

FINAL
INDEPENDENT PROJECT EVALUATION

SUPPORTING THE
ESTABLISHMENT OF COGNITIVE-
BEHAVIOURAL THERAPY
TREATMENT PROGRAMMES IN
PRISON SETTINGS, IN LINE WITH
INTERNATIONAL STANDARDS

XAMW04 (TUNISIA)
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UNODC

United Nations Office on Drugs and Crime

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ABBREVIATIONS AND ACRONYMS

Abbreviation or Acronym	Full name/word
CBT	Cognitive Behavioral Therapy
CSO	Civil Society Organization
GCPR	General Committee on Prisons and Rehabilitation
FGDs	Focus Discussion Groups
INL	International Narcotics and Law Enforcement Affairs
M&E	Monitoring & Evaluation
MENA	Middle East and North Africa
MoJ	Ministry of Justice
PDMT	Psychologues du Monde - Tunisie
ROMENA	Regional Office for the Middle East and North Africa
SDGs	Sustainable Development Goals
ToT	Training of Trainers
UNODC	United Nations Office on Drugs and Crime

MANAGEMENT RESPONSE

Recommendations ¹	Management Response
<p>1. RECOMMENDATION 1 – Sustainability & Building on achievements</p> <p>Given the significant achievements so far and the pilot nature of this project, it is recommended that the project team expand the CBT approach to other additional prisons in Tunisia through continuing working towards the project’s objective within the next year through a second phase of the project (contingent upon available funding).</p>	Accepted
<p>2. RECOMMENDATION 2 – Effectiveness</p> <p>It is recommended that the project team focuses on the provision of CBT to detainees after their release within the next two years with the ultimate objective of integrating CBT into after-release rehabilitation programs.</p>	Accepted
<p>3. RECOMMENDATION 3 – ToT & sustainability</p> <p>Utilizing the extensive CBT manual produced under the project and the health staff that received a form of advanced training, it is recommended that the project team carries out ToTs for selected health staff within the next 18 months to enable the creation of a pool of psychologist trainers/supervisors after the first year of the next project phase who can then (i) provide the basic CBT training in the National School for Prisons and Rehabilitation in Tunisia in the second year with the ultimate objective of integrating this training and institutionalizing it as part of the school’s curricula and regular trainings, and (ii) act as supervisors and points of reference for other prison health staff who will be trained in the upcoming phase</p>	Accepted
<p>4. RECOMMENDATION 4 – Partnerships</p> <p>If the project team intends to select a CSO as its implementing partner in the potential 2nd phase of the project, it is recommended that the project team and UNODC’s External Party Engagement Unit conduct a more comprehensive and systematic capacity assessment of CSOs within the next year and prior to selecting an implementing partner. Based on the result, allocate a suitable scope of work that can be effectively managed and implemented by the partner organization. The assessment should consist of a detailed investigation of an organization’s human, financial, and administrative capacity, and an associated risk management analysis containing clear mitigation measures, in order to minimize risks to implementation from a partner’s potential capacity constraints or inconsistencies between reported and actual capacities. If needed, the project may consider integrating a capacity building component for the selected CSO partner to enable a satisfactory performance.</p>	Accepted
<p>5. RECOMMENDATION 5 – Effectiveness of capacity building</p> <p>Given the novelty of the CBT trainings and master class on CBT in prison settings as well as the feedback received from beneficiaries, it is recommended for the project team to work on updating the contents of trainings and overall capacity building program targeting health staff within the next year, especially in terms of expanding the scope and duration of the trainings, adding/enriching with more specific relevant topics to the prison settings such as drug additions or focusing on these topics during the training, minimizing the time between the trainings and subsequent supervision sessions, and increasing the number and frequency of such sessions..</p>	Accepted

¹ This is just a short synopsis of the recommendation, please refer to the respective chapter in the main body of the report for the full recommendation.

<p>6. RECOMMENDATION 6 – Do No Harm</p> <p>It is recommended that the project team integrate an explicit ‘do no harm’ analysis and approach at the outset of the potential next phase of the project or within the next 6 months and integrate the approach throughout implementation to minimize any risks in implementation that may cause harm to beneficiaries</p>	<p>Accepted</p>
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INTRODUCTION

PROJECT DESCRIPTION AND OBJECTIVES

The project “Supporting the Establishment of Cognitive-Behavioural Therapy (CBT) Treatment Programmes in Prison Settings, in Line with Relevant International Standards” was a \$1.99 million project implemented in Tunisia by the Crime Prevention and Criminal Justice Unit at the UNODC Regional Office for the Middle East and North Africa (ROMENA) and the UNODC Tunis Programme Office. The project was funded by the US Bureau of International Narcotics and Law Enforcement Affairs (INL) and was implemented in partnership with the General Committee of Prisons and Rehabilitation (GCPR) under the Tunisian Ministry of Justice (MoJ) and the non-governmental association “Psychologues du Monde - Tunisie” (PDMT). While the project officially commenced on Oct 2020, actual implementation began with the signing of the project document in Sep 2021 and lasted for a period of 33 months. The objective of the project was to establish an effective approach to reduce recidivism in Tunisia through the development of sustainable CBT programming and applying CBT in three pilot prisons.

PURPOSE, SCOPE AND METHODOLOGY OF EVALUATION

The purpose of the Final Independent Project Evaluation was to assess the extent to which the project has contributed to achieving its outcomes, in addition to investigating the project’s overall relevance, coherence, efficiency, effectiveness, and sustainability during its entire duration. Human rights, gender equality, and disability inclusion considerations were also taken into account during this evaluation. An inclusive mixed methods methodology was utilized involving a comprehensive desk review, in-depth semi-structured interviews with stakeholders, and focus group discussions with beneficiaries. The methodology allowed for the generation of triangulated findings that have been substantiated based on sound data analysis.

MAIN FINDINGS PER EVALUATION CRITERIA

RELEVANCE

The project was found to be relevant to the context of Tunisia, in terms of responding to the increasingly overcrowded prison environments and high recidivism rate, and also aligned with the priorities of the donor regarding its focus on crime prevention and rehabilitating prisoners. The project came as a direct response to a request made by the GCPR, and was proactive in responding to the arising needs and requests of government counterparts during implementation in a way that maintained the project’s contribution to the intended outcomes. The relevance of the project was enhanced early during implementation through the needs assessment visits made to the selected prisons.

COHERENCE

The design and implementation of the project was found to be aligned with the relevant international standards, represented by the Mandela Rules and Bangkok rules, and also with SDGs 3, 5, and 16. The project was also coherent with UNODC’s strategic programming on the global, regional, and local levels. In specific, the project is well aligned with the UNODC Strategy (2021-2025) and with the UNODC Regional Framework for Arab States (2023-2028), especially with the focus area of strengthening crime/violence prevention and criminal justice.

EFFICIENCY

The project’s efficiency was adversely impacted by a number of exogenous factors that stemmed from the difficult operating environment. These included COVID restrictions, political change in 2021 and subsequent uncertainty characterized by a high rate of turnover among key government counterpart personnel and a

lengthy approval process at times. Other factors contributing to the delays included an absence of a project manager for the first year of the project in addition to a limited capacity of the implementing partner to effectively implement its allocated scope of work in a timely manner. Measures taken by the project team helped mitigate the impact on efficiency, such as maintaining a positive and accommodative relationship with counterparts, utilization of national experts in lieu of internationals, taking over the work of the implementing partner, and adopting a fully transparent and competitive approach in procuring equipment and experts for the project. Project monitoring was also extensive, undertaken through different channels including the technical and steering committees' meetings, quarterly reporting, workshop reports, supervision reports, and an early impact study.

EFFECTIVENESS

The project was found to have effectively contributed to developing CBT programming for prison settings in collaboration with national counterparts, GCPR/MoJ, through the development of a comprehensive CBT training program and procedural manual for prison settings in a participatory approach, and raising the awareness on CBT among relevant stakeholders. Specifically, two manuals were produced: 1 comprehensive bilingual manual (French & Arabic) targeting psychologists and doctors, and another simplified version targeting front line-agents. The manuals included psychological tools and tests that had been tested by the relevant expert. Building on these manuals, the project implemented five different types of capacity building programs targeting different groups of prison staff, but focusing on psychologists and doctors, in a comprehensive approach suited to the novelty of the topic. While there were challenges in implementing the capacity building component of the project according to plan, the project team's strategic approach and adaptability in balancing between the challenging working environment and its challenges on the one hand, and maintaining the project's contribution to its outcomes on the other hand facilitated the project's implementation of most capacity building activities. Overall, trainees were mostly satisfied with the capacity building of the project, indicating how such training has facilitated their interaction with or care of detainees. The project's introduction of a master class on CBT in Prison Settings in partnership with the Faculty of Medicine was one of the major sustainable achievements of the project as highlighted by almost all interviewed stakeholders. The provision of equipment to prisons ensured a comprehensive approach to introducing CBT, and played a role in improving the environments of the selected prisons. One area in which the project achieved limited progress was supporting the provision of after-release CBT sessions under the project's third outcome, mainly due to the institutional set up in Tunis and different mandates regarding detainees inside prisons and after their release, which was not foreseen during the design of the project. To compensate for this, the project focused its efforts on alternative means to contribute to the continuity of CBT for prisoners after their release according to what was possible. This included holding several roundtable discussions with the Ministry of Health and Ministry of Social affairs to enhance cooperation on the reintegration of former detainees and the continuity of CBT upon release, thereby contributing to reducing recidivism in Tunisia.

SUSTAINABILITY

The project was able to gain the trust and commitment of national stakeholders and enable their sense of ownership of the project and its results. But UNODC assistance would still be needed to support counterparts in building on this pilot initiative. The project focused on sustaining the developed CBT programming through a number of different measures including but not limited to introducing a master class as per of the Faculty of Medicine's regularly offered programs, and the production of a comprehensive CBT manual that will continue to benefit practitioners in the future. Moreover, beneficiaries who received a form of advanced training under this project may be utilized as trainers in the future.

HUMAN RIGHTS, GENDER EQUALITY, DISABILITY INCLUSION AND LEAVING NO ONE BEHIND

The project's strong focus on streamlining and sensitizing gender issues across its different components, including awareness, capacity building, and equipment provision, ensured a holistic approach to promoting

gender equality. Overall, the project was found to uphold the rights of detainees. Despite the absence of an explicit ‘do no harm’ strategy or approach by the project, various ‘do no harm’ considerations were incorporated in the implementation of the different project components.

MAIN CONCLUSIONS

As a first of its kind pilot project, significant achievements were made in introducing CBT as an effective approach to rehabilitate detainees and thus potentially reduce the rate of recidivism in Tunisia over the long term. This was despite some challenges faced during implementation given the contextual environment and novelty of the project topic. A key success factor was the strategic approach adopted by the project team characterized by a high level of transparency, responsiveness, and perseverance, which helped mitigate the adverse impacts of the challenging operating environment and circumvented efficiency and effectiveness losses that would have otherwise significantly disrupted the project and its timeline. Moving forward, continued UNODC assistance will be pivotal to building on the achievements made so far and addressing any pending gaps. Future UNODC assistance will be facilitated by a strong sense of ownership and commitment by national stakeholders which the project has helped build gradually over its duration.

MAIN RECOMMENDATIONS²

- Given the pilot nature of the project and its significant achievements so far, It is recommended that the project team expand the CBT approach to other prisons in Tunisia through continuing working towards the project’s objective within the next year through a second phase of the project (contingent upon available funding).
- It is recommended that the project team focus on the provision of CBT to detainees after their release with the ultimate objective of integrating CBT into after-release rehabilitation programs.
- It is recommended that the project in its second phase carry out ToTs for health staff to enable the creation of a pool of psychologist trainers/supervisors who can then (i) provide the basic CBT training in the National School for Prisons and Rehabilitation in Tunisia with the ultimate objective of integrating this training and institutionalizing it as part of the school’s curricula and regular trainings, and (ii) act as supervisors and points of reference for other prison health staff who will be trained in the upcoming phase.
- Whenever intending to partner with CSOs for implementation, it is recommended for the project team and UNODC’s External Party Engagement Unit to conduct a more comprehensive and systematic assessment of CSOs’ administrative, financial, and technical capacity prior to selecting an implementing partner; and based on the result, allocate a suitable scope of work that can be effectively managed and implemented by the partner organization.

MAIN LESSONS LEARNED AND GOOD PRACTICES

Lessons learned:

- A mismatch between an implementing partner’s assessed/declared capacity and its actual capacity may give rise to challenges when implementing its allocated scope of work under a project.
- An inclusive approach to implementation can go a long way to enable an effective contribution to project results. The project’s inclusion of front-line prison staff, based on a participatory design and implementation process with government counterparts, enhanced the project’s contribution to its intended results.

Good practices:

- A strategic partnership and participatory approach characterized by transparency, perseverance, and responsiveness can overcome contextual challenges to implementation and progress. For example, the project responded to a request by government counterparts for a training on results-based management

² Please note that the Executive Summary only includes the most important recommendations as identified by the evaluation team. All recommendations can be found in the main body of the report.

and strategic planning, which was received with high interest and contributed to building trust, and is expected to contribute to potential future activities done in partnership counterparts.

- Partnering with academic institutions can greatly enhance the sustainability of project results. A master class on CBT in prison settings is currently being offered on a bi annual basis by one of the most prestigious universities in Tunisia, as a result of this project.
- A holistic approach to sensitizing and integrating gender matters into the various project component enhances a project's contribution to gender equality
- Building the capacity of government counterparts in Results Based Management and Program Management, according to UN standards, can help facilitate coordination and implementation of a project and enhance ownership of the project and its results.

BACKGROUND AND CONTEXT

OVERALL CONCEPT AND DESIGN

The project “Supporting the Establishment of Cognitive-Behavioural Therapy (CBT) Treatment Programmes in Prison Settings, in Line with Relevant International Standards” was a \$1.99 million project implemented in Tunisia by the Crime Prevention and Criminal Justice Unit at the UNODC Regional Office for the Middle East and North Africa (ROMENA) and the UNODC Tunis Programme Office over a period of 45 months from Oct 2020 to Jun 2024³. While the project officially commenced on Oct 2020, actual implementation began with the signing of the project document by MoJ in Sep 2021 and lasted for a period of 33 months. The project was funded by the US Bureau of International Narcotics and Law Enforcement Affairs (INL) and was implemented in partnership with the General Committee of Prisons and Rehabilitation (GCPR) under the Tunisian Ministry of Justice (MoJ) and the non-governmental association “Psychologues du Monde Tunisie” (PDMT). A project steering committee and a project technical committee were set up to guide, coordinate, and facilitate the implementation of the project. The committees included representation from various departments from MoJ and GCPR as well as donor representation and the project team.

The objective of the project was to establish an effective approach to reduce recidivism in Tunisia which the project sought to contribute to through its expected accomplishments of outcomes that include the development of CBT programming and applying CBT in three pilot prisons, namely Manouba (female prison), Borj Al Amri (male prison), and Borj Al-Roumi (male prison), in collaboration with the GCPR, in addition to enabling the GCPR to develop sustainability mechanisms for CBT programming in prison settings. The project aimed to achieve these outcomes through improving capacities of the GCPR, mainly prison staff, to better prevent violent behaviour of offenders in prison and after release, raise overall awareness on CBT, and develop sustainability mechanisms to ensure the continuity of CBT programmes in prison settings. As a pilot, this project supported the development of a CBT programming manual which was applied in developing and implementing CBT programmes in the three selected prisons. While the project initially targeted health staff of prisons (i.e. Doctors & Psychologists), it expanded its target group to also include front line prison staff, which came as a response to a request by the government counterpart (i.e. GCPR), and which resulted in a more inclusive project.

