

Comoros

Update on the context and situation of children

As everywhere else in the world, the year 2020 was essentially marked by the coronavirus pandemic. The year began with **legislative elections** on 19 January and 23 February 2020, which took place in a calm atmosphere despite a few minor incidents. The new legislature adopted some key legislative and policy documents, including the Water Code and the new Penal Code. The Union of the Comoros officially registered its first case of COVID-19 on 30 April 2020. From March to August, UNICEF's Country Office (CO) was in lockdown, and staff worked from home. One of the most important and immediate effects of the pandemic was the disruption of services in public institutions.

Prior to the COVID-19 pandemic, Comoros was still recovering from Cyclone Kenneth of April 2019, which had caused the gross domestic product (GDP) growth to drop from 3.6 per cent in 2018 to 1.9 per cent in 2019. In 2020, the spread of the coronavirus in Comoros was fairly contained during the first wave; however, the COVID-19 health crisis impacted the country's economy in multiple ways. The pandemic and the prevention measures (such as physical distancing and restrictions to international travel) caused a slowdown of economic activity and disruption of trade and tourism, which is a real threat to Comoros' trade and tourism-related sectors.[1]

With respect to **maternal, newborn, child, and adolescent health**, women of childbearing age, pregnant women, and newborns do not have access to quality care. Traditional habits persist. Pregnant women participate in the antenatal consultation only in case of illness and mostly do not follow up. Insufficiently trained service providers, care-related costs, and household tasks deter women from accessing the services. In 2020, the staff of public health care facilities was redeployed to work in the COVID-19 case management centers and quarantine sites, which exacerbated the shortage of qualified personnel in maternity and neonatal services.

With respect to vaccination, although national immunization coverage has been relatively satisfactory and stable in recent years, the analysis of sub-national data reveals real challenges in terms of equity. Indeed, the 2019 disaggregated data on the administrative coverage of the third dose of the pentavalent vaccine showed that seven of the 17 districts of the country have less than 80 per cent coverage, and five districts (all on the main island of Ngazidja) have less than 50 per cent. Analyses conducted during the development of micro plans in 2018 and 2019 show that approximately 62 per cent of children with poor access to vaccination live in urban and peri-urban areas. Because of the pandemic, no self-assessment of the Effective Management of Vaccines (EVM) was carried out in 2020.

With respect to nutrition, the 2018 analysis of the situation of children and women shows that around one-third of children are stunted, around one-quarter are underweight, and 11 per cent are wasted. The percentage of stunted children increases with age: 18 per cent at less than 6 months and 43 per cent at 18–23 months. There are also differences depending on the area of residence: 32 per cent of children in rural areas are stunted against 25 per cent in urban areas.

With respect to the water, sanitation, and hygiene (WASH) sector, Comorian households continue to face poor access to safe water and unsatisfactory sanitation and hygiene conditions. Overall, there are chronic governance and data problems in the water sector. Data are not sufficiently well managed to allow for a good understanding of the situation to promote access to sustainable drinking water for households. Almost two in three households (61.3 per cent) do not have access to improved toilets and continue to use traditional, uncovered latrines.

Significant progress has been made in the education of children through an **education** policy supported both by the Government and development partners. According to recently available statistics (Ministry of Education, 2018), school coverage is generally on the rise at all levels of education; however, significant proportions of children are outside the education system, especially those aged 3–5, of whom around 66 per cent do not yet benefit from preschool education. In preschool, the enrolment rate dropped from 24.6 per cent in 2014, to 21 per cent in 2017 and 2018, then to 32.7 per cent in 2019,

with relatively equal participation for girls and boys. The COVID-19 caused the closure of schools for four months, during which children did not get adequate educational support.

Despite the validation in 2016 of the National Child Protection Policy, according to the formative evaluation report of the Comoros-UNICEF country programme 2015–2021, the protection of children in Comoros and the safeguarding of their rights are adversely affected by many factors, including weak capacities of the Government in terms of infrastructure, and human and financial resources, as well as harmful popular customs and beliefs. The problems identified in child and adolescent social protection are related to the precariousness of families, legal identity, access to justice, harmful practices, and psychosocial care for victims, which mainly affect adolescents. The COVID-19 brought more challenges.

