

Comoros

Update on the context and situation of children

In line with global trends, the COVID-19 pandemic did not spare the Comoros in 2021. While the virus' spread initially appeared contained, a second wave that hit early in the year exacerbated already existing development challenges and further complicated the overall programme implementation context, particularly regarding the continuity of essential service delivery. For example, while the Government remained firmly committed to vaccinating 60 per cent of its total population throughout the year, a related implication of the COVID-19 response was the redeployment of much of the country's already limited medical workforce to capacitate COVID-19 case management centres and quarantine sites.

Comoros—an archipelagic state of small, volcanic islands—is vulnerable to a range of natural disasters. A developing nation, it also still faces a serious water resources management problem, which is of particular concern given the vital importance of the resource in everyday life, including for children and women.

Concerning **the economy**, efforts to recover from the impacts of 2019's Cyclone Kenneth were hampered by the COVID-19 pandemic's arrival. The global health crisis led to a significant economic slowdown, with multiple consequences for the Comoros, including a drop in Government revenue due to the slowdown's international trade impacts, an increase in public spending to manage the emergency and finance COVID-19 response support measures and a significant drop in employment and income due to job cuts. Nevertheless, the country's 2020 Human Development Index (HDI) was 0.554, ranking Comoros 156th among 189 countries and classifying it in the medium human development category. This reflects a notch **higher** than in 2019, when the country had the same numeric ranking but fell into the low human development category, with a 0.538 HDI.[1] Despite recent challenges, multidimensional poverty among children in the country has declined considerably in line with the improvement of living conditions in recent years. At the same time, progress is uneven, and inequalities between rural and urban households are stark. In 2018, the UNICEF multidimensional overlapping deprivation analysis showed that more than 50 per cent of children aged 0 to 4 years were subject to more than one deprivation, and 9 per cent experienced multiple deprivations in health, nutrition and, particularly, hygiene. Among children aged 5 to 17 years, the deprivation of access to information was most prevalent, affecting 63 per cent of children. Some 45 per cent of children in this age group experienced multiple deprivations, mainly in the areas of access to information, education and hygiene[2].

Rule of law remains weak and although significant progress has been made, the population's access to quality social services remained very limited. Counselling services registered 580 victims of violence and neglect. 70 per cent were girls aged 11 to 17, and 334 victims (57.53 per cent) had suffered from sexual violence, and benefitted from legal, medical and psychosocial assistance. In addition, efforts were made to update and disseminate the legal instruments to fight against these practices.

Despite the Government's firm commitment to COVID-19 vaccination and vaccine availability, uptake remained below targets in 2021. Reasons for this included communities' distrust in the vaccine efficacy, negative rumours about the vaccine itself, and low involvement of community media for sensitization about the campaigns.

Nationwide efforts to achieve full COVID-19 vaccination that were carried out in December resulted in further diversion of medical personnel from delivering essential health services, exacerbating the shortage of qualified personnel in maternity and neonatal services. To ensure uninterrupted service delivery and mitigate community fears around accessing routine health services during the pandemic, UNICEF supported the Ministry of Health with the development and adoption of minimum standards to prevent the spread of COVID-19 in health facilities, such as by adequately equipping personnel with protective gear, training and informational materials.

Regarding **nutrition**, 1,598 children aged 6-59 months were treated for SAM (32 per cent of annual

target), including 912 girls. Anjouan, Ngazidja and Moheli registered 968, 429 and 201 cases respectively. Higher numbers in Anjouan results from increased capacity to detect cases at the community level.

Ongoing work to strengthen micronutrient supplementation for pregnant women and children and treat severe acute malnutrition is envisaged to positively impact these areas and despite the pandemic-related difficulties, management of SAM treatment improved in 2021. This was achieved through multifaceted interventions, including mass campaigns for vitamin A supplementation and deworming, improved geographic coverage and the promotion of the use of mid-upper arm circumference (MUAC) by mothers at home, an initiative that contributed to continuity of services at the community level. Although much remains to be done to achieve coverage of the full population, and in particular children and women in schools and health facilities, access to safe and clean water, sanitation and hygiene (WASH) has improved, aided by UNICEF support for a project focused on marketing of improved toilets.

