UNITED NATIONS POPULATION FUND

Country programme for the Maldives

Proposed UNFPA assistance: $2 million: $1.4 million from regular resources and $0.6 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2003-2007)
Cycle of assistance: Third
Category per decision 2000/19: A

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

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Regular resources</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reproductive health</td>
<td>0.70</td>
<td>0.5</td>
<td>1.20</td>
</tr>
<tr>
<td>Population and development strategies</td>
<td>0.45</td>
<td>0.1</td>
<td>0.55</td>
</tr>
<tr>
<td>Programme coordination and assistance</td>
<td>0.25</td>
<td>-</td>
<td>0.25</td>
</tr>
<tr>
<td>Total</td>
<td>1.40</td>
<td>0.6</td>
<td>2.00</td>
</tr>
</tbody>
</table>
I. Situation analysis

1. The Maldives consists of 1,190 islands in the Indian Ocean. The population of approximately 270,000 is scattered on 199 of the islands. The country has made considerable progress over the last two to three decades: life expectancy at birth has increased to 71 years for both sexes and the infant mortality rate has decreased to 18 per 1,000 live births. Despite a significant decline in the total fertility rate to 2.8, the current population is expected to double in 36 years. Considerable progress has been made towards achieving the goals of the International Conference on Population and Development (ICPD); however, the contraceptive prevalence rate as well as maternal mortality and morbidity require further action.

2. The impending emergence of the Maldives from least developed country status could make it a victim of its own success. The paucity of land-based natural resources, the extremely fragile environment and a narrow economic base that depends largely on tourism and fisheries pose problems to sustainable development. The dispersal of the population also presents a major challenge. There are significant income and other disparities between the capital and other atolls as well as between atolls. Up to 42 per cent of Maldivians live on less than $1.17 per day. Considering the high cost of service delivery, the provision of infrastructure and social services is a formidable task. The Government is attempting to address this challenge by implementing regional development policies and plans and by consolidating the population in selected growth centres.

3. Women’s empowerment continues to be constrained in the areas of employment, decision-making and access to higher education. Women head one third of all households due to high divorce rates and the absence of husbands due to internal labour migration. The implementation of the 2000 family law is expected to improve the situation of women in marriage and in the family.

4. Despite significant government efforts, access to high-quality reproductive health and family planning services remains limited. Malnutrition among women is a major public health concern and 52 per cent of pregnant women are anaemic. Maternal mortality is high at 143 per 100,000 live births and emergency obstetric care is inadequate. While the contraceptive prevalence rate has increased to 32 per cent for modern methods, utilization of male methods is only 6 per cent. There is a high, unmet need for contraceptives. Adolescents make up over a quarter of the population. Addressing adolescent sexual and reproductive health needs is therefore a major challenge.

5. The government development vision, as stated in the President’s Vision 2020 and the sixth national development plan (2001-2005), aims to achieve equitable development for the people; to consolidate democratic governance; enhance social services; and provide satisfactory living conditions and employment for all, particularly youth. Other goals include the equal participation of men and women in the social, political and economic spheres and the diversification of the economy.

II. Past cooperation and lessons learned

6. UNFPA has supported the development of infrastructure, the training of service providers, information dissemination and the collection of baseline information. UNFPA has played a distinctive role in assisting the Government in building national capacity in the field of reproductive health and in maintaining contraceptive security. However, some of the planned activities, such as maternity waiting homes and improved emergency transport, were not implemented due to concerns about the sustainability of such activities and weak links with the atolls and islands. Contraceptive logistics must also be strengthened. Health education has been weak and behaviour change communication strategies need to be operationalized. UNFPA has supported population education through curriculum...
development and through investments in training. While significant progress has been made, the approach and focus should now shift to promoting adolescent sexual and reproductive health through life-skills development.

