



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme document for Comoros

Proposed UNFPA assistance: \$4 million: \$2.5 million from regular resources and \$1.5 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Fifth

Category per decision 2005/13: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.1	0.8	1.9
Population and development	0.8	0.5	1.3
Gender	0.4	0.2	0.6
Programme coordination and assistance	0.2	-	0.2
Total	2.5	1.5	4.0

I. Situation analysis

1. Comoros consists of the islands of Anjouan, Grande Comore and Mohéli. The population is estimated at 621,000, and is growing at an annual rate of 2.1 per cent. Young people under the age of 20 account for 53 per cent of the population, which has a slightly higher percentage of females (50.4 per cent) than males. In 2003, the total fertility rate was 5.3 children per woman, with variations between the islands (6.3 for Anjouan; 6.1 for Mohéli; and 4.5 for Grande Comore). The rapid population growth and high population density (between 333 and 612 inhabitants per square kilometre on Anjouan) place pressure on natural resources and the environment. Life expectancy at birth is 64.3 years for men and 66.9 years for women.

2. In 2003, the under-five child mortality rate was 112.9 deaths per 1,000 live births. The maternal mortality ratio dropped from 517 deaths per 100,000 live births in 1988 to 380 deaths in 2003. The contraceptive prevalence rate is 19.4 per cent among women in unions, and 13.9 per cent among women of childbearing age. The country recently developed a national strategy for reproductive health commodity security, but requires additional funding to implement it. Existing health resources, including personnel, facilities, equipment and drugs, are inadequate, making it difficult for the Government to respond to the health needs of the population. There is a lack of adolescent reproductive health information and services, leading to unwanted pregnancies, unsafe abortions, and increased morbidity and mortality among adolescent girls.

3. The HIV prevalence rate (0.025 per cent) is among the lowest in sub-Saharan Africa. Women account for 52 per cent of diagnosed cases. High-risk sexual behaviour, which increases the risk of HIV infection, is increasingly common among young people. In 2003, only 19.5 per cent of 15- to 24-year-olds reported using a condom during their last sexual intercourse, compared to 35.7 per cent

in 1996. Commercial sex workers are among the most vulnerable.

4. Comoros has ratified the Convention on the Elimination of All Forms of Discrimination against Women and has established legal frameworks, including the family code and the national gender policy, to promote gender equality. Nevertheless, gender inequalities persist. Only one of every 10 government posts is occupied by a woman. Only 66 per cent of girls are enrolled in primary school, compared to 79 per cent of boys. Violence against women and girls is also a problem.

5. Poverty is pervasive. The per capita income was \$465 in 2005, and 44.8 per cent of the population lives in absolute poverty. In July 2005, the Government developed a poverty reduction and growth strategy, which served as the basis for the formulation of the United Nations Development Framework (UNDAF) for 2008-2012, and for the proposed country programme document.

6. The Government carried out a population and housing census in 2003. Nevertheless, Comoros lacks a comprehensive monitoring and evaluation system for policy formulation and programme planning and implementation. With the increasing population pressure on the environment and resources, the Government must develop a comprehensive approach to address the linkages between population, development and the environment.

II. Past cooperation and lessons learned

7. The fourth country programme had two components: (a) reproductive health; and (b) population and development, with gender as a cross-cutting issue. UNFPA and the Government implemented the reproductive health component in five health districts, which covered 30 per cent of the total population. Family planning activities were carried out in all 17 health districts of the country. The proposed country programme seeks to scale up these activities.

8. Achievements in reproductive health included: (a) decentralized, annual action plans for the national reproductive health strategy and for the gender information, education and communication strategy for each island; (b) increased availability of adolescent sexual and reproductive health information and services; (c) increased managerial capacity of health personnel; (d) development of a reproductive health commodity strategy; and (e) increased availability of high-quality, integrated reproductive health services. The proposed programme will scale up these services, and will assist the Government in implementing a reproductive health commodity strategy.

