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

**United Nations Population Fund**

**Country programme document for the Maldives**

Proposed indicative UNFPA assistance:	\$3.5 million: \$2.5 million from regular resources and \$1.0 million through co-financing modalities or other resources
Programme period:	5 years (2022-2026)
Cycle of assistance:	Seventh
Category:	Tier II
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026

*Note:* The present document was processed in its entirety by UNFPA.

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## I. Programme rationale

1. The Maldives is a small island developing state with only 300 square kilometres of total land that includes 26 low lying atolls widely dispersed over 90,000 square kilometres of ocean. Over the last four decades, significant socioeconomic progress established the Maldives as an upper-middle-income country. In 2020, the Maldives reached a population of 500,000, which includes 170,000 foreigners. The Maldives has one of the highest population densities globally, at 1,340 people per square kilometre. The total fertility rate has declined from 2.5 in 2009 to 2.1 in 2016. As the country's demographic profile evolves, an increased proportion of young people aged 10-24 years present an opportunity for a demographic dividend with a window of opportunity lasting until 2042. Rapid population ageing is projected. By 2050, the proportion of the population aged 65 and above is expected to increase from the current 3 per cent to 14 per cent.

2. Rapid internal and international migration has resulted in the majority of the population residing in the urban capital, Male. The population of the other 188 inhabited islands are comparatively sparse. An influx of male foreign workers, primarily within the construction and tourism industry, has resulted in gender imbalances, with a sex ratio of 208 (208 males for every 100 females) among the population aged 15 to 64 years. Forty-one per cent of young women and 15 per cent of young men are not actively engaged in education, employment or training. Meanwhile, the common country analysis highlights an increase in drug use and gang violence among young people, which leads to risky sexual behaviour. Providing young people with the skills and opportunities they need will enable them to become change-makers and advocates for youth development at national and local levels and promote social cohesion.

3. The gross domestic product is heavily reliant on tourism and therefore vulnerable to humanitarian crises. Poverty levels indicate increasing inequalities, with 28 per cent of the overall population and 87 per cent of those residing in atolls defined as multidimensionally poor.

4. Before the COVID-19 pandemic, the Maldives made solid progress towards achieving the three transformative results. With the expansion of sexual and reproductive health services, maternal deaths declined with only four maternal deaths recorded in 2018, zero deaths in 2019, and two deaths in 2020. Although maternal mortality levels have remained low in absolute terms in the recent past, small changes in the number of maternal deaths may cause large fluctuations in the maternal mortality ratio estimation.

5. In 2016, the proportion of married couples using modern contraceptives decreased to 14.9 per cent from 27 per cent in 2009. Concurrently, the unmet need for contraception was high among married women aged 15 to 49 (31 per cent) and was highest (37.8 per cent) among young people aged 20 to 25 years. Factors limiting the use of contraceptives include fear of the long-term effects of hormonal methods, personal beliefs, the focus on curative care and meagre funding for public health services. In addition, contraceptives are provided to married couples through the public sector. The high unmet need for contraception, particularly among adolescent girls and young women, needs to be addressed.

6. The common country analysis points to the need to continue efforts towards achieving gender equality and the empowerment of women. One in three women in the Maldives reported violence in their lifetime, and one in four women reported intimate partner violence. At the same time, 26 per cent of women (aged 15 to 49) believe that, under certain circumstances, a partner is justified in beating their wife. The prevalence of female circumcision in the Maldives was first established through the national demographic and health survey (2016), which found that 13 per cent of women and girls aged 15 to 49 had undergone female circumcision. Most concerning is that 8 per cent of female survey respondents believe that female circumcision was a religious requirement, and they would like the practice to continue. UNFPA will support the progressive legislation and action plans enacted by the Government to address gender-based violence and harmful practices against women and girls.

7. The Maldives has faced several impacts of the COVID-19 pandemic. Most notable are the severe economic impacts and disrupted essential health and social protection services. Subsequently, UNFPA estimates that, in conjunction with high unmet need, 12 unplanned pregnancies may take place per day. Following the 2020 lockdown, reported gender-based violence cases per month in the capital Male rose from 40 in March to 113 in September.

