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Population Fund and the United  
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**UNFPA – Country programmes and related matters**

**DRAFT**

**United Nations Population Fund**

**Country programme document for Comoros**

Proposed indicative UNFPA assistance:	\$6.25 million: \$3.25 million from regular resources and \$3.0 million through co-financing modalities or other resources
Programme period:	Five years (2022-2026)
Cycle of assistance:	Seventh
Category per decision 2017/23:	Red
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.5	1.6	3.1
Outcome 3	Gender equality and empowerment of women	0.6	0.8	1.4
Outcome 4	Population dynamics	0.8	0.6	1.4
Programme coordination and assistance		0.35	-	0.35
<b>Total</b>		<b>3.25</b>	<b>3.0</b>	<b>6.25</b>

## I. Programme rationale

1. The Union of Comoros is an archipelago in the Indian Ocean comprising three main islands; Mwali, Ndzuani and Ngazidja. The population is estimated at 758,316, based on the 2017 census, with a population growth rate of 2 per cent per year during 2003-2017. At this rate, the population is projected to increase by 50 per cent, with the labour force doubling over the next 15 years. Some 57.6 per cent of the population is less than 25 years old; this presents an opportunity to harness the demographic dividend if strategic investments are made in health, education and employment opportunities for young people. The Comoros Emergent Plan 2030 prioritizes human capital that is future-focused, with an emphasis on young people, a stable political and institutional framework, and digital capabilities, as key accelerators to position the country as an emerging economy by 2030.

2. Comoros is classified as a ‘least developed country’, recording an average annual economic growth rate of 2.4 per cent over the last 10 years. According to the Common Country Assessment (CCA 2020), about 44.1 per cent of the population lives below the poverty line, with more than half of the poor living in rural areas and 25 per cent living in extreme poverty. The island of Mwali has a poverty incidence of 56.7 per cent, followed by Ndzuani with 47.9 per cent. In the capital, Moroni, the poverty rate is 36.5 per cent; in the remaining area of Ngazidja, it is 49.9 per cent. The COVID-19 pandemic has exacerbated poverty levels across the islands, and the CCA notes that women, young people, people at risk of HIV infection, people living with disabilities and the elderly are particularly affected by multidimensional poverty. With a Gini coefficient of 38.8, the high level of inequalities are reflected in the limited access to high-quality education, employment and basic services; this is adversely affecting women and young people in rural areas due to the high costs of accessing services and the lack of affordable transport. While good progress has been made in access to education at all levels for boys and girls, the training and education system is ill-adapted to the needs of employers; therefore, young people remain highly vulnerable to unemployment.

3. Despite a steady decline over the last three decades, fertility rates remain relatively high (4.2 children per woman), with significant disparities between the islands (5.3 children in Mwali; 4.9 in Ndzuani; and 3.5 in Ngazidja), according to the population and housing census of 2017. Modern contraceptive prevalence remains low (15 per cent), and 34.5 per cent of married women have an unmet need for family planning. While 88 per cent of health facilities offer family-planning services, only 64 per cent provide at least three modern contraceptive methods. Barriers to family planning include gaps in access to high-quality integrated sexual and reproductive health services, including reproductive health commodities, particularly in rural areas; lack of knowledge about sexual and reproductive health and the benefits of family planning, particularly among women and young people; socio-cultural practices and constraints that further undermine access to services; and insufficient financing for family-planning services.

4. In the Nairobi Summit on ICPD25, the Government committed to advancing implementation of the ICPD Programme of Action, particularly on ending the unmet need for family planning. However, the minimum initial services package for sexual and reproductive health is not integrated into all national plans and mechanisms, limiting the national response to the reproductive health needs of the population during emergencies.

5. The adolescent fertility rate is 74.4 per 1,000 girls aged 15-19 years, and is higher among adolescents in rural areas. Disparities exist across the islands, with adolescent fertility rates of 90.1 per 1,000 in Mwali, 87.7 per 1,000 in Ndzuani, and 59.7 per 1,000 in Ngazidja. Adolescent pregnancies have had a negative impact on primary school completion rates for girls, which stands at 70 per cent, compared to 90 per cent rate for boys.

