

## 1 EXECUTIVE SUMMARY

Important achievements for UNICEF Comoros in 2010 were:

### Reduced child mortality and morbidity

- An integrated measles campaign with de-worming and Vitamin A supplementation reached at least 84% of children under five.
- Using the RED approach, 70% of districts have a vaccination coverage rate above 80%.
- Community networks in two pilot districts received support to implement the national roadmap for the reduction of maternal mortality. The networks ensured that 95% of pregnant women in the two districts attended at least two ante-natal visits during their pregnancy, providing important lessons for future scale-up.
- The international code of marketing of breast milk substitutes was reviewed and accepted by the Government and is expected to be adopted into law by Parliament in April 2011.

### Improved access to quality education

- A five-year education sector plan (2010 – 2015) for Comoros was completed, the first concrete step by national education authorities towards FTI application in 2011.
- 55 classrooms were constructed and equipped, following newly established norms, allowing improved schooling conditions for 8,530 of children.
- Scaling up of the Competency Based Approach related to the fifth and sixth grades of primary education. (UNICEF has thus ensured scale up to the entire primary cycle).

### Important **shortfalls** of 2010 included:

#### *Access to water, hygiene and sanitation*

- Not managing to improve the number of households benefiting from household water treatment (though with limited resources, managed to ensure that 116 households gained access to safe water safe storage).

#### *Human Resources*

- Inability to recruit a Chief of Education and a UNV for Communication. These two posts are key for the delivery of results against our Country Programme.

Important collaborative **partnerships** that advanced the rights of children include the CO's strengthened collaboration with the African Development Bank.

## 2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

In 2010 Comoros could still be described as emerging from political instability. The gubernatorial and presidential elections in November and December significantly disrupted the implementation of programme activities, as key counterparts were engaged in the process.

Annual real GDP growth is expected to average 3.8% in 2010 and over the long term (FY 2010–29). GDP was 1.8% in 2009, compared to 1% in 2008. Inflation is also showing similar positive trends. After accelerating to above 7% in 2008, inflation fell to 2.1% in 2009. While this progress is encouraging, the population growth rate is estimated at 2% per annum (source), and Comoros remains the poorest of the Indian Ocean Countries with a GNI of 640 and a ranking of 139/182 in the Human Development Index.

The last household survey was done in 2004 and indicated that 37% of households (44.8% of individuals) live below the poverty line. Poverty varies across islands, and is generally higher in rural areas. In the absence of more recent survey data, it is assumed

the incidence of poverty has increased since 2004, given Comoros' recent overall weak economic performance.

The limited allocation of public resources towards the social sector, across all Islands, and the weak implementation capacity of counterparts – Government and civil society – also poses a serious constraint. In 2010 partners continued to play a key role in programme support, while Government support largely went toward salaries. Education partners invested US\$13,471,000, collectively: the European Union (70%), UNICEF (11%), French cooperation (5.3%), China (5.0%), USAID (3.6%) and Libya (2.3%). UNICEF therefore played an important financial role in the sector. With limited donor partners in country, it is a challenge to support the Government adequately to meet the needs of children.

## **3 CP ANALYSIS & RESULT**

### **3.1 CP Analysis**

#### **3.1.1 CP Overview**

The Country Programme is well aligned to the UNDAF and the national development strategy. UNICEF Comoros employed good programming practices in Capacity Development, Partnerships and Communication for Development.

Our work in partnerships shows promise in leveraging resources for children.

Our programme work on capacity development has been important in terms of implementation of programme activities. UNICEF played a role in contributing to an enabling environment with adequate policy frameworks, and to a lesser extent institutional development and strengthening managerial systems. Sustainability of efforts will necessarily depend on longer-term resources (especially at the Government level) and political will.

While UNICEF Comoros worked with partners to develop knowledge products useful to them, knowledge management was perhaps the area of greatest weakness for UNICEF Comoros in 2010.

UNICEF Comoros's key challenges are related to both internal capacity and that of our partners. The weak institutional capacity of national counterparts, including inadequate human resources and budget allocations to social sectors, necessarily impacts achievements. This was compounded by frequent changes in Government staff. Internally, as a small country office with no deputy and no chief of education, UNICEF Comoros do not have sufficient resources to adequately fulfil all programme ambitions and corporate obligations, as well as to adequately seize new opportunities, such as the Delivering as One UN initiative.

The political process also posed significant challenges. Comoros held gubernatorial and presidential elections in the last quarter of 2010; most of the time and attention of our key counterparts were diverted to the campaign process. As a result, for instance, our annual review could not be held in November/December and is instead being held in January. This review will provide an opportunity to further discussions on how to reach the most disadvantaged children.

#### **3.1.2 Programme Strategy**

##### **3.1.2.1 Capacity Development**

UNICEF played a key role in contributing to an enabling environment with adequate policy frameworks in 2010, including:

- Working with partners for the adoption of new health package
- Development of a five-year national education plan, the first step towards FTI application.

UNICEF has also played an important capacity building role in institutional development, building on existing assets. Examples include:

- Supporting Government services to provide child-friendly spaces for children through the service d'écoute.

