



Reducing Infant and Child Mortality



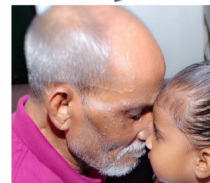
Achieving Gender parity in Education



Improving Sexual and Reproductive health outcomes



Increasing Labour Force participation



Increasing Life expectancy and promoting healthy ageing

Population and Development in Maldives 2019

ICPD 25+



Ensuring rights and choices for all since 1969



NATIONAL BUREAU OF STATISTICS
Ministry of National Planning & Infrastructure
Male', Republic of Maldives



This report presents 5 years of (2013 -2018) progress made by Maldives in the area of Population and Development. It is prepared in the collaboration with relevant stakeholders to reflect the progress made on Programme of Action(PoA) on International Conference on Population Development (ICPD25+).

This report is being compiled to be presented at the ICPD25+ Conference to be held in November 2019. This is a report in compilation and should be regarded as a working document. NBS, together with relevant sector will work towards completing the report in the coming months. Final report will be present at the ICPD25+ Conference.

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Population & Development in Maldives 2019

International Conference on Population and Development
(ICPD) 25+



National Bureau of Statistics
Ministry of National Planning & Infrastructure



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ICPD25
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Population and Development

Acknowledgement

This report presents the progress made by Maldives in Population and Development since 2013 and as a tool for reporting on Maldives progress towards ICDP implementation. This report has been prepared in partnership and collaboration between the relevant stakeholders. The National Bureau of Statistics (NBS) is grateful to the agencies for their contribution and support in completing this report.

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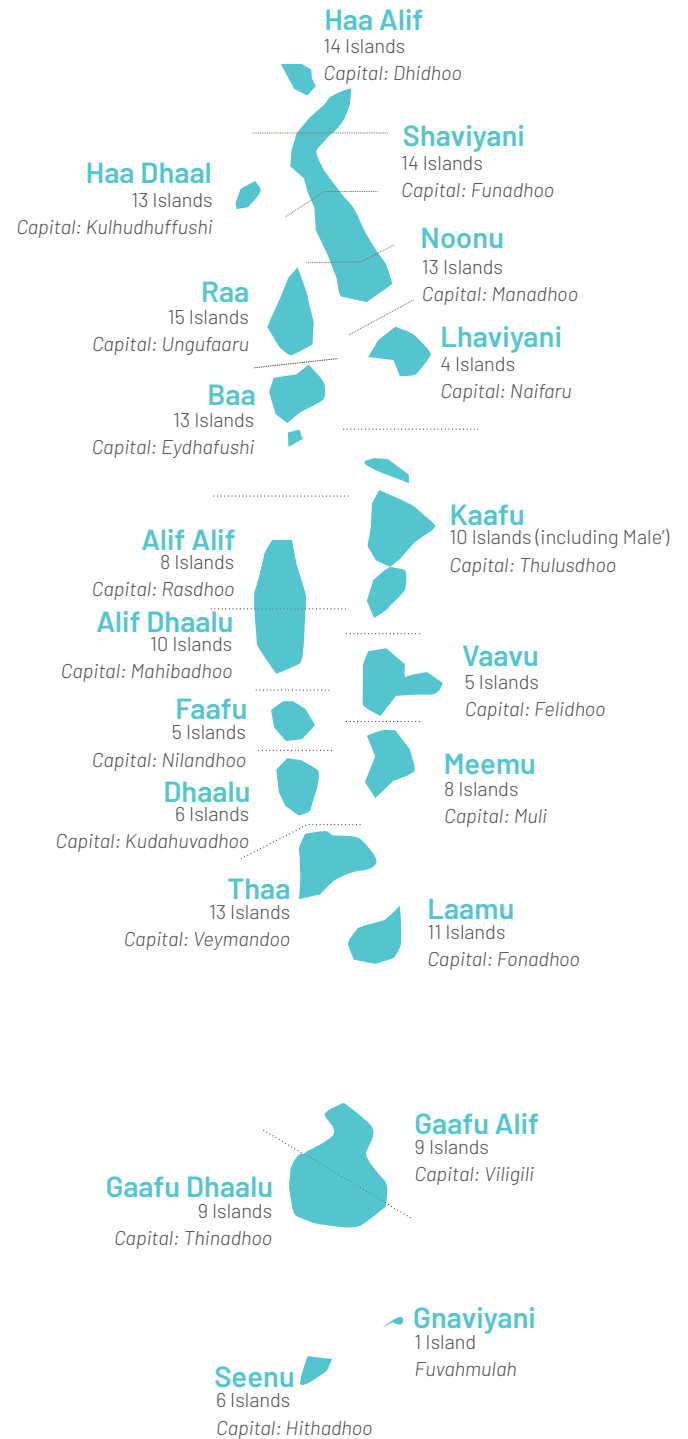
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Acronyms and Abbreviations