6. Sexually transmitted infections remain a concern among youth (2020 prevalence and behavioural survey); the HIV prevalence rate among young people aged 15-24 years is 0.07 per cent, slightly higher than the national rate of 0.05 per cent. Many challenges remain: gaps in young people’s access to accurate and comprehensive information and services, leading to

unsafe sexual practices; the absence of a multisectoral youth policy promoting an enabling environment for adolescent sexual and reproductive health; weak adolescent-responsive health services; a lack of capacity among duty bearers to effectively promote adolescent sexual and reproductive health; and gaps in school programmes that focus on life skills, including comprehensive sexuality education and bodily autonomy, as well as leadership and peace-building skills to navigate the complexities of adolescence.

7. The maternal mortality rate dropped from 380 deaths per 100,000 live births in 2003 to 195 per 100,000 live births in 2017 due to improved access to health facilities, resulting in an increase in hospital deliveries from 34.5 per cent in 2016 to 60 per cent in 2019. The capacity and availability of midwives has been strengthened, contributing to an increased delivery rate by qualified personnel (82 per cent). However, due to limited human and financial resources, there is no basic and only one comprehensive emergency obstetric and neonatal care service. The Government has committed to ending preventable maternal deaths at the Nairobi Summit, and is seeking strengthened investments in human resources and the capacities of institutions and systems for managing, monitoring and facilitating safe deliveries.

8. Gender inequalities persist despite the country's commitment to the Convention on the Elimination of Discrimination against Women and other international and regional mechanisms. The prevalence of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months is 10.6 per cent (2012). With over 400 cases of rape annually, the four national centres reported and managed 2,251 cases of rape between 2016 and 2020. Despite the existence of the Family Code that sets the minimum age of marriage at 18 for girls, data from the 2017 census show that 10.9 per cent of girls aged 12-19 years were married, with a higher proportion in rural areas (11.8 per cent) than in urban areas (8.9 per cent).

9. The prevalence of gender-based violence and harmful practices is linked to traditional gender norms and customs which contribute to the low status of women, and to women's lack of awareness of their rights and bodily autonomy. This is compounded by gaps in data availability; a lack of coordination across relevant sectors responsible for prevention, response and support for survivors; the impunity of perpetrators; limited capacity for the prevention and protection measures against harmful practices at institutional and community levels; gaps in legislation and policy frameworks, including in updating the Family Code. A study conducted by the Ministry of Health, highlighted the need to effectively institutionalize 'one stop centres' on gender-based violence to provide integrated multisectoral support to survivors of violence.

10. Comoros is particularly vulnerable to natural hazards and climatic shocks, including tropical storms, cyclones, drought and volcanic eruptions. The 2018 Global Climate Risk Index ranks the country 51st out of 172 countries for natural disaster risk and 59th for lack of adaptive capacity. Additional investments are required to build resilient health and protection systems, encouraging resilient communities and individuals to better prepare, respond and adapt to natural disasters and other systemic shocks.

11. While population data collection has improved in recent years, the national statistical system, including data analysis, disaggregation, dissemination and popularization of results, needs to be strengthened to adequately monitor progress on achieving the Sustainable Development Goals and facilitate the integration of population issues into national planning. Thematic analyses currently underway will support the development of a detailed poverty map to inform policy and programming for 'leaving no one behind'. A strengthened data system will also facilitate evidence generation on the importance of investing in family planning; prevention of gender-based violence and harmful practices; harnessing the demographic dividend; and analysis of vulnerability to crises and disasters.

12. The previous country programme delivered key results: (a) more than 3,521 vulnerable women and girls accessed human rights-based, modern, high-quality family planning services, which increased the number of protected couple-years to 4,011 annually; (b) more

than 81,000 adolescents and young people benefited from sexual and reproductive health and reproductive rights (SRHR) services; and (c) 2,072 survivors of sexual violence received medical care. In partnership with the World Bank, UNFPA supported the 4th population and housing survey. The evaluation of the country programme highlighted the following lessons: (a) collaboration and synergy across various national programmes led to improved utilization of services; (b) the provision of midwives by the programme helped to fill the gap of skilled personnel for assisted childbirth in rural areas; and (c) the ‘youth for youth’ approach involving young people on both the supply and demand sides of sexual and reproductive health (SRH) services led to greater access to such services for adolescents and young people, particularly the most disadvantaged.