8. Despite political will and investments in clinical health, the public health system requires stronger support. Presently, only 1.1 per cent of the state health budget is spent on public health. Quality and accessibility of sexual and reproductive health, including family planning services, suffer from structural and organizational challenges at different levels of delivery. These include vertical delivery of family planning services, the disconnect between maternal and child health, high staff turnover, and inadequate capacity for forecasting and logistic information management. As the common country analysis highlights, a lack of adequate life-skills-based reproductive health education, coupled with the stigmatized local discourse around it, burdens many young people in the Maldives. These long-standing, multi-sectoral issues pose challenges for the full realization of the International Conference on Population and Development (ICPD) Programme of Action in the Maldives.

9. Despite the existence of legal systems promoting gender equality, the Maldives has taken a step backwards in recent years. Harmful social norms, cultural beliefs, conservative voices and the maintenance of patriarchal gender roles in society prevail, as evidenced by harmful practices such as female genital mutilation, early and unregistered marriages, and decreased demand and use of family planning services. While demographic and socioeconomic data is collected through the census and surveys, including household income and expenditure surveys, disaggregated data analysis and data utilization need to be improved for decision-making, evidence-based policies and Sustainable Development Goals monitoring.

10. The Maldives faces serious environmental and climate change-related risks, with rising sea levels resulting in a potential loss of low-lying land, contamination of human and natural environments by pollution or waste, compounded by a weak response preparation to the increasingly severe impacts of climate extremes. The Maldives Notre Dame global adaptation index stands at 46.4, depicting current vulnerability and readiness to climate disruptions is high, with the Maldives ranking 103 out of 182 countries in 2021. Mitigating the impacts of climate change requires increased efforts to build resilience, strengthen inclusiveness, disaster response and preparedness.

11. The United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022-2026, guided by a human rights-based approach, aims to support the vision of a Maldivian society that is inclusive, resilient, healthy, caring, tolerant, transparent and skilled, where under the National Strategic Action Plan, 2019-2023, all people meaningfully participate in, contribute to and benefit equitably from sustainable, cultural, economic and social development and environmental protection. This supports the achievement of the 2030 Agenda for Sustainable Development and the unfinished ICPD agenda. As an active member of the United Nations country team, including its gender theme group and the UNSDCF monitoring and evaluation group, UNFPA is committed to promoting coherence across UNSDCF intervention areas. The UNFPA commitment is evidenced in its leadership in the areas of sexual and reproductive health and rights, addressing gender-based violence, youth development, and evidence-based, data-driven policy and decision-making.

12. This seventh country programme is informed by the recommendations and lessons learned from the country programme evaluation for the sixth country programme, which suggested that UNFPA strengthen its work and leadership on advancing gender equality and rights and empowerment of women and girls. This includes gender-based violence prevention and response, strengthening life skills and reproductive health education, engagement in adolescents and youth development, and evidence-based policy advocacy.

## II. Programme priorities and partnerships

13. Considering the ongoing COVID-19 pandemic recovery and drawing from UNFPA comparative advantages and lessons learned from the sixth country programme, the main focus of the Maldives seventh country programme, which is aligned with the UNSDCF and national Strategic Action Plan, is to support national efforts to realize universal access to sexual and reproductive health and rights for all, in addition to promoting gender equality and women's rights. Helping the Government reap the demographic dividend and prepare for population ageing, the country programme will contribute to women and young people, especially those at risk of being left behind, meeting their full potential.

14. In line with the new UNFPA Strategic Plan, 2022-2025, the country programme seeks to accelerate action towards the three transformative results, with a focus on reducing the unmet need for family planning and gender-based violence and harmful practices against women and girls. The country programme will support the actualization of the key objectives of the UNSDCF, 2022-2026, the normative and national commitments made at the Universal Periodic Review, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD), including the country's efforts to achieve the 2030 Agenda and address the unfinished agenda of the ICPD Programme of Action, including fulfilling its national voluntary commitments made at the 25th anniversary of the ICPD (ICPD+25) during the Nairobi Summit.

15. Working together with the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), the country programme will focus on reducing prevalent inequalities in accessibility and quality of public services and programmes by promoting integrated rights-based, gender-transformative and sexual and reproductive health services. This effort will focus on family planning services and initiatives to address gender-based violence for the most vulnerable populations, with particular attention paid to young people, female drug users, people with disabilities, female migrants, and women and young people residing outside the capital Male. The country programme will also facilitate the generation of population data and analysis to influence national planning, including human capital development, to reap the demographic dividend and build partnerships for youth empowerment and participation in development.

