

ICPD Beyond 2014



Maldives Operational Review 2012 Progress, Challenges and Way forward

ICPD BEYOND 2014
MALDIVES OPERATIONAL REVIEW 2012
Progress, Challenges and Way Forward

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Acronyms & Abbreviations

3F Crisis	Food, Fuel and Financial Crisis (2007-2009)
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Clinics
APC	Atoll Population Committees
BDSC	Business Development Service Centers
CBR	Crude Birth Rate
CCAC	Climate Change Advisory Council
CCE	Center for Continuing Education
CDC	Care Development Center
CDR	Crude Death Rate
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CHW	Community Health Worker
DoIE	Department of Immigration and Emigration
DV	Domestic Violence
EPA	Environment Protection Agency
EEZ	Exclusive Economic Zone
ETC	Education and Training Center
FCSC	Family and Children's Service Centers
FCPD	Family and Child Protection Department
FGD	Focus Group Discussion
FPU	Family and Child Protection Unit
GDP	Gross Domestic Product
HIES	Household Income and Expenditure Survey
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IGMH	Indira Gandhi Memorial Hospital
ILO	International Labour Organization
IMR	Infant Mortality Rate
IOM	International Organization on Migration
IPC	Island Population Committees
JJU	Juvenile Justice Unit
LDC	Least Developed Country
LGA	Local Governance Authority
MDGs	Millennium Development Goals
MEA	Maldives Energy Authority
MEMP	Maldives Environment Management Project
MGFHR	Ministry of Gender, Family and Human Rights
MHRYS	Ministry of Human Resources Youth and Sports
MMR	Maternal Mortality Rate
MNU	Maldives National University
MoE	Ministry of Education
MoEE	Ministry of Environment and Energy
MoED	Ministry of Economic Development
MoFA	Ministry of Foreign Affairs
MoFT	Ministry of Finance and Treasury
MoH	Ministry of Health
MoTAC	Ministry of Tourism, Arts and Culture

MPND	Ministry of Planning and National Development
MPS	Maldives Police Services
NGO	Non-Governmental Organization
NSPA	National Social Protection Agency
PoA	Programme of Action
PPCC	Population Programme Coordination Committee
PPP	Public Private Partnership
REIO	Renewable Energy Investment Office
RH	Reproductive Health
RHC	Reproductive Health Center
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SHE	Society for Health Education
SME	Small and Medium Enterprises
SOE	State of the Environment
STELCO	State Electric Company Plc Ltd
STI	Sexually Transmitted Infections
TVET	Technical and Vocational Education Programme
U5MR	Under 5 Mortality Rate
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrens Fund
VAW	Violence against Women
VCT	Voluntary Counseling and Testing
VPA	Vulnerability and Poverty Assessment
VRS	Vital Registration System
WHLE	Women's Health and Life Experiences
WHO	World Health Organization
YHC	Youth Health Café

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1.0 Introduction

The International Conference on Population and Development (ICPD) was a historical conference, held in Cairo, Egypt in 1994. The significance of this conference was the impact it brought towards integrating population issues into the development agenda of the member countries. A comprehensive twenty year Programme of Action (PoA) containing specific goals adopted by the 179 participating governments during the ICPD. The goals were based on several thematic areas focusing on accelerating human development. The thematic areas included reducing poverty through increased economic activity in the backdrop of sustainable development, providing universal access to education (especially for women and girls), reducing maternal and infant mortality, prevention and control of HIV/AIDS, protection of certain population groups such as youth, elderly and disabled, promoting the well-being of families, individuals and the society, achieving gender equality and the empowerment of women, providing universal access to reproductive health and ensuring reproductive rights and protecting the rights of internal and international migrants.

The ICPD is closely related to other major UN Conferences held during the early 1990's, drawing targets from major declarations such as the 1992 UN Conference on Environment and Development, 1990 World Summit for Children, 1993 World Conference on Human Rights, Agenda 21 and the Rio Declaration (UN Website). The Millennium Development Goals (MDGs) adopted at the Millennium Summit in 2000 is closely linked with the ICPD PoA. Similar to the ICPD, the MDGs' also has targets on reducing poverty, ensuring universal access to education, empowering women, reducing maternal and child mortality, combating HIV/AIDs and other diseases and ensuring environmental sustainability.

Member countries are required to conduct reviews once every five years to monitor the progress in achieving the targets of the ICPD PoA. The last of these reviews: the ICPD Beyond 2014 Operational Review has been conducted in the 3rd quarter of this year by member countries. The main objective of the ICPD Beyond 2014 Operational Review is to determine the status of implementation of the PoA in terms of progress achieved, facilitating factors and challenges. The review also aims at identifying new national priorities and newly emerging issues in relation to the ICPD areas.

The Maldives conducted reviews in 1999, 2004 and 2009 to track the status of implementation. This report is a descriptive record of the findings of the final review, the ICPD beyond 2014 and is a cumulative assessment of the progress made by the Maldives in achieving the goals of the PoA. The

report is based on the findings of the “Global Survey Questionnaire” designed by the UN Secretariat for ICPD Beyond 2014 as the main tool for gathering consistent and comparative data on a comprehensive list of indicators. This report examines, inter alia, the development achieved by the Maldives in terms of population and development, reproductive health and rights, gender equity, equality and empowerment of women and education during the period 1994-2012.

This report aims to highlight the progress made by the Maldives in terms of achieving the goals of the ICPD PoA. The first part of this report will provide an introduction of the ICPD, the methodology and explain briefly the Maldivian context. The second part will highlight the key achievements and progress made in the ICPD thematic areas and the third part will assess the major challenges and the emerging issues. The report will also look into the progress made by the Maldives in achieving the MDGs.

It is expected that this report will help create shared understanding among key stakeholders on the status, achievements and challenges relating to population and development as well as renew the ownership of the Cairo PoA and strengthen/broaden partnerships around ICPD issues.

1.1 Methodology and Consultative Process

The Maldives Operational Review for the ICPD Beyond 2014 was conducted under the supervision of the Department of National Planning (DNP). A local consultant was hired with support from the United Nations Population Fund (UNFPA) Maldives Country Office, to coordinate the completion of the Global Survey Questionnaire.

The operational review work was organized into five phases: 1. Study of the Global Survey Questionnaire to define information requirements, identifying key stakeholders; 2. Review of existing relevant documents; 3. Consultations with key stakeholders; 4. Collection of information on public perception; and 5. Completion of the survey questionnaire and preparation of the report.

In the initial phase, the consultant studied the Global Survey Questionnaire and identified the key stakeholder Ministries and State Institutions relating to the targets stated in the ICPD PoA. Meetings were organized separately with these stakeholders during the third phase of the review process. Organizations were asked to identify Focal Points with whom the consultant can liaise with to obtain the necessary input. A total of 19 meetings were held. During the stakeholder consultation meetings, questions were asked to obtain information on the key achievements and major

challenges relevant to each sector. In addition to this, information was collected through in-depth interviews with five key figures from the community including three former cabinet ministers. An in-depth literature review was conducted in the second phase. The documents and literature that was reviewed included the 2006 Population and Household Census Analytical Report, Demographic Health Survey (DHS) 2009, Household Income and Expenditure Survey (HIES) 2009-2010, Third Millennium Development Goals Report 2010, and the Results and Evaluation Frameworks (RFs and EFs)¹ for the Strategic Action Plan 2009 -2013. In addition, pertinent publications from relevant sectors (e.g Health and Education) were reviewed.

During the two months of the review process, additional insight was obtained on the perception of progress on the ICPD PoA through, firstly Focus Group Discussions (FGD) in three atolls (Phase 4). These FGDs were organized separately for local councils, NGO's, schools, health centres, Women Development Committees, and vulnerable groups. These were held in 13 islands from Addu City, Fuvahmulah and Haa Dhaal Atoll. Secondly, a consultative workshop was conducted to obtain input from the Maldivian civil society. This workshop was attended by participants from islands other than the capital Male'. Thirdly, a consultative discussion session with a youth group was also conducted. In all these meetings, information on ICPD PoA was shared and perception of the participants on the achievements, challenges and constraints were discussed.

To facilitate more information generation from the public, especially youth groups, social media accounts were set up and regularly updated on the review process. And further public opinion about the progress in the past half a decade was obtained through these accounts (via online polls, Facebook page, twitter and a web site)

The Global Survey Questionnaire was then completed using information gathered from the entire process (Phase 5). A National Validation Workshop for key stakeholders was held on 21st October 2012 to validate the response to the Global Survey Questionnaire. The draft final questionnaire was sent out to all relevant parties for further validation.

This report signifies a descriptive account of all the findings of the Operational Review Process and goes beyond the responses stated in the Global Survey Questionnaire.

¹ Monitoring Framework for the Strategic Action Plan 2009-2013, included an Evaluation Framework (EF) and a Results Framework (RF), from which most key achievement information has been obtained. There are 31 RFs and EFs for 31 national development areas.

1.2 Background

The Maldives is made up of 1,190 coral islands out of which 194 are currently inhabited. For administrative purposes the islands are divided into twenty atolls. The total area of land is 298 sq. km and the total area of the coastline is 644 km. With 99 percent of its territory being ocean, the Maldives has an Exclusive Economic Zone (EEZ) of 859,000 sq. km rich in marine life and biodiversity.

All Maldivians speak the same language, Dhivehi, an Indo-Aryan language with influence from Singhalese, Arabic, French, Persian and Portuguese. The island nation was colonized by the Dutch and the Portuguese during the 16th and 17th century and was also a British Protectorate from 1887 until 1965. Although the country retained full internal sovereignty during the years 1887 – 1965, the Maldives gained full independence from Britain on 26th July 1965.

From 1978 onwards, the Maldives followed a policy of international engagement, thus intensifying links with donor institutions, signed several treaties relating to protecting the environment, promoting human rights and suppression of terrorism. Maldives became a member of the United Nations in September 1965 and a member of the Commonwealth of Nations in 1982. The Maldives is also one of the founder members of SAARC – the South Asian Association for Regional Cooperation.

At the time of the International Conference on Population and Development (ICPD) held in Cairo in 1994, Maldives was just in the early stages of fully comprehending the links between population growth and development. Major concerns in the early 1990's in Maldives included the rapid growth in population size due to high fertility and reduced mortality. The unmet need for contraception and mother and child health services were also highlighted as major issues. Family planning and population development programmes were in their infancy stages.

Today, almost twenty years from the Cairo Conference, the Maldives has accomplished remarkable progress in achieving the goals of the ICPD Programme of Action (PoA). The population growth has been sustained and fertility levels have been reduced. Significant improvements in health services in terms of service accessibility and delivery have been achieved. Mortality indicators such as maternal mortality, infant mortality and under-five mortality have declined. Universal primary education has been achieved along with gender parity in both primary and secondary levels. Significant improvements in regional development have taken place over the years, thereby

reducing poverty. The Maldives is also the only MDG + country in South Asia, with five out of eight goals achieved ahead of schedule.

2.0 Progress in the implementation of the ICPD Programme of Action

The Maldives has achieved remarkable progress in relation to population and development issues. Population issues are fully comprehended and integrated into all development efforts. Data collection and analysis have been strengthened and the technical capacity of development planners has increased. Fertility levels and population growth rates have been controlled. Access to health facilities, education and social services has been established.

This section will highlight the progress made by the Maldives in achieving the goals in the ICPD PoA.

2.1 Population, Sustained Economic Growth and Sustainable Development

Population and Development

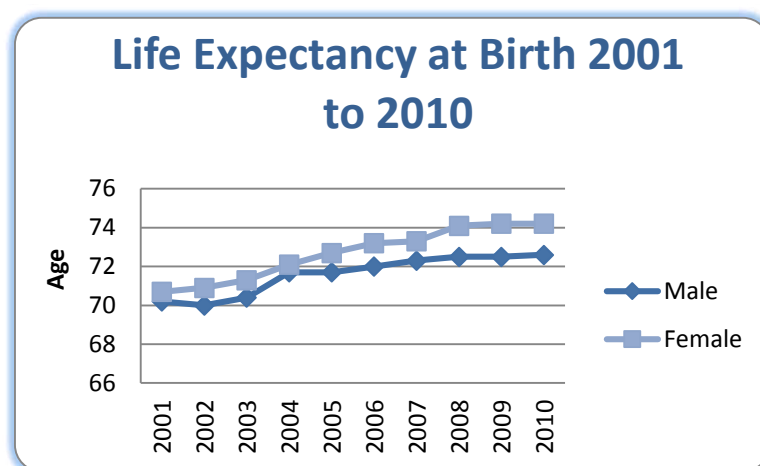
The Maldives Population and Household Census conducted in 2006 enumerated a total population of 298,968 out of which 151,459 were males and 147,509 were females. The sex ratio was recorded at 102 males per 100 females and the population growth rate was 1.69 percent (Table 1).

At the time of the Cairo Conference, the life expectancy was 67.15 and 66.60 for males and females respectively. The life expectancy was improved to 72.6 for males and 74.4 for females by 2010 indicating improvements in health care facilities and quality of living (Figure 1). The Crude Birth Rate (CBR) was 35 per thousand in 1992 and declined to 22 per thousand population by 2011. Similarly, the Crude Death Rate (CDR) declined from 6 per thousand live births to 3 per thousand live births in the same period.

