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SITUATION OF WOMEN AND CHILDREN IN THE REPUBLIC OF MALDIVES


Thuraakunu
Uligamu
Berimmadhoo
Hathifushi
Manafaru
Mulhadhoo
Huvarafushi
Thavandhoo
HAA ALIFU ATOLL
Kelaa
Vashafaru
Filladhoo
DHIDHDHOO
Naridhoo
Maarandhoo
Utheemu
Alidhoo
Thakandhoo
Island Hideaway
Baarah
Muraidhoo
Faridhoo
Hodaafushi
Naivaadhoo
Hodaidhoo
Hanimaadhoo
Hirimaradhoo
Finey
Nellaidhoo
Nolhivaranfaru
Naagoashi
Kuribi
Nolhivaramu
Kudamuraidhoo
Kuburudhoo
HAA DHAALU ATOLL
KULHUDHUFFUSHI
Kumundhoo
Vaikaradhoo
Neykurendhoo
Maavaidhoo
Kanditeem
Makunudhoo
Goidhoo
Noomaraa
Bileffahi
Feydhoo
Feevah
Gaakoshinbee
Foakaidhoo
Narudhoo
Maakadoodhoo
SHAVIYANI ATOLL
Maroshi
Lhaimagu
FUNADHOO
Firubaidhoo
Kanbaalifaru
Vagaru
Komandhoo
Dholhiyadhoo
Maaughoodhoo
Alifushi
Hebadhoo
Kedhikulhudhoo
Ekulhivaru
Kudafunafaru
Kudafari
Maalhendhoo
Landhoo
NOONU ATOLL
Vaadhoo
Rasgatheemu
Lhohi
Maafaru
Agolhitheemu
Maavelaavaru
Miladhoo
Hulhudhufaaru
Maagoodhoo
MANADHOO
RAA ATOLL
Maanenfushi
Holhudhoo
Fodhdhoo
Irufushi
UNGOOFAARU
Velidhoo
Randheli
Lundhufushi
Kandholudhoo
Maakurathu
Rasmaadhoo
Innamaadhoo
Kuredu
Kanuhura
LHAVIYANI ATOLL
Komandhoo
Maduvvari
Meedhoo
Iguraidhoo
Hinnavaru
Palm Beach
Fainu
Madivaru
Meedhupparu
Kinolhas
NAIFARU
Kanifushi
Hudhufushi
Kurendhoo
Kudarikilu
Kihavahhuruvalhi
Landaa Giraavaru
Kamadhoo
Kendhoo
Reethi Beach
Olhuvelifushi
BAA ATOLL
Kihaadhoo
Kihaadhuffaru
Dhonfanu

Executive Summary

Introduction and Overview

This Situational Analysis update is specifically focused on the vulnerable and most excluded in the society within the framework of the five UN principles: human rights based approach (HRBA), gender equality, environmental sustainability, result-based management (RBM) and capacity development, and acting as One UN. At the same time the Government[1] has requested the UN to particularly provide support within some of its key competency areas, i.e. gender, youth and children, environment and climate change, and governance. This combined framework has guided the preparation and structure of the Situational Analysis. In addition to being developed using a human rights based approach, this SitAn will identify and examine the principal determinants, deprivations, and corresponding bottlenecks facing women and children and from these analyses provide proposed actions to address them. In short, a rights-based approach and child rights perspective provided the analytic framework for the overall analysis.

The Republic of Maldives is a Small Island Development State (SIDS) with a population of 341,256, an increase of 14 per cent since the last census in 2006. The country is spread out over 90,000 square kilometers and some 192 inhabited islands, making it one of the worlds' most geographically dispersed. Children (0 -17 years of age) represented almost 40 per cent of the population according to the Census 2006. Malé, the capital accounts for 39 per cent of the overall Maldivian population; expatriates increase the population by an additional 15 per cent. With an average ground level elevation of 1.5 meters above sea level, it is the planet's lowest country with implications for its future.

The Maldives has evidenced numerous development successes over the past decade. It graduated to a middle income country status in 2011 with a remarkable economic growth of almost six per cent between 2000 and 2009, largely due to the rapid expansion of tourism. GNI per capita increased approximately 85 per cent from 2000 to 2012 (This significant economic growth took place despite the global economic crisis and the severe devastation caused by the 2004 tsunami. Moreover, by 2008, Maldives had achieved five of the eight Millennium Development Goals ahead of schedule, making it South Asia's only "MDG+" country. The Maldives' Human Development Index reached the value of 0.688 making it the highest ranking country in South Asia, and globally 104 out of 187 countries. The main reasons for this impressive development have been the Maldives' government commitment to major budgetary allocations, approaching 50 percent to the social sectors. Despite these impressive developments, the figures mask various challenges and underlying inequalities.

The CRC has noted that one of the principal challenges facing the country is result of the numerous changes in government which is indicative of increased political tensions and growing polarization. This has had a significant impact on the timely passage of important social legislation and the delivery of key child-related social services. While the country embarked on a highly ambitious process of decentralization in 2010, hoped for improvements in the social sectors through devolution of some municipal services to Atoll and Island Councils have been mixed. The graduation of the Maldives to a Middle Income Country (MIC) has negatively impacted the public deficit and debt as conditions for concessional loans and favourable trade conditions have deteriorated markedly presenting one of the most serious threats to Maldives

[1] Government Manifestos: Goals for Social Services, Education and Health

future development. Finally, perhaps the greatest constraint to the country's development and children's welfare in particular is the Maldives SIDS profile, which is of geographical dispersion and isolation with small and remote populations, and susceptible to climate change and natural disaster making it both difficult and expensive to reach the most vulnerable groups with basic public services.

Issues of Inclusion and Disparities

While the Maldives has made significant strides in its overall social and economic development, this outstanding performance has not benefited all Maldivians equally. The manifested disparities and inequities in outcomes for children have several dimension, including spatial or geographic, income and education, and age or generational. The most influential factor driving inequality and vulnerability in the Maldives is the geographical dispersion of its people. Spatial disparity between the capital, Malé, and the atolls contributes greatly to the human development gap, mostly in the form of income and education choices. The HDI value for Malé is 0.734 compared with the cumulative HDI value of 0.627 for all atolls with inhabitants in the former having significantly greater access to quality social services and employment opportunities.

Malé performs far better than the atolls in expected and average years of schooling; and, people living in Malé are likely to earn more than 1.5 times that of a person living in the atolls. Within the regions there are also noticeable differences. For example, 72 per cent the people in the Northern Region were poor (2009), which was more than twice the poverty ratio in North Central region (32 per cent), while regional disparities in the North Central (child health) and Southcentral (child-protection) demonstrate above national average inequities for vulnerable groups.

Income disparities are the second most influential driver of inequality, and tourism and connectivity are key drivers in setting income levels, which in turn, determine the ability of concerned populations to access better services. There is also a quickly widening income inequality in Malé with the top 10 per cent of households holding almost half of the total income in 2009/2010. Poverty in the Maldives decreased during the period 1997-2010, although poverty incidences increased for Malé, from two per cent in 2003 to seven per cent in 2010, while it decreased in the atolls. The poverty decline in the atolls appear to be driven by out-migration to Malé where poor island people move to Malé for better employment opportunities and improved access to services, mainly education. A critical social inclusion issue is the growing sense of disenfranchisement and exclusion that young Maldivians feel and the corresponding perception held by adults that the country's youth are "idle and disconnected from the fabric of society."

As the CRC has noted, children with disabilities continue to face an array obstacles, and remain subject to de facto discrimination. The Maldives Operational Review 2012 noted that teachers lack necessary training for the early detection of learning difficulties among students, as well as how to work with children with disabilities; and, improvement in employment opportunities are largely dependent on the enforcement of existing policies, as well as targeted vocational education. The impact of these child protection disparities has been greatest on children (18 percent living in poverty) and adolescents with few job prospects (unemployment at 43 percent for 15-24 year olds).

UNICEF's support has been directed towards improving government's capacity to collect and analyze data (MaldivInfo) to better understand the country's growing disparities. Despite the Maldives' achievement of MDG+ status, and government's establishment of a number of social transfer programmes for those who are most in need, bottlenecks to social inclusion remain, including weak analysis and use of evidence-based data to better target the most disadvantaged children for participation in current welfare schemes.

Principal Sectoral Analysis and Findings

The most critical set of issues facing children today are related to **child protection**, including violence against children, children in conflict with the law and drug abuse among children. Studies reveal that there is a clear correlation between youth unemployment and the abuse of drugs and rates of child and juvenile crime. Poor educational achievement, coupled with limited access to career guidance and life skills, is a principal cause of high youth unemployment that predispose children to criminal and delinquent behaviors. For instance, 61 per cent of juvenile offenders reported to the Juvenile Justice Unit were school dropouts, with 40 per cent of the cases related to drugs and another 18 percent related to violent assault.

Gang violence is increasing in the Maldives, and the nature of violence is becoming more brutal with the use of new types of drugs and weapons. There is growing evidence that a number of children involved in criminal behavior were first in contact with the system as victims. Limited access to recreation and sports opportunities is also considered a contributing factor to the growth of child and adolescent drug abuse. The preliminary results of the most recent National Drug Use Survey (2011 – 2012), show that 47.6 percent of drug users in Malé are aged 15 – 19, with the corresponding figure for the atolls at 18.4 percent. There are also indications that the mental health of children and young people in Maldives is deteriorating.

Violence against children exists at home, at school and in the community. A 2009 study by UNICEF indicates that 47 percent of Maldivian children below the age of 18 have undergone emotional or physical punishment in their lives (11per cent boys, 20 percent girls). Nationwide, 15 percent of children attending secondary school reported that they had been sexually abused at least once in their life with the prevalence rates of girls double those of boys. UNICEF's support has focused on strengthening the child protections system, including building the capacity of investigative officers, advocating for stronger laws and their enforcement, and, establishing a "diversion program" for children in conflict with the law.

Despite these efforts, a number of bottlenecks remain: The mapping and assessment of child protection system identified a range of multi-sectoral systemic issues, including the shortage of trained staff in both the Child and Family Protection Service (CFPS) and the 19 Family and Child Service Centers (FCSCs) severely limiting factors. The FCSCs do not have the facilities or the staffing levels to adequately fulfil their mandate. Foster care is challenging due to lack of families willing to take older children. Important pieces of legislation such as the Juvenile Justice Bill and the Child Protection bill are still pending while the enforcement of Child Right Act of 9/91 is weak.

While significant progress has been achieved in attaining universal primary **education** (94.4 per cent in 2013); access to secondary education is lagging. There is a significant drop in transition from lower secondary education (92.3 per cent in 2013) to higher secondary education (net enrollment at 23.9 per cent in 2013). Quality of education remains a critical concern at all

levels, and overall challenges in attaining a quality system persists. National assessments indicate poor learning outcomes at all levels of education and low achievement at secondary level (47 percent), with major disparities between Malé and atolls. There is also a great need to standardize and improve the quality of the early childhood education programmes offered across the country. While the country has a high education enrolment rate, administrative data suggest a high incidence of non-attendance in several parts of the country (North Central and South Central regions) and lower enrolment rates at higher secondary level (countrywide).

Children with disabilities, both students and school leavers, do not have adequate access to educational opportunities. UNICEF has been supporting the Ministry of Education to conduct a baseline and roll out the new pre-primary and primary school curriculum (2014/2015), advocating for monitoring school compliance with the quality standards, and, institutionalizing life skills through teacher capacity building. However, bottlenecks to quality education remain, including generally weak teaching qualifications, high turnover of secondary school teachers, an inability to efficiently serve small and dispersed island populations, inadequate monitoring of adherence to national standards, and insufficient advisory and pedagogical support to disadvantaged schools in the islands.

The Maldives has the highest total **health** expenditure rate and social sector budget allocation in South Asia. Since the tsunami in 2004 health expenditure has seen an annual average growth of almost 20 percent, while the 2011 National Health Insurance Act instituted a fully state-funded universal health insurance programme covering all Maldivians. Despite the achievement of health related MDGs and the significant resources allocated to the health sector, malnutrition among children, particularly in the North and South-central regions, presents the most critical public health concern. Among children under five years of age, 18.9 per cent are stunted, 17.3 per cent are underweight, and 10.6 per cent are wasted. Gaps related to chronic malnutrition and stunting include harmful social norms of care-givers, including inappropriate feeding and eating practices, as well as access to and affordability of nutritious food, limited access to quality, user-friendly services for mothers, and, long distances to adequately equipped health facilities.

Children and youth have limited access to comprehensive quality health care, including adolescent and youth friendly sexual and reproductive health information and services. UNICEF's support in the health and nutrition sector has included strengthening growth monitoring, development of the Integrated National Nutrition Strategic Plan, improved feeding campaigns, capacity building on Integrated Management of Childhood Illness and development of PMTCT guidelines.

Given the Maldives' SIDS profile and the increasing evidence and impact of **climate change**, the country is highly vulnerable to natural disasters, particularly coastal flooding, storm surges and tsunamis. Land scarcity coupled with limited utilization options (for agriculture, recreation) and a growing population contribute to a country evidencing multi-hazard risks. Political tensions, manifested in frequent changes in government have impaired the effective delivery of public services and basic goods. Several important bottlenecks to improving the country's readiness to deal with disasters include: the absence of a legal, policy and institutional framework for disaster risk reduction and management, inadequate and weak institutional capacity of the National Disaster Management Center, weak horizontal and vertical coordination mechanisms for DP/DRR, a lack and/or weak local government and community capacity for preparedness for effective response, and, an absence of a tested End-to-End Early Warning System.

Principal Socio-economic and Political-Governance Changes and Emerging Trends

The Maldives graduation to middle income country status in January 2011 was evidenced in a remarkable economic growth of almost six per cent between 2000 and 2009 despite the global economic crisis and the severe devastation caused by a tsunami in 2004. Its high economic growth rates were mainly due to the rapid expansion of tourism and the corresponding development in related sectors. The Maldives' Human Development Index of 0.77 made it the highest ranking country in South Asia, and 95th out of 182 countries overall. Moreover, Maldives' achievement of five of the eight MDGs ahead of schedule, made it South Asia's only "MDG+" country.

The principal changes and emerging trends since the last SitAn are primarily based on: (a) the 2013 situation analysis undertaken as part of the mid-term review of the UNDAF in 2013 which outlines particular development events that have taken place since the inception of the 2011-2015 UNDAF in 2010, a period over approximately 3 years; (b) the Mid-Term Review of the current UNICEF Programme of Cooperation (2011-2015) undertaken in 2013; and, (c) interviews with concerned UNICEF stakeholders. The principal social, economic and political changes from the last SitAn include: (i) increased political instability, (ii) the graduation of the Maldives into a Middle Income Country from 2011; (iii) a focus on upstream policy support by the UN, (iv) a fiscal crisis that has impacted the Government's ability to deliver its development agenda, and (v) the emergence of new issues, including extremism, drug abuse and regression of certain key MDG goals.

As of September 2014 (UNDAF MTR) the above development trends have overall been confirmed. Political instability and societal tensions have continued since the 2013 situation analysis, particularly exemplified by the elections in September 2013, the third change in government in three years. The graduation of the Maldives to a MIC status has increasingly impacted the public deficit and debt as conditions for concessional loans and favorable trade conditions have deteriorated. While maintaining a continuous high cost of public services (e.g. the health insurance scheme, geographic coverage) the public deficit and debt has increased significantly putting a strain on the country's finances. Partly as a consequence of the graduation to MIC, the support of UN agencies in general and UNICEF in particular has been directed increasingly towards upstream policy support rather than traditional downstream service delivery. As the UNICEF MTR noted, this transition may have been somewhat premature given actual conditions on the ground.

The new development issues identified in the 2013 (MTR UNDAF) situation analysis appear to have gained further momentum and apart from extremism and drug abuse, crime and gang activities across the Maldives seems to be of particular concern among many stakeholders interviewed. Also, the regression on some of the MDG goals is of concern and confirmed in the fourth revised version of the MDG report from April 2014.

Emerging issues directly affecting children and women have been revealed through anecdotal information and new studies as well as observations during programme implementation in the last two and a half years (UNICEF MTR). The more important ones are: Rising religious conservatism; increased reporting of child sexual abuse and gender-based violence; surfacing of new issues related to adolescents, urbanization and migration and the impact of decentralization on children; importance of inclusion of disaster risk reduction (DRR) as part of climate change response.

Current and Proposed Results and Strategic Direction

One of the principal results that UNICEF has been working on during the current CP period is strengthening the public service delivery system, including improved planning, management and monitoring of concerned social services. It is likely that this will continue into the new CPD but with a greater equity focus and emphasis on inclusive and equitable social services for disadvantaged groups and regions with a special focus on children and youth below 18 years. A possible result could be framed as: *strengthening the service delivery and monitoring system and capacitating those in it*.

The second broad area of UNICEF support has been to increase the use of data (research, qualitative and quantitative) in developing evidence-based policy. Again, this is likely to carry-over into the new CP but with improved targeting that supports a more inclusive and equity-focused service delivery strategy. In this case, a possible result could be framed as: *Evidence generation* for *inclusive social services* or the use of analyzed data for policy making and advocacy; for instance the development of a deprivation index which needs to be calculated and linked with and informing social protection policy.

One of the principal findings of this SitAn, based both on discussions with UNICEF staff and its key partners, as well as a review of the relevant documents, is the diffused or dispersed nature of its results and the corresponding set of activities that UNICEF Maldives undertook during the current CPD period. Six PCRs for a programme the size of the Maldives and UNICEF resources available was inconsistent with a strategic or results-based approach.

The theme of the next CPD could be articulated as increasing Country Programme strategic focus: matching resources with specific, measurable, achievable, relevant and time-bound (SMART) results. The way forward could be based on informing the new country programme with lessons learned from the current programme, an assessment of the current and anticipated situation of children and women (this document), and being strategic in the areas that the new CP chooses to undertake.

SITUATIONAL ANALYSIS OF CHILDREN AND WOMEN: INFORMING UNICEF MALDIVES' NEW COUNTRY PROGRAMME

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1.0 INTRODUCTION AND OVERVIEW

1.1 Situational Analysis Purpose

1. Development of a Situation Analysis of Children and Women is a central function of UNICEF's mandate. It is a programme output that strongly supports national efforts and institutions. It is part of the UN's overall effort to support national capacity for promoting human development and fulfilling the human rights of citizens. The assessment and analysis shows child-relevant dimensions of national development problems and points the way to possible solutions and priority actions (some of which may be supported by the UN). It promotes extensive value-added in the analytical use of available data and qualitative studies from Government, international development cooperation partners and civil society.

2. A rights-based, equity-focused Situation Analysis (SitAn) includes: a disaggregated assessment of the status of and trends in the realization of children's and women's rights; an analysis of the immediate, underlying and structural causes of shortfalls and disparities across various groups; and policy and programmatic recommendations to address the shortfalls and disparities and accelerate progress towards development goals and the fulfilment of human rights conventions.[2] By focusing on the key knowledge gaps related to inequities and child deprivations and promoting the broad engagement of all stakeholders, the SitAn is intended to make an important contribution to shaping national development strategies to accelerate achievement of the child-related goals with equity.

3. This SitAn is specifically focused on the vulnerable and most excluded in the society within the framework of the five UN principles: human rights based approach (HRBA), gender equality, environmental sustainability, result-based management (RBM) and capacity development, and acting as One UN. At the same time the Government[3] has requested the UN to particularly provide support within some of its key competency areas, i.e. gender, youth and children, environment and climate change, and governance. This combined framework has guided the preparation and structure of the Situational Analysis.

1.2 Situatinal Analysis Approach and Methodology

4. This SitAn was undertaken by a single consultant over a period of three weeks. Because of time and resource constraints, particular reliance was made on a number of core documents of which the UNDAF Common Country Analysis[4] (CCA) completed in October 2014 was one. This is consistent with UNICEF guidance in the preparation of country programme situational analyses,[5] particularly when the CCA is undertaken using a rights-based analysis and equity focused approach and supplemented with more targeted data on the specific situation of women

[2] Particularly the Convention of the Rights of the Child (CRC), the Convention on the Elimination of All Types of Discrimination Against Woman (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD).

[3] Government Manifestos: Goals for Social Services, Education and Health

[4] UNDAF Common Country Analysis, The Republic of Maldives, Prepared by Svend Erik Sørensen, Consultant to the CA and UNDAF process, October 2014.

[5] Guidance on Conducting a Situation Analysis of Children's and Women's Rights: Taking a rights-based, equity-focused approach to Situation Analysis, UNICEF, Division of Policy and Strategy, March 2012

and children and the deprivations which face them. In this regard, the SitAn will identify and examine the principal determinants, deprivations, and corresponding bottlenecks facing women and children and from these analyses provide proposed actions to address them. In short, a rights-based approach and child rights perspective provided the analytic framework for the overall analysis.

5. In addition to being prepared using a rights-based and equity focused approach, the CCA incorporates the most recent data and statistics on socio-economic and political-governance situation in the Maldives available at the time of this writing. The CCA, itself, relies heavily on both the 2013 Situation Analysis that accompanied the UNDAF Mid Term Review[6] and, most importantly, the 2014 Maldives Human Development Report (NHDR) 2014.[7] Of particular relevance to this SitAn, the NHDR 2014 for the first time addresses statistically regional disparities of the Maldives – "a major strength of the report, providing an improved basis for targeting interventions." Other key documents that were reviewed (see Annex 1, for a full list), include a 2013 update of the situation of children in the Maldives,[8] which attempted to consolidate recent evidence of the situation of children in the Maldives with specific focus on existing disparities; and, a range of sector-specific documents, including several bottleneck analyses prepared for the October 2014 *Strategic Moment of Reflection* and a number of sector-wide consultations held with concerned stakeholders.

6. In addition to the document review, key informant interviews were held with UNICEF's principal Government partners, including concerned ministries, departments and agencies, and a number of its civil society implementing partners; and, in-depth discussions were held with UNICEF's section heads (see Annex 2, for a full list of Interviews). Finally, a field visit was made to a principal UNICEF programme site (Villigilli), where both Island and Atoll government officials were interviewed as well as a number of focus group discussions held with youth and adult cohorts.

7. The principal limitation encountered in undertaking this SitAn, besides time and resource constraints, was the unavailability of recent data and information for the current Country Programme period 2011-2015. If not for the above referenced CCA, NHDR, and a limited number of sectoral assessments, most of the data used in this analysis would have been based on secondary data dating from 2009 (DHS) through early 2013; and, UNICEF and UNDAF MTRs and an update of the 2009 UNICEF SitAn.

1.3 Situational Analysis Structure and Contents

- The SitAn begins in the following Background section providing a brief review of UNICEF's planned contributions towards improving the lives of Maldivian children in the current CP;
- Chapter 2.0 presents a portrayal of the broader socio-economic and politico-governance context in which the programme will unfold;

[6] The Situation Analysis 2013 title: Maldives UNDAF Mid Term Review. Situation Analysis Update, July 2013.

[7] Maldives Human Development Report 2014, Bridging the Divide: Addressing Vulnerability, Reducing Inequality, MoFT and UNDP, 2014

[8] Situation of Children in The Republic Of Maldives: Secondary Analysis of Existing Information From an Equity Perspective, UNICEF 2013

- Chapter 3.0 provides a closer examination of the principal focus areas / component results utilizing the rights-based analysis that has been and will likely be continued in the new CP.
- Chapter 4.0 examines normative principles (e.g., gender equality, the environment) which will be reviewed with principal findings and analysis provided.
- Chapter 5.0 takes the findings and analysis with the changed context and provides the principal conclusions and recommendations, in the form of strategic choices or options that can be pursued in the country programme

1.4 Background: UNICEF's Country Programme in the Maldives

8. The overall goal of the UNICEF Country Programme of Cooperation 2011-2015 was to support the Government of Maldives in the progressive and equitable realization of the rights of children and women, with a focus on their survival, development, protection and participation. It prioritized support for upstream policy level work, consistent with the approach for a Middle Income Country (MIC), a status acquired by the Maldives on January 1, 2011. In addition to the up-stream policy focus, the CP targeted the development of strategic partnerships for children and the monitoring of results within the UNDAF 2011-2015. It also supported the acceleration of efforts towards achievement of unmet Millennium Development Goals targets. The following six programme component results were developed in the 2011-2015 programme:

(a) Children enjoy the benefits of improved child rights legislation, policies, regulations and plans and contribute to legislative processes;

(b) Disaggregated data and information that contribute to the realization of child rights are accessible, analyzed and used;

(c) Families enjoy quality health care, and practice improved nutrition and hygiene behaviors and are equipped with the knowledge and skills to prevent drug abuse and HIV/AIDS;

(d) Children enjoy learning in an inclusive child-friendly environment and are aware of sustainable environmental practices;

(e) Women and children benefit from a preventive and responsive protection system, and children benefit from a specialized juvenile justice system;

(f) Child rights awareness is enhanced through active monitoring and

9. One of the principal areas of assistance highlighted in the CP was strengthening the public service delivery system, including improved planning, management and monitoring of concerned social services at both the national and decentralized levels of governance; while additional support was targeted to increase the use of data (research, qualitative and quantitative) in developing evidence-based policy. Specific programmes and activities under the current CP will be discussed in the concerned focus area presentations.

