penalties for late filing. In addition, efforts have been made to support self-employed workers, notably through the granting of exceptional compensation in the event of a temporary interruption in work.⁵¹

Moreover, financial support measures under decree No. 2020-4, issued on April 14, 2020, specifically targeted the companies affected by lockdown regulations. It allowed for the deferment of social security contributions and one-time compensation for affiliated companies. This support also covered the allocation of funds for financing rescheduled loans granted by banks to small and medium-sized enterprises (SMEs) affected by COVID-19.⁵²

⁴⁶ Ministry of Social Affairs. (2022). Tunisie : Investir dans le Capital Humain des Enfants grâce à un Système de Protection Sociale durable et inclusive. <https://www.social.gov.tn/sites/default/files/2023-06/Tunisie-Investir-dans-le-Capital-Humain.pdf>

⁴⁷ OIT, ADWA, Economic Research Forum (2021) « Enquête rapide sur la population active et l'impact de la COVID-19 en Tunisie »

⁴⁸ Business News. (2020). L'essentiel des mesures prises par Elyes Fakhfakh. https://www.businessnews.com.tn/l'essentiel-des-mesures-prises-par-elyes-fakhfakh_519_96491_3

⁴⁹ République Tunisienne, Ministère du Développement, de l'investissement et de la coopération internationale, PNUD, (2020), « Impact économique du COVID19 en Tunisie »

⁵⁰ Ministry of Social Affairs. (n,d). Project to support the emergency response to the COVID-19 social protection crisis.

<https://www.social.gov.tn/fr/projet-d%E2%80%99appui-%C3%A0-la-r%C3%A9ponse-d%E2%80%99urgence-%C3%A0-la-crise-COVID-19-en-mati%C3%A8re-de-protection-sociale#:~:text=Les%20crit%C3%A8res%20d'%C3%A9ligibilit%C3%A9%20du,m%C3%A9nage%20n'ayant%20pas%20de>

⁵¹ GIZ. (2020). COVID-19: Quelles mesures pour soutenir les entreprises établies en Tunisie

⁵² Ibid

5.2. Perceptions of the socio-economic response to the COVID-19 pandemic in Kebili and Kef

To assess the different measures that were part of the social and economic response, this study gathered perceptions from the survey respondents in the two governorates of Kebili and Kef, in addition to several stakeholders directly involved in the COVID-19 response. These firsthand insights will be presented and analyzed subsequently.

Sources of income before and during the pandemic

Survey respondents were asked about their sources of income before and during the pandemic to assess any changes.

As for sources of income prior to the pandemic, a substantial portion of the survey respondents in both governorates, which comprises 39 percent in Kebili and 27 percent in Kef, reported relying on freelance work as their primary source of income. Given the context, this answer could be interpreted as referring to day-labor in sectors such as construction or agriculture. Additionally, nearly 30 percent of respondents in Kef reported that their spouse's income provided their principal source of income before the start of the pandemic.



The prevalence of spousal income may signal challenges for women in accessing employment opportunities in Kef, consistent with the region's reputation for high unemployment rates, particularly among women. Moreover, this implies that a significant portion of households in Kef depended solely on a single income source, making them more economically vulnerable during the COVID-19 crisis. Additionally, freelance work, which was widely understood and referred to as day labor and economic participation in the informal sector by respondents,⁵³ raises questions about social protection for those who depend on these forms of

income in both governorates. This is particularly relevant as the socio-economic measures enacted by the Ministry of Economy did not address the groups and individuals working in the informal sector, which covers a large number of the population that contributed to an estimated 28.5 percent of the gross-domestic product (GDP) in 2020.⁵⁴

During the pandemic, income sources have followed the same pattern as before, with freelance work and spouse income being the main sources, followed by full-time employment. This suggests that the revenue structure of the inhabitants in both Kebili and Kef remained relatively unchanged during the COVID-19 pandemic. However, despite this relative stability, there were cases where income sources shifted due to job losses and the inability to continue a normal working activity. Additionally, qualitative data suggests that many individuals still faced significant financial hardships due to the country general economic situation aggravated by the pandemic, even if their employment status remained unchanged. Many found difficulties providing some food products and medicines.

In Kef, many respondents that underwent a change in their income explained that the consequences of the pandemic led to their unemployment and the loss of their main source of income generated primarily from a day-labor job. A few were able to rely on savings, government assistance, spouse income, or friends and family assistance. It is clear that the COVID-19 pandemic caused a deterioration of the economic situation of a segment of the population in Kef, particularly those engaged in day-labor work, making it challenging to maintain a stable source of income. With the difficult economic situation in Kef for a large portion of the society, the repercussions of the pandemic exacerbated existing vulnerabilities.

Similarly, **in Kebili**, most of the respondents found difficulties continuing day-labor working and had to rely on their savings or emergency funds. This was explained by a scarcity of work opportunities and by the lockdown measures that were put in place. Some

⁵³ Open-ended questions revealed that freelance work, in Arabic “aamal horr”, was widely understood by survey respondents as day labor or informal working activities such as construction and working in small craft stores, etc.

⁵⁴ The Tunisian Observatory for Democratic Transition and FES. (2020). La Tunisie à l'épreuve du COVID-19. <https://library.fes.de/pdf-files/bueros/tunesien/16394.pdf>

respondents lost their part-time employment in sectors that were significantly impacted by the pandemic and its repercussions.



Before the pandemic, freelance work/self-employment was the top source of income for men in both Kebili and Kef, while spouse income was predominant for women in Kebili and Kef. During the pandemic, these trends remained largely unchanged, with freelance work/self-employment continuing to be the main source for men and spouse income for women.

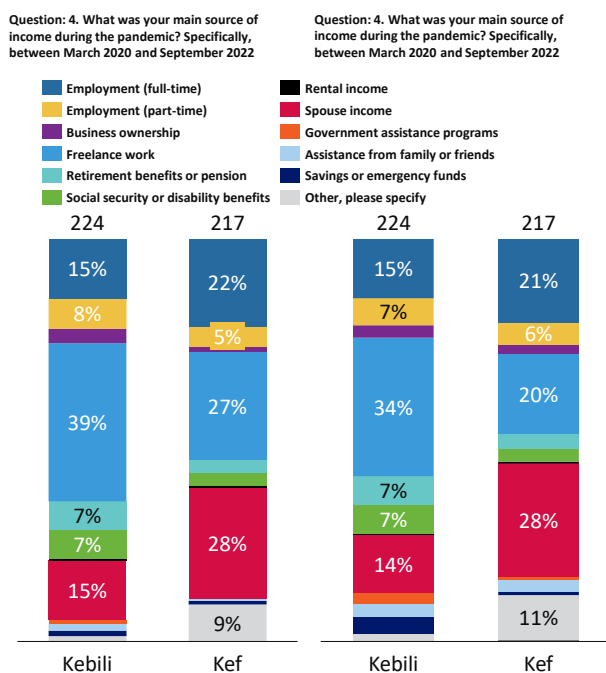


Figure 14. Sources of Income Before and During the Pandemic in Kebili and Kef



The government's efforts to provide protective measures during the pandemic for part-time and day workers, along with reports of unemployment, highlight concerns about social protection for specific professions. These also include factory workers, domestic workers, individuals in the hospitality sector (e.g., restaurants and cafes), and small business owners and employees, particularly those operating informally. Job losses also affected people who relied on the income of spouses who became unemployed due to COVID-19. They had to turn to government assistance, loans or support from friends and family.

When asked about resorting to alternative means of covering their expenses, such as borrowing or taking out a loan, over 60 percent of respondents in Kebili said they had not done so, while nearly 40 percent in Kef provided the same answer. For those who did, borrowing from neighbors was the most common way to deal with their expenses. In Kebili, the percentage was 13 percent, while in Kef, it was more than double at 28 percent. It is worth noting that, in Kef, people also relied on loans from banks with a rate of 14 percent.

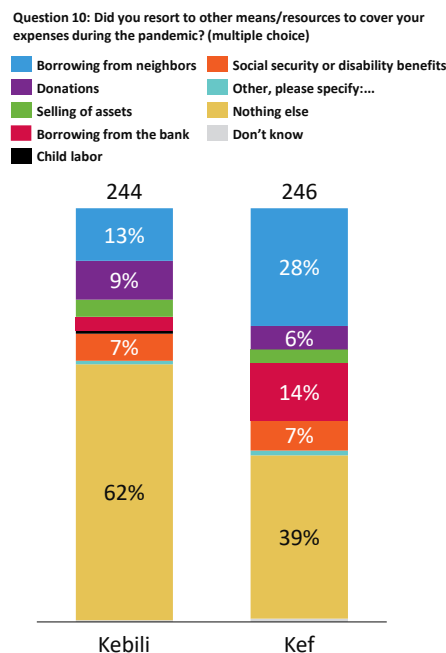


Figure 15. Resources Utilized to Cover Expenses During Pandemic in Kebili and Kef

In summary, survey data show that, overall, sources of income did not vary significantly during and after the pandemic compared to before the pandemic in the two governorates. The main revenue sources remained freelance work and spouse income. Respondents who reported a modification in their subsistence means due to job losses or work interruption either had to rely on spouse income, assistance from family and friends, or savings. They initially worked as day laborers, self-employed in small businesses, or worked in sectors characterized by low protection for workers. Notably, there was not a significant trend of relying on government financial assistance.

The extent of government assistance

When citing the measures taken by the Tunisian government during the pandemic for economic and

social protection, such as extending loan payment deadlines, providing compensation for work suspension, and halting utility disconnections due to non-payment of bills, as many as 94 percent of the respondents in Kebili and 85 percent in Kef reported not receiving benefits from the government during the COVID-19 pandemic.

These numbers are significant, especially considering the numerous measures that were reportedly taken by the state. Few mentioned that they had an extension of their loan payment deadlines, at 6 percent in Kebili and 9 percent in Kef. Other forms of assistance mentioned by respondents in both governorates included support from local delegates ("Omda"), aid from NGOs, and state allowances for children.

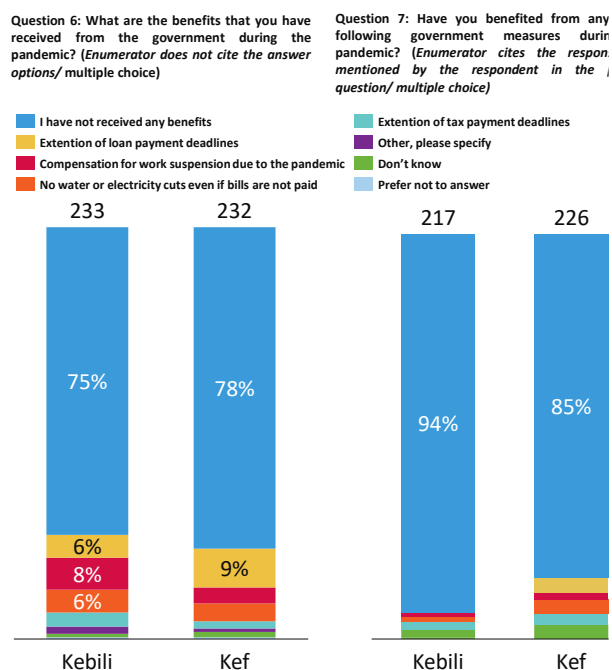


Figure 16. Socio-Economic Assistance Received during the Pandemic in Kebili and Kef

“Apart from the 200 dinars measure, I did not hear of anything.”

- KII 23. LTDH member. (2024). Kebili

The responses about how people adjusted their income sources and their reports on government aid in both Kebili and Kef suggest that the social and economic benefits introduced during the pandemic did not effectively reach most people in these areas.

This may suggest that certain support mechanisms were not clearly communicated to the citizens, which explains why more people said they had not received assistance even though measures were explicitly mentioned. Potential gaps in communication from authorities regarding the various programs, challenges in effective implementation, and complexities in the procedures facilitating participation in state support mechanisms and programs could explain why assistance may not have reached them. Additionally, a significant portion of the population might not have qualified for specific government assistance, particularly financial aid, suggesting that the scope of this support may have been limited.

Individuals primarily relied on their own resources to navigate the economic challenges brought about by the pandemic. Due to limited resources and health expenditures, public authorities choose to protect the very vulnerable groups that urgently needed support. Most people in Kebili and Kef were not targeted by state measures. The other forms of government aid were directly oriented to businesses to mitigate the economic crisis due to COVID-19.

Effectiveness of the socio-economic assistance

Survey respondents who reported receiving any form of assistance from the government perceived it to be ranging from moderately effective to slightly effective, as stated by over 60 percent of the respondents in Kebili and more than 80 percent in Kef. On the other hand, nearly 20 percent of respondents in Kebili and close to 10 percent in Kef considered these measures ineffective.

KIIs with stakeholders involved in the crisis response offered more insights into this. Their perceptions highlighted a number of challenges related to the effectiveness of the measures.

In Kef, KIIs clearly stated that social and financial response policies to COVID-19 were insufficient to alleviate economic difficulties. An NGO representative from Kef explained that the measures focused solely on low-income and very vulnerable households excluding the rest of the population who was also in need of

assistance.⁵⁵ Others reported a lack of food and medication supplies.

In Kebili, the state's allowance of 200 dinars, provided to self-employed workers and their employees due to work interruptions during the lockdown, was deemed inadequate by those who received it. Many KIs highlighted the absence of compensation for the people who lost their jobs because of the pandemic and that a large part of the citizens did not receive any financial support. The lack of medication and food supplies also came back as a difficulty faced by the respondents.

Question: 8. How would you assess the effectiveness of these measures in helping you navigate through the pandemic?

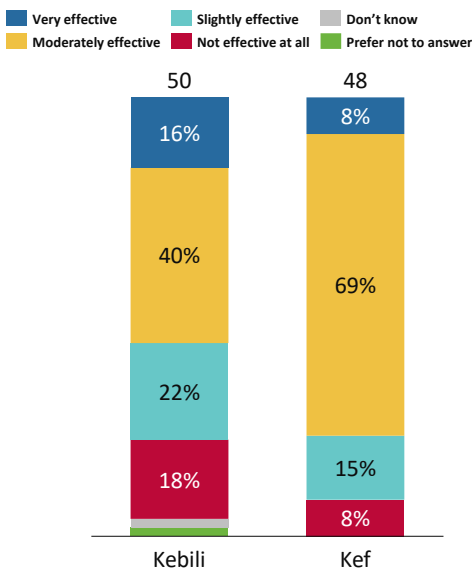


Figure 17. Perception of Effectiveness of Measures Implemented in Navigating the Pandemic in Kebili and Kef



Overall, respondents who considered the measures to be ineffective thought that state assistance was inadequate. From the interviews conducted with stakeholders in both regions, it was clear that a large portion of the population that was in need of support did not benefit from the financial allocations. Furthermore, other measures such as rescheduling loan payments were not seen as enough to prevent individuals who had borrowed money from experiencing financial hardships during the pandemic.

“The allowance only benefited only the very vulnerable households and not the other citizens.”

— KII 1. President of Initiative du Kef NGO. (2024). Kef

Suitability of the government assistance on the governorate level

Social and economic measures appear to lack the tailoring required to meet the specific needs of different governorates. Only a third of survey participants feel that these measures effectively address the challenges specific to each regional context. This trend is evident in both Kebili and Kef.

Question: 13. Do you think that the social and economic measures implemented responded to the specific needs of your governorate?

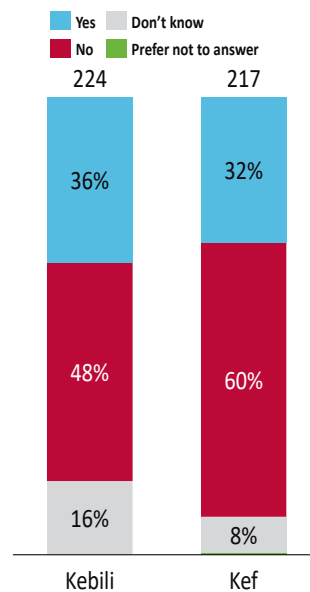


Figure 18. Socio-Economic Policies Responding to Specific Needs in Kebili and Kef

⁵⁵ KII 15. Civil society activist working on GBV. (2024). Kef

“There were no accompanying measures... and even the few aid programs decided by the government were certainly not adapted to the context on the ground.”

— KII 21. Member of the Toris NGO. (2024). Kebili

Access to government socio-economic measures for women and other vulnerable groups

The views on how various groups accessed government social and economic measures differed between the two governorates.

In **Kebili**, as high as 33 percent of the respondents considered that vulnerable groups did not encounter any challenges in benefitting from public assistance. Other respondents noted that elders in Kebili faced the most challenges in benefitting from government support policies during the COVID-19 pandemic. Many reasons contribute to this trend, including elders’ inability to physically go withdraw their pensions and use certain services due to heightened health risks during that period, as well as a lack of targeted social assistance for this group. Moreover, difficulties in accessing information about state programs further exacerbate the challenges faced by the elderly groups.

