

# **Maldives**

## **Country programme document 2011-2015**

The draft country programme document for Maldives (E/ICEF/2010/P/L.28) was presented to the Executive Board for discussion and comments at its 2010 second regular session (7-9 September 2010).

The document was subsequently revised, and this final version was approved at the 2011 first regular session of the Executive Board on 11 February 2011.

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Basic data<sup>†</sup>

(2008, unless otherwise stated)

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Child population (millions, under 18 years)	0.1
U5MR (per 1,000 live births)	28
Underweight (% , moderate and severe, 2001)	26
Maternal mortality ratio (per 100,000 live births, 2005)	120 <sup>a</sup>
Primary school enrolment (% net, male/female, 2006)	97/97 <sup>b</sup>
Survival rate to last primary grade (%)	..
Use of improved drinking water sources (%)	91
Use of improved sanitation facilities (%)	98
Adult HIV prevalence rate (% , 2007)	..
Child labour (% , children 5-14 years old)	..
GNI per capita (US\$)	3 630
One-year-olds immunized with DPT3 (%)	98
One-year-olds immunized against measles (%)	97

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<sup>†</sup> More comprehensive country data on children and women can be found at [www.childinfo.org](http://www.childinfo.org).

<sup>a</sup> The 2005 estimate developed by WHO, UNICEF, UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths, is 120 deaths per 100,000 live births. See <http://www.childinfo.org/areas/maternalmortality>.

<sup>b</sup> Survey data.

## Summary of the situation of children and women

1. The Maldives consists of approximately 1,190 islands, 198 of which are inhabited, spread out over 300 square kilometres. According to the last census of 2006, the population of Maldives was about 300,000. One third lived in the capital, Malé, and 44 per cent were younger than age 14. Despite its image as a high-end tourist destination, Maldives continues to face development challenges, especially for its women, children and burgeoning adolescent population.

2. The first multi-party presidential elections held in 2008 resulted in a new Government and adoption of a new Strategic Action Plan (SAP) 2009-2013, replacing the 7th National Development Plan. The SAP covers five main “pledges”, including the establishment of a nationwide transport system, lower living costs, provision of affordable housing and quality health care, and prevention of drug abuse and trafficking.

3. Maldives has achieved remarkable economic growth. Despite the 2000-2002 global economic slowdown, the devastating impact of the 2004 tsunami and the “3F”<sup>1</sup> crises of 2007-2009, the average growth rate for real gross domestic product (GDP) between 2000 and 2009 was almost 6 per cent, one of the highest in Asia. However, growth plunged in 2009 to anywhere from -1.3 per cent (Government estimate) to -4.5 per cent (International Monetary Fund estimate), depending on calculated performance of key sectors (tourism, fisheries). Previous high growth

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<sup>1</sup> The food and fuel price crises and the financial crisis during 2007-2009 are collectively referred to as the 3F crises.

rates were the result of rapid development of tourism and related sectors. In 2009, real per capita GDP stood at \$2,803.<sup>2</sup>

4. Maldives now has the highest Human Development Index ranking in South Asia: 95 out of 182 countries. Its HDI value is 0.77, showing a steady improvement from 2006. In addition, Maldives has achieved five of the eight Millennium Development Goals ahead of schedule, making it South Asia's only "MDG+" country. At the same time, unemployment among youth has increased to 16.17 per cent in Malé and 18.71 per cent in the atolls. With 39.4 per cent of youth living in Malé, lack of opportunity has limited their development in recent years. Lacking appropriate recreational facilities for young people, youth commonly turn to other avenues such as drugs. It is estimated that 46 per cent of drug users are aged 16-24 years.<sup>3</sup> Risks associated with high rates of drug abuse and the increasing sex trade pose a serious threat of spreading HIV infection.

5. Social sector expenditures have averaged nearly 50 per cent of the budget in recent years. Notably, the health and nutrition status of children and women has improved. Real achievement has been made towards Goal 5 and in the steady reduction of the under-five mortality rate, from 48 deaths per 1,000 live births in 1990 to 17 deaths per 1,000 live births in 2009, according to the 2009 Demographic and Health Survey (DHS) preliminary results. This decline in under-five mortality can be attributed to the impressive reduction in infant mortality from 34 deaths per 1,000 live births in 1990 to 14 deaths per 1,000 live births in 2009 (DHS 2009). The Maldives had already reduced the maternal mortality ratio (MMR) from 259 deaths per 100,000 live births in 1997 to 43 deaths per 100,000 live births by 2008. Undernutrition remains a challenge among children under five, despite having improved from 30 per cent in 2001 to 17.3 per cent in 2009. The country has an extremely low HIV prevalence rate, which presents both an opportunity and a challenge. This low prevalence must be maintained.