16. Adopting a rights-based approach and working in close collaboration with the United Nations gender theme group, the country programme will uphold the principles of gender equality and women's and girls' empowerment that contribute to the implementation of international human rights commitments and recommendations. Strengthening comprehensive efforts to change discriminatory gender and social norms will be central, as it will be advocating for sexual and reproductive health and rights, addressing gender-based violence and other harmful practices, as recommended in CEDAW.

17. The country programme aims to address sustainability through evidence-based policy advocacy. Given the vulnerability of the Maldives to climate change, the programme will help build resilience and strengthen disaster risk reduction and emergency preparedness capacity through inter-agency support, by integrating sexual and reproductive health, gender-based violence, protection services, and data availability for the most vulnerable groups in national emergency preparedness and response efforts.

18. To deliver the country programme, UNFPA will leverage diverse partnerships with key government sectors, research and academic institutions, religious leaders, media, global and regional brain power organizations, civil society, other United Nations organizations and the private sector to accelerate progress towards universal access to sexual and reproductive health and rights for all by reducing unmet need for family planning, gender-based violence, and harmful practices – including female genital mutilation – against women and girls. It will do so through innovative and digital solutions that address barriers to accessing quality family planning and gender-based violence prevention and response services. UNFPA will also use evidence-based joint advocacy and social mobilization, including working with young people, to transform behaviours and attitudes and promote sexual and reproductive

health and the rights of women and girls. UNFPA will play a convening role to facilitate multisectoral coordination of sexual and reproductive health and rights, gender equality, and youth empowerment and development issues. This includes joint programming under UNSDCF implementation and a commitment to work with other United Nations organizations for utmost efficiency. UNFPA will also support mutually beneficial South-South and triangular cooperation to facilitate technical and knowledge exchange and capacity-building.

19. The primary modes of engagement will be evidence-based advocacy and policy dialogue, capacity-building, knowledge management and coordination, partnerships, and South-South and triangular cooperation. Innovation and digitalization will be applied, where relevant, to accelerate results.

20. Based on experience, the UNFPA value addition as a population data organization is to help place ICPD at the forefront of planning frameworks. UNFPA will use this strategic position to enhance national ownership and accountability by curating knowledge products and enhancing the capacities of national stakeholders for evidence-based advocacy and policy-making.

#### **A. Unmet need for family planning**

21. Reducing the unmet need for family planning by improving right-based, people-centred, integrated sexual and reproductive health services, including family planning services, and by prioritizing young people's empowerment and access to sexual and reproductive health services and information will contribute directly to UNSDCF outcome 2 – ensuring that Maldives' residents, especially those vulnerable and marginalized, gain increased access to decentralized, quality, equitable, inclusive, and resilient social and protection services, and possess enhanced skills to contribute to their well-being, while benefiting from community development and progress.

22. For the first time, the reproductive health services, including family planning, have been reflected in the national strategies through a lifecycle approach under the national reproductive, maternal, newborn, child and adolescent health strategy, 2020-2025. Two outputs directly contribute to the results on closing gaps in family planning needs.

*Output 1. Strengthened national capacity for planning, implementation and monitoring of evidence-based sexual and reproductive health information and services, including family planning, focusing on those furthest behind*

23. This output will be achieved by enhancing rights-based sexual and reproductive health services, including family planning services, for vulnerable women and young people within the integrated reproductive, maternal, newborn, child and adolescent health strategy, 2020-2025 in the Maldives by (a) strengthening the capacity of state and non-state actors, including the media, to foster awareness of international commitments and generate demand for sexual and reproductive health and rights, including family planning, using innovative technologies, according to the preference of individuals, focusing on youth, women with disabilities, and women outside the capital Male; (b) supporting the Government in developing a monitoring and evaluation framework for the costed reproductive, maternal, newborn, child and adolescent health strategy, 2020-2025, with active participation and contribution by government partners, civil society organizations, private sector and women and youth-led organizations. UNFPA will provide technical support for integrating the health management information system. This framework will enhance government capacity to plan, implement and monitor high-quality, rights-based sexual and reproductive health services, including family planning, HIV and sexually transmitted infection prevention based on demand, and to reach the most vulnerable population groups, including women, adolescents, women with disabilities, and women outside Male.