Despite not explicitly considering gender and human rights in the project design, the project employed a holistic approach to promoting gender equality through integrating gender-sensitive elements across most activities implemented in Manouba female prison, and also took ‘do no harm’ measures to safeguard the rights of project stakeholders. Ultimately, the project’s work to improve prison facilities and the well-being of prison staff and detainees contributed to upholding the rights of both these groups.

CONTEXT

The project’s start date coincided with the unfolding of the COVID crisis in Tunisia, with multiple large COVID waves occurring in late 2020 and in 2021, particularly mid-2021, which were associated with restrictions on internal and international travel as well as on face-to-face meetings⁴. Project implementation also coincided with a period of political change that began in the summer of 2021.⁵ These contextual factors inevitably impacted the project in a number of ways as the findings section will elaborate.

³ Since the project funds were received by the donor in October of 2020, this date constitutes the official start of the project. However, implementation actually began almost one year after the official start date, following the approval of the project document by government counterparts and the donor, and following the recruitment of the project manager.

⁴ ILO, ADWA, ERF (2022) “Tunisia COVID-19 Country Case Study”

⁵ UNHCR (2022) “Universal Periodic Review – Tunisia” Submission by the United Nations High Commissioner for Refugees for the Office of the High Commissioner for Human Rights’ Compilation report.

PURPOSE AND SCOPE

The purpose of the Final Independent Project Evaluation was to assess the extent to which the project has contributed to achieving its outcomes, in addition to investigating the project's overall relevance, coherence, efficiency, effectiveness, and sustainability during its entire life cycle from October 2020 to June 2024. The evaluation covers all activities of the project, including activities carried out in the three selected prisons located in the cities of Manouba, Borj El amri, and Bizerte. Human rights, gender equality, and disability inclusion considerations were also taken into account during this evaluation. The evaluation is intended to inform future project designs and ultimately contribute to UNODC organizational learning. The audience for this evaluation includes the donor, senior management at UNODC, project team, recipient government, and other stakeholders.

THE COMPOSITION OF THE EVALUATION TEAM

The evaluation team was composed of one male and one female; Rani Khoury, the Evaluation Expert, and Dr. Haifa Zalila, the Substantive expert. Rani is an economist and evaluation professional with over 12 years' experience in conducting evaluations across the MENA region, while Dr. Haifa is an associate professor of psychiatry with more than 11 years of experience in teaching and lecturing on psychiatric topics as department head of Al Razi's university hospital for mental health.

EVALUATION METHODOLOGY

In line with the UNODC evaluation standards and the ToR, a mixed method approach was utilized in this evaluation to ensure an inclusive methodology as well as triangulated findings that are substantiated based on sound data analysis. The evaluation methodology adopted a participatory process involving relevant stakeholders, allowing them to engage directly in the evaluation through providing their experiences, insights, and perceptions of the project and its results. Special attention was paid to the project's consideration of human rights, gender equality and disability inclusion in addition to ensuring that the voices and opinions of both men and women are heard through the sampling approach for the interviews. In specific, the evaluation team investigated whether there has been any inclusion of people with disabilities in any part of the project activities, but found none. With regards to gender, the evaluation team paid close attention to how project activities carried out in Manouba female prison integrated gender sensitive issues in different ways, and made sure to speak with relevant female stakeholders. Considerations of human rights were part of the evaluation team's investigation of the extent to which the project employed a do no harm approach across its activities to safeguard human rights throughout implementation.

It is important to note that while the evaluation team intended to include all relevant stakeholders, the evaluation did not collect data from detainees, as discussed and agreed with the project team during the inception phase, and was based on two main reasons as outlined below:

- Risk to the whole evaluation and timeline. According to consultations held with the project team during the inception phase, it was found that the evaluation process and timeline would have been put at risk if there was a request to meet with detainees, which required a special approval from the Ministry of Justice, especially since the project has just recently completed an impact study which involved collecting survey data from detainees. Therefore, the project utilized some of the results of this impact study which was reviewed by counterparts towards the end of the project. The sample size of the survey administered as part of the impact study included 29 health staff, 69 front line staff and 82 detainees. However, since the survey for the majority of detainees were filled together with prison staff, responses to the detainees' survey have not been considered in this evaluation.

- The direct beneficiaries of the project are prison staff, including doctors and psychologists: The three outcomes of the project, on which the effectiveness of the project was assessed, make no mention of detainees themselves. Instead, the outcomes include developing and implementing CBT programming in

three selected prisons through raising the awareness and building the capacities of prison staff, focusing on psychologists, in addition to sustaining CBT programming in prison settings through working with national partners. This is why the robustness of the evaluation will not be impacted by the exclusion of detainees from the data collection process, especially that 'impact' is not covered under the scope of the evaluation.

Even though detainees were not part of the data collection, there was still a need for an explicit and focused **do no harm approach** when collecting data from prison staff and other stakeholders.

First of all, an official communication was sent from the project team to the Ministry of Justice to obtain official approval for the evaluation team to conduct the data collection exercise. Secondly, the substantive expert was tasked with carrying out all interviews and FGDs in Tunis; not only is Dr. Haifa a Tunisian national, but she is also a doctor of psychiatry and is well acquainted and experienced with prison environments and dealing with prisoners of various backgrounds including drug addiction. In other words, the evaluation team decided to minimize any risk from having the Evaluation Expert (non-Tunisian) be involved in the data collection inside prisons. Thirdly, data was collected from stakeholders only after an informed consent was granted to the evaluators. Consent was given for each of the data collection activities following a description of the scope and objectives of the evaluation. Stakeholders were also informed that they have the right to refuse the interview or FGD and any stakeholder can opt out of the interview or the FGD at any time. The responses of all stakeholders met with during this evaluation was treated with strict confidentiality. Information and data collected during the fieldwork were aggregated and anonymized, and used only for evaluation purposes. The evaluation team maintained the highest ethical standards at all times through the evaluation process and maintained political neutrality refraining from going to sensitive political discussions during the data collection process.

Data collection methods & sampling

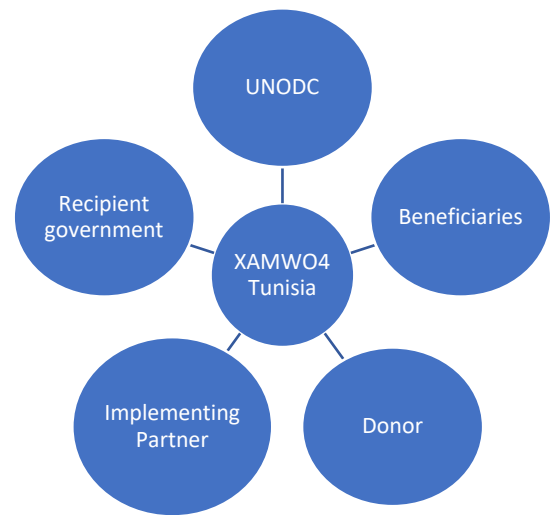
In addition to the continuous and comprehensive desk review of project documents (109 documents; summary can be found in annex IV), the evaluation team utilized two main types of primary data collection instruments. In-depth semi-structured interviews were used to collect information from 18 stakeholders (61% of which were female) and focus group discussions were used to collect information from 23 project beneficiaries (of which 61% were female) including 16 front line staff and 6 psychologists. The data collection tools utilized for these methods can be found in annex III. While the evaluation team had planned to include more beneficiaries in the FGDs, and to separate front line staff from psychologist beneficiaries, the MoJ approval came only for three FGDs with staff from various prisons held at the premises of the MoJ. The evaluation team was not approved to hold the FGDs inside prisons nor to enter the prisons to observe the equipment supplied by the project. The evaluation team followed a purposive sampling approach in selecting stakeholders to be interviewed which allowed for engaging stakeholders from different stakeholder categories involved in the project including UNODC personnel, recipient governments, and the donor. While both the evaluation team and project team tried to reach the implementing partner of this project over a number of attempts, there was no response and therefore, the partner could not be included as part of the data collection.

All data analysis was based on triangulation⁶. For this evaluation, triangulation was achieved by (i) combining three main methods of data collection (document review, interviews, FGDs), (ii) including different stakeholder groups as key informants for this evaluation, and (iii) evaluator triangulation given that the evaluation team consisted of two independent evaluators. To ensure a high-quality evaluation report, the evaluation team employed a self-quality assurance mechanism through which the strength and validity of the evidence was assessed and an investigation undertaken of possible gaps or shortcomings that need to be addressed. This ensured the reliability of the evaluation findings, as the quality of evidence is considered to the backbone of a credible evaluation. Anonymity was ensured throughout the reporting.

⁶ Triangulation generally refers to the use of multiple approaches, methods and sources for data collection and analysis to verify and substantiate data and information.

STAKEHOLDER ANALYSIS

The key government recipient or counterpart for this project was the Ministry of Justice (MoJ) with the main government partner being the GCPR, which falls under the MoJ. These are referred to as national counterparts or recipient government. The main implementing partner of the project was PDMT, an NGO selected early during implementation for being the unique civil society organization having technical expertise on CBT and a positive working experience with GCPR. Another important partner was the Faculty of Medicine in Tunis which hosted the master class in CBT in prison settings, introduced under the project. The project was implemented by the UNODC ROMENA and UNODC Program Office in Tunisia, with the support of a number of national consultants working on various project activities. The direct beneficiaries of the project are prison staff with a focus on doctors and psychologists, and the indirect beneficiaries of the project include detainees. Through the basic and advanced training, as well as the introduced master class, the project reached a total of 180 beneficiaries (77 females and 103 males prison staff) (sampled beneficiaries can be found in annex V). Finally, the other remaining stakeholder is the donor, INL.



LIMITATIONS TO THE EVALUATION

Limitations to the evaluation	Mitigation measures
The evaluation did not meet with detainees, who are considered to be the end-beneficiary of the project.	Detainees are not the direct beneficiaries of the project, which mainly includes prison staff.
Given the current standard procedures, the MoJ challenged a visit of the Substantive Evaluator to the selected prisons.	This was anticipated as a risk in the inception report, and therefore, the mitigation measure was employed which involved inviting the participants to the premises of the MoJ for the FGDs. Given that there were no visits to prisons during this evaluation, the evaluation team was not able to observe the equipment provided by the project to prisons and how they were being used. To compensate for this, discussions in FGDs and interviews focused more on this aspect.
There were some delays in implementing part of the fieldwork due to the lengthy process needed to obtain approval to collect data from prison staff, which was not accounted for in the inception phase. This led to some delays to the timeline of the evaluation.	The evaluation team maintained its flexibility during the fieldwork to ensure its availability on dates suggested by the MoJ for the interviews and FGDs. Other than a shift in the timeline, the delay did not have an impact on the overall evaluation.
While the team requested to conduct FGDs with a total of around 48 beneficiaries split among front line staff and health staff, this could not be accommodated. Ultimately, approval was received for only 3 FGDs with both front-line staff and psychologists together; total of 23 beneficiaries.	The evaluation team has therefore relied more on alternative sources of information including the supervision reports and the final impact study conducted by the project, in order to complement the information obtained from the FGDs. Moreover, information received from front line staff was clearly distinguished from information received from psychologists to compensate for having both beneficiary groups in the same FGDs.

<p>The predominance of men among beneficiaries to be met with during the field work. This is mainly because prisons (including inmates and staff) are separated by gender, and the project worked with two male prisons and one female prison.</p>	<p>The evaluation has nonetheless met with women beneficiaries related to Manouba prison, and sought to present a balanced gender analysis in the evaluation report.</p>
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II. EVALUATION FINDINGS

RELEVANCE

To what extent has the project been relevant to stakeholders' (e.g. government, member states, etc.) needs and priorities?

1. The project came as a direct response to a request made by the GCPR, and was found to be relevant to the context of Tunisia, in terms of responding to a growing number of inmates with substance use disorder and violent behaviour, and also aligned with the priorities of the donor.

The project's conception was a result of a specific request from the GCPR to the UNODC to develop CBT programming in prison settings. The request came after key personnel from the GCPR observed CBT therapy conducted in prisons during a study tour of US prisons supported by the INL. According to the GCPR, the request came also following observations of a growing number of detainees with violent behaviour and substance use disorders in Tunisian prisons, as reported by the health staff of prisons, especially after the COVID crisis. This is why the project focused on these two groups as the ultimate beneficiaries of the project.

Moreover, the higher objective of the project to reduce recidivism in Tunisia was found to be relevant to the context of Tunisia, which has been suffering from overcrowding across its prisons, according to most stakeholders and reports on the matter. For example, Tunisian prisons have been described as being "grossly overcrowded" along with poor infrastructure and inadequate sanitary conditions⁷. This means that not only is the project's higher objective relevant to Tunisia, but its components, including improving existing facilities and providing sanitary equipment to the selected female prison, are highly relevant as well. According to all stakeholders, the provided equipment were indeed relevant to the project's outputs, especially the medical equipment provided to prison clinics.

Evidence also showed that the project was in line with the priorities of the donor, INL. In fact, crime prevention is one of the core priority areas of the INL, and rehabilitating prisoners is a focus area under its portfolio. The project is also aligned with INL's priority to embed diversity, equity, inclusion, and accessibility into all programming.

2. The project was actively responsive to the arising needs and requests of government counterparts in a way that did not affect the project's contribution to the intended outcomes.

The project was also found to be responsive to the identified needs of stakeholders during implementation, especially in terms of responding to a number of requests from the GCPR and MoJ without affecting the project's contribution to its intended results. One major example is including front line prison staff in the project's provision of basic training on CBT, which was originally intended only for health staff. Another example is accepting the GCPR's request made during implementation to have some trainings implemented outside of the selected prisons. Still another accommodation was made by the project to include staff from prisons other than the three selected prisons, due to the difficulty of emptying a particular prison of its main staff at one time.

Evidence from the field work confirmed this flexibility and adaptability of the project to the arising needs of stakeholders during implementation. For example, the project's flexibility in adjusting dates and number of participants and its participatory approach of engaging closely with the project technical and steering committee in consolidating arising needs and expressing them to the project during their regular meetings were much appreciated by stakeholders. Given their inclusive representation from different levels, the committees were deemed to be a suitable channel through which different requests from government partners were consolidated and presented to the project.

⁷ US Department of State (2024) "2023 Country Reports on Human Rights Practices: Tunisia"

3. The relevance of the project was enhanced early on during implementation through the needs assessment visits conducted by the project team and experts to the selected prisons, which was made possible through the transparency of the CGPR and the access given to the UNODC team during the field visit.

One of the very first activities of the project was visiting the selected prisons to carry out an assessment of the prisons' needs for both capacity building and equipment which would enable prisons to offer CBT sessions to detainees in a suitable environment. This needs assessment was done through two visits; the first focused on identifying capacity building and equipment needs relevant to CBT, while the second was focused on identifying a suitable location inside prisons where psychologists can organize CBT sessions. It was also an opportunity to conduct interviews with prison officials to gain a better understanding of the environment. Through these visits, the project was able to analyse the prison environment with a view of adapting it to CBT in terms of needed equipment and capacities, thereby enhancing the relevance of the project from the outset. These visits were made possible through the transparency of the GPCR and the access given to the UNODC team to prisons early in the project, which was much appreciated.

COHERENCE

To what extent has the project delivered results in line with organisational, regional and international priorities?

4. The project was found to be in line with international standards, represented by the Mandela Rules and Bangkok Rules, and also with SDGs 3,5, and 16.

The objective of the project explicitly indicated an alignment with international standards when working to reduce recidivism in Tunisia. According to stakeholders knowledgeable about international standards, the project was indeed implemented in line with such standards, specifically the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules)⁸ and the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (Bangkok Rules)⁹.

