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Draft country programme document**

Comoros

Summary

The draft country programme document (CPD) for Comoros is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$8,520,000 from regular resources, subject to the availability of funds, and \$29,427,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2022 to 2026.

* E/ICEF/2021/23.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 16 June to 6 July 2021. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2021 second regular session and in the other designated languages four weeks in advance.

Programme rationale

1. Over the past five years, the Comoros has initiated bold reforms to ensure political and institutional stability, aiming to promote the rule of law and democracy, strengthen social cohesion and consolidate peace. Initiatives to modernize Comorian public administration have been undertaken to improve the supply and quality of services provided to the population.

2. The country consists of four islands: Ngazidja, Ndzuwani, Mwali and Maore, with the latter under the administration of France. Children account for nearly half (47 per cent) of the population of 758,316, of whom 69 per cent live in rural areas.¹ The population growth rate is 2 per cent annually. Comorian society is marked by a strong sense of local identity and traditions specific to each island and by pronounced social hierarchies.

3. As a small island developing state, the Comoros is responding to climate change, which plays a major role in the country. The Comoros is exposed to a wide range of natural hazards of increasing severity. Over the past 40 years, the country has been hit by 18 extreme weather events, including the devastating Tropical Cyclone Kenneth in 2019, which impacted more than 40 per cent of the population. Climate-induced events incur major losses in human lives and economic growth. They inflict as well social and environmental damage, eroding the population's resilience mechanisms. The Comoros is positioned at 51 out of 172 countries and territories for risk of natural disasters in the 2018 Global Climate Risk Index. It is ranked 59 for its lack of adaptive capacity, reflecting weak national adaptation and mitigation capabilities to avert the impact of climate change – despite an institutional framework established in 2007 to reduce disaster risk.

4. Domestic revenues account for 11 per cent of the gross domestic product (GDP) of the Comoros, a proportion well below the country's estimated potential fiscal space of 19 per cent.² The economy continues to be affected by reduced official development assistance, a situation aggravated by the impact of the coronavirus disease 2019 (COVID-19) pandemic. This can be seen through the decline in remittances (which represent nearly a quarter of GDP from the Comorian diaspora), depressed export earnings, low rates of foreign investment and excessive debt. The COVID-19 pandemic has drastically affected the Comorian economy: the GDP growth rate dropped from 2.0 per cent in 2019 to -0.4 per cent in 2020. The overall budget deficit, excluding donations, increased from -3.2 per cent of GDP in 2019 to -10.1 per cent of GDP in 2020.³ The country's limited resource base, internal market, infrastructure and services – especially electricity and international connectivity, which are poorly accessed – make it difficult to diversify or expand the economy.

5. Despite the economic downturn and significant population growth that has further impoverished the population, the Comoros was reclassified by the World Bank as a lower-middle-income country in 2019 based on its per capita gross national income of \$1,320. This reclassification may adversely impact the country's ability to raise donor funds.

¹ 2017 General Census of Population and Housing (GCPH) – Theme 1: State and Structure of Population, October 2020.

² UNICEF Eastern and Southern Africa Regional Office (ESARO), *National Political Economy Analysis and Fiscal Space Profiles of countries in the Eastern and Southern Africa region*, Jonathan Wolsey, *Case Study: Comoros – Fiscal Space Analysis*, September 2018.

³ National Institute of Statistics, Economics and Demographics Studies and the United Nations Development Programme, “Socio-economic Impact COVID-19 on conditions of life of vulnerable households in the Union of the Comoros”, December 2020.

6. While significant progress has been made to widen access to quality social services, the population's access remains very limited, particularly for rural dwellers and the most vulnerable. Significant progress towards reducing mortality among children under the age of 5 years has been achieved: rates fell from 112 deaths per 1,000 live births in 2003 to 55.5 deaths per 1,000 live births in 2017.⁴ The decline in under-5 mortality was due mainly to positive results in the fight against malaria. The Comoros is on track to achieve nationwide malaria elimination. However, the neonatal mortality rate remains high, at 24 deaths per 1,000 live births, accounting for 48 per cent of all under-5 deaths. Low birthweight (16.7 per cent)⁵ is a main contributor to neonatal mortality. Child survival continues to be challenged by limited access to health care due the insufficient number of functional health facilities and skilled health personnel as well as to difficulties related to access. The maternal mortality ratio decreased from 380 deaths per 100,000 live births to 172 deaths per 100,000 live births during the period 2003 to 2012.