The impact of COVID-19 on children's learning is yet undocumented. Notable progress was made in children's school attendance thanks to an **education** policy supported by both Government and development partners. However, for every child to learn in the Comoros, key challenges remain to be overcome. Pre-school education is still experimental, and many families prefer non-formal education facilities, such as Koranic schools. In general, schools lack qualified teachers, adequate infrastructure and sanitation facilities and education access is marked by regional disparity. A large proportion (36.7 per cent in 2019) of persons living with disabilities were never enrolled in the education system.

This 2021 reporting period reflects the final year of the UNICEF 2017–2021 programme cycle and related collaboration. Looking forward, UNICEF Comoros will work to fulfill the ambitions laid out in two new key **frameworks for the period of 2022–2026**: the United Nations Sustainable Development Cooperation Framework (UNSDCF), which was signed by the Comorian Government and United Nations Representatives in July 2021, and the new Country Programme Document (CPD), which was developed in alignment with key lessons from the prior cycle, the UNSDCF and national priorities, and approved by the UNICEF Executive Board in September 2021.

[1] UNDP, Human Development Report 2020

[2] Dr. Sebastian Silva-Leander, Child Poverty Analysis Report, April 2019

Major contributions and drivers of results

Health care interventions for mothers, newborns, and children

The Government demonstrated a strong commitment to rolling out COVID-19 vaccination in 2021; by the year's end, about 65 per cent of the country's adult population—representing 30 per cent of the total population—were registered as having a complete COVID-19 vaccination schedule. UNICEF Comoros provided technical support for these COVID-19 vaccination efforts, such as by providing expertise for the development, implementation and monitoring of the National Deployment and Vaccination Plan and for the subsequent evidence-based adjustment of related strategies as needed. UNICEF Comoros continued its high-level advocacy and technical support for the Government to finance **all vaccines**. Despite the prioritization of COVID-19 response expenditure leading to a brief stockout of traditional vaccines, such as the Bacillus Calmette–Guérin vaccine for tuberculosis and oral polio vaccine, these breaks had no impact on co-funded vaccines such as the Pentavalent vaccine, which protects children from multiple life-threatening diseases, and the injectable inactivated polio vaccine.

UNICEF Comoros supported performance monitoring of the Expanded Programme on Immunization (EPI), through which vaccination coverage has decreased. For example, by the end of November 2021, 7,943 boys and 7,496 girls under one year of age had received the required three doses of the Pentavalent vaccine, representing 73 per cent of the expected population of recipient children for the

same period and below the 2019 (78 per cent) and 2020 (74 per cent) coverage rates.

UNICEF also supported the replacement of the monovalent measles vaccine with a combined measles-rubella vaccine. Although this introduction received little publicity considering the COVID-19 pandemic and focus on related vaccination campaigns, the initial coverage results were encouraging. With the pandemic causing a reduction in the **functioning of maternity and neonatal services**, UNICEF support focused on advocating for and ensuring continuity of essential and routine maternal, newborn, and child health services, with a view to improving service uptake during the pandemic and enhancing the country's health care systems capacity to prevent and manage COVID-19 cases. In addition, UNICEF provided health facilities with equipment and supplies, such as oxygen concentrators, pulse oximeters, oxygen distribution accessories, neonatal resuscitation bags, heating devices, chlorhexidine gel for umbilical cord care, reagents for HIV testing to prevent mother-to-child transmission of HIV, and sulfadoxine-pyrimethamine for the intermittent presumptive treatment of malaria in pregnant women.

In 2021, 54 per cent of expected births in the Comoros took place in public health facilities, while about 85 per cent took place in public and private hospitals and only 2 per cent occurred at home. UNICEF contributed by supporting the **training of maternity service personnel**. In total, 150 nurses and midwives from all 17 health districts and three neonatal services across the country were trained on emergency obstetric and neonatal care and kangaroo mother care, a practice using skin-to-skin contact.

