UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Maldives

Proposed UNFPA assistance: $4.5 million, $2.5 million from regular resources and $2.0 million from multi-bilateral and/or regular resources.

Government contribution: $360,000

Programme period: 5 years (1998-2002)

Cycle of assistance: Second

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

<table>
<thead>
<tr>
<th></th>
<th>Regular resources</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive Health</td>
<td>1.6</td>
<td>1.2</td>
<td>2.8</td>
</tr>
<tr>
<td>Population and development strategies</td>
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<td>0.6</td>
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<tr>
<td>Advocacy</td>
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<td>0.4</td>
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<tr>
<td>PCA</td>
<td>0.3</td>
<td></td>
<td>0.3</td>
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<tr>
<td>Total</td>
<td>2.5</td>
<td>2.0</td>
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1. The United Nations Population Fund (UNFPA) proposes to support a second country programme over the period 1998-2002 to assist the Government of Maldives in achieving its population and development objectives especially those related to Reproductive Health (RH) including family planning (FP), UNFPA proposes to fund the programme with an amount of $4.5 million of which $2.5 million would be programmed from UNFPA’s regular resources and the balance of $2.0 million from multi-bilateral and/or regular resources to the extent possible, consistent with the Executive Board's decision 90/15 on the allocation of UNFPA resources.

2. The proposed programme is based on the recommendations of the Strategy Formulation Mission, which visited the country in June 1997. The country programme was developed simultaneously and the Strategy Formulation and Programme Development Mission worked in close cooperation with the task-force (consisting of representatives of Government and NGOs) set up by the Government to assist this exercise. This mission made extensive use of documents such as Population and Sustainable Development in the republic of Maldives (a document of the Ministry of Planning, Human Resources and Environment, developed with the assistance of UNDP); Towards Sustainable Development of Health (by the Ministry of Health, developed with the assistance of WHO); the National Development Plan; the Draft Health Master Plan; and the Education Master Plan.

3. The programme's goal is to contribute to the well-being of the people of the Maldives through a) improved RH status of the population by increasing use of comprehensive reproductive health services including family planning. National capacity will be strengthened in managerial areas through training, IEC support, research; b) mobilized support for population and RH at all levels including policy makers, community leaders, parents of tomorrow and through better availability of information and decision making; and c) the empowerment of women through awareness raising and enabling gender equity and equality in secondary education and employment. This programme is to be implemented through sub-programmes in the three thematic areas: Reproductive Health, Advocacy and Population and Development. IEC and gender issues, especially to enhance male responsibility, support for and participation in RH decisions, will be embedded in each sub-programme. The proposed programme will be implemented in close collaboration with bilateral donors and other UN agencies. It is harmonized with the end of the next National Development Plan and the UNDP cycle will be till 2002.

4. All activities of the proposed programme would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution L9/128.

**Background**

The Republic of Maldives is an archipelago composed of 1,190 small coral islands scattered over 90,000 km in the Indian Ocean with an average of one meter above sea level. About 200 islands grouped in 19 atolls are permanently inhabited. Population is estimated at 254,000 in 1995. Twenty-six percent live in Male', the capital, giving it a density of 30,000 per sq. km. Total fertility rate is 6.8. The annual population growth rate is 3.44 percent and the physical and geographical situation of these water-locked islands with no land-based resources, makes them extremely vulnerable.

The economy depends largely on fishing and tourism, which make a direct contribution of 11.8 percent and 17.8 percent to GDP, respectively. In 1995, GNP per capita was $900, with GDP growing between 6 to 8 percent during 1990s. Health care is now being provided through a four-tier system: a 200 bed hospital in Male', regional hospitals, 27 health centres and Family Health Workers (FHW) at the island level. As a result, IMR stands at 60 per 1000 live births and crude death rate at 7.5 per 1000 population in 1995. However,
maternal mortality remains very high: 480 per 100,000 women. Low age at marriage and early and frequent pregnancies have been identified as contributing factors. Eighty percent of deliveries are estimated to be conducted at home. CPR stood at 7 percent in 1993, but is estimated to have increased to about 15 percent at present. There is, however, a great deal of variation in the indicators. CPR for instance varies from 4 to 32 percent in different islands.