7. National immunization coverage has been relatively stable in recent years; for example, the Comoros sustained diphtheria-tetanus-pertussis 3 (DTP3) coverage of 91 per cent from 2015 to 2019. However, subnational data reveal serious equity gaps. DTP3 coverage in 7 of the 17 districts is below 80 per cent – and in 5 districts is below 50 per cent. The majority (62 per cent) of children with poor access to vaccination live in urban and peri-urban areas.

8. Despite policies and coordinated efforts to improve the nutritional status of children and women, the situation remains alarming, mostly because of feeding practices rather than food availability. One third of Comorian children are stunted, one quarter are underweight and over one tenth are wasted.⁶ Thirty-two per cent of children in rural areas are stunted, compared to 25 per cent in urban areas. In addition, 10.6 per cent of children aged under 5 years are overweight – this is one of the highest rates of under-5 overweight in the region. Older children and adolescents fare worse, with 12 per cent of those aged 5 to 19 years overweight. These high numbers signify the growing problem of a triple burden of malnutrition in which all forms of malnutrition coexist. Only 12 per cent of children are exclusively breastfed for at least six months after birth. Most children aged 6 to 23 months are not adequately fed – only 7 per cent consume the minimum acceptable diet with adequate meal frequency and dietary diversity.

9. Sustained government efforts have improved the level of access to potable water, especially in urban areas. However, the overall water, sanitation and hygiene (WASH) situation in health and education facilities remains particularly worrisome. Over 60 per cent of health centres do not have water, 75 per cent lack hand-washing facilities, and 49 per cent lack sanitation services. Moreover, medical waste is not properly managed.⁷ The situation is similar in schools: some 43 per cent of primary school pupils have no access to water, 81 per cent have no access to hand-washing facilities, and 43 per cent lack access to toilets. The WASH sector has been also unable to keep pace with population growth. Access to a healthy environment remains a major challenge. In 2017, around 60 per cent of households used improved toilets – 67 per cent in urban areas and a little over 58 per cent in rural areas.⁸

⁴ 2017 GCPH – Theme 7: Mortality in Comoros, December 2020.

⁵ 2012 Demographic and Health Survey – Multiple Indicator Cluster Survey, final report, February 2014.

⁶ Ibid.

⁷ UNICEF Comores, Croissant-Rouge comorien, Croix-Rouge française, Wash in health facilities survey report, June 2018.

⁸ 2017 GCPH – Theme 2: Households and Housing, October 2020.

10. Significant progress has been made in children's school attendance, thanks to an education policy supported by both government and development partners. However, preschool enrolment remains limited (33 per cent in 2019) because of constrained demand and preference for non-formal education facilities, such as traditional Koranic schools. Schools lack qualified teachers, adequate infrastructure and sanitation facilities. Access to education is marked by regional disparities, with the main island, Ngazidja, having the lowest rates of access to primary education. Universal and inclusive access remains a challenge, particularly for children living with disabilities – nearly 37 per cent of persons living with disabilities were never enrolled in the education system.⁹

11. Despite efforts by authorities to promote gender equality, girls and women continue to bear the brunt of gender-based inequality and violence. Patriarchal traditions give women economic advantages within the family structure, but there are significant imbalances in favour of males in terms of political, cultural, social and economic power. Some traditional social norms lead to child marriage and expose girls and women to multiple forms of abuse. The 2018 Gender Development Index placed Comoros among countries that deviate the most from absolute parity.