Comoros participated in the 2020 voluntary national review process of the United Nations High-level Political Forum on Sustainable Development (HLPF), to which the Government submitted its Voluntary National Report. The Report presents the Emerging Comoros Plan (ECP) for 2030 as the reference document for the implementation of the Sustainable Development Goals (SDGs). Adopted in 2019, the ECP advocates for joint implementation of the *2030 Agenda* for Sustainable Development Agenda and the African Union's Agenda 2063.[2]

In addition, 2020 was the year of **transition from one country cooperation programme (CPD) to the next CPD**. The outgoing CPD was subject to an independent, formative evaluation conducted by an external firm under the coordination and leadership of UNICEF's Evaluation Section of the Eastern and Southern Africa Regional Office (ESARO). The key findings and lessons from this evaluation informed the development of the Programme Strategic Note (PSN) and the new CDP 2022–2026.

[1] The World Bank in Comoros, www.worldbank.org/en/country/comoros/overview

[2] SDG Knowledge Platform. Comoros.
<https://sustainabledevelopment.un.org/memberstates/comoros>

Major contributions and drivers of results

In 2020, UNICEF Comoros continued to prioritize management aimed at improved results for children. To this end, the UNICEF team focused on clearly defined priorities, including:

- healthcare interventions for mothers, newborns, and children;
- increased community capacities for nutrition, and access to WASH;
- improved equitable access to inclusive and quality preschool and primary education;
- protection of children victims of violence.

Healthcare interventions for mothers, newborns, and children

Following UNICEF's advocacy, the Government **acquired 100 per cent of traditional vaccines** at the end of the first quarter, therefore ensuring the availability of vaccines and the continuity of immunization services despite subsequent strains on product delivery caused by the pandemic. Priority was given to equipment maintenance and stock management through the implementation of improved management tools at the operational level; quarterly corrective maintenance missions by national logisticians; and the formative supervision of the country's 81 vaccination agents (56 women and 25 men) by a pool of five trainers previously trained in vaccine logistics and maintenance of solar cold chain equipment.

UNICEF focused on **building the capacities of community health workers (CHWs)**, increasing the number of tools, and setting up integrated community-based surveillance to create an early warning mechanism for detecting symptoms related to COVID-19 and epidemic-prone diseases. A total of 460 CHWs were trained on the various aspects of the fight against COVID-19, in particular on community-

based surveillance, the prevention, and control of infection (PCI), and barrier measures. A standard guide for newborn care was adopted by the national party with UNICEF's technical and financial support. A total of 65 CHWs were trained on this guide in the three islands; 30 CHWs were trained on the review and audits of maternal and neonatal deaths, and 25 CHWs were trained on equipment maintenance.

UNICEF support also focused on providing equipment, drugs, and consumables, combating the spread of COVID-19, and ensuring the continuity of care during the pandemic. Eight health facilities were provided with equipment, drugs, and consumables for the management of neonatal emergencies. Oxygen concentrators, suction tubes, nasogastric tubes, and personal protective equipment (PPE) were delivered to three COVID-19 case management sites and isolation sites.

Increased community capacities for nutrition and access to water, hygiene, and sanitation

In partnership with national authorities, one of UNICEF's main priorities was to build the capacities of local actors in the area of **maternal and child nutrition**. To improve micronutrient coverage for pregnant women and children under five, UNICEF supported the country in the supply and free distribution of nutritional inputs. A national vitamin A supplementation campaign that included the distribution of albendazole and screening for acute malnutrition was conducted in December 2020. The campaign targeted 129,200 children aged 6–59 months. According to provisional results, 100 per cent of these children received vitamin A and albendazole.

UNICEF also supported the Ministry of Health in implementing **maternal nutrition** activities through the regional health directorates. With the thematic funds of the Regional Office, 7,972 boxes of iron folic acid and 70 boxes of albendazole were delivered to the 17 health districts in the country. Accordingly, from January to November 2020, 16,523 pregnant women received supplements with iron folic acid and 8,947 pregnant women were dewormed; coverage of iron-folic acid and albendazole was 57 per cent and 28 per cent, respectively. Advice on maternal, infant, and young child nutrition was provided during prenatal and postnatal consultations, reaching 28,500 women.

A strategy was developed to reduce the number of cases of child abandonment and increase the number of cured cases by training mothers on the use of mid-upper arm circumference (MUAC) and on finding cases of abandonment in the villages. With the onset of the pandemic, UNICEF supported regional health directorates to ensure the continuity of nutrition services. Efforts were also made to ensure the availability of inputs for managing severe acute malnutrition (SAM); **treatment for SAM** is now available in the 17 acute health districts of the country.

The **household food guide was validated** with UNICEF support. This is a powerful tool that the country will now use to promote good nutrition and food practices. UNICEF also supported the Ministry of Health in its implementation of the 2019–2021 action plan for the national nutrition and food policy through operational support to regional health directorates, the strengthening of partnerships, and integration of nutrition into the national COVID-19 response plan.