13. The new country programme will contribute to the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026, which prioritizes (a) inclusive and equitable use of high-quality social services by the most vulnerable populations; (b) strengthening the rule of law, promoting human rights, consolidating democracy, peace and social cohesion; (c) strengthening ecological resilience and the sustainable and integrated management of terrestrial and marine ecosystems and associated goods and services; and (d) promoting a competitive, modern, resilient, ‘green’ economy, creating decent jobs through strong, sustainable and inclusive growth.

14. UNFPA will support implementation of the UNSDCF by providing leadership on integrated SRHR services, including family planning, promoting human rights, empowering women, addressing gender-based violence and building the resilience of women, persons with disabilities, adolescents and young people.

## **II. Programme priorities and partnerships**

15. The new country programme is aligned to the national priorities in the Comoros Emergence Plan 2030 and the interim development plan 2020-2024, including a focus on (a) the development of human capital; (b) the establishment of a high-performance, high-quality health system; and (c) guaranteeing peace, security and stability. It takes into account the Sustainable Development Goals 1, 2, 3, 4, 5, 10, 13, 16 and 17 and the priorities of the ICPD Programme of Action.

16. The programme will contribute to universal integrated access to SRHR to eliminate preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices. By 2026, the programme will contribute to an increase of 54,000 additional users of modern methods of contraception. This will contribute directly to the UNSDCF results by increasing access to family planning; facilitating a reduction in the country’s high fertility rate; reducing adolescent pregnancies and child marriage; and empowering adolescent girls and women to reduce gender inequalities and gender-based violence. It will also promote the demographic dividend as a key engine of economic growth, and will contribute to improving health outcomes of the population and enhancing human capital development.

17. Priorities of the programme are: (a) strengthening national capacities to improve the supply and demand for high-quality, integrated SRHR information and services in six health districts with poor SRHR indicators (Sima; Pomoni; Nioumachioi; Fomboni; Ouzioini; Mbeni), particularly among adolescents, young people and women, including in emergency contexts, to address the unmet need for sexual and reproductive health services; (b) advocacy for increased financing for SRHR information and services, in particular family-planning information and services, including integration of SRHR in universal health coverage policies and programmes nationwide; (c) expanding the availability and accessibility of adolescent-responsive health services; (d) improving the quality and availability of services for emergency obstetric and neonatal care in the three island hospitals; (e) strengthening the multisectoral response to preventing gender-based violence; (f) improving disaggregation, analysis, availability and use of data and population dynamics intelligence to better inform policy-making and programming, focused on improving SRHR policy, financing, delivery

and measurement systems; and (g) strengthening national contingency and preparedness plans for disasters. Key programme accelerators include an increased focus on promoting innovative mechanisms to reach those furthest behind; and innovative public and private financing to increase demand and improve access to integrated sexual and reproductive health and reproductive rights services.

18. The programme was developed in partnership with the Government, civil society organizations and United Nations agencies, based on the principles of inclusion, human rights and equity, taking into account the needs of vulnerable groups to ensure that no one is left behind. An extensive consultation process was undertaken with beneficiaries and partners to ensure that their needs and priorities were taken into account. The main beneficiaries are women, adolescents, youth and people living with disabilities, especially the most disadvantaged living in rural areas across the three islands. Utilizing innovative mechanisms to reach those furthest behind, the programme will contribute to health system strengthening being undertaken by the World Bank and other United Nations agencies, and strengthen partnerships to optimize the delivery of results. Contributing to the humanitarian-development-peace nexus, UNFPA will support national and inter-agency efforts to build capacity for climate resilience in the health and protection sectors. Joint programmes targeting youth, nutrition, reproductive health, gender and statistical capacity development will be undertaken, in collaboration with relevant agencies of the United Nations, to respond effectively to the multisectoral needs of the population.