2.0 OVERVIEW OF THE HUMAN DEVELOPMENT SITUATION

The chapter looks at what has changed since the beginning of the current SitAn / CPD (2010) and today (2014) in terms of social, economic and political / governance context which need to be taken into consideration in the next CPD's development; and, the specific challenges, opportunities and issues emerging from this change.

2.1 Overall Country Summary and Demographic Profile

10. The Republic of Maldives is a Small Island Development State (SIDS) with a population of 341,256,[9] an increase of 14 per cent since the last census in 2006. The country is spread out over 90,000 square kilometers and some 192 inhabited islands, making it one of the worlds' most geographically dispersed. Children (0 -17 years of age) represented almost 40 per cent of the population according to the Census 2006.[10] Malé, the capital accounts for 39 per cent of the overall Maldivian population while expatriates, largely from India and Bangladesh, increase the population by an additional 15 per cent (total population, 401,026). With an average ground level elevation of 1.5 meters above sea level, it is the planet's lowest country, with implications for its future.

11. The Maldives population pyramid shows a small proportion in the older age categories (>50 years) and larger proportion of the population below 30 years of age. Thirty per cent of the population comprises women in the reproduction age group (15-49 years), and 36 per cent of the population was between 10 and 24 years of age, while the size of the population above 75 years of age has doubled in the period from 2006 to 2015.[11] Rapid and unplanned urbanization of Malé has seen one of the world's smallest capitals increase its population manifold to where it is now slightly more than one-third of the overall population. Children are unevenly distributed among the geographic regions with the biggest number concentrated in the capital Male' and the smallest number in the Central region. Out-migration from outlying islands is the main reason for this urbanization process. By 2025, the total Maldivian population is expected to increase by 19.3 per cent; the share of the young (0-14) will go up by 16 per cent, the working age group (15-64) will increase by 18 per cent while the number of elderly (age 65 and over) will rise by 52 per cent (DNP, Statistical Yearbook, 2012).

2.2 The Political and Governance Context: Challenges and Opportunities

12. The CRC has noted[12] that one of the principal challenges facing the country is result of the numerous changes in government (three major changes in the past four years, culminating in the 2013 elections), which is indicative of increased political tensions and growing polarization.[13] This has had a significant impact on the timely passage of important social legislation, and the delivery of key child-related social services, due to frequent government restructuring and the high turn-over public sector personnel. While the country embarked on a highly ambitious process of decentralization (2010 Decentralization Act), the hoped for improvements in the social sectors through devolution of some municipal services to Atoll and Island Councils have

[9] Population and Housing Census 2014, Preliminary Results, National Bureau of Statistics Ministry of Finance & Treasury, 13 November 2014

[10] Situation of Children in the Republic of Maldives: Secondary Analysis of Existing Information From an Equity Perspective, UNICEF, 2013

[11] [11] Population and Housing Census 2014, Preliminary Results, National Bureau of Statistics Ministry of Finance & Treasury, 13 November 2014

[12] Committee on the Rights of the Child, Fourth And Fifth Periodic Reports, Republic Of Maldives, September 2012
[13] NHDR 2014

been mixed at best, including disruption in a number of service delivery functions.[14] The graduation of the Maldives to a Middle Income Country (MIC) has increasingly impacted the public deficit and debt as conditions for concessional loans and favourable trade conditions have deteriorated. While maintaining a continuous high cost of public services (e.g. the health insurance scheme)[15] the public deficit and debt have reached a point where they are considered to present one of the most serious threats to Maldives future development.[16] Finally, perhaps the greatest constraint to the country's development and children's welfare in particular is the Maldives SIDS profile, which is of geographical dispersion and isolation with small and remote populations, and susceptible to climate change and natural disaster making it both difficult and expensive to reach the most vulnerable groups with basic public services.

13. The 2008 Constitution for the Maldives allowed for a separation of powers, multi-party elections, decentralised government and a comprehensive Bill of Rights and freedoms for its citizens. Also, many independent institutions were created.[17] However, instability and crisis have characterised these first years of the transition of democratic rule, exemplified in a combined picture of sharp political divisions,[18] tensions within the three-tier power structure, 'manipulated' elections and transfers of political power. These transitional challenges show a new democracy trying to come to terms with new concepts and processes. Unfortunately, they have impact on state institutions' efficiency as duty bearers, and legislation and policies' inability to address effectively inequality and vulnerability concerns of the society.

14. 'Structural vulnerabilities' of the Maldives are shared by most SIDS and include: (i) geographical isolation; (ii) small in size, (iii) limited land, natural and human resources, (iv) cultural and ethnic diversity, and (v) vulnerable to climate change and natural disasters. 'Vulnerabilities at risk' is characterised by socio-economic transitions and changes, e.g. Maldives graduation to become a Middle income Country (MIC) as well as by external shocks that have severe impacts on the Maldives social and economic development, e.g. natural disasters, like the 2004 tsunami, and the 2008 financial crisis.[19] As expanded upon below, these vulnerability features impact on human development dimensions of education, income and health, and challenge those institutions that are created to address these dimensions.

[14] Study on the Decentralization Process in the Maldives, with reference to the impact on services to children, UNICEF, 2013

[15] Situation Analysis of Emerging Development Challenges and Opportunities in Maldives, United Nations, March 2010

[16] NHDR 2014

[17] More than 19 new independent institutions were formed, including the Electoral Commission, the Human Rights Commission, the Anti-Corruption Commission, and the Prosecutor General's Office. A Pay Commission has yet to be established to look into salaries for the bureaucracy and Parliamentarians which have escalated dramatically in the last couple of years. (NHDR 2014, 100)

[18] The NHDR 2014 (p. 46) states that 'the fabric of society is being destroyed by divisive and partisan politics. Increased levels of political rivalry are seeping through communities, social groups, neighbours, and even through immediate and extended families'. This has among others caused an environment of 'constrained freedom of expression'.

[19] External shocks such as the financial crisis have serious impact on the micro level. A UNICEF survey from 2009 indicated that more than one in five, especially in outlying islands, lacked an adequate quantity of food, and about one in three households, particularly in Malé, stated that they had reduced food stocks compared to a year earlier.

Political representation

15. Political representation and access to decision-making structures remains a constraint for women, along with access to jobs, credit and property. While being represented in several independent commissions by about 40 per cent, the strategic absence of women in the political sphere is low, e.g. 6.5 per cent in the Parliament and 17.5 per cent of cabinet positions. At the level of local government the representation of women is almost negligible: there are *no* women councillors represented in the 17 city councils and among the 132 atoll councillors and only constitute 5 per cent of the 942 island councillors. Out of 85 Parliamentarians only 5 women were elected to the legislature in 2014 (NHDR, 30) and the representation of women in the judiciary stands at a low of 3.8 per cent.

Decentralization and Local Government

16. The Maldives embarked on a process of decentralization in 2010 (Decentralization Act), following the adoption of a new constitution and multi-party elections, which in 2011 brought newly elected Atoll (21) and Island (188) Councils into being. At the same time, the previously voluntary Women's Development Committees were formalized under the Decentralization Act, but without compensation like the Island Councils under which they served. A range of responsibilities were attributed to these Councils but few funds beyond salaries and operating cost were allocated to them (less than 1 percent of the national budget). For the most part, the principal line ministries, that is, Ministries of Health, Education and Law and Gender, still operated the health, education and child protection systems throughout the country.

17. The general consensus from those interviewed (e.g., Local Government Authority, concerned Ministries, UNDP and UNICEF staff as well as Villigilli Atoll and Island Councils), is that the decentralization process, and the concerned local government bodies in particular, have been less effective in terms of improving service delivery at the Island level than initially anticipated. The reasons for this are several-fold:

- Roles and responsibilities between the central line ministries and the Island and Atoll Councils have not been well articulated and have led to confusion over authorities for specific services. Local ministry representatives (e.g., Atoll hospital manager, school principal), have, for the most part, continued to relate vertically to their ministry rather than horizontally to the concerned Council.
- Coordination between the Councils and the concerned local ministry representatives (service providers such as hospitals, health centers, schools, the police) over the delivery of services has been weak, with few if any mechanisms in place to ensure joint planning, management and monitoring of the service. It is unclear whether concerned hospitals or schools participated in the formulation of Island Development Plans.
- Councils at both levels lack important capacities relative to their jobs, both in terms of development management skills (e.g., planning, management and oversight), and their technical or programmatic knowledge related to issues in health, education, child protection, disaster risk reduction, etc.
- Concerned Island Councils do not appear to involve participation of their constituents in their Islands' affairs. There were few examples of Councils reaching out to local NGOs or CBOs (Parent-Teacher Associations) to discuss the challenges facing the delivery of health, education or child protection services, unless a donor such as UNICEF facilitated such

relationships. Specific note is made of the marginalization and lack of motivation of Women's Development Committees who appear to have lost their autonomy to operate along with the funds they had raised for local development purposes.

- Councils at both levels had little funding to support implementation of their concerned development plans.
- Monitoring of both the Councils and the public service providers (e.g., hospitals and schools) by either the LGA or the concerned technical ministry, particularly at the Island level, appeared to be weak, given issues of logistics and resource availability.

18. The 2013 situation analysis (UNDAF MTR) highlights the political and institutional tensions in the Maldivian society as a critical barrier to exercise a democracy, stating that all democratic systems, processes and institutions remain in their formative stages. There is significant confusion about scope of powers and relationships between and within institutions. This leads to disputes, political interference which often results in delays and may paralyze development and implementation of important and urgent policies. Financial and resource constraints and lack of expertise and familiarity with the new concepts of democracy and a highly politicized environment reduce functional governance at all levels. (NHDR, 98-100) The institutional capacity to deliver quality public goods and services at a low costs is only beginning to gain momentum. Introducing cost-reducing measures using information technologies is a major opportunity as they offer scope for modernization and consolidation of delivery at a lower cost. (WB 2014, 33)

19. Governance in the human development-related sectors has seen multiple transitions in recent years (NHDR, 86), particularly the health sector. A recent UNICEF study[20] mentions that during the period 2008-2012 "a provincial level of government was created and has since been abolished. Health services were corporatized and now they have been abolished. Public health services were decentralized to Island Councils but have since been moved back to the Ministry of Health. Municipal services were corporatized into seven corporations and these are now centralized into two corporations" (UNICEF 2013, 32). Institutional anchoring is lacking and legislative reforms have been neglected causing confusion during the decentralization process. The report states that "there is a lot of confusion at all levels of government and especially so in Island Councils" regarding the decentralization mandate.

20. The judiciary is perceived by many stakeholders as corrupt and making unfair/unjust decisions. Judges are generally not qualified and they are absent in the islands which limits vulnerable populations in the islands access to justice, e.g. women, expatriate workers, etc. All cases are heard in Malé making accessing justice from island people difficult. The NHDR states that 'there is no clear legislative framework governing the performance, conduct and administration of the judicial system which add to the confusion and lack of transparency in the operations of the courts' (NHDR, 98). Actual needs and information gathering by island people on the rule of law are not known. (Justice Sector: Baseline Study 2014, 1)

21. In summary, there appears to be, if not a move towards recentralizing power and authority over Councils' mandate (e.g., preschools), then at least a serious rethinking of the role of the Councils in the governance, including service delivery, of the country. One of the principal

[20] UNICEF, 2013. Study on the Decentralization Process in the Maldives with reference to the impact on services to children, UNICEF, Maldives

issues, in this regard, is the viability or sustainability of a system which must support the salaries and operating costs of 188 Island Councils (with 5 to 11 members per council depending on size) and 21 Atoll councils; particularly, when the benefits of such support are not clear.

2.3 The Economic Development Context: Challenges and Opportunities

22. The economic vulnerability of the Maldives is characterized by a narrow growth base dominated by the tourism industry and high dependency on especially fuel and food imports. Maldives produces less than one-tenth of its food requirements and must meet demands from a growing population combined with an increasing expatriate population and increasing number of tourists. Food price spikes and volatility has a strong impact on food security as it affects household incomes and purchasing power. (NHDR 2014, 39-40)

23. Loose fiscal policy is threatening macro-economic and debt sustainability. Increases in public spending have been driven by high expenditure on the wage bill and universal subsidies. Macro-economic instability has been exacerbated by Maldives graduation to become a MIC in 2011. The graduation implies less favorable international trade arrangements, development finance and a reduction in ODA. The state of public finances, deficit and debt may present the most serious threat to development. (NHDR)

24. Tourism has accounted for approximately 30 per cent of the GDP over the last two decades while the share of the primary sector, fisheries and agriculture, has declined and in 2013 stood at 1.6 per cent and 2.4 per cent respectively. Meanwhile the construction sector has risen rapidly as well as has the transport and communication sectors, primarily driven by the continued expansion of the tourism industry (NHDR 2014, 53). Tourism is the main driver in the economic development of the Maldives, yet it has increased inequality and has not permeated many atolls. There is still a high concentration (>70 per cent) of resort operations in four adjacent atolls (Malé, Lhaviyani, South and North Ari), the sector is controlled by a small and powerful oligarchy leading to an increasing rich-poor division, and the resort concept limits opportunities for local livelihoods. Only 6 per cent of employed Maldivians worked in the tourism sector in 2010 (NHDR 2014, 58-59).

25. Since the economic shock in 2009, the national economy has registered continuous growth, though the trend has slowed down in the most recent years (2012, statistics division). Available evidence suggests that poverty has decreased on average from 2002 to 2009, (2013, SitAn update) with a decrease of poverty in the atolls and a corresponding increase of poverty in the capital. Several poverty lines are used to estimate poverty in the Maldives. A clear downward trend in poverty is demonstrated using each of them. Available evidence suggests that poverty has decreased on average throughout the country. Economic inequalities are, however, significant.

26. The regions have been affected differently by poverty. In 2009/10 (2012 Statistics Division), as many as 72 percent the people in the Northern Region were poor, more than twice the poverty ratio in North Central region (32 per cent). North region is the second largest by child population. If the overall poverty ratio for the region is applied to children, estimated over 14,000 poor children live there. In Male', though the overall poverty rate is lower, estimated number of poor children would be over 14,800 as the capital is the largest by child population size. Though the number of child population in 2006 and poverty ratio in 2009/10 are not strictly

comparable, in the absence of calculated child poverty ratios an estimated numbers are obtained, suggesting that throughout the country the poor children are around 61,000.[21]

27. The Maldives experiences high rates of unemployment among youth and women while nearly half the total employed work force is foreign. Working aged women are particularly exposed to unemployment at all age groups (between 35 per cent and 42 per cent for the 15 to 64 years), and female unemployment rate is highest in the atolls; in 2010 at 42 per cent. Women and youth unemployment (15-24 years) are of particular concern to the Maldivian society and is a main driving factor in income inequality for these groups. (NHDR 2014, 62) Unemployment has increased dramatically: from 2006 to 2010, unemployment rates among youth aged 15-19 years rose from 13 to 35 percent, and from 7.2 to 26 per cent for youth aged 20-24 years.

28. The main reasons for the unemployment of youth and women include: (i) a considerable skills mismatch in which higher skills jobs required in the labor market are not available among Maldivians due to weaknesses in the education system, and (ii) an apparent attitude towards work and job ethics that show lack of ambition and job interest, particularly among the youth, while for women social and cultural barriers are major hindrances for their often strong willingness for employment engagement. (NHDR, 63-64, ILO 2013, 23) Also, marriage and child bearing for young women and a preference to engage in "white-collar" work, especially for those youth belonging to upwardly mobile and high-income families, add to the unemployment picture of women and youth (MDG1&2, 13).[22]

29. Earned income is only about half that of males (0.55) and despite women's earnings in general leading to visible and positive changes in women's personal and household situation, the social context in which they operate in the labor market embed severe barriers to strengthening their empowerment. These include (i) long hours of household works (average 4 hours per day), (ii) large household sizes (6-7 persons) requiring considerable time-allocation by women, including bringing children to school and back again on a multi-shift basis, (iii) lack of childcare services causes young mothers to exit the labor market, and (iv) discouragement from finding jobs in 'far' places, e.g. in the tourism industry. (NHDR, 30)

30. While most jobs are created in the tourism industry social and cultural norms prohibits young girls to take up these jobs. Women are therefore 'pushed' to work in the informal sector, in part time jobs, and outside the public sector. As such, women are heavily represented in the lower income deciles. The MDG 2013 Assessment report concludes gloomily that it is "difficult to see how earnings generated … in the casual informal/elementary sector will do much to ameliorate women's subordinate status at home or work." (MDG 2013, Intro, 7) Due to mobility constraints related to employment and education many girls in the atolls are subjected to early marriages and adolescence pregnancies. Young women seem not interested in joining the agricultural sector on the islands. Their role is limited to basic farming and they are unaware of revenue earned for their crops, the quantities harvested and the cost of inputs. (FAO questionnaire)

[21] Child population: Ministry of Planning and National Development, Republic of Maldives (2008): Population and Housing Census 2006; Poverty ratio: Department of National Planning, Ministry of Finance and Treasury (2012): Household Income and Expenditure Survey 2009-2010

[22] 2013 MDG Assessment, prepared jointly by the United Nations and the Government of Maldives

31. Religious conservatism has increasingly limited women's access to opportunities in the public sphere, including declining female labor force participation, a trend that is also observed in other Islamic countries, e.g. Turkey (ILO, 26).

2.4 The Social Development Context: Challenges and Opportunities

32. Maldives had already achieved five out of the eight Millennium Development Goals (MDGs) by 2008, ahead of the 2015 deadline, making it an MDG+ country. Progress has been substantial in eradicating extreme poverty and hunger with some setbacks (MDG1), achieved universal primary education (MDG2), reducing child mortality (MDG4), improving maternal health with some setbacks (MDG5) and combating HIV/AIDS, malaria and other diseases (MDG6). Progress has been relatively slower towards achieving gender equality and women's empowerment (MDG3), ensuring environmental sustainability (MDG7) and developing a global partnership for development (MDG8). One of the primary drivers of MDG performance has been the strong and sustained expenditure and allocations in the national budget, spending approximately 40 per cent on the social sector (averaged over 2000-2010) – more than any other South Asian country and even higher than many upper middle-income countries. (MDG 2013 Assessment, Intro, 18). The MDG Assessment report outlines connectivity between current issues of the MDG goals and outputs to the possible new focus of the post 2015 MDGs, the Sustainable Development Goals (SDGs).

33. Maldives Human Development Index (HDI) value has increased steadily over time. From 2000 to 2012 the country experienced an average annual increase of 1.26 points in the HDI reaching 0.688 in 2012, and positioned itself as number 104 out of 187 countries in 2012, which is low for a middle-income country approaching an income of 7,000USD per capita. The main reasons for this impressive development has been a dramatic increase in life expectancy (24.2 years from 1980 to 2011), an increase in mean years of schooling (1.4 years) and a GNI per capita increase of approximately 85 per cent from 2000 to 2012 (from 4,158USD to 7,690USD) . Despite these developments the figures mask various underlying inequalities.

34. While the Maldives has made significant strides in its overall social and economic development, this outstanding performance has not benefited all Maldivians equally. The manifested disparities and inequities in outcomes for children have several dimension, including spatial or geographic, income and education, and age or generational. The NHDR 2014 for the first time includes the calculation of Maldives sub-national HDI values that show regions which have had human development progress and those that underperform. HDIs disparities between Malé and the islands/atolls are particularly deep as regarding education and income. Malé performs far better than the atolls in expected and average years of schooling. As regards income, people living in Malé are likely to earn more than 1.5 times that of a person living in the atolls, yet expenditures are also three times more expensive than on the islands. This means that the savings base for many individuals is negative in Malé and consequently it translates into a shallow savings market nationally. This has an important bearing on vulnerability and poverty because savings can provide a crucial buffer in times of distress (MDG1&2 2013).

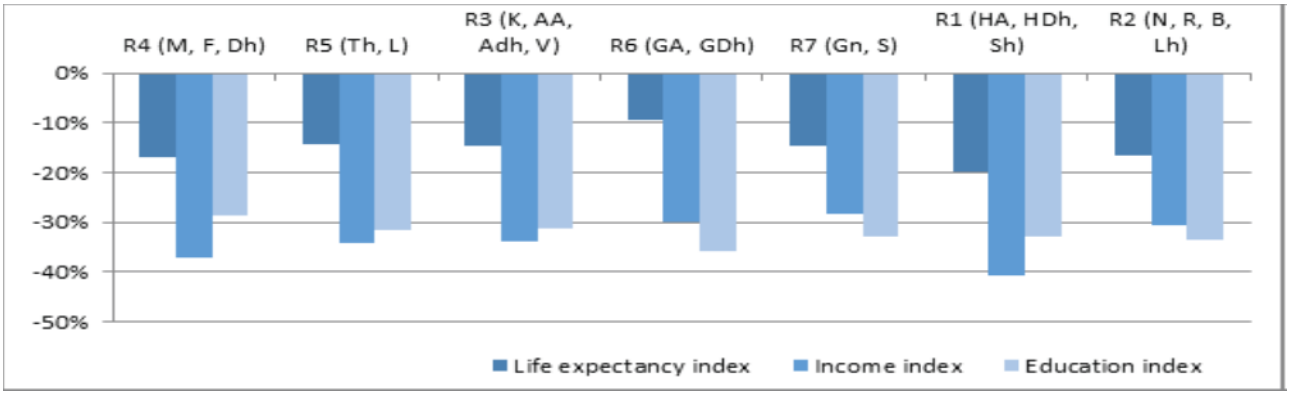
35. Within the regions there are also noticeable differences. The NHDR states that income inequality represents one of the core manifestations of the inequality in the Maldives and that tourism, commerce and connectivity/transport infrastructure are key drivers in setting income levels in the country. (NHDR 2014, 27) For example, poverty is highest in the Northern regions

(20 per cent above the national average) and lowest in the Central region (20 per cent below the national average). (UNICEF, 2013 Situational Analysis Up-date)

36. Poverty in the Maldives decreased during the period 1997-2010. While poverty incidencs have increased for Malé, from 2 per cent in 2003 to 7 per cent in 2010, poverty decreased in the atolls. (NHDR, 54-55) The poverty decline in the atolls appear to be driven by out-migration to Malé where poor island people move to Malé for better employment opportunities and improved access to services, mainly education. As the NHDR report states: 'addressing poverty and inequality in the Maldives is…a question of addressing urbanization and managing the demand for employment, housing, social services and infrastructure in the capital' (NHDR, 60). Urban poverty in Malé has been exacerbated partly as a result of the tsunami, where many people were re-located to Malé. (NHDR, 38-39). At the same time poverty in the Maldives is characterized by its transient nature, in which large movements between income groups indicate a dynamic income poverty situation (NHDR, 54)[23].

37. Apart from the disparities on income and education observed between Malé and the atolls, major disparities exist at the sub-national level. Education performance is lowest in Region 6 (North) and the region scores the least in overall human development performance. Lack of secondary opportunities and high level of student migration to urban areas seem to be the main reasons. Income disparities across the regions can be explained largely by the concentration or lack of tourism and in some cases combined with high level of dispersion of population across islands (NHDR, 31-32) Satisfaction with human development related access to services (education and health) has declined dramatically over the period 2005–2012, where 49.1 per cent were satisfied with services in 2005 and only 34.1 per cent in 2012 – a decrease of more than 30 per cent over a relatively short period of time. Maldives Inequality adjusted HDI (IHDI) takes into account inequality in all three dimensions (income, life expectancy and education) of the HDI. Across the seven regions of the Maldives differences are marked by education and income as the prime drivers of inequality. Almost all seven regions experience a loss in human development performance due to inequality in education and income of between 30 to 40 per cent whereas loss in life expectancy at birth is less being between 10 and 20 per cent (Fig. 1).

Fig 1 Inequalities in the Indicators across Regions in the Maldives



Source: NHDR 2014, 29.

[23] UNDP, 2014. Maldives, Human Development Report 2014: Bridging The Divide: Addressing Vulnerability, Reducing Inequality

2.5 Summary of Principal Socio-economic and Political-Governance Changes and Emerging Trends

38. The Maldives graduation to middle income country status in January 2011 was evidenced in a remarkable economic growth of almost six per cent between 2000 and 2009 despite the global economic crisis and the severe devastation caused by a tsunami in 2004. Its high economic growth rates were mainly due to the rapid expansion of tourism and the corresponding development in related sectors. The Maldives' Human Development Index of 0.77 made it the highest ranking country in South Asia, and 95th out of 182 countries overall. Moreover, Maldives' achievement of five of the eight MDGs ahead of schedule, made it South Asia's only "MDG+" country.

