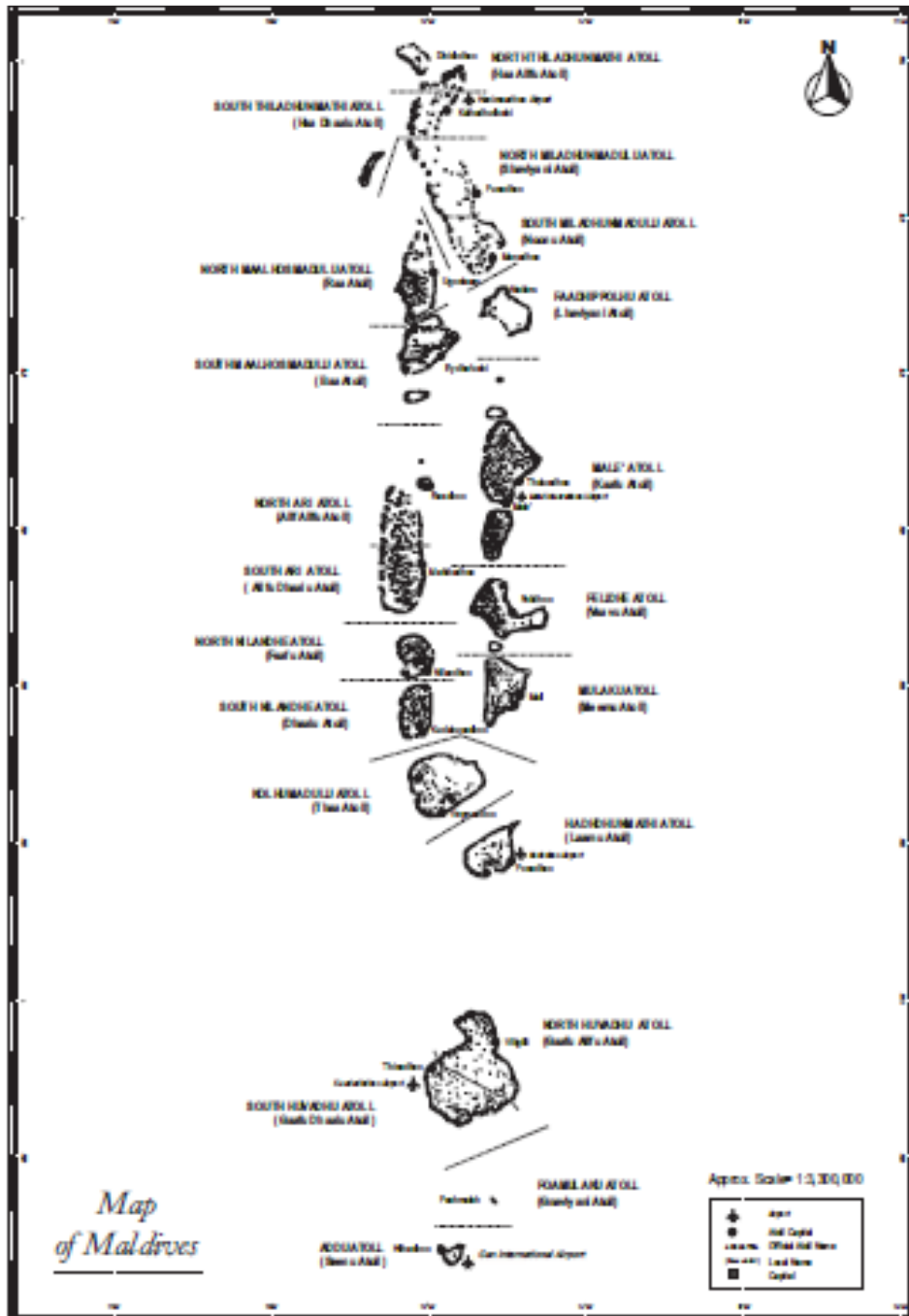


Government of Maldives/UNFPA
6th Country Programme
Evaluation
(2016-2020)



Final Draft V5 November 2019

Map of Maldives



Source: Department of National Planning 2011

Consultant Team

Position and Role	Name
Team Leader / Population and Development Expert	Martin Wanjohi
Gender, Youth, Sexual and Reproductive Health Expert	Dr Sheena Moosa

Table 1: Consultant Team

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Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
APRO	Asia Pacific Regional Office
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
CCA	Common Country Assessment
CEDAW	UN Convention on the Elimination of all forms of Discrimination against Women
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DaO	Delivering as one
DHS	Demographic and Health Survey
EM	Evaluation Manager
ERG	Evaluation Reference Group
APRO	Asia Pacific Regional Office (UNFPA)
EQA	Evaluation Quality Assessment
ET	Evaluation Team
FGD	Focus Group Discussion
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GE	Gender equality
GEL	Gender Equality Law
GEWE	Gender equality and women empowerment
HDI	Human Development Index
HIES	Household Income Expenditure Survey
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
ICPD	International Conference on Population and Development
ILO	International Labour Organization
IMR	Infant Mortality Rate
IP	Implementing Partner
JWP	Joint Work Plan
KI	Key Informant
KII	Key Informant Interview
MDGs	Millennium Development Goals
MDHS	Maldives Demographic and Health Survey
M&E	Monitoring and Evaluation

MMR	Maternal Mortality Rate
MNH	Maternal and Neonatal Health
MNU	Maldives National University
MoGFSS	Ministry of Gender, Family and Social Services
MoH	Ministry of Health
MoFT	Ministry of Finance and Treasury
MoPI	Ministry of Planning and Infrastructure
MSM	Men who have sex with other men
MTP	Medium Term Plan
MTR	Midterm Review
MVR	Maldivian Rufiyaa
NBS	National Bureau of Statistics
NIE	National Institute of Education
NSPA	National Social Protection Agency
NGO	Non-Governmental Organisation
OECD/DAC	Organization for Economic and Cooperation and Development / Development Assistance Committee
PMTCT	Prevention of Mother to Child HIV Transmission
PD	Population Dynamics
P&D	Population and Development
QA	Quality Assurance
RH	Reproductive Health
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RRF	Results and Resources Framework
SDGs	Sustainable Development Goals
SHE	Society for Health Education
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SWB	Statistical Year Book
TFR	Total Fertility Rate
TWG	Technical Working Group
UN	United Nations
UNAIDS	United Nations Joint Program on AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
USD	United States Dollar
WHO	World Health Organization
YPS	Youth Peace and Security

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Key Facts Table

Land		
Geographic location	3.2028° N, 73.2207° E	World Atlas
Land area	298 square km	World Atlas
Terrain	Island	World Atlas
People		
Population (including foreigners)	402,071	2014 Census/NBS
Urban population %	38	2014 Census/NBS
Population growth rate	1.65	2014 Census/NBS
Governance		
Government	Republic	
Key political events	Presidential and parliamentary elections	
Seats held by women in national parliament %	4.6	2019 People's Majlis
Economy		
GDP per capital US\$	8,412	2014 rebased/NBS
GDP growth rate %	5	2014 rebased/NBS
Main industries	Tourism, Construction, Fisheries	
Social indicators		
Human development Index	0.717	2017 HDI report/MoFT& UNDP
Unemployment rate %	6.1 (M 5.6; F6.4)	2016 HIES/NBS
Health expenditure as % of GDP	9.1	2014 NHA/MoH
Adult literacy (% aged 15 years and above)	98 (M:97; F:97.8)	2014 Census/NBS
Total net enrolment ratio in primary education, both sexes	99.4 (M:98.9; F:99.9)	2015 SYB/NSB
Life expectancy at birth	M 73; F74.4	2016 HSR/MoH
Sustainable Development Goals		
Goal 1: 1.1 Proportion of the total population below international poverty line (\$1.25) %	6.6 (M6.5; F:6.7)	2016 HIES/NBS
Goal 2: 2.2 Prevalence of stunting among children under 5 years of age%	15.3 (M:16.3; F 14.2)	2016/17 DHS/MoH
Goal 2: 2.2 Percent of malnutrition wasting among children under 5 years of age %	9.1 (M:10.1; F 8.1)	2016/17 DHS/MoH
Goal 3: 3.1 Maternal mortality per 100,000 live births	44	2016 HSR/MoH
Goal 3: 3.1 Births attended by skilled health personnel %	99.5	2016/17 DHS/MoH
Goal 3: 3.2 Under 5 mortality per 1000 live births	20 (M: 24; F: 16)	2016 HSR/MoH
Goal 3: 3.7 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	29.4	2016/17 DHS/MoH
Goal 3: 3.3 HIV new infections	9	2014 HPA
Goal 3: 3.3 TB incidence	153	2015 HPA
Goal 3: 3.4 Suicide deaths	15	2014 MPS
Goal 3: 3.6 Deaths due to road traffic accidents	11	2014 MPS
Goal 3: 3.7 Contraceptive prevalence rate among married women %	19	2016/17 DHS/MoH
Goal 3: 3.7 Adolescent fertility rate (birth per 1000 women aged 15-19)	10	2016/17 DHS/MoH
Goal 3: 3.8 People covered by health insurance or a public health system %	100	2015 NSPA
Goal 3: 3.c Health worker per 1000 population	13.1	2015 HSR/MoH
Goal 4: 4.2 Participation rate in organized learning at 5 years of age %	93 (M:93; F:93)	2014 Census/NBS
Goal 4: 4.3 Participation rate in formal and non-formal education	40 (M:36; F:44)	2014 Census/NBS

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and training 15-24 years of age %		
Goal 4: 4.6 Population 15+year of age achieving at least a fixed level of functional literacy %	73 (M:76; F:70)	2014 Census/NBS
Goal 5: 5.2 Proportion 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 %	16.7	2016/17 DHS/MoH
Goal 5: 5.3 Proportion of women who are 20-24 married or in a union before 18 years of age %	2.2	2016/17 DHS/MoH
Goal 5: 5.3 Proportion of girls and women aged 15-49 years who have undergone female genital cutting %	12.9	2016/17 DHS/MoH
Goal 5: 5.4 Time spent on unpaid domestic and care work%	13.1(M:4.6; F:20.6)	2016 HIES/NBS
Goal 5: 5.5 Proportion of women in managerial position %	19.5	2016 HIES/NBS
Goal 5: 5.b Proportion of individuals who own a mobile phone %	86	2014 Census/NBS
Goal 6: 6.1 Proportion of the population using safely managed drinking water services %	98.6 (M:99.3; F98.0)	2016/17 DHS/MoH
Goal 6: 6.2 Proportion of the population using safely managed sanitation services, including a hand washing facility with soap and water %	98.3; (M:98.9; F97.9)	2016/17 DHS/MoH
Goal 7: 7.1 Households using modern energy source (gas or electricity) for cooking %	96	2014 Census/NBS
Goal 8: 8.5 Unemployment rate %	6.1 (M 5.6; F6.4)	2016 HIES/NBS
Goal 8: 8.6 Proportion of youth (15-24 years) not in education, employment or training %	23	2016 HIES/NBS

NBS = National Bureau of Statistics

MoFT = Ministry of Finance and Treasury

MoH = Ministry of Health

HSR = Health Statistics Report

HPA= health Protection Agency

NSPA = National Social Protection Agency

MP = Maldives Police Service

SYB = Statistical Year Book

HIES = Household Income Expenditure Survey

DHS = Demographic Health Survey

Executive Summary

1. The purpose of the Country Programme Evaluation

The three main purposes of this UNFPA Country Programme Evaluation (CPE) are to demonstrate accountability to stakeholders on the achievement of development results in Maldives, and on invested resources; support evidence based decision making and to guide the 7th country programme; and contribute important lessons learned to the existing knowledge base¹. This CPE was commissioned by the UNFPA Country Office in Maldives and took place between mid-June and November 2019.

The target audience is UNFPA Maldives Country Office, Asia Pacific Regional Office (APRO) and UNFPA HQs, UN partners in Maldives, the evaluation reference group (ERG), and key stakeholders including government and CSO partners.

2. The objectives of the CPE²

The overall objectives of the CPE are: (i) to enhance accountability of UNFPA and the Maldives Country Office (CO) for the relevance and performance of its country programme (CP), and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives of CPE are:

- a) To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the 6th country programme;
- b) To provide an assessment of the CO's strategic positioning within the development community and national partners, in view of its ability to respond to national needs while adding value to the country development results; and
- c) To draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the next programming cycle.

The CP being evaluated is for the period 2016 – 2020 and is focused on outcome 2 of the UNFPA Strategic Plan 2014-17 on adolescents and youth: “Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services”. It has one output: “Increased accountability and responsiveness of duty bearers in Maldives to young people’s rights to reproductive health information and services”.

Key interventions during the period under review included policy advocacy, and support for policy review and development; reaching out of school youth with SRH information, and support for the integration of CSE in the school curriculum; support for the development of a number of knowledge products, and innovative data collection and analysis; and short term capacity building mainly in population dynamics for the National Bureau of Statistics.

3. Methodology

This CPE followed a participatory approach and methodology and has five phases in line with UNFPA Evaluation Handbook (Revised 2019). The first was *the preparatory phase* where the CO drafted the terms of reference in consultation with the ERG, and recruited the two person independent evaluation consultant team. The next four phases include the *design phase*, the *field phase*, the

¹ Evaluation Handbook, revised 2019

² Annex 1: Terms of Reference for the evaluation of the UNFPA 6th Country Programme of Support to the Government of Maldives

reporting phase (which also includes quality assurance), and *the facilitation of use and dissemination phase*.

During the *design phase* the consultants presented the country context, UNFPA response and programme, detailed approach and methodology, the evaluation process, the stakeholders selected for consultation, data collection tools and the work plan and submitted it for review by the EM in consultation with the ERG, and approval by APRO. During the field phase, the consultant team collected data through extensive document review, key informant interviews and group discussions with the CO team, key stakeholders and partners, and focus group discussions with beneficiaries. Then the data was analysed, synthesised and triangulated. The draft evaluation report was developed and submitted to the CO for validation. The draft CPE report, revised after CO inputs, was then submitted and presented to the APRO, ERG and other key stakeholders who provided their feedback.

During the facilitation of use and dissemination stage, the Evaluation Manager will submit the final report to APRO Monitoring and Evaluation Advisor (MEA), who will review the report, assess its quality and approve. APRO MEA will prepare and submit a draft evaluation quality assurance (EQA), together with the final CPE Report, to UNFPA HQs Evaluation Office (EO) for the finalization of the EQA. The EO will upload the CPE Report and EQA into the UNFPA evaluation database. The Evaluation Manager will also share the report with relevant external stakeholders (UN agencies, government and CSO partners) and prepare a management response to the recommendations of the evaluation and submit to UNFPA HQs after MEA's clearance. Finally, the Evaluation Manager will post the CPE report on the CO website.

The evaluation team received excellent support from the CO team and despite the limitations listed in the report, the purpose and objectives of the CPE were met.

4. Main conclusions

The following conclusions are derived from the findings, and are categorised into strategic level (those related to overall relevance, responsiveness, partnerships and collaborations, institutional capacity and sustainability) and programme level conclusions. This evaluation has emphasized on the strategic level conclusions.

Strategic level conclusions:

- The 6th CPD's focus on adolescent and young people's right to SRH services and information is aligned to the country's policies, UNDAF, UNFPA Strategic Plan 2014-2017, ICPD and SDGs.
- While the performance in achieving the output and targets in the CPD appear limited, UNFPA contributed to the higher level UNFPA outcome 2. UNFPA also produced strategic and relevant knowledge products coupled with a "consistent and strong voice" in UNFPA's thematic areas thereby setting the stage for future added value, relevance and effectiveness.
- The CPD is not based on a sound theory of change, and is limited in terms of scope and relevance in addressing the country's priorities. However, the CO was responsive to the country's needs as demonstrated by annual work plans, activities and results of the period under review.
- During the period under review, the CO worked under a difficult environment related to political fluidity and increasing cultural and religious conservatism that made policy advocacy challenging. One of the shortcomings of the CPD is its failure to take into account the significant risks presented by this environment.
- The CP interventions have not fully delivered the desired results due in part to the pervasively low institutional capacities of duty bearers that undermine the achievement of results through policy advocacy. While UNFPA has provided short term capacity building interventions, there is need for long term interventions to strengthen partner institutional capacities relevant to their mandates. However, this needs to be a combined effort of the UN and other partners.

- The capacity of the CO is not sufficient to optimise UNFPA's potential to fulfil its mandate in support of the country. These include leveraging opportunities in policy advocacy, building partnerships and resource mobilization, knowledge management and supporting the very critical need for institutional capacity building. The sustainability of the CO is also at risk as the unavailability of any of the permanent staff would seriously jeopardize its ability to perform its functions.
- Although some pockets of good practice exist, coordination and collaboration within the UNCT is weak and not delivering the desired synergies in line with the principles of delivering as one. This has been an additional bottleneck in the implementation of the UNFPA programme. Building partnerships and mobilizing resources has also been limited.

Programme level conclusions:

- The one output of the CPD was only partially achieved with limited results in directly reaching or influencing change in serving out of school youth with SRH services and information, and the partial implementation of CSE in the school curriculum.
- In the environment of increasing cultural and religious sensitivities, SRH and GEWE narratives are increasingly being subjected to scrutiny.

5. Main recommendations

The following recommendations are focused on what needs to be done during the formulation and implementation of the next CP and addresses the conclusions of this evaluation. They are categorised into strategic level, which is the main emphasis of this evaluation, followed by programme level recommendations.

Strategic level recommendations:

- The knowledge products generated with UNFPA support and the consistent and strong voice of UNFPA on SRH, gender and youth has reinforced its relevance and strategic positioning in Maldives. UNFPA should build on this, excel in the production of important knowledge products, and take advantage of its strategic positioning to ensure future added value, relevance and effectiveness. It should also leverage on this to build partnerships and mobilize resources to play a more profound role in the UNFPA program areas.
- The next CP should build on a full understanding of the country's context through a thorough analysis of the political, social and institutional context and realities of the country. Risks and assumptions should be systematically analysed and mitigation measures against significant risks formulated and built into the programme. The involvement of key stakeholders, especially relevant government agencies in the formulation and management of the CP, should be strengthened to improve its relevance, increase effectiveness in achieving planned results and to enhance national ownership.
- The 7th CP should be constructed with a sound theory of change, with indicators and targets that allow for effective management for and demonstration of results that are within the control of UNFPA. The CP should include well thought out strategies and initiatives necessary to achieve planned results. To allow for flexibility and better demonstration of results while maintaining focus, the next CP should not be limited in terms of the number of outcomes and outputs.
- UNFPA should support the building of the requisite institutional capacities of duty bearers to improve their capacity to implement desired social change. However, institutional capacity building should be supported by UN system and other partners working together. This issue should be recognised in the next country's UN Sustainable Development Cooperation Framework (UNSDCF) as a strategic priority and a key development challenge to achieving the Agenda 2030 for Maldives. Desired outcomes can be achieved through in-country partnerships with higher

institutions of learning, but also through pursuing international and south to south cooperation and partnerships to support capacity building including in long term and advanced training.

- The program, financial and administrative capacities of the CO should be strengthened to optimise UNFPA potential in supporting the country through policy advocacy, knowledge management, building partnerships and in resource mobilization, but also to ensure sustainability. The addition of one programme and one administrative staff would make a difference.
- Based on the recognition of lack of synergies within the UNCT, UNFPA should adopt a more realistic assumption on the extent of leverage on the UN system to achieve programme results. At the same time, the CO with direct support from the APRO and UNFPA HQs, should continue to pursue partnerships and resource mobilization necessary to effectively play its role in response to the Maldives national priorities and needs.

Programme level recommendations:

- UNFPA should support national institutions to pursue more effective strategies for reaching the youth, especially out of school youth with SRH services and information and to implement youth friendly SRH services. This may require conducting research to understand youth perceptions and preferences in relation to access to SRH information and services as a basis for designing more effective interventions. In addition, the mobile application Siththaa should be enhanced with more youth friendly and attractive features while ensuring satisfactory performance.
- UNFPA should advocate for, and support the government to come up with, detailed plans with clear implementation timelines and risk mitigation measures to implement CSE in the school curriculum. The CO should further support interventions necessary to build the capacity of the school system to deliver this component.
- UNFPA should provide stewardship for systematic conversation involving key stakeholders and experts on the issue of balancing between the quality of SRH and GE information that is relevant to the cultural / religious context of the country. The stakeholders should include relevant government agencies, CSOs and experts (local and external religious scholars) who appreciate the need for effective communication and cultural / religious sensibilities related to SRHR and GE.

Chapter One: Introduction

1.1 Purpose and objectives of the Country Programme Evaluation

The three main purposes of the UNFPA Country Programme Evaluation (CPE) are to demonstrate accountability to stakeholders on the performance in achieving development results at country level, and on invested resources; support evidence based decision making; and contribute important lessons learned to the existing knowledge base³. This CPE was commissioned by the UNFPA Country Office in Maldives.

The overall objectives of the CPE are: (i) enhancing accountability of UNFPA and the Maldives Country Office (CO) for the relevance and performance of its country programme, and (ii) a broadened evidence-base for the design of the next programming cycle.

The specific objectives of CPE are⁴:

- a) To provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the 6th country programme;
- b) To provide an assessment of the CO's strategic positioning within the development community and national partners, in view of its ability to respond to national needs while adding value to the country development results; and
- c) To draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the next programming cycle.

The target audience is UNFPA from Maldives Country Office, Asia Pacific Regional Office (APRO) to UNFPA HQs, and the evaluation reference group (ERG) and key stakeholders including government and CSO partners.

1.2 Scope of the evaluation

To address the aims and objectives above, the evaluation assessed progress on the achievement of the one output of the 6th CP which is “increased accountability and responsiveness of duty bearers in Maldives to young people’s rights to reproductive health information and services”; the corresponding UNFPA Strategic Plan outcome on adolescents and youth: “increased priority on adolescents...in development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services”.

The evaluation also assessed the progress in the achievements against the other three UNFPA Strategic Plan outcome areas as the CO had supported initiatives related to these during the 6th CP: sexual and reproductive health (SRH), gender equality and women’s empowerment (GEWE) and population dynamics (PD). In addition, the evaluation explored cross-cutting issues including the extent of the adoption of a human rights based approach and gender mainstreaming throughout the programme.

The CPE further explored the positioning and relevance of the CO including the extent of coordination and synergies within the UNCT, its value added, the sustainability of its achievements, partnerships, and its demonstrated capacity to respond to changing national needs. It also examined

³ Evaluation Handbook, revised 2019

⁴ Annex 1: Terms of Reference for the evaluation of the UNFPA 6th Country Programme of Support to the Government of Maldives

the monitoring and evaluation system in place, looking at how it is implemented and utilised, and how well it captures critical data to assess progress in programme implementation.

The CPE covered the time period 2016 up to the first half of 2019 and includes all initiatives under the 6th CP which were planned and/or implemented during this period. Most of the programme is policy based and mainly in the Country's capital – Male, which was the focus of the field work. All the UNFPA implementing partners and UN agencies are based in Male, so are the limited direct beneficiaries of the programme that the evaluation team interacted with during the exercise.

Besides the assessment of the intended results of the programme, the CPE sought to identify key unintended effects. To complement the assessment of the programme components, the evaluation team also reviewed the managerial, operational (e.g. financial, administration, procurement) and structures of the CO.

1.3 Methodology and process

1.3.1 Methodology

The CPE followed the standard evaluation criteria drawn from the United Nations Evaluation Group (UNEG) and the Organization for Economic Cooperation and Development (OECD/DAC), and as stipulated in the ToR (Annex 1). The evaluation team also consulted the Evaluation Quality Assessment Grid (EQA), the UNEG Norms and Standards for Evaluation (2017), the UNEG Ethical Guidelines for Evaluation (March 2008), and the UNEG - Integrating Human Rights and Gender Equality in Evaluation (August 2004).

In line with OECD / DAC criteria, the 6th CP was assessed in relation to relevance, effectiveness, efficiency, and sustainability in addition to responsiveness, value added, and the UN Country Team Coordination. The cross-cutting themes of human rights and gender equality within UNFPA's work was also assessed. The final refined evaluation questions are presented below. The questions relate to each programme component area and also to CO strategic positioning, management, structure and coordination within the UNCT. These were explored in relation to a set of assumptions highlighted in the Evaluation Matrix (Annex 4).

EQ1: Relevance and Responsiveness

- a. To what extent is the country programme (i) aligned with: ICPD, SDGs; the UNFPA Strategic Plan (2014-2017); UNDAF; national laws, policies, needs and stakeholder priorities? (ii) Addressing the needs of the population, including the vulnerable and marginalized groups and those furthest left behind?
- b. How well has the CO responded to changes in national needs and priorities or major political shifts?

EQ2: Effectiveness

- a. To what extent did the interventions supported by UNFPA contribute to the achievement of planned results (outputs and outcomes)? How adequate was the theory of change underlying the results chain logic?
- b. To what extent has the programme integrated the cross-cutting issues of gender and human rights based approaches?
- c. Were there any unforeseen consequences of the UNFPA programme?

EQ3: Efficiency and UN Country Team Coordination

- a. To what extent has UNFPA made good use of its human, financial, technical and administrative resources to pursue the achievement of the outputs and outcomes defined in the

country programme?

- b. How effective and efficient were the processes used to measure the results? To what extent did they contribute to accountability in programming?
- c. How effectively does the CO coordinate with other UN agencies to deliver as one, particularly in areas of potential overlap?

EQ4: Sustainability

- a. To what extent have UNFPA-supported interventions, promoted national ownership and contributed to capacity development with its implementing partners and beneficiaries (in terms of policies, increased capacity and budgetary allocations)?

The ERG and CO management reviewed the evaluation matrix, the evaluation questions and tools to ensure their relevance, appropriateness and comprehensiveness, in order to assure the quality and usefulness of the evaluation.