ANC	Antenatal care	LFS	Labour Force Survey
APMD	Asian and Pacific Ministerial Declaration on	LGA	Local Government Authority
ARI	Acute Respiratory Infections	MCCPF	Climate Change Policy Framework
CBDRM	Community Based Disaster Risk Management	MDG	Millennium Development Goals
CDR	Crude Death Rate	MEDEP	Mariculture Enterprise Development Project
CMDA	Capital Market Development Authority	MMR	Maternal Mortality Ratio
CSC	Civil Service Commission	MMS	Maldives Meteorological Services
CSGs	Community Social Groups	MoH	Ministry of Health
DM	Disaster Management	MTCC	Maldives Transport and Contracting Company
DHIS	Demographic Health Information System		
DHS	Demographic Health Survey	NBS	National Bureau of Statistics
DNR	Department of National Registration	NCD	Non Communicable Diseases
		NCIT	National Centre for Information Technology
EDGE	Evidence and Data for Gender Equality	NDMP	National Disaster Management Plan
EFA	Education For All	NEOP	National Emergency Operations Plan
EMoC	Emergency Obstetric Care	NGOs	Non- Governmental Organisations
FCSC	Family and Children's Service Centres	NHA	National Health Accounts
		HIES	Household Income and Expenditure Survey
GDP	Gross Domestic Production	NDMC	National Disaster Management Centre
GEL	Gender Equality Law	NMR	Neonatal Mortality Rate
GEP	Gender Equality Policy	NRHS	National Reproductive Health Strategy
GIS	Geographic Information System	NSCC	National Statistics Coordination Committee
GoM	Government of Maldives	NSPA	National Social Protection Agency
GRB	Gender Responsive Budgeting	NSS	National Statistical System
HRH	Human Resources for Health	PoA	Plan of Action
IGMH	Indhira Gandhi Memorial Hospital		
IMR	Infant Mortality Rate		
IOM	International Organisation for Migration		

PWDs	Persons with Disabilities
QAD	Quality Assurance Department
SDG	Sustainable Development Goal
SEEA	System of Environmental-Economic Accounts
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
SRM	Statistical Regulation of Maldives
STO	State Trading Organisation
TAP	Tourism Adaptation Project
TFR	Total Fertility Rate
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
VRS	Vital Registration Statistics
VNR	Voluntary National Reporting for SDG
WHO	World Health Organisation

Map of Maldives



1.1 Introduction

The International Conference on Population and Development (ICPD) held in 1994 brought an impact towards integrating human rights, sexual and reproductive health, gender equality and sustainable development into issues of population and development.

The ICPD was the largest intergovernmental conference on population and development ever held. The Programme of Action (PoA), adopted at this conference emphasized the integral linkages between population and development and focuses on meeting the needs of individual women and men, rather than on achieving demographic targets.

Maldives have conducted reviews on ICPD progress in 1999, 2004, 2009 and 2014 to track the status of implementation. The last report 'ICPD Beyond 2014' presents the operational review status upto 2014.

This report presents the progress Maldives has made in ICPD implementation since 2013. The report compilation initially started as 'Maldives mid-term review report for Sixth Asian and Population Conference' held from 16 to 20 September 2013.

The Sixth Asian and Population Conference adopted the Asian and Pacific Ministerial Declaration on Population and Development (APMD), which provides a comprehensive view of and response to population and development challenges and opportunities. The

report highlights 11 thematic areas whereby countries are expected to achieve progress. This includes poverty eradication and employment, health, sexual and reproductive health, services and rights, education, gender equality and women's empowerment, adolescents and young people, ageing, international migration, urbanization and internal migration, population and sustainable development and data and statistics. In addition to these areas, Maldives have also included key sectors relevant to development such as disaster, disability, etc.

The APMD includes specific recommendations to follow-up on the outcomes which includes regular monitoring and evaluation on the progress towards implementation of the APMD and ICPD. This includes a regional-intergovernmental mid-term review meeting.

The 'Population and Development in Maldives 2019: ICPD 25+' provides a brief assessment of the progress made by the Maldives in achieving the APMD and PoA. As such, this report is based on the template shared with relevant authorities on the implementation and progress relevant to the sectors in line with the achievement of the Sustainable Development Goals (SDG).

The 'Population and Development in Maldives 2019: ICPD 25+' also highlights the achievement made in the key thematic areas. Section one of this report in-

cludes an introduction regarding methodology used in this report and a brief background on the Maldives context.

Section two highlights the progress made in specific to the key thematic areas addressed in the APMD and PoA. This will be followed by section three which highlights the challenges and constraints faced by each area. Lastly, section four will address on the way forward and key future actions and conclusions.

Lastly, section five presents an expert opinion in promoting population dynamics for Sustainable development in the Maldives. This is followed by recommendations, which we hope will enrich future policy directives.