In **Kef**, 15 percent found that the different groups mentioned did not face issues to access state measures. People in rural areas were seen as facing difficulties relating to social and economic measures, mainly because of the absence of transportation and problems reaching public facilities. When it comes to children, many respondents pointed out that the interruption of classes directly affected them, and the state did not support households to face the lockdown.

People with disabilities, also, could not receive specific support to enable them to continue having their regular check-ups and treatments and face the challenging times of the pandemic.

Question 15: For all the mentioned government social and economic measures, were there any specific access issues faced by any of these groups during the pandemic? (multiple choice)

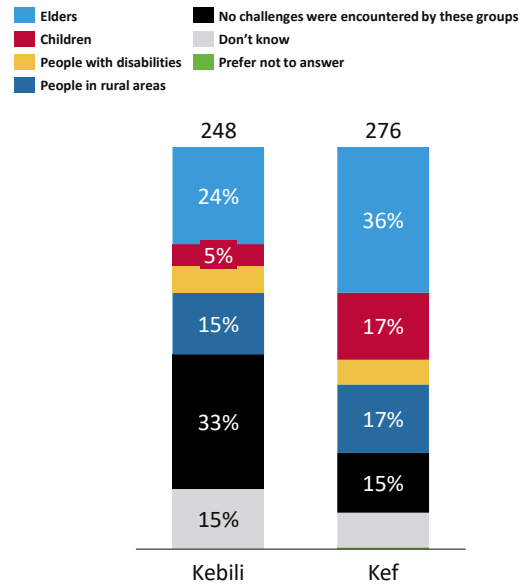


Figure 19. Specific Access Issues Faced by Different Groups in Kebili and Kef

As for women in both **Kebili** and **Kef**, similar to what has been observed in other countries, they bore a disproportionate burden of the pandemic’s impacts. Increased domestic responsibilities, reduced working hours, and job losses exerted additional constraints on women in the workforce, particularly in sectors traditionally dominated by them, such as retail, hospitality, and services.⁵⁶ What is more, women often represented a substantial portion of the household’s income in families affected by the pandemic, and their financial setback made it difficult to meet the household’s basic needs.⁵⁷ Moreover, women in the informal sector, lacking social and legal protections, were especially vulnerable to the economic consequences of COVID-19.⁵⁸

⁵⁶ UN Women, (2022). « Gender and crisis of COVID-19 in Tunisia: Challenges and recommendations »

⁵⁷ Nabila Hamza, (2022) « Femmes, COVID-19 et genre : les leçons tunisiennes »

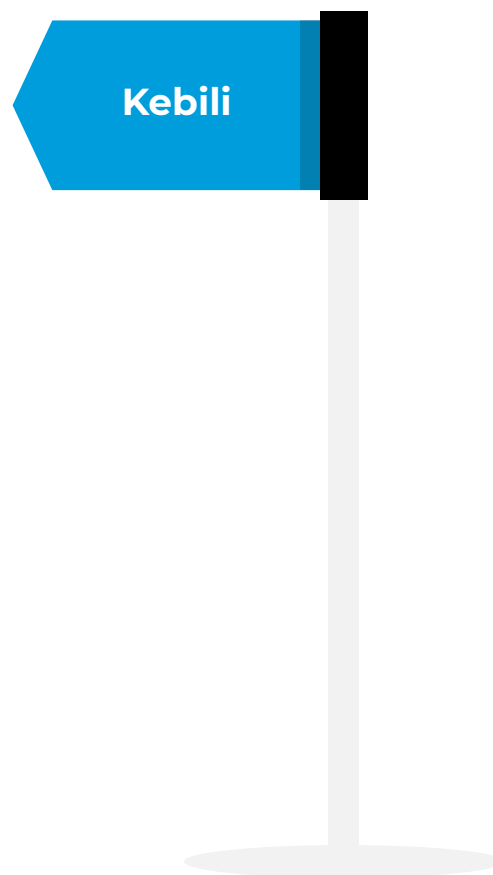
⁵⁸ UN Women, (2022). « Gender and crisis of COVID-19 in Tunisia: Challenges and recommendations »

5.3. Key Findings

Sources of income. Although income sources remained generally stable in Kebili, many individuals, whether they changed their sources of income or not, experienced widespread financial difficulties. This included day laborers, factory workers, workers in hospitality, small business owners, and workers who often operated in the informal sector. These groups were inadequately covered by government support measures, leading to significant economic challenges.

Effectiveness of assistance. Among those who reported receiving assistance, as emphasized by interviewed stakeholders, the support was frequently deemed insufficient and targeted to only a portion of the population that needs it.

Access to government measures for women and other vulnerable groups. Most respondents felt that vulnerable groups faced few issues overall, but elders were identified as having the most difficulty accessing support systems. This was because they had trouble accessing pensions and certain services due to health concerns during that time.



Sources of income. Similar to Kebili, the sources of income in Kef have not majorly shifted. However, women's dependence on their spouses' income suggests a significant reliance on single-income households, increasing their financial vulnerability. Additionally, the prevalence of day labor and other less secure employment, often associated with the informal sector, highlights concerns regarding social protection for individuals dependent on such income streams.

Effectiveness of assistance. Economic and social protection policies were perceived as insufficient according to the respondents. Based on the data collected, it seems that a few categories of the population benefitted from assistance programs. Additionally, state aid recipients lacked concrete empowerment despite being supported and targeted by state response.

Access to government measures for women and other vulnerable groups. communities in rural areas generally and women specifically were perceived to have encountered challenges related to limited transportation and difficulties reaching public facilities and thus benefitting from state programs. Similarly, individuals with disabilities were reported to have faced obstacles in accessing essential support to continue their regular check-ups and treatments during the pandemic's challenging times.

6. Impact of the COVID-19 Response on Education 6.



The COVID-19 pandemic inflicted unprecedented challenges worldwide, impacting multiple aspects of daily life, including education. As countries struggled with the rapid spread of the virus, strict measures such as nationwide lockdowns and the closure of educational institutions were implemented to curb transmission rates. In Tunisia, the education sector faced substantial disruption, with the abrupt closure of schools and the transition to online learning posing significant challenges for students, educators, and families alike. This section underlines the impact of the pandemic and the measures taken by the government on education, as revealed through surveys and interviews conducted in the governorates of Kebili and Kef. From widespread uncertainty about the continuity of education to disparities in access to online learning resources, the repercussions of the pandemic stress the urgent need for comprehensive strategies to address the evolving needs of the education system amidst crisis situations.

6.1. Overview of the educational measures as part of the COVID-19 response

Measures taken by the ministry of education



Distance learning implementation:

The Ministry of Education initially closed schools for an extended period and implemented a platform for distance education. This involved recorded sessions broadcast on national television, primarily targeting baccalaureate-level students.



Redefined school schedules and formats:

To adapt to the new normal, the ministry introduced innovative changes in school schedules and formats. Strategies included reducing school hours and class sizes by splitting students into groups that attended school in person every other day.



Educational resource allocation:

The Ministry of Education implemented measures such as improving school resources, providing necessary educational materials, expanding the use of information and communication technologies, and allocating additional funds to rural schools.



Psychological support initiatives:

Psychologists and social workers provided information sessions and counseling services to students and parents to address academic challenges and dropout risks.

In response to the challenges presented by the COVID-19 pandemic, the Ministry of Education in Tunisia implemented a series of measures aimed at mitigating the disruptions to the education sector. These measures included implementing distance learning programs, improving allocation of educational resources, and providing psychological support initiatives. Distance learning was facilitated through recorded sessions broadcast on national television, particularly targeting baccalaureate-level students. As an adaptive method, school schedules and formats were redefined, with strategies such as reducing school hours and class sizes and implementing alternate-day attendance for students. Additionally, efforts were made to support school resources, provide

necessary educational materials, and expand the use of information and communication technologies, particularly in rural areas. Moreover, psychological support programs were initiated to address academic challenges and dropout risks, with psychologists and social workers deployed in high-risk areas to administer green lines and radio shows.

6.2. Perceptions of the impact of the COVID-19 response on primary and secondary education

Impact of the COVID-19 crisis on education

Based on the survey, over 60 percent of respondents in both governorates reported severe disruptions to education due to the pandemic.

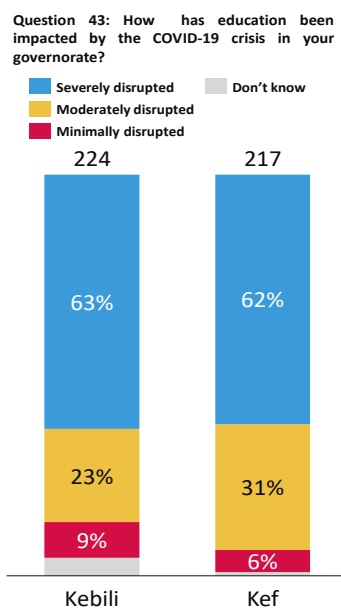


Figure 20. Impact of the Pandemic on Education in Kebili and Kef

KIs explained that when all educational institutions closed suddenly and for an extended period, many students and parents were left uncertain about the future of their education, academic progress, and overall well-being. At a later stage, when students returned to school on alternate days, health concerns remained a top priority.

Impact of the government response to the COVID-19 crisis on education

The perceptions of the government's response to the impacts of the health crisis on education were not overly positive. In both governorates, less than

a fifth of respondents believed it was highly effective. Instead, the majority saw it as moderately effective or ineffective.

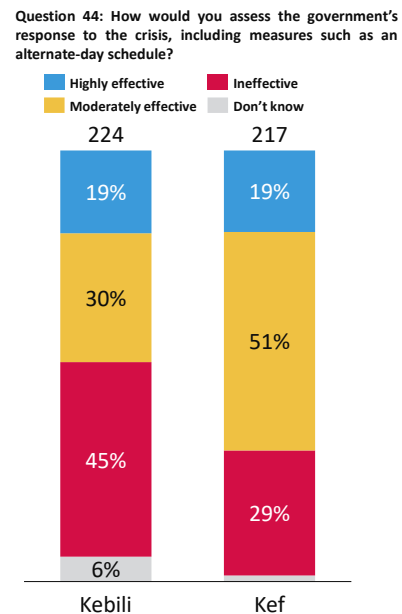


Figure 21. Perception of Government Response Effectiveness in Responding to Crisis in Kebili and Kef

In Kef, around half of the survey respondents found the measures taken by the government to be moderately effective and nearly 30 percent said they were ineffective. Most frequently respondents reported that children had a lower educational attainment after the health crisis, stating that students lost interest in studying. This is particularly concerning considering the notable dropout rates in Kef. According to the Ministry of Education's latest figures, in 2016, primary school dropout rates in Kef stood at 1.1 percent, exceeding the national average of 0.9 percent at the time.⁵⁹

An interviewed member of civil society emphasized that governmental measures have exacerbated already existing educational challenges.⁶⁰ A recent report published by the Ministry of Education that measure educational attainment revealed a national downward trend in students achieving passing grades in mathematics going from 51 percent in 2012 to less than 10 percent in 2019,

⁵⁹ Daghari, S and Ben Rabah, I. (2022). Situation and disparities of the Tunisian educational system. ITCEQ. <http://www.itceq.tn/files/notes/disparites-du-systeme-educatif-tunisien.pdf>

⁶⁰ KII 3. Civil Society activist and member of Kef Business Center. (2024), Kef

results in Kef in 2019 were slightly above the national average at 10 percent.⁶¹ In addition, high poverty rates exacerbate challenges related to accessing and achieving education, in Kef, in 2015, the poverty rate stands at 34 percent more than twice the national average of 15 percent⁶².

Moreover, the interruption of the school year due to lockdowns and alternating-day schedules were seen to have significantly impacted students' academic learning.

“The state's strategy in the education sector was ineffective at all levels [...]. The performance of these students regressed due to the repeated interruptions in classes and the fragmented school year.”

- KII 12. University professor and member of the NGO Boumakhlouf Association for Development. (2024). Kef.

One respondent highlighted that the attrition of school curricula has resulted in content lacking in value and content, further diminishing educational progress.⁶³ The president of NGO Femmes et Citoyenneté noted that the closure of schools and failure to complete curricula during the academic year worsened students' educational attainment, leading to a more severe regression in their academic progress.⁶⁴

“The suspension of classes, even partially, alternating school schedules [...] has had a negative impact on the already very weak education system.”

- KII 9. Omda of Kef Ouest. (2024). Kef

The sentiment was echoed in **Kebili** as well; however, the dissatisfaction was more pronounced, with 45 percent of respondents finding the government measures ineffective.

In Kebili, concerns primarily revolved around communication regarding lockdowns and school operations. According to an NGO representative, the lack of clarity surrounding school openings and closures led to instability and confusion among students, parents, and educators.⁶⁵

Additionally, the irregular class schedules and academic calendars reportedly led to incomplete programs and a decline in education quality. The representative from the Tunisian League for the Defense of Human Rights (LTDH) raised concerns about the government's decision-making, suggesting it was inadequate and had negative effects on students' academic progress, exacerbating existing inequalities.⁶⁶

The transition to alternative learning methods such as the use of the educational TV channel, was also not considered effective. Indeed, a survey conducted by the Ministry of Education revealed that the utilization rate of the educational TV channel was as low as 2 percent.⁶⁷



Many survey respondents and KIs expressed various opinions on education, indicating that Tunisian households were directly impacted by disruptions in education.

Overall, the measures taken by the Ministry of Education of mainstreaming programs and adopting a reduced and different schedule were generally perceived as disconcerting educational attainment and student engagement. A respondent described the government's response as "catastrophic" for education, leading to the deterioration in students' academic performance and proficiency to this day.⁶⁸

⁶¹ Ministry of Education (2020), Annual performance Report of the Education Mission 2019.

⁶² National Institute of Statistics, World Bank (2020), Poverty map in Tunisia

⁶³ President of Initiative du Kef NGO. (2024). Kef. In-Person

⁶⁴KII 14. President of Femmes et Citoyenneté NGO. (2024). Kef

⁶⁵ KII 21. Member of the Toris NGO. (2024). Kebili

⁶⁶ KII 24. LTDH General Secretary. (2024). Kebili

⁶⁷Ministry of Education (2020), Survey on Distance Learning

⁶⁸ KII 23. LTDH member. (2024). Kebili

Similar comments were reiterated multiple times, indicating a widespread dissatisfaction with the measures taken in response to the pandemic.

Nonetheless KIs recognized the government's vital role in reducing virus transmission and protecting children and educators, thus, the necessity of these measures to be taken at an early stage.⁶⁹

“Despite the negative impact on students' educational knowledge, I believe it was an important and effective decision to best protect children and educational instruction from Covid. There were no better solutions available.”

KII 38. Director of Labor Inspection and Conciliation, Ministry of Social Affairs. (2024). Kebili

6.3. Community-led initiatives

In **Kebili**, community-led initiatives on education primarily focused on the distribution and delivery of essential supplies, such as school materials and cleaning products.⁷⁰ KIs from various civil society organizations highlighted efforts to provide paramedical equipment, including facial masks and hand sanitizers, to schools in the region. Cognizant of the importance of maintaining a safe and clean learning environment, these communities conducted rounds of sanitization of school establishments.⁷¹

Beyond hygienic and sanitary measures, civil society actors also engaged in providing small material aid to schools to support them in protecting students and the academic centers.⁷² Moreover, the president of the Red Crescent in Kebili and the president of Les Oasis de Jemna NGO, and other civil society actors highlighted efforts made in schools with students, such as

ensuring that students maintain proper distancing by organizing queues and classroom line-ups to respect social distancing measures and providing masks during periods of national exams.⁷³

In **Kef**, similar efforts were undertaken. The president of the NGO Initiative du Kef highlighted community efforts through mask distribution, awareness campaigns, and financial and material support for those in need.⁷⁴ Additionally, the Omda of Kef Ouest noted private initiatives offering academic support to disadvantaged students through tutoring to make up for missed classes.⁷⁵



The involvement of local civil society organizations has showcased the importance of mobilizing community resources to address educational challenges in crises.⁷⁶ In fact, grassroots mobilization and community empowerment are extremely important in complementing government efforts and addressing crises. By leveraging local knowledge, resources, and networks, civil society organizations and community members play a pivotal role in fostering resilience and promoting collective well-being.

⁶⁹ KII 38. Director of Labor Inspection and Conciliation, Ministry of Social Affairs. (2024). Kebili

⁷⁰ KII 21; KII 22; KII 23KII 24; KII 26

⁷¹ KII 39; KII 28; KII 37

⁷² KII 26. Deputy General Secretary in charge of public affairs for the Education Union in Kebili. (2024). Kebili

⁷³ KII 39; KII 28

⁷⁴ KII 1. President of Initiative du Kef NGO. (2024).Kef

⁷⁵ KII 9. Omda of Kef Ouest. (2024). Kef

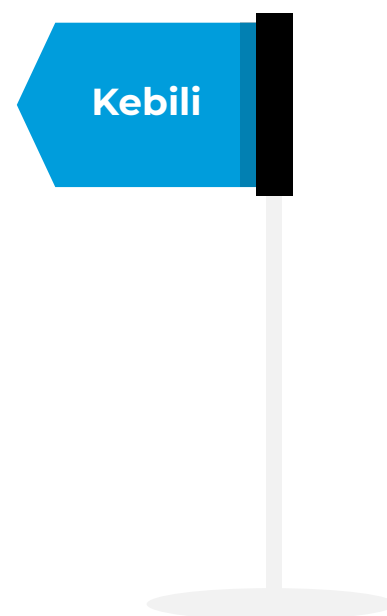
⁷⁶ KII 11. Staff member of the municipality of Kef and assistant to the Omda of Kef West. (2024). Kef

6.4. Key Findings

Impact of the COVID-19 crisis on education. The COVID-19 pandemic severely disrupted education in Kebili, with around 60 percent of respondents reporting significant interruptions. Challenges included uncertainty about the continuity of education, disparities in online learning access, and concerns about health and safety upon resuming in-person classes. The reduction of school curricular and altered schedules introduced by the Ministry of Education created additional hurdles for students and educators.