Data collection and analysis

This CPE followed a participatory process that actively involved UNFPA CO staff and key stakeholders. To ensure robust analysis and understanding of the programme logic, underpinned by the theory of change, the evaluation adopted several data collection methods and systematically triangulated data from different sources. Secondary data was obtained through extensive document review. This was supplemented by primary data collected through key informant interviews and group discussions. The list of stakeholders interviewed is included as Annex 2 of this Report. Throughout, the team had regular contact and discussion with the CO staff to clarify issues and contribute to early and continuous validation.

Document review provided critical input and was the source of secondary data for this CPE. Documents reviewed include UNFPA Strategic Plan (2014-2017), UNDAF (2016-2020), UNFPA CPD (2016-2020) and other programme related documents, UNCT Joint (Rolling) Work Plans and status reports, CO monitoring and evaluation reports, relevant national government policy and strategy documents and evaluation reports. The full list of documents consulted are included as Annex 3 of this Report.

The evaluation team made all effort to obtain quantitative and disaggregated data both from primary and secondary sources to inform the evaluation, but this was very limited as indicated in Table 3.

Field work included key informant interviews (KI interviews) and focus group discussions (FGDs). The interviews were conducted by members of the evaluation team. No members of the UNFPA staff were present during interviews with partners and beneficiaries. Furthermore, members of the CO were interviewed individually to provide greater freedom to express themselves.

KI interviews were conducted with CO staff and key UNFPA partners and stakeholders including the representatives of government ministries and departments, UN agencies and other partner agencies to address the evaluation questions. The interviews with CO mainly focused on clarifying and filling gaps on the CP interventions and related information but also validation of the information collected from other sources. Interviews with implementing partners focused on obtaining information and perspectives on the respective UNFPA interventions. Interviews with UN agencies focused mainly on coordination and synergies within the UNCT.

FGDs were conducted with primary beneficiaries, who included seven youth (5 Females and 2 Males), who had participated in the programme to capture their experiences and perspectives regarding the relevance and effectiveness of the interventions supported by the UNFPA. The full list of stakeholders consulted is included as Annex 3 of this Report.

The team also assessed the Siththaa mobile application developed and implemented with the support of UNFPA for improving access to SRH knowledge among the youth.

Table 2 below provides the data gathering tools used against the target informants. The tools are included in Annex 5.

Table 2: Target groups, tools and approaches

Target	Tools and approaches
UN agencies including UNFPA CO, government, implementing partners	Key informant semi-structured interview guides
Beneficiaries	Focus group discussion guide

Selection of the sample of stakeholders consulted

This CPE followed UNFPA guidelines that stipulate a comprehensive criteria for the selection of stakeholders to consult for the purposes of the CPE. However, because of the limited number of UNFPA stakeholders, the evaluation team consulted all of them. These included implementing partners involved in ongoing and completed interventions including those of earlier programme cycles. The current ones included government ministries and agencies (e.g. National Statistics Bureau, Ministry of Gender, Ministry of Health, Health Protection Agency, Maldives National University, National Institute of Education, etc), and an NGO – Society for Health Education. Some of the persons interviewed had been involved in UNFPA supported interventions earlier and were selected due to their significant insights into UNFPA programs. All the institutional partners were based in Male and hence the interviews took place in locations within the capital.

A sample of beneficiaries (adolescents and youth) who participated in the “Youth Cafes” intervention were selected using purposeful sampling.

Likewise, representatives of all relevant UN agencies with whom UNFPA works with in the UNCT were consulted. The full list of stakeholders consulted is included in Annex 2 of this Report.

Data analysis and validation

The primary data collected was mostly qualitative. We used content analysis to identify patterns and meaning in the data collected through document analysis, interviews, and focus group discussions. We also used contribution analysis to identify how far, documented inputs and activities were likely to have contributed to outputs and outcomes. This required exploration of the theory of change and of both the sufficiency and relationship between the inputs and activities to the outputs and their likely contribution to outcome results.

The data was validated through triangulation of the data from the various sources and through the different methods. Data collected through key informant interviews was triangulated with that from document review and CO staff feedback. Information from CO staff interviews were cross validated with that from implementing partners, and in some cases, UN agencies. The debriefing meeting with CO staff also served to communicate preliminary findings and obtain early feedback before embarking on the substantive analysis and drafting of the CPE report. The CPE Report was drafted and submitted to the CO to validate and provide input as to any material omissions or errors in the Report. The revised report incorporating CO inputs was further validated by the ERG, APRO representative and representatives of key stakeholders during the validation meeting held on 15th of October 2019. The validation meeting was attended by high ranking government officials including the ministers in charge of gender and health.

Throughout, the team benefitted from regular contact and discussion within the team and with the CO staff, who include the two permanent staff in charge of programme and administrative, financial and procurement issues and the two contract staff, to clarify issues and contribute to validation.

1.3.2 Limitations encountered during the CPE

The table below highlights the limitations encountered during the CPE and the mitigation measures taken.

Table 3: Limitations encountered and mitigation measures taken

Limitations and Risks	Mitigation Measures
The unavailability of the CO staff for field work during the month of July and part of August 2019	Extended the CPE work plan period into November 2019
The short period of one week of field work for the international consultant Team Leader as a result of national holidays. This limited the interactions between the evaluation team and the key stakeholders including the CO	The evaluation team leveraged on the local consultant to continue consultations in areas which still had data gaps, and continued online discussions with the CO staff
Limited disaggregated data available to identify the benefits to the adolescents and youth as well as women and show progress in relevant outcomes.	In-depth interviews with beneficiaries, government representatives, other UN agencies and implementing partners

The limitations were not sufficient to invalidate the conclusions of this evaluation. The significant number of stakeholders reached and the information obtained, even within the limited field work period, was reasonably sufficient to inform the evaluation.

1.3.3 Process Overview

The evaluation process followed the guidelines in the UNFPA CPE Handbook⁵. The CPE was conducted in five phases as depicted in the figure below:

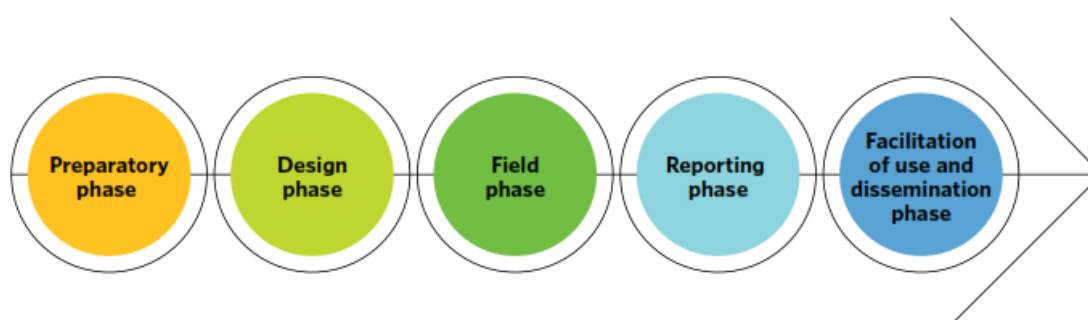


Figure 1: The phases of a CPE (Source: UNFPA Evaluation Handbook)

Phase 1 – the preparatory phase was led by the evaluation manager (EM) and involved the establishment of the evaluation reference group (ERG), the development of the terms of reference, the recruitment of two consultants, preparation of the stakeholder map and making available of key documents to the evaluation team.

Phase 2 – the design phase achieved the main objective of producing the CPE design report. Under the guidance and direction of the EM, activities included the orientation of the consultant team to the CO team, review of key documents, review of stakeholders for interviews and focus group discussions, the development of the evaluation matrix, refinement of evaluation questions, development of data collection tools, planning for data collection and analysis; and production of a comprehensive work plan for the field work data collection, analysis and synthesis and reporting phases of the evaluation.

⁵ Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA. Revised May 2019.

The development of the design report was done by the evaluation team in close consultation with the CO. The final design report incorporated feedback from the CO and the APRO. The CO also planned for the necessary logistics for the field phase during this phase.

Phase 3 – the fieldwork phase. During this phase, the consultants continued with extensive document review started in phase 2, and conducted key informant interviews and focus group discussions with key partners and beneficiaries. The field phase activities involving the two consultants took place in Male for one week from 3rd to 9th of August 2019. However, the national consultant continued field work activities beyond this period of one week.

Towards the end of the field phase, the evaluators conducted preliminary analysis of the data and had a debriefing meeting with the CO staff. The meeting discussed preliminary findings, tentative conclusions and recommendations and obtained early validation and feedback.

Phase 4 - the synthesis and reporting phase. During this phase, the evaluation team undertook data collation, triangulation and analysis, and developed the draft and final evaluation reports. The reports underwent validation at several stages. The EM and the CO reviewed the first draft report and provided feedback which was used to revise the report. The revised draft (second draft) was then submitted and subjected to validation by the ERG, representative of the APRO and key stakeholders. The input from the validation meeting was used to produce the third draft report which was submitted to APRO for final approval. This iterative process allowed for full validation and refinement of the findings, conclusions, and recommendations.

Phase 5 - facilitation of use and dissemination phase. During this phase, the Evaluation Manager will submit the final report to APRO Monitoring and Evaluation Advisor (MEA), who will review the report and assess its quality. The APRO MEA will share the draft evaluation quality assurance (EQA) and the final CPE Report with UNFPA HQs Evaluation Office (EO) for finalization of the EQA. The EO will upload the CPE Report and EQA into the UNFPA evaluation database. The Evaluation Manager will also share the report with relevant external stakeholders (UN agencies, government and CSO partners) and prepare a management response to the recommendations of the evaluation and submit to UNFPA HQs after MEA’s clearance. Finally, the Evaluation Manager will post the CPE report on the CO website.

The work plan

The evaluation team commenced work in mid-June. The draft design report was submitted on July 6th 2019 and the draft CPE report on 8th September 2019. Some delays were experienced due to the extensive national holidays in Maldives in the months of July and August. The work plan below provides the actual timelines for this CPE.

Table 4: Detailed work plan

DELIVERABLES	WEEKS																				
	June		July				August				September				October				Nov		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Orientation, desk review, prepare design report & tools	■	■																			
Submit design report for CO/EM/ERG/APRO review			■																		
<i>Approval of design report</i>				*																	
Document review				■	■	■	■	■	■												
Data collection – field phase										■											
Presentation of preliminary findings										*											
Data analysis, synthesis, triangulation, drafting of report										■	■	■									
Submission to and review of the first draft report by the CO												*	■								
<i>Revised draft with CO input incorporated</i>													*								
Submission to and review and by ERG,														■	■	■	■				

UNFPA 6th Country Programme Evaluation Report

DELIVERABLES	WEEKS																				
	June		July				August				September				October				Nov		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
APRO, and key stakeholders																					
<i>Validation meeting with ERG, APRO, and key stakeholders</i>																*					
Final draft report (including inputs from the validation meeting) submitted to CO and APRO																	*				
<i>Review of final draft and approval by APRO</i>																		*			
Final report produced and submitted to the CO and APRO (including any comments / inputs from APRO)																					
<i>Final report submitted to the CO, APRO, the UNFPA HQs</i>																				*	

* Key milestone

Chapter Two: Country Context

2.1. Development challenges and national strategies

2.1.1 Country context overview

The Maldives is located in a north to south direction on the Laccadives-Chagos submarine ridge in the Indian Ocean between 7°06'35'' North to 0°42'24'' South and 72°33'19'' East to 73°14'36'' West. The chain of islands is 860 km long north to south and the width varies between 80km to 120km east to west forming a double chain in the centre. It comprises of 26 natural atolls and 1192 islands. The total length of the chain is 648 km north to south and 130 km east to west. Over 80 percent of the land area is less than 1m above sea level⁶. The Capital of the Maldives is Malé. The number of inhabited islands in the Maldives is gradually decreasing, as there is continued internal migration for a number of natural and socio-economic reasons. In 2014, a total of 188 islands were officially declared as administrative islands. In addition to the officially inhabited islands, there are 239 islands of which 135 are designated as tourist resorts (Ministry of Tourism, 2017 Tourism year book 2018) and around 128 islands used for agriculture and industrial purposes⁷.

The Maldives has seen major transformations of its governance structure with a new constitution ratified in the year 2008. The key changes in relation to the 2008 Constitution of Maldives is a presidential system that is geared towards full democratic governance with the separation of powers between the executive, judiciary and legislature, multi-party elections, decentralized governance and a bill of rights and freedoms for its citizens. The transition in governance has been erratic, with the first president elected under the new constitution in 2008, an unexpected change of power in 2012, a transition government that lasted until November 2013, and a multiparty and parliamentary elections in 2013 and early 2014 respectively. In the assessment of the justice sector reform it has been noted that the first decade of the new democracy was characterised by a series of political confrontations and crises that also included the judiciary (UNDP, unpublished). The interventions from international community to these series of political crises resulted in the withdrawal of Maldives from Commonwealth in 2016 and in the declaration of Emergency in early 2018. However, the Maldivian society was able to turn around the situation and the most recent election was held in 2018 peacefully, the result of which is a new President with a ruling party majority in Parliament⁸.

Maldivian economy had shown a steady growth averaging 7 percent over the past decade, which dropped following the Asian financial crisis and started picking up in 2013 with a real GDP growth of 3.7 percent⁹. The economy is highly dependent on the tourism industry which accounts for around 30 percent of direct GDP and almost 75 percent including indirect income¹⁰. According to the statistical update of 2018, Maldives has an HDI of 0.717 in 2017 and a per capita GDP of USD 8,412 in 2016 (2014 rebased)¹¹. The consistent economic growth led to the graduation of Maldives from a least developing country to an upper middle-income country with adverse implications for external development assistance. Poverty in Maldives has also shown a consistent reduction. As measured by the national poverty line of MVR74 the poverty rate stands at 8.2 percent with a poverty gap of 1.6 percent. Using international poverty line of USD5.5 poverty rate for the population is 6.6 percent with a poverty gap of 1.3 percent¹².

A review of the public expenditure and financial accountability in 2014 indicated high public spending as one of the main drivers of the public and external fiscal imbalances challenging the

⁶ Ministry of Environment and Energy, 2017

⁷ National Bureau of Statistics, 2015a, 2016

⁸ UNDP (2019, unpublished) Assessment of the justice sector reform proposals: Final report.

⁹ World Bank Group, 2014

¹⁰ Ministry of Finance and Treasury and UNDP, 2014

¹¹ UNDP, 2019; National Bureau of Statistics, 2019

¹² National Bureau of Statistics, 2017. HIES 2016.

macroeconomic situation¹³. The National Health Accounts 2014 report showed that the country's total health expenditure accounts for 9.1 percent of the GDP. The recent introduction of welfare schemes of utility subsidies and allowances for vulnerable populations, social health insurance and old age pensions depend solely on government contribution. Added to this are the recent economic policies that waive resort lease rents and import duties for tourism constructions and concessions on imports directly to regional ports in the atolls. According to World Bank (2014), the high public expenditure with short-term borrowing has placed Maldives at a high risk of an external debt crisis. As the country is highly dependent on imports for food, fuel and consumer products, it is particularly vulnerable to changes at global level.

Many of the aspects of the country's economy make the country vulnerable to external shocks. Most of the staple food stuffs, basic necessities, and items for the tourism industry and the country's population are imported. This external dependence on commodities along with geo-spatial vulnerabilities of Maldives makes sustainable development a continuous challenge. The Maldives Human Development Report 2014 identified two sets of vulnerabilities: structural vulnerabilities related to economic development and the vulnerabilities associated with socio-economic transitions and natural disasters¹⁴.

The population of the Maldives grew at a rate of 1.65 percent from 2006 to 2014 to 402,071 persons (2014 Census)¹⁵. Maldivians represent 84 percent of the population with 43 percent males and 41 percent females while 16 percent of the resident population are expatriates. The expatriate population is, however, predominantly male with 14 percent men and 2 percent women. According to the Census 2014, the population continues to be concentrated in the capital city Male' with 38 percent of the population residing in Male city. A similar pattern is observed among migrant population, whose majority is concentrated in Male'. While Maldivians are a homogenous population speaking one language (Dhivehi) and follow Islam, the population is now diverse with the increasing expatriate and migrant population with multiple ethnicities and religious beliefs.

The proportion of the population that are children under 15 years has decreased (from 32 percent to 28 percent) accompanied by an increase of young people under 25 years who form the majority (40 percent of Maldivians and 43 percent of the total population including foreigners) of the population of Maldives¹⁶. Marriage is near universal with age at first marriage being 20.9 years for women and 24.7 years for men¹⁷. No significant change was observed among males who have never married from 29.6 percent to 30.2 percent from 2006 to 2014 respectively, but there was an increase of 1.2 percent in the proportion of females who have never married (from 19.2 percent to 20.4 percent). Among the resident foreign population 38 percent have never been married and the majority (76.4 percent) of the spouses of the married foreign resident population are living abroad¹⁸.

2.1.3 Challenges and national response related to young people's rights to RH information and services

The total fertility rate (TFR) increased to 2.5 in 2014 (Census 2014), from 2.2 in 2006 (2006 Census). Most of the births occurred in the age group 25-29 years with 21 years as the median age at the birth of first child among women aged 15-49 for the country¹⁹.

The national family planning programme is couple-based hence reproductive health information and services do not reach the majority of young people and adolescents. This and the associated

¹³ Ibid

¹⁴ Ministry of Finance and Treasury and UNDP, 2014

¹⁵ National Bureau of Statistics, 2015a

¹⁶ National Bureau of Statistics, 2015a

¹⁷ Ministry of Health & ICF, 2018

¹⁸ National Bureau of Statistics, 2015b

¹⁹ National Bureau of Statistics, 2015b

sociocultural perspectives on providing sexual and reproductive health commodities to unmarried youth leads to the exclusion of young unmarried people, especially girls, that would enable them to make informed life choices.

The National Standards for Adolescent and Youth Friendly Health Services was developed and the government subsequently piloted adolescent health clinics at Dhamanaveshi in Male', in Kulhudhuffushi Regional Hospital and Eydhafushi Hospital. However, as reported in RH strategy review of 2017, the AYFHS in Kulhudhuffushi and Eydhafushi are no longer fully functional. This is due to a number of health system factors including policy shifts towards curative services and loss of human capacity for public health interventions in government health facilities. Additionally, the reproductive health information and services do not reach the majority of young people and adolescents as the national family planning programme is couple-based. This and the associated sociocultural perspectives on provision of sexual and reproductive health commodities to unmarried youth leads to the exclusion of young unmarried people, especially girls, denying them the knowledge and skills that would enable them make informed life choices.

Furthermore, the functioning RH services are by the civil society organisations, particularly Society for Health Education. Their services are concentrated in Male'. However, efforts are made to provide outreach services to other islands in the Atolls.

In regards to GBV, RH strategy review observed that GBV reporting from the health sector continues to be low and very few health staff are aware of the new GBV guidelines. This is despite of the existence of the GBV health sector response guideline and the availability of online training modules. This is again related to the high reliance on expatriates for provision of health care and lack to appropriate orientation of new recruits to national guidelines and protocols.

Comprehensive sexual education (CSE) delivery through youth and education sector had not shown promising results, as noted in the 5th CP SRH Thematic Evaluation. The RH strategy review of 2015 indicated RH information and services through life skills education is in place in 50 percent of the schools, the programme is also limited by its quality and capacity of the educators to deliver CSE, in part influenced by the religious and cultural perspectives.

As noted above the average age of marriage is 20 years and the proportion of girls married or in a union before 18 was only 0.65 percent. The 2016/17 Maldives demographic and health survey showed that the prevalence of premarital sex is low with 5 percent of young women reported having sex before age 18 but higher for young men (15 percent). However, among married couples, 1 in 5 women aged 15-49 years reported having sexual intercourse before age 18 and the age at first intercourse is lower for women (20.7 years) than men (23.1 years). At the same time, knowledge on modern methods is high among married and unmarried 15-49 years aged population. It is reported that 98 percent of married women and 95 percent of unmarried women had knowledge of any modern contraceptive methods. It is higher among unmarried males (99 percent) and lower among married men (95 percent). While knowledge on male condoms is high (89 percent of unmarried women and 98 percent of unmarried men), knowledge on emergency contraceptives is low (50 percent of unmarried women and 37 percent of unmarried men). Similarly, correct knowledge on natural family planning methods is also low with only 18 percent of the women aged 15-49 able to correctly state the fertile period in a women's menstrual cycle, with the highest being 23 percent in the age group 25-29 years²⁰.

According to the 2009 DHS, 25 percent of young women and 22 percent of young men had not talked about reproductive health and sexuality with anyone. The majority of the women who discussed it more often talked with persons of the same sex, while men were more open to talking about it with persons of the opposite sex, such as female friends or girlfriends. The role of teachers is significant: more than one-third of young, never-married women reported talked with a female teacher and 13

²⁰ (Ministry of Health & ICF, 2018).

percent had talked to a male teacher. Among young, never-married men, 31 percent had talked with a male teacher and 19 percent had talked with a female teacher.

The reproductive health indicators for the country suggests a worsening situation. The contraceptive use declined from 2009 to 2016 with married women 15-49 using any contraceptive method dropping from 35 percent to 19 percent and those using modern methods decreasing from 27 percent to 15 percent²¹. The unmet need for family planning increased from 28 percent to 31 percent and only 37 percent of currently married women aged 15-49 have their demand for family planning satisfied. The 2016 DHS found that over the past 5 years, 7 percent of women aged 15-49 years reported births that were unwanted and 16 percent reported mistimed births. The male condom is the most commonly used method (7 percent) followed by female sterilisation (4 percent) and withdrawal (3 percent). Main issues deterring family planning service delivery at operational level is lack of appropriate skill mix, facilities and administrative issues including ANC Clinics, PNC Clinics and other family planning and reproductive health services being offered in the same space and official hours resulting in lack of privacy²².

In recent years, Maldivian women have been facing increasing pressure to comply with strict religious rules regarding dress and social and economic roles, driven by a more conservative interpretation of Islam. Human rights surveys in the country found evidence of a decline in the population's support for women to work outside the home. In 2005, 88 percent of male and female rural respondents combined and 82 percent of urban respondents supported women's right to work, but by 2012, these figures had dropped to 69 percent and 73 percent in rural and urban areas, respectively²³.

In addition to the cultural and religious attitudes influencing gender and women's empowerment (GEWE), there is limited institutional capacity within the government gender sector to lead and deliver programmes. This is as a result of high staff turnover associated with the frequent political changes. This has caused loss of institutional memory and capacity. The policy actors tend to be predisposed to these socio-cultural perspectives and have limited capacity to drive the GEWE agenda. The UNFPA country office has played a key role in bridging this gap by maintaining the GEWE and GBV on the national agenda. However, 2016/17 MDHS showed that overall, 26% of Maldivian women age 15-49 believe that a husband is justified in beating his wife in at least one of the six specified circumstances, compared with 21% of men. The same study reported 16.7% of women 15-19 were subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months and 13% had experiences female genital cutting. Despite all these, there has been an improvement in the community reporting of GBV. As per the Ministry of Gender, Family and Social security statistics, the reports of gender based violence has improved albeit with fluctuations. The data shows fluctuations with an average of 37 cases reported per month (MOGFSS, 2019). However, the limited capacity to address such reports is a significant challenge to providing justice as required by the legal framework that exist in the country.

2.2 The Role of External Assistance

2.2.1 Overseas Development Assistance

The high middle income country status has adversely affected the ODA flows to the Maldives. The country has a narrow overseas development assistance (ODA) base and securing ODA is challenge as only a few development agencies are based in Maldives. The ODA to Maldives is thus limited to assistance from a few countries (such as China, India and Saudi Arabia) and international banks such as World Bank and Asian Development Bank, and the United Nations agencies through UNDAF. World Bank analysis (Figure 2) indicated that net ODA received per capita (current USD) has reduced to USD62.96 by 2016 (World Bank: Trading economics 2019).

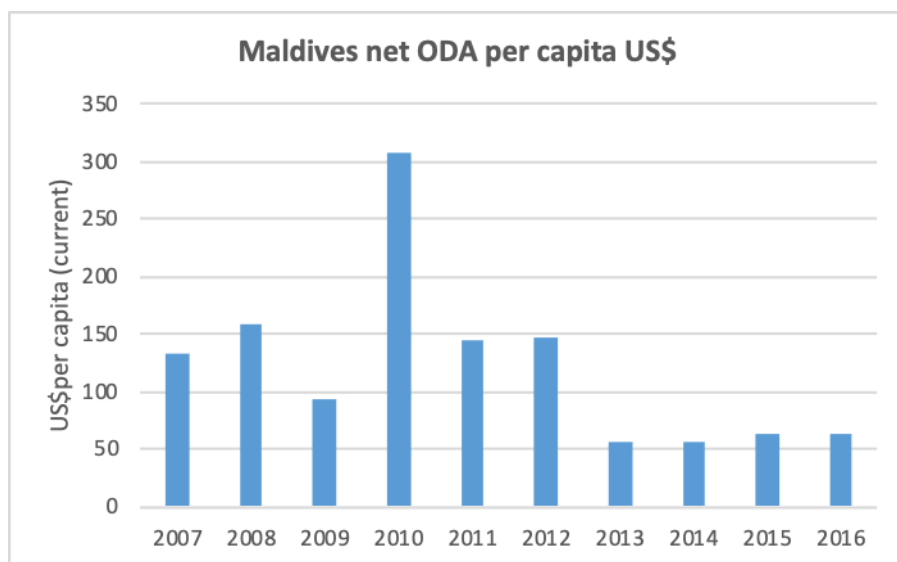
²¹ Ministry of Health & ICF, 2018

²² Health Protection Agency 2015

²³ Human Rights Commission of the Maldives, 2012

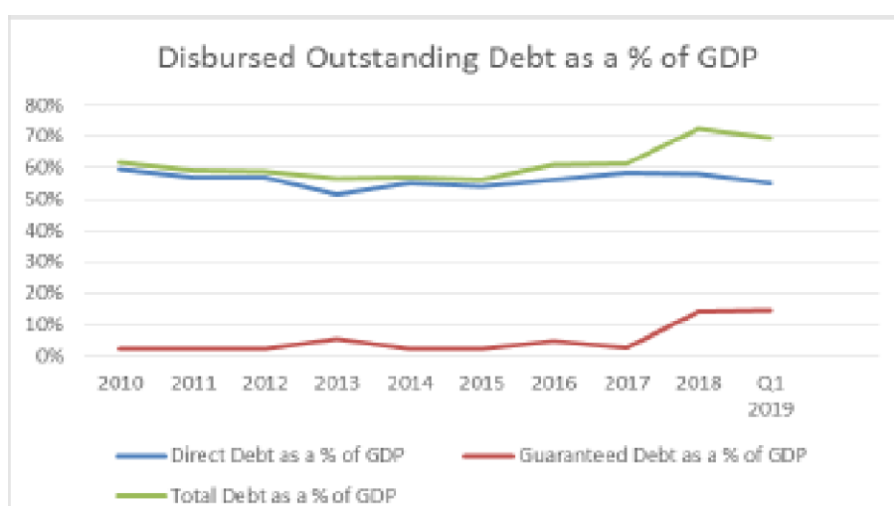
According to Ministry of Finance and Treasury (2019), the Country’s total debt at the end of 2018 stood at MVR 59,667 (USD3,862) million²⁴ with MVR 30, 840 (USD1,996) million as external debt. Total public and publicly guaranteed debt as a percentage of GDP increased from 62 percent in 2010 to 72 percent in 2018²⁵ (Figure 3). The major active external project grants to the Government of Maldives as at end 2018 amounted to over USD300 million, largely focusing on environmental protection (such as sustainable energy and public infrastructure for sustainable water and sewerage) and strengthening public financing and management.