This report hopes to present to all stakeholders involved a summary of status, achievement and challenges relating to key sectors in APMD and PoA.

The 8th National Development Plan (NDP) is the most recent plan in the development plans with a timeframe of ten years, 2019-2028. The plan envisions a sustainable development path anchored on inclusive socio-economic development process, that will have transformed Maldives towards progressive and prosperous society. Therefore, to address the inclusivity, Strategic Spatial Development Framework will be established focusing on the connectivity and accessibility to social and economic services. Gender mainstreaming, environmental sustainability and good governance and human right will also be incorporated as a cross-cutting themes in the National Development Plan.

1.2 Methodology and process for the review

Once the official communication on the preparation of the mid-term review of APMD took place, the National Bureau of Statistics (NBS) was assigned as the focal agency to carry out this task. This was mainly because no one agency has the mandate of addressing population issues in the country. And since the function on reporting for ICPD and population development was carried out by then Department of National Planning (NBS was part of Dept. of National Planning), NBS was identified as the most appropriate agency to carry out this task.

Due to time constraint, the mid-term review of the APMD was carried out on a short deadline. Initially, NBS started off with the study of materials and other relevant documents. This include how to plan out the review process, identifying agencies for each key area, preparing templates for each thematic area. Some of the documents and materials referred during the review process include Maldives Population and Housing Census 2014 Releases, ICPD Beyond Maldives Operational Review Process 2014, Voluntary National Reporting of SDG and other key sector strategies.

In order to fast-track the review process, key focal points from relevant agencies/sectors was mailed and called up for a meeting. During the meeting, the focal points were briefed on the APMD review formats and sector templates prepared by NBS. The members were given a deadline to send in the

write-up by 15 September 2018 and NBS to share the consolidated report by 20 September 2018. A sample of the different templates shared with the relevant sectors is attached in Annex B. A series of consultative meeting was carried with relevant sectors during the first 3 week of September to brief them on the work.

However, NBS did not receive any sector progress by the given deadline. Follow-up was made to different sectors with an extension to the deadline by 20 September 2018.

During the last week of September, NBS carried out the compilation of the report received from different stakeholders. The first draft of the mid-term review report was submitted to UNESCAP by 1st of October 2018. After the submission of the first draft on 7th November 2018, NBS consulted with Civil Society Organizations in Maldives to improve the content of the report for further validation and to include the efforts of CSO in their sector progress. Based on their suggestion during the consultative session and with the latest result of Household Income and Expenditure (HIES) 2016, the report was improved to include more facts and statistics. The second draft of the report was shared again for further review on 15 November 2018. However, given the time constraint, few agencies were able to provide feedback.

The final draft (as of then) was presented at the Mid-term Ministerial meeting held in Bangkok from 26-28

November 2018. The report was well-received by the UN agencies upon its first submission.

As 2019 marks 25 years of ICPD Conference, it was decided in consultation with UNFPA to produce a final report of 'Population and Development in Maldives 2019' on World's Population Day in July 2019. With this aim, NBS again shared the finalized draft of 2018 with different sectors for their additional inputs and progress made over the short period. And to mainly reflect the new policy directives with the change in government since November 2018.



1.3 Background

Maldives is a small island nation located in the Indian Ocean near India and Sri Lanka. The country has a Resident population of 533,941 in 2019 with Resident Maldivians as 366,176 (Maldives Projection, 2014-2054). The population is dispersed over 187 inhabited islands while more than 400 islands are being used as resorts and for non-administrative purposes.

Over the past years, Maldives has experienced tremendous growth in socio-economic development. The Maldives economy flourished tremendously where the Gross Domestic Production (GDP) per capita increased from \$7,660 in 2013 to \$9,541 in 2018.

Today, after 25 years from the Cairo Conference, the Maldives has accomplished remarkable progress in achieving the goals of the ICPD Programme of Action (PoA). The life expectancy of our population in 1994 was 69.9 for males and 71.6 for females. The life expectancy at birth has increased for both men and women reaching almost 74 years for both females and male. At the same time, child survival has improved significantly and maternal mortality ratio has declined significantly. Maldives have achieved five of the eight MDGs before 2015, making it the first 'MDG plus' country in the South-Asia region.

Population of Maldives has undergone several changes over the past decade. The population growth rate of the country stands at 1.67 percent (Census 2014). The population mainly consist of youth with

33 percent of the population as children aged 0-17 years. The Total Fertility Rate (TFR) has decreased over the years to a woman on average having 2.1 children (DHS, 2016/17). And as population projection shows, our population growth rate is expected to decrease to 0.90 percent, TFR expected to reach below replacement level (woman on average to have 1.9 children) by 2050.

The results of the second Household Income and Expenditure Survey in 2016 shows that poverty remains as low as 8 percent for the country. Similarly, income inequality in the country stood at 0.313 (Gini Coefficient) while inequality within Male' remains high compared to Atolls.