24. The framework will benefit treaty body reporting by (a) strengthening the capacity of national training institutions to deliver quality and rights-based family planning training for health service providers based on national and international standards, including the minimum initial service package for sexual and reproductive health in crises; and

(b) advocating for increased partnerships and financing for national family planning programmes, using evidence generated through research and analysis on accessibility and affordability of rights-based family planning services for the most vulnerable groups, including unmarried women, adolescents, migrant women, women with disabilities and women outside Male.

*Output 2. Strengthened institutional capacity to develop life skills education and to create opportunities for adolescents and youth, including those with disabilities and residing in outer islands, to ensure their leadership and meaningful participation in decision-making for issues that affect their development and overall well-being*

25. Linked with output 3 under the outcome on gender-based violence and harmful practices, this output will be achieved by: (a) supporting, in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), institutional capacity development to deliver life skills-based reproductive health education, including adolescent pregnancy prevention, HIV and sexually transmitted infections, gender-based violence prevention, and social norm change interventions through development and monitoring of life skills-based reproductive health education curricula that meet international standards for young people in-and-out of school; (b) improving teacher training standards; (c) expanding partnerships with youth-led organizations and the private sector to deliver life skills-based reproductive health education to the most marginalized adolescents and young people, using youth-led innovative solutions and digital technologies; (d) providing technical support to establish and strengthen youth participation and leadership platforms that ensure meaningful participation of adolescents and youth, including those with disabilities and those residing in outer islands, in decision-making on issues that affect their development and overall well-being; and (e) contributing to United Nations reform by playing a convening role in joint programming and advocacy to harness the demographic dividend for youth development and participation in support of the implementation of the UNSDCF, 2022-2025, and the United Nations Youth Strategy 2030.

## **B. Preventable maternal death**

26. Underlying the theory of change, based on the common country analysis and priorities in the National Strategic Action Plan, 2019-2023, and the UNSDCF, 2022-2025, and considering the very low number of maternal deaths, the country programme is not designed to focus on this particular strategic plan outcome on preventable maternal death. Linked to UNSDCF outcome 2, UNFPA will support the Government to build systems that introduce a life-cycle approach in the provision of sexual and reproductive health services aligned to the national reproductive, maternal, newborn, child and adolescent health strategy, including delivery of adolescent health information and services through non-health facilities. These interventions will contribute towards continued national efforts to prevent maternal deaths in the Maldives.

## **C. Gender-based violence and harmful practices**

27. Reducing gender-based violence and harmful practices through social norm change and evidence-based policy advocacy will directly contribute to UNSDCF outcome 4: “by 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy, and fully enjoy access to justice, public services, human rights, gender equality and women’s empowerment in a tolerant and peaceful society.”

*Output 3. Strengthened national capacity for a coordinated multisectoral approach to prevent and respond to gender-based violence and harmful practices, to change discriminatory social norms, and to promote gender equality across the development and humanitarian continuum*

28. This output will strengthen the capacity of the Government and communities to develop and implement evidence-based policies and programmes to reduce gender-based violence, including in humanitarian settings. This output will be achieved by: (a) strengthening the

health sector and social protection systems within the multisectoral coordination mechanism; it will address gender-based violence through the development of comprehensive guidelines in line with the essential service package and establishment of functional referral mechanisms for a health response to gender-based violence, including in humanitarian situations; (b) advocating for increased investments and capacity for gender equality, women's empowerment, and elimination of gender-based violence and harmful practices as per existing legislation, such as the National Gender Equality Act and Domestic Violence Prevention Act, through the generation of evidence and data, and development of a costed gender equality action plan and its monitoring framework; and (c) supporting community-based interventions to operationalize social and gender norm changes for gender-based-violence prevention strategies. These interventions will focus on identified social and gender norms to address gender-based violence and harmful practices, including female genital mutilation, against women and girls. These interventions are linked to outputs 1 and 2 under the outcome on reducing unmet need for family planning and will support demand-generation for gender-responsive, rights-based sexual and reproductive health services and awareness-raising on life skills-based reproductive health education for young people.

#### **D. Population change and data**

29. The plan of the Government to conduct the population census in 2022 and the demographic and health survey (2024) is an opportunity for UNFPA to support the strengthening of analysis and use disaggregated data to keep track of national development and transformative results. National transfer accounts is a tool recently introduced in the Maldives that makes it possible to link population dynamics and spending patterns over the life cycle and place social issues under social protection schemes. The country programme will support the achievement of country programme outputs on reducing unmet needs for family planning and gender-based violence and harmful practices, which all contribute to UNSDCF outcome 4: “by 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy, and fully enjoy access to justice, public services, human rights, gender equality and women's empowerment in a tolerant and peaceful society.”

