



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Final country programme document for Maldives

Proposed indicative UNFPA assistance: \$2.75 million: \$2.5 million from regular resources and \$0.25 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2011-2015)

Cycle of assistance: Fifth

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	0.66	-	0.66
Population and development	0.38	-	0.38
Gender equality	1.21	0.25	1.46
Programme coordination and assistance	0.25	-	0.25
Total	2.50	0.25	2.75

I. Situation analysis

1. Maldives consists of approximately 1,190 small tropical islands, of which 196 are inhabited. The population is approximately 320,000. Due to rapid urbanization, one third of the population now lives in the capital, Male', where the population density is very high at 47,415 persons per square kilometre. The annual population growth rate was 1.7 per cent from 2000 to 2006. The total fertility rate was 2.5 children per woman in 2009, an increase from the estimate of 2.1 children per woman in 2006. The number of foreign migrant workers is estimated at 100,000; the majority of them are engaged in unskilled and semi-skilled occupations.

2. The average growth rate of real gross domestic product was nearly 6 per cent between 2000 and 2009. In the wake of the global economic crisis, the estimated growth rate dropped to negative 4.5 per cent. Maldives is scheduled to graduate from least developed country status in January 2011, which may result in a reduction in international aid and a loss of trade privileges. Maldives is one of the most vulnerable countries in terms of climate change-related risks. The social, economic and environmental vulnerability of Maldives threatens to reverse its development achievements.

3. The first multiparty presidential election, held in 2008, resulted in the first new Government in 30 years. A coalition Government was formed following a parliamentary election in 2009. The new Government cancelled the national development plan, 2006-2010, and enacted the Maldives strategic action plan, 2009-2013, which focuses on democratic and decentralized governance and public-private partnerships to provide basic social services. The new Government also reduced the number of ministries from 21 to 14. The Ministry of Gender and Family was merged with the Ministry of Health, and the Ministry of Planning and National Development was merged with the Ministry of Finance and Treasury.

4. During the past decade, access to basic health care became almost universal in Maldives, which contributed to improved maternal and child health. The country relies heavily on health-care workers of foreign origin. Skilled attendance at birth is at 95.4 per cent, and the country has achieved the Millennium Development Goal target for reducing the maternal mortality ratio. The contraceptive prevalence rate for modern methods declined from 34 per cent in 2004 to 27 per cent in 2009, and the number of adolescent pregnancies has increased.

5. Abortion is illegal, yet the number of women experiencing complications from unsafe abortions is reported to be increasing. These complications, along with the high contraceptive discontinuation rate and the high unmet need for family planning, are jeopardizing previous gains in maternal health. Policies and services do not adequately address the reproductive health needs of foreign migrants, since these migrants are not included in national data-collection exercises.

6. While the country is expected to achieve several Millennium Development Goals, progress has been slow with regard to Goal 3 on gender equality and the empowerment of women. Gender disparity persists in the form of high female unemployment, low representation in political and decision-making positions, and fewer numbers of female graduates of higher education institutions. There are high levels of sexual and gender-based violence. Awareness of these issues is low, and access to protection services is limited. High divorce rates and male migration have resulted in 47 per cent of households being headed by females.

7. Twenty-five per cent of the population is aged 15 to 24. Nearly 40 per cent of young women and 20 per cent of young men are unemployed. Although HIV prevalence is low, substance abuse is prevalent among youth. In 2007, 46 per cent of all drug users were between the ages of 16 and 24. Drug use through injections is increasing. Unmarried young people have limited access to sexual and reproductive

health information and services. Surveys indicate a low level of knowledge about how to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. The number of sex workers is reported to be on the increase, and there are also cases of human trafficking.

8. There is limited population-related research and analysis. The population and housing census has provided comprehensive periodic information. The Government has moved from a five-year census interval to a 10-year census interval. As decentralization efforts are implemented, disaggregated population data will be required for local development planning in order to address societal inequalities. The environment and climate change are of concern, and progress in achieving Millennium Development Goal 7 on environmental sustainability is behind schedule. There is limited understanding of the interlinkages between population dynamics (including reproductive health and gender) and climate change mitigation and adaptation.

II. Past cooperation and lessons learned

9. During the previous four country programmes, UNFPA helped to establish a strong information base on reproductive health and to increase the utilization of high-quality reproductive health services. With the support of UNFPA in the logistics management of reproductive health commodities, the Government began to purchase contraceptives for the public sector in 2007, and became self-reliant in 2010. The UNFPA programme has promoted adolescent sexual and reproductive health through life-skills education in schools and youth-friendly information and services. The Government and UNFPA piloted the Family Protection Unit in the tertiary-level hospital to respond to cases of gender-based violence. UNFPA also assisted the Government in analysing and disseminating gender-sensitive data collected through the 2006 population and housing census.