Impact of the government response to the COVID-19 crisis on education. Dissatisfaction with the government's measures was notable, with 45 percent of respondents finding them ineffective and contributing to a deterioration in the quality of education. KIs as well seemed to have a unanimous take on the lack of effectiveness of the response. Nonetheless, respondents agreed that the measures were effective in protecting children and educators from the pandemic and in slowing down the spread of the disease.

Successful Community-led initiatives. Community-led initiatives in Kebili focused on distributing essential supplies, such as school materials and cleaning products, to ensure the safety and hygiene of educational environments, emphasizing the importance of collective action in supporting safe learning opportunities for students.



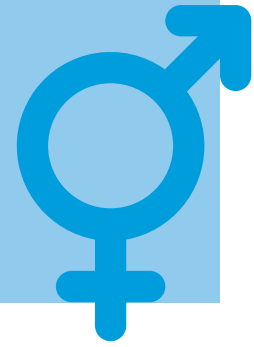
Impact of the COVID-19 crisis on education. Similar to Kebili, Kef experienced significant disruptions in education due to the pandemic, with around 60 percent of respondents reporting major interruptions. Challenges included inconsistencies in class schedules, incomplete curricula, and declining academic proficiency among students.

Impact of the government response to the COVID-19 crisis on education. The government's response was perceived as moderately effective by half of the respondents, but dissatisfaction with the measures was still prevalent. Specific concerns in Kef included poor management, declining quality of educational materials, and disruptions to students' studying routines. The government's strategy in education was widely criticized, with some labeling it as catastrophic for students' academic attainment and proficiency.

Successful Community-led initiatives. In Kef, community-led initiatives demonstrated a strong sense of societal solidarity and mutual aid, overseeing mask distribution, awareness campaigns, and material support for those in need. Private initiatives provided academic support to disadvantaged students through tutoring to compensate for missed classes, highlighting the resilience and resourcefulness of communities in addressing educational challenges.



7. Impact of the COVID-19 Response on GBV



Tunisia's fight against COVID-19 has exposed a harsh reality: the pandemic disproportionately impacted women. Lockdowns, intended to safeguard public health, contributed to a surge in GBV. A staggering 77 percent of GBV notifications in 2020 occurred during the first lockdown, highlighting the vulnerability women faced in their own homes. The response to the pandemic has required significant mobilization from government, civil society, and communities.

This section highlights the impact of the response to the COVID-19 pandemic on GBV in Tunisia, specifically in the governorates of Kef and Kebili. The overview covers GBV measures, changes in perceived violence levels, tensions, accessibility to protection services, and campaigning efforts, offering a concise yet informative snapshot of the current state of Gender-Based Violence dynamics.

7.1. Overview of the GBV measures as part of the COVID-19 response

The pandemic has resulted in increased isolation and more time spent indoors, leading to heightened psychological needs and instances of violence. Establishing channels to identify cases of need became imperative. In response, the Ministry of the Family, Women, Children, and Seniors actively introduced helplines 1809 and 1899 by. Helpline 1809 was launched in April 2020 following the implementation of the first nationwide lockdown. It aimed to provide listening, psychological support, and guidance for children and families, with the goal of alleviating feelings of isolation and anxiety brought about by the pandemic and confinement. Additionally, it addressed child violence and responded to inquiries from children. On the other hand, helpline 1899 was specifically designed to offer support to women experiencing violence. It offered listening and emotional support, legal advice, referrals to other support organizations, and

“1899” The Green Line for Listening, Support, and Orientation for Women Victims of Violence



Why the Green Line 1899?

The Green Line offers support to women who are victims of violence. Here are some reasons why it exists:

- Prevention: Raise awareness about violence and its impact.
- Support: Help women who are suffering from violence.
- Inclusion: Include women in the support process and connect them with resources.
- Empowerment: Strengthen women's capacity to deal with violence.



The Green Line d provided the following services:

- Listening and emotional support
- Legal advice
- Referrals to other organizations for help
- Information on available resources

“1809” The Green Line for Listening, Psychological Support, and Orientation



What is the Green Line and how does it work?

On March 22, 2020, the Tunisian government announced a nationwide lockdown after recording a rise in the number of people infected with COVID-19.

On April 6, 2020, the Ministry of Family, Women, Children and Seniors, in cooperation with the Association Tunisian Society for Research, Family and Couple Therapy and UNICEF, launched the free Green Line 1809 for listening, psychological support and orientation for children and families, with the aim of alleviating their feelings of isolation and anxiety due to the epidemic and confinement, it also aimed to combat violence against children, and to answer their questions.



The Green Line 1809 provides the following services:

- Listening, psychological support and referral
- Reporting of cases of violence against children
- Reporting of unauthorized kindergartens

information about available resources.⁷⁷ These helplines later played a crucial role in addressing cases of violence as they arose, serving as the starting point for referral mechanisms to address such cases.

7.2. Perceptions of the impact of the COVID-19 response on GBV

Perceptions of changes in GBV levels

This section explores how perceptions of GBV levels changed during the pandemic. Here, we consider survey findings alongside insights from NGOs, social workers, and healthcare professionals.

The data shows a mixed perception of GBV levels during the pandemic, with a more pronounced increase in Kef reported by 29 percent of respondents compared to 14 percent in Kebili.

Question 36: How would you assess the state of violence against women in your governorate during the pandemic?

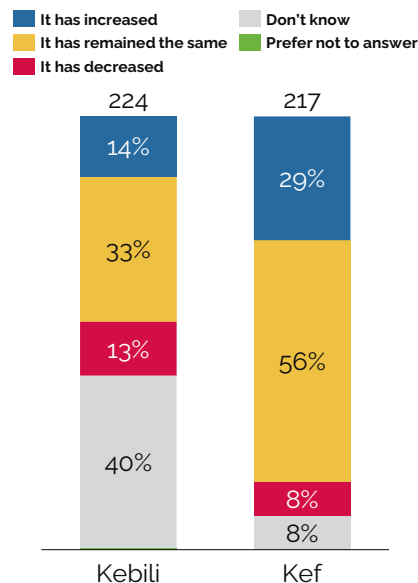


Figure 22: Assessment of the State of GBV during the Pandemic in Kebili and Kef

In Kebili, up to 40 percent of respondents were unaware if violence has increased, while only 14 percent believe it has. Conversely, **in Kef**, 8 percent were unsure, and 56 percent believe it remains unchanged. The perception of increased violence is higher in Kef, with 29 percent of respondents indicating so, compared to Kebili.

The survey results differ from officially reported statistics, which indicate an overall increase in GBV in both regions. For instance, this is reflected in the surge in calls to the national helpline "1809 Green Line," indicating an increase in verbal, psychological, and physical abuse.

⁷⁷ The Tunisian Ministry of Family, Woman, Children and Seniors. (2021). [Annual Report on combatting violence against women](#).

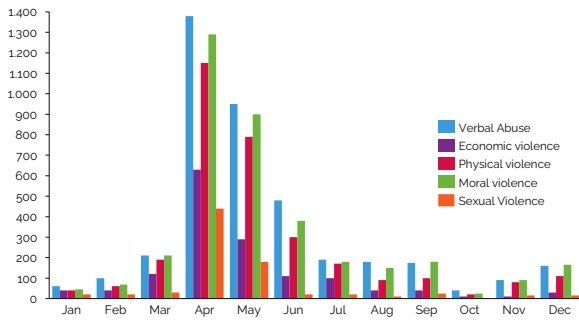


Figure 23: Monthly Distribution of Calls by Type of Violence for the Year 2020⁷⁸

Between April 6, the launch date of the line, and the end of July 2020, the Green Line 1809 received approximately 4,700 calls, including 316 calls related to women survivors of GBV.⁷⁹ These calls were for listening and guidance, particularly for families and children.

The Minister of Family, Women, Children, and Seniors, Asma Shiri, confirmed the trend.⁸⁰ According to the Minister, more than 40 women victims of violence were reported between March 23 and 29, compared to seven alerts during the same period in 2019.

Moreover, the national helpline 1899, which existed since 2016, saw a sevenfold rise in calls during the lockdown period, compared to the previous year, 2019. During the year 2020, the total number of calls received exceeded 15,510.⁸¹

Category	Details	
Type of violence	Physical	2079 calls
	Psychological	2289 calls
	Economic	2127 calls
Perpetrator of violence	Spouse	2127 calls
	Family member	224 calls
Services provided	Listening and legal counseling	87.8% of calls
	Psychological support	36.25% of calls

Table 1: Distribution of Calls to the Helpline 1899 and Assistance provided during the Lockdown period (April – July 2020)⁸²

Nawres Mabrouk, who runs a helpline at the NGO FTDES, confirmed the trend. Their center received a surge in calls, particularly during lockdown, with reports of physical and sexual violence.⁸³ The calls continued after the lockdown lifted, with women facing a new challenge – economic violence.

Perceptions of tensions and violence

⁷⁸ The Tunisian Ministry of Family, Woman, Children and Seniors. (2021). [\[Annual Report on combatting violence against women\]](#). Note that line 1809 was launched in April 2020, there was a previous line 1899 which explains the volume of calls prior to April.

⁷⁹ Ibid

⁸⁰ TV5 Monde. (2020). [Tunisie : le 1809, le nouveau numéro gratuit pour les femmes violentées.](#)

⁸¹ The Tunisian Ministry of Family, Woman, Children and Seniors (2021). [Annual Report on combatting violence against women.](#)

⁸² Ibid

⁸³ Equal Times. (2020). [Despite landmark legal protections, women continue to face gender-based violence in pandemic-era Tunisia.](#)

Question: 37. Did you feel there was a rise of tensions in your house during the pandemic?

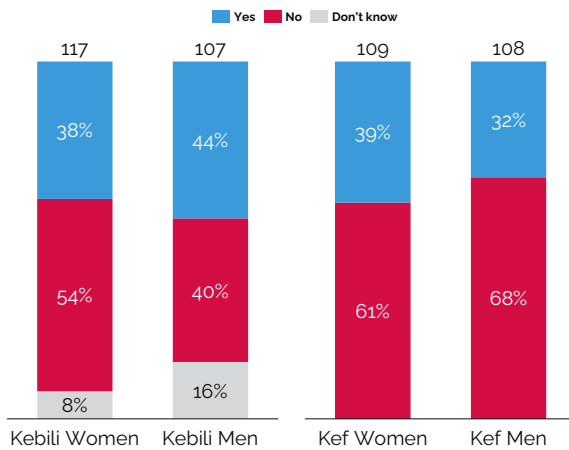


Figure 24: Assessment of Rise in Tensions in the House during the Pandemic in Kebili and Kef by gender

An analysis of survey data reveal that a significant proportion of both women and men feel that there was a rise of tensions in their house during the pandemic. The differences between genders and regions in this case were not significant. In Kebili, the number of men perceiving a rise in tensions (44 percent) was slightly higher than women (38 percent), whereas in Kef, the number of women perceiving a rise in tensions (39 percent) was slightly higher than men (38 percent).

Question: 38. Were you exposed to any form of violence (including physical, emotional, and economic violence) during the pandemic

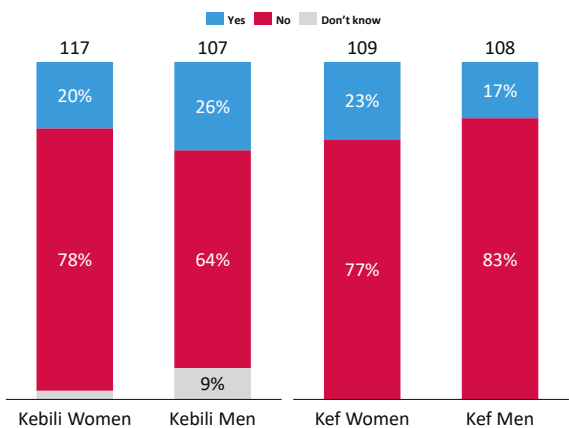


Figure 25: Exposure to Violence in Kebili and Kef by gender

The perceptions of incidence of violence, covering physical, emotional, and economic aspects, are comparable across genders and regions. In Kebili, 20 percent of women and 26 percent of men

reported facing violence, while in Kef, the figures were 23 percent for women and 17 percent for men.

In contrast, NGOs mostly reported increases in GBV incidents during lockdowns, which somewhat contradicts the findings of the survey. A member of an NGO in Kebili⁸⁴ involved in sensitization and distribution of in-kind assistance, pointed out that "reporting cases of violence against women at the grassroots level is already difficult, and during COVID, women were afraid to go to shelters and hospitals due to fear of contracting COVID-19, apart from serious cases that we did not see". A member of the Red Crescent and the Scouts, emphasized the rise in violence and GBV during COVID-19, noting that there was an instance of a woman being murdered as a result of violence.⁸⁵ The same KI indicated that "there was a sharp increase in violence in general and violence against women [...] mainly due to the general state of mind, with a serious lack of financial means, food (sometimes) [...] The lockdown and closure of all resources, shops, cafes, and leisure increased this situation of very bad mental atmosphere". A survivor's testimony to a listening center about the violence she experienced during the lockdown from her husband testified: "Before, he [the spouse] could at least go out to work, to the cafe, to friends' houses. But since the lockdown started, he stays at home all day, so he beats me and rapes me even more often. His only distraction is my body, and if I refuse, he hits me hard."⁸⁶

Healthcare workers in Kef and Kebili have differing views concerning the rates of GBV during the COVID-19. In Kef, one pharmacist⁸⁷ reported a substantial rise in GBV, attributing it to increased relationship and financial pressures during lockdowns, which intensified domestic violence against women. Contrarily, other healthcare professionals in Kef, including an assistant surgeon⁸⁸ and a senior nurse at the regional hospital⁸⁹, observed no change in GBV rates during

⁸⁴ KII 21. Member of the Toris NGO. (2024). Kebili. In-person
⁸⁵ KII 2. Member of the Red Crescent and the Scouts in Kef. (2024)
⁸⁶ ONHCR, Hela Kochbati. Femmes tunisiennes et confinement durant le Covid-19.

⁸⁷ KII 7. Pharmacist in Sers. (2024). Kef
⁸⁸ KII 13. Assistant surgeon at the Kef regional hospital (surgeon 1). (2024). Kef
⁸⁹ KII 17. Senior nurse at the Kef hospital. (2024)

the pandemic compared to prior levels, stating no connection between COVID-19 and GBV.

In Kebili, the consensus among most healthcare workers was that GBV rates remained unchanged before and during the pandemic. However, a notable exception was the general secretary of the Kebili Primary Health Care Union⁹⁰, who claimed that GBV rates tripled during the pandemic. Conversely, the director of basic healthcare in Kebili⁹¹ argued that there was no pandemic-related increase in violence against women, emphasizing “the region’s strong customs and familial structures that protect women”. This sentiment was echoed by the deputy director of the Primary Health Care Directorate⁹², who highlighted the absence of recorded GBV cases, crediting “the extended family’s role in maintaining social harmony”. Additionally, the director of the Faouar hospital⁹³ suggested that the apparent stability in GBV rates might be due to “underreporting, coupled with a general minimization of GBV significance in the region”.



The variation in perceptions regarding the prevalence of tensions and violence during COVID-19 between survey respondents and KIs like NGO members and healthcare workers can be attributed to different perspectives and sources of information. While survey respondents provide insights based on personal experiences, KIs offer observations from their professional interactions, potentially capturing broader trends. Despite comparable incidences of tensions and violence across genders and regions according to survey data, KIs, particularly NGOs, may focus on reported incidents, leading to a perception of increased GBV incidents during lockdowns. Conversely, healthcare workers, with their direct involvement in providing care to affected individuals, may offer a more nuanced assessment of the situation, resulting in a mixed perspective. Additionally,

⁹⁰ KII 33. General Secretary of the Kebili Primary Health Care Union. (2024). Kebili

⁹¹ KII 27. Director of basic health care in Kebilli. (2024). Kebili

⁹² KII 32. Deputy director of the Primary Health Care Directorate in Kebili. (2024). Kebili

communities with limited access to GBV education may not recognize abuse as a crime, contributing to discrepancies in awareness and reporting. These discrepancies underscore the importance of considering diverse viewpoints and sources of data when evaluating the impact of crises on social dynamics.