The social protection programmes in the country provides a range of scheme for the most vulnerable and poor population. Single parent allowance, Foster parent allowance, disability allowance aims to reduce poverty and improve the living standards of the vulnerable population.

The country has also achieved universal primary education and secondary education and moves towards improving the quality of education and educational facilities.

Maldives has done extremely well in the health sector. The universal health coverage scheme allows for the unlimited coverage of all necessary healthcare services. The health master plan of 2016-2025 has aligned the implementation of the health sector with the SDGs. Maldives has seen the elimination of many of the communicable disease such as Polio, Malaria, Filariasis and Measles (Ministry of Health, 2018) while

on the other hand, chronic non-communicable diseases are on the rise.

The sexual and reproductive health services made tremendous improvement in the implementation of the programmes. The National Reproductive Health Strategy has been formulated for 2014-2018 and work towards strengthening the services provided for providing anti-natal care, family planning services. Sea ambulance service has been introduced since 2014 to provide emergency transportation between islands.

Maldives has made significant progress on gender equity and equality in recent years. This has been reflected in the country's development indicators such as high literacy rate for both men and women, and gender parity in enrolment and attainment in primary and secondary education. Women are more in higher education than men in the country. Maldives struggled to achieve gender goal in MDG and the government plays a pivotal role in achieving the SDG goal 5 based on the experience of MDG (MDG goal 5b was not achieved).

The enactment of the Gender Equality Law (GEL) in 2016 marks a milestone in laying the legislative foundation to ensure gender equality in the country. Despite the progress at the national level, women remain under-represented in the political and economic sphere.

Maldives has a young population and youth are the main engine for the socio-economic development of the country. It is important to build on the youth human capital, acquiring them with the necessary

skills and education to equip them for a productive work force.

Elderly (65 years and over) constitute 5 percent of our population today. As per the population projections, 40 years from now, elderly population will constitute 14 percent of the population share as the population undergoes changes to become an ageing population. Government has carried out various efforts to address the elderly population and future ageing population. A nation-wide campaign called 'Ranveyila' (Golden Age) targeted for the well-being of the senior citizens is being carried out since 2016. The first ever National Elderly Policy was launched in October 2017 and works toward a National Action Plan for the implementation of the National Elderly Policy is currently underway.

The result of Census 2014 shows that 16 percent of the Resident population consist of migrant population. Maldives population projection highlights that the migrant population is expected to increase by 10 percent growth rate over the next 8 years and the share of foreigners is expected to increase to 41 percent by 2054. Addressing the migration issues and challenges in the country in the context of socio-economic development needs to be prioritized and requires policy attention.

The population dynamics of the country undergoes remarkable changes in future with a decreasing child population and with an ageing population. The composition of population between Male' and Atolls changes with more than 64 percent of the Resident Population being concentrated in Male'. These are crucial changes that provide an assessment of the

Maldives population in future.

Following the aftermath of Indian Ocean Tsunami in 2004, the government established the National Disaster Management Center (now known as National Disaster Management Authority) as the central institute for disaster preparedness and risk reduction in Maldives. Maldives experiences flooding events annually mainly due to climate change occurrences. NDMC through its flood mitigation projects has been responding to such events over the past years and continues to do today. The ratification of the 'disaster management act' in September 2015 provided a platform at all levels to address all the occurrences of disaster mitigation, preparedness, response and recovery.

Maldives has a decentralized statistical system and addressing the availability, coordination and dissemination of data always remains a challenge. With SDG, majority of the indicators are based on administrative data sources. Strengthening quality of and access to administrative data and to use it for statistical purpose requires immense support from all the sectors involved.



2. Progress in the implementation of the Asian and Pacific Ministerial Declaration on Population and Development (APMD) and ICPD Programme of Action (PoA)

While the Maldives face emerging development challenges, Maldives has achieved remarkable progress in relation to population and development issues.

This section highlights the progress made by the country with regard to key thematic areas addressed in the Asian and Pacific Ministerial Declaration on Population and Development (APMD).

2.1 Poverty Eradication and Employment, Trade and Investment

The social protection programs in the country aim to reduce the poverty and improving the living standards of the vulnerable population. There is a range of social protection schemes already in place in Maldives, such as Single Parent Allowance, Disability Allowance, etc. In addition, the universal health coverage under 'Husnuvaa Aasandha' provides health coverage for all necessary healthcare services.

Strengthening adaptation and mitigation through social programs and natural resource management is the key to the development of primary industries such as the fisheries and agriculture, which provides livelihood and employment opportunities in many of the island communities. Over the years, dependency on import has shifted the mentality of communities to consume imported fruits and vegetables neglecting the traditional food sources available in the islands. Farmers are encouraged to grow fruits and vegetables with high nutrition and commercial value using cost effective growing techniques. This encourage farmer households to consume them and at the same have sustainable source of income through sales to resorts and urban centers. Food which grows well in the island agro-ecosystems, such as breadfruit, banana, moringa, cassava and sweet potato are rich in vitamins and minerals as well as energy.