Table 1: Census Population by Sex, Sex Ratio and Inter-Censal Variation of Population 1911-2006 (Source: Statistical Yearbook of Maldives, 2011, DNP)

No.	Year	Population Number			Sex Ratio (Males per 100 females)	Annual rate of growth
		Both Sexes	Male	Female		
1	1911	72,237	39,244	32,993	118.95	-
2	1921	70,413	38,174	32,239	118.41	-0.27
3	1931	79,281	43,235	36,046	119.94	1.18
4	1946	82,068	44,308	37,760	117.34	0.23
5	1953	77,273	41,656	35,617	116.96	-0.86
6	1957	83,075	44,614	38,461	116	1.81
7	1958	87,582	46,888	40,694	115.22	5.28
8	1959	89,290	47,505	41,785	113.69	1.93
9	1960	92,247	49,640	42,607	116.51	3.26
10	1961	92,793	49,906	42,887	116.37	0.59
11	1962	92,744	49,454	43,290	114.24	-0.05
12	1963	94,527	50,274	44,253	113.61	1.9
13	1964	93,960	50,276	43,684	115.09	-0.6
14	1965	97,743	51,964	45,779	113.51	3.95
15	1966	100,883	53,938	46,945	114.9	3.16
16	1967	103,801	55,346	48,455	114.22	2.85
17	1968	106,969	56,983	49,986	114	3.01
18	1969	110,770	58,897	51,873	113.54	3.49
19	1970	114,469	60,975	53,494	113.98	3.28
20	1971	118,818	63,188	55,630	113.59	3.73
21	1972	122,673	64,924	57,749	112.42	3.19
22	1974	128,697	68,301	60,396	113.09	2.4
23	1977	142,832	75,224	67,608	111.26	2.98
24	1985	180,088	93,482	86,606	107.94	3.2
25	1990	213,215	109,336	103,879	105.25	3.43
26	1995	244,814	124,622	120,192	103.69	2.73
27	2000	270,101	137,200	132,901	103.23	1.96
28	2006	298,968	151,459	147,509	102.68	1.69

Figure 1: Life Expectancy at Birth 2000 – 2010 (Source: Maldives at a glance, September 2012, DNP)



The Maldives has come a long way since the ICPD in 1994 in terms of understanding and integrating population issues into the policy development and planning. A Population Programme Coordination Committee (PPCC) was created in 2000 with senior policy level representatives from key stakeholder ministries. The PPCC, chaired by the then Minister of Planning and National Development, was the main responsible body for steering population programmes in the country. A population planning section was established under the then Ministry of Planning, Human Resources and Environment to coordinate all population related programmes as directed by the PPCC. Atoll Population Committees (APC) and Island Population Committees (IPC) were established between 2000 and 2006 to coordinate and conduct population programmes in atoll and island level. A National Population Policy was drafted in 2004 taking into account the goals of the ICPD, MDG and national development plans.

Table 2 shows the trends in selected mortality indicators from the period 2001 to 2011. It can be seen that all the selected mortality indicators has shown notable improvements during this period. Neonatal Mortality rates decreased from 11 to 8 (per thousand live births) and Infant Mortality Rates (IMR) declined from 17 to 9 (per thousand live births). Furthermore, Under Five Mortality Rate (U5MR) was reduced from 26 to 13 per thousand live births. The Maternal Mortality Rate (MMR) declined from 143 to 46 per thousand live births in 2007, but this figure has increased to 112 per thousand live births by 2010. Nevertheless, the Maldives has fully achieved both the ICPD

goals and Millennium Development Goals (MDGs) relating to infant and early childhood mortality as well as maternal mortality.

Table 2: Trends in selected mortality indicators 2001-2010 (Source: Maldives Health Statistics 2011, Ministry of Health)

Year	Neo Natal Mortality (per '000 live births)	Infant Mortality Rate (per '000 live births)	Under 5 Mortality Rate (per '000 live births)	Maternal Mortality Rate (per '000 live births)
2001	11.0	17	26	143
2002	11.0	18	23	160
2003	10.0	14	18	97
2004	10.0	15	22	96
2005	8.0	12	16	72
2006	11.0	16	18	69
2007	7.0	10	12	46
2008	8.0	11	14	57
2009	8.0	11	12	81
2010	8.0	11	13	112

Fertility rate, in the Maldives has experienced a huge decline over the past twenty years. The introduction of family planning services and reproductive health facilities by the Government contributed to this decline. The Government established the Reproductive Health Center (RHC) in the state owned hospital Indira Gandhi Memorial Hospital (IGMH) in 1994, which offered family planning services, reproductive health services including neo natal and ante natal care. A similar establishment was replicated in Addu City. Furthermore, the establishment of Society for Health Education (SHE), a local NGO in 1988 brought dramatic changes to the reproductive health sphere of the country. SHE played a pivotal role in creating awareness on family planning, providing counseling and offering reproductive health care services to the population.

Other factors that could have contributed to fertility rate declining could be increased awareness due to the increased access to secondary and tertiary education; and increased labour force participation, which has in the Maldives, lead to prolonged separation from spouse as well as other inherent factors of a working life.

Although information and access to contraceptives are available through the health posts or hospitals, contraceptive use is relatively low in the Maldives. Only 27 percent of married women

were using modern methods of contraceptives in 2009. The most common methods of contraception are female sterilization (10 percent) and male condoms (9.3 percent) while the least common methods are male sterilization (0.5 percent) and implants (0.5 percent) (DHS 2009).

Table 3: Percentage Distribution of currently married women by contraceptive method currently used (Source: Maldives Demographic Health Survey 2009, Ministry of Health)

Modern Methods									Traditional Methods					Total
Any Method	Any modern method	Female sterilization	Male sterilization	Pill	IUD	Injectables	Implants	Male condom	Any traditional Method	Rhythm	Withdrawal	Folk method	Not currently using	
34.7	27.0	10.1	0.5	4.6	0.8	1.2	0.5	9.3	7.8	3.4	4.2	0.1	65.3	100

The Maldivian Law prohibits abortion, predominantly due to religious and cultural reservations. There has been no formal study or assessment on abortions in the Maldives to date. However, anecdotal evidence suggests that unsafe abortion is widespread among both married and unmarried population.

Despite numerous logistical and financial difficulties faced by the Government in providing standardized and accessible health care services to the widely dispersed population, the Maldives has made significant improvement in the health sector. Data and statistics on natality and mortality are derived from the Vital Registration System (VRS) of the Ministry of Health (MOH). Further, data on morbidity are collected from the disease surveillance system while data on human resources, health care finance and other statistics relating to the health system are derived from administrative records and public health programs.

Economic Growth

The Maldives is a small open economy with tourism and fisheries as its main driving forces. The country has experienced rapid economic growth over the last twenty years with GDP growth on an average of 6 - 8 percent per annum (MoED Website 2012). The GDP per capita was USD 3,855 in 2011 – the highest in South Asia. The Maldives graduated from a Least Developed Country (LDC) into a middle income country in January 2011.

The economic development of the country is challenged by its narrow economic base, unique geography, widely dispersed population and vulnerability to environmental changes. The country's major industry, tourism, is particularly vulnerable to other external factors such as the 2001 terrorist attacks on the United States, which significantly decreased the number of tourist arrivals post 9/11 years. Another global event that negatively impacted the tourism sector was the global financial crisis in 2008-2009, which also saw a decrease in tourist arrivals and tourist spending, leading to a decrease in revenue from the tourism sector.

The 2004 Asian Tsunami, marked as the worst natural disaster in the history of Maldives, destroyed most of the country's economic and social infrastructure. Financial damage was estimated at 62 percent of the GDP and aggravated a fall in revenue from tourism which resulted in a budget deficit of approximately USD 80 million (MoED 2012).

The Maldives is highly dependent on foreign imports for almost all goods, including staple food items, fuel, necessities such as clothing and personal items, electronics and appliances, and items needed for economic engagement. The high dependency on foreign imports and fuel comes hand in hand with heavy reliance on foreign exchange currency.

The tourism sector has experienced robust growth over the past two decades. International tourist arrivals hit a new record in 2011, registering a growth of 4.4 percent. By the end of 2011, there were 101 resorts, 19 hotels, 38 guest houses and 157 safari vessels with a combined bed capacity of 26,896 registered in the Maldives (Tourism Yearbook 2012, MOTAC). The expansion of the tourism sector towards the outer atolls has significantly increased the number of employment opportunities within the atolls and has positively impacted poverty reduction.

Economic strategies for poverty reduction have been carried out by the Government throughout the last twenty years. More recently, the Small and Medium Enterprises (SME) Programme was initiated to reduce poverty through accelerating economic activities and creation of jobs, especially among women and youth. The objective of the SME programme is to create a more diversified and resilient economy in addition to creating more job opportunities in the atolls. By 2012, a total of 123 beneficiaries were provided loans and 40 percent of these loans were allocated to women. Moreover, Business development programmes were also conducted for over 2,000 businesses in the SME sector.

In addition to the SME loans, the government provides subsidies for fishermen and farmers to encourage their economic activities. Technical support through training programmes is continuously provided to both fisheries and agriculture sectors.

Moreover, the development of additional airports and the expansion of the sea ports in the north and south regions have contributed largely to economic development. Foreign Direct Investment in the Maldives has also grown over the past few years.

Sustainable Development

The Maldives is made up of clusters of tiny coral islands, of which more than 80 percent are just 1.5 meters above the sea level. Due to the small size of these islands, no Maldivian lives more than 1 km from the shoreline. Approximately 99 percent of the country is ocean and only 1 percent is land (MDG Country Report 2010). All these factors make the Maldives one of the most vulnerable nations to the impacts of global climate change.

The main economic industries; tourism and fishing, depend heavily on natural resources. The tourism sector is based on the rich biodiversity of the coral reefs surrounding the islands, rich marine life, white pristine beaches, world renowned dive spots and warm tropical weather. The fishing industry is mainly based upon the rich biodiversity of the ocean within the Maldivian Exclusive Economic Zone. Any changes in the global climate change or weather patterns including natural disasters have a profound impact on the country. In this context, the Maldivian tourism and fishing industries have developed and sustained environmentally conscious practices so that the natural environment is preserved. While the tourism sector practices eco-friendly tourism, the fisheries sector is reputable for environmentally friendly pole-and-line fishing.

The Maldives Environmental Management Project (MEMP) under the Ministry of Environment and Energy has played a pivotal role in ensuring sustainable resource management in the Maldives and the development of human capacity. Regional waste management centers are being established in the northern atolls, namely Noonu Atoll, Raa Atoll, Baa Atoll and Lhaviyani Atoll. Capacity development in environmental resource management is carried out in collaboration with the Maldives National University and through overseas scholarships. Sixteen islands have been provided with waste management equipment in 2011. A further 114 solid waste management systems (MoEE, 2012) have been established in the atolls and sewerage networks have been developed in 18 islands. A draft bill on waste management has been drafted and it is expected to be ratified in 2013.

Maldives depend heavily on imported fuel for energy, creating high economic vulnerability for energy. Most electricity is provided using diesel generators by the State Electric Company Plc Ltd (STELCO), Utilities Companies and community power houses. Efforts are in place to employ

alternate methods for energy, including wind and solar energy. The creation of the Maldives Energy Authority (MEA) in 2006, Renewable Energy Investment Office (REIO) in 2011, Environment Protection Agency (EPA) in 2008 and the Climate Change Advisory Council (CCAC) in 2009 have strengthened the institutional framework for sustainable development activities.

In June 2012, Baa Atoll was also declared a UNESCO Biosphere Reserve, a good indication of the successful sustainable development partnership between the Government, private partners, international agencies and the community (President Office Website). The Government is working towards establishing the Maldives as the world's largest marine reserve, an indication to the country's commitment to protection of the environment.

In terms of protecting natural resources, a total of 197.91 hectares of land is protected in the Maldives along with 5,373.73 hectares of marine area. Three new areas were declared protected by the Environment Protection Agency in 2011 thereby protecting a total of 1.25 percent of the country.

2.2 Population Growth and Structure

The population pyramid (Figure 2) of the Maldives from the 2006 Population and Household census shows a pattern similar to many other developing countries. A large number of the population belongs to the younger age categories. In 2006, 31.1 percent of the population was below 15 years of age while the working age population (aged between 15 to 64 years) accounted for 62.5 percent of the population. The elderly population was the smallest, accounting for only 6.4 percent of the total population (Table 4). The median age of the population in 2006 was 22 years, a rise from the median age in 2000 which was 18.7 years.