Upon closer inspection, the project's piloting of CBT therapy in prisons and its provision of a range of equipment to prisons is aligned with a number of the Mandela Rules, including Rule 4 (provision of health assistance), rule 23 (exercise and sport) and more directly with rules 24 – 35 pertaining to the physical and mental health of detainees. According to one stakeholder, the project frequently referenced the Mandela Rules during discussions with stakeholders and in the development of technical outputs. With regards to the Bangkok rules, the project's work in Manouba (female prison) is closely aligned with a number of rules, including rules 10 and 11 on gender-specific health care, and rules 12 and 13 on mental health and care, but also with rules 29 to 35 on capacity building of staff employed in women's prisons.

In addition to its alignment with the international standards related to prison settings, the project is also closely related to a number of SDGs according to both the desk review and interviewed stakeholders. In specific, the project is aligned with SDG 3 "Good Health and Well Being", SDG5 "gender equality", as well as SDG 16 "Peace, Justice and Strong Institutions".

5. The project was also aligned with UNODC's strategic programming on the global, regional, and local levels, thereby indicating coherence in UNODC's efforts.

The project's objectives and results framework were found to also be in line with the strategic programming of UNODC globally and in the region. Globally, the project is aligned with the UNODC Strategy (2021-2025), especially with regard to its thematic area of crime prevention and criminal justice. On the regional level, the project was aligned with the UNODC Regional Framework for Arab States (2023-2028), especially with the focus area of strengthening crime/violence prevention and criminal justice. In specific, the project is closely

⁸ UNODC (2016) "The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)"

⁹ UNODC (2011) "United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders with their Commentary"

aligned with objective 5 of the regional framework related to ‘comprehensive and gender-responsive penal and prison reforms implemented to reduce the overuse of imprisonment and prison overcrowding and enhance rehabilitation and reintegration services as well as addressing violent extremism in prisons’.

Furthermore, it is worth noting that this project builds on earlier initiatives implemented in Tunisia to prevent violent extremism in Prisons. In specific, the project builds on UNODC’s ‘Global Initiative on Preventing Violent Extremism in Prisons’ which Tunisia was part of, in addition to building on a national project “Tawassol” which was supported by the UNODC to facilitate social rehabilitation and reintegration of prisoners back into society. Moreover, one of the key principles and recommendations contained in the Handbook on the Management of Violent Extremist Prisoners and the Prevention of radicalization to Violence in Prisons, issued by the UNODC in 2016, was providing various kinds of therapies for prisoners, including CBT.¹⁰

EFFICIENCY

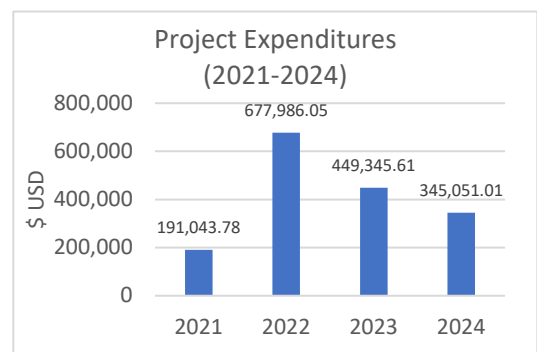
EVALUATION QUESTIONS:

To what extent has the project delivered outputs in a timely and efficient manner?

6. The project’s efficiency was challenged by a number of exogenous factors including restrictions and repercussions from the COVID crisis and the political changes in 2021 and their implications, all of which caused delays and required the project to ultimately request two no cost extensions to complete its activities.

While the project was poised to kick off in October of 2020, it was officially approved and launched in September of 2021. Initially, two main factors were behind the delays; (i) the restrictions associated with the initial COVID waves impacting Tunisia, and (ii) obtaining the buy-in and approval of the Ministry of Justice for the project following a number of amendments to the project document. The COVID restrictions, especially in mid-2021 and early 2022, made it very difficult for the project to access prisons and hold meetings with counterparts to conduct the initial needs assessment. The other factor was the delay in reviewing, finalizing and approving the project document before implementation could begin, which consumed some time. It is worth noting that for the majority of this time (Oct 2020 to Sep 2021), there was no project manager recruited yet for the project, which may have contributed to these initial delays. This was mainly due to the time it took to (i) identify a suitable profile with the necessary technical and managerial background to manage the project, and (ii) recruit an *international* expert for this position, which takes time according to UNODC procedures. The process to identify and recruit the project manager was also taking place during periods of intermittent restrictions associated with COVID.

In addition to the above, the political change that took place in the summer of 2021 was another major factor that contributed to subsequent delays in the project. While being outside the control of the project, the political changes were characterized by two main features that impacted the efficiency of the project including (i) long approval processes related to the context in which the project was operating, and (ii) the uncertainty that ensued resulting in numerous turnovers in a number of key positions at counterpart entities and both the project and the donor had to spend time re-explaining and making the case for the project over again. These contextual features continued to act as a main challenge to the smooth implementation of the project. For example, the project had to postpone at least two training events due to receiving delayed approvals.



¹⁰ UNODC (2016) “Handbook on the Management of Violent Extremist Prisoners and the Prevention of Radicalization to Violence in Prisons”

7. Other factors contributing to the delays included an absence of a project manager for the first year of the project in addition to the mismatch between the implementing partner's assessed/declared capacity and its actual administrative and financial capacity.

The absence of a project manager during the 1st year of the project may have contributed to the delays faced early on from factors described above. It was indicated that if the project manager had been in place earlier, discussions with counterparts and amendments to the project plan may have progressed more efficiently cutting the time taken to begin implementation. The project manager has been praised by stakeholders for being able to move things forward during difficult circumstances, and thus his absence during the first year of the project is thought to have contributed to the initial delays.

Moreover, some delays and disruptions to the project's workplan resulted from the project's partnership with PDMT, the main CSO selected to be the implementing partner of the project during one of the early project activities. Since PDMT was considered to be the strongest in this technical field and already had a working relationship with the GCPR, it was the CSO selected out of a number of CSOs met with during a roundtable held near the end of 2021. But based on data analysis and triangulation, there was a mismatch between the scope of work assigned to the partner and its administrative and financial capacity, stemming from a mismatch between the partner's declared/assessed capacity and its actual capacity, especially given the difficult working environment that the project was working in, which led to delays during implementation and necessitated action by the project team. In at least a few cases, the project team had to step in and assume the role of the partner in securing qualified consultants or trainers to complete the task at hand, in addition to handling the overall organization of these activities.

8. In light of these delays, the approach and measures taken by project team contributed to mitigating the delays' adverse impacts on efficiency and helped avoid more significant efficiency losses. These included maintaining a positive and accommodative relationship with counterparts, utilization of national experts in lieu of internationals, taking over the work of PDMT, and adopting a fully transparent and competitive approach in procuring equipment and experts for the project among other measures.

The project maintained a flexible and accommodating attitude with counterparts throughout the period of implementation, which was thought by most stakeholders to be the most important factor in enabling the project to progress through its activities and avoid more significant delays. For example, the project was able to maintain a positive relationship with the GCPR and MoJ, accommodating a number of requests and pitching the project over and over again to multiple key personnel resulting from staff turnover. Evidence showed that the perseverance of the work team to continue its engagement with counterparts in light of the mentioned challenges has helped the project successfully complete most activities at a time when other projects faced bottlenecks that severely disrupted implementation.

In order to address the delays for receiving approval for each project activities, the project team maintained close contact and follow-up with the MoJ until each approval was obtained. The project began planning activities well in advance jointly with the project's Technical Committee, and then submitting a Note Verbale (NV) to the Minister that included concept notes for each of the project's activities planned in the upcoming three to four months and requesting approval for specific dates. While this has not completely solved the issue, it played a large role in maintaining a positive relationship with counterparts and deepening the Ministry's trust of the project and its team.

In addition to the above, the project took over the work of PDMT to minimize further efficiency losses from the delays and disruptions in implementing its scope of work. Moreover, the project was able to generate substantial savings in the project budget from the utilization of national expertise in lieu of international experts, and redirected the savings made to other project activities, thereby raising the efficiency of the project. This also enabled a shorter procurement duration given the lengthy process needed to procure international experts. Yet another measure is holding some of the trainings inside the prisons or GCPR /MoJ premises which generated additional savings that were utilized elsewhere.

Some measures were also taken on the operational front to enhance the efficiency of the project. For example, the project team was sharing individual chapters of the CBT manual developed by the project with

counterparts as per the progression of the consultant in order to avoid potential delays anticipated with counterparts in reviewing the full manual all at once. This helped ensure that the CBT manual was reviewed as it was developed, avoiding potential delays. It is also worth highlighting that the project followed transparent procurement procedures for all equipment and consultants in the project, as evidenced by the desk review and stakeholder statements. The equipment procurement process was also coordinated with the donor.

9. Despite of the absence of a well-developed monitoring framework and complete log frame in the project design, the monitoring of the project was extensive and was undertaken through different channels including the technical and steering committees, the quarterly reporting, workshop reports containing pre and post questionnaire results, supervision reports, and an impact study.

The project document did not contain a full results framework or logframe, as there were no outputs; only outcomes and activities. Moreover, indicators associated with each outcome were mostly activity and output level indicators combined with a few outcome indicators. A more complete logframe, with outputs associated with each outcome, first appeared in the progress report of Q2 2022. According to the project team, this was mainly a result of a new reporting template required by the donor at the time. The project initially faced difficulties distinguishing between activities, outputs, and outcomes in adapting to the new quarterly reporting template.

Having said that, the project provided reports for every quarter throughout implementation which contained an adequate description of activities, challenges and solutions. The project's key monitoring framework also involved its steering and technical committees, which were formed to guide the project throughout implementation and enable a participatory implementation and monitoring process with stakeholders. The steering committee met every six months whereas the technical committee met every two weeks during the beginning of the project, and once a month afterwards. Minutes for these meetings constitute another important source of monitoring information.

In addition to the above, workshop reports were prepared for every training and supervision session, discussing the results of the activity and outlining the results of pre and post questionnaires administered to participants. The supervision sessions were also a very important tool to monitor the application of CBT by trained psychologist on detainees in prisons, thus ensuring appropriate monitoring of these sessions. Moreover, the project was proactive in utilizing generated savings mentioned earlier into developing an impact study near the end of the project to show early impacts of the project on both prison staff and detainees.

EFFECTIVENESS

EVALUATION QUESTIONS:

To what extent did the project achieve its intended outcomes and objective?

10. The project was found to have effectively contributed to developing CBT programming for prison settings in collaboration with national counterparts, GCPR/MoJ, through the development of a comprehensive CBT manual for prison settings, and raising the awareness on CBT among relevant stakeholders.

The project began its engagement with the selected prisons through conducting sensitization sessions to prison staff on the benefits of comprehensive CBT programmes and the framework needed to maximize their effectiveness. Due to the prison staff's high level of interest in CBT, the number of staff reached through these sessions was higher than anticipated. The purpose of these workshops was to present the project to prison staff and explain the utility and applicability of CBT in Tunisian prisons, thereby involving them as core stakeholders in the project. According to the pre and post questionnaire results, the vast majority expressed satisfaction with the contents of the awareness sessions and over 2 thirds expressed interest in deepening their knowledge further on the topic. In addition to these sessions, the project produced a disseminated four types of awareness raising material (i.e. flyers) on the utility and applicability of CBT programming in prison settings.

Given that the project is the first of its kind in the MENA region¹¹, the sensitization sessions were found to be an indispensable part of the project and well-positioned to be the first activity in prisons. It was an opportunity to provide stakeholders with information and knowledge about CBT in general and its usefulness in prisons, before beginning with the actual capacity building activities. Such a progression was found to be an effective approach given the novelty of the topic to Tunisian stakeholders.

One of the main technical outputs of the project was a comprehensive manual for CBT in prison settings which was considered the backbone of the capacity building activities that ensued later in the project. The development of the manual was done in a fully participatory approach involving relevant stakeholders. A principal consultant was tasked with leading the effort of developing the manual which also depended on inputs from the implementing partner, PDMT, UNODC personnel, and the GCPR. The manual was initially developed during the first eight months of 2022, but required follow up work to be effectively implemented. For example, the main implementing partner of the project indicated in its final report that the trainers tasked with the basic CBT training had to rework the content of each chapter to make it accessible to the different audiences. Moreover, feedback from the donor pointed towards the need to rework the manual and adapt it to a more user-friendly format. For this reason, the project had to contract another consultant for this work and the national counterparts finally approved the manual in March 2023. The project team utilized this national expert to also extract another simpler version of the manual, composed of four modules, which is tailored for front line prison staff and highlights that CBT techniques that front line staff can apply with prisoners.

The final result was a comprehensive training manual for CBT in prison settings that specifically targets prison health staff (psychologists and doctors) and another simplified version of the manual targeting front line staff. The manual was composed of eight modules that progress from CBT principles & theories to different CBT analyses to more specific CBT tailored to the ultimate beneficiaries of the project, including CBT for addictions, suicidal behaviours, and sexual assault, and the ultimate prevention of recidivism. It is important to highlight that one of the modules were dedicated to female prisoners: “the Risk-Need-Responsivity model for prevention of recidivism among female prisoners” illustrating the project’s focus on incorporating gender-sensitized material inside the manual and capacity building material. The manual was subsequently used for the project’s capacity building activities to prison staff.

11. In addition to the awareness sessions, the project implemented five different types of capacity building programs targeting different groups of prison staff, but focusing on psychologists and doctors, in a comprehensive approach suited to the novelty of the topic. To accommodate a request by national counterparts, staff from prisons other than the three selected for this project were also included due to the small size of the targeted staff in the three pilot prisons.

The project provided a large array of capacity building activities to different groups of prison staff including training on responsive health care in prisons for health staff, basic CBT training to prison staff (front line officers and psychologists), advanced CBT trainings to psychologists and doctors, a master class on CBT in prison settings, and supervision sessions in the form of on-the-job training for psychologists implementing CBT sessions in the three prisons. The project’s capacity building component began in the 2nd quarter of 2022 and lasted until the end of the project in May of 2024. It is worth noting that during implementation, the project responded to a request by the MoJ to include staff from prisons other than those targeted by the project.

12. There were some challenges in implementing the capacity building component of the project according to plan, mainly due to the mismatch between the scope of work allocated for the project’s implementing partners and the partner’s capacity, coupled with the lengthy approval processes by counterparts. ToTs could not be implemented according to plan.

¹¹ UNODC (2023) Flyer on CBT Project in Tunisia. [Link](#)

UNODC (Sep 2021) “UNODC, the Ministry of Justice and the General Committee of Prisons and Reeducation Launch the Cognitive-Behavioural Therapy (CBT) Treatment Programme in Prison Setting in Tunisia” Press Release. [link](#)

Initially, the project's plan according to the project document was to provide two streams of capacity building activities in addition to integrating a CBT component for training programmes at the university level. The first capacity building stream would be to train prison health staff in the provision of responsive health care and then implement a training of trainer's (ToT) program on specific issues such as substance/drug abuse, reproductive health issues and sexually transmitted diseases, in addition to psychosocial support. This was planned to be implemented through contracted national experts. The second capacity building stream was planned to be implemented by the project's main implementing partner, PDMT, to develop and provide a progression of trainings to prison psychologists on the implementation of CBT programs for violent offenders and persons with substance use disorders, utilizing the CBT manual produced by the project. The progression of training would be from basic to more advanced training ending with a selection of staff who would receive a ToT training and ultimately support the implementation of CBT programs in the prisons through supervision on-the-job training. Alongside these two capacity building components, the project had also planned to develop and include a CBT component for training programmes at the university level.

Two main challenges made it difficult for the project to implement the original plan as is. The first was a delay from the MoJ in approving the first capacity building component; according to the project progress report of Q1-2022, the activities of training prison health care staff in the provision of responsive health care and related ToT were postponed twice by the MoJ. In the following quarter, the project was able to finally obtain the approval enabling the delivery of trainings for 14 prison health staff, and 22 frontline workers on prison health, mental health, drug use prevention and treatment, non-communicable diseases, and maternal and reproductive health. Female prison staff benefited from additional sessions on reproductive, maternal, and child health and responses to gender specificities in prison health. No subsequent ToT was done under this component as planned, mainly due to the technical nature of CBT and the fact that trainers are usually hospital university professors.