Emphasis was also placed on establishing a coordination mechanism for all stakeholders for harmonious implementation of the national community health strategy to support COVID-19 response vaccine roll-out and essential health service continuity.

Increased community capacity for nutrition and WASH access

In July 2021, a mass campaign for **vitamin A supplementation coupled with deworming** medication surpassed its goal of reaching 85 per cent of children under 5 years. Nearly 129,000 children aged 6–59 months received a first dose of vitamin A (97.24 per cent coverage), while 112,338 children aged 12–59 months received deworming medication (94.10 per cent coverage). Another campaign for vitamin A supplementation and deworming medication followed in December, this time together with measles-rubella vaccination.

In 2021, UNICEF supported multifaceted interventions to address **severe acute malnutrition (SAM)**. Namely, access of affected children to treatment was strengthened through **improved geographic coverage**. The number of health structures offering treatment for SAM increased from 35 in 2020 to 42 in 2021, including 17 district health centres for intensive treatment and 25 health posts for outpatient treatment. Also, health facilities were provided with nutrition inputs, including 605 boxes of ready-to-use therapeutic food, 52 boxes of F100 therapeutic milk and 48 boxes of F75 therapeutic milk.

Management of the SAM treatment programme was improved and, overall, the cure rate rose to 90 per cent as of October 2021, up from 67 per cent in 2019 and 78 per cent in 2020. Similarly, the dropout rate decreased to 7 per cent as of September 2021, down from 26 per cent in 2019 to 18 per cent in 2020. This improvement is the result of operational strategies initiated around identifying abandoned cases, family adherence to treatment and the use of the community-level MUAC by mothers approach.

To support the **capacity building of nutrition staff** on the management of SAM and the nutrition information system, the national SAM management protocol was evaluated and updated with integration of new World Health Organization (WHO) recommendations, with the help of an international consultant. Moreover, with support of the UNICEF Eastern and Southern Africa Regional Office (ESARO), 51 health personnel were trained in the collection and analysis of nutrition data, especially those relating to the monitoring of SAM care.

To address **maternal nutrition**, priority was given to the fight against iron deficiency anemia and intestinal parasitosis. UNICEF supported health centres in providing pregnant women with micronutrients and deworming medications. Using thematic nutrition funds, 5,400 boxes of folic acid and 1,300 boxes of deworming medication were provided to maternity services via the respective regional health directorates for onward provision to pregnant women through prenatal consultations.

From January to October, 10,964 pregnant women received folic acid and 5,236 women received deworming medication.

To improve **WASH** in health facilities, schools and communities, UNICEF contributed to the rehabilitation of health facilities and schools in the country's most disadvantaged districts. As a result, a total of 8,652 households benefited from access to health care that is improved by adequate sanitary conditions. To enhance infection prevention and control in health care facilities and help alleviate the chronic lack of electricity, UNICEF Comoros equipped three Anjouan Island health centres with solar installations. Direct beneficiaries are estimated at more than 92,302 people, representing 27.13 per cent of the island's total population.

Improved toilets were installed in several public primary schools on Grande Comore and Mohéli islands; a total of 2,407 students now have access to improved toilets because of the integration of WASH in the education programme.

Regarding the **monitoring of the state of water resources** in the country, UNICEF supported the General Directorate for Water and Energy by providing equipment, essential commodities and other logistical support necessary for the functioning of this critical entity.

Improved equitable access to inclusive and quality pre-school and primary education

Following the Government's decision to progressively reopen schools, UNICEF's partnership with the Comorian Red Crescent enabled the nationwide disinfection of primary and secondary schools in June, July and September. All children between the ages of 4 and 18 years and their teachers benefited from this flagship intervention in the fight against the spread of COVID-19 in schools. For the 2020–2021 school year national examinations, disinfection sessions were also conducted in the 216 schools selected as examination centres for children completing primary school and lower and upper secondary school.