19. The programme's modes of engagement are service delivery; advocacy and policy dialogue; capacity development; knowledge management; and partnership with the Government and civil society, the private sector, academia, United Nations agencies and development partners, to accelerate progress towards universal SRHR. South-South cooperation will also be used for sharing experiences with other countries, including other island States.

#### **A. Sexual and reproductive health**

20. *Output 1. Strengthened institutional capacities to promote and provide people-centred, high quality, integrated sexual and reproductive health and reproductive rights information and services, including family planning, maternal health and gender-based violence, with an emphasis on adolescents, young people and women, including in humanitarian settings.*

21. This output will contribute to achieving UNSDCF Outcome 3 (the Comorian population, particularly the most vulnerable, benefits from the demographic dividend and makes greater use of adequate, inclusive, equitable, gender-sensitive, sustainable and high-quality health, nutrition, education, social protection and care services for victims of violence). This output will focus on geographic areas with the greatest inequities and highest maternal mortality.

22. The following strategies will be applied: (a) capacity building of national institutions and strengthening frameworks and mechanisms for people-centred, high-quality integrated services on sexual and reproductive health and reproductive rights, including in combatting gender-based violence; (b) mainstreaming the minimum initial services package into national contingency, preparedness plans and response plans, including country resilience to natural disasters; (c) strengthening national supply-chain management for reproductive health, family planning and gender-based violence commodities; (d) prepositioning essential reproductive health commodities and strengthening resilience of primary health-care delivery systems to operate during humanitarian situations; (e) advocacy for increased financial investments in family planning, and integration of sexual and reproductive health into universal health coverage policies and programmes; (f) improving community-based distribution of high-quality family-planning services; (g) capacity building of healthcare workers, including midwives, through enhanced training of professional midwives and midwifery pre-service education, to deliver a right-based integrated package of high-quality services on reproductive, maternal, newborn, child and adolescent health and gender-based violence, including the minimum initial services package, within the context of the COVID-19 pandemic and other humanitarian challenges; (h) improving the quality and coverage of

basic and comprehensive emergency obstetric and newborn care, referral services and improving emergency obstetric and newborn care monitoring, and advanced coverage through mobile clinics; (i) mapping of primary health care to strengthen family planning and basic emergency obstetric and newborn care; (j) advocating with the Government for the recruitment and redeployment of midwives; (k) strengthening maternal and perinatal death surveillance and response; and (l) strengthening infection control and prevention in reproductive health services to better protect providers and clients against infections, particularly the coronavirus disease .

23. *Output 2. Strengthened capacities at national, subnational and community levels to generate and improve demand to address the unmet need for sexual and reproductive health and reproductive rights information and services, particularly among adolescents, young people and women.*

24. This output will contribute to achieving UNSDCF Outcome 3, as stated above. Key strategies include: (a) organization of social mobilization campaigns for behaviour change, to bring attention to unmet SRHR, in particular family planning needs; (b) capacity building of traditional and religious leaders, men and young people, to promote integrated adolescent sexual and reproductive health, reproductive rights and gender-equitable social norms; (c) technical assistance to implement comprehensive integrated sexuality and reproductive health education programmes, for in-school and out-of-school adolescents and youth; (d) advocacy for a conducive legal environment for adolescents and young people to access sexual and reproductive health services; (e) capacity building and empowerment of young people to take informed decisions about their sexual and reproductive health and reproductive rights, to prevent adolescent pregnancy and gender-based violence, including child marriage; (f) strengthening leadership and participation of young people in humanitarian, development and peacebuilding initiatives; (g) scaling up proven digital solutions for the promotion of sexual and reproductive health and reproductive rights, particularly among adolescents and young people; (h) technical support to the Government through the youth thematic group to strengthen coordination, implementation and monitoring of a national youth policy action plan, to promote meaningful youth participation and ensure that the rights and needs of adolescents are incorporated into key national and international planning frameworks.