10. The fourth country programme advocated gender-responsive budgeting and supported the

drafting of a national gender mainstreaming policy. It also advocated incorporating gender as a crosscutting issue in the national strategic action plan, 2009-2013, which is the national development plan of Maldives. In early 2010, the Cabinet endorsed gender mainstreaming in the Government.

11. The presidential and parliamentary elections and the subsequent structural change in the Government led to a high turnover of officials, which affected implementation of the fourth country programme. The capacity of implementing partners and community-based organizations in results-based management was limited, and the focus tended to be on activities. The low capacity of civil society organizations and community-based organizations, as well as the practice of staff working part-time, led to a lack of initiatives and follow-up efforts. Commitment and continuity of trained officials are needed to avoid high staff turnover, which affected programme implementation. Lengthy national procurement procedures also contributed to delays.

12. Other lessons learned include: (a) the importance of securing the understanding of partners when introducing new concepts and approaches; (b) the need to maintain support for family planning in order to avoid losing momentum; (c) the importance of reaching out to vulnerable youth through out-of-school life-skills education and evidence-based behaviour change communication efforts; and (d) the need to enhance the capacity of the Government at central and subnational levels to analyse population dynamics in the context of development planning, especially in relation to environmental issues and climate change.

III. Proposed programme

13. The proposed programme is aligned with the national strategic action plan, 2009-2013, and the United Nations Development Assistance Framework (UNDAF), 2011-2015. The programme contributes to seven UNDAF outcomes: (a) health; (b) education; (c) substance

abuse and HIV prevention; (d) social protection; (e) the environment, climate-change adaptation and disaster-risk reduction; (f) democratic governance; and (g) gender equality and women's empowerment.

14. The proposed programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. The programme seeks to sustain the achievements of the Millennium Development Goals and to help reduce the gaps in the remaining Goals. Gender concerns and human rights are cross-cutting issues in all programme components.

Reproductive health and rights component

15. The reproductive health and rights component will contribute to improving access to high-quality sexual and reproductive health services and information for women, men and adolescents, including poor and vulnerable groups, at national and subnational levels. This component will support the Ministry of Health and Family in addressing challenges related to decentralization and privatization.

16. Output 1: Strengthened capacity of the Ministry of Health and Family, subnational-level governments and civil society organizations to plan and deliver high-quality and equitable reproductive health services and information, including responses to emerging issues in Maldives. This output will be achieved by: (a) developing a knowledge base on emerging sexual and reproductive health issues, such as declining contraceptive use and increasing adolescent pregnancy, through research and surveys; (b) providing technical assistance for policy development in reproductive health to support the role of the Ministry of Health and Family with regard to decentralization, privatization and emergency preparedness in the health sector; (c) strengthening the capacity of civil society organizations to provide sexual and reproductive health information and services, including for migrant populations; (d) strengthening the capacity for reproductive health commodity security,

including the expanded use of the logistics management information system; and (e) strengthening the capacity to develop and implement an evidence-based behaviour change communication strategy to revitalize family planning efforts.

17. Output 2: Improved access of young people to sexual and reproductive health services and information in Male' and on selected islands. This will be achieved by: (a) developing a health strategy for youth that includes access to reproductive health services and information, with the participation of young people; (b) strengthening the capacity of the youth centres in Male' and on selected islands to provide life-skills education, counselling and youth-friendly sexual and reproductive health information, including on HIV/AIDS, violence against women and girls, and other gender issues; and (c) strengthening the capacity of the health sector to provide youth-friendly health and reproductive health services in Male' and on selected islands, including through school health settings.

Population and development component

18. The population and development component will contribute to planning for democratic governance and environmental sustainability, and to monitoring and evaluation, by increasing the availability of disaggregated population data.

19. Output 1: Strengthened national- and subnational-level capacity to analyse and utilize disaggregated population data for planning and decision-making, including in the areas of emerging population and sociocultural issues, environmental sustainability and disaster-risk reduction policies and plans, emphasizing the needs and capacity of women and young people. This output will be achieved by: (a) building capacity at national and subnational levels for collecting and analysing population data and assessing long-term implications of key population trends, such as urbanization and youth unemployment; and (b) conducting research on the needs and capacity of women and young people in

the area of disaster-risk reduction to inform policy development and planning.