Figure 2: Maldives net ODA received per capita (current US\$)



Source: World Bank: Trading economics.

Figure 3: Disbursed outstanding debt as a % of GDP



Source: Ministry of Finance and Treasury (2019)

24 Ministry of Finance and Treasury (2019) Major active external project grants of Government of Maldives as at end 2018, Maldives

25 Ministry of Finance and Treasury (2019) Disbursed outstanding debt of public and publicly guaranteed debt, Maldives.

Chapter Three: United Nations / UNFPA response and programme strategies

3.1 UNFPA strategic response

The UNFPA Maldives 6th Country Programme is guided by both the UNFPA global Strategic Plan (2014-2017)²⁶, and by the priorities set out in the UNDAF 2016-2020 for Maldives. It is also grounded in the principles of the International Conference on Population and Development (ICPD), and the national priorities as spelt out by relevant national policies and strategies of Maldives.

UNFPA Strategic Plan 2014-2017

The UNFPA Strategic Plan (2014-2017) outlined a strategic direction that placed sexual and reproductive health (SRH) at the centre of the work of UNFPA. The ‘bull’s eye’ as the strategic direction is known, has at its centre the goal of achieving universal access to SRH, realization of reproductive rights, and the reduction of maternal mortality to accelerate progress on the ICPD agenda. With women, adolescents and youth as the key beneficiaries of the work of the fund, achievement of the goal is enabled by respect for human rights, gender equality, and population dynamics.

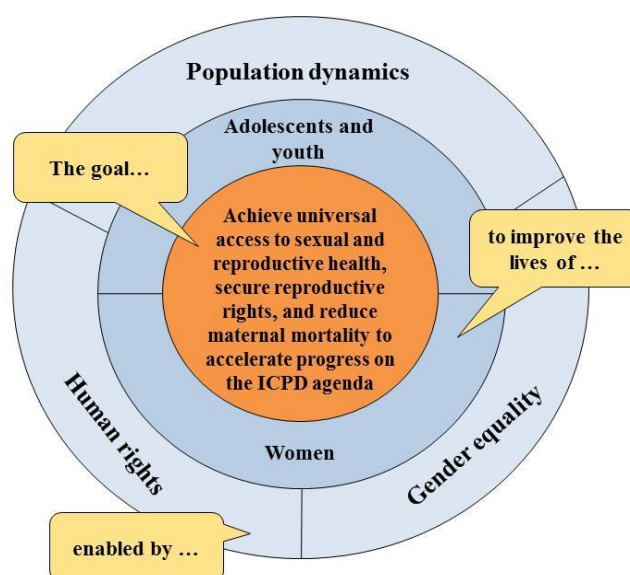


Figure 2: UNFPA Strategic Plan - The Bull's Eye

The 6th CP was guided by the four outcome areas spelt out in the corporate UNFPA Strategic Plan which are summarised in the following paragraphs.

1. *Sexual and reproductive health*: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access.
2. *Adolescents and youth*: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased

²⁶ UNFPA Country Programme Document for Maldives (2016-2020)

availability of comprehensive sexuality education and sexual and reproductive health services.

3. Gender equality and women's empowerment: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

4. Population dynamics: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

The one output of the 6th CP is aligned to the second outcome area of the UNFPA Strategic Plan – Adolescents and Youth. However, a number of interventions have been undertaken and results produced under the other three outcomes of the Strategic Plan.

United Nations Development Assistance Framework (UNDAF) 2016-2020²⁷

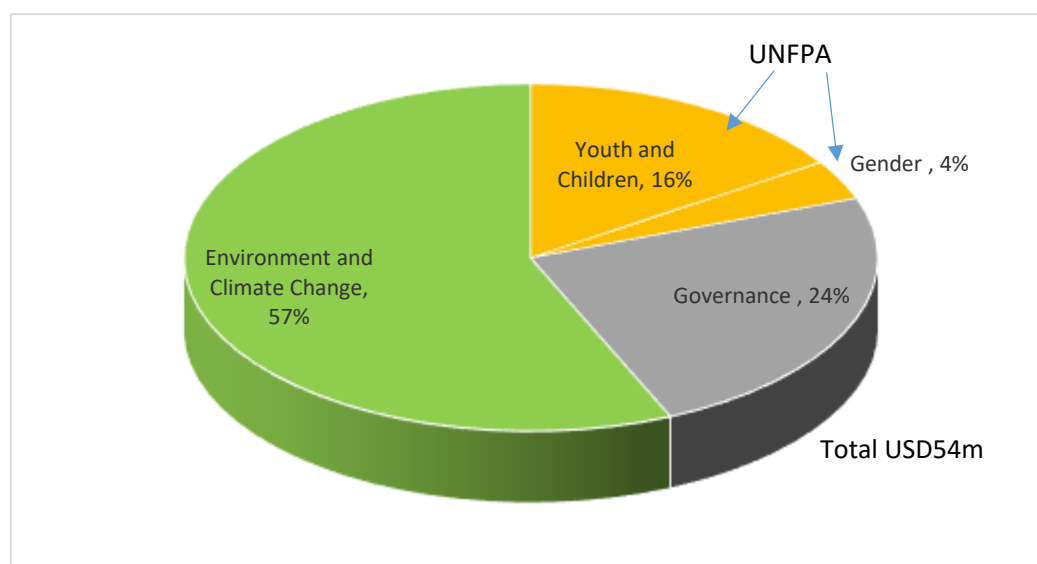
The United Nations Development Assistance Framework (UNDAF 2016 – 2020) is the strategic programme framework between the Government of the Republic of Maldives and the United Nations for the period 2016-2020. It draws on the full range of expertise and resources of the United Nations in the Maldives to deliver development results and was developed in line with the principles of delivering as one (DAO). A major element of this approach centres on having outcome groups responsible for joint planning, implementation, monitoring and reporting with national partners.

Overall, the UNDAF reinforces the partnership between the Government and the United Nations in support of national priorities and in line with the Sustainable Development Goals (SDGs) for the post-2015 period, tailored to the local context. The UNDAF is operationalized through Joint Work Plans that provide national partners, the United Nations and donors with a holistic overview of planned actions and required / available resources.

Four strategic focus areas have been selected that respond to national needs and make use of the United Nations' comparative advantages. These were identified and further detailed into outcomes and outputs through an intensive consultation process with the Government and include: Youth and Children, Gender, Governance, and Environment and Climate Change.

The four outcome areas of UNDAF 2016-2020 have a budget of USD 54 million of which USD 11 million are core-resources. The 6th CP contributes to outcome areas 1 and 2 of the UNDAF on children and youth, and gender equality respectively. UNFPA is also the outcome convener within the United Nations country team for the UNDAF outcome 2 on gender.

²⁷ Government of Maldives and UNDP (2015) UNDAF 2016-2020, Maldives

Figure 3: UNDAF (2016-2020) resource allocations

(Source: Government of Maldives and UNDP [2015] UNDAF 2016-2020, Maldives)

3.2 UNFPA Response through the Country Programme

3.2.1 Brief description of UNFPA previous cycle strategy, goals and achievements²⁸

The 5th Country Programme (5th CP) contributed to three UNFPA Strategic Plan outcome areas: reproductive health and rights (RHR), population and development (PD), gender equality (GE). It had six outputs and a total budget of USD2.75 million. The 5th CP was therefore a much wider programme compared to the 6th CP which has only one output contributing to one UNFPA outcome area and a total budget of USD1.75 million.

The UNDAF (2011-2015) final evaluation and the independent thematic evaluation of the 5th CP SRH programme highlighted some achievements which included: (a) the convening of a multi-sectoral policy dialogue on the health sector response to gender-based violence; (b) the integration of life skills education into the school curriculum as a precursor to introduce reproductive health education in schools; and (c) the establishment of national standards and guidelines for youth-friendly SRH services. The following table provides a comparison between the 5th and 6th CPs.

Table 5: Comparison between the 5th and 6th country programmes

	6 th CP (2016 – 2020)	5 th CP (2011 – 2015)
Budget (USD millions)	1.75	2.75
UNFPA Strategic Plan outcome areas supported	1 (A&Y)	3 (SRH, GE, PD)
Outputs	1	6

3.2.2 Current UNFPA Country Programme

The UNFPA Maldives programmatic response to the national development priorities as outlined in the UNDAF 2016-2020 and in the National Reproductive Health Strategy 2014 - 2018 is articulated in the 6th Country Programme Document (CPD).

²⁸ 5th CPD (2011 – 2015) and 6th CPD (2016 – 2020)

The 6th CPD has one output: Output 1: “increased accountability and responsiveness of duty bearers in Maldives to young people’s rights to reproductive health information and services”. This output contributes both to the UNFPA Strategic Plan and UNDAF outcomes as outlined in the Results and Resources Framework for Maldives (2016-2020) presented in Table 6 below. The interventions of the 6th CP are policy based and anchored in Male with the exception of the interventions related to Youth Safe Spaces which were conducted in atolls (Haa Alifu, Noonu, Kaafu, Lhaviyani, Gaafu Alifu, Fuvamulah)²⁹.

Table 6: Results and Resources Framework for Maldives (2016-2020)

<p>National development priority or goal: National Reproductive Health Strategy 2014-2018: achieve universal access to reproductive health, towards achieving the right of individuals and couples to protect their reproductive health and to take responsibility for their reproductive functions; collaborate with the education sector in implementing family-life/life-skills education or sexuality education in at least 75% of schools and in provision of adolescent-friendly health services</p> <p>UNDAF outcome 1: By 2020, children and youth access and use equitable, inclusive and high-quality social services, and have increased opportunities for skills development</p> <p>Indicators: Percentage of students passing five or more subjects in their secondary school completion examinations; percentage of children under five who are stunted; under-five mortality rate; percentage of children (boys and girls) experiencing violence; adolescent birth rate; number of young people (male and female) successfully completing skills development and youth entrepreneurship programmes; Percentage of children fully immunized for vaccine preventable diseases mandated by the national immunization schedule</p> <p>UNDAF outcome 2: By 2020, gender equality is advanced and women are empowered to enjoy equal rights and opportunities in access to social, economic and political arena (UNFPA is the outcome convener within the United Nations country team for the UNDAF outcome)</p> <p>Indicators: Percentage of councilors selected who are women; percentage of members of parliament elected who are women; percentage of appointed cabinet, state and deputy ministers posts held by women; percentage of men and women who think that a husband or partner is justified in hitting or beating a wife or partner under certain circumstances; percentage of businesses paying tax owned by women; female labour force participation rate; percentage of difference between mean monthly income of women and men</p>				
UNFPA Strategic Plan Outcome	Country Programme Outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 2: Adolescents and youth</p> <p><u>indicator:</u> Laws and policies allow adolescents (regardless of marital status) access to sexual and reproductive health services <i>Baseline: No; Target: Yes</i></p>	<p><u>Output 1:</u> Increased accountability and responsiveness of duty bearers in Maldives to young people’s rights to reproductive health information and services</p>	<ul style="list-style-type: none"> Percentage of health facilities implementing at least 60 per cent of recommended action in the National Adolescent and Youth Friendly Service Guidelines Baseline: 0; Target: 10 Percentage of UNESCO topics integrated in life-skills education in national curriculum and resource materials Baseline: 10; Target: 67 Number of UNFPA-supported national policy dialogues, with the participation of young people, that advocate for increased investments in marginalized adolescents and youth Baseline: 0; Target: 4 Existence of a functioning tracking and reporting system to follow up on the implementation of accepted women’s rights and reproductive rights recommendations and obligations from the Universal Periodic Review and Convention on Elimination of all Forms of Discrimination against Women Baseline: No; Target: Yes 	<p>Ministries of Health; Education; Finance and Treasury; Foreign Affairs; Youth and Sports; and Law and Gender; Human Rights Commission; Society for Health Education; Hope for Women; Democracy House</p>	<p>\$1.6 million (\$1.35 million from regular resources and \$0.25 million from other resources)</p> <p>Total for programme coordination and assistance: \$0.15 million from regular resources</p>

The 6th CPD took into account the recommendations and lessons learnt from the previous programme cycle (5th CP) aiming to sustain the gains made from the previous cycle, to strengthen the programme niche of UNFPA and to demonstrate its relevance in the Maldives. These recommendations are in the

²⁹ TOR for the CPE

final independent evaluation of the UNDAF 2011-2015 and the independent thematic evaluation of its SRH programme.

The 6th CPD represented a much smaller programme in terms of resources and focus compared to the previous programme. It focuses on improving access to SRH services and information by adolescents and young people. This is a continuation of a similar focus during the 5th CP planned under the SRH programme area. However, the actual interventions carried out during the period under review covered a much wider scope within the mandate of UNFPA.

Key UNFPA interventions during the period under review included the following:

- Policy advocacy, a number of these involving the youth; others through soft activities (e.g. the CD visits) which took advantage of opportunities to engage with key policy makers
- Reaching out of school youth with SRH information through Safe spaces (Cafes & other social spaces) and mobile application (Siththaa)
- Support for the integration of comprehensive sexual education (CSE) into the school curriculum. Activities included the review of curriculum (key stage 1-5) and the development of online teacher training module
- Support for the development of a number of knowledge products
- Support for the development of innovative data capture (Big data, online islands data capture)
- RH strategy review which has resulted in the proposed new strategy (RMNCAH Strategy)
- Short term capacity building especially for staff of the National Bureau of Statistics.
- Training of journalists and media professionals based on women's rights and gender equality in the context of Islam
- National Youth Advocacy summit covering Security Council Resolution #2250

3.2.3 The Country Programme Financial Structure

The overall indicative budget for the UNFPA Maldives 6th CP for the period 2016 - 2020 is USD1.75 million which is composed of USD1.5 million from regular resources and USD0.25 from other sources. This is a 36 percent reduction from the USD2.75 million budget for the 5th CP (2011 – 2015).

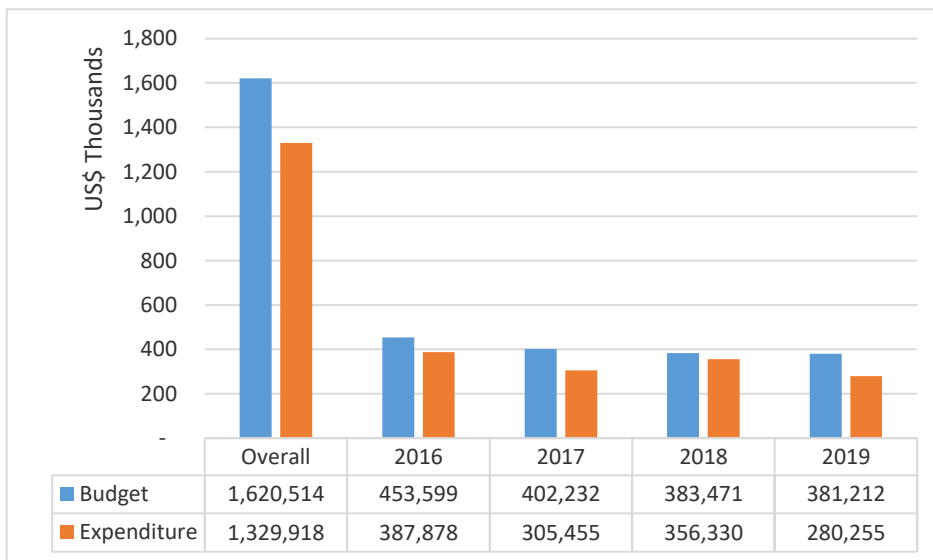
The total UNFPA Maldives annual work plan budgets for the period 2016 - 2019 was USD1.621 million composed of USD1.219 (75 percent) from regular resources and USD401,316 (25 percent) from other sources as depicted in figure 4.

Figure 4: Total budget by sources of funds for the period 2016-2019

(Source: CO)

Overall budget, annual budgets and expenditures for the period 2016 to 2019 is depicted in figure 5 below. The overall budget for the period was USD1.621 million while expenditure was USD1.330 million resulting in an overall implementation rate of 82 percent (please note that the expenditure figure for 2019 will increase as all the expenses for the year are processed).

Figure 5: Overall and annual budget and expenditure (2016-2019)



(Source: CO)

Figure 6 below presents the budget and expenditure by programmatic area. As depicted by the pie chart on the right, the Youth outcome has the highest budget of 38 percent of the total, followed by SRH at 30 percent, PD at 28 percent and GEWE at 3 percent (However, it is important to note that the efforts under these outcome areas reinforce and contribute to each other and the resource proportions should be interpreted with this in mind.)

Figure 6: Budget and expenditure by programmatic area

(Source: CO)

Annual budget by origin of funds is presented in figure 7 below. Overall, the expenditure for the period from regular resources is 86 percent of the budget while expenditure on resources from other sources is 69 percent of the budget (please note that these will change as the expenditures for 2019 are fully processed).

Figure 7: Annual budget and expenditure by origin of funds

(Source: CO)

Chapter Four: Findings

4.1 Introduction

This chapter addresses the questions in the evaluation matrix and is based on analysis, synthesis and triangulation of data from multiple sources. The sources include extensive document review, key informant (KI) interviews and group discussions with the CO staff and representatives of key stakeholders including government agencies, UN agencies, implementing partners, and a focus group discussion with beneficiaries. All consultations were in Male, as the CP's interventions on policy advocacy were centered in the capital city.

4.2 Answer to evaluation question 1: Relevance and Responsiveness

- a. To what extent is the country programme (i) aligned with: ICPD, SDGs; the UNFPA Strategic Plans (2014-2017 and 2018-2021); UNDAF; national laws, policies, needs and stakeholder priorities? (ii) Addressing the needs of the population, including the vulnerable and marginalized groups and those furthest left behind?
- b. How well has the CO responded to changes in national needs and priorities or major political shifts?

Summary of Findings

- a. The CPD is aligned with the ICPD programme of Action, SDGs, and the country's policy and legal framework.
- b. The 6th CPD with its one output focused on the adolescents and youth was too narrow in scope for addressing national needs. Its theory of change and its RRF was unsuitable for addressing the realities of the country.
- c. In spite of the above limitation, the CO demonstrated responsiveness in addressing national needs and priorities in the implementation of the CP.

Challenges:

- a) The fluid political environment, and social (including cultural and religious) factors, and low institutional capacities presented serious risks and limitations.

4.2.1 Alignment with ICPD and Global 2030 Agenda

Alignment to ICPD

The 6th CPD is consistent with the ICPD programme of action with its focus on adolescents and young people, particularly towards meeting the SRH needs of this population. At the same time, UNFPA maintained its contribution to eliminating gender-based violence, reproductive health and population and development. In the Maldives context, and given the limited scope of UNFPA support to advocacy, the focus is well placed within the pillars of the ICPD, specifically human rights, peace and security. The 2019 Maldives report on ICPD25+ highlight some of the interventions supported during 6th CP, specifically SRH and GEWE, particularly the enactment of the Gender Equality Law and knowledge on population dynamics of Maldives (National Bureau of Statistics, 2019).

Alignment to SDGs

The UNFPA 6th CP was finalized and approved at the same time that the SDGs were adopted. However, it directly contributes to several targets related to the SRH and gender equality under goals

3 and 5 respectively. By supporting improved access to SRH services and information for youth and adolescents, the CP contributes to Goal 3 – Good Health and Wellbeing and specifically target 3.7 (and 5.6) on ensuring universal access to SRH-care services, including the integration of RH into national strategies and programmes. Through its gender focused activities, UNFPA contributes to targets 5.1, 5.2 and 5.3 on ending all forms of discrimination and eliminating all forms of violence and harmful practices against all women and girls respectively in addition to 5.c on strengthening policies and laws for the promotion of gender equality and the empowerment of women and girls.

Through its support to population and development initiatives (including its support to the conduct of censuses, population projects and analysis), UNFPA contributes to the achievement of targets 16.9, 17.18 and 17.19 on increasing the availability of high-quality, timely, reliable and appropriately disaggregated data and improving civil registration of births and deaths. It also indirectly contributes to target 11.a on integrating population projections and resource needs in formulating and implementing urban and regional development plans.

What seems to be lacking is a systematic discussion, analysis and articulation of what Global 2030 Agenda means for the UNCT as a whole and the Government of Maldives. It is a gap the UN system and the Government of Maldives needs to address.

4.2.2 Alignment with UNFPA Strategic Plan and UNDAF

As discussed in Chapter 3, the 6th CP is aligned with the UNFPA Strategic Plan (2014-2017) and UNDAF Maldives (2016-2020). The one output of the CPD focusing on the youth and adolescents' access to SRH services and information supports the UNFPA Strategic Plan outcome 2 on adolescents and youth. However, the UNFPA CO exercised flexibility during implementation and focused on all the four outcomes including SRH, GEWE and PD during implementation as reflected in the annual work plans, budgets and the activities undertaken. The CP also supports UNDAF outcome 1 on youth and children, and outcome 2 on gender equality. UNFPA CO was the convener of the UNDAF outcome 2 on gender and contributed important results including the enactment of the Gender Equality Law in 2016.

4.2.3 Relevance and responsiveness of the 6th CP to the country's priorities

In discussing relevance and responsiveness, we looked at the extent to which the 6th CPD and its RRF is relevant and responsive to the policies and priorities of the country, and the extent to which the CO responded to the country's needs through annual programming, actual activities and results.

Alignment to the country's policies and strategies

As discussed in specific program areas below, the 6th CP is aligned to relevant national policies. However, lack of overall national vision and development plan limits UNFPA's ability to fully position itself within the national planning context. UNFPA and other agencies rely on sectoral policies and party manifestos to position their efforts. The 6th CP is aligned to the national priorities articulated in the National Reproductive Health Strategy 2014-2018 and the Health Master Plan 2016-2025. During implementation, the UNFPA CO supported the enactment of the Gender Equality Law of 2016 and was an active advocate for the implementation of the Domestic Violence Prevention Strategic Plan 2017-2021.

The overall relevance and responsiveness to the country's priorities

The 6th CP is a significantly diminished programme in terms of resources and focus, from six outputs of the previous CP to one output, and from a total budget of USD2.75 million to USD1.75 million. This is as a result of the categorization of the country as “pink” — which are countries “with low needs and high ability to finance their own programmes”. In such countries, UNFPA, “should focus

on advocacy and policy dialogue³⁰”. This categorization on the whole appear appropriate for Maldives based on its status as an upper middle income country. In line with this, the 6th CPD “proposed a new strategic engagement that recognizes the capacities of the Maldives as a middle-income country and the fact that key reproductive health indicators...were maintained at par with other middle-income countries”³¹. When the CPD was approved, it was embraced as a good example of a focused programme in a country with a minimal budget and presented a clear value proposition for UNFPA in Maldives³². However, on reflection, the “one output CPD” was found to be too limiting in terms of programme flexibility but also in demonstrating results”³³.

In our assessment, the 6th CPD with its one output: “*increased accountability and responsiveness of duty bearers to young peoples’ rights to RH information and services*” to be achieved mainly through policy advocacy, is too narrow in scope which limits its relevance and responsiveness to the specific context of Maldives. It is not based on a sound results chain logic and the indicators and targets in the Results and Resources Framework are unsuitable for measuring and demonstrating results.

However, it is important to note that while the CPD had these inadequacies, the CO was flexible in responding to the country’s needs as reflected in its annual programming, actual activities and results.

Some of the reasons for the inadequacy in the results chain logic include the following:

Political and social factors

Maldives is experiencing a fluid political environment and increasing religious conservatism. These presented significant risks and challenges to policy advocacy work. In particular, rapid changes in governments and senior government positions, structural changes in the public service (e.g. health system), rapidly changing priorities and increasing religious conservatism have presented major challenges to UNFPA’s policy advocacy work. There is no evidence that adequate background work was done especially in analyzing the risks and assumptions related to this social and political context and formulating mitigation measures to make it possible for policy advocacy achieve the desired impact in such an environment.

Institutional capacity

The institutional capacity of duty bearers (specifically relevant government agencies) is generally weak, which imply their inadequate ability to implement desired improvements in access to SRH services and information to adolescents and young people, even if policy advocacy efforts were to succeed (that is, even if policy makers were convinced of the need for such improvements). As stated in the Health Master Plan 2016-2025 and noted by a number of stakeholders, despite Maldives being classified as a high middle income country, the health system had sustained a number of shocks in the recent years. This has weakened its capacity to provide SRH services that corresponds to the needs of the adolescent and young people (Ministry of Health, 2017). However, in the population development area, to support the generation of evidence for advocacy, UNFPA CO supported a number of short courses and attendance to conferences for staff of the NBS during the period, but these were not adequate to address the gap in capacity.