## **B. Gender equality and women empowerment**

25. *Output 1: Increased national, subnational and community capacity to prevent and address gender-based violence and other harmful practices, including child marriage.*

26. This output focuses on human rights and contributes to the achievement of UNSDCF outcome 3 and particularly outcome 4 (public institutions are more inclusive, effective, accountable and resilient and strengthen citizen participation in public life, social cohesion, human rights, gender equality and democracy).

27. This output will be achieved by: (a) strengthening the legal, political and strategic framework on gender equality through advocacy for the adoption of policies aimed at gender parity in political, traditional and religious decision-making bodies, and support for the revision of the Family Code; (b) scaling up partnership and coordination with the Government, United Nations agencies and other key stakeholders for joint programming and improved coordination to address gender-based violence and child marriage; (c) supporting campaigns on civil registration of marriage to prevent child marriage; (d) strengthening the capacities of civil society organizations, networks, religious leaders and traditional chiefs to adopt gender-transformative community-mobilization programming to reject socio-cultural norms and practices that perpetuate inequality and that confront adolescent pregnancy, harmful practices, child marriage and gender-based violence among women and young girls, and promote positive gender norms; (e) advocating for the expansion and effective institutionalization of gender-based violence ‘one stop centres’; (f) supporting integrated multisectoral services and capacity building to prevent and respond to gender-based violence, focusing on health, policing, justice and psychosocial needs via the gender-based violence

minimal standards; (g) strengthening information management systems for gender-based violence and harmful practices; and (h) capacity building of relevant agencies to better facilitate access to justice for survivors of violence, particularly women and girls.

### C. Population dynamics

28. *Output 1: National statistical system has increased capacity to produce, monitor and use disaggregated population data and demographic analysis to inform planning, programming and policymaking for accelerating progress towards the SDGs, including SRHR and gender-based violence.*

29. This output, linked to UNSDCF Outcome 4, contributes to strengthening capacities for planning, programming, budgeting and monitoring-evaluation of development programmes. The United Nations system plans to develop a joint programme to strengthen the national statistical system.

30. The following strategies will be implemented: (a) technical support for revision of the National Strategy for the Development of Statistics; (b) support for data analytics of knowledge products to better understand and create linkages between population, sexual reproductive health and reproductive rights, adolescents and youth, gender equality, harmful practices, and disaster risk reduction and climate change; (c) advocacy for the development, adoption and implementation of the national population policy, focusing on multiple dividends, in particular the demographic dividend and the gender dividend; (d) strengthen capacity for collection and analysis of high-quality data, with a focus on SRHR data, the census, surveys and routine administrative data systems, including innovative approaches; (e) establish a national population data platform to improve the quality and accessibility of disaggregated data and statistics for use in national policies and programmes, and to monitor the SDGs, as well as universal access to SRHR, national priorities and ICPD25 commitments; and (f) undertake a vulnerability analysis to assess and develop mitigations measures to climate change.

## III. Programme and risk management

31. The General Planning Commission is responsible for coordinating implementation of the programme, which will be executed in collaboration with other United Nations agencies including through the UNSDCF. To ensure coherence of actions, promote information exchange and develop synergies between the different components of the programme, the General Planning Commission will coordinate across the different implementation structures. The country office will actively contribute to the functioning of United Nations country team mechanisms to ensure maximum synergies.

32. The programme will be implemented primarily using the national execution modality, and implementing partners for the programme will be selected based on their strategic relevance and ability to produce high-quality results, following an appropriate risk analysis. Capacity assessments of implementing partners will be conducted and joint assessments undertaken with other United Nations, where feasible, to maximize efficiencies. UNFPA will apply the harmonized approach to cash transfers in collaboration with other United Nations agencies. Where gaps have been identified, a capacity development plan for the implementing partners will be developed for the efficient execution of the programme. UNFPA may also directly implement certain activities for which it has a strengthened comparative advantage. Quality-assurance activities will be conducted on an ongoing basis, including through spot checks, monitoring and regular review meetings.