The project focused on the 2nd capacity building stream of the project which was to provide progressive trainings on CBT in prison settings from basic, to advanced, to ToT. But the other major challenge affecting this component was the mismatch between the scope of work allocated to the implementing partner, PDMT, and the partner's administrative and financial capacity, stemming from an incoherence between reported and actual capacities, which resulted in delays in the implementation of this capacity building component, and the ToT could not be implemented. For this reason, and due to the limited responsiveness of the PDMT, the project decided to amend the implementation agreement of PDMT to complete only its ongoing activities, while the project continued direct implementation through the utilization of local experts.

Overall, the additional delays caused by these disruptions meant that the project did not implement the ToT as planned, and the number and timing of supervision sessions were found to be inadequate by prison staff. The project had to contract national experts for the supervision sessions because there was no time to implement a ToT training for psychologists to enable them to handle the supervision. This was heard from most beneficiaries who expressed the need for ToTs and felt that the supervision sessions were done long after the training was completed, and that much more was need in terms of supervision. According to one stakeholder, the supervision of some doctors and psychologists was only partially carried out due to delays in obtaining authorizations to start treating detainees.

13. In spite of these challenges, the project team's strategic approach and adaptability in balancing between the difficult working environment and its challenges on the one hand, and maintaining the project's contribution to its outcomes on the other hand facilitated the project's implementation of most capacity building activities.

The project was able to manoeuvre through implementation in a strategic approach that enabled the project to progress through implementation and contribute to its outcomes. One of the main measures taken by the project to ensure continued implementation was the decision to fully take over the capacity building programme from the project's implementing partner. This was found to be an appropriate decision given the already delayed implementation schedule. The project was able to directly continue the capacity building activities (with the exception of ToT) within the remaining project timeframe through contracting national experts. Moreover, the project included front line workers as part of the trainings in response to a request

made by counterparts. This proved to be useful for a more holistic approach as confirmed by most stakeholders. Another strategic measure taken by the project was to focus on the successful CBT master class and utilize it to provide advanced training to prison psychologists to compensate for the disruptions in the original capacity building plan. The project was able to leverage the success of the master class to carry out further trainings to psychologists in light of the challenges at the time.

14. The project's introduction of a master class on CBT in Prison Settings in partnership with the Faculty of Medicine was one of the major sustainable achievements of the project as highlighted by almost all interviewed stakeholders.

The project has been praised for being able to introduce a master class on CBT in prison settings at one of the most prestigious education institutions in the city of Tunis, the Faculty of Medicine of Tunis. The master class was developed by a national expert who also mobilized a pool of hospital and university professionals to deliver the class and ensure a proper administrative set up. The first class was arranged between October to December of 2022 on a basis of 2 days per week, with the attendance of 20 prison staff. While some stakeholders indicated that maintaining attendance of beneficiaries was challenging, the first roll out of the class was deemed to be a success by all stakeholders. Two additional rounds of the master class were also implemented by the project, benefitting a total of 35 prison staff, bringing up the total of those who benefitted from the class to 55. As a result of these efforts, the master class was officially included into the faculty's programmes and will take place twice a year. According to one stakeholder, feedback from the first round was taken into account to develop the class according to expressed needs indicating a positive learning and development process.

15. The majority of beneficiaries expressed their satisfaction of the trainings and indicated how such trainings have facilitated their interaction with or care of detainees. This is considered to be a significant achievement given that this is the first project in Tunisia that offers post-academic training in therapeutic care to prison psychologists.

Front line staff indicated that the training enabled them to adjust how they deal with inmates by showing more empathy and displaying better communication and listening skills. For example, one beneficiary indicated that in examples of situations in which a detainee refuses to heed certain instructions, the training helped him to communicate better and be persuasive rather than apply a punishment as was previously done. Some officers explained the positive effects on them personally in terms of managing negative emotions and also in their jobs in terms of crisis management. These findings align with the findings of the impact study produced near the end of the project which found that the biggest improvements in frontline officer's professional life included self-assertion, non-violent communication, and anger control.

Beneficiaries who received a more advanced CBT training indicated that the quality of the trainings received was very good and they highly appreciated being part of the project. It is worth noting here that this is the first project of its kind in Tunis to provide prison psychologists with practical training in therapeutic care after their university studies. They explained how the trainings have helped them in caring for detainees. For example, the training enabled them to better understand the emotions of inmates and thus manage them, and teaching inmates themselves to detect negative cognitive cues. In addition, the impact study implemented at the end of the project showed that 72% of surveyed health staff beneficiaries indicated that the CBT trainings have facilitated the daily care of inmates, 82% of which noticed an improvement in behaviour of the inmates they cared for. When asked about the issues best tackled with CBT, the majority of responses indicated anxiety disorders (79%) and stress management (72%) with the least responses indicating suicidal crisis (24%) and sexual assault (10.3%).

16. Some issues for improving the training were raised by beneficiaries, including the need to better tailor the training to the prison environment including specific content that match the profiles they deal with at prisons, longer training duration, ToT, and the need for more supervision or a point of contact to which they refer to for advice. Those who received the basic training raised the issue of disruptions during trainings inside prisons due to being called for service, in addition to the complex scientific language of the training.

More than half of the psychologists met with indicated that the content of the training received was not always adapted to the prison environment, and that the trainers were not very much aware of the realities of the prison environments given that some of the examples provided in the training are not applicable to prisons. There was also an expressed need by most psychologists to receive training on CBT techniques specific to the profiles they deal with in prisons including drug addiction. This is why according to the project's impact study, 28% of health staff indicated that the CBT training have not facilitated the daily care of inmates, since the selection of detainees for the CBT sessions had to abide by predetermined selection criteria which focused on detainees with (i) drug use disorders, (ii) violent behaviours, (iii) sexual offences.

Front line prison staff indicated the need to simplify some of the scientific language used in the trainings into laymen terms, in order to ensure a more in-depth understanding of the content. But a more pressing issue raised by this group was the disruptions to the trainings they attended inside prisons due to being called for service at the time of the training. The vast majority suggested to hold the trainings outside of the prison environment in order to avoid such disruptions and ensure full attendance. In fact, some stakeholders also pointed to this point, and at least one training for front line staff was cancelled because of this issue.

17. The majority of beneficiaries indicated that a positive improvement was noticed on detainees who received CBT sessions, especially consecutive sessions, but that there were challenges in applying CBT in their work mainly stemming from an overall low number of psychologists working in prisons and high workloads coupled with a lack of commitment by some of the selected detainees. Beneficiaries suggested to relax the selection criteria to allow more interested detainees to receive CBT.

Psychologists trained under the project provided CBT sessions to around 100 detainees¹² across the three selected prisons. According to the FGDs, these psychologists have integrated CBT techniques in their overall work, and have begun providing CBT sessions to detainees. According to the impact study done by the project, the majority of around 83% of surveyed psychologists indicated an improvement in the behaviour of inmates they had cared for. The most positive behavioural effects were noticed on detainees' anger management, anxiety, and stress, but least effective on other issues of suicidal crises and sexual assault. The problems most easily impacted by CBT were emotion/anger management and anxiety disorders (79.3%), stress management (72.4%), conflict management/non-violent communication (58.6%), assertiveness and addictions (48.3%) and a little less depression (44.8%). The least impacted problems were suicidal crises (24.1%) and sexual assault (10.3%).

Having said that, psychologists raised some challenges encountered during the application of CBT in their work. One of the main challenges was related to the detainees' adherence to therapy, which was difficult to maintain for all detainees cared for. According to the impact study, 38% of psychologists described attendance as 'excellent' and 52% as 'good'¹³. Another main challenge is that the number of psychologists in prisons is very low meaning that they usually have high workloads and busy daily schedules, which sometime does not allow for the application of CBT sessions. Almost all psychologists that were met with during the FGDs indicated that their main challenge was to find time in their busy schedules to carry out periodic CBT sessions to detainees.

18. Alongside the extensive capacity building effort, the project provided a range of equipment to the three selected prisons to enable an environment conducive to CBT for both prison staff and detainees.

In order to create a conducive environment to CBT therapy inside prisons, the project supplied the three selected pilot prisons with a range of equipment including furniture, household appliances (e.g. televisions, refrigerators, air conditioners... etc), musical instruments and equipment (violin, organ, speakers, microphones), sports equipment (treadmills, bicycles, sportswear... etc), IT equipment (computers, interactive screens, photocopiers, printers... etc), video & montage equipment, and medical and hygiene equipment. The selection of these equipment came after an assessment visit to the selected prisons to identify needs, and a subsequent filtration and prioritization process with the donor. The main purpose of this equipment was to

¹² The evaluation team could not obtain an accurate number on the numbers of detainees who received CBT sessions inside prisons.

¹³ The sample size of the survey administered as part of the impact study included 29 health staff, 69 front line staff and 82 detainees.

improve the infrastructure of prison facilities and the working environment of prison staff involved in the implementation of the CBT programmes. The equipment also provided detainees the opportunity to practice sports and develop their artistic skills as part of the CBT process. Government counterparts greatly appreciated this support and highlighted the comprehensive and holistic nature of the project's approach in improving the conditions in which CBT sessions are held.

19. One area in which the project achieved limited progress was supporting the provision of after-release CBT sessions under the project's third outcome, mainly due to the institutional set up in Tunisia and division of responsibilities regarding detainees inside prisons and after their release, which was not foreseen during the design of the project.

Evidence showed the project's difficulty in implementing this component of the project was due to the fact that individuals released from prisons are catered for by the Ministry of Social Affairs and are no longer the responsibility of the project's counterparts (i.e. GCPR /MoJ). Therefore, the project had to establish a partnership with this Ministry to implement any after-release support, but since the Donor did not have any relationship or agreement with this Ministry, this could not be done. The issue stems from the design of the project and its logframe, where output 3.1 refers to 'existing health facilities in selected prisons providing after-release services' despite that such services are not under the mandate of GCPR and the prisons.

20. To compensate for this, the project focused its efforts on alternative means to contribute to the continuity of CBT for prisoners after their release, through including public health officials in the 3rd master class and organizing a number of events which brought together relevant stakeholders to come up with measures to sustain CBT programming.

The project included health care officials in the third round of the master class to enable them to continue CBT sessions for selected prisoners after release. Prior to this, the project organized a roundtable hosted by the MoJ and implemented with representatives from the Ministry of Health (MoH), and the GCPR. The aim of the roundtable was to examine potential synergies and how to strengthen collaboration regarding healthcare in prisons, and in after-release services. Another roundtable was conducted with the Ministry of social affairs near the end of the project to discuss mechanisms for caring for detainees after their release. The project also organized a national workshop on alternatives to imprisonment and the role of CBT as a mechanism to reduce recidivism and facilitate rehabilitation and social integration. The workshop was attended by judges, probation agents, mental health specialists, prison staff and others. A number of recommendations resulted from these meetings including on different ways to support the provision of care, especially CBT, to detainees after their release. But since the majority of these workshops occurred during the last year of the project, the recommendations have not yet been fully considered or utilized.

SUSTAINABILITY

EVALUATION QUESTIONS:

To what extent are the benefits of the project likely to continue after it ends?

21. Given that it's the first of its kind in the region, the project was found to focus on the sustainability of its results through adopting different sustainability measures, including an introduction of a new master class on CBT in prison settings to be offered regularly under the Faculty of Medicine in Tunis.

One of the most important sustainable results of the project was the establishment of a master class on CBT in prison settings, considered to be the first such class in the region. According to stakeholders, the master class has been integrated as part of the Faculty of Medicine's offered programmes and will be implemented twice a year. In addition to this master class, the project produced a comprehensive manual for CBT in prisons in a participatory approach involving a number of experts as well as the government counterpart.

Other aspects of the project were also found to be sustainable. The CBT manual was perceived as being an important knowledge tool or resource that will continue benefitting future practitioners in the field. The

equipment supplied to the prisons will continue providing benefits to the prison environments long after the end of the project. The project also focused its third outcome on sustainability and the provision of strategic recommendations to the GCPR on sustaining CBT programming inside prisons, resulting from a number of studies and roundtable discussions implemented by the project.

22. The project was able to gain the trust of national counterparts and enable their sense of ownership of and commitment to the project and its results. But UNODC' assistance would still be need to build on this pilot initiative.

Through its strategic approach to implementation and maintaining a positive relationship with national counterparts, the project was able to gradually obtain the trust of the GCPR and MoJ across different levels. This was despite the numerous turnovers in key positions at counterpart institutions. The project team was found to have always sought the commitment and involvement of counterparts. A big part of this effort was involving all relevant departments of counterpart institutions in the implementation of the project through their membership in the project's steering and technical committees. Another key output that provided further ownership for stakeholders was the partnership made with the Faculty of Medicine in Tunisia to introduce a new master class in CBT settings.

Responses heard during the interviews with government counterparts indicated a strong sense of ownership of the project and an appreciation of the accommodating nature of the project team in being responsive to their various requests during implementation. The fact that a second phase of the project was strongly called for by national counterparts is testament to their interest in continuing working towards the project results. Moreover, many of the psychologists met with during this evaluation indicated that CBT has become integrated in their working tools. And almost all stakeholders felt a sense of pride regarding Tunisia being the first country in the region to implement such an initiative. Having said that, most stakeholders expressed the need for continued UNODC support in different areas mostly related to continued capacity building and the upgrading of prison facilities, especially that this project was a pilot initiative and will need to be expanded for greater impact.

HUMAN RIGHTS, GENDER EQUALITY, DISABILITY INCLUSION AND LEAVING NO ONE BEHIND

EVALUATION QUESTIONS:

To what extent has the project design and implementation fully considered human rights, gender equality as well as marginalised groups, including LGBTQI+ and people with disabilities?

23. While there was no explicit do no harm strategy or approach in the design and implementation of the project, various 'do no harm' considerations were incorporated in the implementation of the project. The project was found to contribute to upholding the rights of detainees, but did not consider disability inclusion.

According to the project document and interviews and focus groups carried out, there was no explicit do no harm strategy approach in the design and implementation of the project. Having said that, the desk review of project documents in addition to conversations held with various stakeholders indicated that the project did in fact implement a number of measures to ensure that no harm occurs to detainees from the implementation of the project. For example, the project first began the capacity building with a general training on health responsiveness before moving onto CBT trainings, thereby gradually introducing the approach to prison staff. Also, one of the first outputs to be achieved by the project was the sensitization or awareness sessions carried out to prison staff, in which CBT was introduced and labelled as a human development tool in order to avoid any potential stigmatization later on in the project. Another example from early on in the project was the needs assessment visits carried out by the project and experts to the selected prisons. While the primary purpose of these visits was to assess needs, they were also used to identify a suitable and safe location inside prisons where psychologists can organize CBT sessions with detainees.

Overall, the project's activities and results contributed to upholding the rights of detainees through improving the conditions of detention via the provision of equipment, enhancing detainees' right to decent treatment through spreading understanding of CBT among prison staff, and supporting them to overcome negative traits through receiving CBT sessions from psychologists trained by the project. Having said that, there were no considerations with regards to disability inclusion across project activities.

24. The project placed a strong focus on integrating gender-sensitive elements into the various components of the project, including the awareness material & sessions, capacity building, and equipment, thereby working on gender equality in a holistic approach.

Despite not placing a focus on gender equality in the design of the project, the project team made sure to sensitize gender whenever possible during implementation of activities in the female prison of Manouba. The flyers that were produced by the project to spread awareness on CBT were tailored to females before being distributed in Manouba. Across all capacity building components, specific gender-sensitive modules were included; for example, the comprehensive CBT manual on which most of the trainings were based contained a specific module dedicated to female prisoners: "the Risk-Need-Responsivity model for prevention of recidivism among female prisoners" illustrating the project's focus on incorporating gender-sensitized material inside the manual. The other health responsiveness training also included specificities related to gender including the prevention and management of gynaecological pathologies and maternal and child health. Even in the provision of equipment, equipment supplied to Manouba included hygiene produces, equipment to improve the mother-child space inside the prison.