Gender equality component

20. The gender equality component will help to strengthen the institutional capacity of government bodies and the community to address gender issues for the full realization of the rights of women and girls. The component will support the Government in developing its gender architecture and in mainstreaming gender in all sectors of the Government.

21. Output 1: Strengthened capacity of key government bodies to operationalize the gender architecture. This output will be achieved by: (a) developing directives, guidelines and manuals for gender mainstreaming in the Government, including gender-responsive budgeting, in sectoral programmes; (b) strengthening the capacity of government bodies to conduct and apply gender analyses in order to expand the knowledge base on gender issues; and (c) strengthening the capacity of gender focal points to ensure that sectoral gender mainstreaming strategies are developed and implemented.

22. Output 2: Strengthened advocacy capacity of parliamentarians, religious institutions, civil society and the media to promote gender equality, women's rights and empowerment, and action, including by men and boys, to prevent violence against women and girls. This output will be achieved by: (a) developing and implementing a communications and advocacy strategy segmented by audience; and (b) sensitizing, strengthening the capacity of, and mobilizing support from parliamentarians, religious institutions, civil society and the media.

23. Output 3: A strengthened national response, including by the health sector, to violence against women and girls, taking into account linkages to protection and legal services. This output will address gaps in health and social services needed to identify and manage violence against women and girls. This will be achieved by:

(a) operationalizing the national action plan on violence against women and girls; (b) establishing a comprehensive mechanism to ensure systematic protection, aftercare and reintegration services for female victims of violence; and (c) building the capacity of the health sector to respond to gender-based violence by strengthening training, screening, and data management and developing national guidelines and standard operating procedures on the clinical management of rape.

IV. Programme management, monitoring and evaluation

24. The External Resources Management Division of the Ministry of Finance and Treasury will be the central coordinating agency for the programme. The President's Office, the Ministry of Finance and Treasury, the Ministry of Health and Family, the Ministry of Human Resources, Youth and Sports, the Ministry of Islamic Affairs and civil society organizations, as well as authorities at the subnational level, will implement the programme components, in collaboration with other stakeholders and UNFPA.

25. UNFPA and the Government will monitor and evaluate the country programme within the context of the UNDAF, and in accordance with the guidelines and procedures of the United Nations Development Group and UNFPA.

26. The UNFPA office in Maldives consists of a non-resident UNFPA country director based in Sri Lanka, an international programme coordinator, an assistant representative and support staff. UNFPA will earmark programme funds for one national programme officer and one assistant, as well as for project technical staff. The UNFPA regional office for Asia and the Pacific in Bangkok, Thailand, will assist in identifying the technical support needed for programme implementation.

RESULTS AND RESOURCES FRAMEWORK FOR MALDIVES

National priority: (a) affordable and high-quality health care for all; (b) education; (c) youth development; and (d) strengthening family ties (through child and family protection efforts) UNDAF outcome: health, education, and the prevention of substance abuse and HIV				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: Improved access to high-quality sexual and reproductive health services and information for women, men and adolescents, including poor and vulnerable groups, at national and subnational levels</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Contraceptive prevalence rate for modern methods. Baseline: 27% overall; 25.6% urban; 27.6% rural; Target: 35% (overall, urban, rural) • Unmet need for family planning. Baseline: 28.1%; Target: to be determined • Percentage of deliveries attended by skilled birth personnel. Baseline: 94.4% overall; 90% among the poorest groups; 86.1% among those with no education; Target: 97% overall; 95% among the poorest groups; 90% among those with no education • Percentage of vulnerable and most-at-risk populations who correctly identify ways to prevent sexual transmission of HIV. Baseline: 66%; Target: 80% • Youth Act passed by parliament. Baseline: no act passed; Target: act passed 	<p>Output 1: Strengthened capacity of the Ministry of Health and Family, subnational-level governments and civil society organizations to plan and deliver high-quality and equitable reproductive health services and information, including responses to emerging issues in Maldives</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Strategic national action plan on disaster-risk reduction and climate change incorporates reproductive health and gender issues. Baseline: none; Target: issues incorporated into strategic national action plan • Number of subnational governments with non-governmental organizations and community-based organizations providing information and services on reproductive health and rights. Baseline: 0; Target: 6 • Computer-based logistics management information system is in place at national and subnational levels. Baseline: no system in place; Target: system in place • Behaviour change communication strategy for family planning developed and implemented. Baseline: no strategy; Target: strategy developed and implemented <p>Output 2: Improved access of young people to sexual and reproductive health services and information in Male’ and on selected islands</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Health strategy for youth is approved and implemented. Baseline: no strategy approved; Target: strategy approved and implemented • Number of youth centres in Male’ and selected islands offering life-skills education. Baseline: 1; Target: 5 • Number of health facilities in Male’ and selected islands providing youth-friendly health services. Baseline: 0; Target: 5 	<p>Local governments; Ministries of: Health and Family; Human Resources, Youth and Sports; Islamic Affairs</p> <p>Civil society</p> <p>United Nations Children’s Fund (UNICEF); World Health Organization (WHO)</p>	\$0.66 million from regular resources
National priority: (a) regional development and decentralization; and (b) the environment UNDAF outcome: (a) democratic governance; and (b) the environment				
Population and development	<p>Outcome: Democratic governance and environmental sustainability planning, and monitoring and evaluation, are better informed by increasing the availability of disaggregated population data</p> <p>Outcome indicators:</p> <p>Number of policy papers on democratic governance and environmental sustainability presented to the National Planning Council that utilize disaggregated population data. Baseline: 0; Target: 10</p>	<p>Output 1: Strengthened national- and subnational-level capacity to analyse and utilize disaggregated population data for planning and decision-making, including in the areas of emerging population and sociocultural issues, environmental sustainability and disaster-risk reduction policies and plans, emphasizing the needs and capacity of women and young people</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of subnational-level statistics officers providing population data and analysis to policymakers. Baseline: 0; Target: 5 	<p>National Disaster Management Centre; Ministries of: Finance and Treasury; Housing; Transport and Environment</p>	\$0.38 million from regular resources