- Training district staff in nutrition and obstetric and neonatal care in collaboration with WHO, and training heads of schools to better plan for and respond to emergency situation. The exercise also yielded a profile of vulnerability of the various schools, a useful tool for both national and local authorities to plan support to schools during future emergencies.
- Partnering with three communities without schools in Grande Comore yielded new school annexes. The communities used their own infrastructure as schools, while UNICEF supplied materials and paid for the teacher. By the end of 2010, after intense lobbying, the Ministry of Education had deployed two teachers to the communities. Children from the third community were integrated into an existing school.

Strengthening managerial systems:

- UNICEF is a key partner providing support to the recruitment of MoH supply and logistics staff and key NGO partners.

### **3.1.2.2 Effective Advocacy**

In an example of collaborating to add value, as part of the Delivering as One implementation, UNICEF worked closely with WHO and UNESCO in the areas of maternal and neonatal mortality and accelerating achievement in universal primary education. The collaboration added value in terms of results and a more efficient division of labour and synergy between our respective programmes.

Within the Delivering as One Framework, UNICEF was able to reach agreements with key Government and UN partners in the Social Service sector regarding key results areas for 2011. This will facilitate the division of activities among partners.

Through advocacy with decision makers in the Ministry of Health and promotion of gender, UNICEF was able to support the revitalisation of a listening and counselling service for abused children (service d'écoute). UNICEF provided start-up funds, while the Government reassigned staff to ensure services and linkages to other Government child protection services.

### **3.1.2.3 Strategic Partnerships**

In 2009 and 2010, in the framework of sector coordination, UNICEF leveraged its technical resources (especially through the WASH officer) to help the Government negotiate a grant of 10 million Euros with the African Development Bank (AfDB). UNICEF will receive 750,000 Euros from this amount to finance its WASH activities in primary schools in the country. Through these efforts UNICEF has deepened its relationship with both the Government (which turned to UNICEF for technical assistance) and the AfDB.

In the health sector UNICEF and partners supported the Government to update the national policy for health development and ensure that it is in line with the PRSP.

A partnership framework also strengthened the overall coordination of the sector. The National Health Committee, chaired by the Minister of Health, was established and involves all bilateral and multilateral partners.

In 2010 UNICEF also developed strong links with the Department of Information and Communication, housed in the Ministry of the Interior, Defence and Information. This department played a key role in elaborating a UNICEF-supported Ministry of Health communication strategy for behaviour changes. Much of 2010 was spent dialoguing with communities through NGOs, collecting data on skills, protection and practices for children at the family level to promote behaviour change. This partnership will continue in 2011 and serve as a good foundation to gather information on which to build a communication strategy for behaviour changes.

UNICEF signed an MOU with the national radio and TV (ORTC). The ORTC is a strategic partner in media due to its strong links with community radios. Our partnership with the ORTC has increased UNICEF's reach in communities and families at relatively little cost.

UNICEF Comoros increased its NGO partnerships in 2010, which helped mitigate Government implementation capacity deficits. UNICEF worked with the NGOs, especially in rural areas. In expanding our NGO partnerships, UNICEF is also deliberately testing the abilities of the NGOs in order to explore longer-term capacity building needs and partnership.

#### **3.1.2.4 Knowledge Management**

UNICEF Comoros worked with partners to develop useful knowledge products, through the support of consultancies, on constraints to girls' access to school and a mapping of child protection services. Both studies provide valuable information useful to UNICEF and partners to guide future programming and advocacy efforts.

UNICEF supported the Ministry of Education to put in place a mechanism to coordinate partners' technical and financial activities, to facilitate coordinated implementation of the national education plan.

#### **3.1.2.5 C4D - Communication for Development**

An MoU between UNICEF and the national radio and TV stations allowed UNICEF to access community radios and work with them to promote girls education within communities. It enabled the programme to position its messages appropriately by strengthening collaboration with radio and televisions that are listened to in communities, to better reach out both duty-bearers and claim-holders. For example, the education programme has used TV and radio to disseminate good education practices, especially for girls' education, and the importance of quality education and the competency-based approach.

UNICEF made strenuous efforts to access communities directly, with the help of NGOs implementing the national roadmap for maternal and neonatal mortality reduction. UNICEF has supported community-level awareness-raising on issues of exclusive breastfeeding and maternal and neonatal health in different region of Grande Comore with communities, parents, pregnant women, religious leaders, and youth. Ninety community health workers were trained to recognise danger signs in pregnant women and newborns.

### **3.1.3 Normative Principles**

#### **3.1.3.1 Human Rights Based Approach to Cooperation**

All UNICEF programmes are based on the Human Rights Based Approach to Programming. Current programmes were designed based on the assessment and data made at the time of the design of the Country Programme. Implementation of programme activities was modified based on dialogue with key stakeholders. UNICEF has also ensured that there was broad-based participation of both community members and state authorities in all the activities it supports within the framework of its Country Programme.

Since primary responsibility for the implementation of human rights at the national level is directly linked to state ownership of human rights promotion and protection systems, much of UNICEF's support was targeted at strengthening the capacity of duty-bearers, and in some cases the capacity of rights-holders to further realise the rights of children. All the examples mentioned under capacity building fall into this category.

