

Comoros

Country programme document 2015-2019

The draft country programme document for Comoros (E/ICEF/2014/P/L.5) was presented to the Executive Board for discussion and comments at its 2014 annual session (3-6 June 2014).

The document was subsequently revised, and this final version was approved at the 2014 second regular session of the Executive Board on 11 September 2014.

Basic data[†]	
<i>(2012 unless otherwise stated)</i>	
Child population (<i>millions, under 18 years, male/female</i>)	0.2/0.2
U5MR (<i>per 1,000 live births</i>)	78
Underweight (<i>per cent, U5, moderate and severe</i>)	15
(<i>per cent, male/female, urban/rural, poorer/richer</i>)	15/16, 12/17, 20/9
Maternal mortality ratio (<i>per 100,000 live births, adjusted, 2010</i>)	280 ^a
Use of improved drinking water sources (<i>per cent, 2010</i>)	95
Use of improved sanitation facilities (<i>per cent, 2010</i>)	35
One-year-olds immunized against DPT3 (<i>per cent</i>)	86
One-year-olds immunized against measles (<i>per cent</i>)	85
Primary schooling/regular attendance (<i>per cent, net, male/female, 2010</i>)	86/80
Primary schoolchildren reaching last grade (<i>per cent, male/female, 2010</i>)	55
Adult HIV prevalence rate (<i>per cent, 15-49 years, male/female</i>)	2.9/1.2
HIV prevalence among pregnant women (<i>per cent</i>)	..
Child labour (<i>per cent, 5-14 years old, male/female, 2000</i>)	26/28
Birth registration (<i>per cent, under 5 years old, 2000</i>)	88
(<i>per cent, male/female, urban/rural, poorer/richer</i>)	88/88, 90/87, 76/96
GNI per capita (<i>US\$</i>)	840

[†] More comprehensive data on children and women, as well as methodological notes regarding estimates, are also available on the site www.childinfo.org.

^a The figure in the table above is the adjusted maternal mortality ratio calculated by the United Nations Interagency Panel for the estimation of maternal mortality. The estimate reported for the country is 380 deaths per 100,000 live births in 2003, as shown in the General Population and Housing Census (RGPH) 2005.

Summary of the situation of children and women

1. The Comoro Archipelago consists of four islands situated in the mouth of the Mozambique Channel — Grande Comore (Ngazidja), Anjouan (Ndzouani), Mohéli (Mwali) and Mayotte (Maore), which has been under French administration since Comoros gained independence in 1975. With a population of about 745,000, the country's surface area is about 1,861 square kilometres (km²) — not including Mayotte — with a high population density of up to 575 inhabitants per km² on Anjouan. The political situation has been relatively stable since 2006, after a long period of political tension between the three autonomous islands. In 2011 the economic growth rate was 3 per cent, exceeding population growth for the first time. The country is exposed to natural disasters, particularly cyclones, floods and the constant threat from the volcano Le Khartala.

2. Comoros is a low-income country with a gross domestic product (GDP) of \$680 per inhabitant. In 2010, private transfers originating in the Comorian diaspora (\$117 million) accounted for 24 per cent of GDP. In 2013 the country was ranked 169th out of 186 countries on the Human Development Index (HDI), with a high poverty incidence rate (37 per cent), rising to 79 per cent in rural areas. The point of completion of Comoros' debt, in the framework of the Heavily Indebted Poor Countries (HIPC)

Initiative, was approved in 2012, thus enabling the country to invest more in the social sector.

3. According to the 2013 national report on the Millennium Development Goals, the targets relating to universal primary education, elimination of gender disparities in education, reduction of infant and child and maternal mortality, access to treatment for HIV/AIDS and combating malaria and other serious diseases could be achieved by 2015. However, the goals relating to the elimination of extreme poverty and hunger, empowerment of women, protection of the environment and development of a global partnership are distinctly behind schedule.

4. Over the past 20 years, the under-five mortality rate (U5MR) has fallen by more than half, from 122 per 1,000 in 1990 to 50 per 1,000 in 2012. According to the 2012 Demographic and Health Survey and the Multiple Indicator Cluster Survey (EDS-MICS), 30 per cent of children under 5 years of age suffer from chronic malnutrition, 11 per cent from acute malnutrition (including nearly 4 per cent in its severe form), and 16 per cent from underweight. The prevalence of chronic malnutrition varies from 23 per cent in Mohéli [Mwali] and Ngazidja to 35 per cent in Ndzuani. As regards vaccination, the 2012 EDS-MICS shows that 85 per cent of children have received the BCG, 71 per cent the third booster dose of the pentavalent vaccine and 63 per cent the vaccine against measles. Only 12 per cent of the population have access to safe drinking water, while 71 per cent of the population have access to an improved source and 37 per cent to hygiene and sanitation facilities consistent with international standards.