The Joint Committee of the Ministry of Health and Ministry of National Education carried out interventions in health districts aimed at protecting pupils, teachers, and administrative staff in the context of pandemic monitoring. Thanks to this initiative, which involved the chief doctors of the health districts and educational supervisors, all public-school directors were trained in the prevention, control, and monitoring of COVID-19 in school settings. With a monitoring form made available to them, the school headmasters were able to provide statistical data and information on the screening, vaccination and co-morbidity status of teachers and administrative staff in their schools. On this basis, awareness-raising sessions for unvaccinated teachers were also organized in the health districts.

UNICEF Comoros supports the promotion and development of pre-school education and quality primary education for all children of school age, especially the most vulnerable. In 2021, **31 per cent of pre-school children** (23,680 children, including 11,603 girls) were enrolled in a pre-school programme to prepare them for entry into primary school.

Thanks to the constant advocacy of and multifaceted support from UNICEF Comoros, a **new education orientation law** was promulgated in January 2021, institutionalizing the sub-sector and making pre-school education compulsory for all children from three-to-five years old. To be effective in practice, this milestone requires the creation of pre-school classes in public primary schools. In the short- and mid-term, a key next step will be to deploy the human, material and infrastructure resources necessary to respond to this democratization of pre-school education. UNICEF will continue its related technical support and strengthen advocacy for, on the one hand, the inclusion of a budget line dedicated to pre-school in the national education budget and, on the other hand, the mobilization additional funds from its partners to support the national policy in this sub-sector.

As a sub-sector, **primary education** receives the most technical and financial support from education partners. Thanks to the dialogue established within the framework of the Local Education Group, and the pooling of technical and financial efforts by partners, positive results were achieved in 2021 through the implementation of COVID-19 prevention interventions to protect children and educational staff, and the development of normative documents and monitoring tools for school council use in strengthening school governance.

Protection of children victims of violence

The legal framework for the fight against violence affecting women and children is rich and diversified. In addition to the national legislation comprising general and specific texts that protect

children and women, it includes several international conventions ratified by the Comoros, some of which relate to human rights in general, while others relate more particularly to the rights of the child. In 2021, the **legal framework for the protection of children and women was improved** and disseminated to the public. The new penal code of 29 December 2020 was promulgated by the President of the Union of the Comoros on 16 February 2021. It reinforces the legislation related to violence against children and women.

These different legal instruments emphasize several rights that all Comorian children and women can avail themselves of. There is therefore a need to compile and disseminate these texts, particularly the new penal code. To this end, in 2021 UNICEF Comoros led the compilation and dissemination of the legal texts to child protection duty bearers and rights holders in the 54 municipalities of the country. The dissemination activities have reached nearly 1,000 state and non-state actors related to the protection of children and women and 5,000 pupils, adolescents and students at the University of the Comoros.

Social inclusion of children

In 2021, the **national social protection policy was revised** to be aligned to the vision of the Emerging Comoros Plan 2020–2030 and its Interim Development Plan 2020–2024, and to integrate various initiatives underway in the field, such as the social safety net programme, the new socio-economic reintegration initiative for victims of violence, and the establishment of a single social register.

The second wave of COVID-19 led to the confinement of the entire island of Mohéli for almost two months, which severely affected low-income households. To help these households cope with the effects of the measures against COVID-19, a **cash transfer** scheme was established targeting 114 low-income households comprised of 565 people, including 265 children, in two villages (Domoni and Hamba). Each household received 27,500 Comorian francs (approximately US\$65).

Support for the socio-economic reintegration of victims of violence was maintained and, in some cases, reinforced in 2021. Out of 66 young girl victims of violence who had been identified at the end of 2020, 29 returned to general education, while 22 chose to learn a trade, such as sewing and producing traditional clothes. Three girls who had reintegrated into school were successful in the baccalaureate exam for the 2021 session. As of the end of the year, there were good prospects for strengthening this initiative in the coming years through Korea International Cooperation Agency support.

Moreover, **support for the economic resilience** of the 11 local groups of 2014–2019 pilot cash transfer project beneficiaries, comprising around 310 households, also continued. They received training on new techniques for agriculture and animal breeding and received complementary agricultural and breeding endowments related to facilities, equipment and inputs, such as feed.