PROGRESS TOWARDS ACHIEVING MDG GOALS

Goal 1	Eradicate Extreme Poverty and Hunger	Achieved with some setbacks
Goal 2	Achieve Universal Primary Education	Fully Achieved with continuous progress
Goal 3	Promote Gender Equality and Empower Women	On Track with some setbacks
Goal 4	Reduce Child Mortality	Fully Achieved with continuous progress
Goal 5	Improve Maternal Health	Achieved with some setbacks
Goal 6	Combat HIV/AIDS, Malaria and Other Diseases	Fully Achieved with continuous progress
Goal 7	Ensure Environmental Sustainability	On Track with some setbacks
Goal 8	Develop a Global Partnership for Development	On Track

Source: DNP 2014

39. The principal changes and emerging trends since the last SitAn are primarily based on: (a) the 2013 situation analysis undertaken as part of the mid-term review of the UNDAF in 2013[24] which outlines particular development events that have taken place since the inception of the 2011-2015 UNDAF in 2010, a period over approximately 3 years; (b) the Mid-Term Review of the current UNICEF Programme of Cooperation (2011-2015) undertaken in 2013[25]; and, (c) interviews with concerned UNICEF stakeholders.

40. The principal social, economic and political changes from the last SitAn include: (i) increased political instability, (ii) the graduation of the Maldives into a Middle Income Country from 2011; (iii) a focus on upstream policy support by the UN, (iv) a fiscal crisis that has impacted the Government's ability to deliver its development agenda, and (v) the emergence of new issues, including extremism, drug abuse and regression of certain key MDG goals.

[24] The Situation Analysis 2013 title: Maldives UNDAF Mid Term Review. Situation Analysis Update, July 2013.

[25] Report of The Mid-Term Review Of The UNICEF/Government Programme Of Cooperation (2011-2015)

41. As of September 2014 (UNDAF MTR) the above development trends have overall been confirmed. Political instability and societal tensions have continued since the 2013 situation analysis, particularly exemplified by the elections in September 2013, the third change in government in three years. The graduation of the Maldives to a MIC status has increasingly impacted the public deficit and debt as conditions for concessional loans and favorable trade conditions have deteriorated. While maintaining a continuous high cost of public services (e.g. the health insurance scheme, geographic coverage) the public deficit and debt has increased significantly putting a strain on the country's finances. Partly as a consequence of the graduation to MIC, the support of UN agencies in general and UNICEF in particular has been directed increasingly towards upstream policy support rather than traditional downstream service delivery. As the UNICEF MTR noted, this transition may have been somewhat premature given actual conditions on the ground.

42. The new development issues identified in the 2013 (MTR UNDAF) situation analysis appear to have gained further momentum and apart from extremism and drug abuse, crime and gang activities across the Maldives seems to be of particular concern among many stakeholders interviewed. Also, the regression on some of the MDG goals is of concern and confirmed in the fourth revised version of the MDG report from April 2014.

43. Emerging issues directly affecting children and women have been revealed through anecdotal information and new studies as well as observations during programme implementation in the last two and a half years (UNICEF MTR). The more important ones are:

- Rising religious conservatism.
- Increased reporting of child sexual abuse and gender-based violence.
- Surfacing of new issues related to adolescents, urbanization and migration and the impact of decentralization on children.
- Importance of inclusion of disaster risk reduction (DRR) as part of climate change response.

3.0 THE SITUATION OF CHILDREN: A RIGHTS-BASED ANALYSIS

Chapter 3.0 provides a review of the principle issues and problems affecting children and women from a deprivation lens and equity perspective, examining UNICEF's principal programme component areas through the analysis of sector determinants and bottlenecks, with a discussion of possible intervention areas. Much of the analytic discussion and findings comes from the sector consultations, *Strategic Moment of Reflections* workshop, held in October 2014.

3.1Young child survival: Analysis, Key Findings and Strategic Options

CRC Article 24: Right to survival and health

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, though, inter-alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution.

UNICEF has ongoing health programmes and activities that address HIV/AIDS, immunization and water and sanitation, although priority areas in Young Child Survival focus on nutrition and child health as did the sector consultations which inform this SitAn.

3.1.1 Health Sector Overview with a Child Health Focus

44. Overall health conditions have progressed significantly over the last decade. Life expectancy has increased, the infant mortality rate has declined (from 18 per 1,000 live births in 2001 to 9 in 2011), and the under-five mortality rate has declined from 26 per 1,000 live births in 2001 to 11 in 2011, all contributing to meet the MDG goals.[26] (NHDR, 77) According to the NHDR, progress towards equitable healthcare was successfully instigated and implemented

Current Child Health Situation Summary

- Low infant and child mortality rates
  - low at 10 – 14 per 1000 live births
- Still, **Neonatal mortality within that is 66 per cent** (2012 Data)
- Maldives has long maintained universal high coverage of EPI.
  - Current EPI coverage – 99 per cent
  - Since early 1990s, the coverage rate has been maintained over 90 percent for all vaccines.
- DHS (2009) found that 93 per cent of children aged between 12 and 23 months have received all the recommended immunizations.

[26] MOH, 2012, The Maldives Health Statistics 2012, Government of the Maldives, Male

through universal immunization, high per capita health spending and service extension. As regards universal immunization, vaccine refusal may show potential risks to these achievements. (NHDR, 78) Control of communicable diseases has been possible partly as a result of an increase of health expenditure from $136 per capita in 2005 to $247 in 2011, and since the tsunami in 2004 health expenditure has increased with an annual average growth of almost 20 per cent (NHDR, 78). The Maldives has the highest total health expenditure rate and social sector budget allocation in South Asia.

45. While the extension services across the atolls have improved in recent years the health system faces major human resources challenges, including lack of and a high turnover of expatriate staff who occupy most professional positions (doctors, nurses). Anecdotal evidence demonstrates that the underutilization of staff in small islands discourages professionally engaged local staff, e.g. nurses. Though health extension services have expanded, almost 4 in 10 of the inhabited islands only have health posts often lacking staff and medication (NHDR, 79). *Health staff must be subject to capacity development to meet important IHRs and legislation is still incomplete, e.g. on port health and quarantine.* (WHO questionnaire)

46. Low-income families in remote locations are the most vulnerable when overseas medical care is sought and household out-of-pocket expenses have risen significantly recently to high levels. Total household expenditure on health accounts for disproportionally higher household expenses amongst the poorest quintile, while at the same time dependent, informal sector workers and poorer segments of the population seem to have benefited most from the Aasandha[27] scheme (WB 2014, 42). Non-communicable diseases, including smoking, obesity and neuropsychiatric conditions, account for 78 per cent of the total disease burden while 22 per cent from communicable diseases, maternal and child health, and nutrition issues. In perspective growing cases of NCDs and the aging population put a major financial burden on the national health system (NHDR, 82, 85).

The Health Care Delivery System

47. There has been a rapid expansion of medical services in the last ten years. In 2005 there were 379 medical doctors with a doctor-to-population ratio of 1:775, while in 2010 there were 525 doctors with a doctor-to-population ratio of 1:609. In 2005, the number of nurses was 974 with a nurse-to-population ratio of 1:302, whereas in 2010, with the total number of nurses being 1868, the nurse-to-population ratio was 1:171. The nurse-to-doctor ratio was about 4:1. Mainly an expatriate workforce provides medical services (Table 3). This holds true for both doctors and nurses, and leads to some difficulties such as patient–doctor communication problems and a high turnover of staff, especially in the outlying islands. Compounding the existing shortage of local

[27] *Aasandha* is the universal health insurance scheme of the Maldives. It is managed in a public-private partnership with Allied Insurance company of the Maldives and began its services on the 1 January 2012.[1]

skilled health-care personnel, there are also skills-to-job mismatches of trained personnel in the health systems suggesting the need to build capacity for health system management.

Overall Nutrition and Child Health Challenges

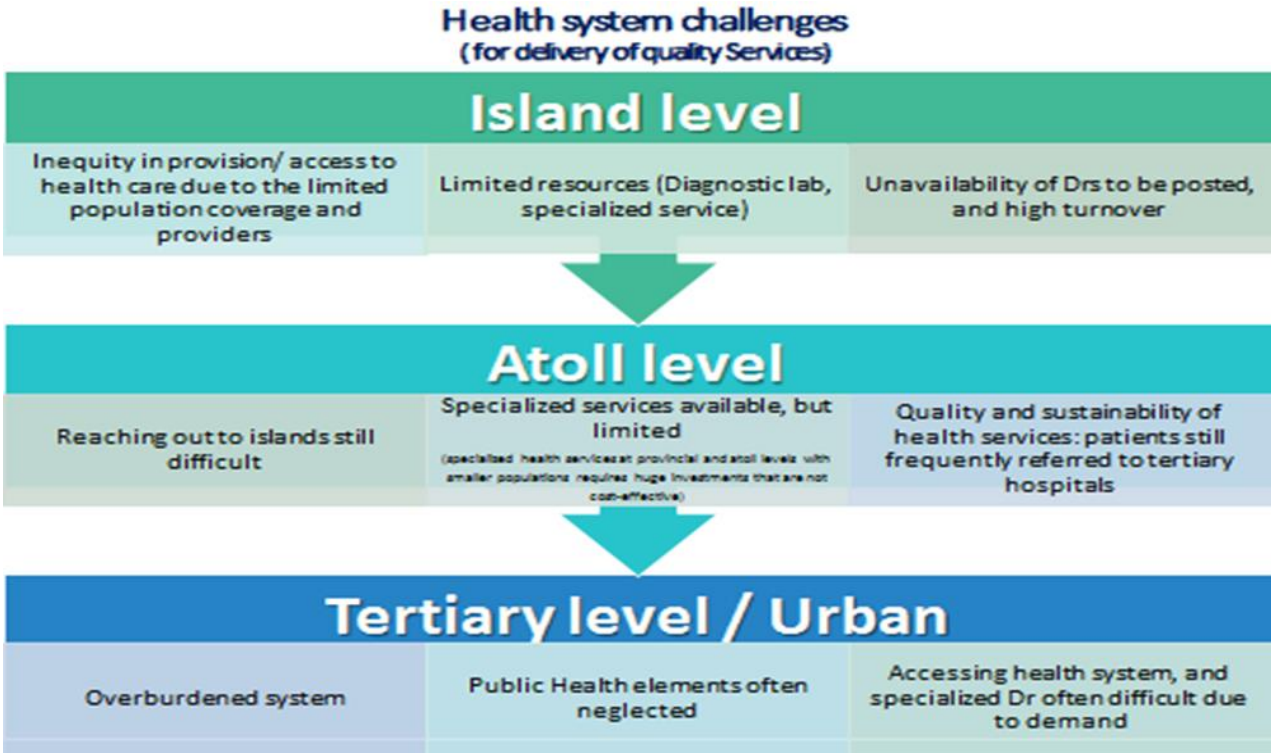
Existing Challenges and Issues: The Demand-Side

- Despite progress, relatively high levels of malnutrition under-5 (in 2009): numbers higher in north central region
- Low rates of Exclusive Breastfeeding
  - Weaning and feeding and practices of infants and children is a major factor for the continued malnutrition problem in Maldives (MICS, 2007)
- High rates of micronutrient deficiencies among children and women (e.g.,Vitamin A & Iron Deficiency)
- Multiple high risk behaviors for HIV practiced
  - sexual promiscuity and unsafe sex among young people; and, Increasing injecting drug users
  - Lifestyle risk factors and NCDs are on the rise

Existing Challenges and Issues: The Demand-Side

- High Neonatal Deaths
  - A greater challenge for further reduction in infant mortality now lies with reducing neonatal death rate.
  - In 2012, neonatal deaths accounted for 66 per cent of infant deaths.
  - 75 per cent of the neonatal deaths took place within the first week of life.
  - Most deaths related to premature births and babies born with congenital anomalies, including congenital heart defects and neural tube defects
- Increasing prevalence of drug use (6.6 per cent in Male', 2 per cent in Atoll – UNODC, 2013), with a relatively young population engaging in drugs
- Capacity and Resource challenges within the health sector
  - Limited number of skilled local health professionals at all levels
  - The health system has been restructured and a critical issue of building and sustaining our health systems based on Primary Health Care and shortage for skilled health professionals remains a key challenges.
  - Capacity gaps and challenges related to limited human Resource persist within HPA, particularly technical staff in EPI / Vaccine and Nutrition section
  - Limited budget for programming (e.g. crucial ones such as EPI Vaccine)
- The disparity between the atolls and Malé has increased over the past 10 years (WHO, 2013).
- Delivery of quality health services is hampered by the geographical nature of the country and HR limitations
- Mismatch between demand, emerging needs and services:
  - Inadequate reorganization of services and sensitization of health care professionals in pace with changes to the demographic profile of the country leading to inadequate services for newborns, adolescent and young people and elderly in general; and specific services for concentrated population groups in urban and island settings caused by migration
- Absence of a well-defined human resource plan and limited training opportunities in the country.
- Need for a comprehensive health information management system & evidence
  - HIS not in place, and data and surveillance based on manual data and compilation

48. The government has a four tier health services system. At every level, there is a department of Health Protection Agency (HPA) —central services level, regional, atoll and island level. The Indira Gandhi Memorial hospital in Male serves as a tertiary hospital with referral services. It has a department of which conducts child growth monitoring services. Besides this in every region, there are regional hospitals which serve as referral centre for atolls of the region. At atoll levels hospitals are established, except in atolls where regional hospitals are based. There are 13 Atoll level hospitals which provide basic medical care, including obstetric services. Island or village unit is the lowest system of health care with a primary health care centres, health posts and family health units. A total of 176 health centres (including two in Male) exist.



49. In addition to the public health system, the private health sector also provides health services. A sophisticated private tertiary hospital is based at Male. Pharmacy services are totally provided by the private sector, except for the pharmacy operated by the State Trading Corporation. For effective drug supply, community pharmacies are also organised with the committee of women or youth and NGOs.

50. Principal concerns related to the health sector includes changes in services: the primary health care has been the focus of the health sector for several decades but is now disintegrating as a curative approach is dominating the sector. In addition, infrastructure is under-utilized, e.g. the average hospital bed occupancy rate for atoll hospitals was 20 per cent in 2011. (NHDR, 87) In this process many experienced health sector staff have left the public sector through voluntary separation and created a gap in the human capital base of the public sector. (WB 30, interviews

MoH). Democratic institutions and processes and public services delivery are new and in order to ensure better oversight, transparency and accountability as well as the rights of the people serious and targeted reforms are required. (NHDR, 99) Weakened institutional capacity, frequent changes in government policies and institutions pertaining to the health sector, and a high reliance on expatriate resources and imported medical supplies have all contributed to the state's stewardship role in health being very weak.

3.1.2 Maternal and Child Health

51. With the total fertility rate of 1.8 per woman in 2012, 36 IMR of 9 per 1000 live births and MMR of 56 per 100,000 live births in 2011 and life expectancy at birth of about 74 years in 2011, Maldives is well ahead of many of the South Asian countries and has entered the era of *"demographic dividend".* Improvements in health care delivery and referral services also resulted in significant reduction of maternal deaths. In spite of a decline in MMR from about 500 per 100,000 live births in 1990 to 56 per 100,000 live births in 2011, there was an increase in the number of maternal deaths from 3 maternal deaths in 2007 to 8 maternal deaths in 2010. The main causes of maternal deaths were complications of pregnancy and childbirth: hemorrhage, eclampsia and infection. These are all preventable causes of maternal mortality.[28]

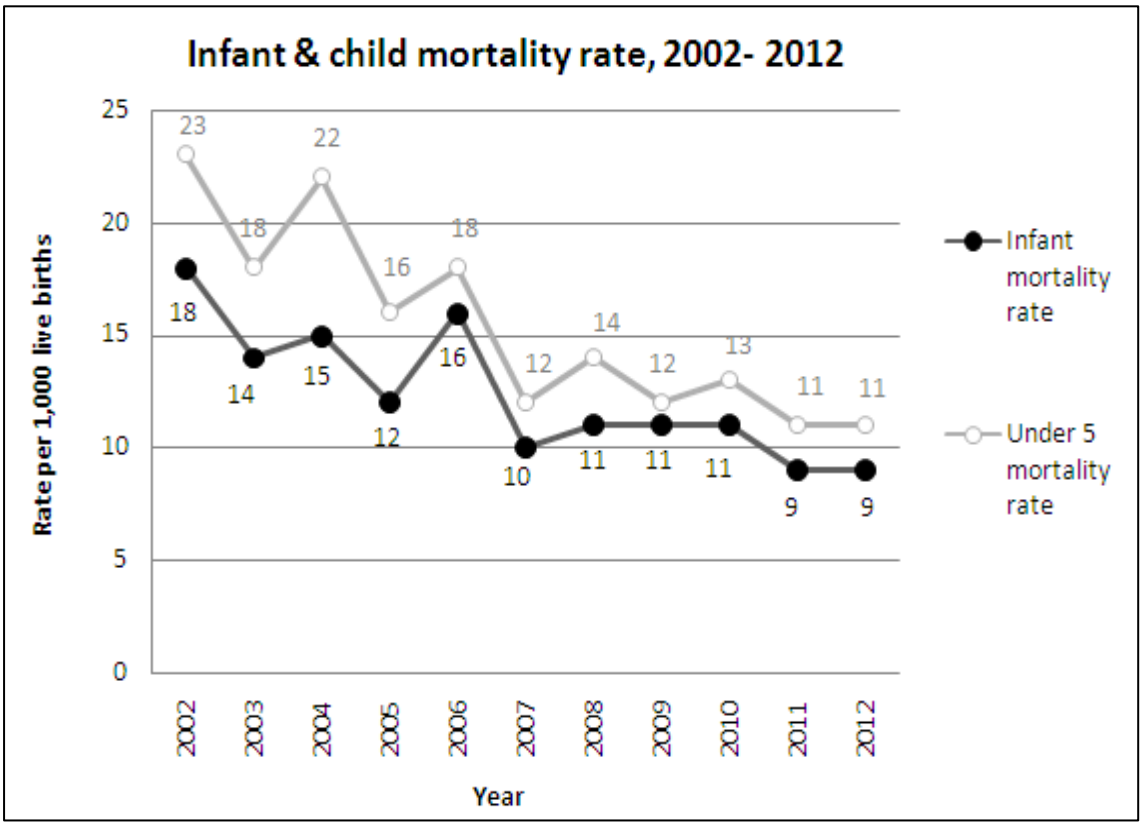
52. Due to demographic transition, the adolescent youth population of Maldives has bulged. Studies have documented evidence that adolescents and youth in Maldives are sexually active and indulge in risky behaviour including drug abuse and unsafe sex. Access to reproductive health services including contraceptives to unmarried adolescent youth is not officially promoted. As a result, adolescents find it difficult to access condoms and other reproductive health services. Attempts by NGOs to provide services to adolescents and youth have been less than satisfactory.

Delivery and Postnatal Care
95 per cent of women in the Maldives deliver in a health facility.
95 per cent of births were delivered by a skilled provider (Skilled provider includes gynecologist, doctor, nurse, midwife or community/family health worker)
46 per cent of mothers had a postnatal check-up within 4 hours after delivery
21 per cent of mothers had a postnatal check-up within 2 days after delivery
6 per cent of mothers had no postnatal check-up within 41 days of delivery
Source: MDHS 2009

53. Maldives has made significant progression reducing child and infant mortality. The MDG target of reducing child mortality has already been achieved. Under-Five Mortality Rate stood at

[28] WHO, 2013. WHO Country Cooperation Strategy Maldives 2013-2017, Maldives

48 per 1000 live births in 1990 while IMR stood at 34 per 1000 live births.[29] The MDG target for Maldives is to reduce Under Five Mortality to 16 per 1000 live births by the end of 2015. Infant and Child Mortality Rates fell steeply during the 1980s and 1990s. As of 2012, under 5 mortality rate is 11 per 1000 live births and infant mortality rate is 9 per 1000 live births.



Source: Vital Registration System 2013

54. A greater challenge for further reduction in infant mortality now lies with reducing neonatal death rate. In 2012, neonatal deaths accounted for 66 per cent of infant deaths. More importantly in 2012, 75 per cent of the neonatal deaths took place within the first week of life Chances of survival of some of these premature infants may not be possible if an appropriate neonatal intensive care or resuscitation measures are not available in most of the health facilities. IV drug use among mothers is among one factor that attribute to preterm births and sepsis among neonates. The government is currently working on improving the neonatal care at the regional/atoll hospitals and health center with establishment of Neonatal Intensive Care Units and Neonatal Care facilities and training staff on providing these services. Level III NICU

[29] MOH, 2014. Maldives Health Profile 2014

facilities have been established at the central referral hospital, IGMH, with additional services being provided.

55. Improvements in maternal health are evident by the reduction in maternal mortality over the years. Though the rate of decline in maternal mortality was not as fast as that of the child mortality, maternal mortality ratio also steadily declined. In-depth review of maternal deaths was initiated in the year 1997 to identify and focus interventions in reducing maternal deaths. Emergency obstetric care (EmOC) at atoll level was strengthened. In order to provide comprehensive EmOC in all the atolls, the atoll level health centers were upgraded to Atoll Hospitals with comprehensive EmOC facilities. Institutional deliveries were encouraged and the phasing-out of the services of the traditional birth attendants with little or no training were seen to bring positive outcomes on reducing maternal mortality.

Source: Vital Registration System 2013

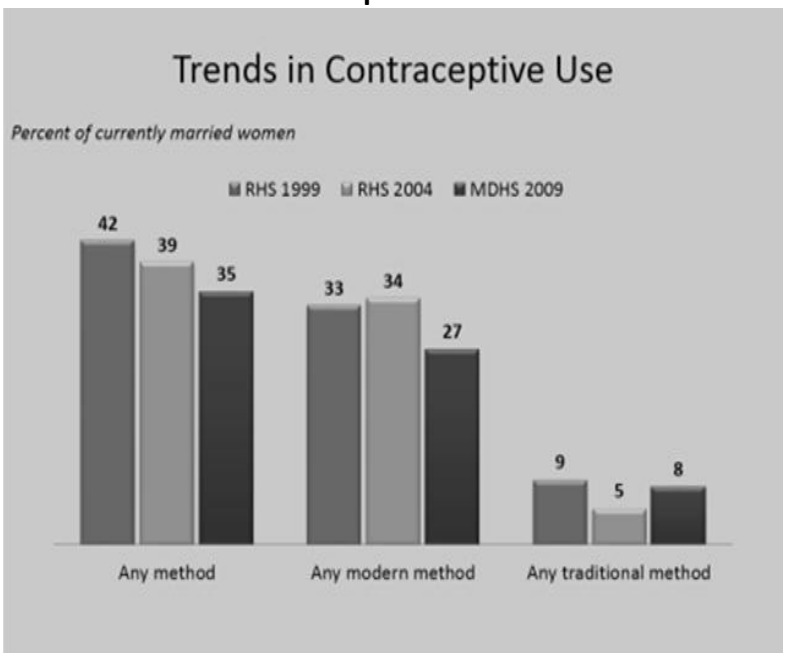
56. The MDG target of MMR to be reached by 2015 was 125 per 100,000 live births from the high rate of 500 per 100,000 live births in the year 1990.The Health Master Plan targeted MMR to fall to below 50 by 2015. MMR fell steadily since the beginning of the last decade. Although an increasing trend was seen from 2007 to 2010, the MMR has fallen to the lowest recorded rate of 13 per 100,000. It should be noted that fluctuations are prominent due to the small population of the Maldives leading to a smaller denominator in calculating the MMR.

Sexual and reproductive health

57. The health care system fails to meet the needs of the youth, partly because it is curative rather than preventive and mostly because sexual and reproductive, particularly among unmarried youth, remains taboo and sensitive (WB 2014, WDG3&4). According to UNFPA there is a significant disparity between the demand for family planning and having access to it. The 2012 ICPD document states some of the challenges, including lack of institutional capacity to plan, implement, evaluate and manage the services both nationally and sub-nationally. A rigorous effort to revitalize family planning is essential to meet the unmet need for contraception and to reduce contraceptive discontinuation rates which can have an impact on the overall wellbeing of women as well as reducing maternal deaths and disabilities, unintended pregnancies and abortion complications. With regard to reproductive rights, men often control decisions regarding women's reproductive health, often based on religious and cultural grounds.

58. The commitment to promote family planning has increased over the past years; however other challenges do exist with regard to contraceptive use and adopting family planning methods.

Table 3: Trends in Contraceptive Use



Source: Maldives Health Profile

Given the investments in the area, more qualitative research is needed to identify and explore in-depth RH related issues so that these can be better addressed in an evidence based manner.