Figure 2: Population Pyramid of the Maldives 2000 & 2006 (Source: Department of National Planning 2011)

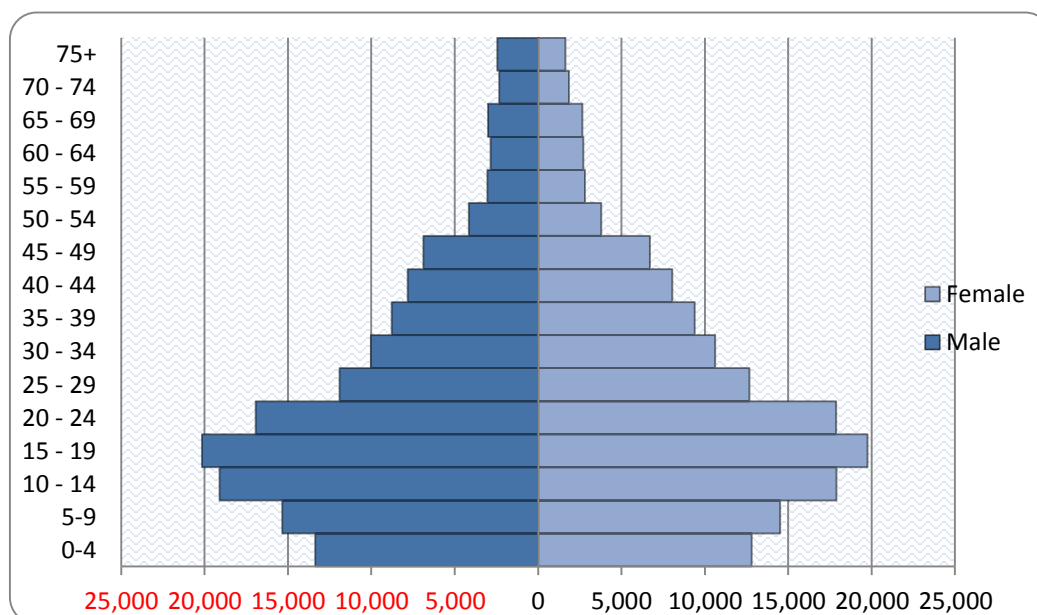


Table 4: Age Structure of the Maldives, 2006 and 2012 (Source: Statistical Yearbook of the Maldives 2011)

Age Group	Population 2006		Population 2012 (projected)	
	Size	Percentage	Size	Percentage
Under 15	93,037	31.1	87,896	26.6
16-64	186,904	62.5	22,6741	68.6
65 and above	16,027	6.4	16,015	4.8
Total	295,968	100.00	330,652	100.00

With the majority of the population belonging to youth groups, special emphasis is given by the government for youth development. The National Youth Council was created in 1980 to coordinate and advise on youth activities and to plan and implement youth development programmes. The role of the National Youth Council, which represents key stakeholder ministries and two youth representatives (one from each gender) is to advise the Minister of Human Resources, Youth and Sports in areas relating to youth development.

Youth centers have been established throughout the country during the last two decades to cater for the various social and vocational needs of the youth population. The main objective of these centers is to provide the facilities for youth development programmes in the island level. The Youth Health Café (YHC), established in 2003 in Male' under the Ministry of Human Resources, Youth and Sports (MHRYS), has provided skills training programmes, awareness programmes on sexual and reproductive health issues and mental health issues and fostered youth volunteerism. Additionally, the Youth Health Café has also facilitated youth career guidance programmes, different outreach programmes in several thematic areas and offers counseling services for youth.

In order to cater for the increasing number of youths completing secondary and higher secondary education the number of institutions providing tertiary education and training have increased over the last decade. The different faculties of the Maldives National University have been strengthened and its academic programmes have been diversified. Additionally, the quality and standard of private educational institutions have improved significantly over the past few years.

One of the greatest challenges facing youth population of the Maldives is inadequate employment opportunities. Each year several thousand new students complete their studies and enter the labour force. However, the mismatch between skills and job requirements has obstructed employment opportunities for many youths. To address this critical issue which would have significant impact on the country's economy, the government established the Technical and Vocational Education Programme (TVET) in 2005. The main objective of TVET is to create a skilled workforce to meet the labour market demands. Since its inception, the programme has been diversified to offer trainings on hospitality and tourism, construction and building, agriculture, electrical wiring and engineering and handicrafts. As of 2010, a total of 1,351 people had graduated from TVET and an additional 4,767 students were being trained through 82 training providers (TVET website 2012).

Drugs and substance abuse and related gang activities are another key challenge facing the Maldivian youth. Up until recently, youth drug users were criminalized and given severe jail sentences. Alternative rehabilitation facilities have been established in recent times to forgo imprisonment and direct such youth to detox centers. Furthermore, a Juvenile Justice Unit (JJU) was established in 2005 to address the increase in juvenile delinquencies and to address the need for the establishment of a system that facilitated the rehabilitation and reform of young offenders.

2.3 Urbanization, Internal Migration, International Migration and Development

The population of the Maldives is spread widely across the nation with small pockets of the population in tiny remote islands. Over one third of the population of Maldives is concentrated in the capital city Male', an island with an area of less than 2 sq. km. According to the 2006 Population and Household Census, only 15 islands have a population of over 2,000 inhabitants and 11 islands have less than 200 inhabitants thereby creating unique development challenges.

Internal migration rates have sharply increased over the last two decades, with Male' City receiving the largest number of migrants than any other island in the country. The 2006 Population and Household Census revealed that 46.6 percent of all life-time migrants lived in Male', while 50.38 percent were living in the remaining atolls. Major push factors for internal migration, especially towards Male' City are the availability of better educational and health facilities and availability of more employment opportunities.

Table 5: Gross Life-time Migrants by region 1995-2006 (Source: Maldives Population and Household Census Analytical Report 2006, MPND)

Life time migrants				
Locality	1995	Percentage	2006	Percentage
Male'	23,956	56.48	48,691	49.619
Other Atolls	18,456	43.52	49,438	50.381
Total	42,412	100	98,129	100

Despite these challenges, notable achievements have been made, over the last twenty years, in terms of urbanization and regional development. The Government adopted the 'Population and Development Consolidation Strategy' in 2005 to unite socio-economic development efforts and the population. Further, island and atoll level council offices were established under Law Number 7/2010 Decentralization Act in 2010, thereby devolving several governing functions to the atoll and island councils. Efforts were also made to increase the level of private sector involvement in regional development and urbanization over the past few years. The successful establishment of Public Private Partnerships (PPP) between the central government and private parties boosted regional development efforts which would otherwise have remained stagnant.

Considerable success has been made in promoting small-medium urban growth centers. Four regional airports were developed initially in Hdh. Hanimaadhoo, L. Kadhdhoo, Gdh. Kaadedhoo and S. Gan. Between 2011 and 2012, four additional airports were developed in Gn. Fuvahmulah, Ga. Kooddoo, Adh. Maamigili and B. Dharavandhoo. Inter atoll ferry transportation networks were established through PPP in all atolls, thus consolidation of remote populations with regional growth centers. Further, the Government has recently announced an initiative to open up air transport to the inhabited islands through seaplane operators.

With regard to the promotion of rural development strategies to decrease push factors for urbanization, islands were identified for commercial or industrial use near small urban areas, to create more employment opportunities in that region. Under the Regional Development Strategy, two regional management offices were established in the north and south (Hdh. Kulhudhuffushi and S. Hithadhoo) and infrastructure, machinery and capacity building programmes were provided. Social infrastructure such as schools, student boarding facilities, regional hospitals and waste management centers were developed in regional levels. For example, atoll regional waste

management centers were developed in Noonu, Raa, Baa and Lhaviyani Atolls. A similar regional waste management center project is ongoing in Alif Dhaalu Atoll. To promote agriculture at the regional level, agriculture resource centers were established in Ha. Hanimaadhoo, Aa. Thoddoo and L. Gan.

The enactment of the Law Number 7/2010 Decentralization Act created the Local Governance Authority (LGA) and Atoll and Island Councils. As per the decentralization law, the local councils are sanctioned to prepare development plans for their local communities and secure funding through the central government and through other sources. Health Service Corporations and Utility Companies were also established in 2010, at provincial level to provide respective services in a decentralized manner. However, these corporations and companies has since been dissolved.

Likewise, the basic trade functions of the Ministry of Economic Development (MoED) such as trade registration and obtaining permits were also decentralized to island level. The MoED also established Business Development Service Centers (BDSC) in Hdh. Kulhudhufushi, Lh. Naifaru, Gdh. Thinadhoo and S. Hithadhoo to provide business consultancy services and to conduct trainings on entrepreneurship to the local community businesses.

International Migration

A lot of Maldivians emigrate abroad to neighboring countries – mainly India, Srilanka, Malaysia and Singapore – for education and medical reasons. Some Maldivians also work overseas but there is no proper record of the number and other details. Therefore, remittances from Maldivians working overseas, are not measured at a national level.

The rapid expansion of the Maldivian tourism sector and construction sector over the past twenty years has increased the number of foreign workers in the Maldivian economy. According to the Department of Immigration and Emigration (DoIE), there are currently 108,736 documented migrant workers in the Maldives. An estimated 44,000 undocumented workers are also in the economy. If the current expatriate growth rate of 20 percent is maintained and if there are no hard policy decisions made to change the situation, the migrant worker population will overtake the national population in 2018.

Migrant workers are represented at professional, skilled and unskilled categories. Table 6 shows the expatriate employment by industry as at September 2010. As seen from the table, the majority of the migrant workers are in the construction industry (43 percent), and this figure is largely

dominated by Bangladeshi workers (68.46 percent). The tourism industry is the second largest employer of migrant workers with 16.35 percent of documented workers employed. Migrant workers are also largely represented in community, social and personal services with 12.56 percent of workers in this industry.

Table 6: Expatriate Employment by Industry as at 30 September 2010 (Source: Ministry of Human Resources, Youth and Sports)

Agriculture and Forestry	Fishing	Manufacturing	Electricity, Gas and Water	Construction	Education	Hotels and Restaurants	Wholesale and Retail Trade	Tourism	Transport, Storage and Communication	Financing, Insurance Business and Real Estate	Other community, social and personal services	Total
527	1,075	2,473	91	32,122	2,908	4,272	1,901	12,297	1,736	6,347	9,444	75,193

Lack of available baseline data, limitations of Law Number 1/2007 Immigration Act, lack of policies and management systems, shifting and overlapping mandates among Government institutions have contributed to the mismanagement of the migrant workers. Migrant workers have at times been subjected to violation of rights, human trafficking and mistreatment resulting in attracting international attention on human trafficking and smuggling issues in the Maldives.

DOIE, which lies under the Ministry of Home Affairs, is the main responsible organization for border control, visa decision making, monitoring the stay of foreigners and passport issue to citizens (Maldives Border Control and Migration Management Assessment Report {Draft} DoIE 2012). Up until recently, work permits were issued by the Ministry of Human Resources, Youth and Sports and the visa functions were carried out separately by the DoIE, thus creating inconsistencies in terms of data, increased bureaucracy and created burden for the employers. The transfer of all work permit and visa related tasks to the DoIE's mandate have created an opportunity to strengthen and monitor the process more carefully

Consultation with the DoIE identified social issues resulting from the large number of migrant workers. The DoIE highlighted the issue of 'marriage of convenience' in which migrant workers enter into marriage with locals to avoid visa payments as one of the main concerns. Another issue identified by the DoIE is the absence of Citizenship Law and Naturalization Law in the Maldives., As stated in the Maldives Border Control and Migration Management Assessment Report {Draft} there

is no path for foreigners to gain Maldivian Citizenship (apart from marriage) regardless of the number of years he/she has resided in the country. Further, the Maldives has no Naturalization Laws and children born of foreigners residing in the Maldives do not gain Maldivian citizenship.

The Maldives became the 183rd member of the International Labour Organization (ILO) in 2009. The process of preparing the required regulatory framework on managing the migrant population is well underway. An 'Anti-Human Trafficking Action Plan 2012 - 2015' has been developed with the aid from the International Organization on Migration (IOM). The 'Anti-Human Trafficking and People Smuggling Bill' has also been drafted and is currently being translated. It is anticipated that this bill will be approved in 2013 by the Parliament. Law Number 1/2007 Immigration Act is being revised to make it more comprehensive and address loop holes. An 'Immigration Strategic Plan' has also been formulated with the help of IOM.

One of the most notable initiatives to control the number of undocumented workers in the economy includes the registration programme initiated by the Ministry of Human Resources, Youth and Sports in 2009, while the DOIE operated under this ministry. Under this programme, the Government provided financial assistance to repatriate undocumented workers wanting to go back to their countries in addition to legalizing the workers who wished to remain in the Maldives for employment. A total of 15,000 undocumented workers have been identified in this process and were repatriated or reintegrated to the economy. This initiative, continued by the DOIE, saw an additional 2,186 migrant workers registered by October 2012.

In 2012, an 'Expatriate Steering Committee' was established comprising of representatives from all key stakeholders and the civil society (Table 7). The main role of the Expatriate Steering Committee is to assist the DoIE in the preparation, implementation and monitoring of policies and to advice the Controller of Immigration on the migrant workforce.

Efforts have also been made to improve the existing border control system, software and available technology in identifying travelers of concern or people appearing in the Interpol watch list. In this regard, the DoIE is establishing a border control management system to manage the large volume of tourists and to improve immigration controls over the expatriate labour force. Efforts to establish a bio-matrix information data base is ongoing.