33. A resource mobilization plan has been developed to identify potential partners and opportunities for innovative financing, domestic and international financing, private sector engagement, and civil society organizations and philanthropic organizations. Efforts will be made through joint programmes with other United Nations agencies for programme scale-up in the three different islands, efficiency and contribution to funding the cooperation framework and financing the sustainable development goals agenda in Comoros. A review of staffing was undertaken in 2020, including the addition of an international programme

coordinator and a gender and human rights national programme officer to the structure. The CO will envisage additional human resources to complement the work through mobilized resources. Short term technical assistance may be identified where needed, technical assistance will be sought from the regional office, headquarters and other country offices, as well as leveraging the resources of national partners, the multidisciplinary expertise in the United Nations country team, communities of practice, and expert networks, as necessary.

34. The main risks to programme results are related to: (i) gaps in human resource capacities in national structures and institutions; (ii) reduction in resources due to changes in the funding landscape in the context of the global health and economic crisis; (iii) vulnerability to natural disasters, climate-change, epidemics and pandemics. Risk-mitigating strategies will be put in place to minimize programmatic risks, including ongoing capacity building of staff in the various institutions including establishment of systems and structures to ensure programme continuity; advocating with new donors to mobilize resources to complement regular resources and enhance programme delivery; engaging in advocacy at the highest levels of Governments to ensure accountability and sustainability of programmes; developing evidence based communication and partnership strategies; and establishing integrated risk monitoring and control processes to ensure efficient and timely use of resources. UNFPA will conduct regular environmental scanning and update contingency plans in collaboration with other United Nations partners, particularly in anticipation of socio-political risks, humanitarian emergencies, epidemics, pandemics and insecurity. Resources may be reprogrammed in consultation with the government to respond to humanitarian and other emergencies, and UNFPA has rosters of technical staff who may be deployed for short-term responses to emergencies.

35. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

36. In collaboration with United Nations agencies, a robust monitoring and evaluation system will be put in place by the country office and linked to national systems and the United Nations Sustainable Development Cooperation Framework (UNSDCF). The monitoring and evaluation mechanism will be implemented through several elements: a monitoring and evaluation plan, the design of databases and collection tools, field joint visits with the government, the UN system and donors, consultative frameworks (steering committee, thematic groups) and the production of evidence-based data. Mid-term and annual reviews as well as mid-term and final evaluation will be implemented. The capacities of implementing partners will be strengthened in monitoring and results-based management in order to ensure that programmes are being implemented in accordance with the relevant policies and procedures.

37. UNFPA will contribute to the United Nations ‘delivering as one’ process by actively participating in the mechanisms that support implementation of the UNSDCF and joint programming, including the United Nations programme management group, results-based management group and the operations management team. UNFPA will support the UNSDCF monitoring, reporting, evaluation and learning plan, which will take into account agency-specific results-based management activities that mutually reinforce each other and include shared roles and responsibilities. The UNSDCF will be reviewed annually and reported against through annual joint workplans, and will be evaluated ahead of the new programming cycle. Joint activities will include conducting periodic programme reviews, quality-assurance activities, and providing inputs for UN INFO, in collaboration with the United Nations country team.



38. UNFPA and its partners will jointly develop and implement a monitoring and evaluation plan to track and report on the results of the country programme, in accordance with UNFPA policies and guidelines. Annual reviews of annual work plans and planning of activities will be informed by monitoring and evaluation data and environmental analysis and, if necessary, corrective actions will be taken to accelerate the achievement of planned results

39. Strengthening the planning capacity of key national institutions, including the national statistical system, is a priority for the government and will also be supported through this programme based on the human resources realignment process. The programme will strengthen the capacities of the national institute of statistics, economic and demographic studies to meet the monitoring and evaluation needs of the government's "Comoros emergent" plan and sectoral and cross-cutting policies; and to address emerging statistical needs, particularly those related to the objectives of sustainable development and the African union's vision 2063.