Despite the improvements made to increase access to FP services, evidence from surveys conducted over the last 10 years has shown that the contraceptive prevalence rate had declined. Proportion of married women using any modern methods of contraception reduced from 33 per cent in 1999 to 27 per cent in 2009.[30]

59. Maldives Demographic and Health Survey (MDHS) 2009 indicate that women in the Maldives demonstrate contraceptive use behavior that is quite different from commonly occurring patterns. Contraceptive prevalence in the Maldives show a decline with increasing education as evident in use of modern methods declining from 36 percent among women with no education to 21 percent among women with more than secondary education. Unlike many other countries, the differences in contraceptive prevalence by wealth status or urban-rural residence also are not substantial. The female sterilization was the most commonly used method and there is higher

[30] Ministry of Health, 2014. Maldives Health Profile 2014, Government of Maldives

reliance on female sterilization among women with no education. While pill use declines with increasing education, male condom use increases with increasing education.

Immunization

Percentage of children (12-23 months) fully immunized		
Year	**Percentage**	**Source**
2001	85	MICS II
2009	93	MDHS

Source: Who Country Cooperation Strategy, 2013-2017

60. Maldives has long maintained universal high coverage of EPI. Since early 1990s, the coverage rate has been maintained over 90 percent for all vaccines. The Maldives Demographic Health Survey 2009 found that 93 per cent of children aged between 12 and 23 months have received all the recommended immunizations. In 2001 this coverage was at 85 per cent MICS, 2001)

Water and Sanitation

61. According to the national target of 4 liters per capita a day, the urban population (Malé) has achieved 100 per cent access to safe ***drinking-water*** through desalination. Ninety seven per cent of households have access to improved sources of water. Rural households are slightly less likely to have access to improved water sources than urban households, at 97 per cent and 99 per cent, respectively. Rainwater is a more important source of drinking-water in rural areas (95 per cent) than in urban areas (5 per cent). Fifty two per cent of urban households have piped water in their premises, but it is not the main source of water for drinking. Overall, 13 per cent of households use bottled water for cooking and washing (41 per cent in urban areas and 1 per cent in rural areas). Of households, 94 per cent have the water source on the premises (99 per cent in urban and 91 per cent in rural areas). In urban areas, most households use water from desalinated plants. More than half of households (57 per cent) do not treat water prior to drinking (81 per cent urban areas and 46 per cent in rural areas). Among households that treat their drinking-water, 39 per cent use an appropriate method (19 per cent in urban areas and 48 per cent in rural areas). Straining through cloth (27 per cent) and boiling (10 per cent) are the most common methods used to treat water.

62. The coverage pattern is similar for ***sanitary*** facilities. Rural households are somewhat less likely to have a non-improved toilet facility than urban households (7 per cent and 3 per cent, respectively). Flush toilets are the most common type of toilets in Maldives. Households in urban areas use 97 per cent flush toilets with a piped system. The most common type of toilets in rural areas is the flush toilet facility with a pit latrine. Only 2 per cent of households have no toilet facility.

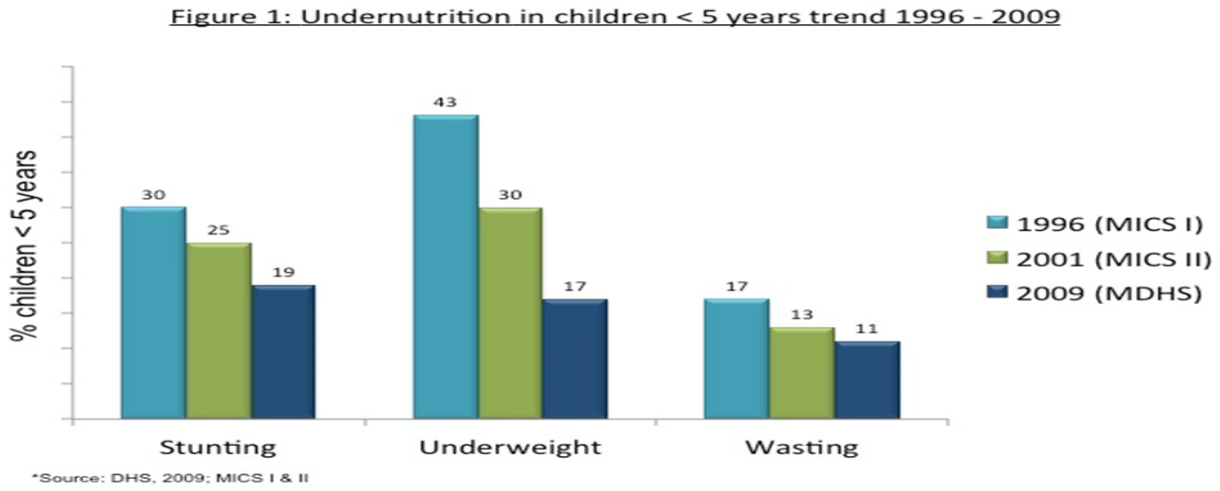
63. Solid waste management is also emerging as a key issue that threatens the ecosystem and health: the estimated quantity of waste was expected to jump by more than 30 per cent between 2007 and 2012 alone, from 248 000 tons to 324 000 tons, with much being domestic waste. A little less than half of all waste is generated from Malé; on average, between 2002 and 2008, the Malé municipality transferred nearly 110 000 tons of waste to Thilafushi island every year for burning.

64. In 83 per cent of other islands, households collect and transfer waste to a designated area in the island. Although island-level waste disposal sites exist, these are rarely used because of their remoteness from homes and because of the low level of environmental awareness. Random disposal of waste is quite common, nearly 25 per cent households throw waste into the bushes or burn it in their living areas. Solid and hazardous waste management is recognized as a critical environmental issue.

3.1.3 Nutrition Analysis and Findings

65. Although child survival has improved over the years, two issues threaten progress: increasing disparity and under-nutrition rates (WHO, 2013). The MDHS 2009 indicated that rural children are more often stunted (20 per cent) than urban children (16 per cent). Regional variation in nutritional status of children is substantial, with stunting being highest in the North Central Region (23 per cent) and lowest in Malé and the North (16 per cent). The North Central Region reports the highest level of wasting (15 per cent) and Malé reports the lowest level (7 per cent). With regard to children under the age of 5, 17 per cent are underweight for their age. There are substantial geographical variations. The proportion of children who are underweight is higher in rural than in urban areas. At the regional level, children in Malé are the least likely (11 per cent) to be underweight, while children in the North Central and South Central regions are the most likely (24 per cent and 20 per cent, respectively). Reduction in under-nutrition has not been commensurate with health developments.

Figure 1: Rate of Malnutrition has gradually declined from 1996 - 2009



66. Among countries with comparable rates of under-five mortality, Maldives shows persistent levels of under-nutrition in respect of all three indicators of the nutrition status. Many factors are responsible for the high levels of under-nutrition in the country. These include dietary habits and preferences for staple foods like rice and fish; inadequate access to health care; poor infant feeding, child care, and hygiene practices; and the high incidence of certain infections. The significant proportion of imported food, high in cost and irregularly supplied, restricts the

consumption of vitamin- and mineral-rich foods. Among all the fruits and vegetables imported into Maldives, the largest proportion goes to tourist resorts and the second largest to Malé. Very few, if any, imported fresh foods arrive at the islands.

67. Malnutrition has shown significant decline over the last decade in the Maldives. However, regional variations are substantial and nutrition remains a major challenge as most of irreversible damages due to malnutrition happen in the first 24 months of life. Particular concern is observed in the North Central Region and in the South Central region (NHDR, 81). Undernourishment in the Maldives is primarily related to nutrition habits and in rare cases food shortages in remote islands. However, the mere consumption of the minimum dietary energy requirement does not guarantee adequate intake of micronutrients such as vitamins and minerals. This condition is called "hidden hunger" and is not readily discernible from data on wasting, malnutrition or stunting. But it is likely to affect a greater swath of people in Maldives than just calorie intake deficits. Children and women are especially at risk, and an added challenge is that hidden hunger is also likely to occur in tandem with undernourishment.[31]

Policy and Programme Environment

68. The government has recently launched an Integrated National Nutrition Strategic Plan / INNSP (2013-2017) with six goals.[32] Two of the six goals pertain to women and children below five 1) Ensure caregivers practice appropriate IYCF and dietary practices and 2) Reduce micronutrient deficiencies among women and children. One of the goals pertains to reduction of obesity in adults. These goals for improving women and child nutrition are planned to be implemented by Health Protection Agency (HPA). Strategies and actions are stated along with a time framework. There is scope to elaborate on objectives for each of these two goals along with operational details for achieving rapid reduction in under-nutrition in women and children in the country. The existing problem of overweight and obesity also need to be addressed by HPA.

69. The other policy efforts which are underway include the Health Master Plan (2006-2015) with a new plan 2015-25 being drafted to be aligned with INNSP and National Reproductive Health Strategy 2014-2018 (focuses on new-born feeding, maternal nutrition, including eliminating micronutrient deficiencies), Public Health Act 2012, and the HIV/AIDS National Strategic Plan 2014-2018. In addition, NCD Prevention action Plan, Food inspection Guidelines, Food Bill and Youth Health Strategy, including National Adolescent and Youth Friendly Health Service Guidelines 2014 are in draft stage or remains to be endorsed.

- Severe stunting prevalence rates are reported to be almost similar in urban and rural region (U= 6.2 percent, R=6.5 percent) while there is a substantial difference in severe underweight in urban and rural region (U=1.1 per cent and R=4.2 per cent). As presented in Figure 3, the status of under nutrition is much better in urban compared to rural. The rate of severe wasting and severe underweight is almost fourfold in rural areas compared to urban areas.

[31] Sheila C Vir, 2014. Women & Child Nutrition, Maldives: Situation Analysis and the Way Forward, UNICEF, Maldives

[32] MOH, 2013. Integrated National Nutrition Strategic Plan, 2013-2017, Ministry of Health, Maldives

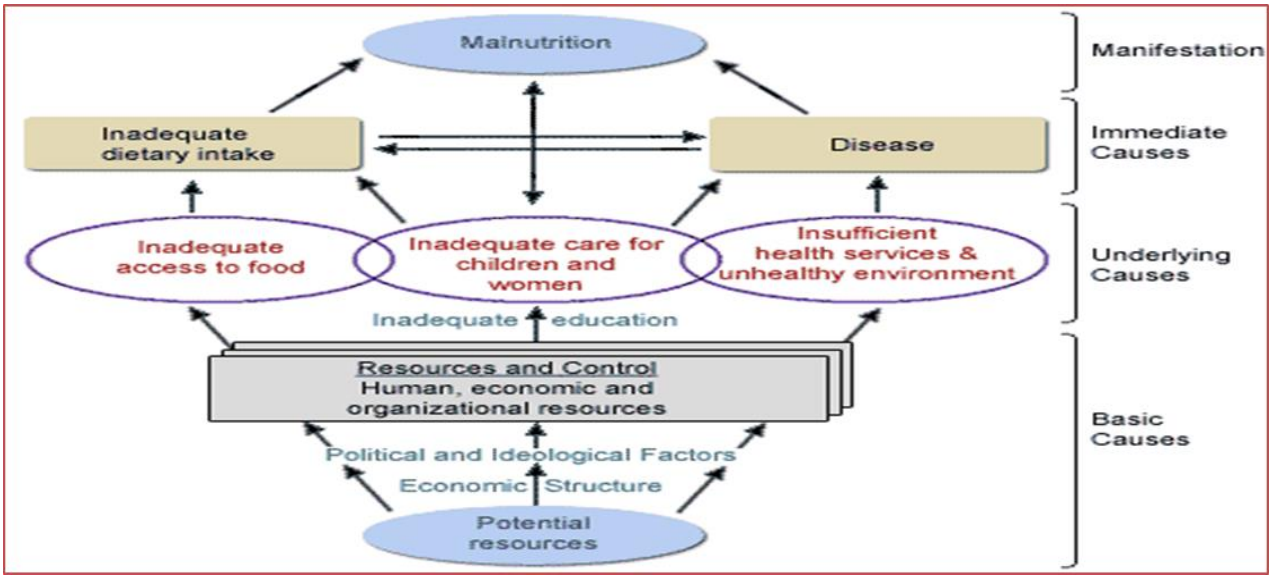
- Regional analysis indicates the prevalence rates of stunting is much better in the region of Male and North region as compared to the remaining four regions. The prevalence rate of stunting, underweight as well as wasting is worse in the north-central region (Figure 4). Male with almost a third of population contributes to a substantial number of stunted and underweight children.
- The prevalence rates of under-nutrition declines with the level of education. Stunting rates being 24.9 percent in case of mothers with no formal education compared to 12.1 percent in mothers with no secondary education. Similar pattern is noted with reference to stunting and underweight. The prevalence rate of stunting and underweight is much higher in lowest wealth quintile compared to highest wealth quintile (Figure 5)
- The problem of overweight is increasing with 6 percent of children under-5 years being classified as overweight (MOHF and MACRO, 2010).
- The incidence of stunting in children below 5 years is higher in case of children with undernourished mothers (20.5 per cent) with low BMI of <18.5 compared to mothers with normal BMI of >18.5 (18.1 percent) . The corresponding prevalence rate of underweight in such children is 26.5 and 17.8 percent.
- The problem of overweight and obesity is alarming. Every second women is overweight –46 percent women in reproductive age having a BMI of over 25 (Figure 7). There is a rise in incidence of non-communicable diseases. The implications of overweight on breastfeeding practices or child care practices have not been documented and needs to be explored.
- The status of women is much better than other south Asian countries. The percentage of women married by 18 years is 4 percent and conception is only one percent. The median age at first birth is increasing—23.9 years for women 25-29 years compared to 19.3 years for women 45-49 years. However, spousal violence is experienced by almost a third of women.
- According to the National Micronutrient survey 2011, an overall 26.3 percent children 6 months to 5 years are reported to be anemic and 50.1 per cent are found to be moderately deficient and 5.1 percent severely deficient in vitamin A. An overall 57.6 percent are iron deficient and there is a wide regional variation—lowest prevalence of 50.2 percent in the North-central region and highest prevalence rate of 65.1 percent in South central region. Overall 16 percent children are reported to be zinc deficient. Over 95 percent households use iodized salt and there is very small variation. Despite availability of iodized salt, 0.7 percent children 6 months to 5 years children, as per urinary iodine levels, are reported to suffer from severe iodine deficiency while 12.9 percent are reported to be mildly deficient in iodine.

Determinants of Under-nutrition

70. The immediate contributory cause of stunting in children is observed to be poor nutrient intake against the recommended requirements. Viral infection and ARI (39 percent of children as per the micronutrient survey) is reported to be comparatively higher and contributes to creating a

negative nutrient balance. The loss of nutrients due to worm infestation and diarrhea is noted not to be a major contributory cause of under nutrition. Worm infestation is only about 4 percent (MOHF 2010) while the incidence of diarrhea is also rather low (about 4 per cent as per MDHS 2009). The main immediate determinant of under nutrition in children appears to be a lower intake of energy, quality protein as well as micronutrients due to poor infant and young child feeding practices despite good education and adequate purchasing power at household levels.

Figure 2: UNICEF conceptual framework on malnutrition



71. The quality of health services and availability of qualified practitioners is a question. The health system has been restructured twice in the last four years, whereby the previous set-up of primary healthcare was severely disrupted. A critical issue of rebuilding and sustaining the health system and shortage of skilled health professionals remains a challenge. Capacity gaps and constrains related to limited human resource persist within the Health Protection Agency, impacting programmes such as nutrition, immunization and child health

72. Finally, a recent nutrition situation assessment (Vir, 2014) identified: (a) linkages cost of food safety and food security/availability of nutritious food; (b) over reliance on processed food; and, (c) convenient lifestyle coupled with poor nutrition awareness among caretakers as immediate causes of under-nutrition in children.

3.1.4 Identifying Child Health and Nutrition Disparities and Bottlenecks Analysis

73. At the systems level a number of bottlenecks and barriers have been identified by participants during UNICEF's sectoral consultations / Strategic Moment of Reflection, including:

- the restructuring of the health system, leading to loss of technical staff and role ambiguity
- capacity issue of health service providers,

- decline in comprehensive and community-based approach to nutrition,
- Poor integration with other programmes and services
- Low prioritization given to health and prevention aspects such as nutrient.

74. The main bottlenecks that will need to be addressed in the child health and nutrition area are the absence or out-of date policies, strategies and plans in the areas of nutrition, immunization, early childhood development, and child health; the lack or non-use of data to inform policy making, particularly for identifying disparities related to child malnutrition, and weak monitoring systems to ensure quality health care delivery; and, inadequate skills and knowledge among caregivers about infant and child feeding.

75. Bottlenecks at the systems level also include: deterioration of the public health programme, sporadic nutrition information within the school system and limited community based nutrition and public health programmes, as well as competency and motivation of health workers and lack of a sustained mechanism to provide nutrition education. Several assumed structural bottlenecks were also identified during the consultations:

- Affordability and access – stemming from the fact that Maldives greatly relies on imported food that has to be distributed to the islands from Male' – leading to availability and access issues for some islands, and increase in costs leading to affordability issues for numerous families.
- Convenience lifestyle, and over reliance of quick and easy food.
- Unhealthy Social norms:
    - Such as impression of 'package food' being better. Frequent use of unhealthy local / traditional food (such as "hedikaa," "rehaakuru").
    - Viewing other needs as more important than a healthy balanced diet, especially those related to status among peers and community (eg TV, phone, education, clothes)
- Child's food preferences and parenting skills: when young children are fussy about food, after numerous attempts, out-of desperation, parents give in and feed whatever the child will eat (hence unhealthy food).
- Cultural norms towards child feeding / food: beginning from when the child is weaned up to middle childhood, the act of eating (feeding) is seen as a 100 per cent parental task, where children are spoon fed by caretakers until a an advanced age of even 7 years. Therefore, children not only lack ownership of an important element of their survival, but they also miss out in making food decisions on their own (hence these skills are not developed).

76. In the case of child malnutrition, practices such as low rates of exclusive breastfeeding and unhealthy diets and inappropriate feeding appear to be the main factors. The bottleneck analysis further reveals that inadequate skills and knowledge about infant and child feeding, preference

for convenient food such as packages food, and for some inadequate access to nutritious food are barriers.

77. Capacity gaps are reflected in low quality of services, especially in the periphery. In the urban system, the service providers are over-burdened, and routine services such as growth monitoring intervention, information to parents are compromised. The dispersed nature of the country has made is difficult to establish an efficient monitoring system. Added to the geographic challenges, is the poor human resource management, limited career development and professional development opportunities making retention of trained staff difficult. In addition, apart from capacity issues, weak monitoring systems and low accountability are constrains in ensuring quality service in child health and nutrition.

78. Addressing malnutrition through strategic interventions is essential to lower the high rates of stunting, underweight and wasting, and provide better opportunities for growth and development of Maldivian children. Globally, there is increasing insights and awareness on the importance of investing in preventing stunting and early childhood stimulation. There needs to be similar recognition at national level to increase commitment and priority for child nutrition and health and development programmes; programmes that are integrated and takes a life cycle approach.

3.1.5 Disaster Risk Reduction and Resilience

79. Maldives experiences moderate risk conditions due to a low probability of hazard occurrence and high vulnerability from exposure due to geographical, topographical and socio-economic factors. Given the Maldives' SIDS profile and the increasing evidence and impact of climate change, the country is highly vulnerable to natural disasters, particularly coastal flooding, storm surges and tsunamis. Land scarcity coupled with limited utilization options (for agriculture, recreation) and a growing population contribute to a country evidencing multi-hazard risks. Political tensions, manifested in frequent changes in government have impaired the effective delivery of public services and basic goods. The country has a well-functioning surveillance system for communicable diseases. It needs further development for early response such as including auto-alert functions and improving event-based surveillance. Laboratory surveillance, surveillance for hospital acquired infections and antimicrobial resistance also needs to be developed. The international ports of entry have been strengthened to cover health requirements to prevent the international spread of disease and health hazards with minimal interference with international trade and travel.

80. Maldives has a comprehensive Pandemic Preparedness Plan. The Ministry of Health & Gender is collaborating with other sectors to prepare multi-hazard preparedness plans and health sector preparedness plans that are required under the IHR (2005). A national IHR Committee coordinates activities required to achieve IHR core capacities among the different sectors, and relevant public health legislature is being developed and implemented.

Several important bottlenecks to improving the country's readiness to deal with disasters include:

- The absence of a legal, policy and institutional framework for disaster risk reduction and management
- Inadequate and weak institutional capacity of the National Disaster Management Center
- Weak horizontal and vertical coordination mechanisms for DP/DRR
- Lack and/or weak community capacities for preparedness for effective response
- Absence of robust and tested End-to-End Early Warning Systems.
- Lack of public awareness of DRR, hazards and risks, compounds the problems even further
- Lack of dedicated resources for disaster risk reduction at all levels. Some recurring threats could have been resolved with basic and small-scale mitigation interventions, yet no resources are allocated for mitigation actions at community levels.
- Geographically dispersed islands and sparse populations is a given setback in DRR which often challenges effective response actions in times of emergencies and disasters. It also is a factor for increasing vulnerability due to lack of timely access to basic services or it hampers or delays delivery of basic services from central levels.
- Local governance and decentralization are new processes and systems in the country. There still much remain to be done in terms of developing capacities of local councils on local government management, local development planning, delivery of basic services, performance of their duties and responsibilities and efficient dispensation of local mandate and authority. These are important requisites if disaster risk reduction and management are to be fully mainstreamed in the local development processes.
- Fiscal decentralization and national budgetary support to local development processes are primordial to effect meaningful decentralization. While mandates, responsibilities and planning are decentralized there is no fiscal decentralization to speak of. Budget allocations to support local development plans somehow are decided at national levels. Moreover, while revenue generation power is given to local councils, it is but too early to leave local development processes to thrive only through local revenues.

3.1.6 Strategic Choices: Possible Child Health and Nutrition Sector Options

UNICEF's Current Health and Nutrition Programme

81. UNICEF's health and nutrition programme activities fall under Programme Component Result (PCR) 2: *By 2015, disaggregated data and information that contribute to realisation of child's rights is accessible, analysed and used*. This PCR is intended to contribute to the improvement of the Government's Monitoring and Evaluation (M&E) mechanism particularly in strengthening the data analysis and data utilization for planning and decision making. The PCR also aims to support the Department of National Planning and relevant national and sub-national

institutions in more systematic use of sectoral information management systems. The establishment and use of *Maldivinfo* as a central repository and dissemination tool of data on children should enhance the coordination function of theNational Bureau of Statistics.

UNICEF's support in the health and nutrition sector has included strengthening growth monitoring, development of the Integrated National Nutrition Strategic Plan, improved feeding campaigns, capacity building on Integrated Management of Childhood Illness and development of PMTCT guidelines.

Principal UNICEF Health and Nutrition Contributions: Current Country Programme

- ♀ Maternal and child nutrition (MCN)
  - Behavior change communication on MCN, Capacity Development of Health Workers on MCN
  - Infant Young Child Feeding – capacity development of Health Staff
- ♀ Integrated Management of Childhood Illness, & Essential New Born Care
  - Needs identification, Adaptation of IMCI packages, IEC resources of common diseases developed
  - Capacity Development: Training of core TOT trainers on IMCI, Health professionals in 5 atolls trained on IMCI
  - New Born care protocols developed, ENBC training done
- ♀ Growth Monitoring – assessment, Standard Operating Procedures, and training
- ♀ HIV and Drug prevention & Prevention of HIV from Mother to Child (PMTCT)
  - PMTCT protocols developed, Staff trained on PMTCT (I in male', I in atoll)
  - Life Skills Education & Drug prevention – to young people
- ♀ Vaccine
  - Vaccine Procurement, New Vaccine introduction, Vaccine refusal reviews
- ♀ HIS – Initial module developed (technical Support)
- ♀ DHS – Demographic Health Survey - Support planned

Current and Planned Government Programme Actions

82. In the current programme, Ministry of Health and its development partners such as UNICEF and WHO continue to implement measures that address the issue of under-nutrition in children under-five years of age. Key interventions planned include behavior change communication strategies, strengthening growth monitoring practices, promoting exclusive breast feeding practices, awareness and capacity development on infant young child feeding practices (IYCF). The Integrated National Nutrition Strategic Plan (INNSP) 2013- 2017 was a key initiative supported by UNICEF to address the issue of under-nutrition. Other areas of support include, BCC on maternal and child nutrition and growth monitoring.

Programme Strategies and Actions for Future Consideration

83. Based on the above analysis and findings, including suggestions from UNICEF and its partners emanating from sector consultations, and consistent with a continued emphasis on up-stream activities, the following set of programme strategies and actions are provided for consideration in the next Country Programme.