III. CONCLUSIONS

The project's operating environment was challenging. Up until mid-2022, Tunisia was being faced with consecutive COVID waves and associated restrictions. Coupled with the absence of a project manager for the first year of the project, the COVID situation made it difficult for the project to properly initiate implementation. In mid-2021, political change occurred in the country followed by a period of relative uncertainty which was reflected as challenges on the project in two ways: (i) turnovers in a number of key positions in government counterpart institutions that were relevant to the project, and (ii) long approval processes related to the context in which the project was operating. A further challenge was the project's implementation partnership and the mismatch between the scope of work allocated to the project's implementing partner, and the partner's financial and administrative capacity, resulting from an incoherence between reported and actual capacities. This disrupted plans and forced the project team to take over the scope of work of the partner.

As a first of its kind pilot project, significant achievements were made in introducing CBT as an effective approach to rehabilitate detainees and thus reduce the rate of recidivism in Tunisia over the long term. Despite the difficult environment in which the project was operating and the novelty of the topic, these achievements were made possible through a strategic approach adopted by the project team characterized by a high level of transparency, responsiveness and perseverance, whilst at the same time maintaining the project's contribution to its intended results and enhancing its relevance. Such an approach was considered one of the key success factors of the project, and has helped circumvent significant efficiency and effectiveness losses that would have otherwise significantly disrupted the project and its timeline. Instead, the project overachieved some of its targets, including the numbers of trained prison staff, reaching staff from prisons other than the three selected prisons. One example of the project's strategic approach was implementing the project in full participation with the technical and steering committees, which has played a large role in gaining the trust of national counterparts at different levels and enable their sense of ownership, thereby ensuring that implementation continued even in a difficult operating context.

Sensitization sessions and awareness material were properly sequenced at the beginning of the project, before implementing the project's extensive capacity building activities, most of which were based on a comprehensive CBT manual that was developed in participatory approach with experts and government counterparts. Given the project's novelty, coupled with a challenging working environment, some issues were encountered in implementing the capacity building component according to plan and a few challenges were encountered in the trainings themselves. But given the proactive approach of the project in adapting between the operating environment and maintaining the project's focus on its intended results, the project was able to implement most of its capacity building activities, with the exception of the originally planned ToTs. The project also supplied equipment to the three selected prisons to upgrade their facilities in a way that would enable a positive environment for CBT. This ensured a comprehensive approach in introducing the concept of CBT, and has helped gain the appreciation of government counterparts. The project placed a strong focus on the sustainability of its achievements, especially given the novelty of the project topic. One of the most important sustainable results of the project was the establishment of a master class on CBT in prison settings, but other sustainable aspects were present across the different project components.

One area in which the project achieved limited progress was supporting the provision of after-release CBT sessions under the project's third outcome, mainly due to the institutional set up in Tunisia and division of responsibilities regarding detainees inside prisons and after their release, which was not foreseen during the design of the project.

The project adopted a holistic approach to promoting gender equality through placing a strong focus on integrating gender-sensitive elements into the various components of the project, including the awareness material and sessions, capacity building activities, and the equipment provided to the three selected prisons. Despite not having an explicit do no harm strategy, the project took into account many do no harm

considerations during the implementation of the various components. Overall, the project was found to contribute to upholding the rights of detainees inside prisons.

IV. RECOMMENDATIONS

The timeframe for all recommendations is linked to the start date of a potential next phase and targeted to the project team.

RECOMMENDATION 1 – SUSTAINABILITY & BUILDING ON ACHIEVEMENTS

Given the significant achievements so far and the pilot nature of this project, **it is recommended that the project team expand the CBT approach to other additional prisons in Tunisia through continuing working towards the project's objective within the next year through a second phase of the project (contingent upon available funding)**. The project team has expended significant effort in introducing the concept of CBT into the prison system on a pilot scale and gaining the trust of national counterparts which enabled a sense of national ownership of project results. This should be built upon and leveraged through further activities to enable a greater contribution of the project towards its intended results, and taking into account the other recommendations produced by this evaluation. The second phase of the project should ideally begin as soon as possible in order to utilize and build on the current momentum.

Based on finding 1 (Relevance), 19 (Effectiveness), 22 (Sustainability)

RECOMMENDATION 2 – EFFECTIVENESS

It is recommended that the project team focuses on the provision of CBT to detainees after their release within the next two years with the ultimate objective of integrating CBT into after-release rehabilitation programs. As a first step in the next phase, the project team is recommended to engage more closely with the Ministry of Social Affairs or at least include relevant personnel from the Ministry in the anticipated trainings. In the meantime, the project may provide a mapping of different CBT providers to prisoners upon their release with a recommendation to continue CBT sessions.

Based on finding 19 (Effectiveness)

RECOMMENDATION 3 – TOT & SUSTAINABILITY

Utilizing the extensive CBT manual produced under the project and the health staff that received a form of advanced training, **it is recommended that the project team carries out ToTs for selected health staff within the next 18 months to enable the creation of a pool of psychologist trainers/supervisors after the first year of the next project phase who can then (i) provide the basic CBT training in the National School for Prisons and Rehabilitation in Tunisia in the second year with the ultimate objective of integrating this training and institutionalizing it as part of the school's curricula and regular trainings, and (ii) act as supervisors and points of reference for other prison health staff who will be trained in the upcoming phase.** Content to be used for the basic CBT training in the National School should be simplified to be easily read by laymen in response to feedback received from front line staff. Suggestions from psychologists included establishing a supervision charter mandating a minimum of one hour per week per trained member of staff and containing appropriate measures to protect data privacy.

Based on findings 12 (Effectiveness), 16 (Effectiveness)

RECOMMENDATION 4 – PARTNERSHIPS

If the project team intends to select a CSO as its implementing partner in the potential 2nd phase of the project, **it is recommended that the project team and UNODC's External Party Engagement Unit conduct a more comprehensive and systematic capacity assessment of CSOs within the next year and prior to selecting an implementing partner.** Based on the result, allocate a suitable scope of work that can be effectively managed and implemented by the partner organization. The assessment should consist of a detailed investigation of

an organization’s human, financial, and administrative capacity, and an associated risk management analysis containing clear mitigation measures, in order to minimize risks to implementation from a partner’s potential capacity constraints or inconsistencies between reported and actual capacities. If needed, the project may consider integrating a capacity building component for the selected CSO partner to enable a satisfactory performance.

Based on findings 7 (Efficiency), 12 (Effectiveness)

RECOMMENDATION 5 – EFFECTIVENESS OF CAPACITY BUILDING

Given the novelty of the CBT trainings and master class on CBT in prison settings as well as the feedback received from beneficiaries, **it is recommended for the project team to work on updating the contents of trainings and overall capacity building program targeting health staff within the next year**, especially in terms of expanding the scope and duration of the trainings, adding/enriching with more specific relevant topics to the prison settings such as drug additions or focusing on these topics during the training, minimizing the time between the trainings and subsequent supervision sessions, and increasing the number and frequency of such sessions..

Based on findings 12 (Effectiveness), 16 (Effectiveness) and 17 (Effectiveness)

RECOMMENDATION 6 – DO NO HARM

It is recommended that the project team integrate an explicit ‘do no harm’ analysis and approach at the outset of the potential next phase of the project or within the next 6 months and integrate the approach throughout implementation to minimize any risks in implementation that may cause harm to beneficiaries. While the project did implement a number of do no harm measures, such measures could be consolidated in one comprehensive ‘do no harm’ approach to be adopted for the whole project and streamlined across different activity to ensure that no harm is actually caused by any of the project’s activities. For example, this could be done through dedicating a brief module of each capacity building activity to the issue of ‘do no harm’, carrying out do no harm assessments on the provision of equipment, and ensuring information privacy among other such issues. But all such measures should be informed by a comprehensive do no harm analysis of prison environments inside Tunisia.

Based on findings 23 (Human Rights, Gender Equality, Disability Inclusion and Leaving no one Behind)

V. LESSONS LEARNED AND GOOD PRACTICES

LESSONS LEARNED

- **A mismatch between an implementing partner's assess/declared capacity and its actual capacity, may give rise to challenges during implementation**

One of the major challenges facing the project was the delays experienced by the project's implementing partner in implementing its scope of work under the project. Not only did this cause delays to the project timeline, it also disrupted the capacity building component as planned and led to additional work pressure on the project team. Therefore, a lesson learned from this experience is that whenever a project is intending to partner with a CSO, there needs to be a more comprehensive and systematic capacity assessment of the CSO involving an investigation of the financial, human, and administrative factors, along with a detailed management risk matrix containing clear mitigation measures. Accordingly, the project can then allocate a suitable scope of work to the partner based on the assessment and may also include a capacity building component.

- **An inclusive approach to implementation can go a long way to enable an effective contribution to project results.**

The inclusion of front-line officers as part of the basic CBT training carried out by the project was found to have enhanced the project's contribution to its intended results, given that front line officers constitute an integral part of prison environments, having the most contact with detainees. Including this group of beneficiaries has also played a role in enhancing ownership of the project. Without raising their awareness and understanding of CBT and its utility, the project would have potentially faced significant obstacles during implementation.

GOOD PRACTICES

- **A strategic partnership and participatory approach characterized by transparency, perseverance, and responsiveness can contribute to overcoming contextual challenges to implementation and progress**

The project team's high level of transparency, perseverance, and responsiveness, coupled with the participatory approach to implementation through close engagement with the technical and steering committees, have helped maximize national ownership, mitigate adverse impacts on efficiency and effectiveness and avoid significant disruptions to the progress of activities. One example is the project's response to a request by government counterparts for a training on results-based management and strategic planning, which was received with high interest and contributed to the project's other activities done in partnership counterparts and to building trust

- **Partnering with academic institutions can greatly enhance the sustainability of project results**

The project's introduction of a master class in partnership with the Faculty of Medicine of Tunisia has contributed to enhancing the sustainability of the project results, especially that the Faculty will now provide the master class on a regular bi-annual basis. Partnering with a reputable academic institution to offer this class will also contribute to its continuous development in the future.

- **A holistic approach to sensitizing and integrating gender matters into various components of a project enhances its contribution to gender equality.**

The fact that the project considered gender across most of its outputs, including the awareness raising activities and flyers, a specific module for women in the capacity building component, and gender-sensitive equipment, meant that the effectively streamlined gender equality into its activities thereby enhancing its effectiveness to promoting gender equality.

- **Building the capacity of government counterparts in Results Based Management and Program Management, according to UN standards, can help facilitate coordination and implementation of a project and enhance ownership of the project and its results.**

The capacity building provided to government counterparts in Results Based Management and Program Management was very much appreciated by counterparts. The training was not only helpful to further cement the trust between counterparts and the project, but also to enable counterparts to better understand UN processes and standards in terms of project planning, implementation, and monitoring and evaluation.

ANNEX I: TERMS OF REFERENCE

I. BACKGROUND AND CONTEXT

Project duration (dd/mm/yyyy-dd/mm/yyyy):	21/09/2021 – 23/06/2024
Location (Country/ies and sub-national focus areas, if relevant):	Tunisia -Governorate of Tunis : Ministry of Justice , General Committee for Prisons and Rehabilitation (GCPR). -Governorate of Manouba: Manouba female Prison, Bourj El Amri Prison -Governorate of Bizerte: Bourj El Roumi Prison
Linkages to Country, Regional and Thematic Programmes & UNODC Strategy 2021-2025:	UNODC Strategy 2021 – 2025 Regional Framework for the Arab States 2023 – 2028 UNODC Strategic vision for Africa 2030
Linkages to the SDG targets to which the project contributes:	3 Good Health and Well-being 5 Gender Equality 16 Peace, Justice and Strong Institutions 17 Partnerships for the goals
Executing Agency (UNODC office/section/unit):	UNODC ROMENA – Crime Prevention and Criminal Justice Unit
Partner Organizations:	Psychologues Du Monde Tunisie Association (PDMT)
Donor(s):	Bureau of International Narcotics and Law Enforcement Affairs (INL)
End Beneficiaries/Recipients:	- Ministry of Justice / General Committee of Prison and Rehabilitation, including psychologists, management staff and other relevant staff trained or taking part in the planned activities
Total Approved Budget (USD):	US\$ 1,992,022
Total Overall Budget (USD):	US\$ 1,992,022
Total Expenditure by date of initiation of evaluation (USD):	Current expenditures as of 27 Feb 2024: 1,721,091.48 (total committed)
Name and title of Project/Programme Manager(s) and implementing UNODC office(s)/section(s)/unit(s):	Ilyes KESSAL, Crime Prevention and Criminal Justice Officer, Head of Office , a.i Criminal Justice Unit

	Regional Office for the Middle East and North Africa Programme Office for Tunisia
Time frame of evaluation: (planned start and end date of the evaluation process)	April 2024 - Sept 2024.
Budget for this evaluation in USD ¹⁴ :	35,000
Number of independent evaluators planned for this evaluation ¹⁵ :	2 Evaluators
Type and year of past evaluations (if any):	N/A

II. PROJECT OVERVIEW

UNODC is the primary global provider of technical assistance to Member States on the implementation of international standards and norms in the field of crime prevention and criminal justice. UNODC is also the custodian of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), the International Covenant on Civil and Political Rights (ICCPR) and the Tokyo Rules, which are further complemented by the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). UNODC delivers technical assistance related to penal reform based on a global approach that has three strategic objectives pertaining to penal reform based on a global approach that has three strategic objectives pertaining to i) reducing the scope of imprisonment; ii) improving prison conditions and prison management; and iii) supporting the social reintegration of offenders upon release.

Building on the United Nations Office on Drugs and Crime (UNODC) extensive experience and expertise in crime prevention and criminal justice, the implementation of the regional programme (including XAMW04) makes use of the vast array of tools, guidelines, and other material UNODC has developed throughout the years.

The prison environment was considered for a long time as incompatible with psychotherapy. In recent decades, many specialists have shown that it is possible and, more importantly, desirable to facilitate the reintegration of prisoners into society and reduce the risk of recidivism. It has also been noted that incarceration can be a good time to start therapy. However, this does not, of course, apply to all prisoners. The context of the prison and the personalities of the prisoners shall lead to the use of innovative tools, including mediation techniques and/or group sessions.

Cognitive Behavioral Therapy (CBT) in Tunisian prisons is a pilot project developed upon an official request from the General Committee for Prisons and Rehabilitation, aiming to strengthen the capacity of Tunisian

¹⁴ Including fees for evaluation team, travel, printing, editing, translation, interpretation, etc.

¹⁵ Please note that the recommendation for any UNODC evaluation is at least two independent evaluators, i.e., one Evaluation Expert and one Substantive Expert in the subject area of the project to be evaluated.

authorities to better prevent violent behavior among offenders, both in prison and after their release. The overall objective of this project is to establish an effective approach to reducing recidivism in Tunisia through the implementation of CBT programs in three pilot prisons (including 1 female and 2 male prisons). These programmes provide support tailored to the specificities, needs and gender of prisoners, in line with international standards.

Through the proposed approach, prison staff will acquire the capacity to implement CBT programs, focusing initially on the most vulnerable inmates, such as violent, impulsive or aggressive offenders, sex offenders and drug or alcohol dependent offenders.

In addition, the project supports improvements to prison facilities and the working environment for prison staff (e.g. medical facilities, rooms for group therapy or individual treatment, etc.). The CBT project has taken into account the specific needs of women prisoners and mothers in prison with babies in their care, in line with the Bangkok rules.