## RESULTS AND RESOURCES FRAMEWORK FOR COMOROS (2022-2026)

<b>NATIONAL PRIORITY:</b> Promote a health system that meets international standards for a high-performing human capital; Promote equitable access to education and training conducive to the development of human capital and the promotion of national values and scientific advancement (PDI 2020-2024)				
<b>UNSDCF OUTCOME INVOLVING UNFPA:</b> By 2026, the Comorian population, particularly the most vulnerable, will benefit from the demographic dividend and increase their use of adequate, inclusive, equitable, gender-sensitive, sustainable and quality services in health, nutrition, education, social protection, care for victims of violence.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Sexual and reproductive health and rights, including ASRH				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> <li>• Percentage of deliveries taking place in health facilities <i>Baseline: 76%; Target: 90%</i></li> <li>• Adolescent fertility rate (per 1,000 women aged 15-19 years) <i>Baseline: 74.4 per 1,000; Target: 65 per 1,000</i></li> <li>• Number of youths utilizing AYRH services <i>Baseline: 15,995; Target: 40,000</i></li> </ul> <p>UNFPA strategic plan outcome indicator:</p> <ul style="list-style-type: none"> <li>• Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline 38.3%; Target 50%</i></li> </ul>	<p>Output 1. Strengthened institutional capacities to promote and provide people-centered, high quality, integrated sexual and reproductive health and rights information and services, including family planning, maternal health and gender-based violence, with an emphasis on adolescents, young people and women, including in humanitarian settings</p>	<ul style="list-style-type: none"> <li>• Proportion of facilities providing at least 5 contraceptive methods <i>Baseline: 50%; Target 65%</i></li> <li>• Number of maternity hospitals with strengthened capacity to meet basic emergency obstetric and newborn care standards <i>Baseline: 4; Target:6</i></li> <li>• Number of frontline health workers trained to provide adolescent-friendly sexual and reproductive health information and services <i>Baseline: 0; Target 100</i></li> <li>• SRH and the minimum initial services package integrated into the national contingency planning <i>Baseline: No; Target: Yes</i></li> </ul>	<p>Civil society organizations; Confederation of Midwives; Comorian Association for the Welfare of the Family; Association of Religious in Reproductive Health; Ministry of Health and Gender; Ministry of Youth; United Nations Children's Fund; World Health Organization; Agence française de développement (PASCO); Japan; France; World Bank, USAID, Australia</p>	<p>\$2.0 million (\$1.0 million from regular resources and \$1.0 million from other resources)</p>
		<p>Output 2. Strengthened capacities at national, subnational and community levels to generate and improve demand to address unmet need for sexual and reproductive health rights information and services, particularly among adolescents, young people and women</p>	<ul style="list-style-type: none"> <li>• Number of new family planning users (disaggregated by age) <i>Baseline: 8,518; Target: 54,000</i></li> <li>• Number of young people who receive integrated sexual and reproductive health services (disaggregated by sex) <i>Baseline: 16,000; Target: 40,000</i></li> <li>• Number of adolescents and young people who receive comprehensive sexuality education (disaggregated by sex) <i>Baseline: 0 target: 5,000</i></li> <li>• Number of youth networks that participate in the development of SRHR programmes including humanitarian programmes <i>Baseline: 5; Target: 10</i></li> </ul>	<p>Civil society organizations; Confederation of Midwives; Comorian Association for the Welfare of the Family; Association of Religious in Reproductive Health; Ministry of Health and Gender; Ministry of Youth; UNICEF; World Health Organization; Agence française de développement (PASCO); Japan; France; World Bank</p>
<b>NATIONAL PRIORITY:</b> Promote a health system that meets international standards for a high-performing human capital; Promote equitable access to education and teaching conducive to the development of human capital and the promotion of national values and scientific advancement (PDI 2020 - 2024). Guarantee peace, security and stability in the country and consolidate democracy reform and modernize the administrations for more visibility, efficiency, quality and better career management; Promote equitable justice in the service of emergence (PDI 2020-2024)				