<u>Possible Nutrition Areas of Focus</u>

84. Ensuring quality child health and nutrition service delivery to all inhabited islands continues to be a challenge. There is scope for strengthening policies, strategies and plans to build an enabling environment particularly to ensure that adequate services reach the most vulnerable. For example, the Breast Milk Substitute Code, The IYCF Guidelines, The Micronutrient Policy are key documents that require updating. The Child Health Strategy, Essential New Born Care Plan and Early Childhood Development and other policy documents that needs to be developed.

85. Advocacy with clear statement of actions for achieving defined goals is critical for addressing the barriers to rolling out the policies and action plan. High level political support is imperative for creating an enabling environment for implementation of IYCF activities and MN supplement coverage. Prevention of stunting therefore needs to be positioned high in the political agenda and requires an effective advocacy implementation plan. Strategy and support materials require to be built around evidence based implications of stunting and compromised child health and development.

86. At the national level, UNICEF Maldives will give consideration to supporting the institutional strengthening of child nutrition and health programmes, and to promote quality services to children and their family, especially the most vulnerable. An integrated and holistic approach will be considered to deliver comprehensive and improved services in maternal and child nutrition and hygiene promotion, neonatal health can care, child health and development and immunization. System strengthening for essential new born care will be at sub-national hospital level.

87. Through partnership with Government and NGOs, UNICEF may support demonstration of high-impact nutrition and child health and development in selective communities. These will be targeted to atolls with high prevalence of malnutrition and child morbidity issues. Specific population groups would include pregnant women and mothers and caregivers of under five children.

88. Through the Women and Child Nutrition Programme (WCNP) improvement strategy, UNICEF is considering support for: (1) advocacy and technical support for strengthening the policy formulation and its implementation for ensuring universal coverage of package of direct essential nutrition interventions (table 2, above) for improving women and child nutrition; 2) developing and implementing a comprehensive national WCNP with development and implementation of atoll level WCNP plan of action (PoA). For implementation PoA, there is need to formulate and implement: i) a behavioural change communication and social mobilisation strategy for adoption of appropriate IYCF practices; ii) improving supply, demand and consumption of micronutrient supplements (vitamin A supplement (VAS) and IFA supplements) and ensuring universal consumption of iodized salt; iii) develop and roll out a national training plans for WCNP plan of action; and, (iv) establishment of an effective doable MIS system . In this context, UNICEF will support (3) introduction of innovative community based strategy at a rural atoll level in a selected region while a health centre based approach for

urban region will also be supported to be implemented with a view to scale up coverage of essential nutrition interventions in the entire country under WCNP.

Child and Maternal Health

89. Through service providers and NGOs, communities and caregivers can be empowered to improve feeding and hygiene practices, early stimulation and nurturing and timely vaccination and appropriate care during illness, leading to healthier, better nourished and well developed children. Advocacy and communication interventions will be targeted to address the determinants of nutrition. This can be done through comprehensive strategies for social and behavior change communication, which addresses the identified social norms and cultural belief as well as the skills gaps of the caregivers.

90. Improving quality of care around the time of birth will save the most lives, and this requires educated and equipped health workers. Hence capacity development on essential new born care and childhood illness will be a key programme area. Capacity will also be developed on Infant and Child feeding practices and early stimulation. Interventions will include promotion of exclusive breast feeding and appropriate weaning practices. These are also cornerstone of the Integrated National Nutrition Strategic Plan (INNSP).

Disaster Risk Reduction and Resilience

91. While natural disasters are devastating for anyone who experiences them, children are the most vulnerable, due to their small size and relative inability to care for themselves. Children must, therefore, be the first priority in risk-reduction efforts. Specific risks that exist for children and their caregivers, and the actions that might be taken to counter those risks, should be determined in addition to risk-reduction strategies for populations at large. Risk-reduction initiatives should be designed to educate families and children about simple and practical actions that can protect life and personal property in the event of natural disaster. Effective awareness programmes in schools, homes and communities can create a culture of prevention and empowerment. To ensure effective, timely and dependable responses, emergency preparedness measures, oriented specifically to children and women, must be in place. Children, families, communities and basic-service providers must be ready to meet health, nutrition, education and security needs when a disaster occurs.

92. Considerations should be given to developing a strong community-based DRR component, preferably integrated and mainstreamed into the other sectoral programmes. Disaster risk is first and foremost a ‘local’ phenomenon with communities on the frontlines of disaster risk and climate change. To date, best practice and the most solid field experience in DRR originate from community-based DRR. The strength of community-based DRR is that it addresses perceived problems, capitalizes on local knowledge and resources, empowers people, is cost-effective and contributes to sustainability/ownership. And, consistent with other UNICEF support to the local or council level, it promotes inclusive, bottom-up, and participatory planning across different sectors. In this regard, the risk management process begins with participatory hazard-vulnerability-capacity assessments (e.g. hazard mapping, historical timelines and seasonal calendars), followed by risk management action planning, which sets the priorities for mitigation/prevention actions.

93. Addressing environmental issues has often proved to be a good starting point – also in relation to climate change. Children and youth are increasingly 'tuned in' to climate change and are taking action to reduce their carbon footprint. Deforestation, soil erosion, overgrazing and desertification have been countered by tree planting, flood risk reduced by protecting mangroves, and air and water pollution mitigated by clean and sustainable energy. Communities are increasingly modifying livelihood strategies, changing planting/crop cycles etc., which will reduce risk to droughts and income shocks.

94. In addition to mainstreaming DRR to enable national resilience, strengthening the enabling environment, starting with the Disaster act, relevant policies and action framework on disaster risk management should be taken as a national priority, requiring a cross-sectoral national strategy that applied a unified approach across administrative levels. Strengthening local governance through the integration of climate resilience into local ordinances, policies and plans is a critical element in DRR as it should be in all sectoral programmes (see Chapter 2.1.2). Targeted actions include the operationalization of laws, policies, plans and other legal documents highlighting the local councils' responsibilities in disaster risk management, standardization of a local disaster risk management plan template, optimizing trade-offs, employment and tourism priorities, and enhanced coordination and communication in times of disasters.

3.2The Education Sector: Analysis, Key Findings and Strategic Options

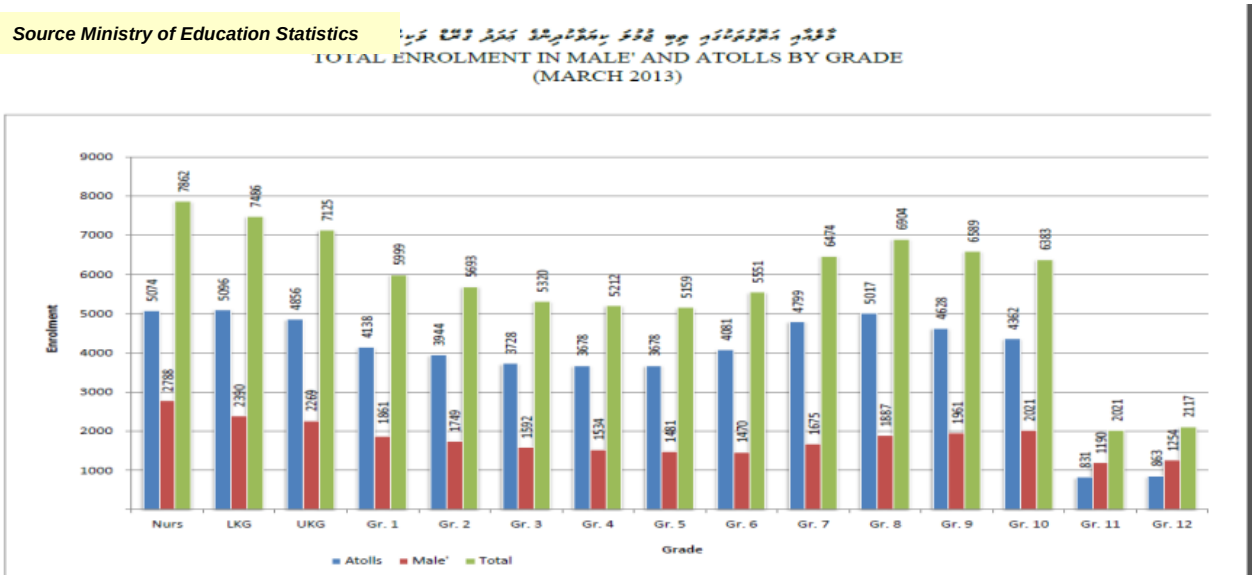
95. In this second area of programmatic review, the focus is on the education sector with a presentation of analysis and findings extracted from the concerned documents (see Annex 1) and a corresponding set of possible strategic options for consideration and inclusion in the new Country Programme. Specific education sector components examined here include: 1) Early Childhood Education, 2) Access to education (across the levels) and, 3, Quality Education (across the levels).

> Education is a [Maldivian] constitutional right, free and compulsory.
>
> The Maldives achieved the MDG goal

3.2.1 Education Sector Overview

96. Traditionally Maldivians place high value on education and significant progress towards equitable access to education has been achieved through free education at primary and lower secondary levels in Government schools overcoming barriers such as geography, income, age and sex (NHDR, 69). Universal primary education was achieved in 2000 and reached a 96.6 per cent enrolment rate in 2012. For the lower secondary the net enrolment rate was 81 per cent for boys and 87 per cent for girls. (NHDR, 70) Yet, gross lower enrolment rate is 117 per cent indicating a considerable grade repetition (WB 2014, 34). The high enrolment is driven primarily by subsidizing families through free textbooks and learning materials, cost of school uniforms, examination fees and costs of ferries for poor parents reducing their financial burdens on education.

Source Ministry of Education Statistics



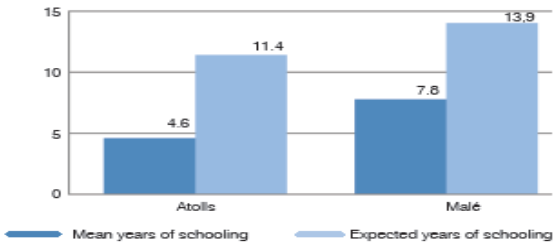
97. However, at higher secondary and tertiary educational level educational enrolment declines dramatically to a mere 21 per cent at higher secondary school and only 3 per cent at tertiary level (NHDR, 72), the reason being the limited number of schools offering education at 11-12 grades and beyond. The Government is expanding upper secondary school to the atolls, currently numbering 37 schools (WB 2014, 34). During the period 2004-2012 the tertiary enrolment rate has increased almost three-fold (NHDR, 72).

98. National assessments have shown low achievements at all levels of education, and there is a major difference in achievement rates between Malé and the islands where Malé has an achievement rate above 50 per cent in the period 2009-2011, while achievement rates for the atolls were significantly lower, between 28-30 per cent in the same period. Education is not

provided equitably across the Maldives. While spatial setting of the country is the biggest barrier to equitable access to education, there is in addition to the inequalities between Male' and the Atolls, significant differences between the seven regions. Children in Male' complete on average almost eight years of schooling while the average for the atolls is 4.21 years.

Source: Maldives Human Development Report, 2014

Figure 5 Education Inequalities between Malé and the Atolls

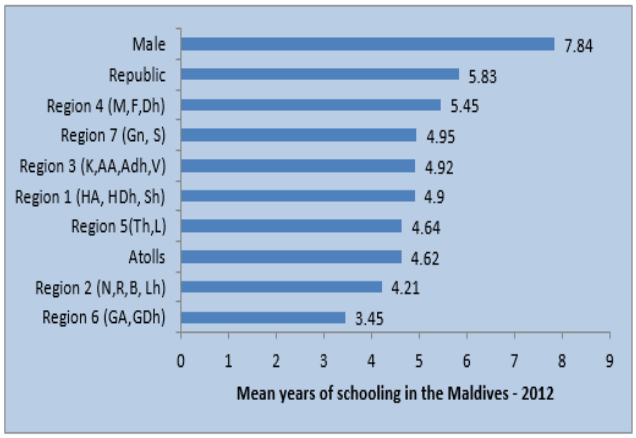


Source: Annex II Table 1

99. There are drop outs at all educational levels. While drop-outs are low up till grade 6, grade 7 grade drop-outs reach a range of 2-4 per cent. The correlation between drop-outs and children whom were in conflict with the law is evident as shown in a 2011 document from the Human Rights Commission of the Maldives: 82 per cent did not attend school. (NHDR, 75)

100. Cases show that an increasing number of children in the islands are not attending school, particularly girls, and an increasing number of children are taken out of mainstream schooling and enrolled in Islamic Schools. Many pre-schools focus on strict Islamic schooling (NHDR, 75). Data do not reveal sufficient information on reasons for non-attendance, repetition and drop-outs. (MDG1&2, 24)

Figure 30: Mean years of schooling differ across regions



Source: (Education, Education Statistics Book, 2012)

75. Low number of years of schooling in the atolls is mainly attributed to the lack of secondary and higher secondary education in the islands. This forces children to migrate to Male' or to other islands and regions to seek better education with or without parental care. Girls are more predisposed to abuse and violence in their host families and islands, hence migration pose a barrier to adolescent girl's education. Adolescent boys who migrate to Male' in particular are at risk of being exploited for commercial and criminal activities.

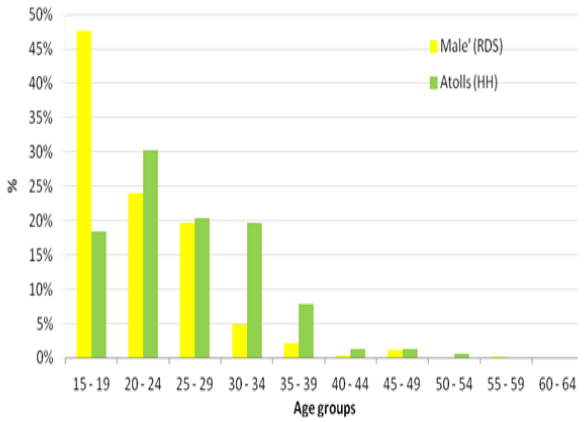
101. Dropping out of school as a result of difficulty in accessing secondary and higher education results in these adolescents not acquiring the skills required for them to make informed life choices and participate in the employment market. For instance, data suggest that 48 out of 97 percent of youth who have ever heard of HIV/AIDS, only 51 percent of young women and 62 percent of young men have correct knowledge about HIV transmission. (Biological and Behavioral Survey, 2008) and that prevalence of "unprotected sex with multiple partners" was high among adolescents (15-17 years).

102. Out-migration from the islands to Malé appears to be caused mainly by youth and family members moving to Malé for educational purposes as well as marriages. If eventually this out-migration is to be halted it requires changes to the educational system. Systems must be instituted by which a larger share and concentration of upper secondary schools are

located in atoll capitals; a process that is already underway and should be encouraged. The percentage of passing O'level students must increase significantly which can only take place if teaching conditions are improved in the islands/atolls, i.e. qualified and stable supply of teachers and adequate teaching facilities, and security are guaranteed for young female students. Without steps taken on these issues the migration to Malé is likely to continue.

103. This leads to the inter-linkage between education and the labour market, i.e. the opportunity for the youth, male and female, to be employed following their graduation. Numerous studies have revealed the clear correlation between the quality of the education system and the absorption capacity of graduates into the labour market. Expatriate workers take up (very) low paid jobs – jobs not attractive to Maldivians, and senior management jobs in the tourism and other industries are occupied by well-educated expatriates that Maldivians cannot fill because mid-level managerial jobs are not catered for in the Maldivian educational system; a system where only very few Maldivians achieve higher and tertiary educational levels.

Figure 6: Proportion of current drug users by locality and age group



Source: National Drug Use Survey, 2012

104. There appears simply not to be a demand for the young Maldivian labour force.[33] Also, traditional vocational education offered by the Government has not been attractive to the Maldivian youth and programmes have often failed due to limited interest and low enrolment rates. There is a marked mismatch between the educational system and the labour market and a critical need to reform and align the two. In principle private businesses (especially in tourism) could on their own initiative, or in partnership with schools, vocational institutions, or other engaged stakeholders, play a key role in helping young people reach their potential while contributing to their businesses.

105. While child marriage (among adolescents) is not a major issue in Maldives, the alarming consequences of these deprivations among Maldivian adolescents are evident in the reported increasing incidence of juvenile crime and drug use and use of adolescents for drug trafficking. Majority of the drug users are in the age group 15-19 years (National Drug Use Survey, 2012). Furthermore, police statistics suggest that young people in the age group 15-24 are increasingly engaging in organized and gang related serious crimes, while adolescent girls are lured into sexual offenses and exploitation. Often, young people become victims of these crimes.

106. While the country has a high education enrolment, particularly in the primary level, administrative data suggest a high incidence of non-attendance (in some parts of the country – North Central and South Central regions) and lower enrolment rates at higher secondary level (across the country). While the exact number of children out of school is not yet known, there is evidence of the vulnerabilities these children (adolescents) have, as seen in data on

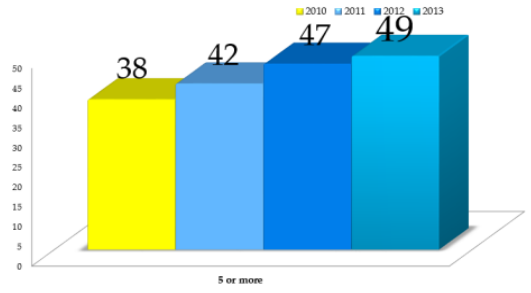
[33] This interpretation is based entirely on what is known from the secondary sources used to formulate Part One. The consultant does not have full insight on the composition and specificities of unemployed youth and their needs and feelings related to education and work. Yet, objectively, it appears that they are not in demand in the labour market.

violence against children, children in conflict with the law (95 per cent not in school) and adolescents involved in drug abuse (18 per cent of drug users are in the age group 15-19 years). Formal education systems have been the traditional means of developing children with knowledge and skills for a responsible life. However, children who cannot access the formal system need to be reached with alternative learning programs to grant them their right to education and become useful members of the country.

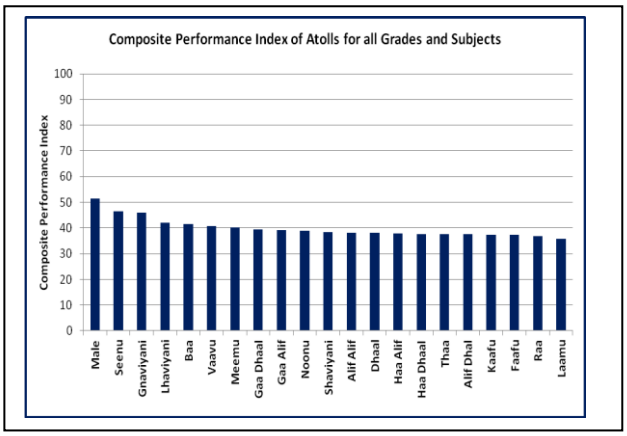
3.2.2 Education Sector Analysis: Disparities, Bottlenecks and Inequities

107. Formidable challenges exist in the provision of access to education for all children. Children with disabilities as a group do not have adequate access to education. Currently there are 31 schools across the country including 3 schools in Male', that provides some form of education for children with special needs, with in the existing school framework. However, these schools do not have adequate infrastructure, pedagogical materials suited for the needs of the children and trained teachers. Most children with disabilities are not able to access these services due to unavailability of transport services to these schools due to the wide dispersion of the islands.

Achievement rates for 'O' level examination (2010-2013) (Pass percentages for 5 subjects or more)



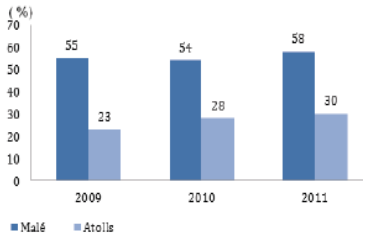
Source: World Bank, 2012



108. The geographical dispersion and the low student population in some islands make it expensive and complex to deliver the education at all levels. In 2012, the country had a student-teacher ratio of 11:1. Data shows 87 schools in the country has on average a teacher-student ration of 1:20 or less, given that all schools teach up to Grade 7. The overall shifts in the demographics of the country are resulting in a significant reduction in the student population, with a significant fall in the primary enrolment, where universal access has been achieved. This trend, coupled with outmigration will continue to lower the student-teacher ratios, making it even more expensive to provide education on small islands, and threaten the feasibility of the current school system of delivering to every island.

109. Worrying inequalities exist in the quality of education across the country. National assessments indicate low achievements at all level of education, with major disparities between Male and atolls. The pass rate at the Lower Secondary exam (Cambridge IGCE/GCE O' level) in 2011 was 58 per cent for Male compared to 30 per cent for the Atolls. Atoll level success rates show Laamu Atoll and Raa Atoll as poor performing and Faafu, Baa, Seenu and Gnaviyani atolls as better performing. Although percentage of students passing 5 subjects in the "O" level exams have increased since 2011, the pass rate stands at 49 per cent in 2013.

Figure 32 Achievement rates for O' level examinations (2009-2011) (Pass percentage)



Source: Department of National Planning,2012

106. Learning outcomes in both primary and secondary education are modest with low average scores for both English and mathematics. Wide regional disparities exist in learning outcomes as well as achievement levels in English language skills at primary and lower secondary education level, with Raa atoll having the lowest outcomes. Less disparities exist for Mathematics, although gaps exist among the atolls.

107. Data on student performance shows that the level of learning of Maldivian students is lower than average international levels, particularly in English, with Maldivian students in Grade 9 performing lower than the international average of Grade 4 students. In Mathematics and Science, this gap appears to be bigger at Grade 4. Moreover, most students in secondary education do not have deep conceptual understanding and higher order thinking skills (Baseline Study, 2013).

110. Quality of education is also poor at all levels of education including pre-primary. National assessments indicate low achievement (47 percent of children with pass mark in 5 subjects at "O" levels), with major disparities between Male' (58 percent) and atolls (30 percent). Bottlenecks hindering learning outcomes include limited capacity of teachers, insufficient teaching learning resources, inadequate capacity to implement quality assurance standards and monitor adherence to national standards, weak school management and insufficient advisory and support to marginalized schools and small schools in the islands.

Table 2.4 Proportion of Untrained Teachers by Stage of Education, 2010

Year	Primary Education		Lower Secondary Education		Higher Secondary Education	
	Total Teachers	Untrained Teachers %	Total Teachers	Untrained Teachers %	Total Teachers	Untrained Teachers %
Male'	775	10	570	5	140	0
Atolls	2,817	27	2,515	2	262	5
Total	3,592	23	3,085	2	402	3

Source: MoE Statistics.

111. One of the major reasons for the low learning out comes is the lack of availability of quality teachers. In 2011, 15 per cent of teachers in the country were untrained, although this figure dropped to 5 per cent in 2012 due to intensive training programs undertaken by the Government. Majority of the untrained teachers (336 out of 370) work in the islands as most of the trained teachers prefer to work in Male'. This contributes to the imbalance in quality of education between Male and the atolls. Out of the 370 untrained teachers, 213 were teaching primary schools and 98 were teaching in pre-primary schools. The cumulative effects of the learning deficiencies due to poor teaching and learning at the primary level is evident in the low learning outcomes and pass rates at secondary level.

112. The shortage of qualified teachers at secondary schools is addressed through recruitment of expatriate teachers. In 2012, approximately 30 per cent of teachers were

foreigners and 84 per cent of them were deployed in schools in the atolls. Expatriate teacher turnover is high and students are affected in terms of loss of school days and school work. Furthermore, it is generally perceived that most expatriate teachers working in the atolls lack commitment and motivation and demonstrate inadequate understanding of the local curriculum and the local culture, further impacting the quality of education.

113. While the Government's policy is to provide all children equitable access to education, children with special needs do not have easy access to education, particularly in the atolls. Currently there are 31 schools across the country that provides access to education for children with special needs, with in the existing school framework, including three schools in Male'. The schools have a number of constraints including lack of physical space, specialized equipment and trained teachers to cater to the learning needs of the differently abled students. Geographical dispersion of the islands pose formidable challenges for children with disabilities to accessing the limited services in these schools.