9. In the area of population and development, the programme helped to: (a) increase institutional and technical capacity for managing population and gender policies and programmes; (b) carry out the 2003 census; (c) analyse issues related to poverty mapping, maternal mortality and young people; (c) develop guidelines to integrate gender into development policies and programmes, particularly into the poverty reduction and growth strategy; (d) finalize the family code and assist in its adoption by the Government; and (e) establish the National Youth Council on Population and Development. The proposed programme will establish networks of media, youth, women ministers and parliamentarians to advocate the implementation of policies, laws and programmes on population and development.

10. Lessons learned during the current programme included: (a) strengthening national capacity in programme planning, management and implementation enhances partner involvement as well as national ownership; (b) strong partnerships with other United Nations partners, non-governmental organizations (NGOs), and civil society organizations are key to the successful implementation of censuses, reproductive health commodity security and youth-related initiatives; (c) policy dialogue and advocacy are important tools for securing support to adopt laws on gender, such as the family code; and (d) there is a need to develop a monitoring and evaluation framework for

effective, results-based management and the implementation of programmes.

III. Proposed programme

11. The proposed country programme is aligned with national priorities as defined in the poverty reduction and growth strategy and in the UNDAF (2008-2012), which provides a framework for inter-agency collaboration and joint programmes. It is also aligned with the Programme of Action of the International Conference on Population and Development (ICPD), the Millennium Development Goals and the Beijing Platform for Action.

12. The goal of the country programme is to reduce poverty through the empowerment of vulnerable groups by: (a) improving sexual and reproductive health and protecting reproductive rights; (b) harmonizing population growth with development; and (c) enhancing gender equity and equality and empowering women. The country programme will also seek to maintain the low level of HIV/AIDS in the country by targeting young people and commercial sex workers. The country programme addresses the UNDAF outcomes related to: (a) improved access to and utilization of high-quality basic social services; and (b) strengthened institutional and individual capacities for political and economic governance at national and island levels, incorporating human rights, gender equity and accountability.

Reproductive health component

13. The outcome of the reproductive health component is: enhanced utilization of high-quality reproductive health services, including services to prevent sexually transmitted infections and HIV/AIDS, with a focus on women and young people. The component has two outputs.

14. Output 1: Increased access to and availability of integrated, high-quality reproductive health services, with a focus on family planning, essential and emergency obstetrical care, and genital cancer. This output

will be achieved by: (a) fostering partnerships with the Government and civil society for advocacy, policy dialogue, and budgetary support to implement the Maputo Plan of Action, with a focus on reproductive health commodity security; (b) strengthening reproductive health programme coordination and monitoring and evaluation systems; (c) expanding the number of facilities that provide a range of high-quality family planning services; (d) strengthening the technical capacity of health personnel, including for cancer screening, by providing training on reproductive health in training institutions; and (e) strengthening institutional and technical capacities to develop and implement culturally sensitive and gender-sensitive information, education and communication messages. These messages will promote behaviour change and encourage community support for safe motherhood, family planning, youth-friendly adolescent reproductive health services, and reproductive health services for commercial sex workers. The country programme will also enhance partnerships with religious leaders and communication specialists.

15. Output 2: Increased availability of youth-friendly reproductive health information and services aimed at preventing sexually transmitted infections, HIV/AIDS and unwanted pregnancies among youth. To achieve this output, the programme will implement the following strategies: (a) advocating youth involvement and scaling up reproductive health services for adolescents in targeted districts, including through youth centres; (b) sensitizing the community and distributing male and female condoms; (c) promoting partnerships, especially with NGOs; (d) implementing the peer-educator strategy; and (e) strengthening the technical and institutional capacities of youth network associations and NGOs in behaviour change communication in the areas of reproductive health and family life skills.

Population and development component

16. The outcome of this component is: population issues are taken into account in poverty reduction strategies and other sectoral policies, strategies, plans and programmes at all levels. It will be achieved through two outputs.

17. Output 1: Technical and institutional capacities of national counterparts are strengthened to enable them to integrate issues related to population, reproductive health, gender, culture and human rights into development policies, strategies, plans and programmes at all levels. This output will be achieved by: (a) building the capacity of individuals and institutions at central, regional and community levels to enable them to integrate population, reproductive health, gender and environmental issues into development policies and programmes; (b) developing coordination mechanisms that support the integration of population issues into national development frameworks; and (c) building strong partnerships among those implementing population-related programmes.