Stakeholder involvement in planning

Stakeholder involvement in the planning process appears to have been inadequate according to the agencies consulted (KI interviews). While there may have been consultations at senior levels of government, the evaluation team observed limited evidence of the involvement of key stakeholders (government and CSOs) at the programming stage. This observation may be as a result of the frequent changes of political and policy level personnel in the relevant government agencies that made

³⁰ UNFPA Strategic Plan 2014-2017

³¹ UNFPA CPD 2016-2020

³² Mid-Term Exercise on the Strategic Re-Positioning of the UNFPA Maldives 6th Country Programme - Annex 1: Reflections on a One Output CPD, 2018

³³ Mid-Term Exercise on the Strategic Re-Positioning of the UNFPA Maldives 6th Country Programme

consultations challenging, as well as low management and technical capacity in these institutions as was noted in the 5th CPE (Hameed, 2014). The country feedback on the CPD was largely driven by the Ministry of Foreign Affairs (the focal person at that time had previously been the UNFPA programme manager and had a good sense of country context and UNFPA strategic priorities). Further, the stakeholders felt there was little room for discussion and negotiation as the scope of support was limited to advocacy (KI interviews). Less than optimal consultations with key stakeholders may have undermined the relevance of the CPD to the country's priorities.

Inconsistency between the CPD and its implementation

The 6th CPD and its Results and Resources Framework (RRF) are inconsistent with the work plans and budgets. In our assessment, this is a result of the CO's responsiveness to the actual needs and priorities on the ground that were not articulated in the CPD. For example, in the area of population dynamics (PD), UNFPA has continued to provide critical support and resources. Yet, the initiatives and results for this area are not reflected in the RRF. This also applies to UNFPA's role in promoting gender equality, where UNFPA was the UNDAF outcome group convener during the period under review, but whose activities and results are not properly reflected in the CPD.

Indicators and targets in the CPD

The indicators and targets in the Results and Resources Framework (RRF) in the CPD are inadequate for monitoring and demonstrating results. This was well articulated during the Midterm Exercise in 2018. This is partly due to the inconsistency between the 6th CPD and its RRF and the actual focus of efforts on the ground. The revised indicators and targets did not substantially improve the situation. First, they did not help the CO demonstrate performance. Secondly, while some of them appear weak in relation to the output to be achieved (e.g. the number of Siththaa downloads, or number of dialogues that advocate for CSE in schools), some appear irrelevant (number of YP2250 ambassadors advocating for peace and security).

Hence, the evidence suggests that limiting the scope of the 6th CPD to policy advocacy and focusing it on one output left gaps in articulating the real needs of the country and effectively monitoring initiatives that have responded to these needs. This means that while the CPD and its RRF fails in its relevance to the country's context, UNFPA has been responsive to the extent of the resources available, but restricted in terms of monitoring and reporting on the actual results.

Relevance and responsiveness against UNFPA outcomes

Although the 6th CPD focuses on one UNFPA outcome on adolescents and youth, the CO contributed to all four outcomes during the period under review. While some of the resources and efforts under outcomes 1, 3 and 4 contributed to the achievement of the one output under UNFPA outcome 2, the activities and results are substantial. They warrant discussions under separate subheadings.

Adolescents and Youth: The 6th CPD was developed with one output targeting adolescent and youth. According to evidence from Maldives census reports and other local and independent reports, this population group is the largest and one of the most vulnerable population groups in the country both in terms of social and economic needs (Demke, 2017; May, 2015; The World Bank, 2014). Although there is no specific youth policy, the thematic analysis of Census 2014 on youth identified investing in "improving youth's human capital & reproductive health outcomes, including gender equitable policies" for the country's future development (Demke, 2017). Furthermore, population dynamics report noted that Maldives have a "unique opportunity to capture the demographic dividend" (May, 2015). As such, the focus of the UNFPA 6th CPD on this group is particularly relevant and justified.

Although a number of interventions were conducted to empower youth on aspects of peace and security and access to SRH information and services, the evaluation did not find any evidence to indicate the 6th CP programming particularly addressed the most vulnerable or marginalised among the adolescents and youth (KI interviews). It was noted that it is difficult to reach 'out-of-school' youth, and those with more conservative religious beliefs, as well as those engaged in high risk behaviour such as drug use, MSM and paid sex (HPA, Youth leaders). As discussed above, the

advocacy focus was a huge limitation in reaching this population group and the mid-term repositioning of the programme enabled more relevant course of action through engagement of CSO, Society for Health Education (SHE) on interventions that focus on the needs of adolescents and youth.

Sexual and Reproductive Health (SRH): although SRH was not appropriately articulated within the one output CPD, it featured in the 6th CP through support for the outcome on adolescents and youth. Nevertheless, the CO responded appropriately to the needs of the country under this outcome as demonstrated by its advocacy efforts and its support in the review of the RH Strategy (2014 – 2018) and the proposal for the wider RMNCAH Strategy. The proportion of the budget allocated to this area is also substantial at 30 percent of the total for the period 2016 – 2019. This responsiveness is consistent with the population needs as there is evidence from the national surveys that the CPR is declining with the use of modern contraceptive methods among married reproductive aged population decreasing from 34 percent in 2004 to 27 percent in 2009, and further to 15 percent in 2016 (HPA, 2014; Ministry of Health, 2018).

Furthermore, the KI interviews indicated adverse outcomes in maternal health with an increase in the number of maternal deaths. The absolute number of maternal deaths per year from the national vital statistics information system was 5 in 2015, 3 in 2016 and 7 in 2017. These statistics indicate that the country was not able to achieve its goal of maintaining the Maternal Mortality Ratio (MMR) at less than 50 per 100 000 live births, or less than 4 maternal deaths per year as provided in the national reproductive health strategy 2014-2018. This signals the seriousness of the shortcomings in the health systems and should be regarded as a call for deeper investigation and interventions from all partners.

Gender and Women's Empowerment (GEWE). Similar to SRH, GEWE is supported within the scope of advocacy. The evaluation observed that this was relevant as a number of reports had articulated the need to improve mainstreaming of gender equality and build inter-sectoral systems to respond to related aspects such as GBV (The World Bank, 204; UNDP, 2011). Furthermore, national reports and stakeholder consultations indicated there has been a high turnover of staff, including political and civil actors, coupled with increasing conservative interpretation of gender roles in Islam, requiring consistent advocacy in terms of prosecution (Hope for Women, 2012). However, as noted above, this was not articulated within the one output CPD which is also inconsistent with the UNFPA's role as a convener for the UNDAF gender outcome group pointing to its central role of responding to gender issues in the country.

Population Dynamics (PD). Although this UNFPA outcome area is recognized as providing a sound basis for policy advocacy work by providing the much needed evidence through data collection and analysis, it is not included as part of the 6th CPD and its RRF. However, results from this area, which included appropriately disaggregated data, supported policy advocacy efforts relevant to adolescents and youth. UNFPA was also responsive to the needs of the country (KI interviews) and achieved significant results including the development of, among other things, population projections and other relevant and critical knowledge products (KI interviews and documents review). It also piloted innovative approaches of collecting population data including piloting "big data" and online data collection in atolls. UNFPA spent a substantial proportion of its resources in initiatives related to this outcome area during the period 2016 – 2019 (28 percent)³⁴. UNFPA has remained a valued partner to the National Bureau of Statistics, supporting the agency with the much needed technical support in the performance of their data collection and analysis activities including the censuses. This support enabled the bureau to conduct its statistics work professionally and credibly and in line with the UN Fundamental Principles of Official Statistics (2014) and the Statistics Regulation of Maldives (2013).

Therefore, considering the work done in, and the resources allocated to this area during the period under review, it should have been included in the 6th CPD and its RRF to support the appropriate demonstration of results.

³⁴ Source - CO

4.2.3 Responsiveness to the recommendations of the 5th CP SRH thematic evaluation

The 5th CP SRH Thematic Evaluation made seven useful recommendations which include prioritizing data collection and reliance on evidence, strengthening collaboration with other UN agencies, increasing involvement of IPs in planning, improving results chain logic and indicators, and continued efforts in exploring alternative approaches, and facilitating multi-sectoral policy discussions on pertinent and sensitive SRH issues. UNFPA responded to these recommendations in its 6th CP to some extent.

On prioritizing data, although PD was not included as a programme area in the 6th CPD, UNFPA supported data collection and analysis throughout the period. UNFPA made some progress in collaborating other UN agencies including UNICEF, UN Women and UNDP in joint advocacy and in the production of the CEDAW report. The CO continued in its policy advocacy efforts on SRH and GEWE issues and piloted innovative approaches to reach out of school youth with SRH information. However, not enough rigor was given to improving the results chain logic and indicators and in involving IPs in planning.

4.3 Answer to evaluation question 2: Effectiveness

- a. To what extent did the interventions supported by UNFPA contribute to the achievement of planned results (outputs and outcomes)? How adequate was the theory of change underlying the results chain logic?
- b. To what extent has the programme integrated the cross-cutting issues of gender and human rights based approaches?
- c. Were there any unforeseen consequences of the UNFPA programme?

Summary of Findings

- a) The performance during the period is considered satisfactory. The fact that the original and revised indicators and targets were not fully achieved is considered more as a result of the inadequacies in the theory of change and the RRF that made it difficult to demonstrate results.
- b) UNFPA generated knowledge products, and supported innovative approaches to data collection and analysis while maintaining “a consistent and strong voice” on SRH, gender and youth issues. This has set the stage for future strategic relevance, added value and performance.

Challenges:

- a) The fluid political environment with increasing religious conservatism, frequent changes in staff and government priorities,
- b) The low institutional capacities substantially hindered success in policy advocacy efforts
- c) The inadequate theory of change, including inappropriateness of indicators and targets

The results chain logic

Judging the performance of the CO during the period under review was challenging to the ET. On one hand, evaluating the effectiveness of the CO against the indicators and targets in the RRF was leading to the conclusion that performance was unsatisfactory (see Table 9). On the other hand, after reviewing all the evidence of the initiatives undertaken and the results achieved during the period, we came to the conclusion that the performance of the CO was reasonable. The limitation is the results chain logic in the RRF which is unsuitable in managing but also demonstrating the results achieved during the period.

This is well demonstrated by the achievement during the period of the target of the UNFPA outcome 2 “Laws and policies allow adolescents (regardless of marital status) access to sexual and reproductive health services” through the enactment of the Gender Equality Law (GEL) in 2016 that allowed the provision of SRH services to unmarried youth, while not achieving the CP output target of “10 percent of health facilities implementing at least 60 per cent of recommended action in the National Adolescent and Youth Friendly Service Guidelines”. UNFPA should take full cognizance of this achievement as it played a critical role in advocating for the appropriate RH provisions to be included in the Law.

The underlying assumption in the 6th CPD is that advocacy interventions will translate to “increased accountability and responsiveness of duty bearers in Maldives to young people’s rights to reproductive health information and services”. This assumption is not sound within the context of a country that was experiencing a fluid political environment and increasing cultural and religious conservatism which presented significant risks to policy advocacy. At the same time, there is no evidence of systematic identification of these risks and formulation of appropriate mitigation measures as discussed in the relevance section.

It is also not clear how advocacy strategies were to be selected, especially given the constantly changing political actors across the government. Furthermore, the policy advocacy initiatives implied in the RRF and pursued during the period were not well aligned to achieve the output targets. However, it is important to note that soft advocacy activities (meeting the right people and being in the right forums at the right time) involving the UNFPA CD and Assistant Representative achieved significant results, including in contributing to the enactment of the all-important GEL.

The indicators and targets of the 6th CPD were revised in consultation with the APRO in 2018 during the Midterm Review Exercise. Achievements against these have been included in Table 9. However, the revised indicators and targets do not seem to have improved the measurement of results or demonstration of performance.

As discussed in this section, the CO achieved significant results related to the other UNFPA outcomes including SRH, GEWE and PD. UNFPA remained a “consistent and strong voice” on the SRH and GEWE agenda, was a convenor of the UNDAF gender outcome group, and provided substantial support for population data collection and analysis. The resources allocated were also substantial with SRH and PD receiving 30 percent and 28 percent of the total resources respectively. The results chain logic of the one output CPD was limiting in this respect and made it difficult for UNFPA to demonstrate results in these other outcome areas. Although activities within one outcome area contribute to the achievement of results in the other areas, what was achieved was significant enough to be recognised and results managed and demonstrated separately.

The comparative advantage provided by PD, and the strategic positioning of UNFPA to continue advocating on SRH and GEWE agenda makes it imperative that it is able to manage and demonstrate results in these UNFPA outcome areas.

However, no alternative theory of change was agreed during the evaluation.

Achievement of results

Table 7 below presents a summary of achievements against the targets in the RRF but also includes the achievements against the targets of the revised indicators³⁵.

Table 7: Summary of achievements against targets

<p>UNFPA Strategic Plan Outcome 2 – Adolescents and youth. Outcome indicator: Laws and policies allow adolescents (regardless of marital status) access to sexual and reproductive health services. Baseline: No, Target: Yes Status: Yes. Gender Equality Law enacted with provision for RH information and services without specification of marital status.</p>
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³⁵ Revised during the Midterm Review Exercise of 2018

Country Programme Output 1: Increased accountability and responsiveness of duty bearers in Maldives to young people's rights to reproductive health information and services		
Output Indicators, Baseline and Target	Key Interventions	Achievements by Q2 of 2019 against Output Indicator Targets
Achievements of targets in the RRF		
Percentage of health facilities implementing at least 60% of recommended action in the National Adolescent and Youth Friendly Service Guidelines. Baseline: 0 Target 10	Policy dialogue with MoH and HPA	Target not achieved and not likely to be achieved at the end of the 6th CP
Percentage of UNESCO Topics integrated in Life Skills Education in national curriculum and resource materials. Baseline: 10%, Target 67%	<ul style="list-style-type: none"> Review of national curriculum Review of syllabus and text books Awareness for teacher educators through religious scholars Teacher training module to support online teacher training on SRH education 	Target partly achieved. 47% UNESCO topics covered in Key Stages 1-3 syllabus and text books. Target unlikely to be achieved during the 6 th CP
Number of UNFPA-supported national policy dialogues, with the participation of young people, that advocate for increased investments in marginalized adolescents and youth Baseline: 0, Target: 4	<ul style="list-style-type: none"> Fahi Oiyvaru dialogues – 2016 using PD evidence Nirakun - stories of 10 year old girls on their visions for adulthood Youth led advocacy – Alhaanulaanatha campaign on SRH access Youth consultation prior to youth SAARC forum on SDGs followed by social media campaigns on peace and security for youth Policy advocacy – engagement with senior government officials 	Target achieved. 4 policy dialogues supported. Results include: <ul style="list-style-type: none"> Recommendations of population dynamics reflected to some extent in the draft National Development Plan Nirakun materials posted on Ministry of Gender, family and Social security website Gender equality law passed and gender equality policy endorsed by the previous government, but being reviewed by the current government
Existence of a functioning tracking and reporting system to follow up on the implementation of women's rights and reproductive rights and accepted recommendations and obligations from the Universal Periodic Review and CEDAW Baseline: No, Target: Yes	<ul style="list-style-type: none"> Meetings with Attorney General's office, and with new political appointments to Ministry of Gender, Family and Social Services Gender advocacy to parliament's social committee 	Target partially Achieved This target is unlikely to be achieved as it is. However, the completion of CEDAW state report is the output such a tracking system is aimed at, it can be concluded that this target is partially achieved
Achievements against revised indicators (midterm review 2018)		
Number of Siththaa (mobile application on SRH information) downloads Baseline: 0, Target: 15,000	Developed and implemented the Siththaa mobile application through a partnership Society for Health Education (SHE) as the implementing partner	Target partly achieved Siththaa downloads: 3,117 (iOS and Android). In addition Siththaa administrators received 176 enquiries for further information. The target however, is unlikely to be achieved during the CP period

Number of young people reached through Safe Space Baseline: 0, Target: 2,000	<ul style="list-style-type: none"> Implemented Youth Safe Space with SHE as the IP. This is an incentive based informal method to reach out-of-school youth Mediated partnership with youth leaders 	Target partly achieved <ul style="list-style-type: none"> 762 out of school youth reached. Number of adolescents and youth provided with contraceptives by SHE increased from 725 to 1490 from 2016 to 2018. The target however, is unlikely to be achieved during the CP period
Existence of a costed RH strategy including for young people. Baseline: No; Target: Yes	RH Strategy 2014-2018 has been reviewed and formulation of new strategy (RMNCAH) is proposed in 2019	Target partially achieved. Target is likely to be achieved with the current pace of work on RNMCAH strategy.
Number of teachers trained on delivering CSE components in schools, B: 0; T:100 Baseline: 0, Target: 100	Online teacher training module developed and implemented for online self-learning	Target not achieved: Teachers trained on delivering CSE components in schools: 0 . Target is unlikely to be achieved there is no plan and timeline for implementation
Number of dialogues that advocate for CSE in schools Baseline: 0, Target: 3	Session held for teacher educators on cultural and religious aspects of SRH teaching	Target partly achieved Number of dialogues that advocate for CSE in schools: 1 It may be possible to hold more dialogues during the 6 th CP but expected result is unclear
Number of YPS2250 ambassadors advocating for peace and security Baseline: 0, Target: 20	<ul style="list-style-type: none"> Youth consultations supported Supported development of concept paper on youth peace and security 	Not measurable with available data.

The target of UNFPA outcome 2 indicator “Laws and policies allow adolescents (regardless of marital status) access to sexual and reproductive health services” was achieved with the enactment of Gender Equality Law. However, evidence from stakeholder consultations indicate that although the legal and institutional framework are in place, this has not resulted in improved access to SRH information and services for young people or gender equality.

Only one of the four original targets was fully achieved during the period, two were partially achieved and one not achieved and unlikely to be achieved by the period of the 6th CP. The one target that was achieved is four “the number of policy dialogues, with the participation of young people that advocate for increased investment in marginalized adolescents and youth”. However, the aim of these dialogues was to advocate for improved access to SRH services and information for youth and adolescents, and this has not changed as indicated by the non-achievement of the first indicator “percentage of health facilities implementing at least 60 percent of recommended action in the National Adolescent and Youth Friendly Service Guidelines”.

Three of the revised targets were partially achieved, and two of them not achieved at all. One of the targets “a costed RH strategy”, though not achieved, is adequately explained by the fact UNFPA supported the review of the RH Strategy and the country was gearing to undertake the formulation of the wider RMNCAH Strategy during the period under review.

The achievement of the results against the original and revised indicators indicate less than satisfactory performance. However, this is considered in this evaluation as more a result of the inadequacies of the RRF that limited the CO’s ability to manage and demonstrate results.

Policy dialogues

In the 6th CPD, policy dialogue is not defined, nor did any strategies that were adopted identified. Hence, the evaluation team used a working definition for the purpose of this evaluation. We note that policy dialogue is not a linear one-off process/activity. It is a series of events, media products, engagements and evidence generated that results in discussion through various means and platforms with a clear aim of influencing action and social change. Policy dialogues through soft activities, where the UNFPA CD and Assistant Representative engaged with policy makers, and participated actively participated in strategic forums (being at the right place at the right time), coupled with technical support for the development of knowledge products and policy instruments, appear to have achieved the results.

Below are examples of policy dialogues that took place during the period under review.

Advocacy on Gender Equality Law (GEL): The Gender Advocacy Bill was submitted to the Majlis in 2016. UNFPA took this opportunity to advocate for a comprehensive GEL and spearheaded the following interventions. First, UNFPA convened UN Agencies and civil society to review the bill and suggest revisions. A prominent gender advocate and a female lawyer was identified who compiled all comments and formulated the necessary discussions. The comments were formally shared with the Social Committee by UN and also the leading civil society actors. Secondly, a live telecast dialogue was initiated by the Majlis where UN Agencies and civil society actors took part. UNFPA CO used the opportunities to discuss the proposed revisions which included the clause on provision of adolescent health information and services (Article 22.d).

The Act was ratified on 23 August 2016 with some of the key proposed revisions included. This makes gender equality and gender mainstreaming a legal mandate for the government overall, including for the provision of RH information and services. A key aspect in this law is that it does not specify that such information and services are to be restricted to married couples. The collaborative effort with both UN and CSO partners working together provided a stronger message for the Majlis to consider the proposed changes. This result contributed to the UNFPA Strategic Plan outcome 2 target “Laws and policies allow adolescents (regardless of marital status) access to sexual and reproductive health services” during the period under review.

However, the implementation of the law has been weak, and the monitoring of implementation and the accountability mechanisms almost non-existent.

Advocacy on Youth Health: The implementation of the National Adolescent and Youth Friendly Service Guidelines by the health sector is one main focus of the CP and also the UNDAF. Both UNICEF and WHO are listed as key partners. To support implementation, a concept note³⁶ was developed by UNFPA for UN Agencies to coordinate the development of SOPs.

At the same time, the Country Director (CD) during her visits met the Minister a number of times to advocate for investing in, and strengthening youth health services which resulted in a request to present the evidence. Presentation was done for the Ministry of Health using the findings from the research on “Efficiency on Sexual Reproductive Health Spending in Maldives”.

Advocacy on SRH: UNFPA supported the review of the RH Strategy and developed a concept for the development of the more holistic Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy. Several meetings especially between the CD, policy makers and representatives of UNICEF and WHO were held to discuss the development of the new Strategy. Government’s ownership to formulate the RMNCAH strategy based on the evaluation of the previous RH Strategy is an important result from UNFPA’s policy dialogue. Furthermore, statement to implement RMNCAH strategy in the government’s SAP 2019-2023 is a significant outcome of the UNFPA policy advocacy interventions.

³⁶ Concept Note - Support to develop SOPs on NSAYFHS

Policy dialogues with the participation of the youth

These include Fahi Oiyvaru dialogues in 2016, 10 year old girl – Nirakun in 2017, and Youth Led Advocacy described in the following paragraphs.

Fahi Oiyvaru dialogues – 2016: A series of population related dialogues under the theme Fahi Oiyvaru were held among technical and academic institutions as well as civil society actors to discuss key population issues and policy implications such as population composition and dynamics, migration, demographic dividend, and changing population structures including youth and the ageing population. The publication *Maldives' Population Dynamics: Policy Prospects for Human Growth and Opportunity* was the basis for the dialogues.

Opportunities presented by special occasions such as population day was used to conduct advocacy activities. These included special event attended by the Cabinet ministers where key messages were disseminated, technical expert dialogue and telecast of interview with the authors of the policy dynamics report on national television, presentation of the findings and recommendation to the social committee of the Parliament. At the same time, 3 videos on Census 2014 findings were disseminated on UNFPA Maldives Website and Social Media. These videos included: a) Potential of Young People in Maldives b) Women of Maldives c) Young people and migrant population. An Op-Ed was published on *Cooperate Maldives: Tapping the Maldives' Full Potential: 3 Takeaways from Talks on Population and Youth* was posted on the web.

Immediate result from the Fahi Oiyvaru is not evident. However, the recommendations presented in the report have been used to advocate for policy changes. For example during the transition of the government in 2018, the recommendations were presented to the coalition government. As UNFPA was regarded a source of credible population data analysis, the recommendations have been repeatedly presented by the National Bureau of Statistics (NBS). These recommendations have been reflected to some extent in the draft National Development Plan and Strategic Action Plan (SAP) 2019-2023, and include the need to address youth and migrant population challenges. Having the messages disseminated through multiple channels which reached wider audiences was a positive factor.

10 year old girl – Nirakun: Taking the opportunity to nationally launch of the SWOP, UNFPA Maldives conceptualized using data, disseminating stories of 10 year old girls. The purpose of the exercise is to document the vision of young girls every five years in their road from adolescence (10 years) to adulthood (24 years) through artwork to influence the development of the policies that impact them. About 30 girls were interviewed from Male', Hulhumale, Villingili and Mahibadhoo and Dhigurah. A 3 minute video and three 30-second spots were produced and disseminated through social media. In addition a panel discussion with three of the 10 year old girls were held at the national launch of the SWOP report held at Goat Fish Cafe. The Dhivehi summary of the global report and a leaflet on 10 year old girls were produced. In addition the following activities were carried out with the 10 year old girls: Valentine's Day SM campaign - My Big Day, Letters to the Minister on International Women's Day - 2017 and Short video "Dear Adults" on International Day of the Girl Child – 2017.

It is difficult to see an immediate impact on these campaigns and dialogues. However, it is evident that UNFPA managed to get the messages across the political decision makers despite the political challenges. The letters were handed over to the Minister on International Women's day and was posted by the Ministry of Education Social Media and disseminated widely. Using the 10-year-old girls' stories captured a wider audience and also carried the human touch that had the potential to influence behaviour/policy change. The same girls will be followed over time to see whether they are closer to reaching their aspirations and their stories told.

Youth led advocacy: Several models of empowering youth leadership and dialogue to promote youth friendly policy making has been supported. The activities to empower youth for advocacy were varied. For instance, in 2016, two youth social change leaders were contracted for one year to conceptualise a youth led intervention. Two models/projects were conducted. First one –

'Alhaehnulaanatha' - a campaign on social media to break the taboo on SRH and the second on making policy changes for SRHR. The Safe Space sessions were conceptualized by these two young leaders. *'Alhaehnulaanatha'* stall was established in Kattihiyvaru festival organized by a youth lead NGO. UNFPA also convened consultations with youth delegates prior to the youth SAARC consultations on SDGs in March 2016. On the occasion of the International Youth Day, 2016, UNFPA called on Maldives youth to have a say in transforming their future through a selfie campaign. The event was held at the MNU courtyard and several young people raised their voices on social media.

Youth to Leaders dialogue initiated by JCI Maldives was held. In addition, the youth peace and security (YPS) consultation organised by the JCI Maldives in November 2017 was supported together with #By2030 campaign. A model UN in Maldives 2018 and Youth Summit was also supported in 2018.