		<ul style="list-style-type: none"> • Number of subnational plans that have used population data and analysis. Baseline: 0; Target: 4 • Number of studies, surveys and assessments on emerging population issues, such as the impact of climate change on gender and youth, migration and urbanization. Baseline: 0; Target: 3 	UNDP	
<p>National priority: (a) gender; (b) strengthening family ties (through child and family protection efforts); and (c) ensuring the rule of law and justice</p> <p>UNDAF outcome: gender, democratic governance, social protection</p>				
Gender equality	<p>Outcome: The institutional capacity of government bodies and the community is strengthened to address gender issues for the full realization of the rights of women and girls</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Comprehensive functional gender architecture is in place with a clear mandate, authority and resources. Baseline: gender architecture not in place; Target: architecture in place • Number of ministries and key state bodies that have incorporated gender-responsive planning, budgeting and monitoring and evaluation into their regular work. Baseline: 0; Target: 3 	<p>Output 1: Strengthened capacity of key government bodies to operationalize the gender architecture</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Compendium of directives, guidelines and manuals for gender mainstreaming developed and approved by the President's Office by 2011. Baseline: not developed; Target: developed and approved • Number of sectoral ministry gender focal points trained in gender mainstreaming. Baseline: 0; Target: 14 • Number of sectoral ministries with gender-mainstreaming strategy developed and implemented. Baseline: 0; Target: 5 <p>Output 2: Strengthened advocacy capacity of parliamentarians, religious institutions, civil society and the media to promote gender equality, women's rights and empowerment, and action, including by men and boys, to prevent violence against women and girls</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Existence of strategy for advocating with key stakeholders Baseline: strategy does not exist; Target: strategy exists • Number of advocacy initiatives implemented by key stakeholders Baseline: 0; Target: 10 • Number of instances of media coverage of men or boys making positive statements. Baseline: 0; Target: 10 <p>Output 3: A strengthened national response, including by the health sector, to violence against women and girls, taking into account linkages to protection and legal services</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of women and girls affected by violence accessing health and protection services. Baseline: 183; Target: 275 • Number of shelters operational and used by female victims of violence. Baseline: 0; Target: 2 • Gender-based violence incorporated into the training curriculum for relevant categories of health care providers. Baseline: not incorporated; Target: incorporated • Existence of guidelines and standard operating procedures on clinical management of rape. Baseline: no guidelines or procedures; Target: guidelines and procedures established 	<p>Judiciary; People's Majlis (legislature); President's Office; Ministries of: Finance and Treasury; Health and Family; Human Resources, Youth and Sports; Islamic Affairs</p> <p>Civil society; the media</p> <p>United Nations Development Fund for Women; UNICEF; UNDP; WHO</p>	<p>\$1.46 million (\$1.21 million from regular resources and \$0.25 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.25 million from regular resources</p>