18. Output 2: Increased availability, at all levels, of sociodemographic data disaggregated by sex and age for planning, monitoring and evaluating social policies and programmes. Strategies for achieving this output include: (a) generating new databases through sociodemographic surveys, such as the 2008 demographic and health survey; (b) developing an integrated population and development database; (c) mobilizing resources to support data collection, analysis and dissemination; and (d) supporting research on population, environment and development linkages for evidence-based advocacy and policy dialogue.

Gender component

19. The outcome of the gender component is the creation of a sociocultural and legislative environment favourable for promoting and

protecting women's rights and combating gender-based violence. This component has one output.

20. Output 1: Increased availability of information and services that promote and protect gender equality, with an emphasis on preventing gender-based violence. This output will be achieved by: (a) building technical and institutional capacity to implement the national policy to promote gender equality and equity and the family code; (b) developing partnerships and networks to promote gender issues; (c) documenting the prevalence of gender-based violence in Comoros; (d) establishing mechanisms to prevent gender-based violence and care for victims of such violence; and (e) undertaking advocacy and social mobilization efforts to create a favourable environment to combat violence toward girls and women.

IV. Programme management, monitoring and evaluation

21. UNFPA and the Government will employ the national execution modality for the country programme. The Planning Commission in the Ministry of Finance, Budget and Planning; the Ministry of Health, Solidarity and Gender Promotion; and the ministries of health of the autonomous islands will jointly implement the programme. National NGOs and civil society organizations will serve as implementing partners. UNFPA and the Government will develop joint programmes in partnership with other United Nations organizations.

22. The Ministry of Finance, Budget and Planning will coordinate the country programme at the national level as well as the population and development component. The Ministry of Health, Solidarity and Gender Promotion will implement the reproductive health and gender components. Reproductive health interventions will be concentrated in the eight districts with the poorest ICPD indicators. Other activities will be national in scope, including efforts to ensure reproductive health commodity security, through advocacy, distribution of supplies and capacity-building.

UNFPA and the Government will develop resource mobilization and partnership strategies to secure resources to achieve the Millennium Development Goals and the goals of the poverty reduction and growth strategy.

23. UNFPA and the Government will develop a results-based monitoring and evaluation system, which will be aligned with UNFPA monitoring and evaluation guidelines. They will organize quarterly review meetings, an annual programme review, a baseline evaluation and a final evaluation, which will be carried out within the UNDAF framework. In addition, UNFPA and the Government will develop a database to manage the programme and will also undertake end-line studies to evaluate the programme.

24. The UNFPA country office in Comoros is under the supervision of the UNFPA representative in Madagascar, who serves as country director. Based on the approved country office typology, the office includes an assistant representative, a finance and administrative assistant and two support staff. To strengthen the capacity of the office, UNFPA will earmark programme funds for four national programme officers and one support staff member. UNFPA will also recruit national project personnel and chief technical advisers, as needed, to assist in programme implementation. The UNFPA country technical services team in Harare, Zimbabwe, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR COMOROS