*Output 4. Strengthened national capacity to generate, analyse and use evidence in the formulation of inclusive, gender-transformative, resilient and adaptive development policies that address the Maldives demographic transition and climate threats*

30. This output will be achieved by: (a) building the capacity of national institutions to generate disaggregated population data to monitor progress towards national development and the three transformative results and to implement recommendations of the Universal Periodic Review, CEDAW and CRPD reviews; (b) providing technical advice to the National Statistics Office regarding the upcoming population census (2022); (c) providing technical support to integrate population data at all levels, including by using the civil registration and vital statistics system, and innovative approaches such as big data; (d) establishing partnerships with academic institutions and youth groups to advocate for: (i) the implications of population dynamics, including internal and international migration and urbanization, to harness the demographic dividend, (ii) women's economic empowerment, and (iii) climate resilience in national policies and strategic frameworks; (e) strengthening national capacity to mainstream population and development issues, including the demographic transition and gender-transformative, approaches, in the design and implementation of national planning frameworks, policies and programmes, including use of national transfer accounts; and (f) providing, in collaboration with other United Nations organizations, technical support to the Government to incorporate sexual and reproductive health and rights, gender-based violence and disaggregated data for preparedness and response in the revision of the national disaster risk management plan in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030.

### III. Programme and risk management

31. The country programme will be nationally executed and implemented using a mix of direct and national implementation modalities. At the country level, UNFPA will support the implementation of the United Nations reform process, participating in the design and implementation of the joint business operations strategy and the harmonized approach to cash transfers. UNFPA and the Government, through the Ministry of Foreign Affairs as the coordinating agency, will be jointly responsible for the management of the country programme and will plan, monitor and evaluate programme implementation following UNFPA guidelines and procedures, using results-based management and corresponding accountability frameworks.

32. The UNFPA country office will review its risk assessment and management strategies each year. A risk to success is that UNFPA may be limited by resource constraints to fully implement the country programme due to the limited presence of donors, the upper-middle-income country status of the Maldives, and external factors such as global economic downturns. To mitigate this risk, UNFPA will continue to forge robust multisectoral partnerships and pursue a multi-path resource mobilization strategy, including the private sector, national and subnational government co-financing, and United Nations cooperation. The Maldives as a small island developing state is vulnerable to climate change and humanitarian disasters. To mitigate this risk, UNFPA will advocate for and provide technical support under the output on population change and data to ensure sexual and reproductive health and rights and gender-based violence services are mainstreamed as essential services in the national disaster risk reduction framework. UNFPA will leverage its comparative advantages across the humanitarian-development-peace continuum in alignment with UNFPA social and environmental standards. At the same time, as part of the United Nations country team, UNFPA may, in consultation with the Government, reschedule programme activities, redirect humanitarian efforts, and provide support to the Government in the immediate and longer-term to mitigate impacts across emergencies. Potential social and environmental risks related to programme implementation are assessed to be limited in nature given the country programme's focus but will be monitored and reviewed annually.

33. In support of the UNSDCF implementation, UNFPA, UNDP, UNICEF, WHO and other United Nations funds, programmes and specialized agencies, will promote joint initiatives in the Maldives, such as youth development, gender equality and women's empowerment, to accelerate the achievement of the Sustainable Development Goals and national priorities. These initiatives will seek significant and measurable results in poverty reduction, empowerment of women and girls, eradication of violence against women, adolescents and children, reduction of unmet need for family planning and addressing discriminatory gender and social norms.

34. The current country office structure is aligned with the technical and financial requirements of the proposed country programme. Additional technical and programme expertise may be needed during the programme cycle in response to increased demands beyond the country programme itself and will be sourced from the UNFPA regional and global level and, if required, through external partners.

35. Other resources will be sought through coordinated approaches alongside UNSDCF and specific interventions, including exploring ways to tap into individual giving via the Maldives private sector. A partnership and resource mobilization strategy will guide the country office in additional resource mobilization based on priorities and funding gaps.