A concrete example: CCO supported community approaches by supporting parents' and community initiatives to further the education of their children by building additional classrooms. UNICEF provided the communities with the additional financial resources necessary to finalise the constructions plans and structures they had started to build and ensured they met national agreed standards. Communities remained actively engaged in

monitoring the construction activity and in discussions of how to ensure sustainability. UNICEF's support helped to bring the Ministry of Education fully on board, so additional classrooms can be properly planned for by the Government.

### **3.1.3.2 Gender Equality and Mainstreaming**

The design and implementation of CCO's programmes takes into account Gender Equality. The area where this is most visible is our primary education programme, where gender parity is an explicit target. There was an improvement in net attendance rates over the past years in Comoros; in 2010 there was a 1.6 point gap between boys and girls. Interestingly in one of the Islands with the weakest access to school, Anjoan (39.7%), there is perfect parity in access between boys and girls.

Data on child-friendly spaces (that offer counselling and protection of child victims of violence) are disaggregated to target advocacy and support. From data related to children that access the service, for instance, we know that rape affects many more girls than boys and that male children tend to be abandoned far more than girls.

The periodic report to CEDAW by the Government stressed that women's rights are not respected. UNICEF played a principal leadership role in preparing the report for implementation of the UNCT. UNICEF also played an important role in assisting the Government to prepare its periodic report.

### **3.1.3.3 Environmental Sustainability**

CCO has not yet started playing an active role in Environmental Sustainability. Environmental issues, however, are now being recognised as important for the development of Comoros. In 2011, UNICEF will start reflecting with partners on what role it can usefully play given the country context and our comparative advantage.

## **3.2 Programme Components**

**Title:** *Child survival and development*

### **Purpose**

The child survival and development programme aims at reducing U5MR through implementation of a package of high-impact interventions, including routine health and nutrition services; antenatal care (including prevention of mother to-child transmission of HIV (PMTCT)); and water, sanitation and hygiene promotion. Community and family capacities to ensure adequate feeding and care practices for pregnant and lactating women, as well as for the young child, will be strengthened through community-based nutrition interventions and IMCI.

In 2010, the Child Survival and Development aimed to:

- Improve EPI services with improved management and financial contribution by Government
- Improve neonatal services and health at both community and institution levels
- Put in place a mechanism for referrals of neonatal and obstetrical emergencies
- Ensure that the population has access to potable water and progressively adopts good hygiene practices
- Ensure that children and women receive preventive and curative services, as required, during emergencies.

### **Resources Used**

Funds Type Yearly Budget (CPAP)-US\$ Total Funded Programme Allocation %Implementation

Total-RR	\$404,000	\$754,150	\$647,691	86%
Total-OR	\$500,000	\$252,413	\$218,458	87%

## **Results Achieved**

The RED approach was implemented in all health districts. All personnel involved in immunisation services were trained. All vaccines and devices were ordered and received according to the 2010 immunisation forecast, except the Pentavalent vaccine (DTP-Hepatitis B-Hib), for which there was a stock-out. There continues to be an insufficient financial contribution from the state towards the EPI programme, despite the increase in 2010 over 2009. Overall Government expenditure for health remains below the recommended 15%.

By November 30, 2010, 12 out of 17 districts had BCG coverage rates above 80%, and 10 of 17 districts have higher than 80% measles coverage rate. Approximately 84% of children aged from 9-to-47 months were vaccinated against measles and received vitamin A, and 85% of children 12-to-59 months were de-wormed. By end-November, around 89% of children aged from 0-to-11 months had received one dose of BCG, 68% had received three doses of DTP-HepB and 72% had received one dose of measles vaccine. Intensified efforts were made in all districts to identify unreached children in all districts by end-December 2010. Immunisation services now include Vitamin A supplementation for children aged 6-to-59 months and de-worming among children aged 1-to-5 years.

The Community Management of Acute Malnutrition (CMAM) strategy was launched in all districts of Anjouan and some district in Mohéli and Grande Comore. Approximately 1,650 children have benefited monthly from therapeutic feeding at 120 community sites. An estimated 842 girls (51%) and 776 boys (47%) received appropriate care against severe acute and moderate malnutrition in 2010.

An adapted version of the International Code of Marketing of Breast Milk Substitutes was adopted by Government and will be presented to Parliament in April 2011.

To support implementation of the national road map for the acceleration of reduction of maternal and neonatal mortality, WHO, UNICEF and UNFPA engaged in joint programming under the Delivering as One UN initiative. The initiative has been useful in strengthening the collaboration among UN partners and has further clarified division of labour, respective areas of strength and increased synergy between the various activities and strengths of the different agencies. UNICEF's role is to implement the package of interventions to improve maternal and neonatal care in communities. Forty-five villages (in two districts) are covered by this project. UNICEF supported community workers with training to follow up all pregnant women and newborns. The prevention of HIV mother-to-child transmission, and of malaria by intermittent presumptive treatment, was introduced as part of antenatal consultations. About 80% of the pregnant women who visited antenatal care (ANC) facilities agreed to be screened and tested for HIV and benefited from pre- and post-counselling.