Table 7: Members of the Expatriate Steering Committee (Source: DoIE 2012)

Members of the Expatriate Steering Committee	
1	Maldives Association for Construction Industries
2	Maldives Association for Employment Agencies
3	Maldives Association for Tourism Industries

4	Labour Relations Authority
5	Maldives Police Services
6	Ministry of Home Affairs
7	Ministry of Health
8	Department of Immigration and Emigration
9	South Enterprise Pvt Ltd

2.4 Family, well-being of individuals and societies

In the past, social protection was provided through a fragmented welfare scheme and reactive manner. The Government's policies have since been revised to transform social protection measures to a more comprehensive system to ensure fiscal sustainability and effectiveness of social assistance.

The enactment of Law Number 8/2009 Pension Act, Law Number 8/2010 Disability Act and Law Number 15/2011 National Health Insurance Act and the establishment of the National Social Protection Authority (NSPA) extended a comprehensive social security system towards the vulnerable population. Social sector spending has been growing since 1995 and tripled since 2000 from an average of USD 116 million annually between 2000 - 2004 to an average of USD 337 million during 2005 - 2009.

Law Number 8/2009 Pension Act aims at creating a system to provide a minimum amount of money to all above the pensionable age, at 65 years. As per the Pension Act, employees and employers are required to contribute a minimum of 7 percent of the employee's basic salary towards their retirement pension fund thus ensuring that the elderly population is able to lead an independent lifestyle even after retirement age.

The Government introduced "Aasandha Programme" on 1 January 2011 targeting all Maldivian citizens. Under the Aasandha Universal Health Insurance, the State provides up to MVR 100,000 of health care services for all Maldivian citizens free of charge. In addition, separate welfare services are given through financial assistance for chronic illnesses such as cancer and for medical evacuations.

Other allowances, aimed at alleviating poverty and assisting vulnerable families include the single parent allowance of MVR 1,000 per child upto a maximum of MVR 3,000 per family; provision of a monthly allowance of MVR 2,000 and assistive devices such as wheelchairs, hearing aids and prosthetic limbs to people registered in the National Disability Register; and provision of a monthly

allowance of MVR 1,000 to orphans under the care of foster parents while their legal guardians are given an allowance of MVR 500 per child. Since 2009, all households in the country are eligible for electricity subsidies. In addition, small domestic meters in the atolls are also eligible for the electricity subsidy.

The Government provides education materials such as stationery and text books for all primary and secondary school students and bears the examination fees for students in public schools sitting Ordinary Level and Advance Level examinations. These initiatives have lightened the financial burden on parents and sustained high enrolment rates.

Progress has also been made in facilitating compatibility between labour force participation and parental responsibilities. Law Number 14/2008 Employment Act limits the total working hours to 48 hours per week without any overtime payment thereby making it compulsory for employers to limit working hours to 8 hours per day, six days a week. The Act also sanctions employees for paid maternity and paternity leave, paid family responsibility leave and parental responsibility leave. Furthermore, women with children below one year of age are allowed two daily breaks of half an hour each to facilitate breastfeeding. The Civil Service reduced the working hours in 2012 to allow more family time.

Several institutions, aimed at providing social protection to the community, have also been established in the recent years. Family and Children's Service Centers (FCSC) have been established in all atoll capitals excluding Kaafu Atoll, starting from 2006, by the then Ministry of Gender and Family. Further, a Family and Child Protection Department (FCPD) was created under the Maldives Police Service (MPS) with the responsibility of investigating social protection cases relating to families and children and a Family and Child Protection Unit (FPU) was established in 2005 in IGMH to provide medical assessment and treatment for victims. In 2012, the Ministry of Gender, Family and Human Rights (MGFHR) was created and the mandate of the previous Department of Gender was transferred under its wings. A Disability Council was created within the MGFHR in order to address issues facing people with disabilities.

The national situation on drugs and substance abuse coupled with high divorce rates has led to an increase in number of children subjected to sexual abuse, violence, abandonment and neglect. A Children's Home was established in K. Villingili in 2005 to offer state protection for vulnerable children such as the latter. Similar arrangement has also been established in the Education and Training Center (ETC) in K. Maafushi for boys aged 9-18.

A Senior Citizen Allowance of MVR 2,300 is given to all Maldivians aged 65 years and above thus enabling them to live an independent life. The elderly are also medically insured through the Universal Health Insurance Scheme 'Aasandha' and additional welfare services and disability assistance is provided upon requirement through the National Social Protection Agency (NSPA). State institution care has been provided through the Home for the Elderly and People with Special Needs established in K. Guraidhoo in 1976.

Maldivians living with some form of disability are provided social protection in terms of monetary assistance and through provision of assistive devices such as wheelchairs, hearing aids and prosthetic limbs. 18 special education needs classes have been established within existing schools to provide learning opportunities for children with disabilities. The Care Development Center (CDC), a local NGO, also provides educational programmes for children with disabilities in Male'. In 2011, fifteen flats from Hulhumale' were given to families caring for a family member with disability as a measure to reduce their vulnerability.

Although there are no state owned day care centers, a few establishments have been formed by private organizations. Furthermore, life skills and parenting skills enhancing courses are conducted regularly to support educational programmes concerning parental roles, parental skills and child development.

2.5 Reproductive Rights and Reproductive Health, Morbidity and Mortality

Notable achievements have been made in sexual and reproductive health over the past twenty years. The health budget increased from USD 14.6 million in 1995 to USD 69 million in 2009 and improved the sexual and reproductive services offered. Contraceptives are available in all islands. Health service infrastructures like Ante Natal Clinics (ANC) have been established in all islands and obstetric care is available in all atoll hospitals. In 2009, 87 percent of women reported having visited an ANC clinic at least once during their pregnancies and 85 percent reported having visited such a facility four or more times (DHS 2009). 82 percent of all pregnancies are protected against neonatal tetanus. Almost all births now occur in a medical institution at the presence of a skilled birth attendant. The Skilled Birth Attendance (SBA) Rate in 2009 was 94.80 percent (DHS 2009). Referrals systems for emergency obstetric care services have been regularized and strengthened.

Despite low contraceptive prevalence rates (28 percent modern methods, DHS 2009), information and access to contraceptives are available in all islands for the married population through the local

health posts and in private pharmacies. The introduction of the Emergency Pill (for married people) in 2010 marks a notable milestone in the reproductive health sector of the country.

The number of people seeking information about reproductive health issues and attaining reproductive health services has increased between 2005 and 2010, as can be seen in Table 8. Noted improvements have been made in terms of male participation in attending counseling sessions.

Table 8: Number of Clients who attended counseling sessions and received reproductive health services from Reproductive Health Center 2005 – 2010 (Source: RHC)

Year	Counseling	Contraceptive Method
2005	204	274
2006	288	899
2007	257	1071
2008	204	791
2009	262	803
2010	238	781

Special attention has been given to ensure that awareness programmes are sustained and nutritional supplementation (folic acid) are provided free of charge to all pregnant women to improve nutritional status of pregnant women and the high levels of anemia.

A total of 316 health care workers were trained by the Ministry of Health for STI management in 2010. Voluntary Counseling and Testing (VCT) facilities are established in all atolls and similar services are available in IGMH and SHE. In 2010 alone, 112 drug users received HIV testing through these establishments. The HIV prevalence rate in the Maldives has been sustained at 0.01 percent (MOH 2011).

The occurrence of chronic non-communicable diseases such as breast cancer and cervical cancer is also addressed through awareness programmes and development of IEC materials. A well-woman clinic was created in the IGMH to conduct screening and biopsy services along with other targeted programmes to ensure optimal health for women. The clinic which was discontinued for some time has now resumed.

Prevention and management of the consequences of unsafe abortion is carried out through awareness programmes targeted at youth groups and adolescents. Recently IGMH and regional hospitals have started providing post abortion care.

2.6 Gender equality, equity and the empowerment of women

Maldivian Constitution ensures that women and men in the Maldives have equal rights and freedom. The Maldives is also party to the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), with some reservations in compliance with the Islamic Shariah.

The female literacy rate in 2006 was 98.4 percent (MPND 2006). There are no disparities in gender in both primary and secondary education. According to the Third MDG Maldives Country Report, the ratio of women to men with tertiary qualifications increased from 24 percent in 1990 to 58 percent in 2006. With the expansion of private institutions offering tertiary education and adoption of flexible long distance programmes by the Maldives National University, this figure is expected to rise even further.

Women engaged in economic activity have increased from 28.1 percent in 1990 to 52 percent in 2006 (MPND 2006). This significant increase indicates that the number of women engaged in paid economic activities, including salaried jobs and own account workers, have grown in number. The Maldivian Law does not discriminate between males and females in terms of obtaining loans or securing finances and neither are there any differences between men's and women's ability to enter into contracts.

Law Number 3/2012 Domestic Violence Act marked a historical milestone for women in the country. The Domestic Violence Act details procedures and protocols to be followed by the Government, social workers and law enforcers with regard to domestic violence cases. The Law also provides protection against all forms of violence for victims of Violence against Women (VAW) and Domestic Violence (DV).

2.7 Education and Development

Maldivians attach great importance to education which is clearly reflected in the high enrolment rates and high literacy rates (98 percent in 2011). The government's commitment to education is also evident through the enormous government expenditure on the education sector which rose from USD 19 million in 1995 to USD 119 million in 2009. The Maldives has achieved the MDG on

universal primary education well ahead of schedule with 95 percent Net Enrolment Ratio in primary education in 2009. The 2006 Census recorded 98 percent of children aged between 6-12 years attended school. Further, a total of 214 schools were providing free primary education by 2009 (MDG Maldives Country Report 2010).

Educational institutions are found on all islands despite the widely dispersed nature of the population. All islands have their own school and except few, all schools provide education up to Grade 10. Atoll Education Centers are present in each atoll providing education up to higher secondary levels. Both primary and secondary school students are provided educational materials including text books and stationeries from the Government from 2008. Moreover, public school students do not have to pay a fee.

Population issues are reflected in the curriculum in the social studies syllabus and in the economics syllabus. The latest reform in the curriculum in 2009 highlights socio-economic themes and includes life skills programmes and value education. The new curriculum upholds democracy, justice and human rights.

With the institutional framework and curriculum in place, the current focus is on improving the quality of education provided. In this regard, importance has been given to the production of more qualified and trained teachers to reduce dependency on expatriate teachers. Focus is also given to ensure that schools are child friendly through the Quality Monitoring Framework “Child Friendly Baraabar School” initiative.

The Maldives National University was established in 2011 and since then has been expanded to three regions to provide tertiary education and training for tertiary level students. The number of private colleges offering diverse range of affiliated programmes has also increased over the last ten years. The Technical and Vocational Education and Training Programme (TVET) is also another achievement in terms of education and development.

The Center for Continuing Education (CCE) established in 1986, have achieved considerable success in providing basic education for youth and adults who have missed the opportunity to complete their education. The CCE also provides other programmes including English language courses, vocational and technical skill development courses, training in early childhood care and development, population education programmes in addition to creating community awareness programmes (MoE 2008).

3.0 Issues, challenges and future course of action

3.1 Population, Sustained Economic Growth and Sustainable Development

Poverty and Malnutrition

A first source of poverty data in Maldives is the Vulnerability and Poverty Assessments (VPAs). The first VPA was conducted in 1997 and the second VPA was conducted in 2004. The second VPA showed that only 1 percent of the population was living below the USD 1 poverty line in the Maldives. The report also cited major inequalities in income and services between the atolls and Male'.

The second source of poverty data is the Household Income Expenditure Survey (HIES). The first HIES was conducted in 2002/2003. The most recent poverty data is that of the second HIES conducted in 2009/2010. When compared to the findings of the first HIES, the second HIES showed improvements in the poverty levels for the Republic as a whole, mainly due to the improved living conditions in the atolls. However, the HIES 2009/10 revealed that the situation of the poor segment of the population living in Male' has actually worsened. The HIES 2009/10 reports that the percentage of the population in Male' living below USD 1 per day has increased from 2 to 7 between 2003 and 2010. Further, the report states that the percentage of the population in Male' living below the international poverty line of USD 2 per day has increased from 9 to 19.

Similarly, while income inequality has decreased as a whole in the country as well as in the Atolls, the income inequality within Male' has increased over the seven year period, between 2003 and 2010. Several factors have contributed to the situation of the poor segment in Male' including rise in food and commodity prices due to the recent food, fuel and finance crisis, and increase in rent.

The Maldives has fully achieved the MDG target on malnutrition; however, lot remains to be done in improving the nutritional status of the population, especially among children and pregnant women (MDG Maldives Country Report 2010). DHS (2009) shows that 19 percent of children under 5 are stunted 17 percent of children (under- height for age) under the same age are malnourished (underweight for their age).