7. UNFPA also contributed to the establishment of mechanisms for better population planning and intersectoral coordination. Progress was made in sensitizing government officials, developing a national population policy statement and establishing atoll population committees. UNFPA provided technical and financial assistance to analyse the 1995 census data and to implement the 2000 census. However, progress in this area has been limited; data and information management, particularly analysis and dissemination, remains weak. Future interventions should focus on specific technical support to policy-relevant research and studies on priority issues. Emphasis should be given to the timely analysis and dissemination of gender-sensitive data and information.

8. Successful advocacy on ICPD issues was conducted to sensitize atoll chiefs, island chiefs and key community leaders. Other target groups, such as parliamentarians and policy makers, will require greater attention in the future. Standard training materials need to be developed and appropriate trainers utilized to ensure quality. An important women’s empowerment project was undertaken with the support of the European Commission. Awareness of gender issues has been raised within the Government and selected atolls. Girls’ scholarships and microcredit components were implemented successfully. However, due to limited technical and professional capacity, several planned interventions, such as childcare schemes and market feasibility studies, did not materialize.

9. Despite significant investments, overall capacity remains limited in reproductive health and in population and development. Strategies need to be reviewed and adjusted. Training needs and the retention of trained and competent staff are issues that require attention. UNFPA will continue to support gender-mainstreaming initiatives, and mass media advocacy on gender equality issues will be a priority. Stronger links with the field and a greater focus on social mobilization and community involvement are needed. Partnerships with non-governmental organizations (NGOs) need to be further strengthened.

III. Proposed programme

10. The priority areas of the third country programme, identified in the country population assessment and based on the United Nations Development Assistance Framework (UNDAF), are aligned with national priorities and the Millennium Development Goals. UNFPA will focus its efforts on reproductive health, population and development, and gender. The programme will be results-oriented and will emphasize capacity-building and partnerships.

11. The goal of the third country programme is to contribute to the national goal of improving the quality of life of the Maldivian people through improved reproductive health status and the empowerment of women. The country programme will contribute to the UNDAF goal of balanced and equitable development of the Maldives. Subprogrammes in reproductive health and in population and development strategies will contribute towards the overall programme goal.

Reproductive health subprogramme

12. The outcome of the reproductive health subprogramme is to have contributed to increased utilization of high-quality reproductive health information and services and improved adolescent sexual and reproductive health. This subprogramme will contribute towards the UNDAF sub-objective to provide support to quality social services. The subprogramme has three principal outputs.

13. Output 1: Strengthened management of the national reproductive health programme at central level and in selected regions. This will
be achieved through policy development and managerial and technical capacity-building. Training needs will be assessed and priority areas identified. Emphasis will be given to strengthening contraceptive logistics and to further reducing maternal mortality and morbidity. Reproductive health data analysis and dissemination will be supported through a comprehensive survey and by operationalizing the reproductive health database. The prevention programme for sexually transmitted infections (STIs) and HIV/AIDS will also be strengthened.

14. **Output 2: Increased availability of high-quality reproductive health services and information in selected regions and atolls.** A comprehensive approach to improving services and information in selected islands will be taken. Training service providers, especially in counselling skills; ensuring compliance with quality-of-care protocols; and increasing information and awareness will contribute to an improvement in the quality of services. Efforts will focus on strengthening referral and networking to address delays in emergency obstetric care. Behaviour change communication efforts will focus on increasing the utilization of contraceptives, particularly male methods, such as condoms. Community initiatives in particular will be supported.

15. **Output 3: Strengthened life skills development programme for the promotion of better adolescent sexual and reproductive health.** The proposed programme will intensify efforts in adolescent sexual and reproductive health to ensure positive behaviour change among adolescents and youth. The development of life skills for both in-school and out-of-school adolescents and youth will be a key priority. Innovative approaches such as theatre and music shows will be explored. UNFPA will play a lead role in supporting behaviour change communication inputs focusing on promoting responsible behaviour and preventing teenage pregnancies, unsafe abortions, STIs and HIV infections. Selected inputs will focus on building capacity in adolescent sexual and reproductive health, training teachers, and producing print and audio-visual materials. Partnerships with NGOs that have a strategic advantage in this area will be further strengthened.