The health sector is now better structured to improve its performance. The national policy for health development was updated and harmonised with the PRS, and coordination of partners was improved through the Minister of Health chairing the National Health Committee, which includes bilateral and multilateral partners. In past years UNICEF ordered the cold chain equipment, but has now established a strategic plan for cold chain equipment for the next five years and has an agreement with JICA to provide necessary equipment based on estimated needs for MYP 2011-2014, which were finalised in 2010.

A key constraint affecting programme performance was the lack of resources to implement the road map for maternal and neonatal mortality reduction. The unstable political situation also disrupted implementation of programme activities planned for Mohéli Island.

The Global Fund and JICA remain major partners. A partnership with Libya was established to support routine immunisation. The reform of the UN System in the Comoros has strengthened the partnership with UN agencies, particular WHO and UNFPA, to improve maternal and neonatal health

In 2010, 95 water tanks (2500 m<sup>3</sup>) were rehabilitated and covered. The coverage of water tanks was followed by improvements to the system of water collection. This work has greatly contributed to the reduction of evaporation of water from tanks exposed to the sun. UNICEF focused the implementation of this activity in 11 villages, the driest part of Grande Comore (north).

### **Future Workplan**

The programme will continue to be engaged in upstream and downstream work. It will continue to work to strengthen the institutional, organisational, management and coordination frameworks, especially for the water and sanitation sector.

In health, the programme will continue to support implementation of the package of high-impact interventions at the community level. Collaboration with C4D colleagues, to build family and community capacities for adequate feeding and care practices for children and pregnant women will also continue in 2011.

The programme has evaluated the proposed extension of the network of water supply from Fomboni to the village of Bongoma bandarssalama and Djoezi on the Island of Moheli. Extension of this network will benefit over 4,500 people. Bidding and other procedures have been agreed, but the work will only start in 2011.

Heavy rains in April 2010 caused floods throughout the country, contaminating water and destroying infrastructure. Under the national coordinating body for disasters (COSEP), UNICEF distributed family water kits and mobilised USD\$1,000,000 from the Africa Development Bank for recovery activities. These funds will be made available in 2011.

### **Title: *Basic education***

#### **Purpose**

The basic education programme aims to improve access to and quality of basic education for boys and girls in all districts, with particular emphasis on the zones with the lowest enrolment rates. The programme also includes policy development and advocacy, focusing on evidence-based educational reform and development of a SWAp that will attract a larger budget allocation for education.

Main results planned:

- SWAP in Education established and funds for education sector increased by 50%
- 65% of children 3-5 years old are enrolled in ECD programmes
- Inter-island disparities and gender disparities in school enrolment reduced by 10%
- 81% of school children complete primary education having acquired the basic competencies required for the level
- Transition from primary to Class 6 is achieved by 65% of boys and girls sitting the Class 6 entrance examination.

Alignment: The programme component is an integral and important part of the UNDAF, and of goals and objectives defined in the SCRPs and the MDGs. The basic education and gender equality component directly contribute to the UNDAF key results on basic social services and to the SCRPs strategic result on developing human capital

#### **Resources Used**

Total approved for 2010 as per CPD: US\$700,000

Total available for 2010 from all sources: RR: US\$66,630 ; OR : US\$ 1,511,716 ; Total : US\$1,578,346

Special allocations

- UNICEF ESARO
- Thematic Funds

Donors:

- Comoros One Fund
- Peace Building Fund
- Dubai Cares

## **Results Achieved**

Main results achieved in 2010

- The Child-Friendly Schools strategy was integrated into the education sector plan.
- The study of obstacles to girls' education is available, but dissemination did not take place in 2010. This study is likely to be an important product guiding UNICEF and partner programming
- Standards and models for school construction developed
- A micro plan for re-establishing education in emergencies was set up in each school and regional pedagogical unit; testing will take place at the end of the school year in 2011
- A cartographic data base on education in emergencies is available and gives clear information about the various schools and their profiles, facilitating better planning
- A coordination framework was developed, but will be revised to integrate comments by partners

*Access and equity:* 53% of children from 3-to-8 years old are out of school and constitute the most vulnerable children excluded from education. The majority of these children are girls. Very few children 3-to-5 years old take part in ECD programs (pre-school enrolment rate was 5.7% in 2010); 56.4% of those at official age of admission to school (6 years) do not access education; and the dropout rate among 7-to-8 -year-olds is 9% in the first grade, higher than the overall primary average of 7.1% in 2010.

To increase access to school, UNICEF supported the construction of classrooms in localities with high demand. This initiative, undertaken within the **One Programme**, allowed the construction of 55 classrooms. In addition, a programme for including excluded children succeeded in officially creating two primary school annexes for 250 marginalised, out-of-school children in Moroni City.

*Relevance and quality:* the results of PASEC IX/CONFEMEN, carried out during the 2008/2009 school year, show that in 2nd grade, Comoros occupies a relatively median position compared to the scores of other countries. By 5th grade however, Comoros is among countries with the weakest scores.

The competency-based approach has increased pupils' possibility of successfully completing the primary education cycle (estimated at 68% in 2010).