Malnutrition among women puts them in high risk during pregnancy and hinders their full participation in education, employment and social activities. The high prevalence of anemia among pregnant women and women of reproductive age puts them in high risk for maternal mortality. The 2010 Multiple Indicator Cluster Survey (MICS) showed that overall, 15.4% women of reproductive age were found to be anaemic to some degree: 0.3% were severely anaemic and 15.1% moderately anaemic.. The study also found that Vitamin A deficiency was common and overall 4.7% women of reproductive age were severely deficient in Vitamin A and 39.3% were moderately deficient

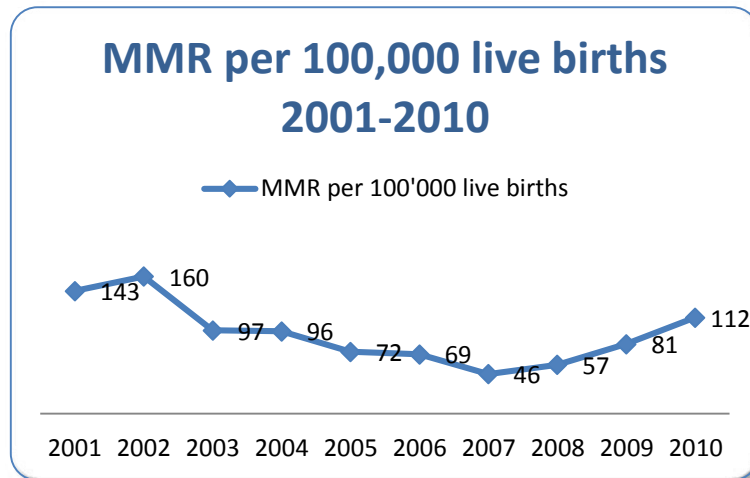
There are many contributing factors to the high level of malnutrition in the country. First, due limited availability of local agricultural produce, the country has a very high dependency on imported produce. Majority of the locally grown vegetables and fruits are brought from the atolls to Male, limiting their accessibility to populations residing in non-agricultural islands. There is also considerable irregularity in the supply of these imported and locally grown food items, mainly due to irregular transport mechanisms and unfavourable weather conditions which constrains existing transport system. A lack of awareness on the nutritional value of locally produced goods were noted among the participants in the Focus Group Discussions held in the atolls and majority of the island population cannot afford imported fruits and vegetables on a regular basis.

Second, the Maldivian diet largely consists of staples such as rice and tuna. There is low preference among the general population for fruits and vegetables. Poor breastfeeding practices and lack of awareness on the importance of exclusive breastfeeding and its impact on the child's future health is another actor contributing towards malnutrition. The Maldivian health care system is based on a referral model, which puts the population living in atolls at a disadvantage in terms of access to quality and affordable health care. Other factors such as shortages of safe drinking water, poor sanitation and hygiene and recurrent infections also contribute to malnutrition.

Mortality

Although the Maldives has achieved the MDG on Maternal Mortality ahead of schedule, available preliminary data indicates that the MMR might have increased slowly since 2007. The MMR in 2007 was 46 per 100,000 live births and this figure increased up to 112 per 100,000 live births by 2010. The small size of the population impose a great challenge on calculating the MMR as even one or two deaths brings a large variation to the maternal mortality rate. Figure 3 shows the maternal mortality rates per 100,000 live births between 2001 and 2010 (MOH 2011).

Figure 3: MMR per 100,000 live births 2001-2010 (Source: Maldives Health Statistics 2011, MOH)



Further, despite the increase in health care facilities established throughout the country, the service quality remains poor and all hospitals or health posts are not equipped with proper emergency obstetric and neonatal care facilities. There are also significant limitations in terms of institutional and human resource capacity in all regions. The unique geography of the Maldives and the widely dispersed population creates large diseconomies of scale in the provision of such specialist care and facilities in all regions. The dispersed nature of the population also creates problems in referring high risk patients to other centers with better obstetric care facilities. According to the 2008 Maternal Mortality Synthesis Report, 19% of the maternal deaths were during transit to better health care facilities. The report also states that 64 percent of the maternal deaths were due to direct causes such as post-partum hemorrhage and that 20 percent of the deaths were due to anemia.

Therefore, it is necessary to ensure quality reproductive health services as well as ante-natal and post-natal facilities are provided, both in island and regional level. Discussions with the Focus Group participants in the atolls highlighted the urgency in strengthening inter-island and inter-atoll transport systems to ensure regular, timely and affordable transportation systems so that the population can get access to quality health care facilities.

Participants from the Focus Group Discussions held in the atolls stated the importance of establishing maternity homes in the atolls or developing one island in the atoll as a maternity hub in order to provide more quality services closer to the population and therefore reducing the number of preventable deaths. Furthermore, the need for sustaining educational programmes on good nutrition during early childhood and pregnancy was identified from the focus group

discussions. It is also important to expand reproductive health services to include pre-pregnancy counseling, information sessions on different topics, pregnancy exercise classes and birth coaching.

Fertility

A low fertility rate has been sustained over the last few years, but the overall contraceptive prevalence rate of the country is low with only 27 percent of the married population using modern methods of contraception. Dialogue with women in reproductive age group in the island visits revealed that although information and access to contraceptives for married couples are available in all the islands, the amount of people who actually use these contraceptives are few in number. The main reasons cited by these groups included the use of traditional methods, divorce and an absent spouse for employment related reasons.

Access to contraceptives is limited to the married population despite overwhelming empirical evidence suggesting the need to provide contraceptive information and access to the youth population. Over the years, media has reports several new born babies and few premature babies found in parks and/or buried in secluded places and/or thrown into the sea. These reports suggest an actual increase in infanticide. Police investigations into these infanticides revealed that a number of these infants were born to unmarried mothers. Empirical evidence also suggests high numbers of abortions in the Maldives, mostly through injections and pills. These are clear indicators of the imperative need to provide access to information on SRH and RH services to the sexually active adolescents and youth population.

Economic Development

The narrow economic base of the country imposes major challenges. The main economic sectors are tourism and fisheries, both heavily dependent on the fragile ecosystem and external risks. The global economic slowdown between 2000 and 2003, the 2004 Asian Tsunami and the 3F (food, fuel and financial) crisis of 2007-2009 impacted negatively on the Maldivian economy (UNICEF 2010). It is therefore crucial to diversify the economic sectors and develop sustainable industries.

The Maldives has also been experiencing significant budget deficits. The deficit needs to be managed until the newly implemented taxes contribute towards fiscal revenues in a sustained manner.

With a rapidly growing working age population, there is substantial shortage in jobs available in the labour market. The country is facing numerous challenges in creating more jobs for the increasing number of new labour market entrants, especially in the outer atolls.

The Household Income and Expenditure Survey 2009-2010 reported that the labour force increased by more than 19,000 between 2006 and 2010. The share of the labour force remained the same during this period with 55 percent males and 45 percent females in both years. The number of jobs in Male' increased by 2,000 but reduced in the atolls by 2,500 therefore resulting in the low number of jobs in the country.

The unemployment rate for Maldives in 2006 was 14.4 percent (MPND 2006). The HIES 2009-2010 reports that the unemployment in Male' between 2006 and 2010 increased by 8 percent, compared to 21 percent in the atolls. Overall, there is higher female unemployment than male unemployment and this is more intensified in the atolls.

Youth unemployment remains a significant problem in the country. Youth aged between 15-19 years and 20-24 years account for 43 percent of the total unemployment (HIES 2009-2010). The reasons behind youth unemployment vary from lack of opportunities to continuation of further studies and household responsibilities. Empirical evidence also suggests the preference towards white collar jobs and the lack of working culture among youth.

Table 9: Overview of changes in the labour market 2006-2010 (Source: HIES 2009- 2010)

	2006			2010		
	Total	Male	Female	Total	Male	Female
Republic						
Total Population 15 years and over	193,771	91,799	101,972	213,872	99,822	114,050
Labour Force	117,434	64,569	52,865	136,886	74,971	61,915
Share of labour force		55%	45%		55%	45%
Male'						
Total Population 15 years and over	77,417	37,944	39,473	82,289	39,849	42,439
Labour Force	42,547	25,661	16,886	52,153	30,758	21,395
Share of labour force		60%	40%		59%	41%
Atolls						

Total Population 15 years and over	116,354	53,855	62,499	131,584	59,973	71,611
Labour Force	74,887	38,908	35,979	84,733	44,213	40,520
Share of labour force		52%	48%		52%	48%

Sustainable Development

Maldives, due to its low lying topographical nature, is highly vulnerable to climate change and natural hazards. It was evident after the 2004 Asian Tsunami, the worst in the history of Maldives, just how severe the impact of a natural disaster is on Maldives. Maldives vulnerability is further intensified due to the country's heavy dependence on imported food items and fuel.

Access to safe drinking water is another area of major concern. An assessment conducted in 2005 by UNEP estimated that 75 percent of the population depended upon rain water collected in storage tanks for consumption (SOE 2011). Each year, several islands report drinking water shortages due to prolonged periods without rain fall and limited rain water harvesting. Between 2004 and 2010, each year on average, 81 islands reported drinking water shortages and over 3000 tons of water were provided amounting to MVR 2 million in costs (SOE 2011). Dialogue with the local communities who have experienced annual water shortages revealed that the communities are no longer able to predict rain patterns and are therefore unable to take appropriate measures – such as cleaning the tanks and the roof tops- to collect water in their domestic tanks. Other reasons cited included the financial constraints faced by the local councils to administer the cost of maintaining community water storage tanks.

As a result of human development, inadequate sewerage systems and poor agricultural and waste management practices, the ground water which was previously used for drinking is no longer suitable for consumption. According to the Ministry of Environment and Energy (MEE), 51 islands have desalination plants with capacity ranging from 10 tons/ day to 500 tons/ day.

Over the past twenty years, population growth, increased economic activity and changing consumer patterns have resulted in the production and culmination of large amount of solid waste in the country. Further, the widely dispersed nature of the population, high transportation costs and the large diseconomies of scale have all contributed to the situation of solid waste in the country. Waste from the Greater Male' Region and some nearby resorts are collected in K. Thilafushi, a landfill site few miles away from the capital, but the system is severely flawed and needs improvement. In

addition to the K. Thilafushi site, the only other functional waste management systems in the country are in S. Hithadhoo and Hdh. Kulhudhufushi. At the island level, basic waste management infrastructure and equipment are lacking and it is beyond the financial capacity of the islanders to transport their waste to the Greater Male' Region. A key recommendation in the 2011 State of the Environment Report is to ensure the management of solid waste to prevent impact on human health and environment through approaches that are both economically viable and locally appropriate.

Reducing dependency on imported fuels and moving towards a more sustainable method of energy generation is a challenge for the Maldives. More research on alternative energy sources such as wind and solar energy, and the transition towards such renewable sources are needed.

3.2 Population Growth and Structure

One of the biggest challenges facing the largest population group of the country - the youth population- is unemployment. The main reasons for being economically inactive varied from attending further studies to household responsibilities and from disabilities to health conditions. Empirical evidence also suggests a preference towards white collar jobs among youth and among parents. It is estimated that 40 percent of young women and 20 percent of young men are unemployed and an estimated 10.5 percent of the youth population are neither employed nor seeking further studies (MPND 2006).

Maldives is now experiencing a 'window of opportunity' with a large proportion of the population in the working age group (MPND 2006). Therefore, it is crucial to ensure that the current working age population is provided the necessary skills and vocational trainings to improve their productivity and efficiency. More jobs and employment opportunities need to be created especially in outer atolls.

It is also worth noting that the number of students who immediately join higher secondary education after the completion of Grade 10 is relatively low. Many of these students either do not have the academic capacity to proceed to higher grades while others are disadvantaged financially to pursue further studies. According to Law Number 14/2008 Employment Act, the minimum legal age to be employed is 18 and therefore the students who complete secondary education are required to wait two years before seeking employment. This two year gap between 16 and 18 years

marks a critical period in which young people are often misguided. During the Focus Group Discussions held in the atolls, some parents raised concerns about the importance of ensuring all young people (especially children between 16 and 18 years of age) are kept occupied through further studies, skills or vocational trainings, youth friendly services and recreational and sports programmes to keep them on a productive path.

The number of young people entering their reproductive years is on the rise. Special attention to ensure that these adolescents and youth are provided with sufficient knowledge about their anatomies, sexual and reproductive health, contraceptives and sexually transmitted diseases is needed. Information must also be provided on the risks of getting pregnant in young age and of unsafe abortion. Carefully targeted programmes using innovative and youth friendly tools such as social media and text messaging could be used to achieve this. Simultaneously, it is also essential to establish more comprehensive and confidential reproductive health services which are more accessible and affordable. Stakeholder consultations with various government and private service providers, health care workers and the results of the online survey for youth groups revealed the importance of providing easy, accessible and affordable contraceptive solutions to the entire population without any discrimination.

The use of drugs is widespread among Maldivian youth. According to the Maldives Police Services, the number of drug abuse cases reported increased from 195 cases in 2001 to 1,160 cases in 2010. The high level of drug usage coupled with the increase in commercial sex workers imposes great risks for HIV/AIDS and other STI and RTI. Therefore, special consideration must be given to identify these high risks groups and provide them with the necessary information, treatment and services.