**Population and development strategies subprogramme**

16. The outcomes of the population and development strategies subprogramme are to have contributed to improved intersectoral coordination and increased political and community support for population and development and gender equality. The subprogramme will contribute to two UNDAF sub-objectives: (a) the management of development; and (b) support to governance and social mobilization. Advocacy will be an important strategy within the subprogramme, which has three outputs.

17. **Output 1: Strengthened intersectoral collaboration for planning and implementing population programmes and support for gender mainstreaming.** This will be achieved by strengthening institutional mechanisms, policies and plans. Assistance will be provided for policy-relevant research studies and for the utilization of gender-disaggregated information. Particular attention will be given to sociocultural and operations research. Advocacy efforts to promote the ICPD Programme of Action, Key Actions for the Further Implementation of the Programme of Action of ICPD (ICPD+5), the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) will be directed towards parliamentarians and policy makers. Limited technical assistance will be provided for the 2005 census. The programme will support awareness raising and advocacy, as well as research on the linkages among population, the environment, reproductive health, poverty and sustainable development. Some support may also be provided for government population consolidation, regionalization and decentralization initiatives.
18. **Output 2: Increased support for community-based initiatives for women’s empowerment in selected regions and atolls.** Sensitization on gender equality and training in business management and leadership skills for women will be conducted on selected islands. A market feasibility study will be undertaken to explore viable options for women’s income generation. Links with development partners will ensure the availability of an integrated package providing microcredit, business skills and market information.

19. **Output 3: Strengthened role of the mass media in advocating gender equality and male involvement.** The role of TV and radio in advocating gender equality and male support for women’s empowerment will be strengthened in order to develop positive attitudes among policy makers and the public. Selected inputs will focus on sensitizing media personnel on population, reproductive health and gender issues

**IV. Programme management, monitoring and evaluation**

20. The third country programme will be nationally executed, with UNFPA execution limited to procurement, subcontracting, technical assistance and international training. Government counterpart agencies will be the Department of External Resources, the Ministry of Health, the Department of Public Health, the Ministry of Planning and National Development, the Ministry of Education, the Ministry of Women’s Affairs and Social Security, and the Ministry of Information, Arts and Culture. The experience in national execution has underscored the need to build capacity within the Government for project management, monitoring and evaluation. This will be given due emphasis in the programme.

21. Stakeholder management committees will be established and will meet quarterly to review progress and improve programme coordination and implementation. Joint annual reviews of the country programme and subprogrammes will be carried out in accordance with UNDAF. Reviews will be based on project work plans and logical framework indicators. The midterm review and the final evaluation will occur in the third and fifth years of the programme, respectively.

22. During the new programme cycle, key indicators will be utilized and results-based management further strengthened. The United Nations system will work to strengthen data availability and analysis. National project personnel will be recruited to assist in implementing the programme. The UNFPA Country Technical Services Team in Kathmandu, Nepal, will provide technical assistance, along with other sources, as needed. Field office capacity will be strengthened in priority areas.

23. Due to limited resources, the programme will focus on selected priority areas. Along with its partners, the UNFPA country office in the Maldives will develop and implement a proactive strategy for resource mobilization that will target the European Commission and other donors. The country office will also continue to play a strong advocacy role in sensitizing donors on reproductive health and gender issues.
**ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR THE MALDIVES**