Government has invested heavily in health and education is thereby setting up a country-wide infrastructure and also contributing to institution building. Remarkable progress has been made in education, especially at primary level, where enrolment increased from 26 percent in 1977 to 91 percent in 1992 an increase of 100 percent of girls and at secondary level where enrolment increased from 2.3 percent to 33.2 percent during the same period.

**Lessons learnt from the previous programme**

The first CP, approved from 1994 to 1996 for $1.5 million, started late, began in 1995, and was extended to 1997, mainly as a result of lack of experience in national execution, lack of national, technical and managerial expertise, and delays in recruitment of international staff. Thus, in the next programme, timely recruitment and stress on human resource development will need to be given high priority. Opportunities to exchange experience with neighboring countries with similar religion and culture, a workshop on family planning and Islam (organized through Al Azhar University), and the training provided to IEC service providers as well as the commitment of the Government were main factors in creating a major breakthrough in awareness and understanding of population issues and in importing service-delivery. Though condoms and pills are now available in all islands and injectables and IUDs have been introduced, there are still many gaps. Though there are island Family Health Workers, there is lack of access and no confidentiality when obtaining contraceptives or counseling at Island-level. Deliveries (including some high-risk deliveries) are still performed at home, and contraceptive prevalence rate has risen only to 15 percent, against the expected 30 percent. A major constraint in the programme has been lack of male involvement in RH actions/decisions. Men are leaders and decision-makers in the community and in the family and some of them have been addressed by exposure to the programmes in countries with similar culture and through gender sensitization under the project Empowerment of Women, financed by the European Union in the amount of $1.2 million. However these activities need to be spread out more widely and Community leaders (Atoll and island chiefs/religious leaders and magistrates) as well as hard-to-reach groups, such as fishermen and out-of-school youth, need to be addressed through some innovative methods. Government has ratified CEDAW and established the National Women's Council. The Department of Women's Affairs was upgraded to a Ministry in 1993. However Ministry needs strengthening in order to undertake the challenging activities of awareness raising which are being carried out through the EU project. While NGOs such as Society for Health Education (SHE), working in this area are involved in the programme, other local NGOs, such as sports clubs, could be used to increase community participation.

Population education met with success and the primary and middle level curricula was revised, a secondary leader was developed, and teachers' training was undertaken. However, revision of the curriculum at secondary level (in Dhivehi and Islam) as well as quality in training and in development of materials needs to be emphasized in the new country programme. Also, concerns in gender equity and equality, as well as other relevant areas of PoA of the CPD which are of special relevance to the Maldives, e.g. environment and thalassaemia, need to be dealt with more prominently and forcefully in the curricula. Greater dissemination of knowledge through further promotion of South-South Cooperation is necessary; and a regional seminar in Reproductive Health is proposed for the next cycle.

There is a great deal of variations in the indicators. CPR, for instance, varies from 4 to 32 percent. There is, thus the need to provide an integrated package of services to the most disadvantaged islands which will lead to a quicker achievement of overall national population
goals. Involvement of the Ministry of Atolls Administration, the Ministry of Justice and Supreme Council for Islamic Affairs would prove more effective in reaching community leaders. Coordinated data collection, surveys and research and logistics support needs to be planned to minimize costs, including for transportation.

The first CP executed through 1997 has laid a sound foundation and brought out the gaps to be filled by the second CP. Resource utilization from 1994-1997 is estimated at $1.8 million, including the EU-supported multi-bi project for the “Empowerment of Women” started in 1997.