*Management and piloting:* An Education Sector Plan (2010-2015), aligned with the Poverty Reduction Plan (2010-2014), was developed in 2010. A Partnership Framework for managing and coordinating donor interventions in the education sector was designed. It has yet to be consistently implemented, however. Nevertheless, these tools should help Comoros' application to the FTI process.

Regarding education in emergencies, the sector has set up a school mapping data base, useful for rapid assessments. The data available will improve micro-planning in the education sector. The school data collected in 2010 can be used for planning and decision-making at all levels. In addition, the programme helped set up rapid response mechanisms in a few schools that face very high risks.

*Effectiveness and efficiency:* Approximately 8,000 young people from 11-to-14 years old benefited from a life skills programme funded by the peace building fund. This initiative was aimed at preventing early school drop-out.

### **Future Workplan**

Key areas of support in 2011 include: the FTI application and all the tools that entails, development of national standards and development of a minimum package of interventions for ECD and a strategy for community based implementation. UNICEF will likely undertake fewer construction activities in 2011.

**Title: *Social policy, advocacy and communication***

### **Purpose**

The purpose of the social policy, advocacy and communication programme is to focus on data collection, analysis and communication for advocacy in support of the education and child survival and development programmes, as well as for the creation of a protective environment against all forms of violence, exploitation, abuse and neglect of children.

The main results planned for 2010 were:

- State and non-state structures responsible for child protection are mapped
- Accessibility and effectiveness of public service of justice, including juvenile detention, are reinforced
- Mid-term review of the Country Programme Action Plan
- The situation of the general population, women and children in particular on family planning, health and nutrition, education and protection of child rights is **quantified**
- A communication strategy for behaviour change is developed
- The Comorian population gradually adopts behaviours conducive to good health, nutrition/diet, hygiene and protection of the rights of children and women

### **Main Achievements**

- A mapping of all institutions responsible for child protection was undertaken and is available.
- The programme supported better access to justice, with the support of a mobile court and rendering courts more child-friendly.
- UNICEF Comoros Mid-Term Review draft report is available.
- An MoU with national radio and TV, in partnership with community radios, allowed UNICEF to broaden its outreach to communities and families.
- Field work was undertaken to feed into a communication strategy.
- UNICEF signed new MoUs with four NGOs to assist in implementing C4D activities.

### **Resources Used**

Total approved for 2010 as per CPD: US\$200,000

Total available for 2010 from all sources: RR: US\$152,197; OR : Total: US\$232,577

Donors :

- One Fund
- Peace Building Fund

### **Result Achieved**

*Promotion and protection of rights:* To further strengthen the protective environment for children, activities were developed to strengthen the sustainability of a 'service d'écoute' a listening and counselling service for child victims of abuse.

The component also implemented a justice programme, supported by Peace-Building Funds, beginning in September 2010. The programme actions specifically focused on improving the accessibility of public justice through mobile courts, improving the respect of the rights of detained children and improving the legal framework. The courthouses of Mohéli and Anjoan were equipped and rehabilitated to be child-friendly. The design of a new court of justice in Moroni was completed and construction bids were solicited.

*Advocacy and communication:* The Communication strategy was not developed, but concrete steps forward in the collection of data to inform the strategy were taken. In 2010, a MOU was signed with the national radio and TV (ORTC), the umbrella organisation for community radios. This helped to expand UNICEF's reach to communities and local decision-makers. UNICEF supported the Government in the development and elaboration of an H1N1 communication strategy and used the process to further its partnerships for social mobilisation, with the development of communication tools in the Comorian languages: Arabic, English and French.

The main constraints of the Social Policy program are the weak institutional capacity of national counterparts, including inadequate human resources and budget allocations from the state to social sectors. These factors, compounded by the high turnover among Government staff, adversely affected implementation. The absence of a national communication strategy, specific communications specialists in the various departments, and low motivation among Government staff also hinders broad-scale advocacy, awareness and mobilisation efforts. The scarcity of civil society organisations is another major handicap.

Within UNICEF, there is a need to further strengthen the programme with the recruitment of a media and external communication officer and further technical support for the development of a strategy from the Regional Office. The UN reforms "Delivering as One" and "Communicating as One" provided opportunities to work more closely with other partners on topics of interest to UNICEF. But the transaction costs of 'communicating as one' are still high in comparison to the benefits. A report of the Observatory for Child Rights of the Indian Ocean Region, addressing poverty and disparities affecting children in the region, was published and disseminated in 2010.

### **Future Workplan**

In 2011 the key programme priority will be to identify potential social policy contributions and further refine the child protection component. UNICEF will also continue to support listening and counselling services for child victims of abuse

## **4 OPERATIONS & MANAGEMENT**

### **4.1 Governance & Systems**

#### **4.1.1 Governance Structure**

The 2009 annual review and the staff retreat of February 2010 provided opportunities to define and discuss key Office objectives with all staff. The Country Management Team is the main oversight mechanism of the office and monitors defined priorities. Seven CMT meetings took place in 2010; key issues monitored by the CMT in 2010 included:

- Office performance indicators
- Progress towards programme results, constraints and challenges (i.e. supplies, logistics, financial and partnership management, etc.)
- UN Coherence, including joint programming
- Bank optimisation and cash forecast
- Implementation of new policies (i.e. travel, CRC, PCA, ERM).