Despite the number of interventions supported, there is no evidence that any of these produced results in terms of influencing policy. Feedback from KI interviews indicated that it is still challenging to sustain interest of young people to take the SRH dialogue forward.

Reaching out of school youth

UNFPA partnered with Society for Health Education (SHE) and implemented innovative approaches to reaching out of school youth with SRH information. These include Youth Safe Space and Siththa mobile application which was officially launched on the World Population Day 2017 during the Youth to Leaders Dialogues.

The Youth Safe Space involved gathering the youth in safe spaces to discuss reproductive health. The spaces were any place that the youth could gather informally and include cafes and cinemas. It is an incentive program where the youth are, for example, bought coffee and cinema tickets. Over 700 youth were reached during the period using this method. However, this method appear to achieve limited results and is unsustainable.

The UNFPA supported the development of the Siththaa mobile application under SHE which allows the youth to download SRH information using smart mobile phones. Over 3,000 downloads were reached during the period and a number of queries made to SHE. This is an innovation technology solution that appear to have good potential. However, it needs to be supported and improved to ensure youth friendliness, operational stability and backend support.

Implementation of CSE in the school curriculum

UNFPA supported the National Institute of Education (NIE) to integrate CSE into the school curriculum. Support during the period involved the review of key states 1 – 3 text books which found that 80 percent of the content was already in place. The review also provided recommendations for key stages 1 – 5. Although the recommendations were acknowledged by the NIE, any changes will be possible only at the time of revisions to the text books. To support the implementation of CSE components, UNFPA supported the development of an online self-learning module for the teaching of CSE components. Furthermore, this module has been accredited and identified as one that contributes to the credits for professional development of teachers. However, no teachers have been trained using this module or through face to face training.

The problem is there is no clear plan and timeline for implementation, and no systematic identification of the risks and mitigation measures are apparent.

Sexual and Reproductive Health (SRH) and Gender and Women Empowerment (GEWE)

Key achievements contributing to these UNFPA outcomes, and which go beyond support for outcome 2 on adolescents and youth, include the enactment of the Gender Equality Law that include provisions

for SRH services without distinction of marital status. Another key achievement is the review of the RH strategy and government commitment to develop the much wider RMNCAH strategy.

Some planned interventions for GEWE did not materialize. Specifically, the tracking and reporting system to follow up on the implementation of women's rights and reproductive rights accepted recommendations and obligations from the Universal Periodic Review of CEDAW was not implemented. However, UNFPA was able to support the successful and timely production of the CEDAW state report in 2019 with the compilation of information required for the tracking system, with the collaboration of both UN and government partners.

The enactment of the GEL, the review of the RH Strategy, the commitment to produce the proposed RMNCAH Strategy, the timely production of the CEDAW report, the key role as convener of the UNDAF gender outcome group has demonstrated the relevance, importance and influence of UNFPA in advancing the GEWE and SRH agenda in the prevailing political context. This role should be strengthened going forward.

Population Dynamics (PD)

The critical role of data collection and analysis to provide evidence as a basis for UNFPA and UN work in Maldives is well articulated in the UNFPA CPD 2016 -2020 and UNDAF 2016 – 2020. In particular, the CPD states that “based on sound data and analysis of excluded populations, UNFPA will convene policy makers...to help establish an enabling social policy and legal environment for young people, with a particular focus on the most vulnerable and marginalized, to realize their sexual and reproductive rights”³⁷. The UNCT through UNDAF commits to “work to re-position itself in the role of thought leader in Maldives, through the development of evidence based knowledge products that address emerging development issues in the country”. It goes on to state that “specific focus will be given to enhancing national statistics capacities in the area of sustainable human development”³⁸.

UNFPA performed well in supporting data collection and analysis and the production of knowledge products. Some of the outputs produced during the three years include the following:

Population projections by Atoll based on 2014 census. The Maldives Population Projection 2014 to 2054 was undertaken from 2017 and published and disseminated in 2018. The aim was to enhance evidence based planning for the changing population.

Labour force survey was piloted using the ILO instruments to obtain evidence on the labour force including to better understand time use of especially women. Data collection and the draft pilot report was completed in 2018.

Demographic and Health Survey (DHS) - UNFPA played its role and supported the Maldives DHS exercise. DHS is an important source of data for monitoring RH and gender related SDGs indicators as well as for monitoring progress in the UNDAF and UNFPA CPD.

Analysis. The following analysis were conducted and disseminated during the period. The reports provided disaggregated data to inform inequities.

- *Maldives Population Dynamics: Policy Prospects for Human Growth and Opportunity* with four policy pathways: bringing population issues within overall development strategies in Maldives, strengthening the institutional settings to address population issues, expand population and development research, and enhancing advocacy on population and development.
- *Thematic analysis of youth in the Maldives.* The analysis based on Census 2014 was completed and disseminated in 2018. The research highlights the situation of young people in the area of education, employment and their transition / population distribution. It provided youth focused

³⁷ UNFPA Maldives CPD 2016-2020

³⁸ UNDAF Maldives 2016-2020

policy recommendations including on the development of education at secondary and tertiary education, jobs training for young people, tackling climate change, addressing migration issues including sex ratio imbalances, and formulating strategies and policies in anticipation of the population aging process.

- *Efficiency of SRH Spending in Maldives* which is focused on adolescent and youth friendly services as the most cost-effective strategy to scale up reproductive health in Maldives.

The analysis provided evidence to support policy advocacy on issues to do with the youth, SRH, and gender equality.

National Transfer Accounts. UNFPA provided technical support (a consultant) for the development of this accounts and a workshop for the Ministry of Finance and other stakeholders.

Some of the materials and innovative products used to disseminate messages included online videos (short animated videos), gifs, online quizzes and leaflets. Leaflets related to the 2014 census produced and disseminated included those on population, migration, education, employment, fertility, housing characteristics and women in Maldives (Annual Reports).

The data and knowledge products generated were disseminated to support policy advocacy through various means and forums targeting different audiences (as articulated in the section on policy dialogues). Some of the forums included the World Population Day, the International Youth Day, and the Launch of State of the World Population Report and the 16 days of activism Against Gender Based Violence. UNFPA facilitated dialogues on population dynamics focusing on women and young people on relevant themes including the Youth to Leaders Forum on World Population day under the theme SRH and Youth, RH and Rights equalities in the Maldives (Annual Reports).

However, evidence based policy dialogues faced some challenges. For example, as indicated in the section on policy dialogues, a Knowledge Exchange Forum (KEF) organized jointly with the Ministry of Gender and Family and UN Women in 2018 focused on advancing gender equality and women's empowerment in Maldives was cancelled at the last minute at the request of the government. The four thematic papers prepared for the purpose were discussed in a closed forum thereby hampering their impact. In 2018 in particular, as it was an election year, there was reluctance from the government to disseminate population data and analysis (Annual reports and KI interviews).

While the work on generating knowledge products was commendable, policy advocacy efforts achieved limited results especially in contributing to the CP output of "increased accountability of duty bearers in Maldives to young people's rights to RH services and information" during the period under review. The use of these products may have been limited by factors such as the low institutional capacities of relevant agencies, the fluid political environment, the rapid changes in senior and technical staff positions and the prevailing increased cultural and religious sensibilities.

However, the knowledge generated may have contributed to UNFPA's "consistent and strong voice" on SRH, youth, gender and human rights issues and its relevance and strategic positioning within the UNCT in Maldives.

Support to innovative data collection and analysis

UNFPA supported the development of innovative approaches to data collection and analysis. This includes islands level online data collection and analysis and population analysis from "Big data".

Atoll and Island data portal. UNFPA participated in the UN joint programme on climate change and supported the piloting of an online portal to automate data at atoll and island levels. The system allows island and atoll councils to capture, compile, access and analyse administrative data from different sectors such as population, health, energy, agriculture, and food security in addition. The reports from the system would then support evidence based planning, programming and resource allocation. The support included the development of a web platform named "Laamukoshaaru" for data entry, and training of island level focal points from all 11 islands in Laamu atoll. However, this initiative does not seem to be succeeding. Weak institutional capacity, lack of evidence based

planning, political will and low awareness of the benefits of using evidence in the councils inhibits its implementation and sustainability. The success of such systems are driven mainly by demand for information which forces the stakeholders to prioritize the development of requisite capacity, and the effective management, operation and utilization of the system. This seems to be lacking. There is need for a thorough analysis of the situation and a clear and effective strategy formulated for dealing with these challenges before additional resources are programmed for the purpose. The strategy should include a consideration of the ability to replicate the system to the rest of the country.

Big Data – this initiative, supported by UNFPA working with NBS, aimed at estimating the population density and mobility using telecom data was successfully piloted in Male. The pilot demonstrated how mobile phone data can be used to estimate the population in the Maldives using call records data from telecom service providers. Based on the lessons learned from the pilot project, UNFPA partnered with the Data Pop-Alliance and the NBS to submit a proposal to expand the initiative. This is an innovative method that should be fully implemented and institutionalized within NBS. It has potential to contribute to the timely availability of knowledge on Maldives population dynamics. The effort should therefore be sustained in the coming programme cycles.

Civil registration

In order to strengthen the civil registration and vital statistics, UNFPA supported NBS with the services of a short term consultant in 2017 to conduct an assessment and review the current systems. The consultant was expected to provide recommendations to improve the current systems of administrative records on births, deaths, as well as marriages and divorce. However, this report had not been received by NBS by the time of this evaluation.

Sustainable Development Goals (SDGs) indicators data

The implementation of the Sustainable Development Goals (SDGs) in the Maldives builds upon the successes of the implementation of the Millennium Development Goals in the country. The Maldives had achieved five of the eight MDGs before 2015, making it the first ‘MDG plus’ country in the South-Asia region. However, as a Small Island Developing State, the Maldives continues to face significant economic, social and environmental challenges³⁹ which makes mainstreaming SDGs in the country’s policies, programmes and budgets especially necessary.

SDG coordination in the government of Maldives is the responsibility of the Sustainable Development Goals (SDGs) Division, Ministry of National Planning and Infrastructure (MoPI). Coordination in the UN System is under the UN SDG Working group which UNFPA is a member.

The Maldives Strategic Action Plan (SAP) (2019 – 2023) is indicated as “a key policy document towards the Maldives’ effort to achieving the Sustainable Development Goals (SDGs)...and the policies and strategies in the SAP are aligned for the achievement of these Goals.” This is an important development in mainstreaming SDGs in government policy. Before this, there was little of progress in mainstreaming SDGs (KI interviews). However, much more work is required to fully mainstream SDGs in government policy, programmes and budgets and track progress.

UNFPA has a unique opportunity to play a key role in providing support and leadership as far as data on SDGs indicators is concerned especially those it is mandated to monitor. It is particularly well positioned to play a useful role in promoting the generation of data on SDG indicators and policy advocacy for mainstreaming SDGs in national and regional policies, programmes and budgets.

Opportunities for further research

From document reviews and interviews with stakeholders, the evaluation team encountered areas that need research to provide necessary insights to further support future programming in the UNFPA

³⁹ Maldives Voluntary National Review for the High Level Political Forum on Sustainable Development 2017

thematic areas. Such research fits well within UNFPA focus areas and demonstrated capacity. The four areas include the following:

- Contraceptive prevalence rate (CPR) has been declining from 35 percent (DHS 2009) to 19 percent (DHS (2016) while Total Fertility Rate (TFR) is also declining. Some guesses exist which include possible increasing levels of infertility, rising number of abortions, increasing age of giving birth, or labour mobility where the husband leaves the family to work away from home for long periods of time (KI interviews). However, there is no credible explanation for this phenomenon and a study is needed to provide answers.
- According to some stakeholders interviewed, women are graduating from the university and not joining the workforce (KI interviews). Women make up the majority of students coming out of the university, with 70 percent of students at the Maldives National University being women. However more women are choosing to stay at home. Surveys such as HIES and Census have shown that employment is lower among females than males, but notes that there are more women who are self-employed and are contributing to family (NBS, 2017). Stakeholders noted that one of the core reasons why more women stay at home is related to the lack of alternative child care arrangements in the face of changes in the family structures towards nuclear families. However, there is little research on this issue and need further qualitative studies to gain a good understanding of the reasons behind this observation.
- As UNFPA focuses on the access to youth and adolescents to SRH services and information, which is a religiously and culturally sensitive area, there is need for a more consultative approach in arriving at the right ways of dealing with young people. Their input is needed on how they want to receive information and services. There is also need to know how young people are dealing with pregnancies. This needs systematic research using both qualitative and quantitative methods to obtain the necessary insights.
- While the legal and institutional framework and GBV guidelines exist, there is also a feeling that these are not being implemented effectively. This is in part driven by the low institutional capacity and perceptions of political actors and policy priorities. But there is also anecdotal evidence suggesting that the number of GBV cases reported has increased. There is need to conduct further analysis of the data collected on GBV in the MDHS 2016 and study the processes that affect reporting and access to care and justice as well as prevention. Evidence from such studies can be used to support interventions including focused policy advocacy to further achieve the desired results in this area.
- Although population continues to be relatively young, population dynamics analysis have highlighted the vulnerabilities and lack of systems for addressing the needs of older people in the country. This will be an issue that requires evidence to support advocacy in future.

Challenges

There was limited institutional capacity to achieve the desired social change. This includes the capacity of the health service providers and teachers to provide the information and services related to SRH for adolescents and youth. The high turnover of political and civil service staff contributed to this challenge. At the time of the evaluation, the political actors and civil service staff at the government institution responsible to advance GEWE was substantially new and had little institutional knowledge or memory. Furthermore, stakeholders interviewed noted the cultural and religious sensitivity around GEWE and the provision of SRH information for adolescents and young people as key aspects that need to be addressed to achieve the desired outcomes for the target population.

The frequent change of political actors has been a constant challenge for obtaining results out of advocacy with the resultant changes in the policy makers' attitudes and beliefs around GEWE and SRH and their policy priorities. According to stakeholders interviewed, GEWE and SRH has not been

a policy priority, rather, the current focus has been on infrastructure development. While the challenges due to shifting policy priorities were noted during the 5th CP⁴⁰, it was not well articulated in the 6th CPD as a risk, nor were any mitigation measures identified. The changes in policy makers, together with the limited staff capacity of the government implementing partners has been a major factor hindering improvements in the provision of SRH services and information.

Stakeholders indicated that UNFPA’s work with CSOs and innovative methods played a role in reaching out of school youth. At the same time they noted that they lack legitimacy when they reach out to the small communities when a government partner is not involved. Interviews with volunteers delivering youth safe space noted that SRH continues to be a culturally and religiously sensitive topic. They face instances where they are labelled as providing information not consistent with Maldivian culture and religion, sometimes raising the risk to their own security.

The need to focus on institutional capacity building is considered a critical priority by the agencies consulted going forward (KI interviews). While Maldives is categorized as a “pink” country, there is substantial basis to justify that the most effective way to achieve impact would be to include institutional capacity development as a key component of future interventions⁴¹.

4.3.5 Integration of gender and human rights based approach

The document review and discussion with the stakeholders indicated that interventions on youth empowerment also focused on other human rights particularly peace and security. Discussions with youth leaders and Safe Space beneficiaries noted that they did not perceive any gender inequality in the interventions supported by UNFPA. In addition, government stakeholders in the GEWE and SRH area noted the sustained advocacy by UNFPA for SRH and GEWE from a human rights perspective.

4.3.6 Unforeseen consequences

There were no unforeseen consequences of the programme identified during this exercise.

4.4 Answer to evaluation question 3: Efficiency and UN Country Team Coordination

- a. To what extent has UNFPA made good use of its human, financial, technical and administrative resources to pursue the achievement of the outputs and outcomes defined in the country programme?
- b. How effective and efficient were the processes used to measure the results? To what extent did they contribute to accountability in programming?
- c. How effectively does the CO coordinate with other UN agencies to deliver as one, particularly in areas of potential overlap?

Summary of Findings

- a) Considering what has been achieved in the period under review, UNFPA has made good use of its limited human, financial and administrative resources to achieve results
- b) Choice of implementing partners is appropriate for the achievement of desired results. However, more emphasis needs to be placed on building close working relationships with relevant government agencies.

Challenges:

⁴⁰ 5th CP SRH Thematic Evaluation

⁴¹ UNFPA Strategic Plan 2014-2017

- a) The capacity of the CO is inadequate to meet the current and future performance demands, and puts to question the sustainability of the office.
- b) The coordination and collaboration between UN agencies in the UNCT is weak, with limited synergies between them. This applies even for UN agencies in the same outcome areas.
- c) The M&E systems in the CO is weak and those of implementing partners weak or non-existent. This undermines effective measurement of results and learning.
- d) Development of partnerships and mobilization of funds and additional support has been a weak area.

4.4.1 Office typology, HR and capacity building

Considering what has been achieved in the period under review, the UNFPA's performance with the limited staff is commendable. The CO is made up of a small compliment of 2 full time and 2 contract staff. The full time staff include an Assistant Representative who heads the CO and is responsible for all programme related activities, and an Admin / Finance Associate who is responsible for all administrative, financial and procurement activities. The contract staff includes a Programme Associate and a Communications and Partnership Analyst. The staff work in a small office which allow for close interaction and coordination.

The staff realignment reduced the staff from 9 to 5 in 2016 in line with the reduced financial ceiling and to reflect a change in focus from the traditional "RH, Gender and PD programming" to conveners and facilitators of upstream policy advocacy. Necessary competences for the new focus include credible and confident communication to build new partnerships, mobilize resources and knowledge brokering⁴².

The two permanent staff have served the office for a while, seem to work well together, understand the country context and maintain strong relationships with relevant stakeholders. However, the small size of the office has inadequate capacity which may limit UNFPA's potential to fulfil its mandate, and contributes to risk to sustainability. The staff capacity should be strengthened by adding at least one more senior programme and one administrative / financial staff, accompanied by building of the requisite skills. This should be timed to correspond with the beginning of the next programme cycle.

4.4.2 Partnerships, coordination and technical assistance

The CPD 2016 – 2020 indicated the need for strong focus for partnerships, and intention to coordinate closely the UN organisations, partners and international institutions. There has been limited funding through UNDAF, from the British High Commission in Sri Lanka and other sources. However, the programme has been weak in this respect and needs improvement going forward starting with enhancing of the capacity of the CO.

UNFPA has worked with a limited number of implementing partners who include government agencies (NBS; Ministry of Health and the Health Protection Agency; Ministry of Education – National Institute of Education (NIE); Ministry of Gender, Family and Social Services) and one CSO – Society for Health Education (SHE). The CO is also establishing a relationship with the Maldives National University (MNU) (document review, KI interviews). The ET considers these partnerships strategic and appropriate for the achievement of results pursued by UNFPA. The relationships are at different levels of intensity. For example, UNFPA maintains close relationship with NBS who consider it a responsive and dependable partner. The CO has also worked closely with NIE in integrating life skills in the education curriculum.

However, there were questions of the extent to which UNFPA is engaged with government partners vis a vis civil society organizations in pursuing its agenda. Some felt the greater focus on working

⁴² HR Realignment, April 2016

through civil society has enabled UNFPA to reach areas not being addressed adequately by the government (KI interviews). This is a question that needs to be discussed and this should inform partnerships in the next CPD. The view of the ET is that while working with civil society organisations has its benefits, but going forward, working with and increasing the performance of government in improving the policy environment and implementing policy prescriptions need to remain at the core of UNFPA focus. However, as noted elsewhere, there were limitations in the opportunities of working optimally with the government during the period under review.

4.4.3 UN Country Team (UNCT) coordination

As part of the Maldives UN Country Team (UNCT), UNFPA is expected to contribute to the achievement of UNDAF results through the Delivering as One approach jointly with other UN agencies. Under this approach, outcome groups are responsible for joint planning, implementation, monitoring and reporting with national partners, and a joint Steering Committee, that includes both UN and Government representatives, provide formal oversight and management direction throughout the UNDAF cycle⁴³. Furthermore, the limited size of the UNFPA country programme requires close coordination with sister UN agencies and other partners to ensure complementarity and leverage on resources⁴⁴.

Encouraging results were achieved during the period through the UN agencies working together specifically through the UNDAF gender outcome group. These include the joint advocacy for the enactment of the Gender Equality Law with the desired RH provisions, the timely production of the CEDAW status report with inputs from a number of UN agencies, and support for joint activities such as the “16 days of activism against GBV”. However, such collaboration was achieved mainly from healthy bilateral agency relationships and less as a result of the established official collaboration mechanisms.

However, coordination and collaboration within the UNCT remain weak. While outcome groups develop joint (2 year) rolling work plans and report on the status of achievement of planned activities and results annually, joint programming and implementation seem to be lacking. The agencies have continued working in silos, with little synergies between them, and less than optimum sharing of information and knowledge. The appearance is that of competition, instead of collaboration between them (KI interviews).

General challenges highlighted in the UNDAF evaluation included low resource mobilization and weak coordination between UN agencies. A need for greater coordination was strongly expressed within outcome groups and between outcome groups. The annual meeting of the high-level steering committee was convened only once between January 2016- May 2019 which indicates less than adequate high level coordination and leadership essential for the UNCT to deliver as one. The evaluation recommends increased coordination at both technical and decision-making levels between UN agencies⁴⁵.

The weak coordination and collaboration between the UN agencies were well articulated by partner government agencies who clearly see the benefits of increased effectiveness and efficiencies from improved synergies, if UN agencies were to deliver as one (KI interviews).

The above situation undermines assumptions of leveraging on resources and competencies of other UN agencies and of exploiting opportunities through synergetic initiatives between sister agencies. Nevertheless, important results continue to require joint efforts. In particular, the UNFPA and other UN agencies would benefit greatly in having one voice in joint policy advocacy initiatives, in resource mobilization and in sharing knowledge and information. Therefore, there is need to review

⁴³ Maldives UNDAF (2016-2020)

⁴⁴ UNFPA Maldives CPD (2016-020)

⁴⁵ UNDAF (2016-2020) final evaluation, 2019

the current framework and mechanisms and come up with more effective strategies of promoting collaboration and synergies in the Maldives UN system. Meanwhile, UNFPA should make realistic assumptions on the level of reliance on the UNCT to achieve its programme results.

4.4.4 Financial resource and procurement management

As discussed in section 3.2.3 – financial structure, the overall implementation rate for the period 2016-2019 was 82 percent. Considering the limited resources and what has been achieved during the period, the resources have been used efficiently and effectively.

UNFPA has generally used direct execution modality and this has worked well with feedback indicating efficient disbursement of resources and availability of planned support (KI interviews). The CO also provided support for proper accountability and reporting on programme resources.

According to the CO staff, they have dutifully followed UNFPA policies and procedures including ensuring value for goods and services procured, which as indicated above, was necessary to achieve the results during the period. The 2019 remote audit of the CO did not produce results to invalidate this assertion.

As discussed in the section on HR typology, although the UNFPA Sri Lanka CO staff also supports the financial and administrative tasks of the Maldives CO, there is need to strengthen the CO to streamline the internal control, improve operational efficiencies, and ensure sustainability.

4.4.5 Monitoring and evaluation

According to the 6th CPD, where possible, UNFPA will use national systems for data collection and seek to strengthen the national capacity for evidence based monitoring and evaluation⁴⁶. However, the M&E systems of UNFPA and partners are weak and need to be strengthened going forward.

As discussed under the relevance criteria, the indicators and targets included in the RRF in the 6th CPD and the revised ones from the Midterm Exercise are inadequate for monitoring and demonstrating results. Other relevant indicators include those in the joint work plans and the UNDAF. The indicators for the next CP should be improved to better articulate the theory of change and support the demonstration of results.

UNFPA's activities and targets are included as part of Joint (2 year) Rolling Work Plan (JWP) for each UNDAF outcome with other UN agencies contributing to the same outcome. UNFPA has been part of the JWPs for three outcome areas of Youth and Children, Gender and Environment and Climate Change. From 2018, it has also been included in the Governance outcome, specifically to contribute to the integration of population dynamics in the national development and action plans. These JWPs are reviewed annually and the status of progress in the achievement of the targets reported, including challenges and bottlenecks to overcome. These sources provided useful information for this evaluation. UNFPA has also been listed in the JWPs as the lead agency responsible for monitoring SDG indicators, but evidence indicates progress has been slow here, if at all.

There is a corporate M&E System called SIS to monitor activities and results (milestones) quarterly, but the monitoring system within the CO needs to be improved. The matrix (Monitoring and Evaluation Plan - 2017 and 2018) is a good tool that provides a useful dashboard to capture the most critical information on outcome, output and activity indicators including those from the CPD and relevant ones from the JWPs, and UNDAF on an annual basis.

As far as monitoring outcomes is concerned, UNFPA provided significant support to relevant government agencies in producing analysis based on the 2014 censuses, the DHS, ICPD status report

⁴⁶ UNFPA Maldives CPD (2016-2020)

and the CEDAW status reports. UNFPA also supported the piloting of a labour survey focused on better understanding of time use, especially of women; the production of a number of knowledge products and is now gearing to support the coming census exercise. These are important sources of data for monitoring higher level outcomes including SDG indicators (KI interviews and document review).

The institutional capacity of partners for monitoring of results is low and or almost non-existent (KI interviews and document review). UNFPA, in collaboration with other UN agencies, should support efforts aimed at building the capacity of these institutions to monitor results within their mandates. They should also support initiatives to provide insights on, for example, the impact of policy prescriptions on delivery of services and social change. This appears to be the niche that has the greatest added value for UNFPA but also the UNCT as a whole.

Resources should therefore be made available to build capacity of UNFPA and partners to strengthen their M&E systems to collect, analyse and make available M&E information for evidence based decision making. In so doing, it is necessary to recognize that monitoring results of policy advocacy initiatives is much more difficult. UNFPA and partners should therefore, as far as possible, look for indicators that provide evidence of progress.

4.5 Answer to evaluation question 4: Sustainability

EQ4: Sustainability

- a. To what extent have UNFPA-supported interventions promoted national ownership and contributed to capacity development with its implementing partners and beneficiaries (in terms of policies, increased capacity and budgetary allocations)?

