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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

The Comoros

SUMMARY

The Executive Director presents the country programme strategy note for the Comoros for a programme of cooperation for the period 1997 to 2001.

Although they show a steady decline, infant, child and maternal mortality rates remain high owing to the poor quality of the health and education networks and the drinking water supply and sanitation systems, and to multiple and closely spaced pregnancies. Strong population growth and the exploitation of non-renewable natural resources could, over the long term, affect the survival and development of Comorian children. By emphasizing the rational utilization of resources and the introduction of low-cost technologies, the new cooperation programme will support the following objectives: the reduction of the mortality and morbidity rates and an increase in school enrolment and an improvement in scholastic performance as called for by the Government in its national programme of action for children and women. Three programmes will be developed. The health programme will help to ensure quality primary health care and essential delivery care for 60 per cent of the population and to increase the knowledge of adolescents and parents about health promotion. The basic education programme will help to bring net school enrolment and the school completion rate in target schools up to 75 per cent and 65 per cent respectively. Lastly, the social planning programme will help to ensure the regular updating of situation analyses and advocacy in favour of social policies which are better adapted to sustainable development and which respect the rights of children.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Since gaining independence in 1975, Comorian society has been divided between (a) adherence to traditional social and cultural rules and the inevitable rethinking to which an economic crisis gives rise; and (b) the maintenance of a balance between space and limited natural resources, on the one hand, and growing population pressure, on the other.

2. Although they show a steady decline, infant and child mortality rates (88 and 128 per 1,000 live births respectively) remain high. Malaria is one of the primary causes of mortality, followed by acute respiratory infections and diarrhoeal diseases. Among women, complications of childbirth and too many, too closely spaced or premature pregnancies are the causes of a high maternal mortality rate (500 per 100,000 live births). Protein-energy malnutrition is essentially a chronic condition (present in 33 per cent of children under five years of age); the prevalence of low weight is, on the other hand, only of marginal importance. While approximately 80 per cent of women breast-feed their children until the age of one year, only 2 per cent practise breast-feeding exclusively until the infant reaches six months of age. Net school enrolment is declining, having dropped from 67 per cent in 1986-1987 to 58 per cent in 1992-1993. On the average, 40 per cent of pupils repeat a grade and 10 per cent drop out of school. Girls account for 45 per cent of primary school enrolment. With 35 per cent access to drinking water, the problem is not so much the availability of water as the quality of the water consumed. Approximately 82 per cent of Comorians have access to traditional latrines which, because of their poor technical standards, are conducive to the propagation of parasitic and diarrhoeal diseases.

3. Of the three islands which make up the Comoros, the island of Anjouan shows the greatest disparities owing to strong population pressure, the lower volume of financial flows from the Comorian diaspora, the economic marginalization of small farmers, and environmental degradation. While iodine deficiency is moderate throughout the archipelago, vitamin A deficiency occurs most frequently on the island of Grande Comoro.

4. Despite a relatively dense network, the basic services are dysfunctional and this has led to anarchic development in the private sector. Local health centres are not really able to offer effective, decentralized, continuing and comprehensive services because of the lack of essential drugs and minor medical equipment, often unsuitable prescriptions, and the inadequacy of their operating budgets. The quality of basic education is poor partly because its aims are ill-adapted to the socio-cultural context. The lack of a reliable system of data collection hinders the planning, monitoring and evaluation of development programmes.

5. The main structural factors which could jeopardize sustainable development are the following: (a) strong population growth (3.2 per cent annual growth and a 7.1 per cent fertility rate) linked to ideological and cultural barriers; (b) the destruction of the environment, including the impoverishment and erosion of the soil; (c) the failure to adjust the production system and economic and

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social policies; (d) insularity; (e) high unit costs; and (f) the delay in the development of human resources.

LESSONS LEARNED FROM PAST COOPERATION

6. During the 1994 mid-term review, an analysis of the progress made towards the intermediate goals showed that, despite the continuing low immunization coverage, the incidence of diseases targeted by the expended programme on immunization (EPI) had declined considerably (not a single case of measles or poliomyelitis had been recorded since 1988 and only four cases of neonatal tetanus had been recorded in 1993). Another cause for satisfaction was that 8 maternity hospitals, of the 19 targeted, had already been designated baby-friendly hospitals. Other positive aspects related to UNICEF support for the reform of the basic health system in line with the principles of the Bamako Initiative. For instance, UNICEF supported the revitalization of 10 health centres, helped to integrate nursing-mother consultations into 20 pilot centres and, through its support of the Independent National Pharmacy and the management committees of local pharmacies, helped to keep the cost of essential drugs affordable. The use of impregnated mosquito netting in 10 pilot villages to prevent malaria also produced good results in 1994. In basic education, the strengthening of the management and finance capabilities of parent-teacher committees has led to improvements in the pupil-intake capacity and in educational conditions in 20 primary schools every year since 1992. UNICEF, in collaboration with the World Bank, also supported the convening of a meeting of State agencies involved in education.

7. The women and development programme, which was carried out in 15 villages and involved approximately 2,000 families, helped 10 women's groups to increase their potential for participation in the micro-economic sector and to improve their management skills. Constraints arise from the fact that the women involved do not have control over the profits gained or the purposes to which they are put, as well as from the high cost for each beneficiary. While the choice of technology for water supply systems has turned out to be costly (over \$100 per beneficiary), community participation in the management of the installations is deemed to be a success.