5. The use of health services is negatively affected by the high cost of medicines and services, limited access, shortages of qualified health-care professionals, inadequate geographic distribution of staff and low ownership by communities. These factors are aggravated by the persistence of sociocultural beliefs, particularly concerning the treatment of children in the home, poor nutritional practices and stigma related to HIV/AIDS. Unfortunately, the share of the State budget allocated to health is less than 5 per cent, well below the standard 15 per cent recommended in the Abuja Declaration. In 2013 the country adopted a national strategy on water and sanitation, which now needs to be implemented. It also has a national policy on nutrition and food, which will be implemented through a multisectoral plan.

6. The net school enrolment rate saw a major increase between 1999 and 2011, from 67 per cent to 79 per cent. However, more than one child in three (37 per cent) does not complete the primary cycle, fewer than one child in two goes on to secondary schooling (47 per cent transition), and the grade repetition rate is estimated at 29 per cent. Furthermore, the law providing that the mother tongue, Shikomori, must be one of the teaching languages at primary school is not applied, for want of teaching aids. The low level of qualification of teachers and the shortage of suitable school textbooks have a negative effect on pupils' learning outcomes. Political and budgetary tools are available, but their evaluation is too uneven to ensure coherent implementation of the education policy. Almost the whole of the State budget allocated to education (20 per cent) is used for staff salaries.

7. According to the 2012 EDS-MICS, nearly 14 per cent of children (girls and boys) aged 15 to 19 have undergone physical or sexual violence. The Comorian Family Code fixes the legal age of marriage at 18 years. In practice this provision is not always observed. Thus, almost 16 per cent of girls aged 15 to 17 are affected by this situation. The Labour Code in Comoros forbids the worst forms of child labour. However, because

of their social upbringing, almost a third of children aged 5 to 14 take part in agricultural and/or domestic activities.

8. Child protection in Comoros is hindered by the Government's limited capacity (in structures and human and financial resources) to guarantee children's rights in general. Certain attitudes, customs and practices that are harmful to children (in particular, early marriage and child placement) persist in Comorian society. Essential prevention, rehabilitation and reintegration services for vulnerable children are in the formative stage, disorganized and lacking in human resources and materials. A policy of legislative reform for improved child protection is in progress.

Key results and lessons learned from previous cooperation, 2008-2014

(a) Key results achieved

9. Thanks to the efforts with regard to vaccination, the country was certified by the World Health Organization (WHO) in 2009 as having eliminated maternal and neonatal tetanus. Measles is controlled and neither deaths nor epidemics related to this disease have been reported over the past five years. Sixty-one per cent of children under 5 years of age and 65 per cent of pregnant women sleep under insecticide-treated mosquito nets. The incidence of malaria has fallen from 33 per cent in 1996 to 9 per cent in 2012, thanks to the national anti-malaria programme and the combination of several strategies supported by the Global Fund, Chinese Cooperation, UNICEF, WHO and other partners. UNICEF has played an active role in the prevention of malaria among pregnant women, in particular by distributing sulfadoxine pyrimethamine and insecticide-treated mosquito nets, providing technical support and helping mobilize resources from the Global Fund.

10. The coverage of pre-school education has increased from 4 per cent to 14 per cent between 2008 and 2013, thanks to the renovated Koranic teaching (ECR) strategy and the opening of ECR classes in public primary schools, which enabled young children, particularly those in rural areas, to have equitable access to education. During the same period, the enrolment rate into the first year of primary school increased from 35 per cent to 60 per cent. The success rate in the end of primary school examination improved from 30 per cent to 70 per cent at the national level. This substantial improvement is related to the adoption of a new assessment methodology based on child-centred criteria. With technical and financial support from, and coordinated by, UNICEF, an Interim Plan for Education was developed for the period 2013-2015 and is in the process of being implemented, culminating in the admission of Comoros into the Global Partnership for Education (GPE).

11. Thanks to the legal and medical services provided to children victims of violence by the child protection helplines, the uptake of such services in Anjouan, Mohéli and Grande Comore has increased considerably, with an average of 500 cases per year. Committees for vulnerable children have contributed to improved protection of children exposed to violence in the family or the community in the 16 administrative regions. Access to justice has improved owing to institutional capacity-building and increased participation by magistrates, lawyers, judicial police officers, registrars, teachers and doctors, and to the building of a new law court in Mohéli and a new courtroom in Moroni.