Summary of Findings

In principle, there is national ownership for the policy framework and this supports the sustainability of policy level interventions.

Challenges:

However, low institutional capacity, fluid political environment and increasing religious and cultural conservatism undermines not only policy implementation but the sustainability of interventions.

An enabling policy framework is in place which is critical for sustainability. The legal framework was especially improved during the period with the enactment of the Gender Equality Law. This is likely to be further strengthened by the proposed RMNCAH Strategy and inclusion relevant agenda in the national development plan.

There is generally national ownership of the policies in place which have been formulated with government leadership. However, their implementation has been slow. In some cases, there has been no movement at all. Examples include the National Standards for Adolescent and Youth Friendly Health Services and the GBV Guidelines which, although developed and owned by government through the relevant agencies, have not received priority attention.

The fluid political environment, with frequent changes of political / policy and technical level personnel is a challenge to sustainability, but also effectiveness. In addition, the changes bring with them new priorities and focus and lack of continuity e.g. in the health system – the focus on curative vs preventive, and in some cases, significant changes in public service structures.

Another major threat to sustainability is the pervasively low institutional capacities in the relevant government agencies. This limits their ability to implement and sustain the desired social change. This is made worse by the high employee turnover in government agencies leading to serious loss of institutional memory and limited the accumulation of the requisite knowledge and expertise. For

example, the health system is weak and unable to implement or sustain the changes articulated in the relevant policies. The Gender ministry has experienced changes that have significantly diminished its institutional capacity and memory. The limited capacity within the NBS has been cited as a challenge in carrying out multiple activities and in expediting research and analytical work. NBS has limited internal expertise to perform their basic roles and functions. For example, they lack demographers and routinely depend on UNFPA support to provide basic technical support in this area.

The UNCT and UNFPA is committed to building institutional capacity for effective implementation of policies and programmes and to foster ownership and sustainability. Developing the capacity of the Government and other stakeholders in obtaining, analysing and utilizing quality data, including on excluded populations, is crucial to ensure sound policy and budgetary decisions to deliver effective policy implementation and accountability. The *national capacity development paradigm that represents the heart of the United Nations' mandate* thus will be heavily emphasized. This gives tangible expression to national ownership⁴⁷. Where possible, UNFPA was to use national systems for data collection, and seek to strengthen the national capacity for evidence-based monitoring and evaluation⁴⁸.

With this commitment, it is imperative for the UN system in Maldives to support institutional capacity building to ensure both effectiveness and sustainability. UNFPA has provided support for NBS for short term training in Maldives and other Asian countries. Further, a Memorandum of Understanding with the Maldives National University and UNFPA was signed in 2018 where both parties committed to strengthening population data collection and analysis in the Maldives. There was also an attempt to link NBS with Colombo University for training in statistics and population dynamics. While no relationship was established with the University, training in basic statistics was conducted in the Maldives Civil Service Training Institute with technical support from the Sri Lankan Department of Census and Statistics.

Opportunities should be pursued to train Maldivian youth with requisite skills in UNFPA programme areas including demography. UNFPA could also leverage on its extensive regional and international networks including south to south cooperation to seek for opportunities for longer term capacity building.

A key challenge in institutional capacity building is the rapid turnover of especially technical staff experienced in many government agencies. This is a challenge experienced generally in the public sector elsewhere.

Another key challenge to sustainability is the increasingly conservative cultural and religious beliefs. Finding the balance between providing quality SRH and cultural and religious sensitivity is an important aspect for sustainability. For instance, although CSE components are integrated into the curriculum, there is hesitancy among teachers to deliver the content due to gaps in knowledge as well as challenges posed by the religious and cultural values and beliefs. However, this should be mitigated by having a systematic national conversation that will allow implementation and sustainability of the relevant policies. This should include religious preachers with an aim of obtaining their support for delivery of appropriate SRH information to the youth and adolescents.

Sustainability can also be enhanced with the full involvement of government implementing partners from the outset of the development of the next CP. Government ownership is critical not only for sustainability but also for providing legitimacy to interventions including those undertaken by NGO partners.

⁴⁷ Maldives UNDAF 2016-2020

⁴⁸ UNFPA Maldives CPD (2016-2020)

Chapter 5: Conclusions

The following conclusions are derived from the findings, and are categorised into strategic level (those related to overall relevance, responsiveness, partnerships and collaborations, institutional capacity and sustainability) and programme level conclusions. This evaluation has emphasized on the strategic level conclusions.

5.1 Strategic Level

Conclusion 1: The 6th CP's focus on adolescent and young people's right to SRH services and information is aligned to the country's policies, UNDAF, UNFPA Strategic Plan, ICPD and SDGs. However, the CPD is not based on a sound theory of change, and is inadequate in terms of scope and relevance in addressing the country's priorities. It also failed to recognize significant political and social risks. However, the CO was responsive to the country's needs as demonstrated by annual work plans, activities and results of the period under review.

The CP in its focus on adolescents and young people's right to SRH information and services is aligned to country's priorities as this group was identified as lagging behind in accessing those rights. It is also aligned to the UNFPA Strategic Plan, Maldives UNDAF, ICPD Plan of Action and the Global Agenda 2030. There is no evidence, however, that UNFPA reached the most vulnerable and marginalized populations. On the other hand, the one output CP failed to take into account significant risks to policy advocacy work related to the country's fluid political environment, the rapid changes in government and its priorities; consequent changes in structures, and senior and technical level officers; the increasing religious conservatism; and the pervasively low institutional capacities within the relevant agencies (public sector duty bearers). This may have been as a result of inadequate background work including political, social and institutional analysis before the CPD was formulated, and limited involvement of key stakeholders during the CPD development stage. The CPD is also not properly constructed with a sound theory of change and appropriate indicators and targets that support effective management and demonstration of results.

However, the annual plans, activities and outputs demonstrate responsiveness of the CO to the country's priorities and needs. As a consequence, it has been challenging to demonstrate results with a CPD that is inconsistent with its implementation.

Origin: Evaluation question(s) 1, 2, 3, and 4

Evaluation criteria: *relevance and responsiveness, effectiveness and efficiency, and sustainability*

Associated recommendation(s): *Strategic level R1, R2*

Conclusion 2: While the performance in achieving the output and targets in the CPD appear limited, UNFPA contributed to the higher level UNFPA outcome 2 and produced strategic and relevant knowledge outputs coupled with a "consistent and strong voice" in UNFPA's thematic areas thereby setting the stage for future added value, relevance and effectiveness.

The policy dialogues did not achieve desired change in the level of SRH services and information to adolescents and youth, and the more direct interventions with a CSO achieved limited results. However, UNFPA contributed to the UNFPA outcome 2 target of "Laws and policies allow adolescents (regardless of marital status) access to sexual and reproductive health services" with the enactment of the Gender Equality Law. This appears illogical but is as a result of the inadequate theory of change discussed under conclusion 1.

Critically important and strategic are the knowledge products including population projections and thematic youth analysis were produced during the period. This, coupled with UNFPA's recognition to have a "consistent and strong voice" has ensured UNFPA's relevance and strategically positioned it to

achieve good results in the future, particularly in the area of developing relevant knowledge products and supporting policy advocacy and development.

The successful review of the RH Strategy (2014 – 2018) with UNFPA support, the UNDAF gender outcome leadership, and the knowledge products positions UNFPA strategically to contribute substantially to the formulation of the wider Reproductive, Maternal, New-born, Child, and Adolescent Health (RMNCAH) Strategy and gender issues.

During the period, however, the CO was limited in demonstrating results in this area of critical leverage.

Origin: Evaluation question(s) 1, 2, and 4

Evaluation criteria: relevance, effectiveness and sustainability

Associated recommendation: *Strategic level R3*

Conclusion 3: The CP interventions have not fully delivered the desired results due in part to the pervasively low institutional capacities of duty bearers that undermine the achievement of results through policy advocacy. While UNFPA has provided short term capacity building interventions, there is need for long term training to strengthen partner institutional capacities relevant to their mandates.

All the agencies consulted, the documents reviewed and performance during the period indicate pervasively low institutional capacities of relevant duty bearers. This is made worse by the rapid changes in government, its structures, priorities and senior policy and technical officer positions. This makes it challenging to achieve desired results even if policy advocacy efforts were to succeed in convincing these institutions on the need for change. Key informant interviews indicated that this is a very high priority issue for these institutions. While UNFPA has provided support for short term capacity building interventions especially for NBS, longer term training to build core competencies is required (for example, long term training for professionals in demography for NBS), but is not being addressed. According to UNFPA⁴⁹, in such contexts, even if a country is categorised as “pink”, a justification can be made to provide support for capacity building.

Origin: Evaluation question(s) 1, 2, and 4

Evaluation criteria: relevance and responsiveness, effectiveness and sustainability

Associated recommendation: *Strategic level R4*

Conclusion 4: The capacity of the CO is not sufficient to optimize UNFPA’s potential to fulfil its mandate in support of the country, but also puts to risk the sustainability of the office.

The current staff compliment of two permanent and two contract staff is not sufficient to optimise UNFPA’s potential to fulfil its mandate in support of the country. These include optimising opportunities in policy advocacy, building partnerships and resource mobilization, knowledge management and supporting the very critical need for institutional capacity building. The sustainability of the CO is also at risk as the unavailability of any of the permanent staff would seriously jeopardize its ability to perform its functions. The Assistant Representative requires support programme functions while the Admin / Finance Associate needs support to manage the financial, procurement and administrative requirements of the office while maintaining internal controls.

Origin: Evaluation question 3

Evaluation criteria: Efficiency

Associated recommendation: *Strategic level R5*

⁴⁹ UNFPA Strategic Plan 2016 - 2020

Conclusion 5: Although some pockets of good practice exist, coordination and collaboration within the UNCT is weak and not delivering the desired synergies in line with the principles of delivering as one, while building partnerships and mobilizing resources has been inadequate.

Coordination and collaboration within the UNCT is weak and characterised by competition instead of synergies in line with the principles of delivering as one. The communication between them and sharing of knowledge is also less than optimal. Joint work planning and annual review are mechanical exercises that have not resulted in efficiencies of working together. This is the case even within UNDAF outcome groups. Therefore, the assumption that this will work for UNFPA needs to be reviewed. However, opportunities seem to exist for beneficial bilateral relationships with some UN agencies. The building of partnerships and the mobilization of resources has been inadequate, and the CO appear to require significant support in this area to achieve results.

Origin: Evaluation question(s) 3

Evaluation criteria: Efficiency

Associated recommendation: *Strategic level R6*

5.2 Programme Level

Conclusion 6: The one output of the CPD was only partially achieved with limited results in directly reaching or influencing change in serving out of school youth with SRH services and information, and the partial implementation of CSE in the school curriculum.

First, policy advocacy focus had limited results in terms of reaching the adolescents and youth, hence it was appropriate that UNFPA CO responded to the country needs by adopting alternative and innovative approaches. Secondly, reaching out of school youth and adolescents with engagement of CSO and novel approaches such as “Safe Space” and the mobile application “Siththaa” was partially successful. While the Siththa presents opportunity to achieve results in the future, the Safe Space initiative is unsustainable. There is a need to conduct research to identify appropriate methods of reaching out to the youth in the Maldives context so as to inform program interventions targeting this population group. Furthermore, planning of interventions and selection of IPs (including CSOs) need to be discussed with the involvement of the national counterparts. Also, while the integration of CSE in the school curriculum is well positioned to achieve results, there are no concrete plans with timelines for implementation and no adequate analysis of risks and identification of mitigation measures in place.

Origin: Evaluation question(s) 1, 2, and 4

Evaluation criteria: relevance, effectiveness and sustainability

Associated recommendation: *Programme level R7*

Conclusion 7: Maldives is undergoing social change partly defined by increasing cultural and religious sensitivities. This raises the associated question of the relevance of SRH and GE narratives – that is, to what extent they can be packaged so they are culturally relevant without compromising on quality.

The cultural and religious sensitivity to SRH and GE narratives is an issue that cannot be avoided. In some instances, it has limited the space for healthy dialogue on SRH and GE among and with young people as well as with duty bearers. On the other hand, it is important that SRH and GE messages and narratives are effective in communicating the essential information and knowledge that needs to be imparted on the youth and adolescents. A balance need to be found, to ensure culturally relevant but effective communication.

Origin: Evaluation question(s) 1, 2, and 3

Evaluation criteria: effectiveness and efficiency

Associated recommendation: *Programme level 9*

Chapter 6: Recommendations

The following recommendations are focused on what needs to be done during and after the formulation of the next CP and address the conclusions in Chapter 5. They are categorised into strategic levels, (those related to overall relevance, responsiveness, partnerships and collaborations, institutional capacity and sustainability) which are the main emphasis of this evaluation, followed by programme level recommendations.

6.1 Strategic Level

Recommendation 1: Improve the relevance and responsiveness of the 7th CP to the country's needs and priorities, while increasing effectiveness in achieving planned results and enhancing national ownership. This should be achieved through a thorough analysis of the political, social and institutional analysis, and the involvement of key national stakeholders in the formulation, planning and management of the programme.

The next CP should build on a thorough understanding of the country's context through a thorough analysis of the political, social and institutional context and realities of the country. Risks and assumptions should be systematically analysed and mitigation measures against significant risks formulated and built into the programme. The involvement of key stakeholders, especially relevant government agencies and CSOs in the formulation and management of the CP, should be strengthened to improve its relevance, increase effectiveness in achieving planned results and enhancing national ownership. The scope of the next CP should, as far as possible, reflect the country's needs and priorities. Appropriate justification should be made to allow UNFPA to address contextual realities of the country especially institutional capacity building needs.

Priority: High

Target level: CO, APRO

Based on conclusions: 1

Recommendation 2: The 7th CP should be constructed with a sound theory of change, with indicators and targets that allow for effective management for and demonstration of results. While the CP should maintain focus, it should not necessarily be limited in terms of outputs and outcomes.

The CP should be based on sound results chain logic, a thorough understanding of contextual factors including risks and assumptions, and with a results and resources framework that include indicators and targets that will support the management of results and demonstration of performance. The CP should include clear choice of and well thought out strategies and initiatives necessary to achieve planned results. To allow for flexibility and better demonstration of results, the CP should not be limited in terms of outcomes and outputs.

Priority: High

Target level: CO, APRO

Based on conclusions: 1

Recommendation 3: UNFPA should build on its current performance and excel in the production of important knowledge products and its strategic positioning to ensure future added value, relevance and effectiveness.

The knowledge products generated with UNFPA support and the consistent voice of UNFPA on SRH, gender and youth reinforces its relevance and strategic positioning. It should capitalize on this to build partnerships and mobilize resources to play a more profound role in the UNFPA program areas.

In particular, innovative approaches to data collection and analysis initiatives such as Big Data should be promoted with a view to fully institutionalizing these within the Maldives institutions. The building of partnerships should be extended outside Maldives particularly in the area of knowledge management and institutional capacity building.

Priority: High

Target level: CO, APRO

Based on conclusions: 2

Recommendation 4: UNFPA should support the building of the requisite institutional capacities of duty bearers to improve their capacity to implement desired social change. This should be justified and incorporated in the next CP as a key results area within the next wider country's UN Sustainable Development Cooperation Framework (UNSDCF).

UNFPA should incorporate institutional capacity building in the next CP and build its case for additional resources to address this critical priority area. Institutional capacity building should be recognised as a strategic priority in the country's next UNSDCF as it is a key development challenge to achieving the Agenda 2030 for Maldives. This is a big challenge that needs to be addressed with the support of the UN system and other development partners. Desired outcomes can be achieved through in-country interventions but also through pursuing international and south to south partnerships to support institutional capacity building. In country support should include, where possible, technical officer level contractual staff at the national programmes to guide and support implementation of the programme. At the same time, UNFPA should partner with academic institutions, and pursue international and south to south partnerships to support the building of its capacity to deliver courses in UNFPA relevant areas. The capacity strengthening should be focused on building the requisite skills necessary to effectively play the basic institutional roles in line with established mandates. For example, NBS should have adequate number of demographers with necessary expertise to support routine population data collection and analysis. Partners such as UNFPA should provide support for higher level expertise necessary and avoid supporting the performance of basic roles.

However, strengthening of the capacity of national institutions should be done with the support of the UN system in Maldives working together with the wider country's UN Sustainable Development Cooperation Framework (UNSDCF), in collaboration with other bilateral and multi-lateral partners.

Priority: High

Target level: CO, APRO, HQs

Based on conclusions: 3

Recommendation 5: Strengthen the capacity of the CO to deliver results in policy advocacy, knowledge management, building partnerships and resource mobilization, and institutional capacity building and ensure the sustainability of the office.

The program, financial and administrative capacity of the CO should be strengthened to enhance programme effectiveness in policy advocacy and partnerships, financial and administrative efficiency and sustainability.

Priority: High

Target level: CO, APRO, HQs

Based on conclusions: 4

Recommendation 6: In recognition of the lack of synergies within the UNCT, UNFPA should adopt a more realistic assumption on the level reliance on this source for the achievement of results. At the same time, the CO with direct support from the APRO and UNFPA HQs, should pursue partnerships and resource mobilization necessary to effectively play its role in response to the Maldives national priorities and needs.

The lack of synergies and poor coordination and collaboration within the UNCT is a situation that was carried over from the previous CP and the need for improvement acknowledged. The same acknowledgement is documented in the UNDAF final evaluation of 2019. While there are likely to be efforts to improve this situation, the realistic assumption is that this will not materialize to benefit the UNFPA programme soon. Additional support in resource mobilization and partnership building should be provided to the CO by APRO and the UNFPA HQs.

Priority: High

Target level: CO, APRO, HQs

Based on conclusions: 5

6.2 Programme Level

Recommendation 7: UNFPA should support national institutions to pursue more effective strategies for reaching youth, specifically out of school with SRH services and information and implement youth friendly SRH services.

The UNFPA should hold in-depth discussion with government and CSO partners to identify innovative interventions and methods to reach out-of-school youth. These discussions should be informed by relevant target audience research and approaches relevant to reach the out-of-school youth including communication strategies. Discussions with stakeholders should focus on the delivery model for youth friendly services at government health facilities and through CSOs to ensure effectiveness and sustainability. To support the provision of SRH information, the programme needs to explore new partners such as higher education institutes (colleges and universities) to expand the reach. In addition, the mobile application Siththaa could be enhanced with more youth friendly and attractive features while ensuring satisfactory performance and back end support.

Priority: High

Target level: CO

Based on conclusions: 6

Recommendation 8: UNFPA should advocate and support the government in coming up with detailed plans with clear implementation timelines and risk mitigation measures to implement CSE in the school curriculum.

The CO should advocate and support the government to come up with an implementation plan with clear timelines for the integration of CSE in the school curriculum. The CO should further support implementation of interventions targeted to empower teacher educators and teachers. This could include, supporting face-to-face training sessions using local facilitators (CSO and government) and religious scholars. An alternative strategy for delivery of the CSE component for Key stages 4 and 5 through formal CSO partnerships needs to be explored to enable implementation of CSE for school-based youth, while teacher capacity is being perused.

Priority: High

Target level: CO

Based on conclusions: 6

Recommendation 9: UNFPA should provide stewardship for systematic conversation involving key stakeholders and experts on the issue of balancing between the quality of SRH and GE information that is relevant to the cultural / religious context of the country.

The cultural and religious sensitivity to SRH and GE narratives is an issue that should be discussed with stakeholders and experts (local and external religious scholars) who appreciate the need for effective communication and cultural / religious sensibilities in SRH and GE. The results should be knowledge products and guidelines that assist in the packaging of SRH and GE information in ways

that minimize resistance while promoting understanding as well as appropriate delivery methods for SRH components of the curriculum in-school and GE components targeted at duty bearers.

Priority: High

Target level: CO, APRO

Based on conclusions: 7

ANNEXES

Annex 1 Terms of Reference

TERMS OF REFERENCE FOR THE EVALUATION OF THE UNITED NATIONS POPULATION FUND (UNFPA) 6TH COUNTRY PROGRAMME OF SUPPORT TO THE GOVERNMENT OF MALDIVES (2016-2020)

1. INTRODUCTION

In 2017, UNFPA Maldives will conduct an independent evaluation of its 6th Country Programme of Assistance to the Government of Maldives (2016-2020), in accordance with UNFPA 2013 Evaluation Policy.

In line with the Evaluation Policy, this evaluation will serve the following purposes: demonstrate accountability to stakeholders on the contribution of 6th CP to agreed results, generate evidence and lessons to support evidence-based programming in UNFPA, and provide necessary evidence to design UNFPA's 7th Country Programme of Support. The evaluation results will also feed into the ongoing assessment of the UNDAF in the Maldives.

This will be an external, independent exercise conducted by an independent Evaluation Team in accordance with UNFPA guidance on Country Programme Evaluations, ethical norms and UNEG standards. The CPE will be managed by the CO in close collaboration with the Regional Monitoring and Evaluation Advisor at the Asia-Pacific Regional Office (APRO).

The primary users of CPE will be decision-makers in UNFPA (at country office and relevant regional and global units), the Executive Board and counterparts in the Government of Maldives as well as other implementing partners.

These Terms of Reference (ToR) set out the details of the evaluation process, methodology, outputs and management arrangements, including quality assurance mechanisms.

2. CONTEXT

National Context

Maldives is an archipelago consisting of 1192 coral islands that form a chain stretching 820 km in the Indian Ocean. Only 187 islands are inhabited. Additional 400 islands operate resorts exclusively for tourism. The resident population for 2018 is estimated at 512,038 out of which 366,176 are Maldivian nationals and 145,862 are foreign nationals⁵⁰. Male comprise of 38% of inhabitants and more than 60% of islands have less than 1000 residents. The country has experienced rapid economic growth in recent years and is currently classified as an upper middle-income country with the per capita Gross Domestic Product (GDP) increased from US\$7,660 in 2013 to \$9,088 in 2017⁵¹.

Several development achievements were made. However, the Gender Inequality Index ranking slipped down from 52nd in 2011 to 76th in 2017 down to low rates of political participation of women and the female labour force participation and increase in maternal deaths.

The population dynamics has changed over the past decades. Currently 33 percent of the population are children under 18. Nineteen percent are young people aged between 15 to 24 years. Fifty-four percent of the labour force comprise of young people between 18 to 34 years⁵². The Total Fertility rate has declined from 6.40 children per woman in 1990 to 2.54 children in 2014 and 2.1 children in

⁵⁰ Maldives Population Projections 2014-2054

⁵¹ MTR APPC Country Report, 2018

⁵² Thematic Analysis on Youth in the Maldives based on 2014 Population and Housing Census data

2016⁵³. It is estimated that the TFR will further decrease to 1.9 by 2050. On the other hand, the overall contraceptive prevalence rate for all methods amongst married women appears to have decreased from 35% in 2009 to 19% in 2016, and unmet need appears to have increased during the same period from 29% in 2009, to 31% in 2016⁵⁴.

Around 9% of the GDP is allocated to health, mostly towards curative care with only a mere 1.1% allocated to public health. Maldives Health Master Plan (2016-2025) and the National Reproductive Health Strategy (2014-2018) recognizes the need to strengthen the sexual and reproductive health services. Family planning services are accessible throughout the country for married couples. Life Skills Education programmes were conducted through the schools. Despite the development of National Standards for Adolescent and Youth Friendly Health Services, and the piloting of AYPHS in several parts of the country, the availability of AYPHS remains very limited (NRHS Review).

While there are likely to be many reasons why contraceptive use has significantly decreased in recent years, this is likely to be at least in part due to increasing conservatism, the split between clinical and public health services, and the de-prioritization and decreased funding for public health services, including family planning.

6TH COUNTRY PROGRAMME OF UNFPA SUPPORT TO THE MALDIVES

UNFPA country programme was developed based on the thematic evaluation on SRH situation in Maldives. No Theory of Change exists for the UNFPA 6th Country Program (CP). The programme duration was set to five years (2016 to 2020) to harmonize with the UN Development Assistance Framework (UNDAF 2016-2020). The country programme was approved at the 2015 September session of the Board. The CP's overall objective is in line with the UNFPA Strategic Plan (2014-2017), which aimed to increased accountability and responsiveness of duty bearers in Maldives to young people's right to reproductive health information and services, please refer to the country programme document (2016-2020) in the Annex.

Maldives is classified as a "pink" country with the main programme modality being advocacy and policy engagement. Maldives is also a Delivering as One (DAO) country. This means the programme implementation adhered the UNDG Guidelines with the UN Country Team by formulating the Joint Work Plans (JWP) with the government. Most of UNFPA support were included in the Youth and Children and Gender Joint Work plans. The Youth and Children JWP is led by UNICEF while the Gender JWP is led by UNFPA.

The first three years was thus characterized by a difficult period adjusting between a donor and a partner to support policy advocacy efforts whereby the regular work plan signing was absent. Alongside regular partners, UNFPA maintained Society for Health Education (SHE) to advocate and pilot SRH information services to out-of-school young people using innovative ways of reaching them. In addition, UNFPA explored private sector partnerships to strengthen SDG monitoring efforts through big data.

Maldives embraced a one output Country Programme to focus its interventions to young people's universal access to reproductive health information and services. However, with the absence of a national development plan, it was challenging to gauge the national priorities to draw from whilst achieving the CPD target. While the policy and legal framework are conducive to achieving the country programme, and commitment to expand youth services remained on paper, the progress towards achieving the output has been slow. In addition, the progress made by the CPD on strengthening the evidence base is not reflected in the monitoring tools. Hence, a midterm strategic re-positioning exercise was held jointly with UNICEF with support from the UNFPA regional office to

⁵³ Household Income and Expenditure Survey, 2016

⁵⁴ Maldives Demographic and Health Survey, 2016

make the linkages between the CPD and ICPD particularly in the context of Agenda 2030 clear with revised and additional indicators.