The CMT also validated key Office documents, such as the BCP and EPRP, and provided a

forum to manage the coordination and implementation of change management initiatives.

Another key management body is the Programme team, which includes all key programme staff as well as the Operations and Supply officers. Meetings were monthly until the third trimester, when they turned to weekly to help speed up programme implementation. Individual programme section meetings were encouraged in 2010, to facilitate the communication of decisions between the CMT and all staff. The Operations Team met once a month.

The statutory committees were functional. In 2010 a total of eight CRC meetings, three PSB, five PCA, four LTLC and three JCC took place.

Approximately 30% of total staff time was devoted in 2010 to Delivering as One UN. In a small Office like Comoros, all staff felt the impact of heavier work processes related to Delivering as One UN.

General staff meetings were held three times during the year, and Staff Association and Caring for Us organised meetings for elections and to update staff on on-going activities. In December 2010, ESARO conducted a peer review of the office, Supply, Admin Finance and telecom. The recommendations proposed will be addressed in 2011.

Thanks to additional RO contingency funds, the office is now 100% MOSS compliant.

#### **4.1.2 Strategic Risk Management**

The statutory committees in place followed the new guidelines for risk analysis, mitigation and control. In 2010 the Office had the opportunity to evaluate local market suppliers and service providers. Reliable data is now available for a more objective and effective selection of suppliers.

At the beginning, management used the opportunity of the staff retreat to emphasise the importance of improving the DCT process. The process was reviewed, updated and discussed to ensure clear and understandable management of the release of funds to partners under HACT.

Risk controls in all areas, such as management of assets (i.e PSB, CRC), staff entitlements (staff advances, education grant, loan, annual leave, etc.) were also discussed in a participatory manner to enable good understanding and avoid/ minimise risk in daily Office transactions. Several fora (annual review, CMT, programme and operations meetings) enabled good follow-up on routine risk mitigation.

The following plans were in place and updated: Emergency Plan, Security Plan, BCP and BCP/ICT. The BCP will be tested in 2011 and renewed annually. Though the BCP was finalised in 2009, it was only approved and signed in 2010. The Office has established a work process book since 2006 which is revised yearly and updated when changes occur in the organisation.

The Office (CMT, supply and ICT) was, late in the year, briefed on ERM. The ERM policy and office risk profile will be completed in 2011 to better respond to the risks validated on the ERM profile draft.

During the preparation of the 2011 AMP and AWP, the Office will address in those documents the issues raised above related to BCP and ERM actions.

#### **4.1.3 Evaluation**

No evaluations were carried out in 2010. The biggest obstacle thus far in conducting evaluations was lack of funding and staff capacity. UNICEF Comoros was without an M&E officer for the last trimester of 2010, and has had difficulties recruiting a replacement. Funding for evaluations has also been difficult to obtain. The Office will continue to lobby for funding and aim to carry out an evaluation in early 2012.

#### **4.1.4 Information Technology and Communication**

##### *Changes registered*

In 2010 the following changes were implemented: Migration from ProMS 8.5.1 to ProMS 9.1; upgrade of internal network infrastructure LAN and WAN (replacement of Switch 3 Com with Switch Cisco Catalyst 2960); replacement of Cisco Pix 515E by the Firewall Cisco ASA5510-BUN-K9.

##### *MOSS Compliance*

MOSS compliance was reinforced through the purchase of two BGAN telephones and a service contract with Thales. Following previous recommendations, three Iridium telephones are now available and active. In December, the office ordered more equipment (Cisco Wireless Bridge, two Multi-chargers for VHF Radio, 5 VHF Radio and 23 Antenna for VHF Radio) to reinforce capacity for emergency response. Citrix has been implemented and eight essential staff can work from outside the Office.

##### *Telecommunication*

UNICEF shares the PABX-Alcatel OMNI with other agencies. The UN ICT Technical group evaluated the equipment as obsolete and the UNCT approved its replacement, pending availability of funds from agencies. UNICEF Comoros now has video-conference facilities, which will permit greater interaction with other UNICEF offices.

##### *One UN*

The ICT Technical Team started a dynamic process of working together. The team has developed terms of reference and an action plan for 2011. Two important projects to be implemented in 2011 are: UN common network and access to Fibre Optic of 3Mbps. The expected results are improved communication and a backup solution in case of emergency, and potential cost savings.

*Lessons learned:* The upgrade of UNICEF systems and innovations has greatly stretched our limited budget. RO contingency fund helped to cover a gap of US\$94, 917 mainly for BCP/Moss. During the migration to ProMS 9.1, the server had no capacity to accommodate the upgraded system, causing delays in implementation. Availability of funds for regular equipment upgrades will remain important for Comoros to keep up with organisational changes. Financial support received in 2010 was important, but was not sufficient to cover additional UN obligations, such as upgrade of common UN PABX, and other common MOSS activities. The CO's human resource capacity has been also a challenge, including in ICT, where more assistance is required.