6. Environmental sustainability is a fundamental issue in Maldives. Given the very low average elevation of 1-1.5 metres and the small size of the islands, Maldives is directly threatened by multiple natural hazards. Access to drinking water has improved in urban areas but has remained constant in the atolls. In 2006, 21 per cent of households treated water at point of use compared to 12 per cent in 2000. Maldives has made variable progress in providing improved sanitation facilities. Households with access to toilet facilities increased from 40 per cent in 1990 to 94 per cent in 2006; however, this increase reflects improvements mostly in urban areas such as Malé. Across all atoll households, by 2006, 72 per cent had toilets connected to septic tanks, while 16 per cent had toilets connected directly to the sea.

7. Improved access to pre-primary education has been significant, with the number of preschools increasing from 188 in 2007 to 211 in 2009. Universal primary education, which is 100 per cent, has been achieved with no disparity in net enrolment. Free primary schooling is offered in 214 schools spread across all inhabited islands, with 16 in Malé. The percentage of untrained teachers in primary and above is 24 per cent while in preschools it is 70 per cent. Until 2006, most

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<sup>2</sup> Macroeconomic and social data are largely based on the latest *Statistical Yearbook 2009*, published by the Department of National Planning of the Ministry of Finance and Treasury, and on Maldives Monetary Authority monthly and annual reports (2007-2009).

<sup>3</sup> Based on estimations from the United Nations Situation Analysis.

children with special needs had no access to education. The Government has since set up classes for children with special education needs within existing schools in seven atolls. Secondary education shows no gender disparity but its quality remains poor, particularly in the atolls. The overall pass rate has remained below 30 per cent for the last decade.

8. The participation of females in the labour force rose from 22 per cent to more than 52.9 per cent between 1990/1991 and 2005/2006. The country has one of the highest rates (47 per cent) of female-headed households, with more than half arising from the migration of spouses for work. There are indications that increasing religious fundamentalism and an emerging prevalence of conservative ideas have negatively affected girls' school attendance, immunization of children and women's access to medical care. A major challenge also arises from extensive violence experienced by Maldivian women and girls. One in three Maldivian women aged 15-49 reported experiencing physical or sexual violence at some point in their lives, including childhood sexual abuse.<sup>4</sup> According to the 2008 Violence Against Children study, 1 in 7 Maldivian secondary school children report being sexually abused at least once (20 per cent among girls, 11 per cent among boys). Safety and security for adolescent girls, especially in Malé, is a particular concern.

## **Key results and lessons learned from previous cooperation, 2008-2010**

### **Key results**

9. Overall, the situation of children and women in Maldives has improved with regard to survival, development, protection and participation. UNICEF has provided leadership on policy initiatives, introduction and development of child-friendly school methodology, and demonstration of replicable models in the sanitation sector.

10. **Young child survival and development (YCSD).** This programme focused on sustaining access to quality health services for all children under five and pregnant mothers. Maldives has high, sustained levels of immunization and vitamin A supplementation using UNICEF procurement services. The DHS 2009 has provided disaggregated data for evidence-based planning and policy advocacy. A micronutrient survey was completed and the recommendations used for drafting a micronutrient policy for the Maldives. The Online Nutrition and Child Health Surveillance System was designed to monitor response to the needs of pregnant women and under-five children nationwide. The YCSD programme also has focused on addressing malnutrition through the Integrated Early Childhood Care and Development initiative, using positive-deviance methodology and by establishing feeding centres (verandas) in and around health facilities to encourage mothers and caregivers to learn about appropriate nutrition.

11. **Water, sanitation and hygiene (WASH) component of the YCSD programme.** This component targeted improved, sustainable management of water and sanitation facilities, as well as good environmental, hygiene, sanitation and safe drinking water practices. Support was provided for the installation of rainwater harvesting systems benefiting 50,000 people in 26 island communities. Further, as

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<sup>4</sup> Ministry of Gender and Family, *The Maldives Study on Women's Health and Life Experiences* (November 2007).

part of UNICEF support to the tsunami response, semi-mechanical vacuum-based sanitation systems were commissioned in four islands, benefiting 1,335 households.