Food safety has also moved a step forward to improve the good agricultural practices and strength-



ening food based dietary guidelines with the help of FAO assistance provided to communities with appropriate food packaging with the assistance of our development partners.

During the past few years, there have been significant reforms and new policy initiatives to promote trade and attract more investments in to the country. Notably, in terms of trade, number of policies have been implemented to support the growth and development of small and medium enterprises (SMEs). In this regard, several SME focused loan schemes were introduced in the past few years, with the first specialized bank for SME—SME Development Finance Corporation—established during the first half of 2019. In addition, in line with the SME policy of the government, revisions were made to the government procurement policy to enable greater participation of SME businesses.

2.1.1 Policy measures, legislatives and institutional changes

The social protection programs are governed by the Law Number 8/2009 Pension Act, Law Number 8/2010 Disability Act and Law Number 15/2011 National Social Health Insurance Act, Law Number 2/2014 Social Protection Act and subsequent regulations made under these respective Acts.

The enforcement of the National Social Health Insurance Act in December 2011 formally established the National Social Protection Agency (NSPA). The

mandate of this Agency is to oversee the administration of national health insurance scheme and to implement the social protection programs under the Social Protection Act (2/2014). The enactment of this Act in 2014 established guidelines for the provision of social protection assistance in the country. The objectives of the Act include the provision of social protection for citizens in vulnerable situations due to poverty shocks, assisting those citizens who cannot afford to meet their basic needs and equitable redistribution of national resources among citizens. Several regulations were introduced in 2016 following the enactment of the Social Protection Act: Social Protection General Regulation (2016/R-22); Single Parent Allowance Regulation (2016/R-39); Foster Parent Allowance Regulation (2016/R-38); and Food Subsidy Regulation (2016/R-23).

NSPA also has ongoing social cash transfer programs and assistance. The Single Parent Allowance is a conditional cash transfer program which was introduced in the year 2010. The aim of this program is to provide financial support to vulnerable single parents to minimize the burden associated with raising a child alone and also to improve children's lives and provide access to equal opportunities as other children in the society. The target of the program are single parent families and households living below the national poverty line. An allowance of MVR 1,000 per child up to a maximum of MVR 3,000 per family is provided under this program.

The Foster Parent Allowance was implemented to provide financial support to foster parents, to encourage taking care of children in a normal home environment rather than state care and also to support

extended family that takes care of children without either parents. The financial assistance under this program is to help foster parents living in poverty to provide basic necessities and other requirements of the child. An allowance of MVR 1,000 per child under the care of foster parents and an additional allowance of MVR 500 for the legal guardian is provided under this program.

The Maldives is also party to and has ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) since 2010. Further reinforcing the constitutional rights and compliance to CRPD, 08/2010 Disability Act was formulated, whose overall objective is to safeguard the rights of person with disabilities.

The National Disability Policy was launched in 2013 to implement the 'Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act' (8/2010, Disability Act). Under this act, the first Disability Council was formed on 9th August 2010 for a term of 5 years. This Act mandates the Disability Council to protect and promote the rights of PWDs, ensure and monitor the implementation of the rights enshrined in national laws, provide advice on the subject matter to law and policy makers, and create awareness amongst stakeholders and public.

The initial 'Guidelines for Goodwill Ambassadors working for the Rights of Persons with Disabilities' was formulated in 2014 to appoint the first goodwill ambassadors with the main aim to give formal status to independent individuals who work for the betterment of PWDs. The Guideline established ethical standards and the roles and responsibilities of per-

sons acting as Goodwill Ambassadors. Prior to the appointment of the second batch of goodwill ambassadors, the Guideline was revised in 2017.

The Maldives submitted its Initial Report under the Convention on the Rights of Persons with Disabilities to the U.N. Committee on the Rights of Persons with Disabilities on 08 October 2018. This report was prepared in accordance with the Committee's Guidelines on treaty specific document to be submitted by states parties under article 35, paragraph 1, of the Convention on the Rights of Persons with Disabilities and the Harmonized Guidelines on reporting under the international human rights treaties. The report covers the period from 2010 to 2017 December, and was prepared after reviewing available literature prepared by international organizations, Government, national human rights institution and civil society, and in consultation with all relevant stakeholders.

The Food Subsidy program provides financial assistance for the vulnerable population for the purpose of acquiring staple food. The target of the program are the households who fall under the poverty line.