#### **4.2 Fin Res & Stewardship**

##### **4.2.1 Fund-raising & Donor Relations**

Despite the relative difficulty of attracting donor resources to Comoros, UNICEF has managed to perform well against the plans outlined in the CPD. The current Country Programme 2008-2012 is for US\$9,715 million, or US\$1,943 million per year. Currently the allocation is US\$3,375,100.

From 2008 to 2010, we had three principal donors: Netherlands (WASH), UE (WASH, Education, and emergencies), and the United Arab Emirates, through Dubai Care funds (Education). Comoros also received Thematic funds. All of these funds were medium-term, lasting three to five years.

UNICEF Comoros also received funds from USAID, Libya and the UK. Starting in 2009, with the One Programme (under the framework of Delivering as One UN), UNICEF mobilised funds from One UN and Peace Building Funds. It is, however, not clear whether the CO will receive the same amount of financial support from these sources in 2011.

UNICEF Comoros has a good capacity to absorb funds, despite capacity challenges, and has maintained a very high fund utilisation.

Funds are monitored through programme meetings, and in exceptional cases the CMT. UNICEF is developing a partnership with the African Development Bank and playing a key role in helping the Government to raise funds. UNICEF played an important role negotiating the 10 million Euro grant with the African Development Bank. As a result, 750,000 Euros from this grant will be transferred to UNICEF to finance WASH activities in primary schools.

#### **4.2.2 Management of Financial and Other Assets**

The last Country Office Audit was in 2005. The recommendations have been closed, though the sustainability of these recommendations has been challenging.

The planned SBA allocation in 2010 was US\$422, 824.05 and actual expenditures added up to US\$432, 795.00, 11% of the 2010 office throughput. The Regional Office released an additional US\$84, 917 from the contingency funds to cover MOSS activities. There was a 6.4% decrease in expenditure of the SBA in 2010 compared to the previous year, due to maintenance activities that could not be implemented due to lack of a specialist on the Comoros market.

Management of PBA: Despite the late receipt of OR funds, in 2010 OR implementation was about 95%. RR funds have a similarly high level of implementation. Plans are in place to make efficient use of the funds available in the Office, and in 2011 we need to further train staff on budget management.

Regarding financial procedures, the focus in 2010 was on reinforcement of capacity in implementing the HACT process, both for UNICEF and UN partners. Close follow-up and monitoring of DCT management by the CMT contributed to a less than 1% of cash liquidation outstanding for more than nine months. A new travel process was adopted by the CMT, effective on 1st June 2010. The positive impact of this policy was reflected in the decrease in the outstanding PAR Account by staff. Some risks were identified in the process, and more training will be conducted in 2011. In the area of bank reconciliation, the office continue to maintain a good performance level and there are no pending matters; reports were submitted quarterly as requested by HQ.

Since July 2009 UNICEF has been HACT-compliant. A joint UN IP micro-evaluation will take place early 2011. Common understanding and application of HACT procedures remains a challenge for UN partners, and greater cooperation is required between UN and Government partners in their application. Furthermore, the harmonisation of spot checks, evaluation and audit of shared/common partners requires improved coordination in 2011.

#### **4.2.3 Supply**

In 2010 CCO procurement was 50% higher than in 2009, and approximately 40% of the CO budget was spent on supplies. Also in 2010 more than 70% of supplies were locally procured, compared to previous years when the vast majority were procured offshore. Supply plans were co-signed by counterparties and UNICEF at the beginning of the year, along with the AWP.

Some 88.73% (US\$1,185,442) of PGMs issued during the period were delivered on time. Based on previous negative experience with regional procurement (delays and freight costs), in 2010 CCO sourced supplies from the local market and Supply Division for warehouse and LTAed items.

A local market survey, carried out with the assistance of UNICEF Madagascar, led to an updated local suppliers' database. A necessary exercise, as local procurement is 78% of total PGMS. The large volume of local procurement was due to school construction supplies; it is very unlikely that the same volume will be procured in 2011.

Within the Delivering as One UN framework, UNICEF is leading procurement activities and has initiated common procurement tools such as harmonised supply plans, Common Procurement work plan and LTAs. UNICEF's new LTAs were extended to other agencies.

In 2010 the Ministry of Health co-financed 18.41% (US\$16,564) of the total cost of vaccines through Procurement Service with GAVI; other procurement service requests came from other by UN agencies and one NGO (ASCOBEF, Global Fund recipient).

UNICEF continues to support clearing and distribution of programme goods, while governments provide warehouses. An institutional capacity assessment through HACT showed a weakness in following rules and procedures in the area of supply. CCO will extend the use of established LTAs to partners in 2011, and continue to provide technical assistance to them during bidding processes and training in the procurement field.

The one SM supply Unit is overstretched, especially considering our new UN responsibilities. In the last semester of 2010 CCO recruited a temporary logistics assistant.

In 2011 the CCO will continue to strengthen government accountability for clearance of supply and distribution on arrival and build their capacity for warehouse management.