Availability and accessibility to protection services

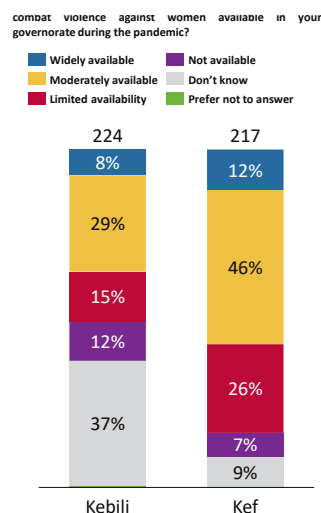


Figure 26. Perceptions of Availability of Protection Services to combat GBV during the Pandemic by gender

This section outlines protection services based on UN Women’s definition of essential services for women and girls who have experienced violence. It emphasizes a core set of services —healthcare, law enforcement, justice, and social support— designed to meet immediate and long-term needs and improve well-being. These services must be coordinated to effectively tackle common forms of violence, such as sexual and intimate partner violence.⁹⁴

Analyzing the survey data with a gender perspective reveals varied views on the availability of GBV protection services in Kef and Kebili. More women than men perceive these services as widely or moderately available in both areas. Additionally, the perception of widespread or moderate

⁹³ KII 30. Director of Faouar Hospital. (2024). Kebili

⁹⁴ UN Women. (n.d.) Essential services: [Ending violence against women](#).

availability is notably higher in Kef compared to Kebili for both genders. However, a considerable percentage of the survey respondents, particularly males, remains uncertain about the availability of these services. In Kebili, 43 percent of male respondents express uncertainty about the availability of GBV protection services.



The differences in perceptions regarding the availability of GBV protection services between genders and regions could stem from various factors. Women may have a heightened awareness of these services due to their potentially higher vulnerability to gender-based violence, leading to a more positive perception of their availability. Additionally, regional disparities in the accessibility and visibility of GBV protection services could influence perceptions, with Kef potentially having better infrastructure or outreach efforts in this regard compared to Kebili. The higher uncertainty among male respondents, particularly in Kebili, may indicate a lack of awareness or information about available services, possibly due to limited outreach or education initiatives targeting men specifically on GBV issues. These disparities highlight the importance of targeted awareness campaigns and ensuring equitable access to GBV protection services across genders and regions.

During the COVID-19 pandemic, effective coordination between governmental bodies and civil society was crucial in maintaining protection services for GBV survivors. In Tunisia, the Ministry of the Family, Women, Children, and Seniors employs a regional approach to improve service accessibility and support for women, including GBV survivors. This strategy is enacted through the creation of Regional Commissariats for Women and Family Affairs, which operate in all Tunisian regions, including Kef and Kebili. These commissariats serve as local branches of the ministry, decentralizing services to make them more accessible and ensuring the effective local implementation of national policies on women's

protection and family affairs. They also work closely with local entities and NGOs, integrating services across legal, psychological, and medical domains. By mapping available resources like shelters and healthcare facilities, the commissariats identify service gaps and strategically enhance support where it is most needed.

Despite challenges, numerous efforts were made to sustain and enhance services like specialized centers and helplines, showing a strong commitment to addressing GBV.

In the report on service centers for women victims of violence and their accompanying children,⁹⁵ the Ministry of the Family, Women, Children, and Seniors conducted an extensive mapping of facilities dedicated to supporting women survivors of GBV. This assessment highlighted a significant shortfall in available centers in regions like Kebili and Kef. However, an exception is the Menara center in Kef, operated by the NGO Femme et Citoyenneté, which stands out as a crucial center for guidance and support.

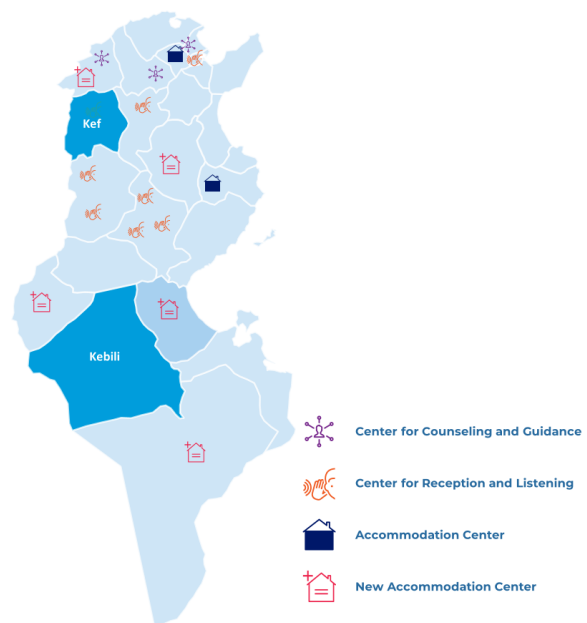


Image 1: Mapping of Centers for the Care of Women Survivors of Violence⁹⁶

⁹⁵ The Tunisian Ministry of Family, Woman, Children and Seniors. (2022). Centers of services and care for women victims of violence and their accomagpying children.

⁹⁶ Ibid

“Menara” Center for Listening, Guidance and Follow-up for Women Survivors of Violence in El Kef

The Menara Center of the Association of Women and Citizenship has been able to provide care services to women survivors of violence since its launch in February 2014. It is the first center that takes care of women survivors of violence in the Northwest of Tunisia.

The Manara Center’s team provided a range of services, including listening and legal, judicial, psychological and social follow-up.

Additionally, numerous associations across various regions, including the Union National de la Femme Tunisienne in Tataouine, the Association des Malades de Cancer “Karama” in Tozeur, and the Association AL-KARAMA pour la Famille Arabe in Gabes, provided shelters and support centers for women survivors of GBV. These efforts highlight the collaborative approach taken to address and support GBV victims effectively during the pandemic.

It is to be noted that at the second annual conference on national policies for social protection and anti-poverty efforts in April 2023, Minister Amel Belhaj Moussa announced the upcoming inauguration of three shelters for women survivors of violence in Kef, Tunis, and Bizerte.

In terms of access to justice, the government from March 16, 2020 in response to the pandemic the government implemented the temporary suspension of work in all Tunisian courts, except for urgent and certain matters, as specified in the Ministry of Justice's statement issued on March 15, 2020. This suspension impacted the processing of GBV cases, causing delays and disruptions in legal proceedings related to gender-based violence.⁹⁷ NGOs sprang into action when reports of violence against women surged during the pandemic. Alarmed by a growing sense of impunity for abusers and delays in receiving family support payments, a group of NGOs sent an urgent plea to

the Supreme Judicial Council on 20th April 2020.⁹⁸ Their demands focused on ensuring women's access to justice, including the ability to directly file complaints, swift protective measures from prosecutors, and accessible reporting options like electronic channels. They also called for the resumption of family court duties and accountability for officers who mishandled cases. The Supreme Judicial Council responded positively in its note of 28th April 2020, outlining a plan to gradually resume regular court operations and prioritize protection orders for vulnerable women and children.

These findings highlight the importance of addressing communication gaps and enhancing outreach efforts in Kebili and Kef to ensure that individuals are aware of available support services. Collaborative efforts between different stakeholders, including healthcare professionals, law enforcement, and civil society organizations, are crucial for improving access to protection services and addressing the diverse needs of survivors of GBV.

Issues with access to GBV services for women and other vulnerable groups

When asked about the availability of GBV protection services for all women, including those residing in rural areas and those with disabilities, the prevailing opinion was that accessibility was perceived as moderate to limited in both Kebili and Kef. Notably, ten percent of the survey respondents in Kebili reported they were not at all accessible.

The challenging conditions faced by these groups contribute significantly to the difficulty in accessing services. For instance, rural women primarily engage in agricultural and small-scale trading activities but often receive minimal wages, endure physically demanding work, lack social protections,

⁹⁷ Al Maghreb. (2020). [Coronavirus and the Judicial Complex: Ministry of Justice Tightens Procedures and Decides to Close Courts.](#)

⁹⁸ FTDES. (2020). [Letter from Civil Society Organizations to the Supreme Council of the Judiciary](#)

and face barriers in accessing quality healthcare.⁹⁹ Additionally, limited outreach efforts in rural regions, especially among those not well-versed in technology, along with cultural obstacles in certain areas, impede access to services overall, including those related to GBV.¹⁰⁰

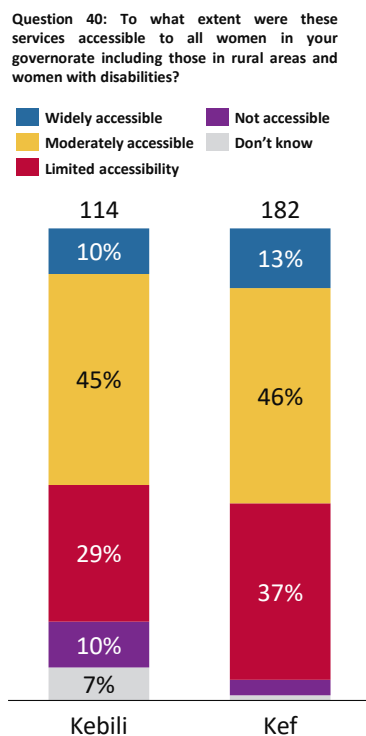


Figure 27. Accessibility of GBV Services to all Women in Kef and Kebili

Campaigns to combat GBV and Response to GBV cases

In both Kebili and Kef, a majority of respondents—55 percent in Kebili and 64 percent in Kef—indicated they were unaware of any campaigns addressing GBV during the pandemic. Further analysis of gender-disaggregated data shows that over 60 percent of both men and women were unaware of these campaigns, except for men in Kebili, where 47 percent reported not hearing about such initiatives, with a higher proportion expressing uncertainty (29 percent).

⁹⁹ Arab Reform Initiative. (2020). Tunisia: COVID-19 Increases Vulnerability of Rural Women

Question: 41. Have you heard of a campaign to combat violence against women in {} during the pandemic?

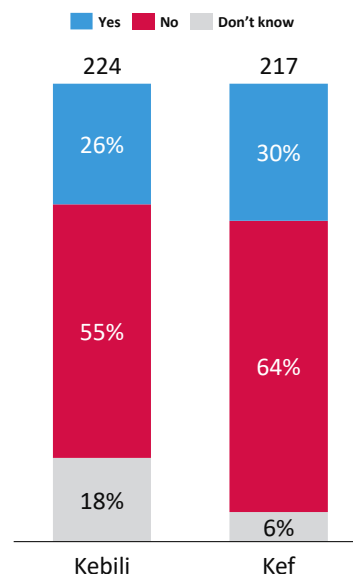


Figure 28: Awareness of Campaigns to Combat GBV during the Pandemic

Question 41: Have you heard of a campaign to combat violence against women in your governorate during the pandemic?

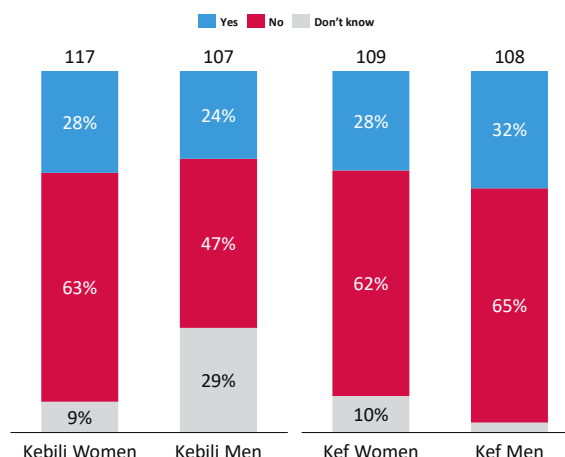


Figure 29: Awareness of Campaigns to combat GBV during the Pandemic by gender

Among those who were aware of campaigns organized to combat GBV (25 percent in Kebili and 30 percent in Kef), 52 percent of the respondents attributed the organization of these campaigns to NGOs.

¹⁰⁰ OCDE (2020). COVID-19 dans la région MENA : impact sur les inégalités de genre et réponses apportées en soutien aux femmes

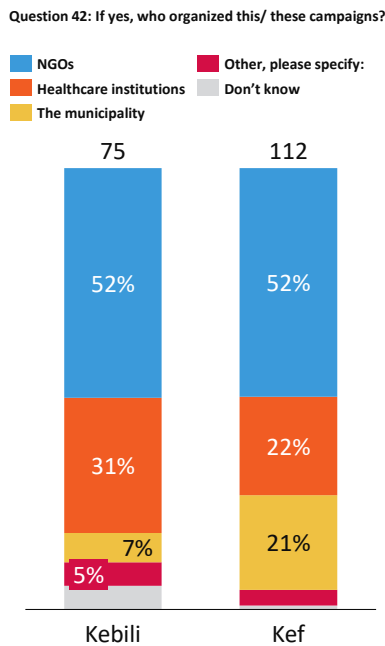


Figure 30: Perceptions of Actors who Organized Campaigns to Combat GBV

Due to lockdown restrictions during the COVID-19 pandemic, Tunisian NGOs had to adapt their strategies for raising awareness about GBV. Organizations such as ATFD (Association Tunisienne des Femmes Democratiques) and Aswat Nissa arranged online discussions with women parliamentarians to address the increase in domestic violence and strategize communication strategies.¹⁰¹ NGOs used social media platforms to disseminate content about available resources for survivors, including information on legal rights, debunking myths around GBV, and highlighting support services like hotlines or shelters. One of the most prominent online spaces was a Facebook group and page called "Ena Zeda" (Me Too), where women and others shared messages about their experiences with GBV, seeking support and information on legal and psychological assistance. NGOs, especially those focusing on gender-related issues, engaged with these requests and posted more content related to GBV and means of support for women and children. It's worth noting that the "Ena Zeda" group was not created in response to

¹⁰¹ UN Women. (2020). [Policy Brief: Gender and crisis of COVID-19 in Tunisia: Challenges and recommendations](#)

¹⁰² Tunisian National Institute of Statistics, UNFPA (2024).

[L'enquête nationale sur la violence à l'égard des femmes 2022 en Tunisie.](#)

the lockdown but was initiated in October 2019 as a reaction to the #MeToo international campaign.

In March 2024, the UNFPA released findings from a national survey conducted in Tunisia in 2022 regarding violence against women.¹⁰² The survey revealed that more than eight out of ten women emphasized the importance of various measures to combat violence against women. These measures include raising awareness and disseminating information about existing services and laws, improving law enforcement and access to services, strengthening existing laws, and providing additional support services for victims. Additionally, there was a call for psychological, financial, and material support. 10 percent of women also stressed the need for sensitization of women, men, youth, and children on the issue of violence, improving household living conditions, and applying laws without discrimination against victims.

Support to Healthcare Professionals and Social Workers

At the national level, efforts to support healthcare professionals and social workers dealing with GBV included the establishment of a specialized GBV unit by the Ministry of the Family, Women, Children, and Seniors. This unit provided hotlines and psychological support. Additionally, the Ministry of Health trained healthcare personnel on dealing with GBV cases,¹⁰³ but despite these efforts, faced challenges due to a lack of disaggregated data within their department. NGOs played a vital role in managing shelters, raising awareness, and identifying GBV cases, although challenges such as under-reporting and a lack of specialized personnel and accommodations persisted.¹⁰⁴

While the primary focus remained on the health crisis, potentially overshadowing GBV issues, the support to healthcare professionals and social

¹⁰³ KII 40. Public health officer at WHO. (2024)

¹⁰⁴ UNDP (2022). [Navigating through the wickedness of gender-based violence in Tunisia.](#)

workers was considered moderate. As a civil society activist in Kef noted, "Only the health sector continued to operate, albeit preoccupied with other matters." Healthcare professionals, including a senior nurse in Kef, managed to balance the demands of the pandemic with treating GBV cases: "We still managed to treat GBV cases adequately".¹⁰⁵

Effective case management was highlighted by the assistant to the Omda in Kef, particularly in police responses to severe violence cases. He recounted, "A police officer was attacked during an intervention in a severe violence case against a woman. Despite such challenges, the police, social worker, and doctors were well-coordinated and responsive whenever violence cases were reported."¹⁰⁶ This sentiment was echoed by the assistant of the Omda in Kef West, who confirmed that "all cases were effectively managed thanks to the coordination between the helplines and other stakeholders, including the police. All parties involved were responsive as soon as a case was reported."¹⁰⁷

The head of the Social Promotion Division at the Ministry of Social Affairs in Kebili highlighted the cooperative efforts among different stakeholders, stating, "Psychologists first directed the victims of violence, after which we handled the cases from reporting through to the judicial process."¹⁰⁸ This seamless coordination ensured efficient management of GBV cases. An assistant surgeon at the Kef regional hospital corroborated this, noting the continuous coordination between healthcare providers and social workers, particularly with the Ministry of Women, throughout the handling of GBV cases.¹⁰⁹

These collective experiences during the pandemic underscored the necessity for flexible, resilient, and comprehensive support systems for GBV, emphasizing the importance of preparedness and adaptability in crisis situations. Feedback from various stakeholders revealed both successes and challenges in supporting healthcare professionals and social workers during this period.