Table 2.1: Number of persons covered under different social protection schemes, 2013-2018

Locality	Total	HEALTH INSURANCE SCHEMES	SINGLE PARENT ALLOWANCE		FOSTER PARENT ALLOWANCE		EMERGENCY MEDICAL WELFARE- ²	DISABILITY ALLOWANCE	Food Subsidy- ³
		Aasandha (usage)- ¹	Parent	Children	Parent	Children			
2013	304,415	285,877	3,340	5,890	65	79	4,288	4,876	NA
2014	315,206	302,104	2710	4,553	100	141	2,519	5,601	NA
2015	337,940	317,545	3,049	5,230	107	151	5,682	6,176	NA
2016	347,148	325,387	2,972	5,062	107	141	6,777	6,696	395
2017	348,715	330,404	2,591	4,426	104	147	3,693	6,869	481
2018	361,246	339,997	2,592	4,359	107	147	5,790	7,771	483

Source: National Social Protection Agency

Fishermen’s income assurance scheme was established with the purpose of safeguarding a secure income for fishermen whose income is affected due to weather conditions and other natural causes.

In addition to the above, a medical welfare assistance program is also in place to protect the poor and vulnerable from catastrophic health care expenditure by providing financial assistance to seek medical treatment and care not covered under the national health insurance scheme. The services provided under this program include, assistance for travelling abroad for medical care, assistance in obtaining medical care to those who are suffering from long term chronic illnesses, assistance to obtain assistive devices and medical equipment not covered by the national health insurance scheme and provision of medicines and injections not available within the country.

NSPA also provides allowance for Persons with Disabilities (PWDs) under the Disability Act (8/2010). The objective of the program is to provide financial

assistance to Persons with Disabilities to enable them to have equal opportunities in the society as others. A monthly allowance of MVR 2000 is provided under the program. Assistive devices such as wheelchairs, hearing aids and prosthetic limbs are also provided to PWDs under the Act.

The Ministry of Fisheries and Agriculture has worked in many ways to develop both the Fisheries and Agriculture sector. Several policies have been made and policies have been formulated and developed into strategies and actions. The strategic action plan of 2013-2018 comprise of 7 fisheries policies and 9 agriculture policies which has been developed into strategies and actions. The Maldives Fisheries Policy was formulated in 2017 which outlines a framework to manage, develop and sustain a sustainable fisheries sector. This will improve the overall contribution to the economy and in return help maintain equitable wealth distribution, create job opportunities for the youth, and provide a stable domestic supply of safe animal protein. The Country Programme Framework

(CPF) has been prepared for the period 2018-2020 with the assistance from FAO to set out FAO priority areas to guide FAO partnership with and support to the Government of Maldives.

In 2013, the Government of the Maldives ratified the 8 core conventions that embody the ILO's fundamental labor rights: the Forced Labor Convention, 1930 (No. 29), the Abolition of Forced Labor Convention, 1957 (No. 105), the Freedom of Association and Protection of the Right to Organize Convention, 1948 (No. 87), the Right to Organize and Collective Bargaining Convention, 1949 (No. 98), the Equal Remuneration Convention, 1951 (No. 100), the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), the Minimum Age Convention, 1973 (No. 138), and the Worst Forms of Child Labor Convention, 1999 (No. 182). These conventions ensure the rights of the laborers.

A National Job creation strategy was formulated in 2015 with ILO assistance, in order to meet the president's pledge of 94,000 jobs in his 5-year term. Maldives is currently implementing its Decent Work Country Programme for the period of 2016-2020. The Tourism Master Plan of 2013-2017 recommended four measures to increase locals especially women and employment in tourism.

The Ministry of Economic Development introduced a list of occupations in which foreign nationals are not authorized to work, based on the assumption that such policy would attract local workers. These jobs included taxi drivers, pilots, vessel captains and engineers, fishing boat workers, shopkeepers, cashiers and counter workers in shops, canteens, cafes and

restaurants and photographers.

To streamline the laws and regulations to facilitate trade and improve the investment climate in the country to improve the ease at which businesses can be operated in the Maldives.

In order to facilitate trading environment, specifically areas related to imports and exports at the border, the Maldivian Government with the assistance of ADB and EIF support has started work on the establishment of a National Single Window for Trade in the country. A number of technical assessments were carried out to identify the scope of the project and increase country readiness to implement NSW project. In this respect, a business process analysis and a road map for a national single window was created.

The project involves leveraging on ICT to streamline cross-border trading processes and procedures in order to achieve speed and efficiency in processing goods clearance at the border.

It is expected that the National Single Window will be fully online by 2023. This will improve, not only the ease of doing business in the country but also assist traders in their imports and exports.

Maldives introduced Special Economic Zones Act (Law No.: 24/2014) in September 2014, with the main objective of soliciting private capital to undertake large-scale investment projects of economic significance to the country. SEZ investments will qualify for special tax and regulatory incentives guaranteed under the SEZ law.