**Other donor assistance**

UNFPA is the only donor supporting comprehensive population activities in the Maldives. There are, however, other donors who have provided selected support to population related areas. WHO’s programme contributes to human resource development in the health sector, UNICEF supports activities such as safe motherhood, nutrition, strengthening capacity in the health and education sectors and empowerment of women. The main focus of the UNDP’s programme is the promotion of sustainable development through supporting income-generating activities for poverty alleviation and capacity building for the management of development. The International Planned Parenthood Federation (IPPF), through SHE, is active in the Maldives since 1992 and has supported family planning activities in the atolls. In addition, the World Bank has provided a loan for $14.7 million for a secondary education and training project, and OPEC contributed of $2.5 million (through UNDP) for upgrading and expansion of Atoll schools. In addition, some bilateral donors, e.g. Australia, Canada and UK, have sponsored ad hoc activities in population and related areas, particularly training and education. India has built and has been supporting the premier Government Hospital, Indira Gandhi Memorial Hospital.

**Proposed Programme** (1998-2002)

The main thrust of the programme will be to build on and strengthen the existing infrastructure and extend comprehensive RH services especially at primary health care level. This programme will have three purposes:

- To improve the RH status through increased utilization of RH services including family planning. National capacity will be strengthened in managerial areas through training, IEC support, research;
- To increase support for population and RH issues through the development of a comprehensive population policy; through supporting institution building, through the involvement of NGOs and the private sector and by population education and general awareness raising on population and RH issues.
- To enhance the status of women through a multi-sectoral approach designed to increase the participation of women in education, employment and national development; and through improved access to RH and social services.

These purposes will be further achieved through three sub-programmes - one in each thematic area, i.e. RH, Population and Development and Advocacy. IEC and gender would cut across all these sub-programmes.

**Reproductive Health:**

The sub-programme on reproductive health has the purpose of "to have contributed to the improvement of the reproductive health of the people of the Maldives". The sub-programme builds on the existing MCH/RH project, but the emphasis and mix of activities are different in order to consolidate and capitalize on the infrastructure established and then expand the effective coverage of those RH services which are necessary to achieve substantial improvements in RH, e.g. screening for RTIs (including STDs and HIV/AIDS), prevention of abortions, training for breast cancer examination and adolescent health needs. Training of government service providers will bring about improved service delivery. Because of the
shortage of medical professionals, two UNV gynecologists are being provided in two out of four regional hospitals.

Expanded choices and information on contraceptives, including IUDs, at Atoll level, injectables at regional hospitals and Norplant on a pilot basis in Male', will be available. One IEC UNV will assist the government IEC unit to provide training in communication. While many components of the sub-programme are designed to be provided throughout the country (e.g. IEC, contraceptive supply and training) concentration of support on islands of greater need will hasten the achievement of the purpose. This will include an integrated package of RH services for island RH facilities, clinical and interpersonal skills, community-expressed needs and information on RH conditions. IEC interventions will be culturally sensitive. These services will be designed to address specific target groups, and be protested on them, in order to ensure the achievement of intended results and facilitate changes in attitudes and practices. IEC would precede and follow service delivery to disseminate messages, dispel misinformation and clarify doubts. Hard-to-reach groups, such as school dropouts and fishermen, will be important target groups. In order to have focus and uniformity in messages, the Government would be assisted in setting up an IEC Steering Committee.

**Outputs:**
The sub-programme in RH will be an input in the Government's efforts and result in an improved RH status of the population through increased availability and utilization of quality health services including FP especially at island level. Availability of increased contraceptive choices and information to the clients as well as decision-makers, and strengthened national capacity in training and research will also contribute to this. The indicators will be increased CPR to 40 percent, increase in FP methods to 3 in the Atolls (80 percent) to 4 in regional hospitals and to 5 in Male' (excluding Norplant which would be introduced on pilot basis); 50 percent of eligible women are expected to be able to use RH facilities (e.g. screening of RTIs); and 80 percent high-risk deliveries to be performed under medical supervision. IMR is expected to decline to 21 and TFR to 5.

**Population and development**
The linkage of population and development is vital in the Maldives due to its fragile ecosystem and close relationship between population and environment. Population education will be included in this sub-programme to raise consciousness of future generations of the fragile ecosystem of the islands and the need to protect it. Government is continuing to give high priority to education - new schools are being set up to improve the education level. These students will be parents of tomorrow and UNFPA, through qualitative improvement in the curriculum of Population Education reading materials and teachers training, will reach out to them. Secondary education of girls will also be encouraged in one atoll through the project "Empowerment of Women". At the policy level, technical support is proposed to be given to government to set up a high-level coordinating body so that a clear policy is formulated and the inter-ministerial and intra-ministerial coordination is improved.