KIs from Kef and Kebili identified successes and challenges in supporting healthcare professionals and social workers addressing GBV. Successes involved training, establishing specialized centers, and collaboration between government agencies and NGOs. Challenges included overwhelmed healthcare systems, a lack of specialized personnel for GBV support, and limited funding, underscoring the complexities of addressing GBV during a healthcare crisis.



¹⁰⁵ KII 3. Civil Society activist and membre of Kef Business Center. (2024), Kef

¹⁰⁶ KII 19. Assistant of Omda in Kef. (2024). Kef

¹⁰⁷ Staff member of the municipality of Kef and assistant to the Omda of Kef West. (2024). Kef

¹⁰⁸ KII 36. Head of Social Promotion Division, Ministry of Social Affairs. (2024). Kebili

¹⁰⁹ KII 16. Assistant surgeon at the Kef regional hospital (surgeon 2). (2024). Kef

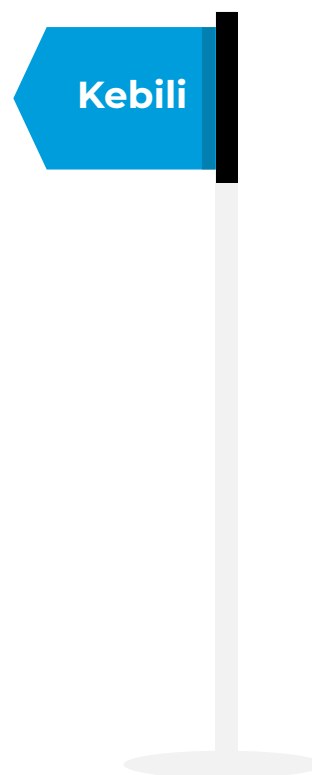
7.3. Key Findings

Perceptions of the impact of the COVID-19 response on GBV: In Kebili, there is a mixed perception of GBV levels during the pandemic, with 14 percent of respondents reporting a notable increase. This contrasts with officially reported statistics showing an overall rise in GBV.

Perceptions of tensions and violence: During the pandemic, both men and women reported increased household tensions, with slightly more men (44 percent) than women (38 percent) perceiving this rise. Incidences of violence, covering physical, emotional, and economic aspects, were comparable across genders, with 20 percent of women and 26 percent of men reporting facing violence. NGOs mostly reported increases in GBV incidents during lockdowns, potentially influenced by different sources of information and perspectives.

Availability and accessibility to protection services: Regarding the availability of GBV protection services, women tend to perceive them as more widely or moderately available compared to men. However, a considerable percentage of the survey respondents, particularly men, remains uncertain about their availability, with 43 percent of men respondents expressing uncertainty in Kebili. Furthermore, the level of accessibility of these services to all women in Kebili was considered to be moderate.

Campaigns to combat GBV and response to GBV cases: A majority of respondents in Kebili (55 percent) were unaware of any campaigns addressing GBV during the pandemic, with over 60 percent of both men and women unaware of such initiatives. Among those aware, 25 percent attributed the organization of these campaigns to NGOs.



Perceptions of the impact of the COVID-19 response on GBV: In Kef, 29 percent of respondents reported a more pronounced increase in GBV during the pandemic, contrasting with officially reported statistics.

Perceptions of tensions and violence: Similar to Kebili, survey data suggests a significant proportion of both men and women perceived a rise in household tensions during the pandemic, with slightly more women (39 percent) than men (38 percent) in this perception. Incidences of violence were comparable across genders, with 23 percent of women and 17 percent of men reporting facing violence.

Availability and accessibility to protection services: The perception of the availability of GBV protection services is notably higher in Kef compared to Kebili, with more women and men perceiving them as widely or moderately available. However, a significant percentage of males express uncertainty about their availability. Additionally, the majority of survey respondents in Kef perceived the accessibility of these services to all women in the governorate to be moderate.

Campaigns to combat GBV and response to GBV cases: A majority of respondents in Kef (64 percent) were unaware of any campaigns addressing GBV during the pandemic, with over 60 percent of both men and women unaware of such initiatives. Among those aware, 30 percent attributed the organization of these campaigns to NGOs.

8. Assessment of the Overall Government Response



Following an examination of the effects of the COVID-19 response on healthcare, economic engagement, social protection, education, and GBV, this section delves into overarching themes that extend across these areas. These include the effectiveness of communication, the involvement of various actors such as NGOs, and perceptions regarding the overall response in Kebili and Kef.

8.1. Communication efforts during the pandemic

The survey showcases a predominantly moderate satisfaction regarding the government’s communication during the pandemic, at 43 percent in Kebili and 50 percent in Kef. For context, these efforts included regular updates through press conferences and briefings, which fostered public awareness and trust in reliable information. Moreover, these updates were accessible through various channels, including national TV, private channels, radios, and Facebook. Additionally, government websites and Facebook pages provided updated COVID-19 information, including changes in mitigation measures. There was an emphasis on communicating public health measures and inclusive communication featured sign language interpretation at conferences. Government messaging consistently stressed the importance of adhering to practices such as social distancing, wearing masks, and maintaining good hygiene.

Nevertheless, concerns were raised by survey participants. Both governorates had respondents who felt that the dissemination of information was inadequate. Moreover, individuals in Kef expressed dissatisfaction with the media's communication role, suggesting that government messages might not have been effectively conveyed. Moreover, respondents in Kebili highlighted concerns about transparency, pointing to a need for more detailed information or a distrust in the information provided by the government. These responses suggest that while the overall satisfaction level was moderate, there is some room for improvement in the government's communication strategy during crises.

Question 46: How satisfied are you with the national government’s communication during the COVID-19 crisis, including healthcare information, social and economic assistance information, and public awareness campaigns?

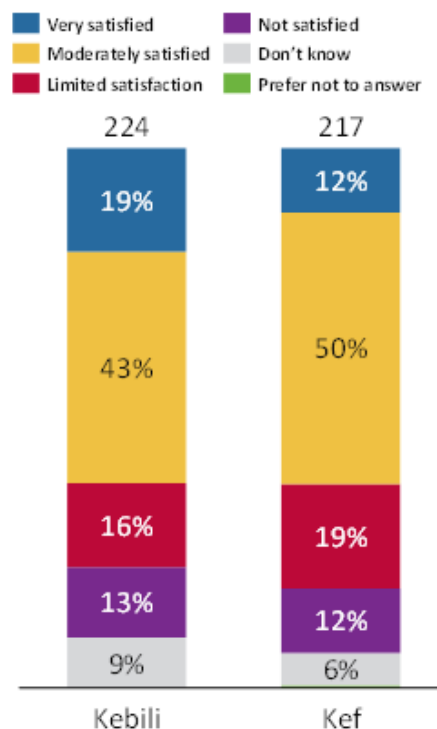


Figure 31: Level of satisfaction with the government's communication during the pandemic

8.2. Role of NGOs

The pandemic elicited praise for the contributions of various actors. KIs recognized the considerable efforts made in coordinating between ministries to respond effectively to emerging needs. In addition, healthcare professionals were applauded as the cornerstone of the country's response, providing crucial patient care, leading awareness campaigns, and managing community crises. However, among these commendable efforts, the role of one actor stood out across all sectors: NGOs. The illustration below provides some examples of NGO initiatives that stood out during the pandemic.

NGOs played a vital role in supporting Tunisia's response to the COVID-19 pandemic. They filled critical gaps, provided essential aid, and spread awareness among the public. Their efforts covered various fronts, including the distribution of aid to rural and marginalized communities, where they provided masks, food, hygiene supplies, and other essentials. A KI from an NGO in Kef emphasized the significance of this aid, stating, "Our role was important and effective, and we were able to help the most disadvantaged people access various financial and material assistance during the COVID-19 pandemic."

Furthermore, NGOs conducted extensive sensitization and awareness campaigns, raising awareness among the public on COVID-19 and advocating preventive measures such as social distancing and hand hygiene. They also played a vital role in supporting healthcare services, assisting in the operation of healthcare facilities, providing transportation for patients, and aiding in the management of COVID-19 cases. Additionally, NGOs offered crucial psychosocial support, providing counseling and assistance to individuals facing the emotional and financial impacts of the pandemic.

People generally appreciated the role civil society actors played during the pandemic, noting their effectiveness in reaching those in need. A KI noted "The NGOs were the first to respond, and we were ready from the beginning." Others highlighted their role in supporting the government, stating "NGOs played a great role in supporting the state through its human resources." and "Civil society organizations have tried, each with its own means, to help the State in managing the crisis".

Overall, in Tunisia's response to the COVID-19 pandemic, NGOs proved indispensable. Through their contributions, they not only helped alleviate the pandemic's impact but also contributed to saving lives. Recognizing this, it's essential for the government to sustain collaboration with civil society actors and extend support to further strengthen the country's health and social safety provisions.

Some NGO Initiatives



The Tunisian Red Crescent:

Distributed food, hygiene supplies, medical equipment, and provided transportation for patients.



Scouts of Tunisia:

Conducted awareness campaigns, distributed masks and hand sanitizer in schools, and helped manage queues at vaccination centers.



Femme et Citoyenneté Kef

Provided support to women survivors of gender-based violence, including shelter, counseling, and legal assistance.



Les Oasis de Jemna Kebili

Distributed food and other essential items to families in need and helped raise funds for COVID-19 relief efforts.

8.3. Overall capacity of the government to handle crises

In this study, perceptions gathered from stakeholders through interviews were broken down into categories of successes and challenges. This has indicated a mixed impression of the overall government response to COVID-19 in both Kef and Kebili. Successes and challenges appeared evenly balanced, suggesting areas for improvement. Notably, the perception of success was slightly higher in Kef than in Kebili.

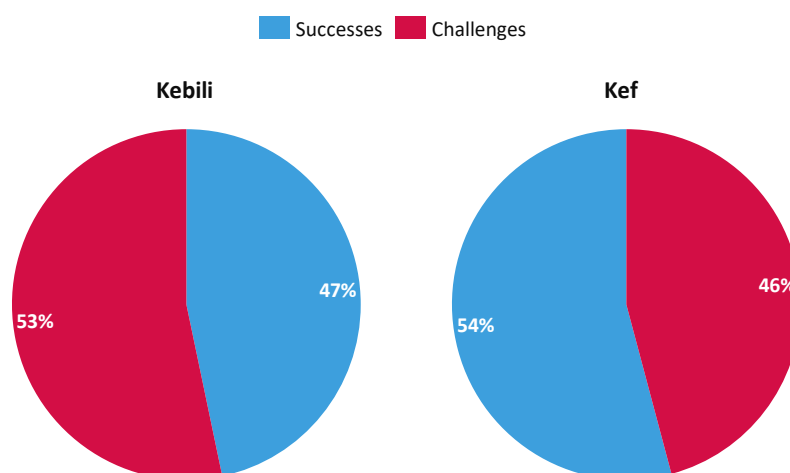


Figure 32. Share of the response successes and challenges according to KIs

In both governorates, successes included positive views on stakeholder engagement, especially the significant contribution of NGOs in various areas. Collaboration at the ministry level was also praised, with efforts noted to ensure a comprehensive response. Moreover, communication efforts were commended, with significant initiatives to disseminate information widely. On the other hand, challenges included the presence of gaps in awareness and communication especially related to GBV campaigns and RSH services. Moreover, the limited resources allocated to tackling the pandemic's multifaceted challenges have left the inhabitants of Kebili and Kef perceiving shortcomings in the support provided. KIs and survey respondents also stressed concerns about the effectiveness of certain measures mainly related to education and social support. Lastly, a key lesson for future responses is the importance of more targeted support to address the diverse needs of groups like women and rural communities.

Successes



Involvement of different stakeholders

Multiple stakeholders were involved in the response to the pandemic. Government institutions on the national level played a leading role in managing the crisis, including through their presence in the regions. However, other actors emerged as key players, particularly at the community and regional levels. NGOs played a very important role through the help targeted to healthcare, education, and access to GBV services. Positive perceptions of the role of NGOs highlight the need to further structure avenues for collaboration with them during crises. Indeed, their engagement facilitated tailored interventions at the local level, addressing the specific needs of Kef and Kebili. Furthermore, KIs reported that NGOs worked alongside volunteers, offering extensive support, such as aiding vaccination campaigns and ensuring adherence to safety measures like physical distancing and mask usage. Survey participants also recognized

the contributions of Omdas, whether through financial aid or assistance as food distribution for vulnerable families.



Interministerial and external actor coordination

KIs emphasized that interministerial coordination efforts have allowed to balance the different needs of sectors such as healthcare and education while considering the economic constraints of the country. Interviews with national stakeholders confirmed that the Ministry of Health has taken the lead in ensuring effective coordination in this regard, while also addressing the requirements of the sanitary situation. Additionally, KIs in the healthcare sector praised the external coordination, between the Ministry of Health and the WHO, as well as with other countries from which Tunisia sourced supplies or received support like the US and Germany.^{110,111} These partnerships have undoubtedly played a crucial role in the success of the vaccination phase, as perceived by the survey respondents and key informants in Kebili and Kef.



Wide communication efforts

The results from the findings reveal that satisfaction with communication efforts was generally considered moderate in both governorates, with 43 percent in Kebili and 50 percent in Kef sharing this opinion. Nevertheless, findings showed acknowledgment of the broad reach attained through platforms such as television and radio, which are widely accessible to a large segment of the population, including in Kebili and Kef. These traditional channels were complemented by social media platforms, providing avenues for ongoing updates. Additionally, the inclusion of sign language interpretation reflects the government's commitment to inclusivity in its communication approach.

Challenges



Gaps in awareness and communication

The findings reveal significant gaps in awareness and communication regarding protection services for combatting violence against women during the pandemic. Notably, a substantial portion of the survey respondents was unsure about the availability of these services, with 43 percent of men and 32 percent of women expressing uncertainty in Kebili. This greater uncertainty among men suggests a potential lack of targeted outreach or educational initiatives addressing GBV that are inclusive of men. Moreover, over 60 percent of both genders reported being unaware of any campaigns to combat GBV in their governorate during the pandemic, except in Kebili, where 47 percent of men were unaware, and up to 29 percent were uncertain.

These disparities emphasize the need for targeted awareness campaigns that ensure equitable access to GBV protection services across all genders and regions. Furthermore, mixed perceptions about the availability and accessibility of RSH services highlight the need for broader awareness efforts that extend

¹¹⁰ OMS. (2021). La Tunisie reçoit 1 000 020 doses de vaccins dans le cadre d'un partage de doses par le Gouvernement des États-Unis d'Amérique à travers l'initiative COVAX. <https://www.emro.who.int/fr/tun/tunisia-news/la-tunisie-recoit-1000020-doses-de-vaccins-dans-le-cadre-dun-partage-des-doses-par-le-gouvernement-des-etats-unis-damerique-a-travers-linitiative-covax.html>

¹¹¹ Medriva. (2022). Germany is increasing its assistance to Tunisia in the fight against Covid. <https://medriva.com/covid-19/germany-is-increasing-its-assistance-to-tunisia-in-the-fight-against-covid/>

beyond the pandemic context. The findings underline the importance of enhancing communication and raising awareness in crisis situations, taking into account gender and regional differences in awareness and needs, as gaps in access often exacerbate during such times.



Limited resources

In
Kef

and Kebili, and at the national level at large, financial constraints affected the response to COVID-19 across various sectors such as healthcare, economy, education, and social protection, as noted by KIs. In healthcare, these constraints led to staff shortages and a focus on COVID-19 patients, sometimes at the cost of care for those with chronic diseases. The education sector also struggled with inadequate infrastructure and a lack of capacities to support online learning.

Financial and resource constraints have significantly impacted the effectiveness of response measures in regions like Kef and Kebili. To enhance future crisis responses, it is crucial to strategically allocate resources at regional levels. This strategy should focus on targeted investments in healthcare, education, infrastructure for digital learning, and improved social protection systems. By tailoring resource distribution to the unique needs of each region, authorities can boost resilience and response capabilities during crises.



Need for additional targeted support

Although the support has been directed towards vulnerable groups, it has overlooked a significant portion of the society still in need of assistance. This sentiment was echoed by survey participants in both Kebili and Kef. Additionally, the oversight of targeting people working in the informal sector emerged as a significant issue, given the prevalence of this sector in the two governorates, as well as in the wider Tunisian context. Moreover, existing vulnerabilities among certain groups, such as women, elderly, rural populations, have hindered their ability to access government support during the COVID-19 pandemic. Survey respondents highlighted challenges such as transportation difficulties, economic hardships, and fear of virus exposure as barriers to accessing assistance measures. Findings from the study also revealed the need for strengthening the presence of shelters for GBV survivors at the regional level and the importance of providing ongoing support to ensure their work is not disrupted during crises.



Lack of effectiveness

Findings reveal that there was a perceived lack of effectiveness in measures related to education, especially in Kebili with half of the survey respondents considering them as ineffective. Survey respondents and KIs saw that lockdowns and school closures were primarily driven by public health concerns but fell short of addressing the challenges posed by students staying at home and receiving a shorter curriculum. Additionally, other aspects were highlighted where survey participants noted a perceived lack of effectiveness, particularly concerning the distribution of government assistance, where individuals were required to queue in lines to receive financial support. This not only placed them at risk of contamination but also hindered certain groups, such as the elderly, from accessing these measures.