The Project's Objective:

The overall objective of this project is to establish an effective approach to reduce recidivism in Tunisia through the implementation of CBT programmes in three pilot prisons. This would be possible through improving the capacities of the GCPR to better prevent violent behaviour of offenders in prison and after release. This will be achieved by selecting three prisons - namely Manouba, Borj al-Amri and Borj al-Roumi - where the activities below will be implemented. A core element under all outcomes of the project is the management of and support to vulnerable detainees, including the development and introduction of CBT programmes in the selected prisons as well as post-release support to detainees.

The Project's Outcomes:

Outcome 1: CBT programming is developed in collaboration with the GCPR.

Output 1.1: CBT Therapy programmes are designed for selected pilot prisons.

Output 1.2: Awareness on CBT Therapy programmes and its uses in prison settings is raised among relevant stakeholders.

Outcome 2: Selected prisons offering quality CBT programs.

Output 2.1: Existing facilities in selected prisons are improved to provide health services, psychological counselling and support for prisoners, considering gender-specific needs, to support CBT programming.

Output 2.2: Capacities of psychologists are strengthened to deliver CBT Therapy to violent offenders and people with a history of problematic drug use.

Outcome 3: The GCPR develops mechanisms to ensure the sustainability of CBT programming.

Output 3.1: Existing health facilities in selected prisons provide after release services.

Output 3.2: Recommendations for the GCPR on CBT and/or alternative sentence management drafted.

III. PURPOSE AND SCOPE OF THE EVALUATION

<p>Planned utilisation of the evaluation results¹⁶:</p>	<ul style="list-style-type: none"> • Accurate evaluation of program results on beneficiaries, including inmates, stakeholders, counterparts and non-governmental institutions. • Exploration of areas for improvement when reviewing development opportunities through assessment of program status and opportunities for improvement. • An essential contribution to the development of a project phase II, with specific lessons learned and means of improvement. • Reflect the impact for future/potential donors through a substantial evaluation of the program's period of operation. • Improve decision-making by understanding the factors contributing to success or challenges. • Improved future project performance will enable the implementation of corrective measures to improve project results. • Improve stakeholder engagement and satisfaction by evaluating results and gathering feedback from stakeholders, thereby enhancing program management's ability to understand stakeholder needs, expectations and benefit levels. • Promote transparency and accountability by ensuring that the project is aligned with strategic objectives and that resources are used efficiently.
<p>Main users of the evaluation results¹⁷:</p>	<ul style="list-style-type: none"> • UNODC ROMENA • National counterparts, stakeholders, and partners <p>Donor (INL) Bureau of International Narcotics and Law Enforcement Affairs.</p>
<p>Unit of analysis (full projects/segment/etc.)</p>	<p>XAMW04, CBT Tunisia Component</p>
<p>Time period covered by the evaluation:</p>	<p>September 2021 until June 2024</p>
<p>Geographical coverage of the evaluation:</p>	<p>Tunisia</p>

¹⁶ e.g., inform the future development of the project or similar projects, for organizational learning, assess the success and areas of improvement of the project etc.

¹⁷ e.g., senior management, programme management, stakeholders, beneficiaries, donors etc.

All findings and recommendations as well as the management response pertain solely to the UNODC project/programme being evaluated and is not in any way targeted to Member States, implementing partners or other entities that took part in this project/programme

IV. EVALUATION CRITERIA

The evaluation will be conducted based on the below selected relevant DAC criteria¹⁸. All evaluations must include gender, human rights, disability inclusion and no one left behind. Ideally these are mainstreamed within the evaluation questions. Moreover, the evaluation needs to identify lessons learned¹⁹ and good practices. The evaluation questions will be further refined by the Evaluation Team in the drafting of the Inception Report.

Relevance ²⁰ : Is the intervention doing the right thing?	To what extent has the project been relevant to stakeholder's (e.g. governments, Member States, etc.) needs and priorities?
Coherence ²¹ : How well does the intervention fit?	To what extent has the project delivered results in line with organisational, regional and international priorities, partnerships including with academia and CSOs?
Efficiency ²² : How well are resources being used?	To what extent has the project delivered outputs in a timely and efficient manner?
Effectiveness: Is the intervention achieving its objectives? ²³	To what extent did the project achieve its intended outcomes and objective?
Impact ²⁴ : What difference does the intervention make?	NA
Sustainability ²⁵ : Will the benefits last?	To what extent are the benefits of the projects likely to continue after it ends?

¹⁸ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

¹⁹ Lessons learned concern the learning experiences and insights that were gained throughout the project/ programme.

²⁰ Relevance is the extent to which the activity is suited to the priorities and policies of the target group, recipient, and donor.

²¹ The compatibility of the intervention with other interventions in the country, sector, or institution

²² The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.

²³ The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

²⁴ The extent to which the intervention has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects. **Please note that impact can be difficult to measure for smaller projects, specifically ones with short timeframes.**

²⁵ The extent to which the net benefits of the intervention continue or are likely to continue.

Human rights, gender equality, disability inclusion and leaving no one behind ²⁶ : Has the intervention been inclusive and human rights based?	To what extent has the project design and implementation fully considered human rights, gender equality as well as marginalised groups, including LGBTQI+ and people with disabilities?
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V. EVALUATION METHODOLOGY

Please keep the below text as it is.

All evaluations of the United Nations system are guided by the principles of human rights, gender equality, disability inclusion and leaving no one behind. Gender-sensitive and disability inclusive evaluation methods and gender-sensitive and disability inclusive data collection techniques are therefore essential to identify key gender issues, address marginalized, disabled, hard-to-reach and vulnerable population.

The methods used to collect and analyse data

While the evaluation team shall fine-tune the methodology for the evaluation in an Inception Report, a **mixed-methods approach of qualitative and quantitative methods** is mandatory due to its appropriateness to ensure that evaluation conclusions, findings, recommendations, and lessons learned are substantiated by evidence and based on sound data analysis and triangulation; as well as a gender-sensitive, inclusive, respectful and participatory approach and methodology to capture disability and gender equality issues. Special attention will be paid to: (i) ensuring that voices and opinions of both men, women, and other marginalised groups, such as people with disabilities are heard (including gender related and disaggregated data, (e.g., by age, sex, countries etc.); (ii) ensuring an **unbiased and objective approach and the triangulation of sources, methods, data, and theories**. The limitations to the evaluation need to be identified and discussed by the evaluation team in the Inception Report, e.g., data constraints (such as missing baseline and monitoring data). Potential limitations as well as the chosen mitigating measures should be included. The evaluation team will be asked to present a dedicated methodology in the Inception Report outlining the evaluation criteria, indicators, sources of information and methods of data collection. The evaluation methodology must conform to the United Nations Evaluation Group (UNEG) Norms and Standards as well as the UNODC Evaluation Policy, guidance, tools, and templates. The evaluation team is also expected to use interviews, surveys and/or any other relevant quantitative and/or qualitative tools as a means to collect relevant data for the evaluation. While maintaining independence, the evaluation will be carried out based on a participatory approach, which seeks the views and assessments of all parties identified as the stakeholders of the project/ programme.

The final evaluation report will be externally independently assessed (facilitated by IES) and the final rating will be included in the report. Based on this assessment, the report may not be published if it does not meet minimum quality standards.

All tools, norms and templates to be mandatorily used in the evaluation process can be found on the IES website: <https://www.unodc.org/unodc/en/evaluation/guidelines-and-templates.html>

VI. TIME FRAME AND DELIVERABLES

²⁶ The extent to which the project/programme has mainstreamed human rights, gender equality, and the dignity of individuals, i.e., vulnerable groups, including those with disabilities.

Evaluation stage	Start date ²⁷ (dd/mm/yy)	End date (dd/mm/yy)	Subsumed tasks, roles	Guidance / Process description
Finalisation ToR (2-4 weeks)	25 February 2024	15 March 2024	Initiate the evaluation in Unite Evaluation and upload ToRs; finalise draft ToR based on IES feedback; IES shares final draft with CLPs; PM to finalise ToR based on CLPs feedback.	Includes 1 week review by IES and 1 week review by CLPs; multiple revisions by PM based on IES and CLPs feedback; final clearance by IES; in parallel, outreach by PM to qualified evaluators (consultation with IES on potential candidates)
Recruitment (3-4 weeks)	28 April 2024	17 May 2024	Consult with IES on potential evaluators; PM manages full recruitment process ²⁸	Review and clearance of evaluators by IES before recruitment can be initiated by PM.
Inception Report, incl. desk review (2 weeks)	25 April 2024	15 May 2024	Kick-off meeting with PM and evaluators; desk review by evaluators, followed by draft Inception Report; Review by IES; clearance of revised Final Inception Report by IES	Includes 1 week review and clearance by IES; IES may participate in the kick-off meeting
Data collection (incl. field missions) (3-4 weeks) ²⁹	20 May 2024	20 June 2024	Field missions; observation; interviews; etc. by evaluators	Coordination of data collection dates and logistics by PM.
Analysis and draft report (3-4 weeks)	20 June 2024	21 July 2024	Data analysis and drafting of report by evaluators	Includes 1 week review by IES, followed by 1 week review by PM
			Review by IES; review by PM; revision of draft report by evaluators	
Draft report for CLP comments (1 week)	21 Jul June 2024	31 July 2024	CLPs review and provide comments to IES	CLP comments are compiled and shared by IES with evaluators
Final report, evaluation brief, PowerPoint slides, and External Quality Assessment (1-2 weeks)	1 August 2024	20 August 2024	Revision by evaluators; Evaluation report, 2-page Evaluation Brief and PowerPoint slides are finalised by evaluators based upon feedback by IES and PM; external quality assessment of report; completion of MR and EFP by PM	Includes 1 week review and clearance by IES of Final Report and Brief and 1 week review by PM of Brief and PowerPoint slides; 1 week for external quality assessment facilitated by IES

²⁷ Required preparations before the start: completed ToR; 1 week review of ToR by the Core Learning Partners; finalised ToR based upon comments received; clearance by IES; assessment of qualified evaluation team candidates; clearance by IES; recruitment (Vienna HR for international consultants requiring a minimum of 2 weeks; UNDP for national consultants which may take up to several weeks); desk review materials compiled.

²⁸ Please follow the official recruitment process for international, regional, or national consultants at UNODC.

²⁹ Data collection is currently likely to take longer than usual due to competing priorities of stakeholders and beneficiaries due to COVID-19. Data collection phase may imply on-line interviews, surveys etc instead of travel/face-to-face interviews.

Evaluation stage	Start date ²⁷ (dd/mm/yy)	End date (dd/mm/yy)	Subsumed tasks, roles	Guidance / Process description
Presentation (1 day)	1 st September 2024	1 st September 2024	Presentation organised by PM.	Date of presentation of final results to be agreed between PM and evaluators; IES to be invited.

The UNODC Independent Evaluation Section may change the evaluation process, timeline, approach, etc. as necessary at any point throughout the evaluation process.

VII. EVALUATION TEAM COMPOSITION

Role	Number of consultants ³⁰ (national/international)	Specific expertise required ³¹
Evaluation Expert	1 (international consultant)	Evaluation methodology
Substantive Expert	1 (national consultant)	National expertise in criminal justice, prison system, recidivism prevention, and prison health/ mental health in prisons.

The evaluation team will not act as representatives of any party and must remain independent and impartial and must not have been involved in the design and/or implementation, supervision, and coordination of and/or have benefited from the programme/project or theme under evaluation.

Furthermore, the evaluation team shall respect and follow the UNEG Ethical Guidelines for conducting evaluations in a sensitive and ethical manner. The qualifications and responsibilities for each evaluation team member are specified in the respective job descriptions attached to these Terms of Reference (Annex 1). The evaluation team will report exclusively to the Chief or Deputy Chief of the UNODC Independent Evaluation Section, who are the exclusive clearing entity for all evaluation deliverables and products.

The evaluation team will be issued consultancy contracts and paid in accordance with UNODC rules and regulations.

The payment will be made by deliverable and only once cleared by IES. Deliverables which do not meet UNODC and UNEG evaluation norms and standards will not be cleared by IES. IES is the sole entity to request payments to be released in relation to evaluation. Project/Programme Management must fulfil any such request within 5 working days to ensure the independence of this evaluation process. Non-compliance by Project/Programme Management may result in the decision to discontinue the evaluation by IES

VIII. ROLES AND RESPONSIBILITIES IN THE EVALUATION PROCESS

Please ensure that the full evaluation process is managed through Unite Evaluations (evaluations.unodc.org)³². All communication of preliminary, draft, or final evaluation results needs to be reviewed and cleared by IES before dissemination

³⁰ Please note that an evaluation team needs to consist of at least 1 independent evaluator – the Evaluation Expert – and ideally one Substantive Expert.

³¹ Please add the specific technical expertise needed (e.g. expertise in anti-corruption; counter terrorism; etc.) – please note that at least one evaluation team member needs to have expertise in human rights and gender equality.

³² The Unite Evaluations user manual for Project Managers is available [here](#).

Please carefully read the information below in order to be informed about your role during the evaluation process.

Evaluation stage	Project Manager	IES	Evaluation team
Overall	Provide management, administrative and logistical support to the evaluation process, as per IES's tools, guidance and templates, in line with UNODC Evaluation Policy, UNEG Norms and Standards, and DMSPC Guidelines for evaluation.	Ensure the independence, participation, and quality of the evaluation process, as per UNODC Evaluation Policy, UNEG Norms and Standards, and DMSPC Guidelines for evaluation –including the review and approval of all evaluation deliverables.	Submit deliverables on time and meeting quality standards, as per IES's tools, guidance and templates, in line with UNODC Evaluation Policy, UNEG Norms and Standards, and DMSPC Guidelines for evaluation.
ToR	Draft, uploading to Unite evaluations and finalising	1 round of comments	
	Identify stakeholders and CLPs	Share ToR with CLPs for comments (1 week)	
	Compile the desk review material	Support the Project Manager in the identification of suitable evaluation team, when possible	
	Identify potential substantive evaluators and experts		
Recruitment	Propose evaluators and experts after consultation with IES	Review & clear proposed evaluation team before recruitment process starts	Submit all required documentation for the selection and recruitment process
	Administrative process and recruitment (in line with organisational rules and regulations for consultants)		
	Finalise the compilation of the desk review material		
Inception Report	Engage with the evaluation team and provide all required information, documents, stakeholder lists, schedule kick-off meeting etc.	Attend kick-off meeting as necessary, and provide relevant templates and guidance, review draft Inception Report in line with UNODC and UNEG norms and standards	Participate in kick-off meeting Draft Inception Report in line with UNODC templates and guidelines ³³
	Release payment once requested by IES	Clear Final Inception Report before any data collection can start	Provide Final Inception Report
	Data collection and analysis	All logistical arrangements for the evaluators (including travel arrangements, set-up of interviews as requested, note verbales, etc.).	Provide guidance on the evaluation process to the evaluation team and/or the project team, as needed.
Timely travel arrangements, payments of DSAs, etc.		Implement the methods and tools developed in the Inception Report.	