(b) Lessons learned

12. Outreach to target populations (pregnant women and children under 5 years of age) has enabled improved coverage of high-impact health interventions. That presupposes a sound knowledge of such populations and their location. Strengthening outreach and active locating of targets in all districts have enabled outcomes and efficiency to be improved.

13. The innovative strategy of introducing ECR classes into primary schools has strengthened the confidence of parents and other members of the community in education and enabled children to be enrolled at the required age. This strong commitment of parents to ECR brings political stakeholders and elected officials to focus more heavily on education. The Government has adopted ECR as standard preschool education and is planning to extend it to all primary schools.

14. Implementation of the Programme of cooperation between UNICEF and the Comorian Government faces logistical challenges due to the irregularity of inter-island transport. Air access is expensive and not predictable, and the duration of the crossing aboard the few boats approved by the United Nations system is prohibitive. With the adoption of the harmonized approach to cash transfers (HACT) by the United Nations system in Comoros, UNICEF and the Government will have to improve planning for field visits.

Country programme, 2015-2019

(a) Summary budget table

<i>Programme component</i>	<i>(Thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survival and development	2 145	4 500	6 645
Education	730	8 800	9 530
Protection and inclusion	1 500	1 000	2 500
Cross-sectoral costs	780	1 430	2 210
Total	5 155	15 730	20 885

(b) Preparation process

15. In a letter dated 3 September 2013 and addressed to the Resident Coordinator of the United Nations system, the Minister of Foreign Affairs of Comoros requested the support of the United Nations Population Fund (UNFPA), UNICEF and the United Nations Development Programme (UNDP) in developing their respective programmes of cooperation and the United Nations Development Assistance Framework (UNDAF) for the period 2015-2019. A first consultation with the central authorities took place in October 2013 with a view to identifying areas of work for the new programme. In December 2013, the results of these consultations were presented and discussed with eight advisors from the UNICEF Regional Office in Comoros before the outlines of the new programme were discussed during a meeting organized by the Planning Commission, consisting of UNICEF Comoros and the governmental partners from the central administration and the three islands. The

programme results were progressively aligned to the priorities of UNDAF and the Strategy for Accelerated Growth and Sustainable Development (SCA2D) for the period 2015-2019. The country programme document resulting from these consultations was validated in February 2014 at a national workshop organized by the Planning Commission, and during a special session of the UNCT convened by the Resident Coordinator. The Council of Ministers held on 26 February 2014 examined and validated the programme document.

(c) Programme components, results and strategies

16. The ultimate goal of this 2015-2019 programme of cooperation is to support the Government of Comoros to enable children's rights to survival, development, education, protection and social inclusion to be achieved with equity, including in humanitarian situations. To reinforce the implementation and impact of the components of the programme of cooperation whose outcomes and interventions are described below, UNICEF will draw on a limited number of targeted strategies.

17. Capacity-building in local communities will rely on Communication for Development (C4D) to put an end to harmful social practices and to stimulate demand for relevant services. The programme of cooperation will ensure constant advocacy and dialogue with Government authorities, a privileged channel to promote equity in achieving children's rights. An in-depth analysis of children's vulnerability in terms of malnutrition, school drop out and child abuse will provide the Government with support in developing and implementing social protection policies and programmes for the most disadvantaged families.

18. UNICEF action in the fields of national capacity-building and data generation for decision makers will draw on partnerships with United Nations agencies, national and international non-governmental organizations, civil society, academic institutions and other development stakeholders. International initiatives (A Promise Renewed (APR), Scaling Up Nutrition (SUN), REACH Partnership aiming to eradicate hunger and malnutrition among children, Global Alliance for Vaccines and Immunization (GAVI)), enabling alliances to be formed with a view to mobilizing resources, will also serve as a partnership platform for the programmes. South-South exchanges will allow experience-sharing with other countries for the streamlining of approaches to the new programme of cooperation.

19. In collaboration with other development partners, UNICEF will support humanitarian emergency preparation and interventions. Considering the difficulties in liaison between the islands, stocks will be pre-positioned in each of them to allow a rapid and targeted response in case of need.

(i) Child survival and development

20. This component is in keeping with the dual goal of ensuring that: (a) mothers, newborn babies and children, particularly the most disadvantaged, have equitable access to high-impact, high-quality responses aimed at ensuring their survival and development, including in humanitarian crisis situations; and (b) pregnant and lactating women and children under 5 years of age have access to and use equitably and on a permanent basis public and community structures for prevention and treatment of malnutrition, including in humanitarian crisis situations.