9. Conclusion: Leave No One Behind in Action

The COVID-19 pandemic posed unprecedented challenges to Tunisia, impacting various sectors such as healthcare, economic participation, education, and social protection. The response and support mechanisms implemented aimed to ensure inclusivity and equality, aligning with the Leave No One Behind (LNOB) principles.

- **Inclusivity and Equality:**

Tunisia's COVID-19 response was characterized by efforts to include the most marginalized and vulnerable populations. Measures were taken to ensure the continuity of essential health services, despite the pandemic's strain on the healthcare system. The involvement of NGOs was pivotal in reaching hard-to-reach populations, including rural women, people with disabilities, and elderly individuals. These initiatives helped reduce inequalities by providing equitable access to healthcare and economic support, but they were often fragmented and lacked a unified strategy. A more targeted approach to inclusivity in government strategies is still needed.

Additionally, the communication strategy for the COVID-19 response was notably inclusive. Each press conference held by the spokesperson of the scientific committee to fight the COVID-19 pandemic featured sign language interpretation, ensuring that updates and information were accessible to individuals with hearing impairments. This commitment to inclusivity in communication helped ensure that all members of society remained informed and engaged throughout the crisis.

- **Gender-Based Violence (GBV):**

The pandemic led to a surge in gender-based violence, with a significant increase in GBV notifications during the lockdowns. The government responded by establishing helplines and support services for women experiencing violence. However, gaps in awareness and communication regarding these protection services were identified, highlighting the need for targeted campaigns to ensure equitable access to GBV protection services across all genders and regions .

- **Education:**

The education sector faced substantial disruption due to the abrupt closure of schools and the transition to online learning. The government's measures to address these disruptions, such as distance learning programs and redefined school schedules, were perceived as moderately effective. However, significant dissatisfaction was reported regarding the management and quality of educational resources. Community-led initiatives played a crucial role in supporting educational continuity, emphasizing the importance of collective action in crisis situations .

- **Economic and Social Measures:**

Economic challenges were notable, particularly for day laborers, small business owners, and those active in the informal sector. Government assistance was often deemed insufficient and poorly targeted, failing to adequately support the most affected populations. Single-income households, particularly those reliant on women's incomes, faced increased financial vulnerability. Despite efforts to provide financial aid, a significant portion of the population did not receive any assistance, exacerbating economic hardships .

- **Support for Vulnerable Groups:**

Vulnerable populations, including elders, children, and persons with disabilities, faced specific access issues to government measures. Transportation difficulties, economic barriers, and limited accessibility to public facilities were major challenges. Individuals with disabilities particularly struggled to continue their regular check-ups and treatments during the pandemic.

- **Participation and Human Rights-Based Approach:**

The response integrated a human rights-based approach, emphasizing the protection and fulfillment of the rights of all citizens. Specific attention was given to gender-based violence (GBV), with NGOs and local authorities providing essential support services to survivors of GBV. Despite these efforts, there were significant gaps in awareness and communication regarding protection services for combatting violence against women during the pandemic .

- **Data Disaggregation:**

Efforts to collect and analyze sex and age-disaggregated data (SADD) were somewhat integrated into the response. While there were attempts to gather this data to inform targeted interventions, the approach highlighted several gaps in comprehensive data collection and utilization.

- **Sustainable Development Goals (SDGs):**

The principle of LNOB is integral to the achievement of the SDGs. Tunisia's COVID-19 response contributed to several SDGs, particularly those related to health (SDG 3), gender equality (SDG 5), and reducing inequalities (SDG 10). The response included vaccination campaigns and economic support measures, which were critical in mitigating the pandemic's impact on health and economic stability .

- **Challenges and Areas for Improvement:**

Despite significant efforts, there were challenges in the implementation of the response. Financial and resource constraints affected the availability of health services and medications. There were mixed perceptions regarding the availability of reproductive and sexual health (RSH) services, with accessibility issues particularly affecting rural women and people with disabilities. Additionally, the pandemic highlighted the need for improved communication and awareness campaigns to ensure that all populations are informed about available services .

In conclusion, Tunisia's COVID-19 response demonstrated a strong commitment to the LNOB principles, striving to ensure that no one was left behind. While there were successes in reaching marginalized populations and providing essential services, the response also highlighted areas for improvement, particularly in resource allocation, communication, and service availability. Continuous efforts to address these challenges are essential for building a more resilient and inclusive society.

10. Annexes

10.1. Annex 1: List of KIs

KII Number	Type of actor	Governorate	Citation format for KI
KII 1	NGO representative	Kef	KII 1. President of Initiative du Kef NGO. (2024).Kef
KII 2	NGO representative	Kef	KII 2. Member of the Red Crescent and the Scouts in Kef. (2024), Kef
KII 3	NGO representative	Kef	KII 3. Civil Society activist and member of Kef Business Center. (2024), Kef
KII 4	Health actor	Kef	KII 4. Senior Nurse in emergency services of the Kef Regional Hospital. (2024). Kef
KII 5	Health actor	Kef	KII 5. General physician in the private sector. (2024). Kef
KII 6	Health actor	Kef	KII 6. General physician in emergency services of the Kef Regional Hospital. (2024). Kef
KII 7	Health actor	Kef	KII 7. Pharmacist in Sers. (2024). Kef
KII 8	Social or economic actor	Kef	KII 8. Omda of Hwareth Sud. (2024). Kef
KII 9	Social or economic actor	Kef	KII 9. Omda of Kef Ouest. (2024). Kef
KII 10	Social or economic actor	Kef	KII 10. Assistant of Omda in Tajerouine. (2024). Kef
KII 11	Social or economic actor	Kef	KII 11. Staff member of the municipality of Kef and assistant to the Omda of Kef West. (2024). Kef
KII 12	Social or economic actor	Kef	KII 12. University professor and member of the NGO Boumakhlouf Association for Development. (2024). Kef
KII 13	Health actor	Kef	KII 13. Assistant surgeon at the Kef regional hospital (surgeon 1). (2024). Kef
KII 14	NGO representative	Kef	KII 14. President of Femmes et Citoyenneté NGO. (2024). Kef
KII 15	NGO representative	Kef	KII 15. Civil society activist working on GBV. (2024). Kef
KII 16	Health actor	Kef	KII 16. Assistant surgeon at the Kef regional hospital (surgeon 2). (2024). Kef
KII 17	Health actor	Kef	KII 17. Senior nurse at the Kef hospital. (2024)
KII 18	Health actor	Kef	KII 18. Assistant surgeon at the Kef regional hospital (surgeon 3). (2024). Kef

KII 19	Social or economic actor	Kef	KII 19. Assistant of Omda in Kef. (2024). Kef
KII 20	Health actor	Kef	KII 20. Senior Nurse at the Tajerouine Hospital. (2024). Kef
KII 21	NGO representative	Kebili	KII 21. Member of the Toris NGO. (2024). Kebili
KII 22	NGO representative	Kebili	KII 22. Tunisian Scout Leaders and Faouar Desert Scouts Development Coordinator.(2024). Kebili
KII 23	NGO representative	Kebili	KII 23. LTDH member. (2024). Kebili
KII 24	NGO representative	Kebili	KII 24. LTDH General Secretary. (2024). Kebili
KII 25	Health actor	Kebili	KII 25. Kebili Regional Health Director. (2024). Kebili
KII 26	Social or economic actor	Kebili	KII 26. Deputy General Secretary in charge of public affairs for the Education Union in Kebili. (2024). Kebili
KII 27	Health actor	Kebili	KII 27. Director of basic health care in Kebilli. (2024). Kebili
KII 28	NGO representative	Kebili	KII 28. President of the Red Crescent in Kebili. (2024). Kebili
KII 29	NGO representative	Kebili	KII 29. President of Les Cavaliers du Désert NGO. (2024). Kebili
KII 30	Health actor	Kebili	KII 30. Director of Faouar Hospital. (2024). Kebili
KII 31	Health actor	Kebili	KII 31. Director of Douz Hospital. (2024). Kebili
KII 32	Health actor	Kebili	KII 32. Deputy director of the Primary Health Care Directorate in Kebili. (2024). Kebili
KII 33	Health actor	Kebili	KII 33. General Secretary of the Kebili Primary Health Care Union. (2024). Kebili
KII 34	Social or economic actor	Kebili	KII 34. Kebilli Post Office staff member. (2024). Kebili
KII 35	Social or economic actor	Kebili	KII 35. Omda of Telmine. (2024). Kebili
KII 36	Social or economic actor	Kebili	KII 36. Head of Social Promotion Division, Ministry of Social Affairs. (2024). Kebili
KII 37	Social or economic actor	Kebili	KII 37. Regional Director of Social Affairs. (2024). Kebili
KII 38	Social or economic actor	Kebili	KII 38. Director of Labor Inspection and Conciliation, Ministry of Social Affairs. (2024). Kebili
KII 39	NGO representative	Kebili	KII 39. President of Les Oasis de Jemna NGO. (2024). Kebili
KII 40	WHO representative	National	KII 40. Public health officer at WHO. (2024)

KII 41	Ministry of Health representative	National	KII 41. Director of Healthcare Facilities at the Ministry of Health. (2024)
KII 42	Ministry of Social Affairs representative	National	KII 42. Deputy Director, Social Security General Directorate at the Ministry of Social Affairs. (2024)
KII 43	Ministry of the Family, Women, Children and Seniors representative	National	KII 43. Deputy Director of Equal Opportunities at the Ministry of the Family, Women, Children and Seniors. (2024)
KII 44	National Family and Population Office (ONFP) representative	National	KII 44. Doctor of reproductive health working at the ONFP. (2024)

10.2. Annex 2: Delegations and areas covered by the survey sample

Governorate	Urbanization	Delegation	Sector
Kef	Urbain	Kef Ouest	HaouareSud
Kef	Urbain	Kef Est	Charfine
Kef	Urbain	Kef Est	Ben Ainine
Kef	Urbain	Kef Est	Haouareth Nord
Kef	Urbain	Tajerouine	Tajerouine Sud
Kef	Rural	Kef Est	Oued Souani Sud
Kef	Rural	Kef Est	Dyr Kef
Kef	Rural	Nebeur	Tel El Ghozlane
Kef	Rural	Nebeur	Bahra
Kef	Rural	Dahmani	Zouarine
Kef	Rural	Dahmani	El Medeïna
Kef	Rural	Es-Sers	Elles
Kebili	Urbain	Kebeli Nord	Kebeli nord
Kebili	Urbain	Kebeli Nord	Kebeli Est
Kebili	Urbain	Souk El Ahed	El Menchia
Kebili	Urbain	Souk El Ahed	Bou Abdellah
Kebili	Urbain	Souk El Ahed	Oum Essoumâa
Kebili	Urbain	Douz Nord	El Golaa
Kebili	Urbain	Douz Nord	El Aouina Nord
Kebili	Urbain	Douz Nord	El Aouina Sud
Kebili	Urbain	Douz Nord	Elabadla
Kebili	Rural	Kebili Sud	Bazma
Kebili	Rural	Kebili Sud	Beni Mehemed
Kebili	Rural	Kebeli Nord	El Mansoura
Kebili	Rural	Kebeli Nord	Tenbib
Kebili	Rural	Souk El Ahed	Bèchri
Kebili	Rural	Faouar	Sabria Ouest
Kebili	Rural	Faouar	Sabria Est

10.3. Annex 3: Data collection tools

Key Informant Interview

Health Actors

Subjects' protection

[Note for the interviewer: Before starting the interview, please ensure that the room where the interview will take place is a safe place and that you and the interviewee are comfortable. Please also ensure that no one beside you and the interviewee is present.]

Background information

Date of interview	
Name of interviewee	
Age of interviewee	
Gender of interviewee	<input type="checkbox"/> 18-29 years old <input type="checkbox"/> 30-39 years old <input type="checkbox"/> 40-49 years old <input type="checkbox"/> 50+ years old
Does the interviewee have a handicap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefers not to answer
Role of interviewee	
Phone number of interviewee <i>(Enumerator to explain that the number will later be used to contact the interviewee if they agree to participate in the next stage of the study)</i>	
Location	
Interviewer name	
Start Time	HH.MM am/pm

Introduction

Welcome and thank you for agreeing to take part in this interview. My name is [says your name], and I work for BJK Consulting – a Tunisian company specializing in research and data collection services.

We have been contracted by UN Women to conduct research on the impact of the COVID-19 response in Tunisia, specifically in the regions of El Kef and Kebili.

This research will examine the impact of the COVID-19 response in Tunisia's targeted regions and will inform UN Women's programming aiming at increasing the resilience of local communities, and in particular vulnerable and marginalized women and girls, to prevent and respond to crises. This will enable them to mitigate the impacts of the pandemic in their households and communities.

The interview will consist of a few questions about the impact of COVID-19 response on economic participation, health, social protection and Gender-Based Violence, It will also try to assess the effectiveness of the government's communication strategy during crisis. This interview will take around 30 minutes to complete.

BJK Consulting will have access to your responses in written form. Information will be shared only between the partner organizations (UN Women/Voluntas) for the sole purpose of reporting on the research scope. Your identity will not be disclosed and will not be linked in any way to your replies to our questions. You are therefore free to respond honestly, and we will ensure that the information you provide us with will not be used against you.

We would like to stress that there are no benefits from participating in this discussion other than potential improvements to future programs in Tunisia.

Please note that participation is voluntary. Please also note that if you consent to participate, you are free to withdraw at any stage of this interview and that you can decline to answer any question without reason.

Upon the completion of this interview and if we have your consent, we will contact you after the end of this assessment study to discuss findings and develop recommendations that would go into developing a crisis response plan for (El Kef or Kebili_ region to be specified by the enumerator).

Background information

Before starting the interview, I would like to receive your informed consent on the following questions:

Note for the interviewer: Please read out loud questions on informed consent and mark “Yes” or “No.”

	Yes	No
a. Do you understand that even if you agree to participate, you can decline to answer any questions and are also free to end the interview at any point?		
b. Do you give consent to use your personal information, such as your role, for reporting purposes?		
c. Do you consent to this interview being recorded for the purpose of transcription?		
d. Do you consent to participate?		

[If the interviewees agree to participate, please continue with the discussion. If they do not consent to participate in the research, thank the interviewees for their time and stop the interview.]

[Note for the interviewer: Please ensure that interviewees answer the questions fully and that transcribed answers are comprehensive. No box should include only “yes” or “no” answers – all should include detailed responses, and interviewers should prompt with “Why do you think that?”. If the interviewee seems confused or gives unclear or limited answers, please ask follow-up questions or clarify the meaning of the question to ensure interviewees provide thorough responses.]

Key Informant Interview

SECTION A: GENERAL INFORMATION	
Question	Answer
Enumerator: First of all, thank you very much for participating in this interview. I would like to begin by asking you some introductory questions.	
101. Briefly introduce yourself, sharing your background and your current employment/role?	
102. How would you describe your role and involvement in the COVID-19 response and crisis management in (El Kef or Kebili_ region to be specified by the enumerator)?	
103. Could you share your general perceptions of the COVID-19 response in Tunisia, including any insights specific to (El Kef or Kebili_ region to be specified by the enumerator)? Please elaborate	
<ul style="list-style-type: none"> a. What do you think of the effectiveness of policies and laws that were put in place as part of the COVID-19 response? 	

b. What do you think of the implementation of these policies specifically in (El Kef or Kebili_ region to be specified by the enumerator)?	
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SECTION B: Impact of COVID-19 Response on Health

Enumerator: I would like to ask you now questions related to impact of COVID-19 on health

201. Overall, how would you characterize the prevalence of the COVID-19 infection in (El Kef or Kebili_ region to be specified by the enumerator) compared to other governorates during the pandemic?	
202. To what extent were essential public health services (like primary care, emergency medical services, and access to medication) available and accessible in (El Kef or Kebili_ region to be specified by the enumerator) during the COVID-19 pandemic? (Great extent – Moderate extent - Poor extent). Please elaborate. a. Was there a difference in the availability of these services for women specifically? b. How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?	
203. To what extent was treatment for chronic health conditions available and accessible during the COVID-19 pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? (Great extent – Moderate extent - Poor extent). Please elaborate. a. Was there a difference in the availability of these services for women specifically? b. How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?	
204. To what extent were reproductive and sexual health services available and accessible to women during the COVID-19 pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? (Great extent – Moderate extent - Poor extent). Please elaborate. a. To what extent were these services accessible to all women in (El Kef or Kebili_ region to be specified by the enumerator) including those in rural areas and women with disabilities?	
205. To what extent was COVID- 19 vaccination available and accessible in (El Kef or Kebili_ region to be specified by the enumerator) starting March 2021 and after that? (Great extent – Moderate extent - Poor extent). Please elaborate. a. Were there any considerations or measures specifically for women?	