The Maldives has witnessed proliferation of gangs and gang violence in recent years. Gang violence is not limited to urban areas but in rural islands as well. According to a recent study done by the Maldives Institute for Psychological Services, Training and Research (MIPSTAR) on Gangs in the Maldives, the growth in gangs is closely linked to the increase in political activity in the Maldives. Incidences of group assaults have increased from 260 cases in 2008 to 341 in 2009 with some of the assaults being fatal (MoFA 2010). Youth groups are especially vulnerable to gang violence and strong legal action needs to be taken against this serious issue. Discussions from the public consultations confirmed the community's concern about gang activities and increased gang related crimes. Parents who participated in these discussions expressed their apprehension on the impacts of gangs on their children. Participants cited the lack of relevant laws and regulations and weak judiciary and penitentiary as the major challenges and stressed the importance of strengthening law enforcement.

As per Maldivian culture and tradition, families look after their elderly members thereby enabling them to lead an active and independent lifestyle. However, alternative arrangements need to be made for those people who are without any support. Media reports on violence towards elderly has increased creating the need to offer more protection towards this group. As per the revised Pension Act, workers are obliged to retire at the age of 65 years. Arrangements to allow the elderly to work and thereby enabling them to maintain an active lifestyle and utilize their skills and abilities can be considered.

People living with disabilities have been sidelined in almost all development efforts. According to the 2006 Population and Household Census, Disability Prevalence Rates in the Maldives show 8.1 percent of the population has either temporary or permanent disabilities and 4.7 percent have more severe, permanent functional limitations. Provisions are made in terms of monetary assistance and assistive devices to those in the National Disability Register. However, limitations in access to education, public infrastructure and employment opportunities are significant. Parents looking after children with disabilities who took part in the focus group discussions in the atolls cited the lack of institutions, inadequate infrastructure and general unawareness among service providers and among family members as the key obstacles for children with disabilities to lead a normal life.

3.3 Urbanization, Internal Migration, International Migration and Development

Urbanization and Internal Migration

Male', being the capital city and the recipient of the majority of development efforts, has experienced rapid urbanization in the last twenty years. The concentration of central government offices, major economic industries, ports and tourist resorts within the Male' region has attracted the greater share of the migrant workforce to the Greater Male' Region.

Major differences exist between Male' and the atolls, in terms of infrastructure, employment opportunities, and access to quality social services. Access to quality of academic institutions and healthcare, in particular, remains relatively poor in the islands when compared to the capital. Further, lack of human resources and limitations in the capacity of existing service providers, including council offices, result in work being routed back to the central government.

There is also a need to strengthen regional development programmes with an emphasis on creating more employment opportunities to cater for the growing working age population. Attention must be given to diversify the economic base while simultaneously creating sustainable industries. Relevant policies on identifying industrial islands near regional growth centers should be strengthened. Establishment of training schools in regional level and supporting apprentice programmes is required to create a better skilled workforce. Focus should be given to ensure that young females enter the job market through creation of jobs within or close by to their residential islands.

The lack of data on internal migration obstructs any evidence based conclusions to be drawn on the relationship between regional development and internal migration. It is therefore necessary to conduct a study on internal migration in the near future.

International Migration and Development

Despite the high dependence on foreign workers and the large number of migrant workers in the country, the management of the migrant workforce has been disorganized. Overlapping mandates which are often shuffled between government organizations, lack of proper border control mechanism and absence of a solid data base system has hampered migrant workers management.

The existing Quota Allocation Policy and work permit issuing protocols needs to be revised to regulate migrant worker flow to the country. The existing data base and registration systems on migrant workers also need to be strengthened to include up-to-date data on migrant workers. Mechanisms must be established to either reintegrate or repatriate undocumented migrant workers.

A significant number of foreign workers are from Bangladesh and belong to unskilled labour category. Most of these workers are often exploited, in terms of lower wages, unsafe working conditions, inadequate housing and living arrangements and prolonged working hours without compensation. Although Law Number 14/2008 Employment Act sanctions equal employee rights, most workers are unaware of their rights. Further, the large pool of undocumented unskilled workers imposes greater chance of exploitation and human trafficking. Human rights violations are apparent among migrant workers and this has caused strain on diplomatic relations between Maldives and the sender countries. The Maldives have been listed three times as a Tier 2 Watch List Country in the US State Departments Trafficking in Persons Report (DoIE 2012).

The Maldives allows foreign workers to find alternate employment opportunities when employers do not require the migrant worker's services any longer or if the workers wish to seek better wages and benefits. However, large numbers are reported to be working outside the formal economy, usually as own account workers, and some are reported to be involved in activities of doubtful legality (DoIE 2012).

The open visa system of the Maldives established to cater for the large tourist arrivals attracts people trying to escape from governments or Interpol. The lack of capacity and low confidence of Immigration Officials in identifying persons traveling on forged documents is a challenge. It is anticipated that the new Border Control System and the installation of upgraded technological systems will facilitate the identification of offenders. However, appropriate training and knowledge transfer need to be carried out concurrently.

Between 2001 and 2010, 186 cases of HIV positive expatriates were identified in the Maldives (MoH 2011). The Immigration regulations are currently being revised to ensure that migrant workers satisfy health requirements before entering the country. Similarly, public awareness programmes are being conducted.

The Maldives also lacks up-to-date comprehensive laws on immigration management. The existing Immigration Act (Law Number 1/2007) was ratified by the Government in 2007 but the law is not comprehensive and contains many loop holes. The Immigration Act needs to be revised to align with the current situation of immigration and migrant workers. The Law needs to include clear protocols for quota allocation, work permit issuance, health regulations and legal actions to be taken against people who violate the law. Further, the bill on 'Anti Human Trafficking and People Smuggling' should be passed into law.

3.4 Family, well-being of individuals and societies

The introduction of various social protection schemes over the last few years has improved the lives of the citizens significantly thereby decreasing poverty levels and reducing their vulnerability. Through these initiatives, people were raised above the poverty lines and thereby their contributions towards the socio-economic development of the country have improved. However, the system needs further strengthening through careful planning, policy implementation and monitoring.

The social protection schemes provided to different beneficiaries are routinely checked once every three months through the local council offices. Instances have occurred where inaccurate

information are collected from the council level therefore disabling the NSPA to warrant social protection schemes to undeserving groups. For instance, it was noted that some couples get divorced in order to apply for the single parent allowance, only to remarry in another island once the allowance has been arranged. The absence of links between the NSPA and other Government bodies such as courts, hospitals/health centers and the Vital Registration System inhibits NSPA from ensuring that the right recipients benefit from these schemes. The need to create a solid biometric system and monitoring mechanisms is clearly evident. Limitations in the technical capacity of the employees in NSPA should also be addressed through increased training programmes and knowledge transfer from the international experience.

The absence of a Social Protection Act obstructs NSPA to take legal action against people who misuse or cheat the system. The drafted Social Protection Bill must therefore be prioritized and enacted by 2013.

Electricity subsidies are currently provided to all applicants, regardless of their income levels. Therefore, both the rich and the poor benefit from this scheme, resulting in unfair distribution of state protection. On the other hand, some of the most vulnerable population do not benefit from this scheme mainly due to limitations in the ability to apply for these services. Measures need to be put in place to ensure that the right beneficiaries are identified and benefitted from these programmes.

Although Law Number 14/2008 Employment Act limits working hours and sanctions paid maternity and paternity leave and time off work to breastfeed, these requirements are often disregarded by employers, especially in the private sector.

3.5 Reproductive Rights and Reproductive Health, Morbidity and Mortality

Information about reproductive health, HIV and STIs are available to everyone regardless of age, gender and marital status, however, access to reproductive health services are still limited to the married population. Furthermore, right to accessible, affordable and confidential reproductive health services are not always ensured. With regard to reproductive rights, men often control decisions regarding women's reproductive health, often based on religious and cultural grounds. There is a need to create more awareness on reproductive rights and reproductive health using innovative tools including social media and mobile text messages.

Despite the fact that access to antenatal care is available on all islands, pregnancies in atolls are often referred to more comprehensive obstetric care, often due to lack of facilities and resources. Therefore, it is crucial to invest in developing the capacity of island health workers and regional hospitals to attend to emergency cases without having to refer the patient. There is also need to strengthen neonatal care in the regional level to ensure quality medical services are provided for newborns.

Poor nutritional status and anemia is significantly high among pregnant women. Information about good nutrition and maintaining an active and healthy lifestyle during pregnancy must be advocated. Extra services including birth coaching classes and prenatal exercise classes may be incorporated into existing ANC services.

Unsafe abortions occur in the Maldives. It is one of the main causes of preventable maternal deaths in the country. The high numbers of unsafe abortions in the Maldives and the recent increase in infanticides are clear indications for the need of life skills programmes and reproductive health education. Access and utilization of contraceptives to avoid unwanted pregnancies must also be advocated to minimize these issues.

The prevalence of risk factors such as sharing needles to inject drugs, extra marital sexual activities, sexual activity among adolescents and youth and commercial sex workers could contribute to an increase in the incidence and prevalence of STIs and HIV/AIDS. It is therefore crucial to educate the population on the risks of STI's and HIV/AIDS through carefully designed behavioural change communication strategies. It is equally important to promote awareness on the availability of VCT services and contraceptives such as condoms in Male' and in regional level.

Reproductive health is often misinterpreted to include only female reproductive health issues and many remain unaware of male reproductive health issues. Likewise, family planning and use of contraception is largely considered a woman's responsibility. Male reproductive health issues such as infertility, erectile dysfunction and prostate cancer are often ignored. Information and access to male reproductive health services should therefore be strengthened in the years to come.

Non-communicable diseases such as breast cancer and cervical cancers are observed to be on the increase. Lack of early detection systems, lack of awareness and absence of treatment facilities within the country poses great challenges. It is thereby essential to conduct more awareness programmes and provide early detection mechanisms within the country.

3.6 Gender equality, equity and the empowerment of women

Despite impressive advancements in all development areas, the progress towards achieving gender equality and equity and the empowerment of women have not been the same.

Even though, the Maldivian Constitution guarantees equal rights and freedom for all Maldivians without any discrimination, prevailing traditions and socio-cultural norms have limited women's participation in the workforce and in the community. The increasing level of religious fundamentalism and conservative thinking has worsened the situation.

Women continue to be stereotyped and underrepresented in decision making levels. Only 5 out of 77 current parliament members are female (6.9 percent) while there are only 3 female cabinet ministers as opposed to 13 male ministers. Women also account for 28 percent of State Ministers and 8.9 percent of Deputy Ministers (President's Office website 2012).

In the Civil Service, over 52 percent of the total employees are female but the majority belongs to junior employment categories. Women are mostly represented in stereotypical roles such as education (72 percent), health (68 percent), manufacturing (65 percent) and agriculture (64 percent) (MDG Maldives Country Report 2010). Women are significantly less in sectors such as engineering, construction and the armed forces. One reason which may contribute to this low level of representation of women in senior levels may be the high domestic burden on females in the Maldives. The Maldives has one of the highest rates of Female Household Heads in the world with 47 percent of the households in the Republic headed by a woman. This high rate can be associated with the high divorce rate and the large number of males who work outside their resident island, usually in resorts or elsewhere. Special affirmative actions are needed to create more employment and livelihood opportunities for women and to increase the number of women in public and political life.

Table 10: Number of Males and Females in senior government positions and Parliament as at October 2012 (Source: President Office Website)

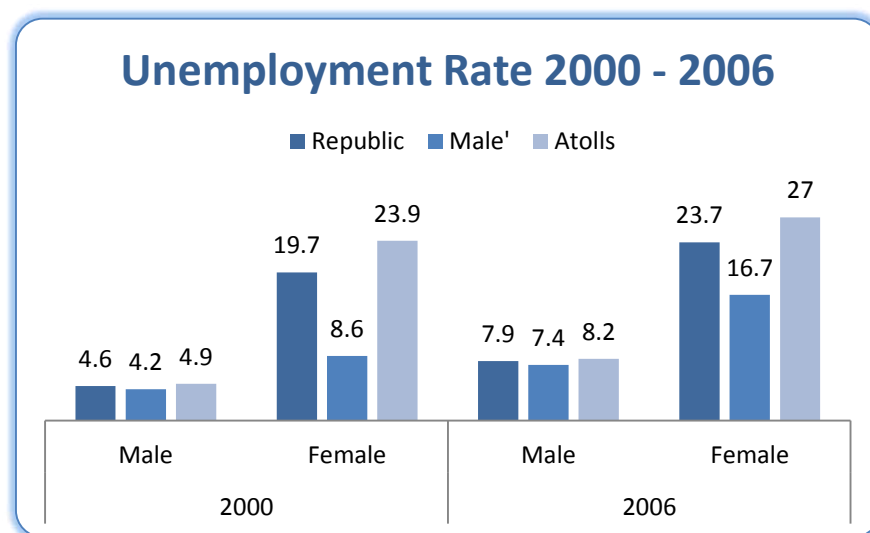
Sex	Parliament	Ministers	State Ministers	Deputy Ministers	Ambassadors
Male	72	13	25	45	10
Females	5	3	7	4	2
% of Females	6.9	23	28	8.88	16.6

Although the female labour force participation rate increased from 19 percent to 32 percent between 2000 and 2006, female unemployment rate still remains very high and this is more profound in the atolls (Figure 4). Female unemployment rate has increased from 19.7 percent to 23.7 percent between 2000 and 2006. Of those employed and economically active females, majority are represented in the crafts and related trade industry with 31 percent (2006 Census Analytical Report).