12. Children and women are frequently subject to exclusion, abuse and violence. Social conventions foster a culture of violence and abuse regarding children and women, and impunity for perpetrators. Victims rarely speak up, and disputes are frequently settled between families outside the formal justice system. No institutions are in place to identify, support and shelter survivors of violence. Prevention and care services for victims of violence are scarce, centralized and largely ineffective, owing to the lack of qualified personnel, coordination and funding. Adding to negative effects of these conditions are the anxiety and stress resulting from COVID-19 and the conditions imposed to address the pandemic, which have increased concerns for children's mental health.

13. Adolescents and young people aged 10 to 24 years represent more than a third of the population.¹⁰ Although this cohort represents a priority for the Government – due to its size, impact on social cohesion and promise of human capital – adolescents and young people experience many challenges. For example, a 2019 UNICEF study illustrated some alarming realities concerning adolescent sexual and reproductive health, including early sexual initiation, multiple sexual partners, limited use of condoms and poor perception and knowledge of sexual and reproductive health. These realities are often unrecognized or obscured in the larger society.

14. Multidimensional poverty among children has declined considerably 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.¹¹

15. Low public expenditure on social sectors including health, education, water and sanitation, child protection and social protection largely accounts for the insufficient

⁹ 2012 GCPH – Theme 12: Socioeconomic situation of People living with Disabilities, October 2020.

¹⁰ 2017 GCPH – Theme 1: State and Structure of Population, October 2020.

¹¹ Dr. Sebastian Silva-Leander, Child Poverty Analysis Report, April 2019.

supply of and access to quality basic services. The limited coverage of social protection programmes, including cash support and health insurance coverage, adversely impacts vulnerable children the most. The success of the national social protection programme in addressing the unequal distribution of the benefits of economic growth may be compromised by the socioeconomic consequences of the COVID-19 pandemic.

16. Lessons learned from the previous country programme, 2017–2021 (drawn from the 2019 situation analysis, 2020 country programme evaluation, joint programme reviews with Government and other studies), highlight the need to address low social indicators for the vulnerable populations, mainly located in rural areas, and to reinforce support for government efforts to reduce persistent inequalities that impede the realization of child rights. Sociocultural determinants and unfavourable family practices are persistent key bottlenecks. Other lessons learned demonstrate the significant potential for scaling up innovations, expanding partnerships with the private sector and reinforcing youth engagement to accelerate results for children. It will also be critical to continue promoting multisectoral, integrated approaches to WASH, nutrition and birth registration, as well as to the COVID-19 response.

Programme priorities and partnerships

17. The overarching goal of the 2022–2026 country programme is to ensure that children's rights to survival, development, education, protection, participation and social inclusion are equitably achieved, including in humanitarian situations. Based on priorities identified with partners and lessons learned, the country programme theory of change is that *if* the UNICEF contribution succeeds in (a) strengthening institutional capacity to monitor the rights of children, adolescents and women, (b) sustaining the continuity of basic and quality social services, including in humanitarian situations, (c) strengthening the capacity of families, national and subnational authorities, civil society and young people to promote sociocultural norms favourable to children's and adolescents' rights, (d) promoting partnerships for children and adolescents, primarily with government and development partners, the private sector and civil society, and (e) supporting the Government to secure the demographic dividend through increased investment in education, health, WASH and social protection, *then*, mothers and those children and adolescents left behind or at risk will access quality social services and adopt behaviours that allow children and adolescents to develop to their full potential, contribute to social cohesion and be resilient when faced with shocks and stresses.

18. The country programme is aligned with the 2030 Agenda for Sustainable Development, the African Union Agenda 2063 and the vision of an emerging Comoros building a country engaged in sustainable economic and social development with a strong, diversified and competitive economy, as reflected in the Emerging Comoros Plan 2020–2030 and the Interim Development Plan 2020–2024.

19. The country programme is aligned with the UNICEF Strategic Plan and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026, particularly its outcomes 1, 3 and 4, linked to (a) ecological resilience, (b) human capital development through strengthening basic social services, and (c) governance and human rights.

20. The programme will promote intersectoral programming, especially around early childhood and adolescence, applying community-based approaches to maximize synergies among programme components to permit a holistic response to realizing child rights. These efforts will involve cooperation with United Nations sister agencies. Decentralization and governance will be reinforced at the local level.