#### **4.3 Human Resource Capacity**

Including temporary positions, the CCO staff complement was 24 in December 2010 (11 females, 12 males and one vacant JPO position). To support Office and programme implementation, 19 service contracts were issued, (seven individual (two IP) and 13 institutional).

The human resource market is limited, and constitutes a challenge for recruitment. The One UN initiative and growing programme needs creates a need for a stronger Office structure. The Office plans to propose a P4/L4 Programme Coordinator and an upgrade of the Operations post to P3.

The Office regularly updates staff on new policies and organisational changes. Guidelines on performance review are shared early in the year, and the PER process continues to be positive; 100% of PERs were completed within the deadline.

The culture of continuous training is present in the office. Ten per cent of SBA (US\$46,777) was spent on training. The office offers group and individual trainings based on country and global priorities. Some opportunities for career development through missions, network meetings and on the job training were possible this year for the C4D Officer, ICT assistant and the Admin Finance Officer, who assisted two Audit teams.

Staff participated in Global and Regional workshops, externally and on-line. The implementation rate this year for group and individual training was not encouraging, 50%. Funding, English language skills capacity and office workload constitute the major obstacles to the achievement of a fully satisfactory implementation rate. ERM training was completed in early December by the RO ERM Focal Point, and CCO's risk-mapping is in draft stage.

Staff Association and management maintained continuous dialogue through JCC meetings and other fora. The Staff Association encouraged team harmony through monthly birthday celebrations, sports and other activities. The PSV was designated, and the staff association is exploring the possibility of a stress counselling arrangement with another office in 2011. HIV/AIDS is not a priority for CCO, as less than 1% of the

population is HIV-positive. Nevertheless, in collaboration with the UN doctor, an information/awareness session is carried out once a year for staff and family members.

#### **4.4 Other Issues**

##### **4.4.1 Management Areas Requiring Improvement**

Cost savings and efficiency were achieved through procurement services. The Office has LTAs in place for office supplies, printing, vehicle maintenance/repair, transit and clearance for in-country travel. At the UN level, common services such as security and maintenance of premises are believed to be sources of savings, though no cost analysis has been conducted to identify the dollar value of savings achieved. However, efficiencies were gained as staff time was reduced. CCO continues to enjoy huge cost savings, about 30%, through purchasing of international tickets from Nairobi, with the assistance of ESARO.

##### **4.4.2 Changes in AMP**

The 2011 AMP will respond more robustly to change initiatives: Preparation for IPSAS, Vision System, E-PAS, and other initiatives at the global and country levels. Other priorities will include finalisation of the ERM and testing the Business Continuity Plan. The 2011 AMP is also expected to focus more on UNICEF implementation of Delivering as One and enhanced common services. The harmonisation of processes and policies required for Delivering as One with partners is likely to be one of the greatest challenges.

## **5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

### **5.1 List of Studies, Surveys & Evaluations**

1. *Study on the involvement of community health workers in the local health system in Sima and Pomoni districts*
2. *Factors blocking girls' education in Comoros*
3. *Post Campaign EPI coverage survey*

### **5.2 List of Other Publications**

1. *La Pauvreté des Enfants et les Disparités dans les Cinq Pays de l'Océan Indien*

## **6. INNOVATION & LESSONS LEARNED**

**Title:** *Effectiveness of Child Health days in Comoros*

**Contact Person:** Dr Said Ali

### **Abstract:**

En terme de leçons apprises dans le domaine de la survie et le développement de l'enfant, la mise en œuvre du programme a permis de montrer que les stratégies avancées régulières permettent de toucher autant voire plus d'enfants que la stratégie de journées nationales de santé, tout en étant moins coûteuses. Dans l'avenir le programme privilégiera ces stratégies avancées en s'assurant qu'elles permettent de dispenser tout le paquet d'interventions prévues dans la stratégie de journées nationales de santé.

### **Innovation or Lessons Learned:**

En terme de leçons apprises dans le domaine de la survie et le développement de l'enfant, la mise en œuvre du programme a permis de montrer que les stratégies avancées régulières permettent de toucher autant voire plus d'enfants que la stratégie

de journées nationales de santé, tout en étant moins coûteuses. Dans l'avenir le programme privilégiera ces stratégies avancées en s'assurant qu'elles permettent de dispenser tout le paquet d'interventions prévues dans la stratégie de journées nationales de santé.

### **Potential Application**

Assessment of the cost-effectiveness of Child Health Days vs. integrated campaigns, in countries with long-term EPI support.

### **Issue/Background**

In 2008 the country programme planned to have Child Health Days as a means of increasing coverage. After organising two in 2008 and 2009 it was decided that overall, the Child Health Days were extremely expensive. Also the reach was not nearly as great as hoped for. In 2010 UNICEF Comoros decided that, based on its experience, Child Health Days will no longer be conducted. Instead a package of services including vitamin A and deworming is being integrated into vaccination campaigns. This decision frees up more resources to support routine services.

### **Strategy and Implementation**

Two Child Health days were undertaken. Based on the cost of the events, the lack of interest of partners and the number of children reached, a decision was made to stop implementing Child Health Days.

### **Progress and Results:**

No implementation required.

### **Next Steps**

No further steps envisioned.