³³ <https://www.unodc.org/unodc/en/evaluation/normative-tools.html>

Evaluation stage	Project Manager	IES	Evaluation team
Draft report	Participate in de-briefings, as necessary		Engage with Project Management to request further information and assistance as required. Conduct de-briefings to PM, as necessary
	Provide further data, documents, stakeholders, etc. as requested by the evaluation team.		Conduct a thorough analysis to ensure triangulation of evidence.
	Provide further information to evaluators as requested		Provide a high-quality draft report, in line with UNODC and UNEG N&S
	1 review of the draft report for factual errors, once cleared by IES	Review of the draft report	Incorporate comments of IES and consider those of PM
	Release payment, once cleared by IES	Initial clearance or rejection of draft report	
Final report, Brief and Presentation		Share draft report with CLPs (1 week)	Incorporate comments of CLPs.
	Complete Management Response and Evaluation Follow-up Plan	Facilitation of external quality assessment of the report.	Based on the external assessment, finalise the report, 2-page Evaluation Brief and PowerPoint slides.
	Review the 2-page Evaluation Brief and PowerPoint slides and organize an MS Teams presentation of the results to internal and external stakeholders	Final review by IES and either 1) clearance for publication or 2) non-clearance for publication if it does not meet UNODC & UNEG norms and standards IES to attend final presentation as necessary	Present the results as agreed with Project Management and as cleared by IES within 4 weeks of approval of the final evaluation report.
Follow-up	Release all outstanding payments, as requested by IES	Clear all deliverables for payment, once they meet UNEG Norms and Standards and UNODC evaluation policy, templates and guidelines.	
	In case the report is not cleared by IES, use it exclusively for internal reporting (NOT for dissemination)		
	Yearly update on the implementation of recommendations.	Report on the implementation of recommendations to Member States and the Executive Director on an annual basis.	

ANNEX II: EVALUATION MATRIX

Evaluation Question ³⁴	Indicators/sub- questions ³⁵	Data collection method(s) and triangulation ³⁶	Sources of information
To what extent has the project been relevant to stakeholder's (e.g. governments, Member States, etc.) needs and priorities?	To what extent was the development of the project based on an adequate analysis of the needs and priorities of stakeholders (member states, recipient governments, partner, beneficiaries)?	Document review Interviews FGDs	Project documents; UNODC personnel; recipient government; partners, beneficiaries
	To what extent was the project responsive to the identified needs of stakeholders, including beneficiaries, during implementation?	Document review Interviews FGDs	Project documents; UNODC personnel; recipient government; partners
	To what extent was the project interventions relevant to the needs and priorities of beneficiaries?	Document review Interviews FGDs	Project documents; UNODC personnel; recipient government; partners; beneficiaries
	To what extent has the project been relevant to the priorities of the donor?	Document review Interviews	Project documents; UNODC personnel, Donor
To what extent has the project delivered results in line with organisational, regional and international priorities?	To what extent have the project's outputs, outcomes and objectives been in line with UNODC's priorities (i.e strategies) and regional priorities?	Document review Interviews	Project documents; UNODC personnel; UNODC Strategy 2021-2025, UNODC Regional Framework for Arab States (2023-2028)
	To what extent have the project's outputs, outcomes and objectives been in line with the SDGs?	Document review Interviews	Project Documents; UNODC personnel; donor; SDGs

³⁴ Please include all evaluation questions in the evaluation matrix.

³⁵ Please state the sub-questions and indicators that will guide your data collection to respond to the evaluation question.

³⁶ Please state the data collection and triangulation methods that will be used to answer the respective evaluation question and the respective data sources.

	To what extent has the project been implemented in line with international standards?	Document review Interviews	Project documents, relevant international standards (i.e. Mandela Rules, Bangkok Rules..etc), UNODC personnel, recipient government, Donor.
	To what extent has the project been part of a coherent effort by the UNODC (i.e. building on earlier or ongoing interventions)?	Document review Interviews	Project documents; UNODC personnel, recipient government; partners;
To what extent has the project delivered outputs in a timely and efficient manner?	To what extent did the project face delays during implementation? and what was the source of delays?	Document review Interviews	Project documents; project progress reports; UNODC Staff; recipient government; partner;
	How did the project address the delays?	Document review Interviews	Project documents; project progress reports; UNODC personnel; recipient government; partner; Donor
	What measures were taken during planning and implementation to ensure that resources were efficiently used?	Document review Interviews	Project documents; project progress reports; UNODC Staff; recipient government; partner; Donor
	How was the project monitored? Was the monitoring and reporting plan followed consistently throughout the project?	Document review Interviews FGDs	Project documents; project progress reports; Training reports (i.e. pre-post questionnaire results); UNODC Staff; beneficiaries
To what extent did the project achieve its intended outcomes and objective?	To what extent was the project able to develop CBT programming for prison settings in collaboration with the GCPR?	Document review Interviews FGDs	All project documents including all outputs and progress reports; training reports; external documents; UNODC personnel; recipient government; partners; beneficiaries
	To what extent are the three selected pilot prisons offering quality CBT programs?	Document review Interviews FGDs	All project documents including all outputs and progress reports; training reports; external documents; UNODC personnel; recipient government; partners; beneficiaries
	To what extent has the project enabled the GCPR to develop mechanisms to ensure the sustainability of CBT programming?	Document review Interviews	All project documents including all outputs and progress reports; training reports; external documents; UNODC

		FGDs	personnel; recipient government; partners; beneficiaries
To what extent are the benefits of the projects likely to continue after it ends?	To what extent has the commitment and ownership by stakeholders, including beneficiaries, of the results, activities, and objectives of the project been achieved?	Document review Interviews FGDs	Project documents; project progress reports; UNODC personnel; partners; recipient government; beneficiaries
	Are stakeholders, including beneficiaries, committed to continue working towards these objectives after the end of the project?	Document review Interviews FGDs	Project documents; project progress reports; UNODC personnel; partners; recipient government; beneficiaries
	What are the main elements of sustainability in the project?	Document review Interviews FGDs	Project documents; project progress reports; UNODC personnel; partners; recipient government;
To what extent has the project design and implementation fully considered human rights, gender equality as well as marginalised groups, including LGBTQI+ and people with disabilities?	To what extent did the project design consider human rights, gender equality, and marginalized groups (including LGBTQI+ and people with disabilities)?	Document review Interviews FGDs	Project documents; project progress reports; UNODC personnel; partners; recipient government; beneficiaries
	To what extent did the implementation of the project design consider human rights, gender equality, and marginalized groups (including LGBTQI+ and people with disabilities)?	Document review Interviews FGDs	Project documents; project progress reports; UNODC personnel; partners; recipient government; beneficiaries
	What measures were taken to ensure that human rights, gender equality, and marginalized groups (including LGBTQI+ and people with disabilities) issues were mainstreamed across project activities?	Document review Interviews FGDs	Project documents; project progress reports; UNODC personnel; partners; recipient states; beneficiaries

ANNEX III: EVALUATION TOOLS: QUESTIONNAIRES AND INTERVIEW GUIDES

SEMI-STRUCTURED INTERVIEW GUIDES BY STAKEHOLDER GROUP

The Independent Evaluation Section of United Nations Office on Drugs and Crime (UNODC) is in the process of conducting a Final Independent Project Evaluation of UNODC's project 'Supporting the Establishment of Cognitive Behavioural Therapy Treatment Programmes in Prison Settings, in Line with Relevant International Standards', which aimed to establish an effective approach to reduce recidivism in Tunisia through the development and implementation of CBT programmes in three pilot prisons, namely Manouba, Borj al-Amri and Borj al-Roumi. The project provided capacity building to prison staff, with a focus on doctors and psychologists.

The evaluation is being undertaken in line with UNODC and UNEG norms and standards for evaluation, and will inform the future development of UNODC programming and assess the success and areas of improvement of the project, and related projects, thereby contributing to UNODC's organisational learning.

The evaluation of this project is currently being carried out by a team of external independent evaluators, consisting of an Evaluation Expert (Rani Khoury) and a Substantive Expert (Dr. Haifa Zalila).

Confidentiality and informed consent: This interview is confidential, with all information received being aggregated and anonymised. No individual will be quoted nor will the organization they represent be identified. The data collected will only be used for evaluation purposes. Your participation in the interview is voluntary and you may withdraw from it at any moment.

INTERVIEW QUESTIONS FOR PROJECT STAFF:

1. Background information:

- a. Name of person being interviewed

- b. Job title of person being interviewed

- c. Organization in which the person being interviewed works (Distinguish between HQ and field)

Relevance

2. What kind of needs analysis did the project conduct during the project design or prior to implementation?
3. How were the emerging needs of stakeholders identified during implementation?
 - a. How responsive was the project in addressing these identified needs? Can you provide examples?
 - b. How did the project maintain the balance between being responsive to stakeholders' arising requests and following the original design of the project?
4. How are the project outcomes and outputs aligned with the priorities of the donor?
 - a. What are the priorities of the Donor.

Coherence

5. Do you think that the project is in line with UNODC's strategies and frameworks, regionally and internationally?
 - a. How so? Which strategies and frameworks? To what outcomes do they correspond?
6. Do you think the project is in line with the SDGs, especially SDGs 3 and 16?
 - a. How so?
7. Was the project designed and implemented according to international standards?
 - a. What are these standards and how did project align with them?
8. Does the project complement or build on other past or ongoing UNODC interventions in the country and region?
 - a. What are these interventions and how does this project complement these interventions?

Efficiency

9. To what extent do you think the project was efficient in its implementation? (*define efficiency as the optimal use of resources, including financial resources, effort, and time, to achieve results*)
 - a. How did the implementation and management arrangements adopted by the project affect its efficiency?
 - b. What measures were taken to ensure the efficient utilization of the resources?
10. To what extent did the project face delays during implementation?
 - a. What was the source of these delays (endogenous vs exogenous factors)?
 - b. How did the project address the delays?
11. How was the project monitored and reported on?
 - a. Is there an M&E framework utilized by the project? When was it developed?
 - b. Was the monitoring and reporting plan followed consistently throughout the project?
 - c. Did the project amend any of its activities based on monitoring data?
12. Were there any factors in budget and administrative arrangements that have promoted or impeded project delivery?

Effectiveness

13. To what extent did the project implement its planned activities?
 - a. If there are some activities that could not be implemented, what were the reasons?
14. To what extent did the project achieve its outputs and contributed to its intended outcomes?
 - a. The extent of achievement of each outcome to be investigated as follows:
 - i. To what extent has the project been able to develop CBT programming for prison setting in collaboration with the GCPR?
 1. (Investigation of relevant outputs related to (i) raising awareness and (ii) CBT Programme design)
 - ii. To what extent are the three selected pilot prisons offering quality CBT programs?
 1. (Investigation of relevant outputs related to (i) Improvement of existing facilities inside selected prisons, (ii) strengthened capacities of psychologists to deliver CBT treatment to violent offenders and people with a history of drug use and addition.)
 - iii. To what extent did the project support the GCPR to ensure the sustainability of CBT programming?
 1. (Investigation of relevant outputs related to (i) the provision of after-release services by health facilities in selected prisons, (ii) the provision of recommendations for the GCPR on CBT and/or alternative sentence management.)
15. To what extent was the project able to leverage its partnerships for the achievement of project results?
16. What do you think were the main challenges and obstacles in effectively contributing to the project's results?
 - a. How were these challenges and obstacles overcome?

Sustainability

17. Are stakeholders committed to the project's results and objectives?
 - a. Has the ownership of stakeholders been achieved by the project? How so?
18. Do you think that stakeholders are committed to continue working towards the project's objective after the end of the project?
 - a. What are the indications?
19. What aspects of sustainability were incorporated into the project?
 - a. What are the sustainability elements of the project design?
 - b. What sustainability elements were utilized in the implementation of the project?

Human rights, gender equality, disability inclusion, and leaving no one behind

20. To what extent were human right considerations, including the rights of PWDs, marginalized groups, and gender equality taken into account in the project design?
21. To what extent were human right considerations, including the rights of marginalized groups, and gender equality taken into account during the implementation of the project?
22. Did the project adopt a human rights approach overall in the project? Was there a 'do not harm' approach developed in the project design and applied during implementation? If no, what particular measures were taken to ensure that no harm occurs on any stakeholder involved in the project?

Lessons learned and best practices

23. What lessons can be learned from the implementation of the project in order to improve the performance, results, and effectiveness for similar future projects?
24. What best practices emerged in the project that you think can be replicated in other projects?
25. How do you think could future programming improve its technical support and in what areas?

INTERVIEW QUESTIONS FOR GOVERNMENT REPRESENTATIVES (RECIPIENTS):

1. Background information:
 - a. Name of person being interviewed
 - b. Job title of person being interviewed
 - c. Organization in which the person being interviewed works

Relevance

2. How is the project relevant to the context of Tunisia?
3. Do you know if a needs analysis was done prior to project design and implementation?
 - a. Do you think the analysis was sufficient given the scope of the project?
4. Was the project relevant to your needs? How so?
5. How were your needs identified and addressed during implementation?
 - a. How responsive was the project in addressing these identified needs? Can you provide examples?

Coherence

6. Do you think the project is in line with the SDGs, especially SDGs 3 and 16? How so?
 - a. (Briefly describe the SDGs to interviewee, focusing on SDG3 and 16)
7. Are you aware of other UNODC interventions in your country or region?
 - a. Do you think this project complements or builds on these other initiatives? How so?

Efficiency

8. To what extent do you think the project was efficient in its implementation?
 - a. How did the implementation arrangements adopted by the project affect its efficiency?
9. To what extent did the project face delays during implementation
 - a. What was the source of these delays (endogenous vs exogenous factors)?
 - b. Did the approval process on your part cause any delays to implementation?
 - c. How did the project address the delays?
10. How was the project monitored?
 - a. Were you asked to provide feedback on the project? How frequently were you consulted?
 - b. Do you know if the technical and steering committees provide the necessary guidance and support for the project? How so?

Effectiveness

11. To what extent did the project implement its planned activities?
 - a. If there are some activities that could not be implemented, what were the reasons?
12. To what extent did the project achieve its outputs and contributed to its intended outcomes?
 - a. The extent of achievement of each outcome to be investigated as follows:
 - i. To what extent has the project been able to develop CBT programming for prison setting in collaboration with the GCPR?
 1. (Investigation of relevant outputs related to (i) raising awareness and (ii) CBT Programme design)
 - ii. To what extent are the three selected pilot prisons offering quality CBT programs?
 1. (Investigation of relevant outputs related to (i) Improvement of existing facilities inside selected prisons, (ii) strengthened capacities of psychologists to deliver CBT treatment to violent offenders and people with a history of drug use and addition.)
 - iii. To what extent did the project support the GCPR to ensure the sustainability of CBT programming?
 1. (Investigation of relevant outputs related to (i) the provision of after-release services by health facilities in selected prisons, (ii) the provision of recommendations for the GCPR on CBT and/or alternative sentence management.)
13. According your knowledge, was the project aligned with relevant international standards? How so?
14. What do you think were the main challenges and obstacles in effectively contributing to the project's results?
 - a. How were these challenges and obstacles overcome?
15. To what extent do you think the project overall contributed to reducing recidivism in Tunisia? Can you think of alternative approaches to fulfil this overall objective?

Sustainability

16. Do you think you will continue working towards the project's results and objectives following its completion?
 - a. Please describe future plans and actions with regards to CBT programming in prisons and overall reduction in recidivism ? Will you build on the project's results? How?
17. Do you think there will be a continued effort towards the project's objective after the end of the project?

- a. What are the indications?
18. What aspects of sustainability were incorporated into the project?

Human rights, gender equality, disability inclusion, and leaving no one behind

- 19. To what extent were human right considerations, including the rights of PWDs, marginalized groups, and gender equality taken into account in the project?
- 20. What measures were taken to ensure that human rights, including the rights of marginalized groups, and gender equality issues were mainstreamed across the project activities?
- 21. How do you think could future programming improve its technical support and in what areas?
- 22. Was there a 'do no harm' approach for implementation? If no, what particular measures were taken to ensure that no harm occurs on any stakeholder involved in the project?

Lessons learned and best practices

- 23. What lessons can be learned from the implementation of the project in order to improve the performance, results, and effectiveness for similar future projects?
- 24. What best practices emerged in the project that you think can be replicated in other projects?
- 25. How do you think could future programming improve its technical support and in what areas?

INTERVIEW QUESTIONS FOR DONORS:

- 1. Background information:

- a. Name of person being interviewed

- b. Job title of person being interviewed

- c. Organization in which the person being interviewed works (Distinguish between HQ and field)

Relevance

- 2. How relevant do you think the project and its objective is to Tunisia?
- 3. What are your priorities as a donor? Are the project outcomes and outputs aligned with these priorities? How so?