21. The country programme will apply key change strategies as follows:

(a) Gender-transformative programming through the integration of a gender approach in sector strategies and interventions and the work of implementing partners;

(b) Systems-strengthening by improving the Government's institutional, technical, technological and financing capacity to implement programmes;

(c) Use of up-to-date data and high-quality analysis to highlight deprivations and violations of children's and adolescents' rights, and their causes, through strengthened national capacity for data collection and for managing statistical and evaluation systems;

(d) Social and behavioural change communication programming, particularly in relation to essential family practices, as a transformative factor driving change in all programme components;

(e) Strategic partnerships within the United Nations system and with the Government of France, the World Bank and the European Union, among others, to achieve greater budget transparency, better monitoring of public spending, and increased allocations to the social sectors serving children.

Every child survives and thrives

22. The programme is aimed at increasing the coverage of and demand for quality, equitable and inclusive maternal, newborn and child health care, nutrition and WASH services for children, adolescents and women, including in humanitarian situations. These aims will be achieved by strengthening government capacity to: (a) formulate policy, allocate the budget and coordinate programmes for maternal, newborn and child health and nutrition, and provide quality services, especially at the island level, through regional health directorates; and (b) provide adequate WASH infrastructure at health facilities and to plan, budget and promote the use of improved toilets, water conservation and good hygiene practices, including during humanitarian situations. The programme will be supported by increasing community capacity to stimulate demand for essential health and nutrition services and to promote healthy WASH practices.

23. UNICEF will support health system-strengthening and advocate for an increase in budgetary resources for primary health care to ensure universal coverage. With partners, including the World Bank, the World Health Organization (WHO) and the United Nations Population Fund, UNICEF will facilitate the scaling up of high-impact maternal and neonatal health interventions. These include the essential newborn care package, kangaroo mother care, the use of innovations, and community-based maternal and neonatal care. UNICEF will support the creation of regional centres of excellence to improve the quality of care for mothers and newborns, including systematic reviews and audits of maternal and neonatal deaths. Programmes for adolescent sexual and reproductive health will be strengthened to make them more accessible, building on existing interventions undertaken by the Ministry of Health and the associated national strategy on communication for development (C4D).

24. To support gains made in immunization, UNICEF will collaborate with partners such as the Gavi Alliance and civil society to adapt immunization strategies to reach every child and to strengthen social mobilization and demand-generation. The focus will be on the five districts located in Ngazidja where coverage for the pentavalent vaccine immunization is below 50 per cent. Specific strategies targeting children living in urban and peri-urban areas will be implemented. Vaccine management will be supported to ensure immunization continuity, particularly in crisis situations such as the COVID-19 pandemic.

25. UNICEF will support the Comoros national multisectoral nutrition plan and its strategy of integrating into quality health care services nutrition interventions that prevent and treat all forms of malnutrition. Emphasis will be placed on prevention of undernutrition, micronutrient deficiencies and overweight across the life cycle (early childhood, middle childhood and adolescence, and among women). Multisectoral action will be strengthened to advocate for early childhood development (ECD) interventions to be embedded in health and nutrition services and to promote strategies for improving infant and young child diets and prevent of all forms of malnutrition in communities. As the nutrition co-lead agency, UNICEF will support the Scaling Up Nutrition (SUN) movement, in partnership with the World Bank, the Food and Agriculture Organization of the United Nations, WHO, the Japan International Cooperation Agency (JICA) and civil society, with a focus on reducing coordination bottlenecks and strengthening data collection systems.

26. WASH interventions will target health centres and schools, which serve as entry points for integrated community-based interventions, while also emphasizing menstrual hygiene management and toilet-marketing scale-up and promotion. In partnership with the French Development Agency (AFD) and the United Nations Development Programme, UNICEF, as lead agency, will contribute to the revision of legislative frameworks and technical standards and will support coordination and monitoring of water sources and management.