In the area of **public finance for children**, UNICEF Comoros participated—for the third time—to the Open Budget Survey, which is conducted every two years by the International Budget Partnership (IBP). The 2021 survey implementation was part of a larger collaboration agreement between IBP and the UNICEF Regional Offices of ESA and West and Central Africa. The main result of this survey, which will be available in 2022, will contribute to UNICEF's strong advocacy towards Government to improve budget transparency that is a precondition for improved accountability, which in turn will lead to more effective poverty reduction programmes.

Humanitarian intervention

In 2021, the recent trend of international migrants, primarily originating from the Democratic Republic of Congo and surrounding countries, using the Comoros as a transit route persisted. People, including children, arriving illegally en route to the French island territory of Mayotte increased: in 2020, the country registered the irregular arrival of just 17 people, as compared to the 82 people registered as arriving illegally in 2021, including five people in June, 52 in September and 25 in December. This pattern signals concerning shifts in the main migration routes to Europe and underscores the prevalence of perceptions that Mayotte offers an alternative Indian Ocean route. It also has regional implications, particularly since the Comoros does not have a national asylum system in place to determine who qualifies for international protection given that the country is party neither to the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol, nor to the 1969 African Union Convention Governing the Specific Aspects of the Refugee Problem in Africa.

Within the framework of the Core Commitments for Children in Humanitarian Action, UNICEF financially contributed to the joint response efforts organized by United Nations agencies in collaboration with the Government, Comorian Red Crescent, and French Red Cross from September–December. These interventions focused on WASH and the provision of education supplies and basic non-food items. In addition, a UNICEF staff responsible for protection activities for the regular programme provided punctual psychological support through daily visits to families in need. Through sustained advocacy with local authorities, the Insular Referral Hospital Centre agreed that the nutritional needs of children would be met from the regular nutrition programme stocks, and that they could be vaccinated under the EPI.

UN Collaboration and Other Partnerships

UNICEF Comoros contributed to United Nations-wide strategic planning, partnership building and joint advocacy. This included an active and co-lead role in the finalization of the UNSDCF, chairing the Results Group on Basic Social Services (Results Group on Outcome 2), and the COVID-19 response.

UNICEF collaboration with all partners was essential in designing and implementing initiatives that benefited children, including fruitful partnerships that resulted in leveraging more funding than anticipated.

UNICEF and WHO collaborated on immunization funding; both agencies supported the Department of Family Health's EPI, including on planning, roll out and monitoring the measles-rubella campaign coupled with vitamin A supplementation and deworming. The support also included partnering with civil society organizations to strengthen the continuity of routine immunization and the COVID-19 vaccination campaign.

In terms of nutrition, UNICEF collaborated with the Food and Agriculture Organization of the United Nations, the Japan International Cooperation Agency, and the World Bank's Comprehensive Approach to Health System Strengthening project to support the Government in the implementation of the 2019–2021 multisectoral nutrition action plan, the evaluation and updating of the national protocol for the management of SAM evaluation and the training of nutrition actors on SAM treatment, the nutrition information system, central supervision and strengthening of the input supply chain.

In the education sector, UNICEF maintained its privileged partnership with primary donors: the Global Partnership for Education and Dubai Cares. These collaborations were instrumental in safely reopening schools and making progress in the pre-school programme, which is still in its experimental phase in the country. Moreover, a dynamic partnership with the French Development Agency enabled strengthened community participation and contributions to the performance and good governance of schools and the education system by providing a set of tools to improve teaching capacity.

UNICEF, UNFPA and the French Red Cross supported the fight against gender-based violence (GBV). The joint support included the recruitment of three psychologists assigned to support three islands' listening services, which provide psychological assistance to victims of violence; the establishment of 16 municipality-level GBV watch and alert committees across these three islands; and the publication of a quarterly newsletter on violence against children and women. This collaboration highlights the need for and value in an integrated approach by United Nations agencies to address GBV.