Regarding generating evidence, UNICEF provided support to the country in strengthening the **nutrition information system** through the production of tools, the collection and regular analysis of data, the training of local actors, and the dissemination of results. Nutrition indicators are now included in the health information system. Collaboration between the Department of Family Health and the Department of Health Information and Statistics was strengthened through monthly meetings. Nutrition indicators are taken into account in the ongoing process of setting up District Health Information 2. With respect to community health, community nutrition modules were developed and integrated into the national training document for CHWs. The revitalization of community health is technically and financially supported by UNICEF.

UNICEF continued its advocacy for a reform of the legislative and institutional framework for the water and sanitation sector, which led to the **adoption of the Water Code by the Comorian Parliament**.

UNICEF also contributed to improving **access to drinking water, hygiene, and sanitation in the country's health facilities and schools**. UNICEF strengthened the joint working framework with the government partner, the Energy and Water Directorate and its structures on the islands, as well as the Regional Water Directorates. With regard to developing the sector's resilience, the CO also strengthened the capacities of these entities in the management and collection of data on the state of the national water resources. Other support from government partners consisted in providing work tools, office automation solutions, and other inputs that are essential for the collection and management of sectoral data.

Improved equitable access to inclusive and quality preschool and primary education

UNICEF continued supporting the Ministry of National Education, both at the national and the island levels. Overall, the forecasts provided by the Ministry of Education show a certain degree of stabilization of student numbers at the start of the 2019–2020 school year. This stabilization reflects a certain extent the effects of community awareness and mobilization actions that were carried out to keep children in the system and generate demand for education in a difficult political and social context where pre-school activities were suspended due to the COVID-19 outbreak.

Awareness-raising activities on the importance of preschool among the communities reinforced the demand for education from parents and teachers. The phrase 'renovated Koranic teaching', which was commonly used to designate public preschool and the source of some confusion and resistance, was removed. Through UNICEF advocacy, it was replaced in the new orientation law passed in December 2020. This law also guarantees compulsory education starting at preschool for children aged 3–16; this decision will help reach the target of 70 per cent by 2026. In addition, 7,346 students in preschool classes, including 3,595 girls, were provided with 269 kits of play materials, supplies, and other learning materials adapted to their level of education.

Direct support to schools continued with the rehabilitation of classrooms in ten schools, the installation of separate latrines for girls and boys, the provision of school furniture in one school, and the supply of kits for teachers and students. Moreover, contracts were awarded to construction companies. Learning conditions will improve for 5,700 students from 12 public primary schools in Ngazidja (four), Ndzouani (five), and Mwali (three), and there will be separate latrines for girls and boys.

Other contributions from UNICEF were provided in the form of grants and kits. Three thousand students in preparatory courses (grades 1 and 2) on the island of Mwali benefited from school grants; and 4,300 teachers, of whom 41 per cent were women, received kits of teaching supplies and materials during the same period. UNICEF's technical support was instrumental in the country's access to the Education Sector Plan Implementation Grant (ESPIG) and emergency funding of US\$750,000 as part of the education response to the emergency of COVID-19 this funding.

As part of the emergency response to COVID-19, many activities were implemented with UNICEF's technical support. Through a participatory process involving all stakeholders at each stage, a specific plan was adopted for the prevention and mitigation of COVID-19 impacts. The plan constitutes the national education strategy for COVID-19 response and therefore the reference instrument for efforts to be made in the educational sector to ensure the continuity of learning in the context of the pandemic while reducing its negative effects on education.

UNICEF conducted a national survey to measure the impact of school closures on academic

performance and academic retention. The data from this survey will enable UNICEF to provide the MEN and partners with innovative intervention approaches that take into account the new priorities in the context of COVID-19. Also, the advocacy carried out by UNICEF as partner agent of the financing of the Global Partnership for Education made it possible to reactivate the Ministry of Education's national coordination of education in emergency situations. This aims to improve the organization of the teams at the central and the island levels in the preparation and coordination of the emergency response.

Other COVID-19-related contributions include: hand washing equipment provided to 60 schools; awareness raising of at least 36,333 students from 201 primary schools in Ngazidja; 6,000 polymerase chain reaction (PCR) tests delivered to the National Committee on COVID-19, and grants from the Ministry of Education awarded to schools during their partial reopening. These contributions enabled nearly 10,846 children to be protected against the risks of COVID-19 contamination and to resume their schooling in good health.