Every child learns

27. The programme is aimed at ensuring that girls and boys aged 3 to 16 years can make greater use of inclusive, equitable, gender-sensitive and quality education services. This will be achieved through several measures: strengthening the Ministry of Education's capacity to steer and manage the education sector; providing teachers with necessary skills and resources to apply a child-centred pedagogical approach; strengthening school councils to create resilient, safe and gender-sensitive teaching and learning conditions (particularly through WASH infrastructure); and strengthening communities, the media and school councils to promote children's enrolment and attendance in school, including children living with disabilities.

28. In partnership with other actors supporting the Government in the education sector – including AFD, the European Union, the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and civil society organizations (CSOs) – UNICEF will continue to play a key role in sector coordination to reduce bottlenecks and improve concerted action in alignment with the Comoros education sector plan.

29. UNICEF will continue its strategic efforts to gradually scale up the early childhood education agenda through preschool education, which is one of the Government's priority strategies for ensuring children's access to elementary school. UNICEF will support improvement of the physical and pedagogical environment at preschools. To maximize interventions for young children, UNICEF will support their holistic development, highlighting the importance of the first 1,000 days of life, including immunization and adequate nutrition, which contribute to effective early learning.

30. UNICEF will maintain its efforts to strengthen the pedagogical capacity of teachers and supervisory staff in the public sector to achieve quality elementary education for all girls and boys, including those living with disabilities and in emergency situations. Support will consist of strengthening teaching and supervisory capacity in adopting child-centred approaches, improving the teaching and learning environment, and providing resilient education. UNICEF will support training for primary school teachers on child-centred approaches.

31. School councils will be empowered to ensure that resilient, safe and gender-sensitive teaching and learning conditions are met in schools. Community actors, the media and school committees will be trained and equipped to educate parents about the benefits and necessity of enrolling and retaining children in school.

32. Based on lessons learned during the COVID-19 pandemic, distance education using new information and communication technologies will enhance the continuity of education services. UNICEF will support the standardization of WASH services in public schools, including during crises, and assist the Government to integrate WASH indicators into the education management information system.

Every child is protected from violence and exploitation

33. The programme is aimed at ensuring that girls, boys, parents and communities – especially the most disadvantaged – offer accessible services for child victims of violence and adopt behaviours that promote a protective environment for children, and adolescents, including in humanitarian emergencies. The programme will be achieved through several means: strengthening government capacity to design, coordinate and pilot policies and programmes on social welfare and child protection; enhancing the capacity of the government and CSOs to deliver holistic care; and increasing the knowledge and capacity of parents and community leaders to adopt behaviours favourable to protecting children and adolescents, especially girls, and to promoting child rights.

34. UNICEF will continue to advocate for improving the legislative framework for the protection of children and adolescents. Through South-South cooperation between the universities of Madagascar and Comoros, UNICEF will support the establishment of a training programme for social workers. UNICEF will also support the training of police and gendarmerie bodies in charge of child protection. Following the 2018 abolition of the regional police entity in charge of child protection, UNICEF will continue to advocate for the restructuring and organization of regional directorates to oversee the protection of children and adolescents. UNICEF will also continue to support the building of government capacity for systematic monitoring and data analysis, using the protection database launched in 2019. A database on violence will also be operationalized to provide real-time quality administrative data. UNICEF will support modernization of the birth registration system to secure children's right to a legal identity.

35. UNICEF will support the scaling up of the quality and holistic care in the medical, legal and psychological realms that is provided through helplines and radio-listening services. Support will also be given to the social and economic reintegration of children, adolescents and women victimized by violence, especially the most vulnerable. In emergencies, including pandemics such as that of COVID-19, UNICEF will work with government and other partners to ensure that psychosocial and child protection networks remain functional and able to respond to needs, especially regarding gender-based measures to mitigate violence.

