

**UNIVERSAL PERIODIC REVIEW- HUMAN RIGHTS COUNCIL  
UNICEF INPUTS<sup>1</sup> - COMOROS**

**I. Background and Framework**

1. Comoros is one of the Small Islands Developing States, with a total population estimated at 711,417 inhabitants in 2007, out of which roughly 50 per cent are children under the age 18. Emerging from several years of serious political crisis, the country faces chronic poverty and government's difficulties to establish effective basic social services and protection systems. Even though the Government of the Union of Comoros is committed to and on the path to achieve MDGs 2 and 4, the country still requires strong financial support from the donor community to overcome the current financial and economic bottlenecks.
2. Many households nowadays escape poverty thanks to income transfers from the Diaspora, which support essential poverty reduction expenditures such as nutrition, shelter, education and health; helping to maintain Comoros' human development indicators above the regional average. However, poverty (defined as people living on US\$2 per day) remains very widespread, with a national incidence of 36.9 per cent among households and a share of 44.8 per cent among individuals.
3. Reducing poverty and achieving the Millennium Development Goals (MDG) remains the government's key objective. To this end, the country's Poverty Reduction Strategy Document's action plan for the medium term (2007-2009) was reviewed, focusing on five strategic areas: laying the ground for sustainable economic development; stimulating private sector activities; developing the agricultural sector; strengthening governance, the justice system, security; and enhancing human capital.
4. Comoros has ratified several Human Rights instruments, among others and most recently, the two optional protocols to the CRC on involvement of children in armed conflicts and on child trafficking, child pornography and prostitution in January 2007. Monitoring, data analysis and reporting on child rights violations have been increasing and improving in the country, particularly through the Indian Ocean Child Rights Observatory (ODEROI).
5. Legislation relating to child welfare, juvenile delinquency and the organization of juvenile courts was adopted in December 2005; and an amendment of the penal code to include criminalization of sexual abuse of children was approved by the national assembly in August 2007<sup>2</sup>.

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<sup>1</sup> Information from the Country Programme 2008-2012, the World Fit for Children +5 Progress Report and the 2007 COAR.

<sup>2</sup> June 2007 national report on a World Fit for Children plus five

6. Domestic legislation has been revised and adapted to the international human rights instruments; international and domestic legislation has been compiled and disseminated to remind politicians, decision-makers and inform society about duty-bearers obligations in the country.
7. To foster strategic and Human Rights education, key UN programme staff and partners were trained on the Human Rights Approach to Programming and Results Based Management and programming tools were reviewed and adjusted. The principles and content of the rights perspective were incorporated in the UNDAF and CPD outcomes.

## **II. Trends**

1. In response to the comments and recommendations of the Child Rights Committee on Comoros second periodic report submitted in September 2005, specific measures were taken to adapt the national legislation to the principles outlined in the CRC and create an environment favorable to the respect and protection of children's rights, namely: the establishment of an Observatory on Children's Rights for the Indian ocean Region (ODEROI), adoption of the Family Code fixing the legal age of marriage at 18 years old, for both boys and girls, launching of the Comorian Movement for girls education and establishment of "Cellule d'Écoute" to care for children victim of violence and all forms of child abuse.
2. With nearly half of the population living below poverty line, access to clean water, electricity and services such as education and health care is very limited and inequalities between regions and between households are marked. High malnutrition rates (25 per cent moderate and severe malnutrition and 44 per cent stunting) among children under five years of age are due, on the one hand to poverty, food insecurity, and high prevalence of diseases and, on the other, to inadequate knowledge about nutrition.
3. Over the last five years, the Comorian education system has not grown at the same pace as the school age population, implying that the system could not have been able to physically accommodate the totality of children in school age. As a result, the Net Enrolment Rate (NER) has stagnated at 73 per cent between 2003 and 2007, with significant disparities between islands. Nonetheless, gender gap has considerably dropped from 13.3 in 2003 to 4.1 percentage points in 2007. As part of government's efforts to promote gender equality, a national policy on gender equality and equity was developed and adopted in 2007, though participation of women in decision making remains inconspicuous. However, with increased efforts to strengthen the education sector, the country is on track to attaining MGD2.
4. Although the infant and under five mortality rates are declining since the 1990s, the figures continue high, especially in rural areas. The Under Five Mortality Rate (U5MR) is estimated at 71 per 1000 and the Infant Mortality rate at 53 in 2005.

Most of these deaths are due to neonatal sepsis/infection, asphyxia (25 per cent), preterm delivery, low birth weight (35 per cent), maternal and fetal complications, hypothermia, malaria (26 per cent), diarrhea (2 per cent), pneumonia, malnutrition and often a combination of conditions.

5. The maternal mortality rate has declined from 517 to 381 per 100,000 births, due to increased coverage by pre-natal care and by skilled attendance at birth. To address maternal and child deaths in order to ensure attainment of MDGs 4 and 5, the Ministry of Health is developing a Health Sector Development Plan, which includes a costed Accelerated Child Survival and Development Strategy and plan to scale up high impact interventions offering a package of integrated services to improve the health and nutritional status of young children, pregnant and lactating women.
6. Though Comoros is a success story in terms of maintaining HIV prevalence under 1 per cent, the country's epidemiological profile follows the regional trend, with women accounting for more than half of known infections (52.3 per cent). Therefore, government with support from the Global Fund and the UN System has been particularly vigilant in terms of routine counselling and testing, provision of ARV for those in need and mitigating the impact of HIV/AIDS.
7. As of 2000, 16% of children did not have a birth certificate. This varies quite a bit between islands: from 10% in Grande Comore to 25% in Anjouan<sup>3</sup>. Another issue is the falsification of identity documents to facilitate migration to abroad seeking education and/or job opportunities.
8. The issue of so-called "illegal migrations" to Mayotte, one of the Archipelago's island still under the French administration, by precarious boats under highly risky circumstances puts in danger thousands of lives every year, including those children and women.

