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OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of the Comoros

Development of a maternal and child health/family
planning programme

Estimated UNFPA contribution:	\$ 1,120,875
Estimated value of the Government's contribution:	\$ 3,500,000
Estimated starting date:	October 1979
Duration:	Three-and-a-half years
Executing Agency:	Laval University of Quebec, Canada
Government Co-operating Agency:	Ministry of Social Affairs

I. Summary

1. UNFPA proposes to support a project, in the amount of \$1,120,875, over a period of three-and-one-half years, to assist the Government of the Comoros in developing a maternal and child health programme, with family planning activities integrated in its basic health services. UNFPA will provide funds for international experts, training, equipment, renovation of facilities, and contraceptives. A pre-project budget of \$358,975 was approved in 1979 to initiate activities.

II. Background

2. The four main islands of the Comoros located between Madagascar and the east coast of Africa, have a total surface area of 2,236 square kilometres and a population estimated at 335,000 in 1978. The population density is one of the highest among African countries - 165 persons per square kilometre. About 88 per cent of the population live in rural areas, depending mainly on agriculture for their livelihood; the population density on arable land is estimated at 300 per square kilometre.

3. According to United Nations estimates, the crude birth rate is 40 per thousand and the crude death rate is 18 per thousand, giving an annual natural growth rate of 2.2 per cent. Children under five years of age account for about 16 per cent of the population, and children, aged five to 14 years, for about 27 per cent. Forty-seven per cent of the female population are in the fertile age group. Life expectancy at birth is 44 years for males and 48 years for females. If present trends continue, the population is expected to reach 560,000 by 1990 and 800,000 by the year 2000.

4. Following independence in 1974, France discontinued its yearly subsidy, which had represented a large share of the national budget and had been the country's main source of income. The suspension of French financial and technical aid had an immediate and dramatic impact on the economy and on the delivery of social services, especially in the health sector. The gross national per capita product decreased from an estimated \$200 in 1974, to about \$180 in 1978.

5. The infant mortality rate is estimated at 147 per thousand live births, and the maternal mortality rate is also very high. Malnutrition is a serious problem, especially among young children. The major health scourge is malaria; 80 per cent of the population carry malarial parasites in their blood.

6. Medical services are very rudimentary. The country has three main hospitals, with one providing only emergency care; it has several secondary hospitals or health centres, without any specialized staff, and one pharmacy. About 45 rural health posts were closed in 1976. The existing facilities are generally understaffed, having previously been manned largely by French nationals, who left after independence. In addition, there are 15 maternal and child health clinics, some attached to hospitals and medical centres and some in rural areas, most of which are not functioning because of lack of personnel and equipment.

7. At present there is a total of 28 physicians and some other medical personnel, including dental and laboratory technicians, as well as some local nurses. The country has only one school for nurses and midwives, and it lacks the equipment, training materials and teaching aids to develop proper training programmes.
8. Eighty per cent of the deliveries in the islands take place in the villages and are attended by untrained birth assistants. Abortion is a growing problem, accounting for 15 per cent of the patients admitted to hospitals. Venereal diseases are another major health problem, with syphilis accounting for 25 per cent of all cases and gonorrhoea among women for 40 to 60 per cent.
9. The Government does not have an explicit policy on birth control and family planning. Contraceptive services are offered in Government health facilities and by the private sector, but there is no personnel trained in delivering family planning services. Very few contraceptives can be obtained. As a consequence, it is estimated that, at most, only 900 out of 60,000 married women of reproductive age, or less than two per cent, are now practicing contraception.
10. Total UNFPA assistance to the Comoros amounted to \$589,000 in 1979, including support for a population census, which will provide the Government with the demographic data necessary for economic and social development planning. The project was initiated in 1978, and the census enumeration is scheduled for the end of 1980. Assistance was also provided in 1979 for a project designed to strengthen the demographic and health statistics system by training nationals in the collection and analysis of census data statistics, as well as pre-project support for the project proposed here.
11. Other population-related multilateral assistance has been provided by the United Nations Children's Fund (UNICEF) for the training of traditional midwives and rural health personnel and the supply of equipment. The World Health Organization (WHO) has been assisting in the planning and organization of the health services, the training of health personnel, locally and abroad, and in the study of malaria and other endemic diseases.
12. Bilateral assistance to the health sector is being provided by Canada, the Federal Republic of Germany, France, Italy, and the Netherlands. Assistance by the Canadian International Development Agency is channeled through Laval University of Quebec, which is helping develop the basic health delivery system.