<p><b>UNSDCF OUTCOME INVOLVING UNFPA:</b> By 2026, the Comorian population, particularly the most vulnerable, will benefit from the demographic dividend and make greater use of adequate, inclusive, equitable, gender-sensitive, sustainable, and quality health, nutrition, education, social protection, care for victims of violence. By 2026, public institutions are more inclusive, effective, accountable and resilient and strengthen citizen participation in public life, social cohesion, human rights, gender equality and democracy.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Gender equality and women's empowerment</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> <li>Percentage of women and girls aged 15 and over who are victims of violence by a partner or any other person who have received psychosocial, medical or legal care <i>Baseline: 58%; Target: 90%</i></li> </ul> <p>UNFPA strategic plan outcome indicator:</p> <ul style="list-style-type: none"> <li>Proportion of ever partnered women and girls age 15-49 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months <i>Baseline: 8.1%; Target: 6%</i></li> </ul>	<p>Output 1. Increased national, subnational and community capacity to prevent and address gender-based violence and other harmful practices, including child marriage</p>	<ul style="list-style-type: none"> <li>Number of women and girls subjected to violence who have accessed essential medical; psychological and legal care services <i>Baseline: 252; Target: 2,500</i></li> <li>Number of gender-based violence committees available and functional at community level <i>Baseline: 6; Target: 30</i></li> <li>Number of communities that made public declarations to eliminate harmful practices, including child, early and forced marriage, with support from UNFPA <i>Baseline: 0; Target: 30</i></li> </ul>	<p>Civil society organizations; General Human Rights Delegation; Ministry of Health and Gender; Women and Development Network; National Commission on Human Rights; National platform to combat gender-based violence; United Nations Children's Fund; UNDP; Women Leaders Network on Peace</p>	<p>\$1.4 million (\$0.6 million from regular resources and \$0.8 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> Promote a health system that meets international standards for a high-performing human capital; Promote equitable access to education and training conducive to the development of human capital and the promotion of national values and scientific advancement. Guarantee peace, security and stability in the country and consolidate democracy reform and modernize the administrations for more visibility, efficiency, quality and better career management; Promote equitable justice in the service of emergence (PDI 2020-2024)</p>				
<p><b>UNSDCF OUTCOME INVOLVING UNFPA:</b> By 2026, public institutions are more inclusive, effective, accountable and resilient and strengthen citizen participation in public life, social cohesion, human rights, gender equality and democracy.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME:</b> Population dynamics</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> <li>Existence of operational midterm sectoral expenditure frameworks. <i>Baseline: 0; Target: 5</i></li> </ul> <p>UNFPA strategic plan outcome indicator:</p>	<p>Output 1. National statistical system has increased capacity to produce, monitor and use disaggregated population data and demographic analysis to inform planning, programming and policy making for accelerating progress</p>	<ul style="list-style-type: none"> <li>Number of in-depth analyses, particularly on SRHR, gender-based violence, population and development using census and DHS data <i>Baseline 0; Target: 5</i></li> <li>Availability of a national population data platform accessible by users for mapping and analyses of selected socioeconomic inequalities, demographic</li> </ul>	<p>National Directorate of Population and Strategic Development; National Institute of Statistics and Economic and Demographic Studies; UNDP; UNICEF; World</p>	<p>\$1.4 million (\$0.8 million from regular resources and \$0.6 million from other resources)</p>

<ul style="list-style-type: none"> <li>Existence of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics <i>Baseline: No; Target: Yes</i></li> </ul>	<p>towards universal sexual and reproductive health and rights (SRHR), and sustainable development.</p>	<p>patterns for monitoring of SDGs, in particular – progress towards universal SRHR and implementation of ICPD Programme of Action <i>Baseline: No; Target: Yes</i></p> <ul style="list-style-type: none"> <li>Availability of population projections at national and subnational levels, disaggregated by age, sex and location <i>Baseline: No; Target: Yes</i></li> <li>Existence of a national development plan that explicitly integrates demographic dynamics, including changing age structure, population distribution and urbanization <i>Baseline: No; Target: Yes</i></li> </ul>	<p>Health Organization; World Bank; Ministry of Health and Gender</p>	
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