12. For WASH in schools, environmental education modules were developed to support hands-on learning for environmental issues in and outside of classrooms. A total of 100 schools nationwide are using the resources. An e-learning course spanning three months was also developed for primary teachers, who were given additional training to support the revised environmental studies curriculum. A school sanitation and hygiene manual was developed for the School Health Unit of the Ministry of Education to promote these issues.

13. **Education programme.** Strategic advocacy and UNICEF support led to the development of child-friendly school standards and the adoption of a policy requiring all schools to comply with the standards. UNICEF continued to support scaling up of the approach, with adoption rates of 96 per cent and 69 per cent in preschools and primary schools, respectively. Internet connectivity was extended to 100 schools (comprising nearly 50 per cent of primary schools in Maldives) to bolster teacher development and opportunities for networking and sharing best practices. Twenty Teacher Resource Centres continue to function as hubs for teacher development and in-service training in atolls. The mapping of children with special education needs is near completion to provide evidence for relevant policy and strategy development. UNICEF has supported curriculum reform leading to the development of the first National Curriculum Framework. An Early Years Curriculum has also been developed.

14. **Child protection.** A multi-agency Maldives child protection database was established to facilitate effective follow-up on cases. Service provision at atoll-based Family and Children Service Centres has been supported through the training of social service workers. Development and implementation of a procedure manual for referral of child abuse cases has further strengthened service quality. A family- and child-centred course for Investigating Officers was developed and institutionalized at the Maldives Police Service, which assisted in strengthening investigations and making them child-friendly. Advocacy by UNICEF contributed to the establishment of the Juvenile Justice Unit, which addresses emerging issues related to increased crimes by young offenders.

15. **Policy advocacy and partnerships.** The formulation and endorsement of the Minimum Social Protection Package stands out as a significant achievement. This initiative, facilitated by the UNICEF Regional Office for South Asia, addresses several Government priorities and forms a central part of the National Strategic Action Plan. Participation in the Global Child Poverty Study and research on the 3F crises contributed to heightened understanding of the vulnerability of families with children under five years old. Likewise, the Violence Against Children Study and Micronutrient Study both have provided solid grounds for evidence-based planning and decision-making on child development. Further evidence has also been generated through UNICEF support for the 2009 DHS.

### **Lessons learned**

16. The adoption of the Minimum Social Protection Package and development of a national action plan on drug abuse prevention have demonstrated the value of **strategic, timely and targeted policy advocacy**. Engagement of multiple stakeholders in the above issues has resulted in significant clarity and greater

understanding of the role of the Government. The recommendations from these initiatives have been incorporated into the National Strategic Action Plan. Targeted policy advocacy also facilitated the adoption of a policy for all schools for compliance with standards for child-friendly schools.

17. Following the tsunami relief efforts, UNICEF focused on demonstrating and piloting **innovative approaches** that are efficient, replicable and technologically advanced. Innovations included installation of vacuum-based sanitation systems to prevent groundwater pollution and provide cost-effective environmental protection. Experience showed that greater and earlier engagement of communities and government is necessary to ensure smooth handover and sustainable results. Collaboration with the non-governmental organization (NGO) Journey represented a model for partnership and community-based provision of services for drug abuse prevention and after-care support.

18. The fact that there is a shortage of national technical expertise, that civil society is in a nascent stage, and that the engagement of public-private partnerships is limited places a heavy burden on the Government to ensure effective planning, programme management and monitoring. Adopting a long-term strategic approach to **capacity development** is clearly required to address human resource and institutional limitations.

## The country programme 2011-2015

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Policy advocacy and research	1 250	1 560	2 810
Strategic partnerships for capacity development	1 820	1 920	3 740
Cross-sectoral costs	680	—	680
<b>Total</b>	<b>3 750</b>	<b>3 480</b>	<b>7 230</b>

### Preparation process

19. Preparation for the CPD began with finalization of the national Situation Analysis by the United Nations country team in December 2009 as a basis for the United Nations Development Assistance Framework (UNDAF) 2011-2015. In early 2010, UNICEF conducted a meta-analysis of the situation of women and children to provide sharper focus on key issues. Bilateral consultations took place with sector partners and NGOs, culminating in a validation workshop co-led by UNICEF and the Ministry of Finance and Treasury on proposed results of the new CPD.