<table>
<thead>
<tr>
<th>UNFPA Goal</th>
<th>Outcome</th>
<th>Indicators</th>
<th>Outputs and Key Indicators</th>
<th>Resources</th>
</tr>
</thead>
</table>
| To contribute to the national goal of improving the quality of life of the Maldivian people through improved reproductive health and the empowerment of women | [Reproductive health subprogramme] | • Number of pregnant women receiving four or more antenatal checkups increased from 62% to 75%  
• Contraceptive prevalence rate increased from 32% to 50%  
• Unmet need decreased from 42% to 30%  
• Percentage of births attended by skilled attendants (doctors, nurses and nurse midwives) increased from 54% to 70%  
• Percentage of the population that knows at least one valid way of contracting sexually transmitted infections (STIs) increased from 54% to 75% and at least one valid sign of STIs increased from 35% to 45%  
• Number of obstetric and gynaecological admittances due to abortion complications decreased  
• Maintain percentage of population that knows at least one valid way of contracting HIV/AIDS (92%)  
• Decrease in anaemia among pregnant women from 51% to 40%  
• Existence of a human resource development plan for reproductive health | **Output 1: Strengthened management of the national reproductive health programme at central level and in selected regions**  
Output indicators:  
• Reproductive health policies revised  
• Existence of annual training plans based on the human resource development plan for reproductive health  
• Number of managers and service providers trained according to the annual training plan  
• Existence of a strengthened and functional logistics management information system at all levels  
• Number of maternal deaths reviewed within two weeks of occurrence of the death  
• Reproductive health database able to provide most recent information  
• Existence of an information, education and communication (IEC) distribution mechanism covering workplaces and resorts | **Total for reproductive health subprogramme:**  
$700,000 from regular resources and $500,000 from other resources |
|  |  |  | **Output 2: Increased availability of high-quality reproductive health services and information in selected regions and atolls**  
Output indicators:  
• Service delivery points in selected areas capable of providing at least three reproductive health services; maintaining supplies of basic emergency obstetric care drugs, equipment and contraceptives; and following prescribed service protocols  
• Percentage of pregnant women receiving at least four antenatal check-ups increased from 62% to 80%  
• Number of community-based organizations and NGOs actively involved in reproductive health programmes at community level in target areas  
• Use of condoms as a percentage of all contraceptives increased from 6% to 10%  
• Decreased number of contraceptive stock-outs in target areas  
• Number of IEC materials produced for reproductive health in support for the most recent IEC campaign  
• Contraceptive method mix increased to five at atoll level |  |
|  |  |  | **Output 3: Strengthened life skills development programme for the promotion of better ASRH**  
Output indicators:  
• Number of teachers trained in ASRH |  |
<table>
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</tr>
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</table>
| same as above                                  |         | • Existence of an action plan for implementing and monitoring the national population policy  
• Availability of sex disaggregated, gender-sensitive data  
• Existence of a human resource plan in population and development  
• Percentage of adolescents supportive of gender equality issues  
• Age at first marriage increased  
• Percentage of policy makers supportive of gender equality issues | Output 1: Strengthened intersectoral collaboration for planning and implementing population programmes and support for gender mainstreaming  
**Output indicators:**  
• Number of interventions in support of the population programme and action plans  
• Number of policy-relevant, gender-sensitive research studies finalized  
• Number of advocacy interventions on ICPD, ICPD+5, Beijing Platform for Action and CEDAW for policy makers and parliamentarians  
• Number of interventions on disseminating findings based on studies and surveys  
**Output 2: Increased support for community-based initiatives for women’s empowerment in selected regions and atolls**  
**Output indicators:**  
• Number of key community personnel in target areas trained in ICPD and ICPD+5 issues  
• Completion of market feasibility study in selected atolls  
• Number of women trained in management and business skills  
• Number of interventions by NGOs and community-based organizations on women’s empowerment  
• Number of women and youth engaged in income-generating work  
**Output 3: Strengthened role of the mass media in advocating gender equality and male involvement**  
**Output indicators:**  
• Number of television and radio programmes promoting gender equality and male involvement  
• Number of television programmes promoting ASRH  
• Number of media personnel trained and sensitized in gender equality and women’s empowerment issues | **Total for population and development strategies subprogramme:**  
$450,000 from regular resources  
$100,000 from other resources                                                                 |                                                                 |

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