Protection of child victims and vulnerable children

UNICEF continued to **advocate for the improvement of the legal framework for the protection of children**. The national child protection policy was officially handed over to the President of the Union of the Comoros during the celebration of the International Day of the Rights of the Child. A new Penal Code in line with the Convention on the Rights of the Child was adopted on 29 December 2020 by the Assembly of the Union.

Care was provided for child victims of violence, particularly through listening, medical, legal, and psychological support. Funding was secured with a pledge from France of COM389 million to support child protection.

UNICEF's actions also focused on **building the capacities and raising awareness of various child protection actors**. Training on child rights was provided to 60 police officers and gendarmes, and promotion and prevention activities relating to children's rights targeted 30 villages and 20 public and private schools. Implemented with the support of civil society organizations (CSOs) combating violence against children, the activities in the schools reached about 1,200 students.

The listening and protection services for children and women victims of violence received significant attention during the year. UNICEF continued supporting the follow-up on the recommendations from the evaluation of listening and protection centres in Ngazidja. Three United Nations Volunteers were hired, one for each centre on each island. A lawyer and a psychologist were contracted to provide legal and psychological support at the centres in Fomboni. The provision of psychological care also began in the Moroni and Mutsamudu listening services. A training workshop for managing the staff of these centres was organized in June 2020. In addition, 25 persons, including heads of the listening services and directorates responsible for child protection, were trained on psychosocial care for victims of violence.

In order to make the listening services more user-friendly and accessible to the public, a website was created (www.servicesdecoute.km). In line with this public-friendly image, on 20 November 2020, while celebrating International Day of the Rights of the Child, the listening and protection services for children and women victims of violence of Fomboni (Mohéli) and Moroni (Grande Comores) organized open house days and welcomed students from public and private schools. Nearly 300 students and school staff visited the listening services and learned about their missions and activities. **The three juvenile units of the police** received COVID-19 protection products to help them ensure the continuity of services.

UN Collaboration and Other Partnerships

UNICEF conducted advocacy activities and leveraged partnerships with actors from the Government, CSOs, United Nations agencies, and other international entities. **The development of the national communication for development (C4D) strategy** started at the beginning of the year with the identification of C4D focal points for each programme, under the auspices of the Directorate General of Information. Interrupted by the outbreak of COVID-19, the process still made it possible to define the theory of change, the results chain, as well as the interventions and the monitoring framework of the national C4D strategy. UNICEF acted as technical lead for the management of Risk Communication and Community Engagement (RCCE) for the COVID-19 response.

World Bank, Food and Agriculture Organization of the United Nations (FAO), and UNICEF are key partners in the fight against stunting. They support the institutional strengthening of nutrition sector through the development of nutrition policies and strategies. The **Japanese International Cooperation Agency (JICA) and UNICEF** are the only partners who support the Ministry of Health in strengthening the quality of care for SAM. This partnership is essential for the continuity of efforts to increase geographical coverage, build the capacity of health personnel, and improve the supply chain. **World Bank, JICA, and UNICEF** have contributed to building national capacities in nutrition through the training and supervision of CHWs and health personnel, the rehabilitation and solarization of health centres, and the strengthening of the technical platform.

The partnership with the **French Red Cross** was important in securing COM389 million in funding from **the French Cooperation in Comoros** to help prevent all forms of gender-based violence.

UNICEF's advocacy with the Government and public entities has yielded positive outcomes. Its advocacy and its partnership with the **Ministries of Health and Finance** proved decisive in obtaining early and satisfactory funding for vaccines in 2020. This success confirms the potential of mobilizing national resources for children. UNICEF's advocacy also contributed to the adoption of important legislation by the National Assembly, such as the new Penal Code and the Water Code.

As part of the general coordination of the response to COVID-19, and as a result of UNICEF's advocacy and technical work with the Ministry of Education teams, the **database on radio and TV channels** was made available and utilized, and the participation of the education sector was effective in the C4D sub-committee.

The partnership between the Higher Institute for Social Work (ISTS) of Madagascar and the University Service for Continuing Education of the University of the Comoros (SUFOP) in February 2020 made it possible to strengthen South-South cooperation. **UNICEF also partnered with CSOs** to achieve results. CSOs and communities were involved in the prevention and protection of children against violence. UNICEF also worked together with national TV and radio networks to widely broadcast music and videos aimed to raise awareness on violence against children. Preschool Discovery Days were organized in **collaboration with Schol'Action**, a collective that promotes education.

Lessons Learned and Innovations

Undoubtedly, the biggest lessons came from the outbreak of the Covid pandemic. Service delivery was disrupted in all sectors. Prevention measures against the disease rendered difficult or even impossible the implementation of scheduled activities. In this context, the mobilization of the country's resources was focused on the response to covid 19. When trying to advance sectoral progress, the country was faced with serious problems of institutional arrangement and strategic visions in all sectors.