36. UNICEF will advocate for the creation of digital and other innovative platforms, including the use of social media, to promote greater engagement and participation by adolescents and youth in community life, facilitating their contribution to positive social change and cohesion. UNICEF will continue to strengthen the life skills of adolescents and youth and improve their access to services in schools and non-formal settings. Continued support will be given to implementation of the C4D strategy aimed at rejecting violent practices harmful to children and adolescents, promoting care services for affected children and establishing positive social standards that promote the protection of children and adolescents against all forms of violence and exploitation.

Every child has an equitable chance in life

37. The programme is aimed at ensuring that more children and families benefit from social policy interventions that reduce poverty and build resilience. This will be achieved through several means: (a) supporting the government to measure and monitor child poverty; (b) strengthening the capacity of the Government and institutions to mobilize and allocate resources to invest in human capital sectors; and (c) enhancing government capacity to design, coordinate, implement and monitor shock-responsive social protection policies and programmes.

38. UNICEF will support the generation and use of evidence on child poverty to guide the Government in the formulation of social sector policies, plans and budgets. The Government will be given support to mobilize, equitably allocate and effectively utilize public resources to improve the well-being of children and adolescents. UNICEF will support CSOs, including youth and women-led organizations, to measure and monitor social spending to institutionalize a culture of accountability. Together with the World Bank and other United Nations system agencies, UNICEF will contribute to the reduction of inequalities among children by supporting the formulation of socioeconomic policies and budgets that improve geographic, gender, programmatic and demographic equity in access to basic services, including social protection. UNICEF will also contribute to the establishment of a well-coordinated social protection system that covers the basic needs of households living in extreme poverty and that protects these households during shocks.

Programme effectiveness

39. The programme will be efficiently coordinated, managed and supported to accelerate results for children in accordance with UNICEF quality norms and standards and in line with the UNSDCF 2022–2026. Synergies among programme components will be sought through intersectoral approaches to reinforce access to quality social services and to promote resilient communities. Programme effectiveness will be sustained by strengthening cross-cutting approaches, such as adolescent development, WASH, C4D, ECD, climate resilience, innovation, emergency preparedness and response, and gender mainstreaming. The programme will strengthen evidence-based communication and advocacy that position UNICEF as a leading advocate for child rights. Studies, research and evaluations, including those centred on innovations, will be supported, and the findings widely disseminated. A special effort will be made to increase the use of digital and web-based technology.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition (including WASH)	3 053	14 566	17 619
Basic education (including WASH)	1 439	13 426	14 865
Child protection	977	231	1 208
Social policy	1 125	289	1 414
Programme effectiveness	1 926	915	2 841
Total	8 520	29 427	37 947

Programme and risk management

40. This document summarizes UNICEF contributions to national plans and serves as the primary unit of accountability to the Executive Board for alignment of results with allocated resources. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

41. The programme will contribute to the implementation of United Nations reform, enhancing the "delivering as one" approach. In addition to co-leading UNSDCF results group 3 (human capital development) with national counterparts, UNICEF will contribute to the work of the United Nations country team thematic groups. These include the emergency task force, resource mobilization group, gender and human rights task force, communications group and the monitoring and evaluation committee.

42. The programme will strengthen the capacity of implementing partners in areas such as the harmonized approach to cash transfers framework, monitoring and evaluation, results-based management and prevention of sexual exploitation and abuse. UNICEF will maintain a risk-informed monitoring system focused on the risks identified in the enterprise governance risk and compliance tool. In consultation with the Government and the United Nations country team, UNICEF will adjust the programme's content and approach as needed to effectively respond to emergencies.

43. While UNICEF successfully mobilized significant additional resources in recent years, the economic repercussions of the COVID-19 pandemic could constrain resource mobilization for the country programme. UNICEF will continue to apply its evidence-based resource mobilization strategy.

Monitoring and evaluation

44. Programme monitoring and evaluation will be implemented through the costed evaluation plan, which will be embedded in annual planning for research, impact monitoring and evaluation. UNICEF will support national and sectoral data collection activities, such as the multiple indicator cluster survey (MICS) and poverty surveys, both early in the programme cycle and towards the end, to establish a baseline of the situation of children and measure the progress made, particularly for the most disadvantaged children and women.