114. Mobility constraint are imposed on girls when completing the lower secondary school as most parents in the atolls disapprove of their daughters move to other islands or to Malé for higher education purposes, due to safety concerns (NHDR, 30). Tertiary education is provided in Malé and in selected outer islands through the Maldives National University (established in 2011) and private institutions (e.g. Villa Colleges). (NHDR, 72)

115. While the disparities and bottlenecks are many as noted above, there are also several opportunities that provide an opening for education sector improvement. The more important ones include:

- The current Government assumed office in November 2014 and has pledged a number of reforms for the education sector. Key priorities for the education sector includes:
  - Providing every child with education, vocational training and social etiquette schooling through an effective education system
  - Providing tertiary education to every child acquiring three passes in GCE A' levels.
  - Developing skilled youth for the new Maldivian Economy. NICEF will continue the strong partnership with the Ministry of Education in realizing the common priorities and advocating for equitable realization of education for all children.
- The National Budget is being formulated by the Government Ministries. UNICEF will advocate with the Ministry of Finance and the Parliament to increase expenditure on education, especially on increasing quality of education and improving access to secondary education.
- The Law on the Rights of the Child (Law 9/91) is being amended by the Parliament and a number of bills having an impact on children and their education, (such as the Child Rights, Child Care and Protection Bill, The Juvenile Justice Bill) are planned to be sent to the parliament soon. UNICEF will engage with parliament on ensuring that the children's rights are upheld in the bills.
- The World Bank has signed a multi-year project with the Ministry of Education on enhancing education through strengthening education access and quality. UNICEF has had discussions on partnering with them on improving quality of education and reducing duplication and overlap and identify areas that UNICEF has a unique advantage.
- The Ministry of Education has plans to develop a detailed Education Management Information System (EMIS). UNICEF has lobbied for getting quality of education indicators including drop out and attendance, for monitoring and informing policy.

3.2.3 Strategic Choices: Possible Education Sector Options

UNICEF's Current Education Sector Programme

116. UNICEF's Education sector programme activities fall under Programme Component Result (PCR) 4: *Programme Component Result 4: By 2015, children enjoy learning in an inclusive child friendly environment and are aware of sustainable environmental practices.* The PCR supported capacity development of the Government to implement the child friendly school approach demonstrating good practices in five model schools. Advocacy campaigns are being undertaken to raise awareness on this model and an impact analysis of curriculum reform to lay the groundwork for a longitudinal study. To address the issue of equity, the PCR supports visually impaired children through the establishment of a *Braille* Centre. Partnerships with NGOs are enhancing environmental awareness ain schools. UNICEF will collaborate with UNFPA and UNODC in supporting the life skills education programme in the MoE.

In addition, UNICEF has been supporting the Ministry of Education to conduct a baseline survey and roll out the new pre-primary and primary school curriculum (2014/2015), advocating for monitoring school compliance with the quality standards, and, institutionalizing life skills through teacher capacity building.[34]

Contribution to overall Country results

117. UNICEF is providing a number of interventions to support the Government to improve the quality of education and improve inclusivity, including:

- "No child left behind" policy has been introduced early this year by the Government providing impetus for inclusive education especially for those with disability of special need. UNICEF is supporting the development of teachers for SEN and support to implement the policy as well as demonstration of a Braille set-up in one of the mainstream schools.
- UNICEF supported the Baseline study on the Impact of the new curriculum on student's learning outcomes and continues to support implementing the recommendations of the study. As such, interventions have focused on improving teaching and learning methodologies to enhance student's understanding of key concepts of Mathematics and Science and fostering reading and comprehension in students. Support is being provided to roll out the new curriculum for key stage 1 (foundation stage and grades 1-3) through capacity development of teachers and development of guidelines to implement the curriculum.
- Promotion of environmental education in schools through development of resource materials and teacher training and teacher coordinators in the islands.
- Support to institutionalize life skills education in schools. So far, UNICEF has provided support to implement skills in 62 schools in the country.
- Strategic advocacy and support was provided to implement Child Friendly Baraabaru Schools (CFBS) standards and strengthen the capacities at national, provincial and island level for monitoring schools for compliance with the standards of the CFBS.

[34] World Bank, 2012. Human Capital for a Modern Society: General Education in the Maldives, World Bank, South Asia Regional Office

- Support to development of EMIS for the Ministry of Education is being planned.

Specific challenges to be addressed by a new country programme

118. Although primary and lower secondary school enrolments are high, attendance levels are lower. While attendance in primary education is near universal, the adjusted net attendance rate for lower secondary is 66.3 per cent, with girls having a higher attendance rate (74.3 per cent) compared to boys (58.7 per cent). Drop-out rates for lower secondary level (for Grade 7) are higher for boys than for girls. Rural children drop out of school at Grade 7 more often than children in Male'. While there is no robust data suggesting that these children are not getting education, it is assumed that some of these children (adolescents) are migrating to Male' or to other islands for secondary and higher secondary education. Existing data suggests that adolescents who come to Male' for education, without parental supervision are at risk of abuse and exploitation by their host families and communities. This poses a great barrier to many adolescents, especially adolescent girls living in small islands to seek secondary education. Data also suggest that some adolescent boys migrating to Male' often are exploited for criminal purposes and do not regularly attend school. Approximately 95 per cent of Children in conflict with the law reported to authorities are not in school. Children detained for investigation of a criminal act or serving a custodial sentence do not have access to any form of education.

119. Quality assurance framework and child friendly education standards are in place, however, implementation has not been systematic due to resource constraints. However, it is important that the education system is systematically reviewed and monitored for achievement of the quality that is expected by the national standards to enable identification of systemic issues that impedes the quality of education and enable corrective action. Lack of a coordination mechanism between agencies, limited national and local capacities as well as financial resources are the major bottlenecks impeding implementation of quality assurance procedures and activities as well as external monitoring for adherence to the standards.

120. Other challenges identified by concerned Maldivian education sector stakeholders include

- Improving learning out comes by addressing the drivers causing the inequalities in quality of education. (limited capacities of school management, teachers, resource constraints)
- Limited time students spend in school pose challenges to provide a holistic education to students. (Need to explore why, since most schools are single session schools)
- Lack of enough opportunities for the private sector to invest in education
- Unavailability of trained teachers and competent principles for schools. High turn over of expatriate teachers.
- Lack of opportunities to access affordable higher education in areas required for the country.

Programme Strategies and Actions for Future Consideration

- Continued Support to implement the "No child left behind" Policy, through development of teachers for SEN, demonstration of a Braille set-up.

- Support to strengthen evidence base for policy and decision making. (Longitudinal Study, baseline phase)
- Support interventions in improving teaching and learning methodologies to enhance students' understanding of key concepts and improving reading with understanding.
- Support to roll out the new curriculum for key stage 1 (through capacity development of teachers and development of guidelines to implement the curriculum.
- Promotion of environmental education (resource development, teachers capacity building)
- Support life-skills based education, particularly at secondary level to enable transition to higher education and employment to meet the labour market demands.
- Strategic advocacy and support to implement CFBS standards, build capacities at national provincial and island level for monitoring schools for compliance with the quality assurance standards.
- Support development of EMIS initiated in current Country Programme.

Consideration can also be given to the following activities:

- Increase advocacy to increase education expenditure to expand secondary education and modernizing the teaching-learning technology and maintenance of schools and replacement of resources and equipment in schools.
- A policy on Multi-grade teaching has been announced by the Ministry of Education to address access to quality education in small islands with few students. Successful implementation of this strategy depends on resources for such a set up as well as the teacher capacity building to cater to different learning needs in a single class room. UNICEF will engage with the Government on exploring areas of support for the introduction of tele education, especially for higher secondary grades.
- Prioritize knowledge management and evidence generation through use of EMIS to inform policy decisions.

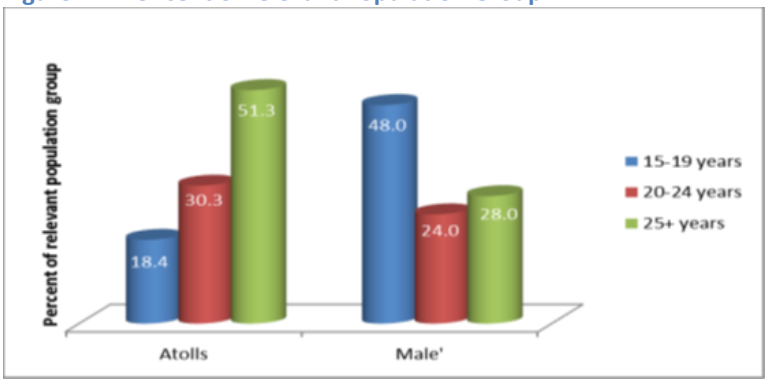
3.3Child Protection: Analysis, Key Findings and Strategic Options

121. In this third and final area of programmatic review, the focus is on the child protection with a presentation of analysis and findings extracted from the concerned documents (see Annex 1) and a corresponding set of possible strategic options for consideration and inclusion in the new Country Programme. While the focus of this chapter is on child protection, it necessarily touches on the overall context of social protection. Specific child protection sector components examined here include: 1) challenges in safeguarding children; 2) Sexual abuse and violence against children; 3) Children in conflict with the law; and, 4) Drug and Substance Abuse.

3.3.1 General Child Protection Overview

122. According to the 2006 Census data for Maldives, children between 0-17 represented 40 per cent of population.[35] Maldives has experienced a rapid decline both in birth and death rates and increased life expectancy at birth. The number of children between ages 5-17 decreased from 30.5 per cent in 2006 to 22.4 per cent in 2013.[36] Children are, however, unevenly distributed among the geographic regions with the highest number concentrated in the capital Male, and the lowest in the Central Region.

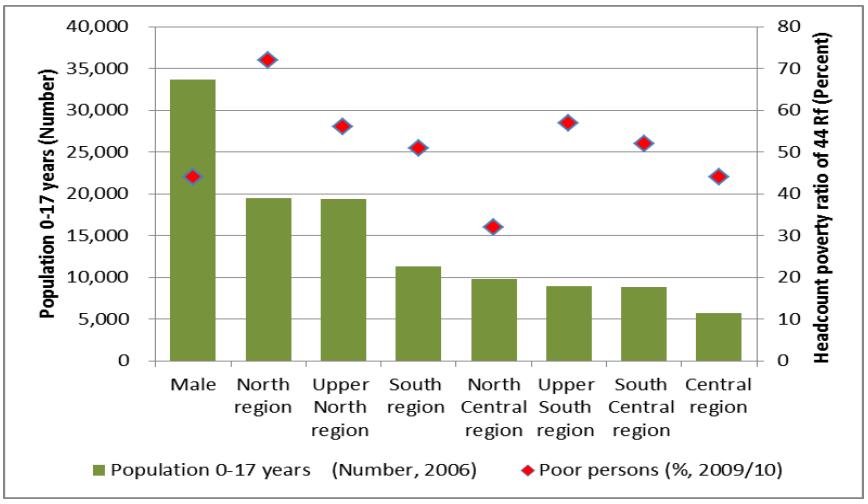
Figure XX: Per cent of relevant Population Group



Source: Situation of Children in the Maldives, UNICEF 2013

123. The 2009 Demographic and Household Survey (DHS) shows that about 13 per cent of households contain children living away from families for access to better educational opportunities.[37] Urban households have a higher proportion of foster children and orphans than rural ones (19 per cent versus 11 per cent).[38] Figure 3, shows the percentage of age groups as compared to Malé vis-à-vis the Atolls.

Figure XX: Number of Poor Children by Region

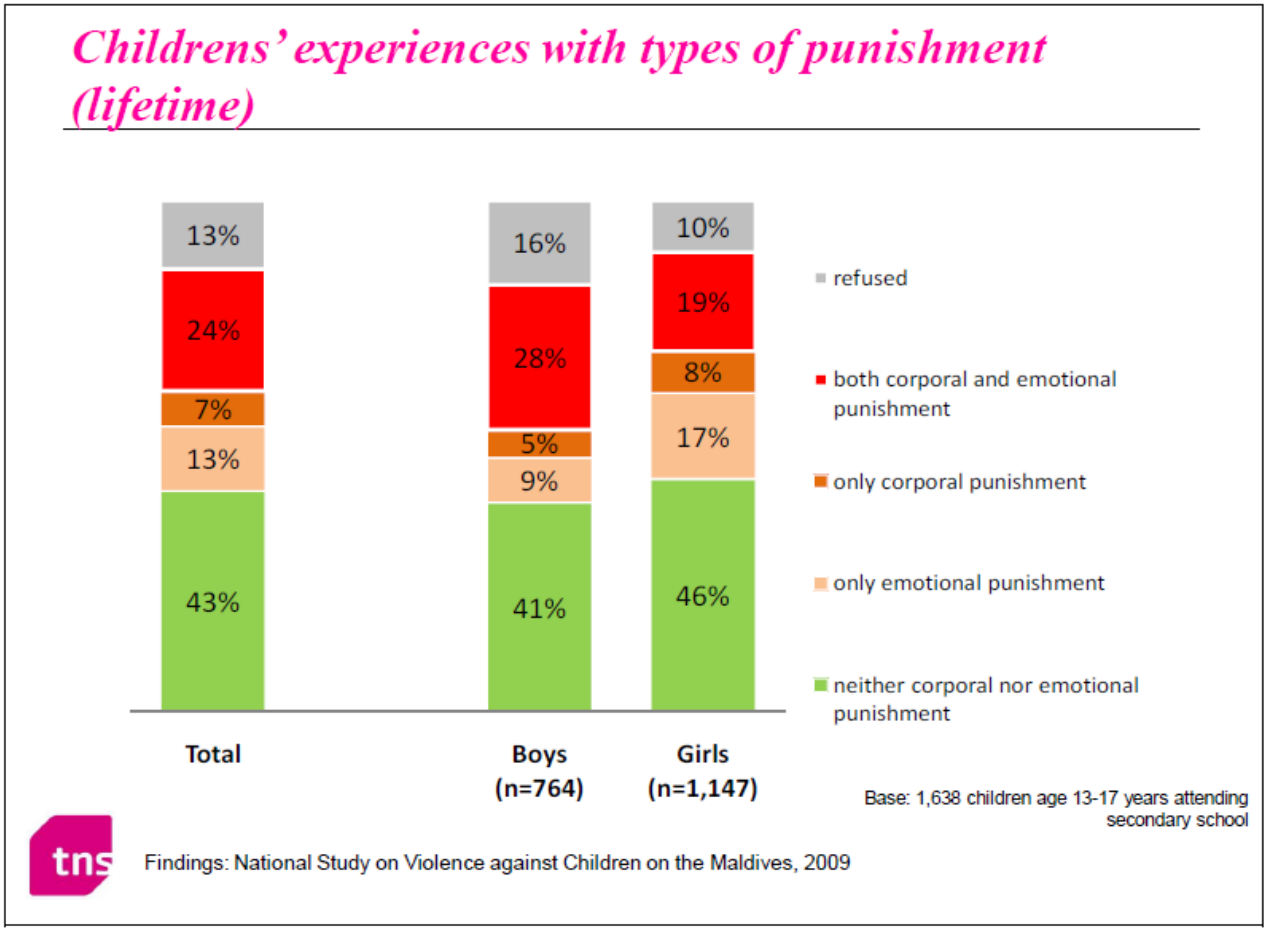


Source: Situation of Children in the Maldives, 2013

[35] The most recent figures this cohort comes from the 2009 DHS. It shows 43.9 percent of the population between the ages of 0-19
[36] Situation of Children in the Republic of Maldives: Secondary Analysis of Existing Information
[37] DHS 2009
[38] Demographic and Health Survey (DHS), 2009. Maldives

123. There are also great disparities among Maldivian children within and among regions and atolls with respect to access to a child protection system that delivers a safe, secure, and healthy environment and provides them with quality services and social protection to prevent and respond to violence, abuse, exploitation and neglect. Poverty, socio-cultural, and gender-based constraints have a bearing on children and adolescents access to education, health, proper nutrition, appropriate recreational facilities, clean water and sanitation, justice and avenues for redress of grievances, and other social services. Socio-cultural barriers often inhibit adolescents' access to appropriate services such as family planning, drug rehabilitation, legal assistance, and other child protection services including sexual gender based violence (SGBV). Drug injection, teenage and unwanted pregnancies, sexual abuse within the family, sex-trade and trafficking, and unprotected sex among adolescents have serious long-term and wide-ranging consequences – from health complications to educational

Figure XX: Children's' Experiences with types of Punishment



attainment and broader socio-economic repercussions.

3.3.2 Child Protection Principal Findings and Analysis

124. The National Study on Violence against Children in the Maldives (2009, UNICEF unpublished) indicates high levels of violence against children at home, in school and in the community. According to the study 11 per cent of boys and 20 per cent of girls reported experiencing some form of violence. The same study revealed that 40 per cent of children

ages 13-17 years have been victims of corporal or emotional punishment. 47 per cent of caregivers reported their community as unsafe or very unsafe to live in. The Global School-based Student Health Survey (GSHS, 2009) provides further information on the health behaviours and protective factors among students in the Maldives. The survey showed over one-third of students "experienced bullying, physical fights and serious injuries" more than once in the previous 12 months.

125. Recent increased involvement of children in serious crimes has become an increasing concern. The case records at the Juvenile Justice Unit (JJU), when compared with the first six months of 2013, showed an increase of 51 per cent in cases of juvenile offenders. Forty per cent of the cases are related drugs while another 18 per cent are related to violent assault. A number of children involved in criminal behaviour had been in the system for a number of years as victims. JJU records also show that 95 per cent of children in conflict with the law are school drop outs.

Legal and Policy Environment

126. Although not comprehensive enough to cover emerging issues, the Law on the Protection of Children's Rights (Law 9/91) and various provisions in existing legislation address all forms of physical violence in all settings (home, education settings, care and justice institutions, the workplace and online) in a harmonized way with international standards. However regulations, institutional protocols and tools are either not in place to implement policies and legislation and to guide effective prevention and response; or, are not being enforced. Drafting of a comprehensive law (Child Rights, Child Care and Protection Bill) to address the gaps was initiated in 2008, and Juvenile Justice Bill is underway and is being finalized by the Attorney General's Office for submission to the parliament.

Decentralized Child Protection Service Delivery Model

127. Family and Children Service Centre (FCSC), at the atoll level, with Ministry of Law and Gender at the central level (in Male') is a comprehensive model and responds to the critical needs of the recently instituted decentralization programme creating an integrated and geographical unified system for the Maldives, a country of many islands and atolls. The design of these FCSCs encompassed continuum of care from prevention to response and reintegration, capacity building and use of case management, community awareness raising through cooperation and coordination with women council, family support and alternative care including temporary shelter facilities. Situation varies from one centre to another but overall centres are understaffed, underequipped and not adequately supported.

128. The Mapping and Assessment of the child Protection system (UNICEF unpublished, 2013), points to the lack of an overall coordination or oversight mechanism resulting in the many of the wide gaps between policies and practices.

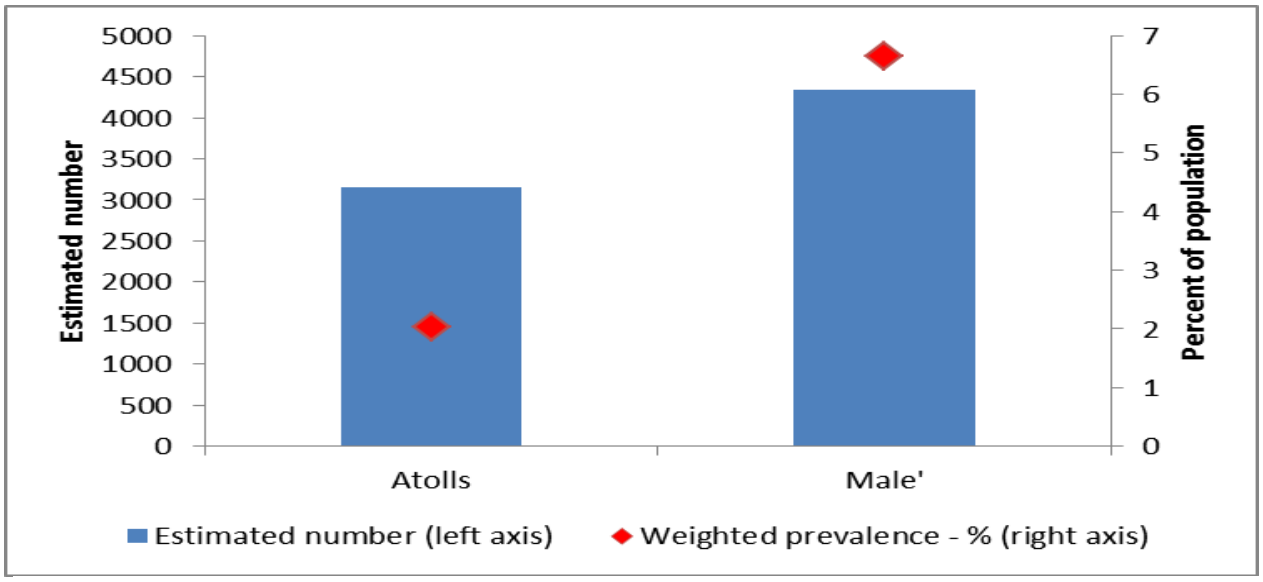
129. According to the National Study on Violence against Children in the Maldives, the high level of violence may have its basis in the harmful social norms and the cultural background of the Maldivian society, as it does not particularly prohibit emotional or physical punishment of children. It also highlights that although there has been an increase in the awareness level and the reporting, open discussions are hampered due the belief that these

are family problems that should be kept within the family. Finally, children and families are not encouraged to report cases of sexual abuse as they will experience stigma if they do so while the child, especially girls, will be perceived impure and immoral rather than victim. Reporting of violence against children is also hindered due to the legal system, where children are often re-victimized. Existing support system, available for the victims of abuse, is weak due to limited financial and human resource at MoLG and its units, the Family and Children Service Centres in the atolls, also discourage reporting of child abuse.

Drug and Substance Abuse

130. Drug abuse increased 40-fold in the Maldives between 1977 and 1995. In 2012, 7,496 persons were reported as drug users, the average drug users being a male between 23 and 26 years of age. However, reports also show that children are increasingly being exposed to drugs. The implication for the society of drug uses is immense. Drug uses include huge financial burden on families and the state, increase the abuse of and violence against women and children, and put users at health risk, such as contracting HIV/AIDS and increase need for mental health treatment and for rehabilitation. (NHDR 46-47, 84). It is the general public perception that drug use is as high as 70-80 percent among the youth (NHDR, 94) and a recent survey confirm that women see drug use and crimes as most threatening for community well-being (Vision 2014). At the same time the National Drug Use Survey (2011/12) put prevalence at less than 7 per cent of the population – not only the youth

Figure 3: Per cent of Drug Users: Male and the Atolls



Source: UNODC, 2013

(NHDR 47).

The distribution of drug use according to age in the Maldives is presented in Fig. 3.[39]

131. The majority of the respondents who had ever used drugs belonged to the age group of 15-19 years. Almost half of the drug users in both Malé and Atolls were employed. Among the drug users who were interviewed, majority of the population using drugs were unmarried,

[39] UNODC, 2013. National Drug Use Survey, Maldives - 2011 / 2012, United Nations Office of Drug Control

and half of them were unemployed. This could be due to the lower age of onset for consuming drugs (15 and 16 years in Malé and Atolls respectively).

Figure XX: Drug Use by Age Group and Gender

Age Group	Total		Female		Male	
	Number of drug users	Percentage	Number of drug users	Percentage	Number of drug users	Percentage
15 - 19	28	18.42	5	50	23	16.20
20 - 24	46	30.26	1	10	45	31.69
25 - 29	31	20.39	2	20	29	20.42
30 - 34	30	19.74	2	20	28	19.72
35 - 39	12	7.89	0	-	12	8.45
40 - 44	2	1.32	0	-	2	1.41
45 - 49	2	1.32	0	-	2	1.41
50 - 54	1	0.66	0	-	1	0.70
55 - 59	0	-	0	-	0	-
60 - 64	0	-	0	-	0	-
Total	**152**	**100**	**10**	**100**	**142**	**100**

Source: UNODC, 2013

132. In terms of the drug use pattern, the UNODC 2013 survey confirmed that alcohol, cannabis and opioids were the most common illicit drugs used in the country. However, in Malé, alcohol was the second most prevalent illegal drug followed by opioids other than pharmaceuticals. It also showed that a large proportion of the community who used drugs used two or more drugs (poly drug users) within the last one year.

133. It was evident from the study (UNODC, 2013) that an overwhelming majority of drug users were males; and confirmed that drug use in Maldives was predominantly a male phenomenon which needs to be taken into consideration while designing intervention programmes. It further elaborated that if the same methodology is applied to study both the genders, it becomes difficult to capture the level of female drug use in the country.

134. It was also evident that a substantial proportion of drug users (61 per cent in Malé and 79 percent in the Atolls) reported being arrested at least once in their lifetime; and that the numbers of arrests of drug users were high, and subsequently a significant proportion were convicted. This further suggested that the response to drug use problem in the country appeared to be leaning towards the criminal justice system rather than health and social welfare systems.