3. OBJECTIVES AND SCOPE OF THE EVALUATION

The overall objectives of the CPE are: (i) an enhanced accountability of UNFPA and the Maldives country office for the relevance and performance of its country programme, and (ii) a broadened evidence-base for the design of the next programming cycle. The specific objectives of CPE are:

- a) provide an independent assessment of the progress of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme;
- b) provide an assessment of the CO's strategic positioning within the development community and national partners, in view of its ability to respond to national needs while adding value to the country development results; and
- c) draw key lessons from past and current cooperation and provide a set of clear and forward looking options leading to strategic and actionable recommendations for the next programming cycle.

The CPE will cover the time period 2016 up to the first half of 2019 and will include all initiatives under the 6th CP planned and/or implemented during this period. Most of the programme is policy based and anchored in Male. The exception was the interventions related to Youth Safe Spaces where were conducted in atolls (Haa Alifu, Noonu, Kaafu, Lhaviyani, Gaafu Alifu, Fuvamulah). Besides the assessment of the intended results of the programme, the CPE will identify key unintended effects. To complement the assessment of the programme components, the evaluation team will also review the managerial, operational (e.g. financial, administration, procurement) and monitoring and evaluation systems and structures of the CO.

4. EVALUATION CRITERIA AND PRELIMINARY EVALUATION QUESTIONS

The CPE will analyze the programmatic areas and the strategic positioning of UNFPA within UNDAF. The assessment of programmatic areas will follow the OECD DAC criteria of relevance, effectiveness, efficiency and sustainability. The strategic position analysis will look at how well UNFPA contributed to the coordination of the activities under UNDAF and its value addition. Indicative evaluation questions are proposed for each criterion. The evaluation team will select and further refine a maximum of eight to ten evaluation questions in the design report. The Consultant can propose new questions as relevant to the country context:

Relevance

- a) To what extent has UNFPA ensured that the sexual and reproductive health and other needs of young people (including adolescents) have been integrated in the planning and implementation of all UNFPA supported interventions under the country programme?
- b) To what extent has the CO been able to respond to changes or to shifts caused by crisis or major political change? What was the quality of the response?

Effectiveness

- a) To what extent have the 6th CP outputs been achieved, and to what extent have these outputs contributed to the achievement of the 6th CP outcomes?
- b) To what extent has UNFPA made good use of its comparative strengths to add value to the development results of the Maldives?

Sustainability

- a) To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in the programme country?

- b) To what extent has UNFPA been able to support its partners and target populations in developing capacities and establishing mechanisms to ensure ownership and durability of effects of the 6th CP interventions?
- c) To what extent has the CO established, maintained and leveraged different types of partnerships to ensure that UNFPA can make use of its comparative strengths to achieve all country programme outcomes?

Efficiency

- a) To what extent has the CO made good use of its human, financial, technical and administrative resources, and has used an appropriate combination of tools and approaches to pursue the achievement of 6th CP outcomes in a timely manner?

UN Country Team Coordination

- a) To what extent did UNFPA Maldives support and strengthen the DAO processes?
- b) What is the main UNFPA added value in the country context as perceived by national stakeholders?

5. METHODOLOGY AND APPROACH

The evaluation will be guided by the following standards, among others: Integrating Human Rights and Gender Equality in Evaluation, UNEG Norms and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation (<http://www.unevaluation.org/document/detail/102>). The evaluation will be transparent, inclusive, and participatory, as well as gender and human rights responsive. It will employ quantitative and qualitative methods as necessary. The evaluation will seek and utilize data disaggregated by age, gender, vulnerable groups, etc., to ensure findings that are gender reflective and targeted.

Primary data will be collected through relevant key informant interviews, as appropriate, to measure the achievement of the planned results.

Secondary data will be collected through desk reviews of existing literatures, programme documents, work plans, budgets, progress reports, databases, and various researches conducted by implementing partners.

Stakeholder Participation: The evaluation will adopt an inclusive approach, involving a broad range of partners and stakeholders. The evaluation consultant will refine and finalize the stakeholders mapping initially provided by the CO in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area). These stakeholders may include representatives from the government, nongovernmental organizations, private sector, other UN and multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

Validation. All evaluation findings should be supported with evidence. The evaluation team will use a variety of validation mechanisms to ensure quality of data collected. Data must be triangulated across sources and methods. The evaluation team will validate the data with key stakeholders and ensure that there are no factual errors or errors of interpretation and no missing evidence that could materially change the findings.

6. EVALUATION PROCESS

The evaluation will involve the following phases:

a. Design Phase

This phase will include:

- A desk review of all relevant documents available at UNFPA HQ and CO levels regarding the country programme for the period being examined (2016 up to first half of 2019);
- Stakeholder mapping– the evaluation consultant will prepare a map of stakeholders relevant to the evaluation and the strength of relationship to the programme. The map will cover state, civil society and other development actors, including UN sister agencies and other donors;
- Reconstructing the intervention logic of the programme – revisit the theory of change and results and resources framework meant to lead from planned activities to the intended results of the programme;
- Developing the Evaluation Matrix: Finalize the list of evaluation questions, identify related assumptions and indicators to be assessed, and data sources (using the template and example provided in the UNFPA Country Programme Evaluation Handbook);
- Developing a concrete work plan for the field phase along with clear delineation of the roles and responsibilities of team members; and
- Finalizing an approved design report. A design report will be produced in accordance to the UNFPA CPE Guidance that is quality assured by the Evaluation Reference Group and approved by the country office.

b. Field Phase

Two weeks will be allocated to conduct interviews and desk review to answer the evaluation questions. At the end of the field phase, the consultant will conduct a validation workshop to present to all key stakeholders the analysis and emerging findings of the evaluation in an effort to validate these.

c. Synthesis Phase

The draft evaluation report will be submitted to the Evaluation Reference Group (ERG – the details about the Group is described on page 7) for formal review and comments. The comments from the ERG will be addressed by the evaluation consultant in revising the draft final report with an audit trail of response to comments provided. The process will continue until the ERG determines that the report meets the required quality standards.

The country office will convene an **in-country dissemination workshop** attended by the CO as well as key programme stakeholders (including key national counterparts) to share the findings, conclusions and recommendations of the Report. This workshop will provide an opportunity to validate the factual content of the report and broaden the ownership of the evaluation findings and way forward.

The CPE report will be deemed final after being cleared by the ERG. The final CPE report will be submitted to EO for quality assessment. To assist the QA process, the CO will work closely with the APRO M&E Advisor to prepare a draft Evaluation Quality Assessment (EQA) of the CPE and submit it along with the main report.

d. Management Response, Dissemination and Follow Up

The management of the CO will provide management response to each evaluation recommendation. APRO will quality assure the response. The final response will be uploaded in the corporate tracking system within six weeks of CPE submission. The CO will be responsible for periodically updating the status of implementing the management response. The CO senior management will be responsible for ensuring that the lessons and evidence emerging from the CPE fully informs the design of the 7th CP.

A dissemination strategy will be in place to share findings and lessons internally within UNFPA and externally. The evaluation and the management response will be posted on the CO website within six weeks of CPE submission.

7. EXPECTED OUTPUTS

The evaluation team will produce the following deliverables:

- a) A **design report** (following the attached outline) including (as a minimum):
 - Stakeholder map;
 - Evaluation Matrix (including final list of evaluation questions and indicators);
 - Overall evaluation design and methodology, including a detailed description of the data collection plan for the field phase;
 - Roles and responsibilities of the team members and a work plan;
- b) A **debriefing presentation document** synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the CO and ERG during the debriefing meeting foreseen at the end of the field phase;
- c) A **draft evaluation report** (followed by a **second draft**, taking into account potential comments from the evaluation reference group);
- d) A **presentation of the results** of the evaluation for the dissemination workshop;
- e) A final **report**, based on comments expressed during the dissemination workshop, and all collected data; and
- f) an Evaluation **Brief**, a two-page summary of key evaluation findings/ conclusions/ recommendations of the final CPE report.

All deliverables will be drafted in English and shall follow the structure and detailed outlines in the Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA.

8. WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES

Phase	Activity / Milestone	Jun	Jul	Aug	Sept	Oct	Nov	Resp Unit
Design	Pre-evaluation briefings with the evaluation team (ET) on 6 th CPE expectations and requirements	Wk 2						Programmes and operations team. Evaluation Manager (EM)
	Desk review of secondary data and information for the development of the CPE design report	Wk 2						ET
	Draft and submit CPE design report to the CO/Evaluation Reference Group (ERG)	Wk 3						ET
Field	ET briefing, presentation, and approval of design report (including data collection tools and field work plan)		Wks 2					ERG, EM, UNFPA CO, ET
	Desk review and key informant interviews		Wks 3					ET
	Debrief at the CO		Wk 4					ET
Reporting	Preparation and submission of first draft evaluation report		Wk 4	Wks 1-2				ET
	Feedback based on quality assurance of the first draft evaluation report by the ERG, CO, APRO M&E Advisor			Wks 4				ERG, EM, UNFPA CO, APRO M&E Advisor
	Preparation and submission of the second draft evaluation report				Wks 1-2			ET

	Presentation and validation of the evaluation reports in an in-country dissemination workshop				Wk 4			ET, UNFPA CO, EM, ERG
	Preparation and submission of the final evaluation report based on the comments expressed during the dissemination workshop, and all collected data				Wk 4			ET
	Review of the final evaluation report using the EQA Grid and submission of the final report and draft EQA to EO					Wk 2		ERG (for review and acceptance of final report) EM, APRO M&E Advisor (for review of final report and preparation of draft EQA)
Dissemination and follow up	Preparation / submission to APRO of CO Management Response to Evaluation Recommendations						Wk 1	CO Management, UNFPA Programmes and Operations Teams, EM
	Quality assessment of the CO Management Response						Wk 2	APRO
	National level dissemination of CPE findings						Wk 3	UNFPA CO, EM

9. COMPOSITION OF THE EVALUATION TEAM

The evaluation will be conducted by an independent two-member evaluation team composed of an International Consultant/Evaluation Team Leader and a National Consultant.

The Evaluation Team Leader will have the overall responsibility during all phases of the evaluation to ensure the timely completion and high quality of the evaluation processes, methodologies, and outputs. In close collaboration with national consultant, she/he will lead the design of the evaluation, guide the methodology and application of the data collection instruments, and lead the consultations with stakeholders. At the reporting phase, she/he is responsible for putting together the draft evaluation report, based on inputs from other evaluation team members, and in finalizing the report based on inputs from the ERG and stakeholders.

Qualifications, Experience and Competencies of the Evaluation Team Leader (International Consultant)

- An advanced degree in social sciences, political science, economics, statistics, programme management, monitoring and evaluation, or related fields;
- Familiarity with the UNFPA or UN mandates and operations is essential;
- Significant knowledge of and professional experience (minimum 7 years) in leading and conducting programme evaluations in the field of development assistance of UN agencies and/or other international organizations; Prior experience in leading UNFPA CPEs is highly desirable.
- Familiarity with the region is essential, and experience with small islands is an advantage
- Substantive knowledge and experience in one of the programmatic areas covered by the evaluation (SRH and rights, population and development, adolescent sexual and reproductive health [ASRH]);
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication, and reporting skills; and
- Fluency in English.

The National Consultant will primarily be responsible for calibrating an understanding of the country specific situation in the development setting. She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report. S/He will also provide the complementary thematic expertise required for the evaluation.

Qualifications, Experience and Competencies of the National Consultant

- An advanced degree in public health, social sciences, political science, economics, statistics or related fields;
- Substantive knowledge of and professional experience (minimum 3 years) in reproductive health, including ASRH, cross-cutting themes such as youth and gender
- Significant knowledge and experience in programming or programme evaluations in the field of development aid for UN agencies and/or other international organizations;
- Good knowledge of the national development context and fluency in English and Dhivehi;
- Familiarity with UNFPA or UN mandates and operations will be an advantage;
- Strong inter-personal skills and ability to work with multi-cultural, multi-disciplinary teams;
- Proven drafting skills in English; and
- Ability to work in a team.

Indicative Allocation of Working Days per Evaluation Team Member

Evaluation team member	Design Phase	Field Phase	Reporting Phase	Total person days required
Team Leader	5 (excluding travel days)	15 (excluding travel days)	15 (excluding travel days)	35
National Consultant	5	15	10	30
Total	10	30	25	65

REMUNERATION AND DURATION OF CONTRACT

Guided by Sections 9 and 10 above, workdays will be distributed between the date of signature and the approval of the submitted final report. The fee to be paid to the evaluation team shall cover professional fees. Payment of the fees will be based on the delivery of outputs, as follows:

- a) Upon CO acceptance of the design report 20%
- b) Upon CO acceptance (after clearance by ERG) of the draft final evaluation report to be used in the dissemination workshop 40%
- c) Upon CO acceptance (after clearance by ERG) of the final evaluation report 40%

10. MANAGEMENT OF EVALUATION

Evaluation Reference Group

This evaluation is an independent evaluation. While every effort will be made to protect the independence of the evaluation processes, analysis and reporting, it is also necessary to ensure quality standards are met by the evaluation. To avoid conflict of interest and protect the independence of the evaluation, quality assurance of the evaluation will be entrusted to the Evaluation Reference Group. This group comprises of external group of stakeholders (national government, civil society, multilateral and bilateral donors, sister UN agencies and UNFPA APRO) and will consist of the following members, subject to confirmation and availability:

1. Representative, National Bureau of Statistics (NBS)
2. Representative, Health Protection Agency (HPA)
3. Representative from Civil Society Organizations (CSOs)
4. Representative, UNDAF Technical Group (UNTG)

5. Regional M&E Advisor, APRO UNFPA

The ERG is expected to convene by the Evaluation Manager at least three times during the evaluation to ensure the milestones are achieved and has the following specific responsibilities:

- a) Provide inputs to the ToR as necessary;
- b) Facilitate implementation of the evaluation, particularly during field work (enabling access to key informants, documents, mapping stakeholders, etc.);
- c) Feedback on the quality of evaluation products and processes; and
- d) Broaden the ownership of the evaluation and facilitate broader dissemination of the findings.

The Assistant Representative will serve as **UNFPA's Evaluation Manager** and will:

- a) Lead the development of the CPE ToR and the preparation of the management response to the evaluation;
- b) Facilitate access to background documents and to key informants during data gathering;
- c) Lead the process of putting together the ERG;
- d) Coordinate the quality assurance process for the evaluation products and processes: ToR, Design Report, Evaluation Report, sampling strategy, validation methods, etc.;
- e) Serve as the CO focal point for APRO, EO and relevant HQ Units;
- f) Coordinate and convene the ERG meetings;
- g) Manage the evaluation budget;
- h) Ensure logistical and administrative support to the evaluation team;
- i) Upload the evaluation ToR, final report, and EQA grid into UNFPA's evaluation database webpage and the CO website; and
- j) Upload on a quarterly basis the implementation status of management response.

The CO Evaluation Manager will be the convener of the ERG and will coordinate and facilitate communications between the evaluation team and the ERG. The ERG team will meet to discuss the ToR of the evaluation, the design report and debriefing after the evaluation fieldwork. Other consultations or requests for inputs from the ERG will be through e-mail communications.

The **UNFPA APRO M&E Adviser** will provide guidance and quality assurance as needed throughout the evaluation process.

The **UNFPA Evaluation Office** will approve the final ToR as well as prequalify the evaluation team. The EO will provide the final Evaluation Quality Assessment of the CPE.

The **UNFPA CO** will provide the necessary documents and reports and refer the team to web-based material or relevant official databases. The CO management and staff will make themselves available for interviews and provide technical assistance, as appropriate. The CO will provide necessary logistical support in terms of providing spaces for the meetings, assist in making the appointments and arranging travels and site visits, when necessary. The CO will assist the evaluation team in preparing and facilitating discussions at the field level. Use of office space will be provided as needed.

ETHICAL CONSIDERATIONS

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

11. EVALUATION AUDIENCE

The primary users of CPE will be decision-makers in UNFPA (at country office and relevant regional and global units), the Executive Board and counterparts in the Government of Maldives as well as other implementing partners.

12. BIBLIOGRAPHY

- a) Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA (Independent Evaluation Office, Feb 2019) <https://www.unfpa.org/EvaluationHandbook>
- b) 2012-2013 New Business Plan and UNFPA Strategic Plan 2014-2017 and SP 2018-2021
- c) Country Office Annual Reports (2016-2018), Joint Work Plans (2016-2018)
- d) UNDAF document (2016-2020) and Strategic Focus Areas (2016-2018)
- e) <http://www.unfpa.org.ph/index.php>
- f) 2016 National Demographic and Health Survey (NDHS)
- g) Mid Term Exercise on the Strategic Re-Positioning of the UNFPA Maldives 6th CP
- h) SIS Annual Reports 2016, 2017, 2018
- i) Evaluation of UNFPA support to adolescents and youth 2008-2015

13. ANNEXES

- A. UNEG/UNFPA Ethical Code of Conduct for Evaluations
- B. List of Atlas Projects for the period under evaluation
- C. A list of stakeholders by areas of intervention
- D. A short outline of the Design Report and final Evaluation Reports
- E. A Template for the Evaluation Matrix
- F. Evaluation Quality Assessment (EQA) Template and explanatory note
- G. Management response template
- H. United Nations-approved editing guidelines
- I. 6th Country Programme Document (2016-2020)
- J. Shifts in Implementation Context during the 6th CP

Annex 2 List of persons / institutions met

#	Full Name	Organization	Designation
1	Aishath Samiya	Ministry of Health	Deputy Director General
3	Maimoona Aboobakur	Ministry of Health	Director General
4	Abdul Hameed	Ministry of Health	Programme Manager HIV/AIDS/TB
5	Dr.Sushil Pants	WHO	Medical officer
6	Fathimath Huda	WHO	National Professional Officer (Planning & Programme Management)
7	Dr. Jumailath Beygum	Medica Clinic	RH Steering Committee Member
8	Dr. Sheeza Ali	Individual	Former DGHS
10	Ahmed Rafiu	National Institute of Education, Ministry of Education	Education Development Coordinator, Curriculum Development
11	Fathimath Azza	Ministry of Education	Director General
12	Aishath Shaheen	Maldives National University	Vice Chancellor
13	Fazeela Waheed	Maldives National University	Dean, Faculty of Health Sciences
14	Aishath Shahuda	National Bureau of Statistics	Chief Statistician
15	Fathimath Riyaza	National Bureau of Statistics	Deputy Statistician
16	Ashiyath Shazna	National Bureau of Statistics	Statistician
17	Saudath Afeef	Ministry of Youth, sport and community empowerment	Director
18	Zifleena Hassan	Ministry of Gender and family (Gender programme)	Deputy Minister
19	Shirani Naeem	Ministry of Gender , Family and Social services	Deputy Director General
20	Aishath Saadh	Ministry of National Planning and Infrastructure	Deputy Director General, National Planning and SDGs Coordination Division
21	Maryam Jabyn	Individual	Former State Minister of Gender
22	Fazna Shakir	Society for Health Education	State Minister, MOGFSS/ Former CEO SHE
23	Ahmed Shafeeu	Society for Health Education	Chief Executive Officer
24	Aishath Azlifa	Society for Health Education	Director, SRH Department
25	Munir Safieldin	UNICEF	Representative
26	Mohamed Naeem	UNICEF	Programme Specialist (Child Protection, Gender and Child Rights)
27	Aishath Shahula	UNICEF	Programme Specialist (Health, Nutrition, HIV/AIDS Prevention)
29	Aishath Rizna	UNDP	Assistant Resident Representative (Democratic Governance & Peacebuilding)
30	Shamha Naseer	UNDP	Programme Analyst - Governance Programmes
31	Fathimath Zuhana	UN Women	Programme Analyst

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32	Aminath Eenas	Human Rights Commission of Maldives	President
33	Aishath Aneesa	Hope for Women	Co-Founder
34	Niumath Shafeeg	Girl Guide Association of Maldives	Commissioner
35	Amaany Ali Saeed	Individual (F)	Safe Space beneficiary
36	Aminath Jabeen	Individual (F)	Safe Space beneficiary
37	Saifulla Waleed	Individual (M)	Safe Space beneficiary
38	Maya Mauroof	Individual (F)	Safe Space beneficiary
39	Hawwa Maldha	Individual (F)	Safe Space beneficiary
40	Afa Hussain	Individual (F)	Safe Space beneficiary
41	Aftheem Ibrahim	Individual (M)	Safe Space beneficiary
42	Maziya Haleem	Individual	Young Social Change Leader, UNFPA (Former)
43	Ritsu Nacken	UNFPA Sri Lanka & Maldives	Country Director for Sri Lanka and Maldives
44	Shadiya Ibrahim	UNFPA Maldives	Head of Office a.i.
45	Mohamed Haneef	UNFPA Maldives	National Admin & Finance Associate
46	Ahmed Shaam	UNFPA Maldives	Programme Associate
47	Fathimath RIshana	UNFPA Maldives	Humanitarian Coordinator
48	Jadulla Thaufeeq	UNFPA Maldives	Communications & Strategic Partnerships Analyst

Annex 3 List of documents consulted

- Ali S (2017). *Sexual and reproductive health and rights in Maldives: Policy brief*. UNFPA: Maldives
- Attorney General's office (2016). *National human rights framework*. Attorney General's office and United Nations: Maldives.
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International Conference on Population and Development (ICPD) 25+. Author: Maldives

Ormonbekova, L (2017). Study on access to health services by domestic violence victims in the Maldives. Hope for Women: Maldives

Society for Health Education (SHE) and Asia Pacific Resource and Research Centre for Women (ARROW) (2016). *Perceptions of Islam and sexual and reproductive health and rights in the Maldives*. Author: Sri Lanka

The People's Majlis (2016). *Gender Equality Act 18/2016*. Maldives Government Gazette: Maldives

The World Bank (2014). *Youth in the Maldives: Shaping a new future for young women and men through engagement and empowerment*: Author: Sri Lanka

UNDP (2011). *Women in public life in the Maldives: Situation analysis*. Author: Maldives

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UN ESCAP (2017). *Review of national Statistical System of Maldives*.

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Country Programme documents.

- Atlas list of projects, budgets and expenditure
- Annual joint work plans (2016, 2017 and 2018)
- Implementing Partners' Annual Work Plans
- Monitoring plan updates ((2016, 2017 and 2018)
- Annual standard progress reports for each AWP
- Country Office Annual Reports (COARs)
- Annual review reports
- Implementing Partner Project Completion Reports
- NEX Audit Reports
- Internal Audit reports

Annex 4: Evaluation Matrix

RELEVANCE AND RESPONSIVENESS			
EQ1:			
c. To what extent is the country programme (i) aligned with: ICPD, SDGs; the UNFPA Strategic Plans (2014-2017 and 2018-2021); UNDAF; national laws, policies, needs and stakeholder priorities? (ii) Addressing the needs of the population, including the vulnerable and marginalized groups and those furthest left behind?			
d. How well has the CO responded to changes in national needs and priorities or major political shifts?			
Assumptions	Indicators	Sources of information	Methods and tools for the data
Assumption 1: The CP is aligned with ICPD, UNFPA Strategic Plan; UNDAF; SDGs; and the needs of the country and its population, particularly vulnerable groups, were taken into account in the 6 th CP.	<ul style="list-style-type: none"> • CP and AWP is consistent with UNDAF, ICPD, SDGs and the UNFPA Strategic Plan • Evidence of systematic identification of the needs of the country and its population, especially those of the most vulnerable and marginalized groups prior to the programming of the components of the CP. • The selection of the target groups for UNFPA supported interventions is consistent with the identified needs as well as national priorities (as reflected in the Maldives Government policies) in the CPD and the AWP • The extent to which the interventions in the CPD and AWP were focused on the most vulnerable and marginalized and those most left behind. 	<ul style="list-style-type: none"> • ICPD POA, SDG reports, UNFPA Strategic Plans (2014-2017 and 2018 – 2021), UNDAF 2016-2020, 6th CPD, AWP, Atlas list of projects • National policies/strategy documents (e.g. Population, Gender, Adolescent Sexual and Reproductive Health Policies), • Implementing partners • Representatives of relevant government agencies • UNFPA CO staff • Beneficiaries • NGOs working in the same mandate area as UNFPA but not 	<ul style="list-style-type: none"> • Document review • KI interviews • Group discussions • Focus Group Discussions

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<p>Assumption 2: The CO considered the recommendations and lessons learned from the 5th CP</p>	<ul style="list-style-type: none"> • CP reflects the recommendations of the evaluation of 5th CP. 	<ul style="list-style-type: none"> • 6th CPD • Evaluation of access to high quality sexual and reproductive health services and information in the Maldives – 5th CP 2014 • UNFPA CO staff 	<ul style="list-style-type: none"> • Document review • KI interviews
<p>Assumption 3: The CO has been able adequately to respond to changes in needs and priorities, and to specific requests from the country counterparts.</p>	<ul style="list-style-type: none"> • The speed and timeliness of response (response capacity) • Adequacy of the response (quality of the response) • Evidence of changes in programme design or interventions reflecting changes in needs of the population and priorities of GOM and stakeholders 	<ul style="list-style-type: none"> • AWP • Atlas list of projects • COARs • Mid-Term Exercise on the Strategic Re-Positioning of the 6th CP • UNFPA Maldives 6th CP • CO staff • UNCTs 	<ul style="list-style-type: none"> • Document review • KI interviews
<p>Assumption 4: The CO brings comparative advantage and has added value to the key stakeholders and to the results in its focus areas compared with what would have been achieved without it.</p>	<ul style="list-style-type: none"> • Extent to which CO contributed to finance and/or technical support to GOM and IPs that would not otherwise have been available for each programme area 	<ul style="list-style-type: none"> • AWP and APR • Office typology and skill areas of staff • CO staff • GOM and key partners 	<ul style="list-style-type: none"> • Document review • KI interviews •

EFFECTIVENESS

EQ2 :