Building on their respective comparative advantages, 2021 collaboration between UNICEF and the World Bank resulted in effective support for the National Directorate of Solidarity and Social Protection efforts, including the institution of a single social register and the national social protection policy revision. Although not formally established at the country level, this UNICEF–World Bank partnership was effective in 2021 and succeeded in ensuring complementary assistance to the Government. Moreover, it laid a foundation for the two institutions to continue collaborating around social protection and public finance for children collaboration going forward.

Finally, in 2021, UNICEF Comoros contributed to ensuring strong partnerships by ensuring the high quality and timely submission of all donor reports.

Lessons Learned and Innovations

Having impacted UNICEF activities across all sectors, the COVID-19 pandemic resulted in both lessons learned and innovative ideas in 2021.

Overall, **lessons learned from the previous country programme** highlight the need to address low social indicators for the most vulnerable, mainly those located in rural areas, and to reinforce support for Government efforts to reduce persistent inequalities that impede the realization of child rights. Socio-cultural determinants and unfavourable family practices are persistent bottlenecks. Other lessons learned demonstrate the significant potential for scaling up innovations, expanding private sector partnerships and reinforcing youth engagement to accelerate results. It will also be critical to continue promoting multisectoral, integrated approaches to WASH, nutrition and birth registration, as well as the COVID-19 response.

Given restrictions on public gatherings, many field interventions were conducted by **going door-to-door** to reach beneficiaries. Even though this approach met the intended targets in some cases (e.g., more than 94 per cent of the children under 5 years old targeted received vitamin A supplementation), it also had limitations given the associated high human resource, financial, time and logistics requirements. Thus, with the implementation of the new CPD, UNICEF Comoros will seek alternative solutions to maintain access to beneficiaries in an efficient and sustainable way.

Due to challenges facing the education sector in general, the Ministry of Education (MoE) was unable to implement many annual workplan activities for almost two months, except for pandemic-related efforts. However, MoE–UNICEF action plan activities that were set for direct UNICEF implementation and had start-up agreements could continue.

Based on lessons learned in 2021, identifying synergies between sectors is an effective basis for carrying out intersectional efforts. For instance, to disseminate cross-sectoral key messages on good child development and parental guidance, UNICEF built on events and campaigns that had been planned in connection with these themes or resorted to existing platforms as a conduit.

The **intersectionality** between the protection and inclusion components of the UNICEF Comoros 2015–2021 programme allowed for the implementation of joint activities to support the reintegration of teenage mothers into school, including with UNICEF-funded tuition fees and school supplies. The **success in the 2021 baccalaureate exam of three young girls who were victims of violence** and subsequently received support for their socio-economic reintegration, demonstrates the potential of similar children if given due support. It is therefore important to strengthen related support initiatives, including through awareness-raising sessions for children and parents that draw on past successes. UNICEF will continue to advocate with national authorities to ensure that this type of initiatives is prioritized in the management of PF4C. Senior Ministry of Finance, Budget and Banking officials have showed a clear interest in working with UNICEF in this area from 2022 onwards.

The **involvement of adolescents** in the effort to curb violence against children and women has made it possible to reach those who are 11–17 years, the age group most affected by violence. Thanks to the involvement of community-based associations, UNICEF-supported activities aiming to prevent violence against children had increased visibility through social networks.

In the area of **communication**, some interesting innovations were tested with UNICEF Comoros technical expertise and support. These included community engagement efforts to promote COVID-19 vaccination using the stimulate, appreciate, learn and transfer (SALT) method; exploration of the social and behavioural determinants of COVID-19 vaccine attitudes; implementation of a system for monitoring information and rumours disseminated via social, community and national media platforms. These approaches and interventions should now be an integral part of any future social and behaviour change emergency response activities.

Within the framework of risk communication and community engagement and social and behaviour change strategies, the establishment of **young reporter clubs** was a notable programming innovation in 2021. For the first time in the Comoros, a national programme was established involving adolescents from 14–20 years. Going forward, these young people will play a leading role in their

communities by producing radio broadcasts on subjects of a social nature that are likely to improve the population's knowledge or to generate its interest on issues such as climate change, health, education and child protection.