Child trafficking Expatriate workers and human trafficking

135. Expatriate workers have come to dominate the labour market. In 2006 there were almost 54,000 expatriate workers compared to 99,000 employed Maldivians. By 2009/10 this figure has risen to almost 74,000 while the number of Maldivians had declined to 95.000. (ILO 2013, 10) However, chaotic immigration registration systems coupled with weak law

enforcement and monitoring the actual number of expatriate workers is unknown. It is roughly estimated that the number of expatriate workers are 100,000 of which approximately 30.000 are illegal migrants. They work in the construction industry, business and services as well as in manufacturing (ILO 2013, 14). Their working conditions are often poor and they live in overcrowded housing. They have long working hours/days and according to a U.S. State Department Report from 2013 the expatriate workers, primarily from Bangladesh and India, face conditions of "forced labor; fraudulent recruitment, confiscation of identity and travel documents, withholding or non-payment of wages and debt bondage."[40] They constitute a cheap labor force for Maldivian employers and the illegality of many expatriates invite employers to further exploitation. Overall, they are subject to varying degrees of discrimination, cultural clashes, sexual harassment and unsafe working environments. Also, most expatriates do not speak Dhivehi and have no access to information in their own language to information about their rights which makes them further vulnerable limiting their access to legal aid and the justice system.

136. Some of the expatriate workers, predominantly unskilled men and women, are subjected to forced labor and sex trafficking. Similarly Maldivian children are also subjected to trafficking within the country. Therefore, Maldives is currently placed by the U.S. State Department on the Tier 2 watch list for a fourth consecutive year. A waiver for not being downgraded to Tier 3 was granted on the condition that a National Plan of Action was developed and implemented, as this "would constitute making significant efforts to meet the minimum standards for the elimination of trafficking." (One UN 2013, 12)

137. Over the last five years, there has been an increase in the number of disquieting cases of sexual abuse and exploitation of children reported to the Maldivian social welfare services or reported in the media. Specific findings (UNICEF and MOH, 2014, unpublished)include:

- **Child prostitution is occurring in the Maldives**. It is taking place at home, on the beach, in rented rooms, in guest houses and on safari boats. A majority of children that have been engaged sex work are girls, but boys are also victims. Child sex offenders are Maldivian persons and foreigners working in the Maldives. The large majority of them are men and they are of all ages. Child prostitution is closely linked with the issue of drugs.
- **Trafficking of children for sexual purposes** takes place within the Maldives from rural to urban areas and in the large majority of cases ultimately towards Male'. It is closely related to the issue of child prostitution. Both girls and boys are victims.
- **Production and dissemination of child pornography** is undertaken by child sex offenders while they are abusing or exploiting children. It is also common for teenagers who engage in a relationship to share sexually explicit images.

138. The child protection system in the Maldives relies quasi solely on public services. It has some essential strength, especially the establishment of FCSCs on every atoll, the education level of its workforce and the quality of the communications and transportation

[40] Tamo Wagener, 2014. Preventing the Commercial Sexual Exploitation of Children (CSEC) in the Maldives: An initial assessment of CSEC in the Maldives, UNICEF & Ministry of Health and Gender

system (considering the very specific geographical organisation of the Maldives). In the absence of effective management and practical capacity building of the current social workers and without the active involvement of NGOs and of the private sector, quality services delivery will be extremely challenging and the impact on the lives of those children most in need of protection and support will be limited.

139. Looking at the child protection system's ability to address CSEC, it appears that the system is currently mostly reactive, meaning that it starts operating once serious abuse has been reported, and not so much preventive. Overall there are not many prevention projects developed in the social sector in the Maldives. The absence of effective protection and rehabilitation services for adolescent boys and girls victims of abuse and exploitation is a great gap.

Children's involvement in gangs*: *Gang violence

140. Gang violence is increasing in the Maldives, and the nature of violence becoming more brutal with the use of new types of drugs and weapons. Gangs are characterised by being exclusive male, with high rates of drug abuse and unemployment and with criminal records. A recent study reported that between 20 and 30 gangs operate in Malé each having 50 to 400 members. Young males join the gangs for various reasons, the most common and closely interlinked being a place of 'belonging' and protection, often caused by poor school performance and drop-out, broken/disadvantaged families and a feeling of powerlessness. Most disturbing is the increasing illegal gang activities commissioned by elite politicians and businessmen. (NHDR 47-48).

141. Poor housing and high unemployment rates have pushed many youth, particularly migrant children and youth in Malé, to drug abuse and increasing participation in illegal gang activities (NHDR, 61). Private schools in Malé primarily cater for migrant students from the atolls as they often cannot meet the higher standards of Government schools. (NHDR, 70) This 'migrant' specific environment may also cater for youth migrants being sensitised to gang membership and drug abuse. Limited options for rehabilitation and recovery often lead to re-engagement in gang activities. (WB 2014, Summary)

Children with disabilities

142. Disability is of particular concern in the Maldives. The percentage of the persons with severe permanent functional limitations or disabilities has increased since 1980 from approximately 1 per cent to 4.7 per cent in 2009 of the total population. According to the census 2000 the most common disability among both men and women is mental disability followed by physical disabilities for men and visual impairment for women. Available evidence suggests that in 2009 around 9 per cent of children in the age range 5-14 years had vision impairment, around 7 per cent - remembering difficulties, around 5 per cent - communication difficulties. The total percentage of children that age with some level of difficulty in at least one function was around 19 per cent. (Children in the Maldives, UNICEF 2013, 31)

143. The HRC's baseline assessment of disabilities from 2010 clearly shows huge service gaps and challenges, including consultation, early detection and interventions. There are limited opportunities for accessing education. For example, screening of school age children for disabilities in 16 atolls by the Education Development Centre (EDC) in 2009 identified 2.250 children with disabilities. However, of these only 230 children disabilities were enrolled in schools, or only 10 per cent. In a 2008 survey showed that in Haa Alifu and Haa Dhaal atolls 48 per cent of disabled school children were not attending school. The 2010 assessment paints a bleak picture of the conditions faced by disabled children in the Maldives. There is no organised support or services provided by the Government to find a job, and the HRC states that 71 per cent of working aged men with disabilities and 91 per cent of women with disabilities in Haa Alifu and Haa Dhaalu atolls are unemployed (NHDR, 63)

144. As regards employment the Draft National Policy on Disability recognises the rights of persons with disabilities to work on an equal basis with others and suggests positive discrimination and a quota employment system for Ministries. As regards education there are no services and opportunities available for children with special needs in the atolls (NHDR, 65, 73).

Perception and Causes of Deprivation and Discrimination

145. Roughly 5 per cent of the respondents reported to feel deprived (5.2 per cent of the females and 4.0 per cent of the males). One-half (50 per cent) of the respondents who felt deprived were within the 14-17 age group; 28 per cent within 10-13 years, and 22 per cent were within the ages 18-19. About 42 per cent were in Male; 34 per cent in the South; and 24 per cent in the North. About 7 per cent of females who felt deprived were single and had ever been pregnant. About one-third (32 per cent) did not live in the same place they were born, and 12 per cent had lost their biological father and 4 per cent their biological mother. While 26 per cent of those who felt deprived considered themselves as poor, and 2 per cent as very poor, the majority (70 per cent) considered themselves as being rich.

146. 2 per cent had never attended school, while 68 per cent were still in school. 20 per cent had repeated a grade because of bad grades, and 6 per cent had been suspended at least once from school. Around 12 per cent were currently working, and 32 per cent looking for work.

About 44 per cent reported to be bullied in school, and 14 per cent did not have any friends they could talk to. The majority (60 per cent) expressed they wished they could live in a different place.

147. Among the 5 per cent who felt deprived, 24 per cent had problems with their eyesight, and another 24 per cent had a chronic illness. The majority (67 per cent) did not indicate the type of chronic illness they suffered from, but 17 per cent reported to suffer from back pains; 8 per cent had a heart problem; and another 8 per cent reported having migraines.

148. Around 16 per cent did not have anyone in their family to talk to about their problems and concerns, and relied on friends and neighbor, and 14 per cent never received any respect from their family. About 22 per cent believed they were treated differently than their siblings in their family. Furthermore, 12 per cent reported to be pressured by someone in their family to do something they did not want to do, with one-half (50 per cent) among these reporting to have been sexually abused. In addition, all respondents reported to have been pressured by friends to do something wrong.

149. More than one-third (36 per cent) felt deprived because they did not receive any love from their family and/or were separated from them; 12 per cent were lonely and had no one to talk to; 10 per cent felt they did not have any opportunities to succeed in life; 8 per cent felt they did not have what others had; 6 per cent felt left out and not included in activities/play others did; another 6 per cent believed they were treated differently from other children and youth; 4 per cent felt deprived because of being poor; and 1 per cent because of their family reputation. Around 16 per cent did not respond. Approximately 6 per cent had been ever arrested (4 per cent for getting pregnant out of wedlock, and 2 per cent for fighting in school).

150. The findings from this study (UNICEF, 2014 unpublished) suggest that the Maldivian children and youth experience deprivation in different ways, some of which are directly linked to their economic status, while others are linked to their social relations and health conditions. This indicates that economic well-being does not necessarily guarantee immunity to other types of deprivation, even though children and youth living in poverty are more at-risk in being deprived of their rights.

151. Furthermore, the nuances between deprivation and discrimination are subtle, and they are often substituted for one another. These conclusions are based on findings on socioeconomic circumstances of children and youth in this study[41] and definitions and perceptions of deprivation and discrimination as reported by the respondents.

[41] Adolescent Deprivation Assessment Maldives, NASSRIN FARZANEH, PH.D., March 2014

Child Protection in Education Settings in the Maldives:

A Current Assessment and working towards a National Policy

Whatever, there seems little doubt that child abuse and neglect in the Maldives has and continues to be an issue of concern. A number of studies in recent years have begun to provide a clearer picture of the extent of child abuse in the Maldives. In addition, these studies have provided further insight into the overall workings of the child protection "system" and where critical improvements need to be swiftly undertaken. One such area is clearly that of school settings and the way in which these areas can be proactive in developing a safe environment for children.

In 2013 a Mapping and Assessment of the Children Protection System in Maldives was undertaken by the Ministry of Gender, Family and Human Rights and UNICEF (the Mapping Study). This study considered a range of studies that had previously been undertaken in looking at the abuse of children in the Maldives. The Mapping Study concluded that is "was reasonable to assume that somewhere between 10 and 20 percent of children in the Maldives have at some point been subjected to some form of the sexual abuse". UNICEF went on to estimate that based on a child population of 106,000 in the 2010 that this meant that between 10,600 and 21,200 children in Maldives had experienced sexual abuse.

The National Study on Violence against Children in the Maldives (2009) found that children suffered violence and abuse at home, at school and in the community. Overall the survey found that 47 per cent of Maldivian children had suffered either emotional or physical punishment in their lives. Furthermore it was also found that 15 per cent of children attending secondary school reported that they had been sexually abused at least once in their life.

The Global School-based Student Health Survey (GSHS, 2009) provides further information on the health behaviours and protective factors among students in the Maldives. The survey found that some 16.1 per cent of female students and 17.8 per cent of male students had been physically forced to have sexual intercourse when they did not want to. In addition the survey also showed over one third of students "reported to experience bullies, physical fights and serious injuries" more than once in the previous 12 months.

The only conclusion that can be concluded from the above figures is that a significant number of school aged children have and continue to suffer child abuse and neglect in the Maldives. However, what the Mapping Study also clearly showed was the lack of reporting of these child abuse cases. Figures from the Child and Protection Services for 2007 – 2011 show that of an average of 125 reports of sexual abuse per year led to only 33 prosecutions on average and of these only 11 convictions on average.

The Mapping Study whilst acknowledging the potential for schools for detecting and assisting with child protection cases concluded that in practice the potentially was not fully utilised. A number of barriers were found to be driving this outcome. These included a lack of teacher training in detecting signs of abuse and neglect, no overall policy or guidelines to guide them and very little support.

On the other hand the Periodic Report to the UN Committee on the Rights of the Child (September 2012) identified that the Ministry of Gender and Family had provided training to teachers and school counsellors in 2007 in preventing child abuse and neglect. Furthermore, that during the reporting period (of the Periodic Report) that the Ministry had provided training and awareness raising to government officials covering areas such as child abuse, sexual assault and domestic violence.

Further issues of concern for schoolchildren are the current rise in drug use and also gang violence throughout the Maldives. A rapid situation assessment of Gangs in 2012 found that "A number of members belonging to gangs mentioned that they join gangs to get revenge for being bullied at school. According to one of the members interviewed, often teachers are not aware of what is happening in class, and even if they know they do not do much about it." Caution in over generalizing this finding should be taken as the actual study was based on a very small sample.

National Child Protection Policy for Educational Settings

Draft Ministry of Education

3.3.3 Bottleneck Analysis and Determinants for Prevention and Response to Violence against Children

152. The bottleneck Analysis on Violence against Children is part of the preparatory work planned for Maldives country Office to develop the new Country Programme (CPD 2016-2020). Indeed, in Maldives, Child protection is a major area of concern with increasing conservatism. The bottleneck analysis is based on the Monitoring of Results for Equity System approach and used the 10 determinants frame[42] to look at the main obstacles faced by children to leave in an enabling environment that is supported by a culture evolving to support all children rights and facilitate their access to quality services. A system to monitor progress at island and atoll level has been piloted with key partners from Government and civil society. The system is established on a 6 months frequency bases.

Principal Child Protection Bottlenecks

153. What emerges from the above findings and analysis is the severe lack of a coordination of child protection structures and system, both at the national level and between it and the decentralized system of governance that is ultimately responsible for the delivery of services at the community level. Essentially, there a number of institutional actors and systems that operates around their own mandates, with little attempt at aligning their programmes at either the national, Atoll or Island levels. There are the Ministry of Local Government, Ministry of Law and Gender, Ministry of Health and Ministry of Education; there is the Juvenile Justice system (including the JJU and the Juvenile Court) and an alternative care system; there is child protection work done in the education and health sectors, and through a range of social protection initiatives. While these systems and system components obviously do not operate in complete isolation from each other, the levels of interaction and connection between them is weak. It is further aggravated due to this lack of a multi-sectoral coordination or oversight mechanism. In addition, lack of comprehensive laws, regulations, policies and institutional protocols and tools to implement the laws create a big gap in the system. As a result children, especially children at risk, are not identified and assisted with comprehensive services.

154. More than any of the other sectors, the child protection sector suffers more from lack of clarity on roles and responsibilities under the new decentralization policy than a lack of political will. A national level multi-sectoral coordination mechanism with capacity to monitor effectiveness of policies, programmes and services and outline accountabilities of duty-bearers across all relevant sectors (health, education, social welfare, justice), need to be established for effective functioning of the child protection system.

155. Institutional capacity of MoLG and FCSCs, encompassing continuum of care from prevention to response and reintegration, needs to be strengthened. Referral and reporting mechanisms for coordination among public and civil society institutions operating across at the various subnational levels (e.g., FCSC and Juvenile justice Unit, and across more formal and less

[42] UNICEF, 2014. Formative Evaluation of UNICEF's Monitoring Results for Equity System (MoRES)

formal components of the system) and in the decentralized structure (from national to sub-national level) to ensure institutionalized and coherent approach to the prevention and response to violence against children. This lack of institutional capacity at all levels of the national system of decentralized governance is one of the key constraint in protecting children from violence is the Maldives. Lack of coordination between the actors and lack of a holistic approach to child protection are systemic bottlenecks that need to be addressed.

156. In addition a key root causes for many of the challenges in child protection is due the social norms such as behaviours and attitudes towards violence, exploitation and abuse. Very often children and parents are unaware of the significant harm caused by the prevailing sociocultural beliefs and practices. Participation of children, families and communities is important to address issues related to VAC, CiCWL and drug abuse among children

157. A number of children, victims of abuse, exploitation and neglect, end up in state run residential care facility or very often do not receive the required intervention. Similarly most of the children in conflict with the law end up with a custodial sentence, or sometimes sentenced to alternate diversion or community based alternate services that are not fully established. Treatment, rehabilitation and reintegration services for children are not in place although drug abuse among children had increased, over the last decade. Communities, parents and children are not empowered to work to prevent and protect children from violence, crimes and drug abuse.

158. The final key bottleneck affecting the effectiveness of the child protection system is the weak data and research capacity of concerned child protection institutions and strengthening this capacity is critical to determining the scale and scope of VAC, identifying the vulnerable groups to inform the programmes and policies and accountability. Very often it is difficult to obtain comprehensive disaggregated data on VAC, CiCWL and drug abuse among children, and the gaps in the system affect the most disadvantaged groups. Of particular importance for future support in this regard is the Maldives Child protection database which currently with the police (children as victims and offenders; can also identify vulnerable families) but destined for MLG.

Determinants for Prevention and Response to Violence against Children[43]	
Social Norms conducive to prevention and response	When incidents of violence against children occur, in particular physical violence, children, families, communities are not encourages to report cases as they will experience stigma if they do so.
Legislation/Policy supportive of prevention and response	Child Rights Act 9/91 and various provisions in existing legislation are addressing all forms of physical violence in all settings (home, education settings, care and justice institutions, the workplace and online) in a harmonized way with international standards. However regulations, institutional protocols and tools are not in place to implement policies and legislation and to guide effective prevention and response. In addition, outline accountabilities of duty-bearers across all relevant sectors (health, education, social welfare, justice), are not well known and sometime lacking.
Budget/expenditure supportive of prevention and response	Policies and legislation related to all forms of physical violence in all settings, including in the home, are not sufficiently costed, budgeted and resourced for effective prevention and response at sub-national levels. Ministry of finance is not convinced by the reform of the child protection system based on establishment of Families and Children Service Centers at decentralized level based on low absorption of budget provided for programme implementation. In fact, vacant positions and difficult access to budget are major factors of this low absorption.
Management/Coordination mechanisms supportive of prevention and response	Lack of clear and functioning referral and reporting mechanisms for coordination among public and civil society institutions at the horizontal level (i.e. FCSC and Juvenile justice Unit, and across more formal and less formal components of the system) and at the vertical level (from national to sub-national level) to ensure institutionalized and coherent approach to the prevention and response to violence against children, including physical violence. This lack of coordination did not favor the establishment of a proper Information Management System and data are scattered and incomplete and did not enable an analysis that would support decisions on policy priorities.
Availability of essential commodities/inputs for prevention and response services	Family and Child Services Centers (FCSC) have been designed to strengthen the child protection system in the atolls and provide a well-designed minimum package of services offering continuum of care. However, FCSC reform cannot be said to have been fully implemented. The centers are understaffed, underequipped and not adequately supported.
Access to adequately staffed services, facilities and information for prevention and response	Functional prevention and response services are mainly concentrated in Male. Indeed, the FCSC have not benefited from the investments that were originally envisaged. The investment in infrastructure training, peer-support and public that were initially made were not followed up on, or even neglected. These resulting on unsolved equity gap for access to services by population groups living in atolls. Programmes that equip parents, caregivers and families with the essential knowledge and skills to raise their children (e.g. parenting programmes including home visiting and parent training) are lacking.

[43] Anne Papavero, 2014. Violence Against Children Bottleneck Analysis, UNICEF Child Protection Programme

Determinants for Prevention and Response to Violence against Children[43]	
	Life skills and empowerment are school based programmes and are not systematically implemented by teachers that have been trained. Priority is given to subjects that are part of exams. Indeed, exams results are published by schools that can be declared to be best when their students get highest scores. Early detection/warning services and protocols are not in place among key service providers (including teachers, social workers, health workers, justice officials) for early detection and response
Financial access to prevention and response services	Families have to be able to offer direct costs for medical and psychological treatment of victim of violence (legal support?) (e.g. fees) as well as sometime indirect costs that impede access (e.g. transportation, opportunity costs (e.g. time from work), etc.) as services are concentrated in Male.
Social and cultural practices and associated beliefs are conducive to preventing and responding	Corporal and emotional punishment are not viewed as unacceptable and not necessary perceived as a forms of violence against children.
Continuity of services to prevent and respond	Due to lack of proper investment in FCSC continuity of care is not ensured. Prevention is almost inexistent and child protection is in practice only responsive. Responses to violence are taken on ad-hoc bases due to the lack of coordination mechanisms between referrals, reporting, provision of services and follow-up (when necessary) for incidents of violence. Therefore, access to services for victims and children at risk of violence are not provided within the stipulated time period according to legislation, policies, international and national standards.
Quality of prevention and response services is ensured	There is no standards in place to ensure that complaints mechanisms and services are child friendly and gender sensitive Case management system is well-designed, however people who get trained are not any more in the system and new professional coming in are not aware about this case management. There is no monitoring system to determine effectiveness of policies, programmes and services.

Children with Disabilities

159. As the CRC[44] has noted, children with disabilities continue to face an array obstacles, and remain subject to de facto discrimination. The Maldives Operational Review 2012 noted that teachers lack necessary training for the early detection of learning difficulties among students, as well as how to work with children with disabilities[45]; and, improvement in employment opportunities are largely dependent on the enforcement of existing policies, as well as targeted vocational education. The impact of these child protection disparities has been greatest on children (18 percent living in poverty) and adolescents with few job prospects (unemployment at 43 percent for 15-24 year olds). UNICEF's support has been directed towards improving government's capacity to collect and analyze data (MaldiveInfo) to better understand the country's growing disparities. Despite the Maldives' achievement of MDG+ status, and government's establishment of a number of social transfer programmes for those who are most in need, bottlenecks to social inclusion remain, including weak analysis and use of evidence-based data to better target the most disadvantaged children for participation in current welfare schemes.

3.3.4 Strategic Choices: Possible Child Protection Options

UNICEF's Current Child Protection Programme

160. UNICEF's Child Protection programme activities fall under Programme Component Result (PCR) 5*: By 2015, women and children benefit from a responsive protection system and juvenile justice mechanisms.* This PCR contributes to the prevention of child abuse and juvenile delinquency through strategic partnerships for capacity development. It includes building the capacity of service provider and developing a community-led model of providing appropriate services to women and child victims of violence and children in conflict with the law. Lessons learned from this model will be documented and replicated in the islands. The PCR will support a nation-wide advocacy campaign to prevent child abuse through a comprehensive communication plan. Two NGOs, SHE and ARC, have played an important role as implementing partners in UNICEF's child protection programme, primarily in conducting a child abuse campaign throughout the country for the purpose of creating demand for child protection.

Strategic Options for a Future Child Protection Programme

161. Six key strategies have been identified as relevant to end violence against children in Maldives.[46]

1. Supporting parents, caregivers and families

Educating families, caregivers and parents on their child's development increases the likelihood that they will use positive discipline methods. This reduces the risk of violence within the home.

[44] Committee on the Rights of the Child, Fourth And Fifth Periodic Reports, Republic Of Maldives, September 2012

[45] United Nations Population Fund (UNFPA). 2012. "ICPD Beyond 2014. Maldives Operational Review 2012. Progress, Challenges and the Way Forward." Malé: UNFPA and the Government of Maldives, Department of National Planning. Pg. 34. Available:

[46] Ending Violence Against Children - 6 Strategies, UNICEF Child Protection Section, New York, Sept 2014.

2. *Helping children and adolescents manage risk and challenges*

Giving children and adolescents the skills to cope and manage risks and challenges without the use of violence and to seek appropriate support when violence does occur is crucial for reducing violence in schools and communities.

3. *Changing attitudes and social norms that encourage violence and discrimination*

Changing the attitudes and social norms that hide violence in plain sight is the surest way to prevent violence from occurring at the first place.

4. *Promoting and providing support services for children*

Encouraging children to seek quality professional support and report incidents of violence helps them to better cope with and resolve experiences of violence.

5. *Implementing laws and policies that protect children*

Implementation and enforcing laws and policies that protect children sends a strong message to society that violence is unacceptable and will be punished.

6. *Carrying out data collection and research*

Knowing about violence – where it occurs, in what forms, and which age groups and communities of children are most affected – is essential to planning and designing intervention strategies, and setting numerical and time-bound target to monitor progress and end violence.

Suggested Interventions for the Next Country Programme

162. UNICEF should consider a primary focus on addressing the bottlenecks related to violence against children, CiCWL and drug abuse among children and would be aimed at is aimed at creating a holistic child protection system at national and community level that prevents, protects, and responds to violence against children. This is consistent with the Government's identification of increased crime and drug abuse among adolescents as well as growing levels of violence against children at all levels of society. Two specific sub-programmatic areas could be considered:

- Increasing the effectiveness of the child protection system so that it prevents, and responds to VAC, CiCL, and for prevention of drug abuse. Interventions could include enhancing institutional capacity at the national, atoll and community levels; creating a framework for the provision of psychosocial support to victims of violence; strengthening the drug abuse prevention system; and, ensuring justice for children; and,
- Putting into place an effective coordination and monitoring mechanism for timely response to VAC and CiCL at national, selected atolls and islands with high prevalence of child abuse. This will entail support to the Ministry of Law and Gender (MoLG) to establish a national multi-sectoral coordination mechanism with capacity to monitor effectiveness of policies, programmes and services and outline accountabilities of duty-bearers across all relevant sectors. In addition, it will require institutional support for the MoLG and FCSCs relative to

putting in place an encompassing continuum of care from prevention-to- response and reintegration model; and, for the FCSCs greater capacity to coordinate and manage such a system. This would include continuation of the Pilot programme in Villingilli, which promotes UNICEF's new approach towards improving coordination through a decentralized governance model.