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? How adequate was the theory of change underlying the results chain logic?
- b. To what extent has the programme integrated the cross-cutting issues of gender and human rights based approaches?
- c. Were there any unforeseen consequences of the UNFPA programme?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>Assumption 1: The UNFPA CP planned output was successfully achieved and contributed to the outcome results across all thematic areas, with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results</p>	<ul style="list-style-type: none"> • Extent to which M&E of programme achievements indicate timely meeting of outputs • Extent to which inputs in the CP are likely to have contributed to outcomes (assess underlying theory of change) • The extent to which outputs in the CP and RRF are likely to have contributed to outcome results 	<ul style="list-style-type: none"> • M&E documentation • AWP and APRs • Review of the NRHS 2018 • Relevant programme, project and institutional reports of stakeholders • CO staff • GOM, IPs and beneficiaries 	<ul style="list-style-type: none"> • Document review • KI interviews • Focus group discussions with beneficiaries • Observation at facilities

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<p>Assumption 2: The cross-cutting issues of gender and a rights-based approach are clearly apparent in the implementation of the CP</p>	<ul style="list-style-type: none"> • Evidence of the integration of gender and a rights based approach within the planning, programme and project documents of UNFPA • Evidence of the integration of gender and a rights based approach provided by KIs and beneficiaries • Evidence of increased incorporation during the 6th CP of gender and a human rights approach in national policies, strategies and plans at national and county levels developed during this period and in IP programmes and projects. 	<ul style="list-style-type: none"> • AWP and APRs • CO staff • GOM and key partners • Key government policies, strategies and plans at national and atoll levels related to adolescents and youth • IP progress reports • Beneficiaries 	<ul style="list-style-type: none"> • Document review • KI interviews • Focus Group Discussions with beneficiaries
<p>Assumption 3: Any unforeseen consequences of the CP have been documented and, where necessary, amendments to the CP are implemented or planned</p>	<ul style="list-style-type: none"> • Evidence of unforeseen consequences in programme and project reports and assessments • Evidence of unforeseen consequences provided by KIs and/or beneficiaries 	<ul style="list-style-type: none"> • AWP and APRs • CO staff • GOM and key stakeholders 	<ul style="list-style-type: none"> • Document review • KI interviews • Focus Group Discussions with beneficiaries

EFFICIENCY AND UN COUNTRY TEAM COORDINATION

EQ3:

- a. To what extent has UNFPA made good use of its human, financial, technical administrative resources to pursue the achievement of the outputs and outcomes defined in the country programme?
- b. To what extent are results effectively and efficiently measured and contributing to accountability in programming?
- c. How effectively does the CO coordinate with other UN agencies to deliver as one, particularly in areas of potential overlap?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1: Implementing partners received UNFPA financial and technical support as planned and in a timely manner	<ul style="list-style-type: none"> • The financial resources were received to the level planned in the AWP and in a timely manner • Quality technical assistance to build capacity was available to the level planned • Evidence that technical assistance increased capacity among recipient stakeholders 	<ul style="list-style-type: none"> • AWP and APRs and IP, GOM reports • CO financial reports • CO, GOM and IP staff • Beneficiaries 	<ul style="list-style-type: none"> • Document review • KI interviews • Focus Group Discussions with beneficiaries
Assumption 2: Administrative, procurement and financial procedures as well as the mix of implementation modalities led to efficient execution of programme activities.	<ul style="list-style-type: none"> • Appropriateness of UNFPA administrative, procurement and financial procedures • Appropriateness of IP selection criteria • Evidence of successful capacity building initiatives 	<ul style="list-style-type: none"> • AWP • COARs • CO staff • GOM and key partners 	<ul style="list-style-type: none"> • Document review • KI interviews
Assumption 3: The CO M&E system was efficient and effective in documenting progress on the CP and guiding future implementation	<ul style="list-style-type: none"> • Evidence of an effective and efficient M&E system in place • Evidence of clear process in monitoring progress and steering implementation to achieve the outputs 	<ul style="list-style-type: none"> • M&E framework and plan • M&E reports • CO Interviews 	<ul style="list-style-type: none"> • Document review • KI interviews

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<p>Assumption 4: That the CP contributed to effective coordination between IPs</p>	<ul style="list-style-type: none"> Evidence of effective coordination between IPs to which CO contributed Evidence of inter-sectoral institutional mechanisms (e.g. inter-sectoral committees and other such groups/teams) 	<ul style="list-style-type: none"> AWPs, APRs CO, GOM, IP interviews Relevant programme, project and institutional reports of IPs 	<ul style="list-style-type: none"> Document review KI interviews
<p>Assumption 5: UNFPA CO has effectively contributed to the UNCT and its effort to achieve the goal of delivering as one</p>	<ul style="list-style-type: none"> Evidence of roles played by UNFPA in UNCT and active participation in UNCT working groups, and exchange of information Evidence of coordination with between UNCT and relevant government agencies e.g. UNDAF Steering Committee meetings Evidence of joint programming and initiatives 	<ul style="list-style-type: none"> Monitoring and evaluation reports Joint programmes and work plans and reports UNCT and programme specialists in UN agencies Minutes of UNCT meetings Minutes of UNDAF Steering 	<ul style="list-style-type: none"> Document review KI interviews
<p>SUSTAINABILITY</p> <p>EQ4:</p> <p>b. To what extent have UNFPA-supported interventions promoted national ownership and contributed to capacity development in its implementing partners and communities (in terms of policies, increased capacity and budgetary allocation)?</p>			
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for the data collection</p>
<p>Assumption 1: CO has contributed to sustainable capacity development in the GOM and IPs, and among primary beneficiaries</p>	<ul style="list-style-type: none"> Evidence of capacity development initiatives supported by CO and of the likelihood of sustainable results (e.g. staff retention, continued finance, improved quality of service) Evidence of IP resources and capacity to continue and develop relevant programmes and projects Evidence of ongoing benefits after the interventions have ended 	<ul style="list-style-type: none"> AWPs and APRs CO staff GOM and IPs 	<ul style="list-style-type: none"> Document review KI Interviews

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<p>Assumption 2: The CO has contributed to increased national ownership in its programme area, and to relevant national policies, strategies, plans and budgets as well as the incorporation of population dynamics into wider development policies and programming</p>	<ul style="list-style-type: none"> • Evidence of active CO involvement regarding policy, strategy and plan development in its programme areas • Extent of stakeholder involvement regarding policy, strategy and plan development in adolescent and youth related programmes • Evidence in policies, strategies, plans and budgets of increased incorporation of the programme areas of 	<ul style="list-style-type: none"> • AWP and APRs • National, sectoral and county policies, plans, budgets and reports • GoM and IP staff 	<ul style="list-style-type: none"> • Document review • KI interviews
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Annex 5: Methodological tools used

Interview and focus group discussion guides

Implementing Partners

Introduction:

- a. Explanation of the Country Programme Evaluation purpose and objectives
 - b. Two person evaluation team
 - c. Expected use of results
 - d. Confidentiality of discussion in line with UNEG norms and standards
1. **Objectives of their part of the UNFPA programme and ways in which this is meant to be achieved**
 - a. In Adolescents and Youth area including SRHR, gender rights
 - b. Results chain of the intervention to outputs
 - c. Rationale of interventions at national and sub-national levels
 2. **Fit with IP strategies and policy frameworks**
 - a. Relation to national needs and IP strategies
 - b. Issues of targeting of equity and vulnerability
 3. **Results achieved compared to planning - focus on output level changes**
 - a. Outputs achieved so far ()
 1. Increased access of adolescents and youth to SRH services
 2. Demand for RH information and contraceptives satisfied
 3. Capacity for monitoring /tracking implementation of recommendation of CEDAW on RH rights
 - b. What has worked / what has not worked
 - c. What inter-sectoral mechanisms for coordination of policy and interventions
 - d. Enabling and constraining factors to achieving results
 4. **Partnership and process issues**
 - a. UNFPA as a partner / duration and kind of relationship
 - b. Efficiency and timeliness issues
 - c. Types of engagement at policy level and implementation level
 5. **Monitoring and Evaluation**
 - a. M&E system in place – own system and provision of data for UNFPA – fit concerned
 - b. Disaggregation of data for monitoring purposes
 - c. Use of data to inform programme management
 - d. Other use of M&E data and M&E capacities built
 6. **UNFPA Comparative advantage and value added**
 - a. Comparative advantage of UNFPA vis a vis other UN agencies and DPs/ (I)NGOs

- b. Overlap with other UN agencies / DPs/ (INGOs)
 - c. What has been the added value of UNFPA so far
7. **Lessons learned**
- a. Which experiences would be useful for application within and beyond the context in Maldives
8. **Recommendations for future support**
- a. What would UNFPA need to focus on from your perspective in next country programme cycle
 - b. Which aspects of the programme need to be continued, what needs to change
9. **Other issues** that you would like to mention relevant to the present evaluation.

UNFPA Country Office staff

Introduction

- a. Explanation of the Country Programme Evaluation purpose and objectives
 - b. Two person evaluation team
 - c. Expected use of results
 - d. Confidentiality of discussion in line with UNEG norms and standards
1. **Support provided to UNFPA in programme areas concerned**
- a. In Adolescents and Youth area including SRHR, gender rights
 - b. In development and humanitarian context
2. **Relation of support to donor strategies and UN frameworks**
- a. Relation to donor strategies and policies
 - b. Contribution to reaching the SDGs – on adolescents and youth SRHR
 - c. Targeting of programme interventions
3. **Monitoring and Reporting System in place - in development / humanitarian context**
- a. M&E system in place – UNFPA reporting regularity and quality
 - b. Disaggregation of data for monitoring purposes
 - c. Use of data to inform programme management
4. **Results achieved compared to planning - focus on output level changes - in adolescent and youth SRHR and humanitarian programming**
- a. Advocacy so far – what is still required
 - b. What has worked / what has not worked
 - c. Enabling and constraining factors to receiving results
5. **Partnership and process issues - in development and humanitarian programming**
- a. UNFPA as a partner / kind of relationship
 - b. Efficiency and timeliness issues

- c. Types of engagement at policy level and implementation level
- 6. **Coordination of support with other DPs - in development and humanitarian programming**
 - a. Coordination mechanisms in place
 - b. Role played by UNFPA
- 7. **UNFPA Comparative advantage and value added - in development and humanitarian programming**
 - a. Comparative advantage of UNFPA vis a vis other UN agencies
 - b. Overlap with other UN agencies
- 8. **Lessons learned - in development and humanitarian programming**
 - a. Which experiences would be useful for application beyond Maldives context
- 9. **Recommendations for UNFPA's future programming in Maldives**
 - d. What would UNFPA need to focus on in the next country programme cycle
- 10. **Other issues** that you would like to mention relevant to the present evaluation

Other UN/ donor partners

Introduction

- a. Explanation of the Country Programme Evaluation purpose and objectives
 - b. Two person evaluation team
 - c. Expected use of results
 - d. Confidentiality of discussion in line with UNEG norms and standards
1. **Support provided to UNFPA in programme areas concerned**
 - a. In Adolescents and Youth area including SRHR, gender rights
 - b. In development and humanitarian context
 2. **Relation of support UN frameworks**
 - a. Relation to donor strategies and policies
 - b. Contribution to reaching the SDGs – on adolescents and youth SRHR
 - c. Targeting of programme interventions
 3. **Monitoring and Reporting System in place - in development / humanitarian context**
 - a. M&E system in place – UNFPA contribution regularity and quality
 - b. Disaggregation of data for monitoring purposes
 - c. Use of data to inform programme management
 4. **Results achieved compared to planning - focus on output level changes - in adolescent and youth SRHR and humanitarian programming**
 - a. Results so far – what is still required
 - b. What has worked / what has not worked
 - c. Enabling and constraining factors to receiving results

5. **Partnership and process issues - in development and humanitarian programming**
 - a. UNFPA as a partner / kind of relationship
 - b. Efficiency and timeliness issues
 - c. Types of engagement at policy level and implementation level
6. **Coordination of support with other DPs - in development and humanitarian programming**
 - a. Coordination mechanisms in place among UN
 - b. Role played by UNFPA
7. **UNFPA Comparative advantage and value added - in development and humanitarian programming**
 - a. Comparative advantage of UNFPA vis a vis other UN/Donor agencies
 - b. Overlap with other UN agencies
10. **Lessons learned - in development and humanitarian programming**
 - a. Which experiences would be useful for application beyond Maldives context
8. **Recommendations for UNFPA's future programming in Maldives**
 - a. What would UNFPA need to focus on in the next country programme cycle
9. **Other issues** that you would like to mention relevant to the present evaluation

Beneficiaries (focus group discussion guide)

Introduction

- a. Explanation of the Country Programme Evaluation purpose and objectives
 - b. Four person evaluation team
 - c. Expected use of results
 - d. Confidentiality of discussion in line with UNEG norms and standards
1. Access to ASRH information and contraceptive services – Safe space, youth café, health facilities
 2. Usefulness/value of the services currently available
 3. Involvement in ASRH information and services to adolescents and youth
 4. Services meet information needs or not
 5. Positives/negatives in current service arrangement that allow/discourage seeking SRH services
 6. What can be done to improve to meet the needs
 7. Satisfaction with the service/quality and coverage
 8. Confidence in the service providers /youth leaders

Annex 6 Atlas list of projects

Fund Type	IA Group	Implementing Agency	Activity Description	Geographic Location	Atlas Budget	Expense	Implementation Rate
REPRODUCTIVE HEALTH							
Strategic Plan Outcome: Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts							
Country Programme Output: Increased accountability and responsiveness of duty bearers in Maldives to young people's rights to reproductive health information and services							
Annual Work plan (UNFPA – 2018)							
FPA90	PGMV01	MOH	Contribution to MDHS	Maldives	5,000.00	5,000.00	100%
FPA90	PU0074	UNFPA	Regional CSE meeting	Maldives	2,740.86	2,750.86	100%
FPA90	PU0074	UNFPA	CSE Teacher training	Maldives	4,950.00	4,950.00	100%
FPA90	PU0074	UNFPA	Integrating RH/GBV in NDPP	Maldives	5,200.00	5,200.00	100%
FPA90	PU0074	UNFPA	Review and formulation of NRHS	Maldives	19,292.00	19,521.49	101%
FPA90	PN6878	SHE	Safe Space events	Maldives	15,484.84	15,484.84	100%
FPA90	PU0074	UNFPA	AYFHS Monitoring mechanism	Maldives	233.01	233.21	100%
FPA90	PU0074	UNFPA	Adolescent & youth desk review	Maldives	6,000.00	6,000.00	100%
FPA90	PU0074	UNFPA	Youth visioning 2030	Maldives	11,331.00	11,337.66	100%
FPA90	PU0074	UNFPA	Youth Peace and Security	Maldives	6,333.64	6,333.64	100%
Annual Work plan (UNFPA – 2017)							
FPA90	PU0074	UNFPA	LC IT support for CSE	Maldives	3,000.00	-	0%
FPA90	PU0074	UNFPA	Consultant to map CSE	Maldives	12,000.00	10,139.00	84%
FPA90	PU0074	UNFPA	Young social change leaders	Maldives	12,244.00	13,777.13	113%
FPA90	PU0074	UNFPA	YHS monitoring module	Maldives	9,000.00	-	0%
FPA90	PU0074	UNFPA	AYFHS Monitoring mechanism	Maldives	3,000.00	5,553.68	185%
FPA90	PU0074	UNFPA	Field Visit to YHS sites	Maldives	2,800.00	-	0%
FPA90	PU0074	UNFPA	Projects of youth leaders	Maldives	5,000.00	3,605.13	72%
Annual Work plan (UNFPA – 2016)							
FPA90	PU0074	UNFPA	LC to integrate CSE into curriculum	Maldives	9,693.00	9,692.80	100%
FPA90	PU0074	UNFPA	Youth Day event	Maldives	2,600.00	2,026.67	78%
FPA90	PU0074	UNFPA	Youth participants SAARC Nepal	Maldives	4,687.55	4,688.55	100%
FPA90	PU0074	UNFPA	Young social change leaders	Maldives	12,600.00	13,158.53	104%
FPA90	PU0074	UNFPA	Field visit to monitor YHS	Maldives	1,800.00	-	0%

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FPA90	PU0074	UNFPA	LC to develop SOPs for AYFHS	Maldives	6,000.00	-	0%
GENDER							
Strategic Plan Outcome: Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings							
Country Programme Output: Increased accountability and responsiveness of duty bearers in Maldives to young people's rights to reproductive health information and services							
Annual Work plan (UNFPA – 2018)							
3FPBF	PU0074	UNFPA	Women's rights & Youth	Maldives	29,800.30	7,980.00	27%
FPA90	PU0074	UNFPA	Communications and advocacy	Maldives	3,820.43	3,584.60	94%
FPA90	PU0074	UNFPA	Knowledge Exchange Forum	Maldives	6,000.00	6,055.84	101%
Annual Work plan (UNFPA – 2017)							
FPA90	PU0074	UNFPA	Mobilize religious, GAWG, MOIA	Maldives	10,000.00	2,510.28	25%
POPULATION & DEVELOPMENT							
Strategic Plan Outcome: Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development							
Country Programme Output: Increased accountability and responsiveness of duty bearers in Maldives to young people's rights to reproductive health information and services							
Annual Work plan (UNFPA – 2018)							
UDB42	PU0074	UNFPA	Data platform	Maldives	25,055.11	22,515.83	90%
3FPBF	PU0074	UNFPA	Big Data Project	Maldives	28,615.72	26,488.13	93%
FPA90	PU0074	UNFPA	Partnership with MNU	Maldives	4,900.00	4,900.00	100%
FPA90	PU0074	UNFPA	Population projections	Maldives	2,705.00	2,704.50	100%
FPA90	PU0074	UNFPA	Population Ageing Conference	Maldives	6,112.00	6,177.34	101%
FPA90	PU0074	UNFPA	PD affecting 2030 Agenda	Maldives	4,587.68	3,664.62	80%
FPA90	PU0074	UNFPA	Events on population pop data	Maldives	14,515.16	14,265.28	98%
FPA90	PU0074	UNFPA	Harmonization of SDG indicator	Maldives	50.67	50.67	100%
FPA90	PU0074	UNFPA	Basic Statistics Training	Maldives	8,078.00	8,077.87	100%
FPA90	PU0074	UNFPA	Population Research			-	
Annual Work plan (UNFPA – 2017)							
UDB42	PU0074	UNFPA	Capacity Strengthening	Maldives	385.00	-	0%
UDB42	PU0074	UNFPA	M&E	Maldives	27,022.50	4,774.89	18%
UDB42	PU0074	UNFPA	National Project Professional	Maldives	6,576.00	6,832.08	104%
UDB42	PU0074	UNFPA	Data platform	Maldives	15,248.00	15,248.00	100%
UDB42	PU0074	UNFPA	Programme Associate	Maldives	13,000.00	11,960.53	92%
3FPBF	PU0074	UNFPA	Big Data Project	Maldives	40,000.00	10,541.00	26%

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FPA90	PU0074	UNFPA	Youth Day event	Maldives	4,755.00	80.00	2%
FPA90	PU0074	UNFPA	Partnership with MNU	Maldives	7,500.00	6,455.30	86%
FPA90	PU0074	UNFPA	Population Dialogues	Maldives	12,100.00	8,876.53	73%
FPA90	PU0074	UNFPA	Policy level dialogues	Maldives	-	20.78	
FPA90	PU0074	UNFPA	Population projections	Maldives	25,000.00	24,340.50	97%
FPA90	PU0074	UNFPA	Printing Pop publications	Maldives	6,500.00	11,710.43	180%
FPA90	PU0074	UNFPA	Population Day event	Maldives	8,255.00	2,071.53	25%
FPA90	PU0074	UNFPA	Harmonization of SDG indicator	Maldives	10,000.00	5,223.63	52%
FPA90	PU0074	UNFPA	SWOP Event	Maldives	6,000.00	5,585.70	93%
FPA90	PGMV03	NBS	Labour Force Survey Pilot	Maldives	15,000.00	15,000.00	100%
Annual Work plan (UNFPA – 2016)							
UDB42	PU0074	UNFPA	Capacity Strengthening	Maldives	17,500.00	10,060.94	57%
UDB42	PU0074	UNFPA	Data collection processes	Maldives	1,900.00	-	0%
UDB42	PU0074	UNFPA	Data Standards	Maldives	3,100.00	3,293.13	106%
UDB42	PGMV03	NBS	Support to HIES 2016	Maldives	25,000.00	25,000.00	100%
UDB42	PU0074	UNFPA	Knowledge Products	Maldives	19,900.00	378.49	2%
UDB42	PU0074	UNFPA	M&E	Maldives	200.00	1,529.21	765%
UDB42	PU0074	UNFPA	National Project Professional	Maldives	25,500.00	24,283.66	95%
UDB42	PU0074	UNFPA	Data platform	Maldives	27,700.00	34,958.03	126%
UDB42	PU0074	UNFPA	Programme Associate	Maldives	32,800.00	19,563.47	60%
FPA90	PGMV03	NBS	Census knowledge products	Maldives	7,616.67	7,611.42	100%
FPA90	PU0074	UNFPA	Census knowledge products	Maldives	1,446.31	1,445.99	100%
FPA90	PU0074	UNFPA	Census analyses & CBA pubs	Maldives	12,018.10	10,073.45	84%
FPA90	PU0074	UNFPA	John May mission2	Maldives	8,086.00	8,086.00	100%
FPA90	PU0074	UNFPA	NTA training Nepal	Maldives	4,626.98	4,626.89	100%
FPA90	PU0074	UNFPA	Policy level dialogues	Maldives	9,566.74	-	0%
FPA90	PU0074	UNFPA	Population Day event	Maldives	8,727.40	8,886.38	102%
FPA90	PU0074	UNFPA	Population situation analysis	Maldives	4,321.30	4,321.30	100%
OTHER PROGRAMMATIC AREAS							

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Strategic Plan Outcome:							
Country Programme Output: Increased accountability and responsiveness of duty bearers in Maldives to young people's rights to reproductive health information and services							
Annual Work plan (UNFPA – 2018)							
FPA90	PU0074	UNFPA	Country Director's visits	Maldives	5,623.00	5,707.00	101%
FPA90	PU0074	UNFPA	Global Meeting 2018	Maldives	9,059.00	9,059.30	100%
FPA90	PU0074	UNFPA	Monitoring UNFPA work plan	Maldives	1,952.01	1,839.48	94%
FPA90	PU0074	UNFPA	RCO Contribution	Maldives	1,500.00	1,500.00	100%
FPA90	PU0074	UNFPA	Strategic re-alignment mission	Maldives	4,038.00	4,064.28	101%
FPA90	PU0074	UNFPA	UNCT Retreat	Maldives	798.00	799.04	100%
FPA90	PU0074	UNFPA	International UNV	Maldives	41,543.00	42,494.50	102%
FPA90	PU0074	UNFPA	Assistant Representative	Maldives	64,949.71	62,688.30	97%
FPA90	PU0074	UNFPA	Programme Associate SC6	Maldives	15,706.00	15,706.02	100%
FPA90	PU0074	UNFPA	Mandatory Costs	Maldives	24,222.00	24,696.96	102%
FPA90	PU0074	UNFPA	Operational Expenses	Maldives	3,274.99	4,499.10	137%
Annual Work plan (UNFPA – 2017)							
FPA90	PU0074	UNFPA	Country Director's visits	Maldives	5,500.00	4,540.02	83%
FPA90	PU0074	UNFPA	Monitoring UNFPA work plan	Maldives	2,000.00	2,506.45	125%
FPA90	PU0074	UNFPA	RCO Contribution	Maldives	4,200.00	2,000.00	48%
FPA90	PU0074	UNFPA	Participation in RPM	Maldives	1,700.00	1,659.31	98%
FPA90	PU0074	UNFPA	UNCT Retreat	Maldives	2,500.00	3,031.95	121%
FPA90	PU0074	UNFPA	International UNV	Maldives	29,151.00	10,768.77	37%
FPA90	PU0074	UNFPA	Assistant Representative	Maldives	47,572.00	61,792.58	130%
FPA90	PU0074	UNFPA	Mandatory Costs	Maldives	32,728.00	33,127.68	101%
FPA90	PU0074	UNFPA	Operational Expenses	Maldives	4,500.00	4,926.26	109%
FPA90	PU0074	UNFPA	Annual Report 2016	Maldives	3,750.00	-	0%
FPA90	PU0074	UNFPA	Communications support	Maldives	12,500.00	15,043.22	120%
FPA90	PU0074	UNFPA	HQ Website maintenance	Maldives	1,745.00	1,753.05	100%
Annual Work plan (UNFPA – 2016)							
FPA90	PU0074	UNFPA	Distribution of 2015 adv prod	Maldives	1,300.00	710.69	55%
FPA90	PU0074	UNFPA	UNFPA Maldives Annual Report 2015	Maldives	2,917.33	2,917.33	100%

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FPA90	PU0074	UNFPA	BKKBN training on FP Indonesia	Maldives	1,334.06	1,334.06	100%
FPA90	PU0074	UNFPA	Country Director's visits	Maldives	5,500.00	4,585.95	83%
FPA90	PU0074	UNFPA	Monitoring UNFPA work plan	Maldives	4,465.93	4,465.93	100%
FPA90	PU0074	UNFPA	Participation in RPM	Maldives	1,566.54	1,566.54	100%
FPA90	PU0074	UNFPA	State of the World Pop Report 2016	Maldives	12,180.72	7,367.66	60%
FPA90	PU0074	UNFPA	UNCT retreat in Laamu in April	Maldives	298.32	298.32	100%
FPA90	PU0074	UNFPA	International UNV	Maldives	44,151.00	40,192.96	91%
FPA90	PU0074	UNFPA	Assistant Representative	Maldives	47,572.00	54,304.27	114%
FPA90	PU0074	UNFPA	National Programme Associate	Maldives	13,860.00	13,154.48	95%
FPA90	PU0074	UNFPA	Mandatory Costs	Maldives	32,728.00	32,892.19	101%
FPA90	PU0074	UNFPA	Operational Expenses	Maldives	4,500.00	1,936.35	43%
FPA90	PU0074	UNFPA	Communications support IC	Maldives	21,494.00	21,421.29	100%
FPA90	PU0074	UNFPA	Cost Benefit Analysis	Maldives	-	7,371.60	