The number of women continuing their studies beyond secondary education is low compared to men. Limited access to educational institutions in island level, domestic responsibilities and hesitance to allow females to study in another island are all reasons behind this issue.

Domestic Violence or Violence against Women is another area of major concern for Maldives. The Women's and Health and Life Experiences Study (WHLE, MGF 2007) show that one out of three females aged between 15-49 years has experienced some form of violence within their lifetime. Further, 12 percent of women reported having experienced sexual abuse before their 15th birthday. Most of the time, the perpetrators are a close family member or intimate partner and the incidence goes unreported and undocumented. Domestic violence is still perceived as a private matter and therefore appropriate and timely support is not provided for the victims.

Figure 4: Unemployment Rate 2000 – 2006 (Source: Maldives Population and Household Census Analytical Report 2006, MPND)



The sudden growth of religious fundamentalism and conservative thinking is an emerging challenge, particularly for women and young girls. There have been increase towards certain trends

such as preference for home schooling and refusing vaccination and other medical services for women based on religious beliefs (MoFA 2010).

3.7 Education and Development

Much of the education development efforts of the government during the past twenty years were targeted at the creation of educational facilities, curriculum development and ensuring that universal primary education is sustained.

Although these efforts have proven to be successful, the quality of education remains poor in the country, mainly due to the limited availability of trained teachers. One out of four local teachers is untrained thus increasing the dependency on expatriate teachers (DNP 2010). FGDs with teachers and school management staff identified the low admission requirements for teacher training institutions as one of the main factors contributing towards low standard of teachers and subsequently low quality education. The participants in the FGDs stated that the admission requirements of teacher training institutions should be standardized so that the quality is maintained. They further stated the importance of conducting regular refresher courses and performance evaluations to sustain or improve the quality of existing teachers.

Due to limited number of students and teacher capacity, all secondary schools do not offer all academic subjects. Most islands with low student populations often employ a 'combined stream' method where a mix of selected subjects is taught. Preference towards certain subjects such as business subjects have imposed the risk of certain subject areas like tourism studies and arts to be neglected. The standard of English among students in the islands' schools is poor and the practice of automatic promotion has resulted in a mismatch between the students learning capacity and the grade level the student is in.

Further, the entire education system is very much exams-oriented resulting in high competition among schools to compete with each other in attaining better results and pass rates. The quality of the students who therefore complete their education is low. Priority should be given to incorporate non-academic subjects to the schools which would build the students skills and abilities thereby ensuring the demands of the labour market are met.

Children with disabilities are usually sidelined from the education system mainly due to limited facilities and academic programmes supporting children with disabilities. Teachers lack the

necessary training for early detection and to include children with learning or other disabilities with normal children.

3.8 Partnerships and resources

The role of civil society in the development efforts have increased significantly. According to a study on the Maldivian Civil Society (UNDP 2011), majority of the NGOs in the Maldives are involved in sports, music, arts and leisure activities. A significant percentage of NGOs work in areas of social development, employment training, employment generation and education. Major challenges faced by the NGOs are related to limitations in financial and technical capacity. The participation and contribution of the civil society in the country's development efforts needs to be strengthened through increased resource allocation, empowerment and coordination between the NGOs and government agencies.

Table 11: NGOs in Maldives – area of work, number of organization and percentage representation (Source: UNDP 2011)

	Area of Work	Total (N=587)	Percentage
1	Sports, Music, Arts, Leisure	317	54%
2	Social Development, Volunteerism, Service, and Peace building	265	45.1%
3	Economic and Business development; Employment and Income Generation	151	25.7 %
4	Education, Training and Learning Improvement	132	22.5 %
5	(Sustainable) Development	127	21.6 %
6	Empowerment of Vulnerable Groups	127	21.6 %
7	Environment Protection, Climate Change Response, and Wildlife Protection	114	19.4 %
8	Healthcare and Healthy Lifestyle Promotion	114	19.4 %
9	Profession, Sector and Industry promotion	109	18.6 %
10	Building People's Skills, Character, Capacity and Conduct	92	15.7 %

11	Religiosity and Religion	87	14.8 %
12	Prevention of Drug Use and Drug Trade	52	8.9 %
13	Welfare to Deprived Groups or Individuals	47	8.0 %
14	Human Rights	41	7.0 %
15	Equity, Social Justice and Inclusion	35	6.0 %
16	Safe and Protective Environment	31	5.3 %
17	Infrastructure Development	30	5.1 %
18	Disaster and Emergencies Response	16	2.7 %
19	Wellbeing and Quality of Life Improvement	6	1.0 %

4.0 Progress towards achieving the Millennium Development Goals

The Millennium Development Goals (MDGs) adopted at the Millennium Summit held in 2000, represents global commitment towards alleviating poverty and to improve lives by responding to the world's main development issues. Eight goals were identified to be achieved by the year 2015, and these goals reflected the commitments made in similar summits conducted during the 1990's, including the goals in the PoA adopted at the ICPD.

Maldives is the only MDG+ country in South Asia with five out of eight goals fully achieved ahead of schedule. Table 11 shows the progress made towards achieving the MDGs in the local context.

Table 12: Progress on the MDG's (Source: HIES 2009- 2010)

Goals and Targets	Indicators/Maldives Status
Goal 1 – Eradicate Extreme Poverty and Hunger	STATUS : Fully achieved
Target 1A- Halve, between 1990 and 2015, the proportion of people whose income is less than USD 1 a day	<ul style="list-style-type: none"> Proportion of population living below \$1 per day is 1% according to the 2004 Vulnerability and Poverty Assessment.
Target 1B – Achieve full and productive employment and decent work for all including women and young people	<ul style="list-style-type: none"> Poverty gap ratio (MVR 15 per day) stood at 6% in 2004.
Target 1C - Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<ul style="list-style-type: none"> Share of the poorest quintile in national consumption was 6% in 2004. Prevalence of underweight children under 5 years is at 31% in 2004.

Goal 2 – Achieve universal primary education	STATUS : Fully achieved
Target 2A – Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education	<ul style="list-style-type: none"> • Net enrolment ratio for primary level education is at 95.5% in 2010 • Proportion of pupils who start Grade 1 and complete primary level is 92% in 2010 • Literacy rates for 15-24 year old women and men are 99.3% (2010) •
Goal 3 – Promote gender equality and empower women	STATUS : On track
Target 3A – Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<ul style="list-style-type: none"> • Gender parity at primary level achieved with net enrolment rate of 95.3% for males and 95.8% for females in 2010. • Net enrolment rate in lower secondary level is higher for females with NER of 86.5% for females and 81.0% for males. • Net enrolment rate in higher secondary level is higher for males with NER of 18.4% for females and 16.4% for females. • In 2006, 37% of the labour force consisted of females (an increase from the 20% in 1990). • Women in the Parliament in 1990 were 4% and this figure increased to 6.5% in 2012.
Goal 4 – Reduce child mortality	STATUS : Fully achieved
Target 4A – Reduce by two thirds, between 1990 and 2015, the Under-5 Mortality Ratio	<ul style="list-style-type: none"> • Under – five mortality rate reduced from 48 per 1,000 live births in 1990 to 13 per 1,000 live births in 2010 • Infant mortality rate reduced from 34 per 1,000 live births in 1990 to 11 per 1,000 live births in 2010. • Vaccination rates sustained with 98% of children immunized against measles in 2009.
Goal 5 – Improve maternal health	STATUS : Fully achieved
<p>Target 5A – Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Rate</p> <p>Target 5B – Achieve, by 2015, universal access to reproductive health</p>	<ul style="list-style-type: none"> • Maternal Mortality Rate reduced from 143 per 1,000 live births in 2001 to 46 per 1,000 live births in 2007. • ANC available in all islands and obstetric care available in all atoll hospitals • Skilled Birth Attendance Rate was 94.80% in 2009

Goal 6 – Combat HIV/AIDS, malaria and other diseases	STATUS : Fully achieved
<p>Target 6A – Have halted, by 2015, and begun to reverse the spread of HIV/AIDS</p> <p>Target 6B – Achieve, by 2010, universal access to treatment for HIV/AIDS for all who need it</p> <p>Target 6C – Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases</p>	<ul style="list-style-type: none"> • Maldives has sustained HIV prevalence rate at 0.01 percent. • Up to date, 14 Maldivians have been reported to develop HIV/AIDS since screening began in 1991. • Prevalence of Malaria and TB is very low.
Goal 7 – Ensure Environmental Sustainability	STATUS : On track
<p>Target 7A – Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p> <p>Target 7B – Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</p> <p>Target 7C – Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</p>	<ul style="list-style-type: none"> • Achievements made in terms of environmental sustainability however many challenges remain. • The amount of household which used firewood for cooking purposes reduced from 79% in 1990 to 13.6% in 2006 • Access to improved water sources has increased tremendously when rain water was taken as an improved water source but was low when rain water was excluded • Two thirds of the population still does not have access to improved water source facilities • As of June 2010, 198 people displaced by the tsunami lived in temporary shelters

With the above achievements, the Maldives is poised to achieve the MDGs by 2015, but challenges remain in terms of sustaining the progress made and in delivering the MDGs in an equitable manner to all population groups.

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Annexure

1. Methodology

i. Review of Key Documents and Relevant Literature

For the purpose of this review, the following documents were assessed.

Reports

- National Report for the International Conference on Population and Development – Republic of Maldives
- ICPD+10 and Beyond: Progress, Achievements and Challenges in the Maldives 1994-2004
- ICPD+15 and Beyond: Progress, Achievements and Challenges in the Maldives 1994-2009
- Maldives Population and Household Census Analytical Report 2006
- Statistical Yearbook of the Maldives 2011
- Household Income and Expenditure Survey 2009-2010
- Millennium Development Goals Maldives Country Report 2010
- Vulnerability and Poverty Assessment (1997 and 2004)
- State of the Environment 2011
- Maldives Demographic Health Survey 2009
- Rapid Situation of Gangs in Male' 2012
- Baseline Assessment on Activities Addressing Rights of Persons with Disabilities 2010
- Rapid Assessment of the employment situation in the Maldives 2009
- Summary Report: Comprehensive Study of the Maldivian Civil Society 2011
- National Population Policy 2004 (Working Draft)
- Summary Report on Women in Public Life in the Maldives 2010

Laws

- Law Number 9/1999 Law on Protection of the Rights of the Child
- Law Number 4/2000 Family Act
- Law Number 1/2007 Maldives Immigration Act
- Law Number 14/2008 Employment Act
- Law Number 8/2009 Pension Act
- Law Number 7/2010 Decentralization of the Administrative Divisions of the Maldives
- Law Number 15/2011 National Health Insurance Act
- Law Number 3/2012 Domestic Violence Act

ii. Global survey questionnaire

Data for the operational review was collected mainly through the Global Survey Questionnaire developed by the ICPD Beyond 2014 Secretariat of the United Nations in consultation with civil society, governments and technical experts from all over the world. The Global Survey

Questionnaire served as the main tool to collect comprehensive data against a number of key indicators on different ICPD thematic areas.

During the primary phase of the review, the Global Survey Questionnaire was thoroughly analyzed to identify the relevant sectors and key stakeholders. Stakeholders were asked to complete the section of the questionnaire relevant to their respective areas within a given time period. A copy of the interviewer's guide was also provided. Completed questionnaires were collected and cross checked through other sources and incomplete or inconsistent areas were identified to be clarified further.

iii. Stakeholder meetings and in-depth interviews

Stakeholder meetings were conducted with senior officials from the relevant government ministries, independent institutions and NGO's. All meetings followed a similar pattern, namely, (i) providing a brief introduction about ICPD Beyond 2014 Maldives Operational Review (ii) outlining the relevant section of the global survey questionnaire to that particular stakeholder (iii) identification of a focal point from the stakeholder organization to provide assistance in completing the questionnaire.

No. of Government stakeholders interviewed	11 interviews
No. of CSO's interviewed	2 interviews
No. of independent institutions interviewed	1 interview
No. of key figures interviewed	5 interviews
Total number of interviews	19 interviews

In addition to the stakeholder meetings, in-depth interviews were also conducted with key figures from the Maldivian community. In this regard, a current member of the Parliament and four ex-cabinet ministers were interviewed. Additional interviews were conducted with members of Maldivian civil society, the Director of the Department of Social Services in S. Maradhoo, youth groups and members of the general public.

iv. Focus Group Discussions in Atolls

Focus Group Discussions (FGDs) were held in Addu City, Gn. Fuvahmulah and in Haa Dhaal Atoll. Islands were selected on the basis of their geographical location, population size and proximity of resorts.

A total of thirteen islands were covered over a period of three weeks from 14th September to 29th September 2012. These islands are Hdh. Kulhudhufushi, Hdh. Kurinbee, Hdh. Neykurendhoo, Hdh. Nolvivaram, Hdh. Nolvivaramfaru, Gn. Fuvahmulah, S. Hithadhoo, S. Maradhoo and S. Maradhoo-Feydhoo.

Focus Group Discussions included participants from health sector, education sector, governance, youth groups, civil society, women's development workers, councils and members of the general public. These meetings were conducted at island council offices, schools and in parks. The resource team asked open ended questions and guided the discussion along ICPD issues.