With UNICEF and its partner on lockdown, remote work became the norm. within the CO, despite the willingness of the Management to prioritize the well-being of its staff, the lack of face-to-face interactions seems to have decelerated the sharing of best practices that would have added to the capacity building of the staff.

In this context, UNICEF and its partners had to innovate with interventions adapted to the local reality.

The ban on international travel made it impossible to conduct **vaccine equipment maintenance** as schedule. Quarterly corrective maintenance mission by the national logistics team proved to be positive as it offered an additional opportunity for supervision on different aspects of vaccine logistics.

Vitamin supplementation was reinforced through routine services, breastfeeding promotion messages, organization of the vitamin A supplementation campaign at community level through the door-to-door strategy. With the Brachial Perimeter initiative, mothers were involved in the screening for SAM and the follow-up of **children under treatment**.

In the WASH sector, solar pumps were installed in community cisterns and health facilities across the country. This contributed in reducing the risk of contamination of the water and the use of physical force, especially for women, to draw the water. Also, simple and less expensive technologies for households were used for the construction of improved toilets (these are the molds available in the targeted districts, the siphons and other inputs), while ensuring transfer of knowledge to local artisans. Community approach proved to be an effective strategy for promoting and sustaining efforts for the development of **preschool**, provided that the various stakeholders take proper ownership of it. Thus the awareness-raising actions carried out with the parents' association called Scol action have had a strong impact in raising parents' awareness.

In the context of **community health**, measuring mid upper arm circumference (MUAC) by mothers, the identification of suspected cases while respecting barrier measures and reporting them through phone calls or other telephone applications, are all measures that have helped health workers in the management of the COVID19 pandemic.

Looking forward, UNICEF Comoros intends to put the lessons and innovations from 2020 to good use in future actions.

In order to keep **supporting the education sector**, an analysis of adaptation capacities shows that the Comorian education system has development assets, especially in the search for alternative learning paths to cushion the adverse effects of a pandemic on education. However, these capacities were used informally and on a very small scale during the interruption of educational activities from March to July 2020. The survey shows that households can have electricity at home (88%), and have a television (76%), radio (56%) and internet (39%). However, national radio and television coverage reaches 52% for TV and 58% for radio. This situation requires collaboration with other peripheral radio and television stations to broaden the scope of access to distance education.

In addition, despite the positive results achieved with UNICEF advocacy (making available the database from radio and TV channels), there is a need for clarification of roles and responsibilities regarding resource management and accountability for the operationalization of intersectoral collaboration.

With **teleworking** becoming more and more a default way of work, it will be necessary to strengthen the means and skills of communication of UNICEF staff and government partners to enable them to keep up with this trend.

In the health sector, **focus will be put on maternal and neonatal health**, and on setting up quality services that are resilient to various hazards, including epidemics and humanitarian crises. Emphasis will be placed also on the development of normative documents and guidelines for the quality assurance of care, for prevention of infections in maternity and neonatal services, for the training of staff on the care of newborns and on kangaroo mother care.

The implementation of the **community health strategy** in the context of the COVID 19 pandemic has shown that CHWs have an adaptive capacity that must be put to good use. However, it will be necessary to have a strong and regular coordination mechanism, because despite the goodwill of the various partners, overlaps and insufficient harmonization of interventions have been observed.

Having obtained early and satisfactory funding for **vaccines** in 2020, the support and commitment of Unicef ²² are now directed towards the setting up of mechanisms that would help secure predictable and sustainable funding for immunization in particular and for health in general.

In the area of **public finance**, there is a need on the part of the CO to rethink the intervention strategy, and to renew the efforts of partnership and collaboration among the UN agencies, as well as between them and the Bretton Woods institutions, in order to work with the government in a coherent approach.

Looking back at the challenges for national institutions to respond to humanitarian situations with **monetary transfer interventions**, there is a crucial need to have a dynamic multi-hazard contingency plan that can serve as a reference document for the mobilization of external and internal resources.

Moreover, long-term partnership agreements must be established with the telephone operators who already offer electronic money services. It should be possible to work with them especially when in-person remittance of the money would prove inapplicable.

Discussions with the **victims of violence** highlighted trauma as a source of vulnerability, which had not been taken into account in the planning of social protection interventions. Coming very often from poor and vulnerable families, these victims also need psychological and financial support to help them cope with the trauma, build self-confidence, and get on with their lives.