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

## IV. Monitoring and evaluation

37. UNFPA, through the National UNSDCF Steering Committee, comprised of the United Nations country team and key government partner institutions, led by the Ministry of Foreign Affairs, will manage and monitor the country programme, alongside UNSDCF mechanisms and following UNFPA policies and procedures, using results-based management and accountability frameworks.

38. UNFPA will actively participate in UNSDCF monitoring and evaluation, including through UN-INFO, which will act as the main monitoring platform for result-tracking. UNFPA will continue to be engaged in inter-agency working groups such as the gender theme group, and provide technical and programmatic support and leadership coordination to implement the UNSDCF and contribute to strengthening national capacities for monitoring Sustainable Development Goal indicators, supporting the voluntary national reviews and the Universal Periodic Review where relevant.

39. The country office has in place a comprehensive monitoring and evaluation strategy mainstreamed in the UNSDCF. It will organize field-monitoring visits and quarterly technical meetings with implementing partners to track progress and adjust annual workplans. Annual and midterm reviews of the country programme will be conducted to analyse progress and reorient programme strategy.

40. UNFPA will actively participate and contribute to the UNSDCF evaluation. It will carry out a country programme evaluation and a population situation analysis to regroup and re-prioritize for the following cooperation cycle.

41. A costed monitoring and evaluation plan will be implemented and reviewed periodically to ensure that resources allocated for monitoring and evaluation of the country programme are adequate and the capacity of UNFPA staff and implementing partners remains strong.

42. As was the case under previous country programmes, a limited amount of resources is set aside for programme coordination and assistance dedicated to specific activities with direct relevance for the programme as a whole, but that cannot be attributed to a specific programmatic area.

## RESULTS AND RESOURCES FRAMEWORK FOR THE MALDIVES (2022-2026)

<b>NATIONAL PRIORITY:</b> Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, Health Master Plan (HMP) strategic input areas 2.2 and 2.4).				
<b>UNSDCF OUTCOME:</b> By 2026, people in the Maldives, especially the most vulnerable and marginalized, benefit from increased access to and use of quality, equitable, inclusive and resilient social and protection services, and have enhanced relevant skills and live fulfilled lives with wellbeing and dignity.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in the unmet need for family planning has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Proportion of women of reproductive age (aged 15 to 49 years) who have their need for family planning satisfied with modern methods (Sustainable Development Goals indicator 3.7.1) <i>Baseline: 29.4% (2016-2017); Target: 32.3% (2026)</i></li> </ul>	<p>Output 1. Strengthened national capacity for planning, implementation and monitoring of evidence-based sexual and reproductive health information and services, including family planning, focusing on those furthest behind.</p>	<ul style="list-style-type: none"> <li>Availability of the monitoring and evaluation framework for the costed reproductive, maternal, newborn, child and adolescent health strategy <i>Baseline: No (2021); Target: Yes (2026)</i></li> <li>Number of media outlets that broadcast rights-based culturally sensitive communications to promote sexual and reproductive health and rights, including family planning, for those furthest left behind <i>Baseline: 0 (2021); Target: 2 (2026)</i></li> <li>Number of national training institutions with the capacity to deliver rights-based curriculum in sexual and reproductive health and rights for health service providers in line with the reproductive, maternal, newborn, child and adolescent health strategy and international standards <i>Baseline: 0 (2021); Target: 2 (2026)</i></li> </ul>	<p>Ministry of Health, Health Protection Agency, Society for Health Education, Maldives National University, Indira Gandhi Memorial Hospital and selected civil society organizations (CSOs)</p>	<p>\$0.7 million (\$0.4 million from regular resources and \$0.3 million from other resources)</p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Adolescent birth rate (aged 15 to 19 years) per 1,000 women in that age group (Sustainable Development Goals indicator 3.7.2b) <i>Baseline: 10 (2016-2017); Target: &lt;10 (2026)</i></li> </ul>	<p>Output 2. Strengthened institutional capacity to develop life-skills education and to create opportunities for adolescents and youth, including those with disabilities and residing in outer islands, to ensure their leadership and meaningful participation in decision-making for issues that affect their development and overall well-being.</p>	<ul style="list-style-type: none"> <li>Number of curricula developed and monitored for in-school and out-of-school life skills-based reproductive health education in line with international standards <i>Baseline: 0 (2021); Target: 2 (2026)</i></li> <li>Number of partnerships with youth-led and/or private sector organizations to deliver life skills-based reproductive health education to out-of-school young people, including young people with disabilities, female drug users and youth residing in outer islands <i>Baseline: 0 (2021); Target: 2 (2026)</i></li> <li>Number of platforms that meaningfully engage young people on issues that affect their development and well-being <i>Baseline: 0 (2021); Target: 3 (2026)</i></li> </ul>	<p>Ministry of Health, Health Protection Agency, Ministry of Youth, Sports and Community Empowerment, Ministry of Education, Society for Health Education, Maldives National University and selected CSOs and private sector institutions</p>	<p>\$0.9 million (\$0.4 million from regular resources and \$0.5 million from other resources)</p>
<b>NATIONAL PRIORITY:</b> Minimize sexual harassment, domestic violence and other forms of gender-based violence (Gender Equality Action Plan (GEAP) policy 3).				
<b>UNSDCF OUTCOME:</b> By 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy and fully enjoy access to justice, public services, human rights, gender equality and women's empowerment in a tolerant and peaceful society.				