45. With UNICEF support, the General Commissariat for Planning will coordinate monitoring and evaluation of the country programme, 2022–2026, within the UNSDCF implementation process. UNICEF will be part of the national process of annual and midterm reviews of programmes and projects.

46. Partnerships will be enhanced with United Nations agencies, parliamentarians, academics and CSOs to strengthen evidence generation and knowledge management on child rights and emerging issues, to promote the institutionalization of evaluation of public policies, and to encourage social mobilization and participation, mainly of adolescents and young people. Mobile phones, such as those used in U-Report, and online platforms will be developed to engage adolescents and young people and to collect their real-time opinions and feelings on issues that affect their lives.

Annex

Results and resources framework

Comoros – UNICEF country programme of cooperation, 2022–2026

<p>Convention on the Rights of the Child: 2–50</p> <p>Sustainable Development Goals: 2–6, 8, 10, 16 and 17</p> <p>National priorities: Emerging Comoros plan: Pillar 4 and catalysts 1, 2 and 3</p> <p>Interim Development Plan 2020–2024: Objectives 1–5</p>
<p>United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:</p> <p>By 2026, State and non-State actors and the Comorian population, particularly the most vulnerable, have strengthened their resilience to climate change, natural disasters and crises and can ensure the sustainable and integrated management of terrestrial and marine ecosystems and associated goods and services in a context that promotes sustainable housing with a low environmental footprint.</p> <p>By 2026, the Comorian population, particularly the most vulnerable, benefit from the demographic dividend and make greater use of inclusive, equitable, gender-sensitive, sustainable and high-quality services in health, nutrition, education, social protection and care for victims of violence.</p> <p>By 2026, public institutions are more inclusive, efficient, accountable and resilient and strengthen citizen participation in public life, social cohesion, human rights, gender equality and democracy.</p>
<p>Related UNICEF Strategic Plan Goal Areas: 1–5</p>

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
1. By the end of 2026, women, children, girls and boys, and communities, especially the most disadvantaged, use quality, equitable and inclusive, and promotional, preventive and curative maternal, newborn and child	Percentage of young children who benefit from vitamin A supplementation twice yearly B: 78% T: 100%	Routine information system (District Health Information Software version 2)	The national Government has increased capacity for the development and monitoring of equitable policies, strategies, norms, standards and budgets for programmes for maternal, newborn and child health and nutrition.	Ministry of Health, Solidarity, Social Protection and Gender Promotion (MoH) Ministry of Energy, Mines and Water World Bank	3 053	14 566	17 619
	Percentage of births taking place in health facilities B: 76% T: 90%	Multiple indicator cluster survey (MICS)	Regional health directorates of each island have improved capacities for planning,				