### Programme components results and strategies

20. Based on high-quality evidence and research, the overall goal of the country programme will be to support the Government of Maldives in the progressive and equitable realization of the rights of children and women, with a focus on their survival, development, protection and participation.

21. The programme design responds to the expected graduation of the country to middle-income status in 2011 and the necessary shift in UNICEF engagement towards more upstream policy support, development of strategic partnerships for children, and the monitoring of results within the UNDAF 2011-2015. It also facilitates the acceleration of efforts towards achievement of unmet Millennium Development Goals targets.

22. The following six programme component results are to be achieved in the 2011-2015 programme:

(a) Children enjoy the benefits of improved child rights legislation, policies, regulations and plans and contribute to legislative processes;

(b) Disaggregated data and information that contribute to the realization of child rights are accessible, analysed and used;

(c) Families enjoy quality health care, and practise improved nutrition and hygiene behaviours and are equipped with the knowledge and skills to prevent drug abuse and HIV/AIDS;

(d) Children enjoy learning in an inclusive child-friendly environment and are aware of sustainable environmental practices;

(e) Women and children benefit from a preventive and responsive protection system, and children benefit from a specialized juvenile justice system;

(f) Child rights awareness is enhanced through active monitoring and reporting by civil society groups and media.

23. Convergent multisectoral approaches will be sought in education, emphasizing synergies between integrated early child development and preschool education, as well as with life skills, safe schools and sustainable environmental practices. Likewise, the health sector will emphasize nutrition, child health and HIV/AIDS prevention. Drug abuse prevention and behavioural change communication will feature in education, health and child protection sectors. Efforts will be made to coordinate policy advocacy, monitoring, communications for development and capacity-building across all programme components and sectors. In collaboration with partner agencies, interventions will focus on adolescents and address issues that directly affect their well-being and development.

24. UNICEF will contribute to enhancing the capacity of the Government for rights-based programming and results-based planning, building on global partnerships and South-South cooperation. UNICEF programmes will be guided by the principles of human rights, gender equality, equity, and child participation.

#### **Relationship to national priorities and the UNDAF**

25. The key programme component results of the country programme document are derived from the 15 Outcomes of the UNDAF 2011-2015, which contribute to eight selected priority areas of the National Strategic Action Plan. UNDAF Outcomes were formulated by thematic groups and further reviewed and endorsed in the Joint Strategy Meeting, which benefited from the participation of key Ministers and line Ministry staff, NGOs, and resident and non-resident United Nations agencies. UNICEF commitments to UNDAF Outcomes and outputs have been reflected in the country programme document as programme component results

within the framework of the priorities of the UNICEF medium-term strategic plan (MTSP).

### **Relationship to international priorities**

26. The proposed programme will contribute to national efforts to accelerated achievement of the remaining Millennium Development Goals targets on promoting gender equality and empowering women, achieving environmental sustainability and eradicating hunger and child malnutrition, while sustaining achievements in universal primary education, reduced neo-natal, under-five and maternal mortality. The programme will contribute to the four major goals of *A World Fit for Children*. Programme components will address the focus areas and priorities in the UNICEF MTSP. Consideration has been given to recommendations from the recent report of the Committee on the Rights of Child and to upcoming reporting for both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

### **Programme components**

27. The programme will have two major components: (a) policy, advocacy and research; and (b) strategic partnerships for capacity development. The policy, advocacy and research component will focus on strengthening the legal, policy and normative frameworks that address international commitments, the Millennium Development Goals and issues of children's rights, gender equality and emergency preparedness. The Strategic partnerships for capacity development component will support institutional capacity development of duty-bearers to meet their obligations and of rights-holders to claim their rights through behaviour change and participatory social development.

28. **Policy advocacy and research.** This component will contribute to programme component results (a) and (b) outlined in paragraph 22, by strengthening the necessary legal and policy frameworks. Systematic reviews of relevant legislation will be undertaken to ensure that children's rights and gender issues are adequately reflected. Technical advice and support will be provided towards the development of a national social protection act and towards the establishment of a minimum social protection floor. Other areas of policy support will include the Children's Act, Education Act, Public Health Act, Disability Act, Juvenile Justice Act and Water Act. This component will also promote the participation of children and caregivers in contributing to the formulation of relevant legislation and policies. Mechanisms and forums to facilitate this participation and input will be supported.