4.0 NORMATIVE PRINCIPLES AND CROSS-CUTTING APPROACHES

163. This chapter reviews three key UNICEF (and UN) cross-cutting issues – gender equality (GE), a human rights-based approach to programming (HRBAP) and environmental sustainability and climate change – and how they have been integrated into the current Country Programme and how they might be incorporated into the new one for which this SitAn is being developed. This includes our understanding that the Government intends to treat gender equality as a stand-alone priority programmatic area; in that regard, the following analysis treats GE as a discrete programmatic thematic.

4.1 Gender Equality

4.1.1 Current Country Programme Overview

164. Gender-based violence or violence against women is one of the biggest emerging issues in the Maldives. This was mentioned in consultations with Government and non-government partners and UN colleagues. This issue also came out of FGDs with various stakeholders. Although most of the feedback was based on anecdotes, reports indicate that physical and sexual violence against women occurs frequently. According to stakeholders' accounts, violence in the Maldives is a highly sensitive subject as it usually happens within the confines of the home and is, therefore, considered "private" and largely hidden.

165. The Government passed the Domestic Violence Act of 2012 which mandates the FPA "to conduct programmes setting out measures for taking all necessary steps to prevent domestic violence including rehabilitating perpetrators of such crimes, arranging flexible reporting mechanisms, facilitating investigations and providing all necessary support and shelter to victims of abuse". Stakeholders say there is a need for more commitment and concrete action to make the Act work.

166. Under the leadership of UNFPA, the Gender Advocacy Working Group (GAWG) was formed to raise public awareness on women's rights and gender equality and to support mechanisms to prevent and respond to violence against women. UNICEF works closely with UNFPA and UN Women on gender issues.

167. Gender equality is not well articulated in the current CPD. It is selectively interwoven in gender sensitive emergency preparedness and GBV. The results matrix has no gender sensitive indicators to measure and data are generally not disaggregated by gender.

4.1.2 Domestic Violence and Violence against Women

168. According to the Women's Health and Life Experience Study, in 2007 violence against women one in three women aged 15-49 experienced physical and /or sexual violence at some point in her life, and one in five women aged 15-49 experienced physical and /or sexual violence by an intimate partner. (NHDR 2014, 47) The public at large has accepted domestic violence as a norm in the lives of women, and the trend is apparently in an upward spiral, e.g. men are less likely (compared to 2005) to agree that it is wrong to hit their wives. The latter is confirmed in a recent assessment that women's personal concerns are related primarily to violence against them (Vision 2014).

169. The IDCP report and the WHLE Survey state that 12 percent of women reported having experienced sexual abuse before their 15 birthday. Sexual abuse was most often a repeated form of abuse and perpetrators close family members or intimate partner and the incidence goes unreported and undocumented (IDCP 2012; WHLE, 53) Victims do not receive appropriate and timely support, since domestic and sexual violence are perceived as a private matter and often go unreported. According to interviews held during the (CCA) field work several stakeholders pointed to the fact that child sexual abuse have dramatically increase.

170. According to the MDG 2013 Assessment, gender inequality decreased its losses in human development from 42.5 per cent in 2005 to 35.7 per cent in 2012 (MDG3&4, 1). This means that the Maldives has reduced the erosion in human development arising from gender inequality by nearly 15 per cent over a seven year period. Despite this progress the Gender Inequality Index (GII) across regions in the Maldives shows significant differences between Malé and five of the seven regions. Malé's GII performs at 0.232 while the average of the five regions (1, 4-7) performs at 0.716 – a discrepancy of more than 200 percent. (NHDR, 29)

171. A recent study presents the perceived personal, community and national concerns among a broad spectre of women in the Maldivian society.[47] Table 1 presents the three areas of concern that Maldivian women perceive as most critical to be addressed in the Maldives, on a personal level and in a community and national context.

Table 1 Women's assessment of themes of concerns at personal, community and national level

Personal concerns	Community concerns	National concerns
1. Violence against women 2. No personal space 3. Education	1. Drug use / crimes 2. Health care access 3. Basic services (water, electricity)	1. Health care access 2. Employment 3. Justice, drugs and basic services

Source: Maldivian Women's Vision Document, 2014.

4.2Environmental Sustainability and Disaster Risk Reduction

4.2.1 Overview of the Country Programme

172. The CP has a very small component of environmental education implemented by an NGO in two schools as part of a school-based environment club managed by students. Only one school club has been able to sustain its activities. The programme is not mainstreamed in regular classes yet. Student members of the club learn how natural environment functions within the ecosystem and about environment-friendly sustainable practices in various settings. Of two pilot schools, the programme has been successful in only one to date. The reason for limited success in one of the schools was related to time constraints in the school calendar for planned activities and limited human resource capacity of the selected NGO.

173. DRR and disaster preparedness are not mainstreamed in the PCRs and IRs. Currently, there is no policy advocacy plan that could influence Government in adopting and promoting environment-friendly policies and programmes.

[47] Shaliny Jaufar: Maldivian Women's Vision Document, 2014 (draft)

174. Currently, there is no advocacy effort to influence Government policies on environmental sustainability, e.g. crowding and waste management in Male and in other islands, making children the centre of disaster risk management, and building capacities to integrate environmental concerns in policies and programmes.

175. Graduation of the Maldives to a MIC shaped the configuration of the CP which was particularly designed to focus on support to policy development.

4.2.2 Climate change and environment

176. Maldives is very vulnerable to climate change. Whatever climate change model is applied, the Maldives has to, as one of the lowest lying countries in the world, show strong resilience towards those challenges. Over the last decades coastal flooding and severe erosion of islands has increased impacting housing, infrastructure and business development. Also, the agricultural and fishery sectors will be affected from climate changes that may pose risk at food security which could lead to worsening nutrition status of households. Building resilience of the communities' through suitable adaptation mechanisms including eco-system based measures to contend with these issues is critical to the survival of the Maldivian population. (NHDR, 37)

177. The public sector spends on average less than two per cent of its budget on environmental protection, despite the vital importance of this sector. Institutional challenges are quite severe. There is a multiplicity of agencies, plans, laws and regulations and programmes. The division of mandates, responsibilities and standards is not always clear; a severe human resource crunch in the public sector has exacerbated the situation. Coordination in this sector requires the cooperation of many government agencies and all the ministries, at both the central and local island levels. (NHRD, 38)

178. The most current and critical concerns facing the environment in the Maldives seem to be solid wastes and water security. The amount of solid waste generated per day will increase to 666 tonnes in 2020 from 175 tonnes in 2000. Waste management is decentralized – each island or city council is mandated to manage solid waste in their own jurisdictions. There is about 133 island Waste Management Centres (IWMC) in the Maldives. It is estimated that 89 per cent of total households have individual toilet facilities. Out of 46,194 total households surveyed in 2006, 17,631 have toilets that are connected to the sea and 23,247 connected to septic tanks. Almost 25 per cent of all households dispose waste by the seaside, burn it in living areas, or throw it into the bushes. Also, it has been reported that resorts and safari vessels dump wastes in the sea. (SIDS, National Report Maldives, 2013, 13)

179. Water security is an urgent issue given that the Maldives has no surface storage and relies on groundwater resource for daily use in the islands. However this source faces the constant challenge of groundwater contamination from improper waste management practices and flooding. Since the 2004 tsunami the island community has remained reluctant to use groundwater for any potable purposes, owing to fears of polluted water, leaking pipes, and sewage contamination from septic tanks.

180. Habitat destruction and overexploitation are major threats to the biological diversity of the Maldives. Developmental practices are the main reasons, such as clearance and reclamation of land, dredging, and artificial revetments, sea walls and building channels and harbours. There has been an increase in domestic agricultural cultivation which has resulted in contamination of island ground water due to the use of chemical fertilizers and pesticides. (SIDS, National Report

Maldives, 2013, 36) The economic dimension of biodiversity of the Maldives is important to emphasise. A study assessing the value of the biodiversity concludes that it contributes to 71 percent of the national economy, 49 per cent of the public revenue, and 62 per cent of foreign exchange revenue.

4.3Human Rights-based Approach to Programming

181. The CP, as was this Situational Analysis, was designed based on human rights principles and standards, using analysis which considers all rights of all children and women. A lesson learned is that there is a need to sharpen focus on the most disadvantaged groups of children. The PCRs, IRs and indicators refer to children and caregivers in general without focus on specific deprived groups.

182. The programme's support to human rights mechanisms such as reporting on compliance to the CRC and CEDAW cannot alone demonstrate effective application of HRBAP principles. In the same vein, the use of gender disaggregated data and information cannot alone show mainstreaming of gender equality and women empowerment principles. Efforts are made to follow the principles of HRBAP as an outcome of knowledge acquired by staff through on the job learning. While the office did not get an opportunity to address this principle systematically in the first half of the CP this has been selected as an area of learning in the next Staff Retreat. Attention will be enhanced to the application of this principle in the balance period of the CP.

5.0 STRATEGIC CHOICES: OPTIONS FOR THE WAY FORWARD

183. Strategic options were presented for each of the three principal thematic areas that were analyzed for this SitAn and which represent UNICEF's principal programme component areas. These individual analyses incorporated the September 2014 sector consultations, Strategic Moment of Reflections and the bottleneck analyses.

184. In the concluding section, the findings and analysis are used to form overall conclusions and recommendations for the strategic choices that UNICEF can use to inform its new country programme strategy. The Medium-term Review of the current Country Programme was helpful in pointing the way to both continuations of certain programmes and consideration for new one.

5.1Principal Conclusions and Recommendations

186. There were several important interventions that were identified by stakeholders, including UNICEF, for continuation or inclusion in the next CPD. An equity-focused approach leads to the targeting of the disabled, at risk adolescents and two of the seven regions, that, is the North-Central and South; some would add Male as well. In terms of continued or new programming, growth monitoring, improvements in the quality of education, and addressing violence against children and women, are some of the areas assessed – and noted in Chapter 3.0, above – that merit consideration in the next CPD. Again, however, how does this support take shape and at what level should it be delivered.

187. The preceding analysis and expanded up in the next section, indicates that outside of a few specific areas of sectoral support, the majority of UNICEF's new country programme should target building the capacity of regions or Atolls to plan, manage, monitor, train and provide technical assistance to the Islands' service providers. Such a ***systems-building*** strategy would also address, to some extent, the equity issue by building an overall capacity to help children

wherever they are through an upstream approach of capacity building and evidence-based policy advocacy. It is also a reasonable option to take the two most disadvantaged regions (and/or some of the Atolls within them) in terms disparities, and focus a UNICEF regional ***pilot*** support strategy in them.

188. A number of interviewees indicated that for the most part sectoral challenges were being addressed through downstream and upstream interventions by government and its development partners. However, several respondents noted that promotion (e.g., outreach, mobilization and education) efforts did not always address the problem (e.g., malnutrition, stunting, drop-outs, increased drug usage) and that more focused, hands on approach that targeted specific groups (e.g., mothers, at-risk youth) needed to be undertaken. One of the suggestions concerned the lost opportunities to work with specific groups like mothers with malnourished children because the concerned health center workers were not following up on the data they were collecting on these mothers / children.

189. In terms of improving policies in the various sectors, while it is true that there are a number of important policies that have not been formulated or laws enacted (e.g., law on the protection of child rights), the bigger problem is that those laws, policies, and regulations, including SOPs, that have been passed, are not being implemented or enforced. In short, policy advocacy does not end with the passage of a law or the promulgation of a policy, but rather requires the monitoring of the policy's implementation with a plan or strategy for how this would take place. The suggestion was that UNICEF and the concerned Ministry needed to map the actors involved in implementation and marshal their participation to make it happen. This includes local level participation.

190. Discussions also centered on the fact that many, if not most, of the policies and laws that get taken up in the national agenda are those that are identified by national level actors. Rarely do the "people" or citizens of the Maldives have their voices heard in developing an agenda for policy reform and this likely has a direct bearing on the ability to sustain policy implementation. Creating "constituencies" for policy reform as well as well as implementation would seem to be an area lacking in the current policy advocacy strategy. Similarly, evidence-based policy advocacy requires a robust capacity for policy and programmatic research, which has hitherto been lacking in the policy-making arena. UNICEF would be well-advised to begin more in-depth discussions with both the National University Research Center and the private Villa College, Research institute. Both entities offer a capacity for both training policy makers in the use of research for evidence-based policy as well as the ability to conduct research.

191. Support to the various data bases that have been established by UNICEF's partners should continue. This includes the Child protection data base (Police service), the School management data information system (Ministry of Education) and, the Health Management information System (Ministry of Health) as well as continued support National Bureau of Statistics (MadivInfo)

192. Coordination, or the lack of it, at the national level, as well as the Island level, was highlighted as considerable impediment to policy implementation by most of the respondents with whom the consultant met, including the concerned Ministries. There is a role for UNICEF to play in this regard as part of its upstream interventions.

193. Taking advantage of the Maldives singular achievement in the area of information technology is perhaps one of the most important areas where UNICEF support in the next

country programme is needed. As one respondent put it, "the way forward is an E-world." This is particularly relevant to a regional / Atoll strategy with support provided to improve planning, management, supervision and training and technical assistance. Distance or virtual learning and training programmes, electronic data collection, analysis and reporting functions as well as technical support are all possible given the countries connectivity and further fleshing out of the interventions are necessary with each of UNICEF's partners.

Addressing inequity and disparity

194. As a result of the MTR process, UNICEF and partners have jointly adopted a growing interest in repositioning resources and efforts on producing results that will include the most disadvantaged and marginalized children in the Maldives. This development augurs well with UNICEF's corporate focus on children and inequities. To do this, a new CP should build on its initial attempt to apply Level 3 monitoring of the Monitoring Results for Equity System or MORES with stunting as an initial focus; in fact, this Situational Analysis has benefited significantly from the identification of deprivations and bottlenecks and barriers to indicate future areas of intervention. As the MTR team pointed out, the CP will cover other deprivation issues taking cues from the BBA conducted during the first MTR workshop, from which the findings would be used to inform policy dialogue on children and adolescents and in designing program interventions for the future. From both the BBA work done for this SitAn as well as the Situation Analysis compiled by UNICEF from the Equity perspective (2013) some issues of disparities are noted in the following paragraphs:

- ♀ Disabled children are a vulnerable group which requires special attention and protection. Available evidence suggests that in 2009 around 9 per cent of children in the age range 5-14 years had vision impairment, around 7 per cent - remembering difficulties, around 5 per cent - communication difficulties. The total percentage of children that age with some level of difficulty in at least one function was around 19 per cent.
- ♀ Another group that requires special attention and care are orphans. They are particularly vulnerable to violence, abuse and exploitation. The overall percentage of children with one or both parents dead found by DHS 2009 was 3.0 per cent. The orphan-hood rate gets higher with age. Orphan-hood is higher among the poorer segments of the population (4.5 per cent in the lowest wealth quintile), which raises concern about the chances of these children to enjoy good health and nutrition, to have good education opportunities, and to be protected from exploitation.
- ♀ The nationally representative surveys from 2001 (MICS) and 2009 (DHS) as well as the 2014 NHDR, provide evidence of disturbing trend in children's involvement in economic productive labour. The proportion of children 5-14 years of age working at the time when the surveys were conducted increased from 26.2 per cent in 2001 to 34.2 per cent in 2009. Older children (10-14 years of age) and girls were found more often to work than younger children (5-9 years of age) and boys. It has to be noted that children were performing mostly domestic work: 21.6 per cent for less than four hours a day and 10.6 per cent for four or more hours a day. Significant discrepancies were found among regions, with Male' registering the lowest child-work rate in 2009 (21.9 per cent) and the South region with the highest proportion of working children (54.5 per cent). While most of the working children are involved in domestic work or family business to support their families, involvement in labor activities

brings a high risk to divert them from schooling, which has negative long term effect for their prospects in life as adults.

Responding to disaster and emergency issues

195. Both the current CP and the UNDAF CCA recognize the vulnerability of the Maldives to climate change and the enormous risks that its population faces in light of the tsunami that occurred in 2004. The CP will enhance attention to the development of sectoral Emergency Preparedness and Response Plans including capacity building in order to respond effectively.

196. DRR and disaster preparedness will be considered in all PCRS in consultation with the line ministries. Relevant topics will be integrated in existing training modules, as appropriate and as necessary. Disaster preparedness will be encouraged in schools', and in the communities with deliberate and periodic emergency drills with a strong focus on saving the lives of children first, in case of natural or man-made disasters and emergency situations.

197. In the new CP, UNICEF will engage with the authorities and stakeholders through consultation and clarity of vision and direction support to development of plans that will identify and manage tasks, assign responsibilities and coordinate activities.

Re-focus on adolescents and young people

198. The current CP MTR and this analysis make clear that a redirection of the programme and a future one, to the extent possible, to address the emerging multiple issues affecting the youth and adolescents. The programme will support development and implementation of BCC plans addressed to all adolescents in schools, in communities and on the streets. In collaboration with other UN agencies, UNICEF will address selected issues on the subject of drug and substance abuse.

Promote community-level monitoring

199. Lessons learned from the use of the existing M&E system indicate a need for setting up a periodic program monitoring system particularly at the community level that will allow the programme to identify issues and gaps during implementation so that appropriate and timely response can be delivered. The system should be able to generate programme data that are disaggregated by gender, age group, geography, and other determining factors of social exclusion and disparity. This will help collect and store relevant data and information that will allow for a meaningful evaluation later on during the terminal review of the CP. It should be noted that a more SMART set of limited results with a corresponding set of targeted indicators will also improve the design and implementation of the new country programme monitoring and evaluation system. In this regard, a Community-Based Monitoring System was pilot-tested in *Maafushi* in 2012 with the aim of establishing a system of making relevant data and information available for local evidence-based decision making. The CP will review and improve the system to address issues of relevance to the island council's needs.

5.2Next Steps and Programme Directions

5.2.1 Current and Proposed Results and Strategic Direction

200. One of the principal results that UNICEF has been working on during the current CP period is strengthening the public service delivery system, including improved planning,

management and monitoring of concerned social services. It is likely that this will continue into the new CPD but with a greater equity focus and emphasis on inclusive and equitable social services for disadvantaged groups and regions with a special focus on children and youth below 18 years. A possible result could be framed as: ***strengthening the service delivery and monitoring system and capacitating those in it***.

201. The second broad area of UNICEF support has been to increase the use of data (research, qualitative and quantitative) in developing evidence-based policy. Again, this is likely to carry-over into the new CP but with improved targeting that supports a more inclusive and equity-focused service delivery strategy. In this case, a possible result could be framed as: ***Evidence generation* for *inclusive social services*** or the use of analyzed data for policy making and advocacy; for instance the development of a deprivation index which needs to be calculated and linked with and informing social protection policy.

202. One of the principal findings of this SitAn, based both on discussions with UNICEF staff and its key partners, as well as a review of the relevant documents, is the diffused or dispersed nature of its results and the corresponding set of activities that UNICEF Maldives undertook during the current CPD period. Six PCRs for a programme the size of the Maldives and UNICEF resources available was inconsistent with a strategic or results-based approach.

203. The theme of the next CPD could be articulated as increasing Country Programme strategic focus: matching resources with specific, measurable, achievable, relevant and time-bound (SMART) results. The way forward could be based on informing the new country programme with lessons learned from the current programme, an assessment of the current and anticipated situation of children and women (this document), and being strategic in the areas that the new CP chooses to undertake.

Addressing Governance Issues as a Precondition to Making Further Choices

204. It is clear that one of the principal constraints to the achievement of results in any of UNICEF-supported programme sectors is the dispersed geography of the Maldives and the corresponding uneven distribution of the population among the country's 192 inhabited islands. The ability of the Maldives to establish, and UNICEF and other development partners to support, an effective and efficient public service delivery system is responsible, to a large degree, for the remaining development challenges that have been identified in each of the concerned sectors (e.g., stunting/malnutrition, quality education/dropouts, adolescent marginalization/drugs, unemployment, violence against children / women, etc.).

205. Furthermore, the relevant data show that while there are few disparities between boys and girls except in the area of child violence and secondary and tertiary education, there are considerable sub-regional disparities in a number of important areas relevant to UNICEF-supported programmes: 1) the North Central region having the lowest Human Development Income index, the highest level of poor children after Male, significantly worse health-related problems (e.g., highest malnutrition, lowest skilled attendance at delivery and immunization rates, etc.) and, in education, the second highest school drop-out rate at grade 7; and, 2) the South region demonstrating a number of child protection concerns, including some of the lowest rates in registered births, highest proportion of working children and teenage child-bearing rates. Identified social as well as economic concerns that have been identified are generally more significant in the atolls than in Male. The principal disadvantaged groups identified in the

relevant studies are children with disabilities and adolescents at high risk for drug abuse and HIV exposure.

5.3Analysis and Thoughts for the Next Country Programme

Choosing the Right Governance Model to Ensure Effective Service Delivery

206. The preceding analysis provides a fairly straight-forward set of interventions for each of the three primary thematic areas; considering the limited resources that will be available for supporting the new CP, the principal issue that will face UNICEF is not programmatic but rather strategic in the sense of how best to support a service delivery system that ensures effective and efficient public services that improve the welfare of the Maldives' most vulnerable women and children, in those regions that are most disadvantaged. Thus, the principal conclusion and recommendation of this SitAn is addressing the need to determine the most appropriate governance model to ensure effective service delivery.

165. While it is too early to definitively determine what the current government is going to do concerning decentralization and the role of the Local (Island) Councils in the delivery of public services, the trend seems to be away from increasing their role in national governance, at least as far as the provision of services go. Of course, this could change, with a new government or a significant reorientation of the current one, but UNICEF needs to come up with a strategy that permits it to implement its programme regardless of which way the wind blows.

207. One of the filters that should determine this new strategy is independent of what the government does relative to decentralization. It is clear that UNICEF does not have the resources to support a country-wide decentralization strategy that places local councils at the center, and would require significant investments in time and resources in building local capacity. At most, it could continue its pilot activities in Villigilli, but again the purpose of doing so would have to be well articulated, with measurable results formulated. In a continued pilot initiative, emphasis should be placed more in building platforms for coordinating service delivery between the Island Councils, deconcentrated ministry service providers, Island communities and NGOs/CBOs.

208. It appears that the current set of central government ministries will remain important if not the principal UNICEF's partners in terms of improving the delivery of relevant services, as well as advocating and supporting improved policies, will remain its current set of central government partners. However, support to central line ministries will not fully address the challenges of planning, managing, providing technical support and monitoring the delivery of services at the local level. This would seem to simply be a continuation of the current programme. Is there another option that would remain consistent with principles of decentralized service delivery, but recognize the limitations, both in terms of policy and resources, that the current system has encountered?

209. Between the national or central government level and the local or Island level are the regions and Atolls. While the country has been divided up into seven regions, this is more an analytical device than an administrative or programmatic one. There are, however, discussions under way about creating "regional service delivery hubs," and the creation of administrative secretariats to manage each of the seven regions. The Ministries of Health and Education as well as the National University either have in place or are considering the establishment of regional training centers, or in the case of health, one to two additional tertiary health facilities. At the

Atoll level, the Ministry of Law and Gender has established Family and Child Service Centers, while the Ministries of Health and Education have, inter-alia, hospitals and *Teacher resource centers* which are intended to provide oversight and technical support to the Islands; or, at least could do so in principle.

210. While more discussion and study needs to be brought to bear on how UNICEF could support a regional and/or Atoll strategy for improving health service delivery planning, management and oversight, this appears from the analysis conducted the most appropriate option in terms of remaining consistent with government policy, support to current and future UNICEF-assisted programmes and with the reality of UNICEF Maldives resource availability over the next CP period.

211. One of the advantages of this strategy from an equity stand-point is that it attempts to halt the migration of Islanders, and particularly young people, to Male. If the regions or Atolls (a number of Atolls would logically become regional headquarters) can be built up to undertake new functions that were either undertaken in Male or not undertaken at all, it creates the possibility of additional employment opportunities while devolving power away from the center to the rest of the archipelago.

212. From a results-based management or efficiency perspective, one of the advantages of a regional (or a mixed Regional – Atoll) strategy is that it focuses on improving service delivery by strengthening the institutions that are necessary to support Atoll and particularly Island-level services. Put differently, there is not an attempt to build the capacity of every one of the 188 relevant Island structures and human resources in the areas of planning, management, oversight and technical and logistical support. Rather, the strategy is one of promoting economies of scale by building a permanent capacity at the intermediate level of governance, whether regions or atolls.