Coherence

- 4. Do you think the project is in line with the SDGs (mainly SDGs 3 and 16)?
- 5. Are you aware of other UNODC interventions in the participating countries or region?
 - a. If yes, do you think this project complements or builds on these other interventions?

Efficiency

- 6. To what extent do you think the project was efficient in its implementation?
 - a. What measures were taken to ensure the efficient utilization of the resources?
- 7. To what extent did the project face delays during implementation
 - a. What was the source of these delays (endogenous vs exogenous factors)?
 - b. How did the project address the delays?
 - c. How was the non-extension process? What was the rationale behind the project requesting two no-cost extensions?
- 8. How was the project monitored?
 - a. Did you receive regular reporting from the project? How?

- b. Was the reporting consistent throughout the project duration?
- c. Did the project amend any of its activities based on monitoring data?
- d. How you rate the overall reporting of the project?

Effectiveness

- 9. To what extent has the project been able to develop CBT programming for prison setting in collaboration with the GCPR?
 - a. (Investigation of relevant outputs related to (i) raising awareness and (ii) CBT Programme design)
- 10. To what extent are the three selected pilot prisons offering quality CBT programs?
 - a. (Investigation of relevant outputs related to (i) Improvement of existing facilities inside selected prisons, (ii) strengthened capacities of psychologists to deliver CBT treatment to violent offenders and people with a history of drug use and addition.)
- 11. To what extent did the project support the GCPR to ensure the sustainability of CBT programming?
 - a. (Investigation of relevant outputs related to (i) the provision of after-release services by health facilities in selected prisons, (ii) the provision of recommendations for the GCPR on CBT and/or alternative sentence management.)
- 12. What do you think were the most pressing challenges faced by the project? And how did the project deal with these challenges?

Sustainability

- 13. Do you think stakeholders are committed to the project's results and objectives?
 - a. Has the ownership of stakeholders been achieved by the project? How so?
- 14. Do you think that stakeholders are committed to continue working towards the project's objective after the end of the project?
 - a. What are the indications?
- 15. What aspects of sustainability were incorporated into the project?
 - a. What are the sustainability elements of the project's design?
 - b. What sustainability features were utilized in the implementation of the project?

Human rights, gender equality, disability inclusion, and leaving no one behind

- 16. To what extent were human right considerations, including the rights of PWDs, marginalized groups, and gender equality taken into account in the project design?
- 17. To what extent were human right considerations, including the rights of marginalized groups, and gender equality taken into account during the implementation of the project?
- 18. Was there a 'do no harm' approach for implementation? If no, what particular measures were taken to ensure that no harm occurs on any stakeholder involved in the project?

Lessons learned and best practices

- 19. What lessons can be learned from the implementation of the project in order to improve performance, results, and effectiveness for any similar future projects?
- 20. What best practices emerged in the project that you think can be replicated in other projects?
- 21. How do you think could future programming improve its technical support and in what areas?

INTERVIEW QUESTIONS FOR PARTNERS:

- 1. Background information:
 - a. Name of person being interviewed

b. Job title of person being interviewed

c. Organization in which the person being interviewed works (Distinguish between HQ and field)

Relevance

2. Do you know if a needs analysis was done prior to project design and implementation?
 - a. Do you think the analysis was sufficient given the scope of the project?
3. Do you think the project design and implementation was relevant to the needs of relevant stakeholders? How so?

Coherence

4. Do you think the project is in line with the SDGs, especially SDG 3 and 16?
 - a. How so?
5. Are you aware of other UNODC interventions in your country or region?
 - a. Do you think this project complements or builds on these other initiatives? How so?

Efficiency

6. Given your partnership with the project, to what extent do you think the project was efficient in its implementation?
 - a. How did the implementation arrangements adopted by the project affect its efficiency?
7. To what extent did the project face delays during implementation?
 - a. What was the source of these delays (endogenous vs exogenous factors)?
 - b. How did the project address the delays?
8. How was the project monitored?
 - a. Were you asked to provide feedback on the project? How frequently were you consulted?

Effectiveness

9. To what extent did the project implement its planned activities?
 - a. If there are some activities that could not be implemented, what were the reasons?
10. To what extent did the project achieve its intended results (i.e. outputs and outcomes)?
 - a. The extent of achievement of each outcome to be investigated as follows:
 - i. To what extent has the project been able to develop CBT programming for prison setting in collaboration with the GCPR?
 1. (Investigation of relevant outputs related to (i) raising awareness and (ii) CBT Programme design)
 - ii. To what extent are the three selected pilot prisons offering quality CBT programs?
 1. (Investigation of relevant outputs related to (i) Improvement of existing facilities inside selected prisons, (ii) strengthened capacities of psychologists to deliver CBT treatment to violent offenders and people with a history of drug use and addiction.)
 - iii. To what extent did the project support the GCPR to ensure the sustainability of CBT programming?
 1. (Investigation of relevant outputs related to (i) the provision of after-release services by health facilities in selected prisons, (ii) the provision of recommendations for the GCPR on CBT and/or alternative sentence management.)
11. How was the level of coordination with the project? Were there any challenges in coordinating implementation?
12. To what extent do you think the project overall worked in line with relevant international standards? How so?

13. What are the challenges faced in implementation? And how were these challenges overcome?

Sustainability

14. Do you think relevant stakeholders will continue working towards the project's results and objectives following its completion?
- a. Please describe future plans and actions with this regard to AML/CFT?
15. Do you think there will be a continued effort towards the project's objective after the end of the project?
- a. What are the indications?
16. What aspects of sustainability were incorporated into the project?

Human rights, gender equality, disability inclusion, and leaving no one behind

17. To what extent were human right considerations, including the rights of PWDs, marginalized groups, and gender equality taken into account in the project?
18. What measures were taken to ensure that human rights, including the rights of marginalized groups, and gender equality issues were mainstreamed across the project activities?
19. Was there a 'do no harm' approach for implementation? If no, what particular measures were taken to ensure that no harm occurs on any stakeholder involved in the project?

Lessons learned and best practices

20. What lessons can be learned from the implementation of the project in order to improve performance, results, and effectiveness for any similar future projects?
21. What best practices emerged in the project that you think can be replicated in other projects?
22. How do you think could future programming improve its technical support and in what areas?

FOCUS GROUP GUIDES AND ARRANGEMENTS

Stakeholder group	Number of participants	Facilitator	Note taker	Expected duration and modality
Beneficiaries (non-health prison staff)	21-24	SE	SE	Average duration will be 90 minutes. Total of 3 FGDs: 1 FGD inside each of the three prisons If access to prisons is not granted, then the FGDs will be conducted at MoJ/ GCPR premises
Beneficiaries (Doctors and Psychologists)	21-24	SE	SE	Average duration will be 90 minutes. Total of 3 FGDs: 1 FGD inside each of the three prisons If access to prisons is not granted, then the FGDs will be conducted at MoJ/ GCPR premises

Focus Group Session ()							
1.	Date and time Date: _____ Time: _____						
2.	Number of Participants (gender) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Gender: _____ Occupations: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

The moderator will use any of the four types of questions as needed: open-ended, follow-up, probing and prompted questions. In some cases, the moderator will follow a sequence that consists typically of four parts.

1. Starting with main question and listening for its answer
2. then follow up and inquire about the answer
3. And probe to clarify.
4. If necessary, prompt (cue or aide) the probing questions

Guide for the Focus group discussions (including introduction, consent, questions and finalization note):

Introduction

I would like to thank you all for joining us today,

My name is _____, and work as _____. I am part of an independent evaluation team hired by the UNODC to conduct an independent final evaluation of the project "Supporting the Establishment of Cognitive-Behavioural Therapy (CBT) Treatment Programmes in Prison Settings, in Line with Relevant International Standards". We are here today to discuss your experience in attending the activities of project, and to discuss the benefits and effects of the training you received through this UNODC project. In specific, we are looking to learn more about the degree of satisfaction on the training, the relevance of the training to your work, and the extent to which you are using the skills gained in your profession. Your inputs will help us better understand the impact of the project on your professional lives and investigate any potential issues you had with the project. You are kindly requested to provide answers about the topic based on your current experience and personal opinion. Do not worry about giving you opinion with full transparency; all names will be kept anonymous. There are no right or wrong answers and you are free to ask for clarifications if you do not understand the question.

Our discussion will take up to 90 minutes. We want this to be a group discussion, so feel free to participate without waiting to be called on. However, we would appreciate it if only one person did talk at a time. Be assured that all of you will have equal opportunity to express your opinions and please be respectful to opposing attitudes/statements expressed by another participant. There is a lot we want to discuss, so at times I may move us along a bit.

Confidentiality and informed consent: Your participation in this focus group is confidential, with all information received being aggregated and anonymized. No individual will be quoted nor will the organization they represent be identified. The data collected will only be used for evaluation purposes. Your participation in the focus group is voluntary and you may withdraw from it at any moment.

Notes for moderator:	
<ul style="list-style-type: none"> • Make participants feel comfortable in saying what's on their mind. But don't take too much time in the introduction • When probing into specific issues, make sure to obtain some clear examples that support the claims being made. • Try to extract specific skills that the workers gained from the training. • Try to extract specific experiences where gained skills were utilized in the job 	
Topic of Discussion	Question
Introduction (10-15 min)	<ul style="list-style-type: none"> • Outline purpose of the meeting • Participants introduce themselves <ul style="list-style-type: none"> ○ Ask each participant to indicate: Their occupation What was the training(s) (topic)? When was the training received?
Relevance (15 min)	<ul style="list-style-type: none"> • Can you tell me more about the trainings you received? <ul style="list-style-type: none"> ○ <i>Were the training goals and objectives clearly stated before starting the training?</i> • To what extent do you think the training you received is relevant to your needs and profession? <ul style="list-style-type: none"> ○ Do you think it was the best tool to raise your capacity in this topic (CBT) or can you think of a better tool? • Did you ever request the project for a specific training or voiced a specific need? <ul style="list-style-type: none"> ○ To what extent was the project responsive to your expressed needs? • Do you have any other comments on the relevance of the training to your priorities and needs?
Efficiency (10min)	<ul style="list-style-type: none"> • Can you tell me more about the training logistics? <ul style="list-style-type: none"> ○ To what extent do you think the training was implemented according to schedule and on time? ○ What was the size of the training group? Was it appropriate? • Were you asked to fill out an assessment questionnaire or form? <ul style="list-style-type: none"> ○ <i>before the training?</i> ○ <i>After the training?</i> • <i>Do you have any other comments about the training logistics and organization?</i>
Effectiveness (20-30 min)	<ul style="list-style-type: none"> • How was the quality of the training content and method of instructing? Did it facilitate the training provision? <ul style="list-style-type: none"> ○ Was the quality of the training content and method of instruction consistent throughout the training? • How engaging would you say the overall training was? <ul style="list-style-type: none"> ○ Was it interactive? ○ Did you do any activities during the training? Please provide examples • How would you rate the overall quality of the training? Why? • To what extent do you think you benefitted from the training in your profession? <ul style="list-style-type: none"> ○ How so? Can you give examples? • What new knowledge or skills did you gain from the training?

Notes for moderator:	
<ul style="list-style-type: none"> • Make participants feel comfortable in saying what's on their mind. But don't take too much time in the introduction • When probing into specific issues, make sure to obtain some clear examples that support the claims being made. • Try to extract specific skills that the workers gained from the training. • Try to extract specific experiences where gained skills were utilized in the job 	
Topic of Discussion	Question
	<ul style="list-style-type: none"> • Have you applied any of the training received / skills gained in you work? <ul style="list-style-type: none"> ○ Please provide examples (from every participant) • To what extent did your participation in the training allow you to be more effective in implementing CBT programming in prison settings? • To what extent is the facility you work in offering CBT programs? <ul style="list-style-type: none"> ○ Can you please describe these programmes and whether they are active? ○ Do you feel that prisoners are benefitting from these programs? How so? • To what extent do you think that CBT programs will continue following the end of the project? • Do you think CBT programs in prison have the potential to reduce recidivism in Tunisia? • Can you please describe the challenges faced during the implementation of the project or during applying the newly gained skills to your work? • Any other comment on the effectiveness of the training in building your skills and connections?
Sustainability (10 min)	<ul style="list-style-type: none"> • To what extent do you think that the skills and knowledge learned during the training will continue to benefit you for years to come? <ul style="list-style-type: none"> ○ How so? • Will you continue to work towards the objectives of this project after its end? <ul style="list-style-type: none"> ○ <i>Please describe how</i>
Human Rights, Gender Equality, and Leaving no one behind (10 minutes)	<ul style="list-style-type: none"> • Did the training you received contain information about the 'do no harm' principle? In other words, did the training include content on how to best safeguard the interests of prisoners during the implementation of CBT programs? How exactly was this covered? • Were any stakeholders, including prisoners, involved in the project harmed in any way by the project's activities? Whether directly or indirectly, intentionally or unintentionally? • Did you experience any discriminatory practices or practices that would jeopardize human rights throughout the intervention? <ul style="list-style-type: none"> ○ If yes: were appropriate steps taken to ensure you receive appropriate care? • Do you think that Women were fairly represented among participants? • How about people with disabilities? Do you of any PWDs who benefitted from the project?
Lessons learned and best practices	<ul style="list-style-type: none"> • What recommendations for improvement would you suggest to the project / trainings? • Would you recommend the training to other professionals working in the same field as you? <ul style="list-style-type: none"> ○ Why or why not? • If you had the opportunity to go back and be part of the project again, what would you like to see done differently? • Do you have suggestions to improve such trainings in the future?

ANNEX IV: DESK REVIEW LIST

UNODC DOCUMENTS

Project proposal document
Quarterly project progress reports (Oct 2020 to Mar 2024) (13)
Activity reports that include recommendations (14)
Activity reports of the implementing partner + agreement and budget (12)
All ToRs for consultants (16)
CBT Budget sheet
No-Cost Extension documents (3)
HR Budget until 2022
Meeting minutes including meetings of the technical and steering committees (32)
Project Workplan
UNODC Strategy 2021-2025
UNODC Regional Framework for Arab States 2023-2028
UNOV-UNODC's Strategy for Gender quality and the Empowerment of Women 2018-2021
UNODC Evaluation Policy
Human Rights Mainstreaming in UNODC Independent Evaluations – Guidance Note for Evaluators
UNODC Evaluation Handbook

EXTERNAL DOCUMENTS

The United Nations Standard Minimum Rules for the Treatment of Prisoners – The Nelson Mandela Rules
The United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offender - The Bangkok Rules
The United Nations Standard Minimum Rules for Non-Custodial Measures – The Tokyo Rules
United States Institute of Peace (Sep 2023) "The Current Situation in Tunisia" A USIP Fact Sheet
US Department of State (2024) "2023 Country Reports on Human Rights Practices: Tunisia"
ILO, ADWA, ERF (2022) "Tunisia COVID-19 Country Case Study"
UNHCR (2022) "Universal Periodic Review – Tunisia" Submission by the United Nations High Commissioner for Refugees for the Office of the High Commissioner for Human Rights' Compilation report.

ANNEX V: STAKEHOLDERS CONTACTED DURING THE EVALUATION

Number of stakeholders	Type of stakeholder (see note below)	Sex disaggregated data	Country(ies)
9	UNODC & consultants	Male: 2 Female: 7	Tunisia & Egypt
2	Donor	Male: 2 Female:0	Tunisia
3	Partners	Male:2 Female:1	Tunisia
4	Government recipients	Male:1 Female:3	Tunisia
23	Beneficiaries	Male:9 Female:14	Tunisia
Total:	41	Male:16 Female:25	Tunisia
Note: A stakeholder could be a Civil Society Organisation; Project/Programme implementer; Government recipient; Donor; Academia/Research institute; etc.			