29. Under this component, use and analysis of **disaggregated data and information** for planning and decision-making will be strengthened. Improvements to government monitoring and evaluation mechanisms will be supported through training and technical assistance. Sector information management systems such as the School Management Information System and Maldives Child Protection Database will be strengthened and used more systematically by the Department of National Planning and other national and subnational actors. A WASH database will also be developed. The coordination function of the Department of National Planning will be enhanced through use of MaldivInfo as a central repository and dissemination tool. Surveys will be conducted to ensure that children and caregivers contribute to policy development and that evidence is generated for sector

budgeting, targeting the most vulnerable groups. Efforts will be made to include gender- and child-focused budgeting of resources by line Ministries.

30. **Strategic partnerships for capacity development.** This component will contribute to programme component results (c), (d), (e) and (f) outlined in paragraph 22. The focus will be on enhancing capacity of the State and civil society to fulfil their obligations through strengthening performance across sectors, as well as on enhancing the capacity of children and women to realize their rights through full participation.

31. This component will seek to consolidate achievements in child and maternal health and ensure a continuum of care for children. Improvements in nutrition, good hygiene and use of safe drinking water will be core areas of behaviour change communication and monitoring. In education, gains in child-friendly learning will be sustained through continued advocacy and monitoring for compliance with child-friendly school standards. To augment capacity in education for the early years and give attention to children with special needs, institutional frameworks will be strengthened through targeted research and teacher training. Life-skills based education will be scaled up, bringing greater emphasis to drug abuse, sexual and gender-based violence and HIV/AIDS prevention among children in and out of school and most-at-risk adolescents. Improved sanitation and hygiene practices will be promoted through behaviour change communication. Training and advocacy within schools will support an effective community response to environmental challenges.

32. The capacity of the Government and civil society to provide decentralized child and family protection services will be enhanced through training and review of regulations and policies to help to ensure that abuse and violence against children and women is addressed. Work will also continue to ensure that the juvenile justice system is friendlier towards children, including victims and witnesses, while ensuring that rights-based informal mechanisms and community-based options exist for crime prevention, rehabilitation and reintegration of child offenders.

33. The capacity of media and civil society to advocate for and monitor child rights, including reporting to international treaty-based bodies, will be strengthened through training and development activities.

34. **Cross-sectoral costs.** These will cover overhead and programme-related costs, including supply and other required support. They will also cover the cost of consultancies and temporary assistance who will be engaged according to programmatic needs.

### **Major partnerships**

35. Line Ministries will be the main partners in planning and implementation of programmes. Focus will be given to building the capacity of decentralized structures of the Government. Collaboration with civil society will continue in child protection, child participation, drug abuse prevention and monitoring. Strengthened partnerships on social protection with the Asian Development Bank and other international financial institutions will be prioritized.

36. United Nations partnerships in the health sector will continue with the World Health Organization and the United Nations Population Fund (UNFPA); for education with the United Nations Educational, Scientific and Cultural

Organization; for life-skills based education in particular with UNFPA; for HIV and drug abuse prevention with the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS; for promotion of gender equality with the United Nations Fund for Women (UNIFEM)/UNFPA; and for environment, water and sanitation and emergency preparedness with the United Nations Development Programme (UNDP). Partnership with the International Labour Organization will be utilized for social protection and with the World Bank for its expertise in improving social sector budgeting. Joint United Nations programming will continue with UNIFEM and UNFPA in combating sexual and gender-based violence. Work on implementation of MaldivInfo will continue with all agencies, and support for the Human Rights Commission will continue with UNDP.

### **Monitoring, evaluation and programme management**

37. Support for monitoring and evaluation will seek to reinforce national monitoring mechanisms and management information systems so that indicators are accurate, timely and complete. Cross-sectoral coordination will be essential, including among health, education, protection and planned WASH databases, to enhance usage, national aggregation and reporting. MaldivInfo will be strengthened in partnership with other agencies. Both MaldivInfo and routine monitoring and evaluation mechanisms will be used to inform decision-making.

38. To monitor progress and budget implementation, midyear and annual reviews will be held with all Government counterparts. Key indicators in the UNDAF monitoring and evaluation plan and the UNICEF integrated monitoring and evaluation plan will be monitored regularly.

39. With the role of UNICEF evolving in the context of the country's upcoming middle-income status, the office structure will shift to reflect increased emphasis on policy advocacy and research, capacity development and behaviour change. All country programme-supported activities will be implemented by Government Ministries and departments or NGOs, and coordinated by the Ministry of Finance and Treasury.

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