Investments allowed under the SEZ umbrella are

relatively large-scale investments in excess of USD 150 million, and which matches with the strategic priorities of the government as listed out in the SEZ law. This list is reviewed every year by the President and is updated based on the then most relevant strategic priorities of the Government. Strategic areas considered for SEZ investments include: i) Export processing activities, ii) Transshipment port, international logistics, port, airport, bulk breaking, bunkering, docking services, iii) University, tertiary hospital, super specialty hospital, and research and development facilities, iv) Information Communication Technology (ICT) parks and related facilities, v) International financial services, vi) Oil & Gas exploration, vii) Initiatives that introduce new technologies to the Maldives.

In addition to the SEZ regime, the Maldives introduced Unsolicited Proposals Policy (USP Policy) to boost investments in the Maldives, open to both local and foreign parties. Pursuant to clause 10.27 of the Public Finance Regulations published under the Public Finance Act, the government has issued the Unsolicited Proposals Policy (USP Policy) to promote private sector participation in the country's development.

The USP framework offers the private sector the opportunity to submit proposals to the Government at their own initiations. It aims to harness private-sector innovation and capabilities in the delivery of strategic projects of the government, while protecting public-policy objectives and intellectual property rights, encouraging competition, and ensuring transparency and accountability.

2.1.2 Agriculture, Rural development and women empowerment

For the agriculture and rural development, several programmes have been conducted in the past years to improve the livelihood of the rural communities. The Ministry has been successful in implementing the Fisheries and Agriculture Diversification Programme (FADiP) from 2009 to 2018. The Programme objective is to develop smallholder agriculture value chains and Maldivian Fish processing value chains, using a market-driven commercialization and diversification strategy in a manner that would improve and sustain the incomes of the two primary target groups (small-scale agricultural producers and fish processors).

FADiP had worked with 6 Agricultural and 2 Fisheries Cooperatives in the past of which some have become quite successful. These cooperatives are currently producing and marketing products ranging from Fresh agricultural produce to packed taro chips and vacuum packed fisheries products such as fish paste.

Through FADiP, 48 loans have been given to people who are actively involved in fisheries and agricultural sector. And 62% of the total loans were given to woman population. In addition, 50 % of the training participants in 'hydroponic and Compost Training' conducted by the project in 2016 were female participants.

Mariculture Enterprise Development Project (Medep) is being carried out for the period 2013 and 2019. The

The goal of MEDeP is to expand livelihood opportunities and reduce vulnerability through two major components: (i) Institutional Strengthening, and (ii) Mariculture Value Chain Development.

MEDeP is currently helping islands communities especially women, to grow juvenile sea cucumber which will be later sold when they reach marketable size. The project hopes that this would be a good opportunity for women who wants to earn an income for those residing in their own island.

Under MEDeP a Special effort was made to encourage women's participation in mariculture activity. The project is expected to directly benefit approximately 3,000 households or 18000 people through the direct and indirect employment created in the mariculture and its associated value chains. According to the project design a minimum of 30 % of the individual loans should be given to women. The Loans were provided to start mariculture businesses. 57 percent (57 loans) loans were given to women.

The Project Development Objective (PDO) is to improve management of fisheries at regional and national levels including support to establish mariculture in targeted atolls in the Maldives. The project is exploring the possibility of encouraging the sub-project to open up opportunities for women at the hatchery.

In addition to FADiP and MEDEP several other programmes are being implemented by MOFA under the strategic action to enhance food security and access to adequate, safe and nutritious food for present and future.

Import substitution program aims to reduce the import of watermelon, cucumber, pumpkin, papaya and banana by increasing their local production. The projects aim is to encourage private sector investment in the agriculture sector, and increase local production and reduce import with the help of these local investments. Through this programme, there will be an increase in employment in the agriculture sector.

Under FADiP the project established a credit facility in 2016 to support investments of VCCs and VCCOs to expand their enterprises in the agricultural and fishing sector. Loans were also provided to produce and promote value addition activities. The target group was the low income small-scale farmers and fish processors with an emphasis on vulnerable women. All loans were provided in 2016.