In addition to the Focus Group Discussions, interviews were also conducted with members of the community. These members included migrants, vulnerable people including single mothers, elderly and youth.

v. Meeting with youth groups and use of social media

The opinion of youth groups were collected throughout the process through written surveys, online polls and the use of social media. Information collected was profiled and grouped before analyzed.

vi. Workshop for the civil society

A half day workshop for the Maldivian civil society was conducted to get the participation of local Non-Governmental Organizations (NGO) in the review process.

During the workshop, the participants, a mix between local NGO representatives and stakeholder institutions, were divided into five groups each representing a different ICPD theme. The groups were asked to complete a questionnaire and give a presentation about the progress, challenges faced and recommendations for the future.

vii. Data Analysis

The data collected at various stages was organized into thematic areas. Quantitative data derived from existing data bases and reports was used to determine the progress made towards certain indicators. The qualitative data derived from meetings, workshops, focus group discussions and interviews was classified and analyzed to fill out the questionnaire and prepare the country report.

List of officials consulted from line ministries

MINISTRIES	NAME OF PARTICIPANT
Ministry of Education	<ul style="list-style-type: none"> Hon. Dr. Asim Ahmed, Minister of Education Ms. Fathmath Azza, Director General
Ministry of Foreign Affairs	<ul style="list-style-type: none"> Hon. Dunya Maumoon, State Minister for Foreign Affairs Ms. Rishfa Rasheed, Assistant Director
Ministry of Human Resources, Youth and Sports	<ul style="list-style-type: none"> Mr. Abdulla Rifau, Deputy Minister of Human Resources, Youth and Sports Ms. Aminath Lugma, Assistant Director Ms. Mariyam Zoon, Deputy Director
Ministry of Environment and Energy	<ul style="list-style-type: none"> Mr. Hassan Azhar, Environment Analyst Mr. Mohamed Zahir, Director General Mr. Ahmed Ali, Energy Authority
Ministry of Tourism, Arts and Culture	<ul style="list-style-type: none"> Hon. Mariyam Mizna Shareef, State Minister for Tourism, Arts and Culture Mr. Moosa Zameer Hassan, Deputy Director General
Ministry of Health	<ul style="list-style-type: none"> Ms. Sharafiyya Jameel, Assistant Director Dr. Sheeza Ali, Director General of Health Services Ms. Aishath Saamiya, Director, Policy Planning Division Ms. Nazeera Najeeb, Mr. Abdul Hameed, Senior Public Health Programme Officer
Ministry of Housing and Infrastructure	<ul style="list-style-type: none"> Mr. Zuhurulla Siyaad, Director
Ministry of Gender, Family and Human Resources	<ul style="list-style-type: none"> Mr. Hussain Rasheed, Permanent Secretary Ms. Mariyam Sidhmeen, Director Ms. Aminath Shirani Naeem, Senior Social Development Officer
Ministry of Finance and Treasury	<ul style="list-style-type: none"> Mr. Mohamed Imad, Assistant Executive Director Ms. Aishath Shahuda, Deputy Executive Director
Human Rights Commission of the Maldives	<ul style="list-style-type: none"> Ms. Mariyam Azra, President Mr. Ahmed Tholal, Commission Member
Department of Immigration and Emigration	<ul style="list-style-type: none"> Mr. Mohamed Shifan, Senior Immigration Officer
Reproductive Health Center (Indira Gandhi Memorial Hospital)	<ul style="list-style-type: none"> Ms. Fathmath Fileeshiya, Nurse in charge
National Social Protection Agency	<ul style="list-style-type: none"> Ms. Aminath Shazna Abdul Majid, Administrative Officer

CONSULTATIONS WITH KEY FIGURES FROM COMMUNITY	
NAME	TITLE
Hon. Hamdun Hameed	Current Member of Parliament Former Minister of Planning and National Development
Hon. Aneesa Ahmed	Former Minister of Gender and Family Former Minister of Health Former Member of Parliament
Hon. Ibrahim Hussain Zaki	Former Minister of Planning and National Development
Dr. Mausooma Kamaaludheen	Former staff of Society for Health Education

Focus Group Discussions

GN. FUVAHMULAH (16.09.2012)

Venue: Council Office Meeting Room

1. Ahmed Wafir Hassan, Maadandu Council Member
2. Mohamed Shabath, Funaadu Corporate Society
3. Anwar Ibrahim, Hoadhandu representative
4. Hassan Hussein, Hoadhandu representative
5. Saufoon Waheed Mohamed, Dhiguvaandu Council Office member
6. Ahmed Shafaaz Shareef, Youth representative
7. Ali Maseeh, Youth representative

GN. FUVAHMULAH (16.09.2012) – Meeting with women

Venue: Council Office Meeting Room

1. Aishath Ali, Maadhadu Womens Development Committee
2. Nazima Ahmed, Maadhadu Womens Development Committee
3. Aishath Ali, Malegamu Womens Development Committee
4. Hawwa Thahira, Hoadhadu Womens Development Committee
5. Abdulla Ali Didi, Hoadhadu Endherimaage
6. Mohamed Shabath, Funaadu Kudafareege
7. Hussein Mohamed, Maadhandu Vaadhaage
8. Zahura Moosa, Miskiy Magu Dhenaadu WDC
9. Aishath Nafeesa, Dhandimagu, Futtaru, WDC

S. HITHADHOO (17.09.2012) – Meeting with Sharafuddheen School Staff

Venue: Sharafudeen School

1. Zeenath Naseer, English Teacher
2. Sabahath, Cadet Instructor
3. Fathimath Fahumy, English Teacher
4. Aishath Nadhiya, Economics Teacher
5. Naseema Anees, Librarian
6. Ibrahim Saudh, Paruvaanaage, S. Hithadhoo
7. Ibrahim Kalo, Omnee, S. Hithadhoo
8. Hassan Zareer, Deputy Principal, Lonufen, S. Maradhoo

S. HITHADHOO (17.09.2012) – Meeting with parents

Venue: Sharafudeen School

1. Fathimath Ali
2. Aminath Shahida
3. Aishath Shimla
4. Mariyam Laila
5. Fathimath Rizna
6. Mariyam Hassan
7. Fathimath Fauziyya
8. Mariyam Ameena
9. Fathimath Ahmed
10. Aminath Ahmed Didi
11. Nafeesa Ibrahim
12. Aishath Ibrahim

S. HITHADHOO (18.09.2012)

Venue: Maradhoo Department of Social Services

1. Sharafudeen Saeed, Board Member

HDH. NEYKURENDHOO (21.09.2012)

Venue: Neykurendhoo Council

1. Adam Nazim, Neykurendhoo Council
2. Abdulla Muaz, Neykurendhoo Council
3. Abdulla Niyaz, Neykurendhoo Council Idhaaraa
4. Mohamed Naseeh, Neykurendhoo Council Idhaaraa
5. Mohamed Siraj, Neykurendhoo School
6. Mohamed Ali, Resident
7. Fathmath Seema, Public Health Unit
8. Mohamed Zahir, Neykurendhoo Council
9. Mohamed Shizan, Neykurendhoo Health Center, Association for Neykurendhoo Development

HDH. NOLHIVARAMFARU (22.09.2012)

Venue: Nolvivaramfaru Council

1. Hussain Habeeb, Nolvivaramfaru Youth Development
2. Fathmath Rahma, Nolvivaramfaru Council Idhaaraa
3. Ibrahim Ali, Nolvivaramfaru Council Idhaaraa
4. Ibrahim Imthiyaz, Nolvivaramfaru Youth Development
5. Adunan Ali, Nolvivaramfaru School
6. Ali Mohamed, Resident
7. Hussain Abdulla, Resident
8. Mohamed Saleem, Nolvivaramfaru Council
9. Ibrahim, Nolvivaramfaru Council Idhaaraa
10. Hussain Abdulla, Nolvivaramfaru School
11. Hussain Abdulla, Nolvivaramfaru Council Idhaaraa

HDH. KULHUDHUFUSHI (22.09.2012)

Venue: Kulhudhufushi Regional Development Office

1. Sama Mohamed, Irumathee Ward Preschool
2. Aishath Mohamed, Ameeru Ameen School
3. Hussain Ali, Irumathee Ward Preschool
4. Mohamed Zuhair, HDH. AEC School Board
5. Aiminath Gasim, HDH. AEC PTA
6. Moonisa Hassan, HDH. AEC
7. Hafeeza Abdul Rahman, HDH. AEC
8. Abdul Hameed Ali, HDH. AEC
9. Abdul Rasheed Saeed, Hdh. T.R.C
10. Abdulla Adam, Jalaaludheen School
11. Mohamed Riyaz, Jalaaludheen School
12. Hussain Ali, Jalaaludheen School
13. Aiminath Abdurahman, Irumathee Ward Preschool
14. Niumaa Mohamed, Ameer Ameen School
15. Shahula Abubakuru, Ameeru Ameen School
16. Naila Ibrahim, Irumathee Ward Preschool
17. Hashima Ahmed, Irumathee Ward Preschool

HDH. KULHUDHUFUSHI (21.09.2012)

Venue: Kulhudhufushi Regional Development Office

1. Abdul Raheem Ali, Kulhudhufushi Port Limited
2. Abdul Sattar Ibrahim, Upper North Utilities Limited
3. Moosa Adam, Upper North Utilities Limited
4. Saeed Ibrahim. Upper North Utilities Limited
5. Abdul Gafoor Mohamed, Kulhudufushi Regional Hospital
6. Shimla Abdul Rahman, Kulhudufushi Regional Hospital
7. Khadeeja Ali, Kulhudufushi Regional Hospital
8. Shahuma Yoosuf, Kulhudufushi Regional Hospital
9. Khadeeja Hassan, Kulhudufushi Regional Hospital
10. Mohamed Moosa, Upper North Utilities Limited
11. Mohamed Hassan, Kulhudufushi Regional Hospital

HDH. NOLHIVARAM (22.09.2012)

Venue: Nolvivaram Council Office

1. Shafiu Mohamed, Council Idhaaraa
2. Abdulla As'ad, Council Idhaaraa
3. Yoosuf Moosa, Council Idhaaraa
4. Ahmed Guraish, Association for Needs and Deeds
5. Abdulla Mufeed, Nolvivaram School
6. Abdul Raheem Hussain, Resident
7. Abdul Raheem Mohamed, Resident
8. Ahmed Sinaz, Club Huvaas
9. Mohamed Ziyad, Council Member

HDH. KURINBEE (21.09.2012)

Venue: Kurinbee Council Office

1. Abdulla Aslam, Council Idhaaraa
2. Ali Ziyad Ahmed, Council Idhaaraa
3. Hassan Hussain, Resident
4. Abdul Razzaq Mohamed, Hdh. Kurinbee School
5. Mohamed Imran, Hdh. Kurinbee School
6. Mohamed Salah, Hdh. Kurinbee School
7. Mariyam Yasma, Kurinbee Health Center
8. Saara Hassan, Resident
9. Fathmath Julia, Resident
10. Sareefa Adam, Resident, widow
11. Mohamed Afrah, Council Idhara (President)

12. Khalid Mohamed, Resident
13. Hussain Sujau, Kurimagu NGO President
14. Ahmed Abdulla, Resident
15. Ali Fayaz, Council Idhaaraa
16. Mohamed Shiyah, Council Idhaaraa (Vice President)

List of participants in the workshop for Maldivian Civil Society

	ORGANIZATION	NAME	TITLE
1	DNP	Fathmath Shafeega	Deputy Director General
2	DNP	Fazeela Yoosuf	Snr. Project Officer
5	MoE	Fathmath Azza	Director General
6	MoE	Waleedha Mohamed	Education Development Officer
8	CCHDC	Abdul Hameed Hassan	Snr. Public Health Programme Officer
9	MHRYS	Aminath Lugma	Assistant Director
10	MHRYS	Mariyam Zoon	Deputy Director
11	MHRYS	Hassan Shareef	Assistant Director
14	SHE	Azzam Ibrahim	Programme Assistant
15	CDC	Aishath Sufana	Asst. CBR Manager
16	MYCN	Aisha Niyaz	Co-founder
17	Democracy Network	Khadeeja Hamid	Project Coordinator
19	VIBE	Fathimath Waheeda	Executive Director
20	Hope for Women	Raashida Yoosuf	Vice Chair
21	MANFA	Razeena Thuthu Didi	
22	ARC	Shafeenaz Abdul Sattar	Director
24	MPS	Hassan Shifau	Inspector of Police
25	Maldives Girl Guide Association	Razeena Thuthu Didi	Chief Commissioner
26	NSPA	Nasheeda Abdul Samad	Admin Officer
27	MoED	Ahmed Rassam	Administrative Officer
30	Democracy House	Ibrahim Nawaf	Co-founder, Dhi Youth Movement
31	Dhivehi Youth Movement	Ahmed Shaam	Project Coordinator (Parliament Watch)
32	Naifaru Juvenile	Shamsunnisa Hussain	Youth Volunteer
33	Human Rights Commission of Maldives	Ahmed Anwar	Monitoring Officer
34	Huvadhoo Aid	Ahmed Ameer	Asst. Executive Director