**Outputs**
The output of population and development sub-programme will be a functioning and strengthened national capacity to collect, analyze and use population related data. This would be done through social-cultural surveys, operations research and through analysis of census data. An updated school curriculum at all levels (with emphasis on gender equity and environment) with improved quality of materials and trained teachers and increased access of girls to secondary education, will be significant outputs. Strengthened of coordinating mechanisms, improved capacity to analyze data and the upgrading of curriculum (including in Dhivehi and Islam) will be the verifiable indicators. An assumption in the government's desire to formulate and articulate a population policy and to set up coordinating mechanisms.
Advocacy

Advocacy is extremely important in the Maldives as general awareness is low, support from community leaders is lacking and communication among the country's remote and dispersed islands, with no regular electricity, is difficult. Addressing policy makers and community leaders and making use of more innovative methods to involve the private sector and hard-to-reach groups are major challenges in this programme. Opportunities to exchange information and exchange experiences, seminars and other events to enhance gender sensitization of community leaders, along with use of mass media (TV and video where possible and radio and print in other places) will help create a conductive environment to facilitate a dialogue and promote stronger man-woman partnership, increase of opportunities for women in the development and income generating processes, and widen public awareness for greater utilization of RH/FP services.

Outputs:

Through the advocacy sub-programme the expected outputs are increased awareness and support for population issues, gender sensitization of men and community leaders, community mobilization, increased use of mass media and support from community leaders. This would be measured by the number of Island Women's Committees (IWCs), Island Development Committees (IDCs) and NGOs involved in population related issues, increase in free air time by mass media and religious leaders voicing their support for population and RH issues in public gatherings. It is expected that 80 percent of the population in age groups of 15 to 48 will be aware of at least 2 modern methods of family planning. Other indicators would be an increase in participation of women in income-generating activities to at least 30 percent; and 50 percent of atoll island chiefs and magistrates, having undergone gender sensitization. Setting of a health centre in a selected atoll by SHE and utilization of NGOs such as sports clubs (at least 50 percent) for covering youth would also be indicators. This is based on the assumption that political support for gender equity and equality will continue and community leaders would be receptive to issues of gender equity and RH.

Programme Implementation, Monitoring and Evaluation

The programme will be nationally executed through government and national NGOs, but international NGOs and other international agencies may also be involved. UNFPA would execute only where it is in an advantageous position, e.g. procurement, CST international consultancies, etc. the programme will be implemented through the Ministry of Health, Ministry of Education, Ministry of Information, Ministry of Women's Affairs and Ministry of Planning and Ministry of Resources and government counterparts. The UNFPA field office, which is staffed with one National Programme Officer and one assistant will provide liaison, facilitate coordination and motivate programme implementation. Since the country is extremely short of human resources, one National Professional Project Personnel will be used to support each sub-programme and assist government in execution.

UNFPA's established procedures for monitoring and evaluation will be applied; also indicators will be developed and applied to monitor the programme. A mid-term review will be scheduled in 2000. Project evaluations and programme evaluation will be undertaken in 2002, and will be the basis for developing a strategy for the next programme cycle.

Financial Summary

Out of the $2.5 of regular resources; $1.6 is proposed for RH, $0.4 million for population and development, $0.2 million for advocacy and $0.3 million for PCA. From multi-bilateral, it is expected that $1.2 million will be available from an ongoing project of European Union continuing throughout the second country programme and the rest of $1.0 million is anticipated from countries such as Norway, The Netherlands and Australia.
Recommendation

The Executive Director recommends that the Executive Board approve the programme of assistance for the Maldives, as presented, in the amount of $4.5 million over the period 1998-2002, $2.5 million of which would be programmed from UNFPA’s regular resources to the extent such resources are available, and the balance of $2.0 million would be sought from multi-bilateral and/other, including regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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