III. The project

13. The project's main objective is to develop maternal and child health and family planning services within the country's basic health services delivery system. The Government hopes thereby to: reduce the infant mortality rate by 5 per cent each year; identify and provide effective care for every pregnant woman; train nationals in the administration of maternal and child health/family planning health services and also in the collection of health statistics and evaluation; develop a system for obtaining complete and reliable maternal and child health statistics; and gradually integrate activities promoting child spacing into maternal and child health services.

14. The proposed project is mainly designed to:

- strengthen the organization of the health section of the Ministry of Social Affairs and to identify the role of maternal and child health activities within this section;

- create an advisory maternal and child health committee at the Ministry of Social Affairs, to be composed of local officials and representatives of international agencies providing assistance to the health sector; this advisory committee will oversee the development of maternal and child health services delivery and will co-ordinate activities, in both urban and rural areas;

- integrate family planning services in the maternal and child health services system;

- equip and staff six maternal and child health clinics and reopen clinics, as well as rural health posts;

- upgrade the surgical-obstetrical services in the hospitals and strengthen the hospital referral system and provide vehicles for the transportation and more effective supervision of patients;

- retrain existing health service personnel, at both the central and the field levels, to provide and supervise maternal and child health and family planning services;

- train additional nurses and midwives, and supply teaching materials and audio-visual and other teaching equipment for nurses and midwives;

- establish a monitoring and evaluation system; and

- develop a system for generating health statistics;

15. The Government plans to continue these efforts after 1982 by: extending project activities to the village level, through the use of trained voluntary health agents; developing a national family planning policy based on the findings of the population census, on recently generated health statistics, and on the integration of family planning services with maternal and child health services, under the present project; and by evaluating project activities.

16. The Government co-operating agency is the Ministry of Social Affairs, which is responsible for education, youth, sports and culture, as well as health. It was formed only recently and is still in the process of organization; and a maternal and child health division, as well as divisions with responsibility for health statistics and health education will be established in its health section in 1980. The maternal and child health committee, mentioned above, will have responsibility for directing project activities.

17. A pre-project budget of \$358,975 was approved in 1979 to cover the costs of: international staff; renovation and equipment for nine rural maternal and child health centres; audio-visual and obstetrical equipment for the school of nurses and midwives; the retraining of personnel in maternal and child health and family planning techniques; fellowships abroad, and contraceptives and vehicles. The pre-project activities were executed by Laval University of Quebec, in association with WHO and UNDP.

18. UNFPA proposes to contribute an additional amount of \$761,900 for the project, to cover the costs of: an international public health expert (27 months); two United Nations volunteers in maternal and child health/family planning statistics and health education (two years); and of two consultants in infertility and in maternal and child health/family planning (one month each); training of medical and para-medical personnel and retraining of health personnel, as well as four one-year fellowships in public health, health planning, health education, and nutrition; renovation and equipping of additional maternal and child health centres and of the surgical-obstetrical services of the two hospitals; and the distribution of contraceptives. Laval University will continue as the Executing Agency.

19. The expenditure components of UNFPA funding, by category and year, are as follows:

	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>Total</u>
	\$	\$	\$	\$	\$
Personnel	10 475	57 500	60 900	-	128 875
Training	24 000	111 000	59 000	30 000	224 000
Equipment	200 000	200 000	56 500	5 000	461 500
Construction	85 000	80 000	13 000	-	178 000
Contraceptives	10 000	10 000	11 000	12 000	43 000
Miscellaneous	<u>29 500</u>	<u>24 000</u>	<u>20 000</u>	<u>12 000</u>	<u>85 500</u>
	358 975	482 500	220 400	59 000	1 120 875

20. The Government's financial contribution to the project, over the three-and-one-half year period, is estimated at \$3.5 million, to cover local salaries, maintenance of vehicles, medical equipment, and some training costs.

IV. Recommendation

21. The Executive Director recommends that the Governing Council:

(a) Approve the project in the Comoros in the amount of \$1,120,875 for three-and-a-half years; and

(b) Authorize the Executive Director to allocate the funds and make the appropriate arrangements with the Government of the Comoros and the Executing Agency.