<p>b. <i>How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?</i></p>	
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SECTION C: Impact of COVID-19 Response on Gender-Based Violence (GBV)	
Enumerator: I would like to ask you now some questions related to the impact of COVID-19 response on Gender-Based Violence (GBV)	
<p>301. Do you think the level of exposure of women to Gender-Based Violence has changed during the pandemic? If yes, how? (It has increased- It has remained the same- It has decreased). Please elaborate on why you chose that answer.</p>	
<p>302. To what extent do you think health professionals and social workers were able to handle Gender-Based Violence cases during the COVID-19 pandemic in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)? (Great extent – Moderate extent - Poor extent). Please elaborate on why you chose that answer</p>	

SECTION D: Effectiveness of the government’s response to crisis	
Enumerator: Finally, I would like to ask you some questions related crisis prevention and mitigation strategies	
<p>401. How would you characterize the communication from the government at the national level throughout the COVID-19 crisis? Please elaborate. <i>(Enumerator should probe for successes and challenges)</i></p> <p>a. Were there any different communication efforts at the local level during the pandemic in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)? If so, please elaborate.</p>	
<p>402. To what extent did you feel adequately supported by the government in your efforts to address the challenges you encountered during the pandemic (including the provision of medicines, equipment, additional staff, etc.)? (Great extent – Moderate extent - Poor extent). Please elaborate</p>	

<p>Would you agree to be contacted again at the end of this study to discuss the results and help develop recommendations for improving crisis response plans in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>) in the future?</p>	
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<i>(Enumerator should clearly specify if the interviewee said yes or no)</i>	
Thank you very much for your participation in this interview. Your answers will provide valuable insights into our study.	End time: HH.MM am/pm

Key Informant Interview

NGOs

Subjects' protection

[Note for the interviewer: Before starting the interview, please ensure that the room where the interview will take place is a safe place and that you and the interviewee are comfortable. Please also ensure that no one beside you and the interviewee is present.]

Background information

Date of interview	
Name of interviewee	
Age of interviewee	<input type="checkbox"/> 18-29 years old <input type="checkbox"/> 30-39 years old <input type="checkbox"/> 40-49 years old <input type="checkbox"/> 50+ years old
Gender of interviewee	
Does the interviewee have a handicap?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefers not to answer
Role of interviewee	
Phone number of interviewee	
<i>(Enumerator to explain that the number will later be used to contact the interviewee if they agree to participate in the next stage of the study)</i>	
Location	
Interviewer name	
Start Time	HH.MM am/pm

Introduction

Welcome and thank you for agreeing to take part in this interview. My name is [says your name], and I work for BJKA Consulting – a Tunisian company specializing in research and data collection services.

We have been contracted by UN Women to conduct research on the impact of the COVID-19 response in Tunisia, specifically in the regions of El Kef and Kebili.

This research will examine the impact of the COVID-19 response in Tunisia's targeted regions and will inform UN Women's programming aiming at increasing the resilience of local communities, and in particular vulnerable

and marginalized women and girls, to prevent and respond to crises. This will enable them to mitigate the impacts of the pandemic in their households and communities.

The interview will consist of a few questions about the impact of COVID-19 response on economic participation, health, social protection and Gender-Based Violence, It will also try to assess the effectiveness of the government’s communication strategy during crisis. This interview will take around **30** minutes to complete.

BJKA Consulting will have access to your responses in written form. Information will be shared only between the partner organizations (UN Women/Voluntas) for the sole purpose of reporting on the research scope. Your identity will not be disclosed and will not be linked in any way to your replies to our questions. You are therefore free to respond honestly, and we will ensure that the information you provide us with will not be used against you.

We would like to stress that there are no benefits from participating in this discussion other than potential improvements to future programs in Tunisia.

Please note that participation is voluntary. Please also note that if you consent to participate, you are free to withdraw at any stage of this interview and that you can decline to answer any question without reason.

Upon the completion of this interview and if we have your consent, we will contact you after the end of this assessment study to discuss findings and develop recommendations that would go into developing a crisis response plan for (El Kef or Kebili_ region to be specified by the enumerator).

Before starting the interview, I would like to receive your informed consent on the following questions:

Note for the interviewer: Please read out loud questions on informed consent and mark “Yes” or “No.”

	Yes	No
e. Do you understand that even if you agree to participate, you can decline to answer any questions and are also free to end the interview at any point?		
f. Do you give consent to use your personal information, such as your role, for reporting purposes?		
g. Do you consent to this interview being recorded for the purpose of transcription?		
h. Do you consent to participate?		

[If the interviewees agree to participate, please continue with the discussion. If they do not consent to participate in the research, thank the interviewees for their time and stop the interview.]

[Note for the interviewer: Please ensure that interviewees answer the questions fully and that transcribed answers are comprehensive. No box should include only “yes” or “no” answers – all should include detailed responses, and interviewers should prompt with “Why do you think that?”. If the interviewee seems confused or gives unclear or limited answers, please ask follow-up questions or clarify the meaning of the question to ensure interviewees provide thorough responses.]

Key Informant Interview

SECTION A: GENERAL INFORMATION	
Question	Answer
Enumerator: First of all, thank you very much for participating in this interview. I would like to begin by asking you some introductory questions.	
102. Briefly introduce yourself, sharing your background and your current employment/role as well as the organization you work with?	
103. Please describe the work that your organization has done as part of the response to the COVID-	

<p>19 crisis in (El Kef or Kebili_ <i>region to be precised by the enumerator</i>)</p> <p>a. Can you tell us about whether your organization has done any work particularly targeted at women, vulnerable and marginalized groups, the elderly, children, and persons with disability? If so, please elaborate</p>	
<p>104. How would you describe your role and involvement in the COVID-19 response and crisis management in (El Kef or Kebili_ <i>region to be precised by the enumerator</i>)?</p>	
<p>105. Could you share your general perceptions of the COVID-19 response in Tunisia, including any insights specific to (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)? Please elaborate</p> <p>c. What do you think of the effectiveness of policies and laws that were put in place as part of the COVID-19 response?</p> <p>d. What do you think of the implementation of these policies specifically in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)?</p>	

SECTION B: Impact of COVID-19 Response on Social Protection and Economic Participation

Enumerator: I will now move on to questions related to the impact of COVID-19 response on economic participation

<p>201. To what extent were economic safety nets put in place by the government (like financial aid for disadvantaged people, extension of time to pay taxes, compensation to suspended workers due to confinement, postponing loan payments etc.) accessible during the COVID-19 pandemic in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)? (Great extent – Moderate extent – Poor extent). If great or moderate extent, through which programs and who provided this support? Please elaborate</p> <p>a. Were there any considerations or measures specifically for women?</p> <p>b. How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?</p>	
<p>202. Can you share any other examples of locally implemented economic safety nets or social protection measures during the pandemic, and how effective they were in supporting the community in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)?</p> <p><i>(Enumerator should probe for efforts by NGOs, municipalities, omdas/cheikhs, etc.)</i></p>	

SECTION C: Impact of COVID-19 Response on Health

Enumerator: I would like to ask you now questions related to impact of COVID-19 on health

<p>301. Overall, how would you characterize the prevalence of the COVID-19 infection in (El Kef or Kebili_ region to be specified by the enumerator) compared to other governorates during the pandemic?</p>	
<p>302. To what extent were essential public health services (like primary care, emergency medical services, and access to medication) available and accessible in (El Kef or Kebili_ region to be specified by the enumerator) during the COVID-19 pandemic? (Great extent – Moderate extent - Poor extent). Please elaborate.</p> <p>c. Was there a difference in the availability of these services for women specifically?</p> <p>d. How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?</p>	
<p>303. To what extent was treatment for chronic health conditions available and accessible during the COVID-19 pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? (Great extent – Moderate extent - Poor extent). Please elaborate.</p> <p>c. Was there a difference in the availability of these services for women specifically?</p> <p>d. How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?</p>	
<p>304. To what extent were reproductive and sexual health services available and accessible to women during the COVID-19 pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? (Great extent – Moderate extent - Poor extent). Please elaborate.</p> <p>a. To what extent were these services accessible to all women in (El Kef or Kebili_ region to be specified by the enumerator) including those in rural areas and women with disabilities?</p>	
<p>305. To what extent was COVID- 19 vaccination available and accessible in (El Kef or Kebili_ region to be specified by the enumerator) starting March 2021 and after that? Great extent – Moderate extent - Poor extent). Please elaborate.</p> <p>c. Were there any considerations or measures specifically for women?</p> <p>d. How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?</p>	
<p>306. Can you share any local initiatives that supported access to health during the pandemic, and how effective they were in supporting the community in (El Kef or Kebili Kebili_ region to be specified by the enumerator)?</p> <p>(Enumerator should probe for efforts by NGOs, municipalities, omdas/cheikhs, etc.)</p>	

SECTION D: Impact of COVID-19 Response on Gender-Based Violence (GBV)

Enumerator: I would like to ask you now some questions related to the impact of COVID-19 response on Gender-Based Violence (GBV)

401. Do you think the level of exposure of women to Gender-Based Violence has changed during the pandemic? If yes, how? (It has increased- It has remained the same- It has decreased). Please elaborate on why you chose that answer.	
402. Do you know about any public awareness campaigns in [El Kef or Kebili] on Gender-Based violence during the COVID-19 pandemic? If yes, please share your thoughts on their effectiveness. <i>(Enumerator should ask about who organized them, what was the content of the campaigns)</i>	
403. To what extent were protection services against Gender-Based Violence available and accessible during the COVID-19 pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? (Great extent – Moderate extent - Poor extent). Please elaborate on why you chose that answer. <i>(Enumerator should ask about who provided these services)</i>	
404. To what extent do you think health professionals, social workers, and legal actors were able to handle Gender-Based Violence cases during the COVID-19 pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? (Great extent – Moderate extent - Poor extent). Please elaborate on why you chose that answer	

SECTION D: Impact of COVID-19 Response on Education

Enumerator: I would like to ask you now some questions related to the impact of COVID-19 response on education.

501. . What do you think has been the impact of the government’s response to COVID-19 (including alternate-day school schedule, and school suspension) in (El Kef or Kebili_ region to be specified by the enumerator) including on existing educational inequalities in the region?	
502. . Are there examples of successful community-led initiatives that have positively influenced education in this region during the pandemic? Please elaborate	

SECTION E: Effectiveness of the government’s response to crisis

Enumerator: Finally, I would like to ask you some questions related crisis prevention and mitigation strategies

601. How would you characterize the communication from the government at the national level throughout the COVID-19 crisis? Please elaborate. <i>(Enumerator should probe for successes and challenges)</i>	
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b. Were there any different communication efforts at the local level during the pandemic in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)? If so, please elaborate.	
602. In the broader context of the government response, how do you characterize the role played by NGOs? a. Were there any challenges that NGOs in particular faced? b. If given the opportunity, what changes would you make to how NGOs were involved in responding to the COVID-19 crisis?	
603. From what you know, how did people in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>) perceive the overall government response to the COVID-19 crisis?	

Would you agree to be contacted again at the end of this study to discuss the results and help develop recommendations for improving crisis response plans in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>) in the future? <i>(Enumerator should clearly specify if the interviewee said yes or no)</i>	
Thank you very much for your participation in this interview. Your answers will provide valuable insights into our study.	End time: HH.MM am/pm

Key Informant Interview Social Protection Actors

Subjects' protection

[Note for the interviewer: Before starting the interview, please ensure that the room where the interview will take place is a safe place and that you and the interviewee are comfortable. Please also ensure that no one besides you and the interviewee is present.]

Background information

Date of interview	
Name of interviewee	
Age of interviewee	
Gender of interviewee	<input type="checkbox"/> 18-29 years old <input type="checkbox"/> 30-39 years old <input type="checkbox"/> 40-49 years old <input type="checkbox"/> 50+ years old
Does the interviewee have a handicap?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Prefers not to answer
Role of interviewee	
Phone number of interviewee <i>(Enumerator to explain that the number will later be used to contact the interviewee if they agree to participate in the next stage of the study)</i>	
Location	
Interviewer name	
Start Time	HH.MM am/pm

Introduction

Welcome and thank you for agreeing to take part in this interview. My name is [says your name], and I work for BJKA Consulting – a Tunisian company specializing in research and data collection services.

We have been contracted by UN Women to conduct research on the impact of the COVID-19 response in Tunisia, specifically in the regions of El Kef and Kebili.

This research will examine the impact of the COVID-19 response in Tunisia’s targeted regions and will inform UN Women’s programming aiming at increasing the resilience of local communities, and in particular vulnerable and marginalized women and girls, to prevent and respond to crises. This will enable them to mitigate the impacts of the pandemic in their households and communities.

The interview will consist of a few questions about the impact of COVID-19 response on economic participation, health, social protection and Gender-Based Violence, It will also try to assess the effectiveness of the government’s communication strategy during crisis. This interview will take around 30 minutes to complete.

BJKA Consulting will have access to your responses in written form. Information will be shared only between the partner organizations (UN Women/Voluntas) for the sole purpose of reporting on the research scope. Your identity will not be disclosed and will not be linked in any way to your replies to our questions. You are therefore free to respond honestly, and we will ensure that the information you provide us with will not be used against you.

We would like to stress that there are no benefits from participating in this discussion other than potential improvements to future programs in Tunisia.

Please note that participation is voluntary. Please also note that if you consent to participate, you are free to withdraw at any stage of this interview and that you can decline to answer any question without reason.

Upon the completion of this interview and if we have your consent, we will contact you after the end of this assessment study to discuss findings and develop recommendations that would go into developing a crisis response plan for (El Kef or Kebili_ region to be specified by the enumerator).

Before starting the interview, I would like to receive your informed consent on the following questions:

Note for the interviewer: Please read out loud questions on informed consent and mark “Yes” or “No.”

	Yes	No
i. Do you understand that even if you agree to participate, you can decline to answer any questions and are also free to end the interview at any point?		

j. Do you give consent to use your personal information, such as your role, for reporting purposes?		
k. Do you consent to this interview being recorded for the purpose of transcription?		
l. Do you consent to participate?		

[If the interviewees agree to participate, please continue with the discussion. If they do not consent to participate in the research, thank the interviewees for their time and stop the interview.]

[Note for the interviewer: Please ensure that interviewees answer the questions fully and that transcribed answers are comprehensive. No box should include only “yes” or “no” answers – all should include detailed responses, and interviewers should prompt with “Why do you think that?”. If the interviewee seems confused or gives unclear or limited answers, please ask follow-up questions or clarify the meaning of the question to ensure interviewees provide thorough responses.]

Key Informant Interview

SECTION A: GENERAL INFORMATION	
Question	Answer
Enumerator: First of all, thank you very much for participating in this interview. I would like to begin by asking you some introductory questions.	
106. Please briefly introduce yourself, sharing your background and your current employment/role.	
102. How would you describe your role and involvement in the COVID-19 response and crisis management in (El Kef or Kebili_ region to be specified by the enumerator)?	
104 Could you share your general perceptions of the COVID-19 response in Tunisia, including any insights specific to (El Kef or Kebili_ region to be specified by the enumerator)? Please elaborate on both policy level and local operational level responses	
e. What do you think of the effectiveness of policies and laws that were put in place as part of the COVID-19 response?	
f. What do you think of the implementation of these policies specifically in (El Kef or Kebili_ region to be specified by the enumerator)?	

SECTION B: Impact of COVID-19 Response on Social Protection and Economic Participation	
Enumerator: I will now move on to questions related to the impact of COVID-19 response on economic participation	
201. To what extent were economic safety nets put in place by the government (like financial aid for disadvantaged people, extension of time to pay taxes, compensation to suspended workers due to confinement, postponing loan payments etc.) accessible during the COVID-19 pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? (Great extent – Moderate extent – Poor extent). If great or moderate extent, through which programs and who provided this support? Please elaborate	

<p>c. <i>Were there any considerations or measures specifically for women?</i></p> <p>d. <i>How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?</i></p>	
<p>203.To what extent did people rely on benefit from financial measures support measures (such as: postponing loan payments) during the COVID-19 pandemic in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)? (Great extent – Moderate extent - Poor extent). Please elaborate.</p> <p>e. <i>Were there any considerations or measures specifically for women?</i></p> <p>f. <i>How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?</i></p> <p>202.What are other financial coping mechanisms that people relied on dur</p>	
<p>203.To what extent did companies whose work was interrupted due to lockdown during the pandemic have access to government support for social protection (such as the government covering CNSS costs during the pandemic) in (El Kef or Kebili_ <i>region to be specified by the enumerator</i>)? (Great extent – Moderate extent - Poor extent). Please elaborate.</p> <p>a. <i>Were there any considerations or measures specifically for women?</i></p> <p>b. <i>How about for vulnerable and marginalized groups, the elderly, children, and persons with disability?</i></p>	
<p>204.Can you share other examples of locally implemented economic safety nets or social protection measures during the pandemic, and how effective they were in supporting the community in (El Kef or Kebili Kebili_ <i>region to be specified by the enumerator</i>)?</p> <p><i>(Enumerator should probe for efforts by NGOs, municipalities, omdas/cheikhs, etc.)</i></p>	

SECTION C: Impact of COVID-19 Response on Gender-Based Violence (GBV)

Enumerator: I would like to ask you now some questions related to the impact of COVID-19 response on Gender-Based Violence (GBV)

<p>301.Do you think the level of exposure of women to Gender-Based Violence has changed during the pandemic? If yes, how? (It has increased- It has remained the same- It has decreased). Please elaborate on why you chose that answer.</p>	
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<p>302. Do you know about any public awareness campaigns in [El Kef or Kebili] on Gender-Based violence during the COVID-19 pandemic? If yes, please share your thoughts on their effectiveness. <i>(Enumerator should ask about who organized them, what was the content of the campaigns)</i></p>	
<p>303. To what extent were protection services against Gender-Based Violence available and accessible during the COVID-19 pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? (Great extent – Moderate extent - Poor extent). Please elaborate on why you chose that answer. <i>(Enumerator should ask about who provided these services)</i></p>	

SECTION D: Impact of COVID-19 Response on Education

Enumerator: I would like to ask you now some questions related to the impact of COVID-19 response on education.