National priority: ameliorate the health status of the population (strategic focus 4 of the poverty reduction and growth strategy)				
UNDAF outcome: by 2012, improved access to, and improved quality and utilization of, basic social services				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Enhanced utilization of high-quality reproductive health services, including services to prevent sexually transmitted infections and HIV/AIDS, with a focus on women and young people</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • By 2012, the contraceptive prevalence rate increases from 19.4% to 30% • By 2012, the percentage of youth aged 15-24 using a condom during last high-risk sexual contact increases from 19.5% to 35% <p>Baseline: 2000 multiple indicator cluster survey; 2004 HIV survey; 2008 demographic and health survey; UNDAF, 2008-2012; poverty reduction and growth strategy</p>	<p>Output 1: Increased access to and availability of integrated, high-quality reproductive health services, with a focus on family planning, essential and emergency obstetrical care, and genital cancer</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • 100% of health institutions offer at least three modern contraceptive methods in programme areas • Percentage of men and women who correctly identify modes of transmission for HIV • Existence of a budget line in national budget allocated for the purchase of contraceptives <p>Baseline: 2008 demographic and health survey; UNDAF, 2008-2012; health statistics; poverty reduction and growth strategy</p> <p>Output 2: Increased availability of youth-friendly reproductive health information and services aimed at preventing sexually transmitted infections, HIV/AIDS and unwanted pregnancies among youth</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Percentage of youth aged 15-24 who correctly identify the modes of transmission of HIV • Percentage of patients with sexually transmitted infections who are correctly treated, according to the syndromic approach • Number of NGOs carrying out activities in the area of adolescent sexual and reproductive health <p>Baseline: 2008 demographic and health survey; UNDAF, 2008-2012; health statistics; poverty reduction and growth strategy</p>	<p>Ministry of Health, Solidarity and Gender Promotion; Ministry of Finance, Budget and Planning; Ministries of health of the autonomous islands; School of Medicine and Public Health</p> <p>World Health Organization (WHO); UNDP; United Nations Children's Fund (UNICEF); Joint United Nations Programme on HIV/AIDS; World Bank; Global Fund to Fight AIDS, Tuberculosis and Malaria</p> <p>French Development Agency; Bilateral cooperation with France; Bilateral cooperation with China</p> <p>NGOs and civil society organizations</p>	<p>\$1.9 million (\$1.1 million from regular resources and \$0.8 million from other resources)</p>

<p>National priority: strengthen governance and justice (strategic focus 3 of poverty reduction and growth strategy)</p> <p>UNDAF outcome: by 2012, strengthened institutional and individual capacities for political and economic governance at national and island levels, incorporating human rights, gender equity and accountability</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Population issues are taken into account in poverty reduction strategies and other sectoral policies, strategies, plans and programmes at all levels</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> National policies and programmes with integrated population and gender issues Existence of an integrated sociodemographic database <p>Baseline: Population and housing census (2003); demographic and health survey (2008); poverty reduction and growth strategy</p>	<p>Output 1: Technical and institutional capacities of national counterparts are strengthened to enable them to integrate issues related to population, reproductive health, gender, culture and human rights into development policies, strategies, plans and programmes at all levels</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Availability of manuals, tools, guidelines and trained personnel to integrate population, gender and environmental dimensions into development frameworks <p>Output 2: Increased availability, at all levels, of sociodemographic data disaggregated by sex and age for planning, monitoring and evaluating social policies and programmes</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Integrated database system to monitor programmes and progress towards achieving the Millennium Development Goals, is functional and accessible to users <p>Baseline: Population and housing census (2003); demographic and health survey (2008); UNDAF 2008-2012; poverty reduction and growth strategy</p>	<p>Ministry of Finance, Budget and Planning; National Directorate of Statistics; WHO; UNDP; UNICEF; World Bank; United States Agency for International Development; NGOs and civil society organizations; University of Comoros</p>	<p>\$1.3 million (\$0.8 million from regular resources and \$0.5 million from other resources)</p>
Gender	<p>Outcome: Creation of a sociocultural and legislative environment favourable for promoting and protecting women's rights and combating gender-based violence</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Existence of national mechanisms to reduce gender-based violence Percentage of national budget allocated for gender promotion 	<p>Output 1: Increased availability of information and services that promote and protect gender equality, with an emphasis on preventing gender-based violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> National policy to promote gender equality and equity updated and approved Number of centres that combat gender-based violence and care for female victims of such violence that are open and functioning Number of women and young girls who are victims of gender-based violence who are referred by the centres to the justice system Number of laws protecting women against gender-based violence elaborated, adopted and promulgated 	<p>Ministry of Justice; Ministry of Health, Solidarity and Gender Promotion; Assemblies of the Union and of the islands; National Human Rights Commission; WHO; UNDP; UNICEF; NGOs and civil society organizations</p>	<p>\$0.6 million (\$0.4 million from regular resources and \$0.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.2 million from regular resources</p>