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
health care, nutrition, water, sanitation and hygiene (WASH) services, and adopt behaviours enabling child survival and development, including in humanitarian situations.	Percentage of surviving infants who received (a) first dose and (b) three doses of diphtheria-tetanus-pertussis (DTP)-containing vaccine B: 78% T: 90%	MICS	coordination, and management of maternal, newborn, child health and nutrition service delivery by hospitals, district health centres, and by community-based health workers and civil society organizations (CSOs) structures.	United Nations Population Fund (UNFPA) United Nations Development Programme (UNDP) French Development Agency World Health Organization Gavi Alliance Japan International Cooperation Agency Mouvement Associatif pour l'Éducation et l'Égalité des Chances (MAEECHA) (CSO)			
	Percentage of districts that have at least 80% of children aged 0 to 11 months vaccinated with three doses of DTP-containing/Pentavalent vaccine B: 59% T: 100%	MICS	Service providers in health facilities have adequate WASH infrastructure that complies with national and international standards and have increased capacity to provide quality services. The Government and partners have increased capacity to develop strategies, allocate budgets, provide technical assistance, and promote the use of improved toilets, water conservation and good hygiene practices.				
	Percentage of infants aged under 6 months exclusively breastfed B: 12% T: 40%	MICS	Stakeholders have the capacity to promote the use of essential health, nutrition and WASH practices and foster community participation.				
2. By the end of 2026, girls and boys aged 3 to 16 years make greater use of inclusive, equitable, gender-sensitive, and quality education services, including in humanitarian situations.	Primary education completion rate B: 67% T: 85%	MICS	The Government has adequate capacities for adequately managing the education sector. Teachers have the necessary skills and resources for a child-centred pedagogical approach.	Ministry of Education French Development Agency (AFD) United Nations Educational, Scientific and Cultural Organization	1 439	13 426	14 865
	Gross preschool enrolment ratio B: 33% T: 40%	Sector management information system	School Councils ensure resilient, safe and gender-sensitive teaching and learning				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			<p>conditions, particularly WASH infrastructures.</p> <p>Community actors, the media and school councils have the knowledge, means and tools to mobilize parents to keep children and adolescents in school, including those living with disabilities.</p>	<p>Global Partnership of Education</p> <p>Dubai Care</p> <p>French Cooperation</p> <p>MAEECHA (CSO)</p> <p>French National Committee for UNICEF</p> <p>Soprano Foundation</p>			
<p>3. By the end of 2026, girls, boys, parents and communities, especially the most disadvantaged, make greater use of prevention and care services for child victims of violence and adopt behaviours that promote a protective environment for children, including in humanitarian situations.</p>	<p>Percentage of girls and boys aged 15 to 17 years who have ever experienced any sexual violence and sought help from a professional</p> <p>B: 57%</p> <p>T: 100%</p>	MICS	<p>The Government has improved technical and operational capacity to design, coordinate and steer policies and programmes relating to child protection.</p> <p>The Government and CSOs have improved technical and technological capacities for holistic care.</p>	<p>MoH</p> <p>Ministry of Justice</p> <p>Ministry of Interior</p> <p>World Bank</p> <p>UNFPA</p> <p>UNDP</p> <p>AFD</p> <p>Korean International Cooperation Agency</p> <p>HIFADHUI (CSO)</p>	977	231	1 208
	<p>Proportion of children under 5 years of age whose births have been registered with a civil authority</p> <p>B: 87%</p> <p>T: 95%</p>	MICS	<p>Demographic and Health Survey</p> <p>Adolescents, parents and community leaders have increased knowledge and capacities to adopt behaviours favorable to the protection of the child and the promotion of child rights.</p>				
<p>4. By the end of 2026, more children and families benefit from</p>	<p>Number of children living in monetary or multidimensional poverty</p>	Child poverty report	<p>The Government has enhanced capacity to measure and monitor child poverty and to utilize the</p>	<p>MoH</p>	1 125	289	1 414

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
social protection interventions that reduce poverty and build resilience.	B: 144,304 (monetary poverty) / 207,800 (multidimensional poverty) T: 72,152 (monetary poverty) / 103,590 (multidimensional poverty)		evidence to inform national, sectoral and local policies, plans and budgets in order to improve child well-being. The national Government and local institutions have enhanced capacity to mobilize, equitably allocate and efficiently utilize domestic and external resources to invest building in human capital. The Government has improved technical and operational capacity to design, coordinate, implement and monitor shock-responsive social protection policies and programmes.	Ministry of Finance, Budget and Banking National Institute of Statistics, Economics and Demographics Studies (INSEED) Technical and financial partners			
	Number of girls and boys reached by cash transfers through UNICEF-supported programmes, including in humanitarian contexts B: 1,980 T: 3,000	National Single Social Register					
5. UNICEF programmes are well coordinated, managed and performing with intersectoral synergies and innovation, and are well recognized and funded.	National Human Rights Institutions supported by UNICEF do quality monitoring on child rights (score 1–4) B: 1 T: 3 Social and behavioural data utilized to inform and monitor social and behavioural change communication strategies (stand-alone or embedded in sectoral strategies) in SBCC-related priorities. B: Not fully utilized T: Utilized in a systematic manner	Country administrative data		General Commissariat for Planning INSEED United Nations agencies Parliament of the Union of the Comoros	1 926	915	2 841
Total resources					8 520	29 427	37 947