<p>401. . What do you think has been the impact of the government’s response to COVID-19 (including alternate-day school schedule, and school suspension) in (El Kef or Kebili_ region to be specified by the enumerator) including on existing educational inequalities in the region?</p>	
<p>402. . Are there examples of successful community-led initiatives that have positively influenced education in this region during the pandemic? Please elaborate</p>	

SECTION E: Effectiveness of the government’s response to crisis

Enumerator: Finally, I would like to ask you some questions related crisis prevention and mitigation strategies

<p>501. How would you characterize the communication from the government at the national level throughout the COVID-19 crisis? Please elaborate. <i>(Enumerator should probe for successes and challenges)</i></p> <p>c. Were there any different communication efforts at the local level during the pandemic in (El Kef or Kebili_ region to be specified by the enumerator)? If so, please elaborate.</p>	
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<p>Would you agree to be contacted again at the end of this study to discuss the results and help develop recommendations for improving crisis response plans in (El Kef or Kebili_ region to be specified by the enumerator) in the future?</p>	
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<i>(Enumerator should clearly specify if the interviewee said yes or no)</i>	
Thank you very much for your participation in this interview. Your answers will provide valuable insights into our study.	End time: HH.MM am/pm

CAPI Survey

Component	Dimension	Nb	Question	Answer options	Question format	Logic
Consent	Intro		<p>Welcome and thank you for agreeing to take part in this interview. My name is [says your name], and I work for BJKA Consulting – a Tunisian company specializing in research and data collection services.</p> <p>We have been contracted by UN Women to conduct research on the impact of the COVID-19 response in Tunisia, specifically in the regions of El Kef and Kebili. This research will examine the impact of the COVID-19 response in Tunisia’s targeted regions and will inform UN Women’s programming aiming at increasing the resilience of local communities, and in particular vulnerable and marginalized women and girls, to prevent and respond to crises. This will enable them to mitigate the impacts of the pandemic in their households and communities.</p> <p>The interview will consist of a few questions about the impact of COVID-19 response on social protection and economic participation, health, and violence faced by women. It will also try to assess the effectiveness of the government’s communication during the COVID-19 crisis. This interview will take around 30 minutes to complete.</p>			

	Use of data		<p>BJKA Consulting will have access to your responses in written form. Information will be shared only between the partner organizations (UN Women/Voluntas) for the sole purpose of reporting on the research scope. Your identity will not be disclosed and will not be linked in any way to your replies to our questions. You are therefore free to respond honestly, and we will ensure that the information you provide us with will not be used against you. We would like to stress that there are no benefits from participating in this discussion other than potential improvements to future programs in Tunisia. Please note that participation is voluntary. Please also note that if you consent to participate, you are free to withdraw at any stage of this interview and that you can decline to answer any question without reason.</p>			
	Consent	A	Do you consent to participate in the interview?	Yes No	select one	STOP: if NO, end interview
Information about interview	Supervisor's name	B		(list of supervisors)		
	Enumerator's name	C		(list of enumerators)		
	Date of interview	D		(date format)		
	Survey start time	E		(time)		
	Governorate	F		1. Kebili (indicate municipality) 2. Kef (indicate municipality)		

	Délégation	G		Délégation de Kebeli Nord Délégation de Souk El Ahed Délégation de Douz Nord Délégation de Kebili Sud Délégation de Faouar Délégation de Kef Ouest Délégation de Kef Est Délégation de Tajerouine Délégation de Nebeur Délégation de Dahmani Délégation de Es-Sers		
	Secteur	G.1		Voir liste PSU		
	Living setting	H		1. Rural 2. Urban		

<p>Impact of COVID-19 response on social protection and economic participation</p>	<p>3</p>	<p>What was your main source of income before the pandemic?</p>	<p>1. Employment (full-time) 2. Employment (part-time) 3. Business ownership 4. Freelance work 5. Retirement benefits or pension 6. Social security or disability benefits 7. Rental income 8. Spouse income 9. Government assistance programs 10. Assistance from family or friends 11. Savings or emergency funds 12. Other, please specify 96. Don't know 97. Prefer not to answer</p>	<p>Select one</p>	
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	4	<p>What was your main source of income during the pandemic? Specifically, between March 2020 and September 2022</p>	<ol style="list-style-type: none"> 1. Employment (full-time) 2. Employment (part-time) 3. Business ownership 4. Freelance work 5. Retirement benefits or pension 6. Social security or disability benefits 7. Rental income 8. Spouse income 9. Government assistance programs 10. Assistance from family or friends 11. Savings or emergency funds 12. Other, please specify 96. Don't know 97. Prefer not to answer 	select one	
	5	<p>Can you explain why your source of income changed between before and during the pandemic?</p>		Open-ended question	If Q3 ≠ Q4
	6	<p>Could you provide further information on the assistance you have received from the government during the pandemic ?</p> <p><u><i>Ne pas citer les réponses</i></u></p>	<ol style="list-style-type: none"> 1. Extension of tax payment deadlines 2. Extension of loan payment deadlines 3. No water or electricity cuts even if bills are not paid 4. Compensation for work suspension due to the pandemic 	Multiple answer question	

			5. Other, please specify 6. I have not received any benefits 96. Don't know 97. Prefer not to answer		
7	<p><u>Pour les réponses non citées dans Q6</u></p> <p>Have you benefited from any of the following government measures during the pandemic?</p> <p><u>Citer les réponses</u></p>	<p>1. Extension of tax payment deadlines</p> <p>2. Extension of loan payment deadlines</p> <p>3. No water or electricity cuts even if bills are not paid</p> <p>4. Compensation for work suspension due to the pandemic</p> <p>6. I have not received any benefits</p> <p>96. Don't know</p> <p>97. Prefer not to answer</p>	Multiple answer question		
8	How would you assess the effectiveness of these measures in helping you navigate through the pandemic?	<p>1. Very effective</p> <p>2. Moderately effective</p> <p>3. Slightly effective</p> <p>4. Not effective at all</p> <p>96. Don't know</p> <p>97. Prefer not to answer</p>	select one	If Q6= 1; 2; 3; 4; 5 or Q7= 1; 2; 3; 4	
9	Please explain why that is the case		Open-ended question	If Q8= 3; 4	

	10	Did you resort to other means/resources to cover your expenses during the pandemic? .	<ul style="list-style-type: none"> 1. Borrowing from neighbors 2. Donations 3. Selling of assets 4. Borrowing from the bank 5. Child labor 6. Social security or disability benefits 95. Nothing else 96. Don't know 97. Prefer not to answer 	Multiple answer question	
	11	What was your main source of income after the pandemic (after September 2022)?	<ul style="list-style-type: none"> 1. Employment (full-time) 2. Employment (part-time) 3. Business ownership 4. Freelance work 5. Retirement benefits or pension 6. Social security or disability benefits 7. Rental income 8. Spouse income 9. Government assistance programs 10. Assistance from family or friends 11. Savings or emergency funds 12. Other, please specify 96. Don't know 97. Prefer not to answer 	select one	

	12	<p>Could you provide further information on the assistance you have received from the government after the pandemic ?</p> <p><u>Ne pas citer les réponses</u></p>	<p>1. Extension of tax payment deadlines 2. Extension of loan payment deadlines 3. No water or electricity cuts even if bills are not paid 4. Compensation for work suspension due to the pandemic 5. Other, please specify 6. I have not received any benefits 96. Don't know 97. Prefer not to answer</p>	Multiple answer question	
	13	Do you think that the social and economic measures implemented responded to the specific needs of your governorate?	<p>1. Yes 2. No 96. Don't know 97. Prefer not to answer</p>	Select one	
	14	What needs have these measures not addressed?		Open-ended question	If Q13= 2
	15	For all the mentioned government social and economic measures, were there any specific access issues faced by any of these groups during the pandemic?	<p>1. Elders 2. Children 3. People with disabilities 4. People in rural areas 5. No challenges were encountered by these groups 96. Don't know 97. Prefer not to answer</p>	Multiple answer question	
	16	Please describe what the challenges were for elders		Open-ended question	If Q15=1

	17	Please describe what the challenges were for children		Open-ended question	If Q15=2
	18	Please describe what the challenges were for people with disabilities		Open-ended question	If Q15=3
	19	Please describe what the challenges were for people in rural areas		Open-ended question	If Q15=4
Impact of COVID-19 Response on Health	20	How would you characterize the level of exposure of people in your governorate to COVID-19 during the pandemic?	1. Very high 2. High 3. Moderate 4. Low 5. Very low 96. Don't know 97. Prefer not to answer	Select one	
	21	To what extent was primary care like routine check-ups and treatment of common illnesses available in your governorate during the pandemic?	1. Widely available 2. Moderately available 3. Limited availability 4. Not available 96. Don't know 97. Prefer not to answer	Select one	
	22	To what extent was emergency medical care available in your governorate during the pandemic?	1. Widely available 2. Moderately available 3. Limited availability 4. Not available 96. Don't know 97. Prefer not to answer	Select one	

	23	To what extent were medications available in your governorate during the pandemic?	1. Widely available 2. Moderately available 3. Limited availability 4. Not available 96. Don't know 97. Prefer not to answer	Select one	
	24	To what extent was treatment for chronic health conditions like diabetes and cardiovascular diseases available in your governorate during the pandemic?	1. Widely available 2. Moderately available 3. Limited availability 4. Not available 96. Don't know 97. Prefer not to answer	Select one	
	25	To what extent were reproductive and sexual health services available in your governorate during the pandemic?	1. Widely available 2. Moderately available 3. Limited availability 4. Not available 96. Don't know 97. Prefer not to answer	Select one	
	26	To what extent were these services accessible to all women in your governorate including those in rural areas and women with disabilities?	1. Widely accessible 2. Moderately accessible 3. Limited accessibility 4. Not accessible 96. Don't know 97. Prefer not to answer	Select one	If Q25= 1; 2; 3;
	27	Please elaborate on why you think that is the case		Open-ended question	If Q26= 3; 4
	28	To what extent were COVID vaccines available in your governorate during the pandemic	1. Widely available 2. Moderately available 3. Limited availability 4. Not available 96. Don't know	select one	

		starting March 2021?	97. Prefer not to answer		
	29	For all the mentioned health services, were there any specific access issues faced by women during the pandemic?	1. Yes 2. No 96. Don't know 97. Prefer not to answer	Select one	
	30	If yes, what are they?	1. Gender-based discrimination 2. Lack of awareness of available healthcare resources 3. Insufficient availability of female healthcare providers 4. Economic factors affecting access 5. Transportation challenges 6. Fear of exposure to COVID-19 in healthcare settings 7. Other, please specify: 96. Don't know 97. Prefer not to answer	Multiple answer question	If Q29=1

	31	For all the mentioned health services, were there any specific access issues faced by any of these groups during the pandemic?	1. Elders 2. Children 3. People with disabilities 4. People in rural areas 5. No challenges were encountered by these groups 96. Don't know 97. Prefer not to answer	Multiple answer question	
	32	Please describe what the challenges were for elders		Open-ended question	If Q31=1
	33	Please describe what the challenges were for children		Open-ended question	If Q31=2
	34	Please describe what the challenges were for people with disabilities		Open-ended question	If Q31=3
	35	Please describe what the challenges were for people in rural areas		Open-ended question	If Q31=4
Impact of COVID-19 Response on GBV	36	How would you assess the state of violence against women in your governorate during the pandemic?	1. It has increased 2. It has remained the same 3. It has decreased 96. Don't know 97. Prefer not to answer	Select one	
	37	Did you feel there was a rise of tensions in your house during the pandemic?	1. Yes 2. No 96. Don't know 97. Prefer not to answer	Select one	

	38	Were you exposed to any form of violence (including physical, emotional, and economic violence) during the pandemic?	1. Yes 2. No 96. Don't know 97. Prefer not to answer	Select one	
	39	To what extent were protection services to combat violence against women available in your governorate during the pandemic?	1. Widely available 2. Moderately available 3. Limited availability 4. Not available 96. Don't know 97. Prefer not to answer	Select one	
	40	To what extent were these services accessible to all women in your governorate including those in rural areas and women with disabilities?	1. Widely accessible 2. Moderately accessible 3. Limited accessibility 4. Not accessible 96. Don't know 97. Prefer not to answer	Select one	If <u>Q39=</u> 1; 2; 3
	41	Have you heard of a campaign to combat violence against women in your governorate during the pandemic?	1. Yes 2. No 96. Don't know 97. Prefer not to answer	Select one	
	42	If yes, who organized this/ these campaigns?	1. The municipality 2. NGOs 3. Healthcare institutions 4. Other, please specify: 96. Don't know 97. Prefer not to answer	Multiple answer question	If <u>Q41=1</u>

Effectiveness of the government's response to crisis	43	How has education been impacted by the COVID-19 crisis in your governorate?	1. Severely disrupted 2. Moderately disrupted 3. Minimally disrupted 96. Don't know 97. Prefer not to answer	Select one	
	44	How would you assess the government's response to the crisis in your governorate, including measures such as an alternate-day school schedule, and the suspension of schools?	1. Highly effective 2. Moderately effective 3. Ineffective 96. Don't know 97. Prefer not to answer	Select one	
	45	Please elaborate on why you think that is the case		Open-ended question	If Q 44= 3
Effectiveness of the government's communication in crisis	46	How satisfied are you with the national government's communication during the COVID-19 crisis, including healthcare information, social and economic assistance information, and public awareness campaigns?	1. Very satisfied 2. Moderately satisfied 3. Limited satisfaction 4. Not satisfied 96. Don't know 97. Prefer not to answer	Select one	
	47	How satisfied are you with the communication from local relevant actors during the COVID-19 crisis, including healthcare information, social and economic	1. Great extent 2. Moderate extent 3. Limited extent 4. Poor extent 96. Don't know 97. Prefer not to answer	Select one	

			assistance information, and public awareness campaigns?			
		48	What do you think were the shortcomings of the government's communication during the COVID-19 crisis? Think also of the gaps specific to your governorate.		Open-ended question	If Q47=3; 4
Demographics	Age	49	How old are you?	1. 18-29 years old 2. 30-39 years old 3. 40-49 years old 4. 50+ years old	Select one	
	Gender	50	What is your gender?	1. Woman 2. Man 97. Prefer not to answer	Select one	
	Education	51	What is the highest level of education you have completed?	Did not attend school Primary Secondary High School University Vocational training Prefer not to answer	Select one	
	Disability 1	52	Are you a person with a disability?	1. Yes 2. No 97. Prefer not to answer	Select one	

		53	If yes, please select the option that best describes your disability	1. Mobility impairments 2. Visual impairments 3. Hearing impairments 4. Cognitive or learning disabilities 5. Other 97. Prefer not to answer	Multiple answer question	If Q52=1
	Marital status	54	What is your marital status?	Married Divorced Widowed Not married Refused (vol.) Prefer not to answer	Select one	
	Childs	55	How many children do you have ?		Number	If Q44=1, 2 or 3
	Disability 2	56	Do any members of your household, excluding yourself, have a disability?	1. Yes 2. No 97. Prefer not to answer	Select one	
		57	If yes, please indicate the number	1. One person 2. Two people or more 97. Prefer not to answer	Select one	If Q56= 1
	Income	58	What was the total income for all members of the HH in the last 30 days?	1. No income 2. Less than 600 Tunisian Dinar 600-1,000 Tunisian 1,001-1,500 Tunisian 1,501 - 2,500 Tunisian More than 2,500 Tunisian Don't know Prefer not to answer	Select one	

UN WOMEN IS THE UN ORGANIZATION 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.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to ensure that the standards are effectively implemented and truly benefit women and girls worldwide. It works globally to make the vision of the Sustainable Development Goals a reality for women and girls and stands behind women's equal participation in all aspects of life, focusing on four strategic priorities: Women lead, participate in and benefit equally from governance systems; Women have income security, decent work and economic autonomy; All women and girls live a life free from all forms of violence; Women and girls contribute to and have greater influence in building sustainable peace and resilience, and benefit equally from the prevention of natural disasters and conflicts and humanitarian action. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



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