21. In the framework of the sub-component “Health and HIV/AIDS”, UNICEF will support development and implementation of policies and strategies (including the national community health strategy) as well as developing regulative texts for the new Health Code. It will maintain financial, technical and logistical support for the expanded programme of immunization through strengthening of the cold chain, supply of vaccines, and introduction of new vaccines (inactivated vaccine against poliomyelitis and vaccines against the human papillomavirus [HPV], pneumococcus and rotavirus). In collaboration with UNFPA and WHO, UNICEF will continue to support enhancement of the quality of antenatal consultations, childbirth conditions and newborn care.

22. To strengthen planning and budgeting for high-impact health interventions, emphasis will be placed on management and planning training for district management teams. The health system’s accountability will be strengthened through gradual introduction of results-based management, in a medium-term expenditure framework (MTEF), and assessment of the impact on equity in the health sector. UNICEF will work with the Government and partners to reduce the prevalence of HIV/AIDS or to keep it at its current level, which is very low (0.025 per cent). Constant support will be given to campaigns to eliminate mother-to-child transmission of HIV. Equipping centres for the prevention of mother-to-child transmission of HIV (PMTCT), training service providers and extension of anonymous counselling and testing services will strengthen the fight against sexually transmitted infections (STIs) and HIV.

23. The sub-component “Nutrition and WASH (Water, Sanitation and Hygiene)” will attend in particular to screening and treatment of malnourished children; promotion, protection and counselling with regard to breastfeeding and complementary feeding for parents of children under 2 years of age. Vitamin A supplementation and biannual deworming of children from 6 to 59 months will be made systematic, along with distribution of micronutrients to pregnant women. The goal in respect of water, sanitation and hygiene will be to guarantee women and children, particularly the most disadvantaged, equitable access to drinking water and to a healthy environment and to encourage them to adopt better practices with regard to sanitation and hygiene.

(ii) *Education*

24. The goals of the programme’s “Education” component will be to ensure that: (a) children under 5 years of age benefit from an integrated health service package and are prepared for primary schooling; and (b) all children receive and complete high-quality inclusive education focusing on equity and learning achievements.

25. To ensure harmonious development of children under 5 years of age, parents will be mentored and trained to take responsibility for the integrated development of children in the convergence zones, with the backing of a multisectoral coordination framework, including health, protection and education interventions, in partnership with local authorities and grass-roots structures. Preparation for primary schooling will result from the extension of the renovated Koranic teaching (ECR), particularly in areas where school enrolment is low. It will involve, among other things, raising awareness of local authorities and communities as to their involvement, buy-in and accountability in the framework of ECR, adaptation and distribution of textbooks, and capacity-building of training and managerial staff.

26. Equity in children's access to primary education will be enhanced, particularly for those suffering from a disability. The capabilities of educational stakeholders and communities will be strengthened to better prepare them for providing children with continual basic education, especially in humanitarian crisis situations. The quality of teaching and apprenticeship and the school retention rate will be enhanced. UNICEF will support the Government to ensure the availability of teaching and educational materials, particularly in the poorest areas. This support will extend from the design to the distribution of textbooks suitable for the school curricula.

27. Particular attention will be devoted to improving the management of schools and the piloting of the educational system. UNICEF will support the Government in strengthening the statistical information system of the education sector, as well as the assessment of implementation policies. The operational capabilities of the coordination structures will be improved. The design and development of a "child-friendly school" construction model will be a priority. UNICEF will contribute technical support for the revision of the educational regulations, in order to adapt them to changes in the sector.

(iii) *Protection and inclusion*

28. This component corresponds to the dual goal of ensuring that: (a) vulnerable children and children who are victims of exploitation, trafficking, violence or harmful practices are identified and protected through holistic interventions and policies that are equitable and suited to their needs, including in humanitarian crisis situations; and (b) children who are victims of exclusion benefit from evidence-based policies and programmes.

29. A programme of reform will be implemented with regard to statutory texts concerning child protection. The protective role of the family and of basic community mechanisms will be strengthened through identification of temporary foster families for children who are abandoned and/or victims of violence, formalizing their role and developing the capacities (human, institutional and logistical) of committees for vulnerable children. To ensure access to exhaustive, high-quality protection services, UNICEF will support setting up juvenile courts, establishing areas reserved for minors in prisons, decentralizing helplines and setting up an efficient system of birth registration with local authorities. Strengthened institutional capacities and increased participation from child protection stakeholders will be required for these projects to succeed. UNICEF will support training and posting of social workers and other professionals within child protection structures.