8. The constraints affecting UNICEF action in general reflect the structural factors which limit the country's socio-economic development. These factors include the Government's difficulty in meeting its financial obligations, repeated public service strikes, the often limited national capacity to meet planning and management needs, and a lack of reliable statistical data. The lessons learned from past cooperation experience argue in favour of the following strategic principles: (a) given the ecosystem of the Comoros, the proposed strategies should accord priority to the protection and sustainable management of natural non-renewable resources; (b) in view of the population pressure and the high rate of maternal mortality, birth control and birth spacing should be targeted in the development and implementation of national policies; (c) in the light of the dynamism and existing real capacity of community financing, the involvement of village development committees should be enhanced and their management capacity improved; (d) the geographical dispersion of development activities should be avoided; (e) an attempt should be made to

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achieve synergy and complementarity in actions based on community evaluation and analysis; (f) the revitalization of health centres should be used to open the way for other development activities; and (g) the synergy and complementarity of activities in collaboration with other external partners and non-governmental organizations (NGOs) should be reinforced.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. The long-term goal of the new programme of cooperation is to help to implement the Convention on the Rights of the Child, which has been ratified by the Comoros, by creating an environment which would give the greatest priority to the needs of children, recognize and respect their right to a dignified and productive life, protect their health, develop their potential and guarantee the maintenance of their rights through efficient management of the ecosystem.

10. The programme of cooperation will support the objectives of the Government's national programme of action (NPA) for children and women - the reduction of the mortality and morbidity rates, and the raising of the levels of school enrolment and performance. The programme will be based directly on the principles drawn from an analysis of recent cooperation. It will use a convergent and complementary approach, based on the new administrative restructuring in community areas, where autonomous bodies coordinate the development activities of the local population formed into committees. Support with regard to the provision of services will be limited to the inputs necessary to start up the process of co-financing on a community basis. UNICEF support will seek mainly to build national capacity in the following areas: (a) the empowerment and training of development, health and education committees in community evaluation and analysis and the management of basic services; and (b) the strengthening of the technical skills of officials at the local, intermediate and central levels involved in the management of basic services and in basic support for communities. UNICEF will also continue its advocacy in favour of social policies which are better adapted to the needs of sustainable development.

11. The programme's objectives will be achieved through two sectoral programmes (health and basic education) and one cross-sectoral programme (social planning and statistics).

12. The health programme will help to: (a) ensure quality primary health care (PHC) and essential delivery care for 60 per cent of the population; and (b) increase the knowledge of adolescents and parents about health promotion. To that end, three projects will be developed: (a) PHC/Bamako Initiative; (b) the expanded programme on immunization (EPI); (c) health promotion. The programme of support for EPI will be gradually reduced as the number of revitalized health centres increases. In the areas covered by revitalized health centres, health promotion activities will be developed, on the basis of evaluations and analyses carried out by the development committees. These activities may deal with matters relating to basic environmental protection, hygiene and sanitation, oral rehydration therapy (ORT), breast-feeding, and the diversification of the diet to include foods rich in iron and vitamin A. The promotion of appropriate low-cost technologies, in particular to rehabilitate

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and improve water supply, sanitation and liquid and solid waste disposal systems, will be encouraged. These promotional activities will be supported at the national level by mobilization campaigns on specific topics.

13. The basic education programme will help to: (a) raise the net school enrolment to 75 per cent, an increase of 17 per cent compared with the current level; and (b) raise the completion level in target schools to 65 per cent. In order to improve the quality of teaching, there is a need for improved teaching and management capacities, logistical support and community participation. Teaching and management capacities will be strengthened through initial teacher training and retraining, teacher guidance, improved development of school curricula, good management of examinations and the evaluation of educational results. This will be backed up by appropriate logistical support: the provision of teaching and study materials, and the rehabilitation and equipment of educational institutions. Community evaluations will be used to help to draw up programme contracts defining the priorities, activities and areas of responsibility of each party. Action-based research, the partnership with NGOs and other cooperation agencies, the training of participants and social mobilization will all help to support the programme.

14. The social planning and statistics programme will help to: (a) develop national capacity in social planning; (b) strengthen systems for the collection and analysis of social statistics in order to ensure the regular updating of situation analyses; and (c) ensure advocacy in favour of better adapted social policies. Two projects will be developed: (a) social planning/statistics; and (b) advocacy and communications. The Government will receive support in order to improve the availability of social statistics, broken down according to area and socio-economic factors. A map will be developed to highlight disparities between and within rural and urban areas and between the islands. The situation analysis will help with: (a) the monitoring of the implementation of the NPA, and the fulfilment of the commitments undertaken in connection with the ratification of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (b) the advocacy in favour of better adapted social policies, taking into account the 20/20 vision initiative, Agenda 21 and the conclusions of the International Conference on Population and Development and the Fourth World Conference on Women.

15. An integrated monitoring and evaluation plan will be developed in order to monitor and evaluate the implementation of the programme. As in the past, the Ministry of Planning will be responsible for coordination and the existing coordination mechanism will be retained. Complementarity with other United Nations agencies will be enhanced through the harmonization of programme cycles with the United Nations Population Fund and the United Nations Development Programme in 1997, and through the preparation of the current country programme strategy note.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
Health	1 650	1 400	3 050
Basic education	1 050	750	1 800
Social planning	<u>1 050</u>	<u>250</u>	<u>1 300</u>
Total	<u>3 750</u>	<u>2 400</u>	<u>6 150</u>

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.