### **III. Achievements, challenges and constraints**

1. According to the Global MDG Monitoring Report<sup>4</sup>, Comoros has reduced U5MR by 3.5 per cent points over the last decade. The same trend is reported for the infant mortality rate which dropped from 86 per thousand live births to 52 over the same period. With additional efforts to accelerate the current trend and sustain progress Comoros has a strong probability to attaining MDG4 by 2015.
2. Following the 2006 UNDAF Mid – Term review, in 2007 the UNCT embarked in a participatory process involving all stakeholders, for the development of the new UNDAF and CPD, based on the Human Rights Approach to Programming (HRAP) and the development of capacities, individual as well as collective, of rights holders and duty bearers was highlighted.

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<sup>3</sup> MICS 2000

<sup>4</sup> Global MDG Monitoring Report, 2007

3. UNICEF uses all opportunities and means at its disposal to advocate for children's rights, communicate about its work and mobilize partnerships. In 2007, partnerships with local media (national radio and TV, community radios and newspapers) were built and maintained to circulate information, promote child to child communication, sensitize the different publics (parents, decision makers, religious and community leaders) on issues related to birth registration, sexual abuse and violence against children. Partnerships were also established with key artists (singers) on child rights protection and HIV/AIDS prevention.
4. Communication kits promoting the Child Health Days campaign, in child survival and development and for resources mobilization, in education were developed and used. For celebration of the 18th anniversary of the CRC, a one week massive communication campaign involving decision makers, the local media, artists, theatre groups, children and parents was supported to give visibility to the progresses achieved so far on implementation of the CRC and account for what still needs to be done.
5. Among the challenges facing implementation of international Human Rights obligations is the harmonization of customary, Islamic and civil laws related to children, and the implementation and enforcement of those laws already harmonized and adopted with support from UNICEF.
6. Progress in promoting and protecting Human Rights in Comoros was held back by several years of political crisis and economic difficulties that resulted in financial, budgetary deficits and high levels of overdue salaries of the public civil servants as well as accumulation of debt service arrears. With re-establishment of the political and constitutional order, Comoros inaugurates a new impetus of economic development, with renewed interest of the traditional development partners (among bilateral and multi-lateral organizations) and non-traditional donors and external investors starting to emerge. The international financial institutions (WB, ADB, IDB and IMFI) are resuming negotiations and assisting the government in establishing and monitoring viable economic and monetary policies and strategies.

#### **IV. Capacity building and technical assistance**

1. Building the capacity of community-based organizations to apply the human rights based approach to programming, including the mobilization of duty bearers and rights holders to participate in planning and follow-up, resulted in increased and more sustainable achievements in emergency response, girls' education, educational reform and wider coverage of Early Childhood Development. The approach's success resulted in its adoption by other UN agencies, NGOs and Government.

2. With the IMF and the World Bank assistance and, building on the interim Poverty Reduction Strategy Paper (DSCR), a medium-term economic program for 2007-09 has been launched. This programme is aimed at restoring macroeconomic stability, strengthening institutions and governance, and improving the investment climate, enabling the Comoros to benefit from debt relief under the enhanced Heavily Indebted Poor Countries (HIPC) Initiative and Multilateral Debt Relief Initiative (MDRI).
3. To assist government's efforts in providing basic social services, UNICEF is working with other development partners, namely the European Union and the World Bank (in the education sector) the WHO, UNFPA, the Global Fund for Aids, Tuberculosis and Malaria and the French Development Cooperation (in the health sector), to strengthen government and civil society capacities to deliver quality basic social services for children and women.
4. UNICEF, in partnership with the WHO, WB and UNFPA are assisting Ministry of Health develop a health sector development plan; including a costed accelerated child survival and development strategy, to ensure delivery of high impact health interventions for children under five years of age, pregnant and lactating women, at health unit and community level.
5. UNICEF is an active member of the UNCT Thematic Group on Human Rights and Gender and works in collaboration with national NGOs on gender and Human Rights issues to advocate against sexual violence and all forms of abuse and exploitation of children.
6. One of the joint commitments of the Comoros UNCT was to support establishment and functioning of reliable national information systems to inform decision making and track progress on implementation of national and international development priorities and commitments. In this context, a series of training and capacity building initiatives benefiting partners in charge for planning, monitoring and statistics units of General Commission for Planning, sectoral ministries and relevant NGOs, including on DevInfo, Monitoring and Evaluation and Information Management, were supported. DevInfo was customized and adopted as the tool to follow up on progress of the poverty reduction strategy, UNDAF and agencies' specific country programmes.
7. In partnership with other UN agencies, UNICEF also strengthens government, NGOs and civil society capacity to effectively respond to emergency situations. In this sense, the national emergency coordination body is supported to develop a national contingency plan, preposition essential health, nutrition, education and water and sanitation related commodities to respond to emergencies, including fulfillment of the Core Commitments for Children in emergencies.