30. Lack of understanding of relevant information is a major obstacle to the use of basic social services by the most vulnerable communities. Raising communities' awareness of the existence, role and mission of structures and bodies responsible for providing basic services (protection, education, health and nutrition) will be scaled up, particularly among the most disadvantaged communities. UNICEF will support the Government in developing and implementing a social protection policy: it will back local authorities in developing and implementing conditional cash transfers to facilitate the use of health, education and protection services by the most vulnerable children. Intensive advocacy will be made in favour of a budget increase for the education, health, child protection and social inclusion sectors.

(iv) *Cross-sectoral*

31. This component will contribute to the efficiency and effectiveness of the programme of cooperation thanks to high-quality technical support in terms of financial resources mobilization, supplies, communication, coordination, disaster risk reduction (DRR) and strategic planning.

(d) Relationship to national priorities and the UNDAF

32. The Comoros-UNICEF programme of cooperation contributes to the furtherance of the aims of SCA2D for the period 2015-2019. These contributions concern two of the four pillars of SCA2D, i.e., strengthening access to basic social services and strengthening resilience of households (Pillar 3); and strengthening governance and capacities for institutional and human resilience (Pillar 4). The two other pillars concern acceleration, diversification and sustainability of growth and the support infrastructures for such growth. Equity, which forms the basis for the approach to the current programme, is also a vital component of SCA2D, which aims to improve the quality of life of the Comorian people in an equitable manner.

33. Comoros is a self-starter “Delivering as one” country. In the framework of UNDAF, UNICEF, in collaboration with WHO, UNFPA and the Joint United Nations Programme on HIV/AIDS (UNAIDS), will lead the results group on Pillar 3 of SCA2D (basic social services). UNICEF will also contribute to the results group on governance, in collaboration with UNDP. Through an alliance within UNDAF, UNICEF will support the multisectoral Government platform combating malnutrition in children.

(e) Relationship to international priorities

34. The country programme covers each of seven outcomes of the UNICEF Strategic Plan for the period 2014-2017. Although most of the investments concern health, education and child protection, UNICEF will also back the Government on social budgeting and inclusion of the most disadvantaged communities. These efforts are consistent with the ambitions of the post-2015 development agenda. The Convention on the Rights of the Child is the bedrock of the programme of cooperation, which is also grounded on the Plan of Action that emerged from the declaration “A World Fit for Children”, the United Nations Girls’ Education Initiative, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Universal Periodic Review.

Major partnerships

35. The Ministry of Foreign Affairs maintains its role as the focal institution for the Comoros-UNICEF programme of cooperation. The Planning Commission, for its part, supports strategic planning, coordination and review of programme results. Partnership with the Ministries of Finance, Education, Justice and Health will be the driving force for implementation of the programme of cooperation.

36. UNICEF will continue to support the expanded programme of immunization in close collaboration with the Japan International Cooperation Agency (JICA) and GAVI. It will pursue its collaboration with WHO, UNFPA, UNAIDS and the Global Fund in order to improve the health system, particularly in the fields of maternal,

neonatal and infant health and of HIV/AIDS. UNICEF will continue to manage and coordinate the GPE [Global Partnership for Education] and will collaborate closely with the Government (particularly the Ministries of Finance and Education), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the European Union, the French Cooperation Mission, the World Bank, Dubai Care, Educate a Child, and other key stakeholders in the sector, in order to improve access to teaching, the quality of education and learning outcomes.

Monitoring, evaluation and programme management

37. The components of the current programme of cooperation hinge upon interventions aimed at eliminating obstacles in the sectors of health, education, protection and social inclusion of children. Systems for collecting and compiling data from each sector will be harmonized and strengthened to enable staff of the services concerned (schools, health establishments and child protection helplines) to use statistics relating to outputs in order to be able to monitor the implementation of the programme on a regular basis. This information will be used to improve service provision and strengthen policies and strategies for implementation of the programme. These sector-specific efforts will be supplemented by annual surveys covering all primary schools of Comoros, a survey on nutrition carried out every two years, a general census of population and housing in 2015, a Multiple Indicator Cluster Survey (MICS) in 2017, and an UNDAF evaluation in 2018. The midterm review of the programme of cooperation will be carried out in 2017 and will enable an assessment to be made both of progress achieved and changes that need to be made to the content of the interventions and strategies deployed. These activities will be consolidated within the Integrated Monitoring and Evaluation Plan for the programme.