<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of (i) women and (ii) men aged 15 to 49 years who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons <i>Baseline: Women: 25.8%, Men: 20.7% (2016-2017); Target: Women: 15%, Men: 10% (2026)</i></li> </ul> <p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Percentage of ever-married women aged 15 to 49 who have experienced various forms of violence ever or in the 12 months of the survey committed by their current or most recent husbands/partners <i>Baseline: 16.7% (2016-2017); Target: &lt;10% (2026)</i></li> </ul>	<p>Output 3. Strengthened national capacity for a coordinated multisectoral approach to prevent and respond to gender-based violence and harmful practices, to change discriminatory social norms, and to promote gender equality across the development and humanitarian continuum.</p>	<ul style="list-style-type: none"> <li>Availability of comprehensive guidelines and referral mechanisms for a health-sector response to gender-based violence, in line with the essential services package for women and girls subject to violence <i>Baseline: No (2021); Target: Yes (2026)</i></li> <li>Availability of a costed gender equality action plan and its monitoring and evaluation framework <i>Baseline: No (2021); Target: Yes (2026)</i></li> <li>Number of evidence-informed community mobilization interventions for social norm change for tackling harmful social and gender norms, stereotypes and discriminatory practices <i>Baseline: 0 (2021); Target: 4 (2026)</i></li> </ul>	<p>Ministry of Gender, Family and Social Services, Ministry of Health, Human Rights Commission of Maldives, CSOs</p>	<p>\$0.85 million (\$0.65 million from regular resources and \$0.2 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, HMP strategic input areas 2.2 and 2.4); minimize sexual harassment, domestic violence and other forms of gender-based violence (GEAP policy 3).</p>				
<p><b>UNSDCF OUTCOME:</b> By 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy and fully enjoy access to justice, public services, human rights, gender equality and women's empowerment in a tolerant and peaceful society.</p>				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> By 2025, the reduction in the unmet need for family planning has accelerated; By 2025, the reduction in gender-based violence and harmful practices has accelerated				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Whether the country (a) has conducted at least one population and housing census in the last 10 years; and (b) has achieved 100 per cent birth</li> </ul>	<p>Output 4. Strengthened national capacity to generate, analyse and use evidence in the formulation of inclusive, gender-transformative, resilient and adaptive development policies that</p>	<ul style="list-style-type: none"> <li>Number of analytical reports with disaggregated data produced through the 2022 population census and used for population policy dialogues and/or monitoring of country's international commitments <i>Baseline: 0 (2021); Target: 4 (2026)</i></li> </ul>	<p>Maldives Bureau of Statistics, Ministry of National Planning, Housing and Infrastructure</p>	<p>\$0.8 million (\$0.8 million from regular resources and \$0.0 million from other resources)</p>

<p>registration and 80 per cent death registration (Sustainable Development Goal 17.19.2)  <i>Baseline: (a) Yes; (b) No (2014);</i>  <i>Target: (a) Yes; (b) Yes (2026)</i></p>	<p>address the Maldives demographic transition and climate threats.</p>	<ul style="list-style-type: none"> <li>• Number of national policies and strategic frameworks supported by UNFPA that integrate life-cycle, rights-based, gender-transformative, resilient and adaptive approaches  <i>Baseline: 0 (2021); Target: 3 (2026)</i></li> </ul>		<p>Programme coordination and assistance:                  \$0.25 million (from regular resources)</p>
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