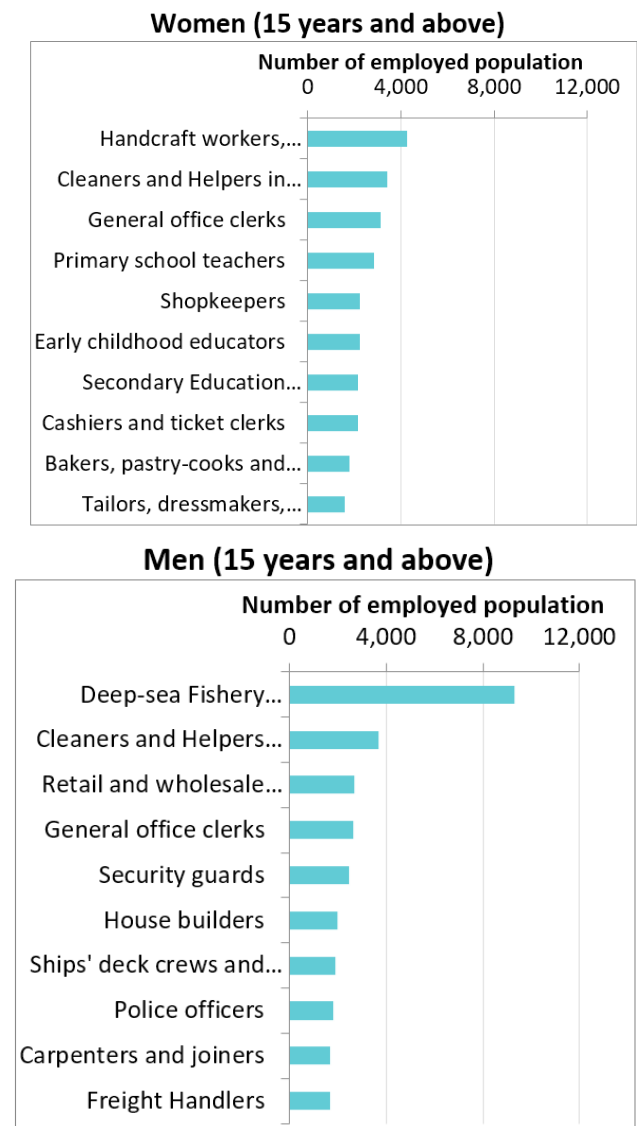
MEDeP also provided loan assistance to island communities that were interested in growing and selling sea cucumber. The loan was provided in kind, in the form of cages and hatchery reared juveniles to three islands in Laamu Atoll.

However, much effort needs to be put in to encourage women involvement in the labour force and to provide a sustainable livelihood for women living in these island communities. The results of HIES 2016 shows that 19.5 of the women are in managerial position. This rate is under the world average of one third.

The result of HIES 2016 also looked at the top ten occupations of men and women. Women are mostly engaged as "Handicraft workers, basketry and related materials", followed by "cleaners and helpers

in offices, hotels and other establishments”. As seen from Figure 2.1, the ten occupational groups for women cover almost one half (47%) of the employed women population.

Figure 2.1: Top ten occupation at main job by sex, Maldives, HIES 2016



Source: Household Income and Expenditure Survey, 2016

2.1.3 Poverty measure-ment

Maldives measures poverty using a relative poverty approach. The proportion of the population living below the national poverty line stands at 8.2 percent. In particular, the number of poor people in the Atolls is more when compared to Male’.

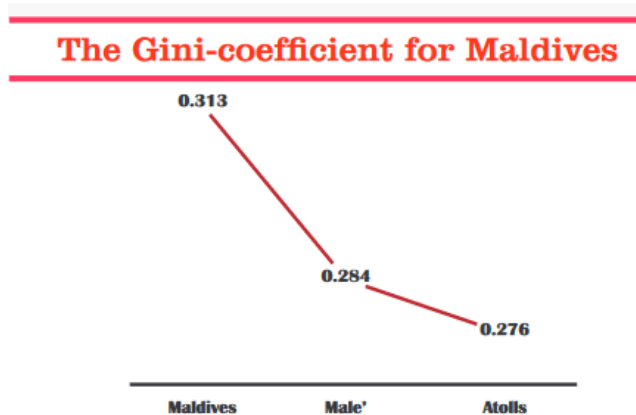
Table 2.2: Poverty in Maldives (% of the population living below the national poverty line), 2016

	National poverty line (Half the median of total expenditures) - per person per day	High poverty line (median of total expenditure) - per person per day	Upper middle-income poverty line - per person per day
Republic	8.2%	46.5%	6.6%
Male’	1.7%	21.3%	1.5%
Atolls	12.8%	64.7%	10.4%

Source: Household Income and Expenditure Survey, 2016

The inequality observed in the country stands at 0.313 while the inequality in Male' is higher than in the Atolls.

Figure 2.2: Inequality in Maldives, HIES 2016



Source: Household Income and Expenditure Survey, 2016

2.1.4 Rights of persons with disability

In 2017, the Ministry of Gender, Family and Social Services has commenced the production of laws in audio format, to ensure that persons with hearing impairments are aware of their legal rights. As such, the Act for Protecting the Rights of Persons with Disabilities and Providing Financial Assistance (8/2010), Gender Equality Law (18/2016), Domestic Violence Prevention Act (3/2012) and the Child Rights Protection Act (9/91) are now available on the Ministry website in audio format.

The Ministry has conducted several awareness and outreach programs on early identification, detec-

tion, prevention and management of disabilities. The Ministry has conducted these awareness sessions for communities mainly targeted at rural areas. As such the targeted areas in 2016 was A.Dh. Atoll, G.Dh atoll, Addu City and Fuvahmulah City. More than 500 individuals have participated in these sessions.

In addition, awareness and workshop programmes were also conducted to sensitize public on disability law, disability policies, regulations and CRPD which was held in A.Dh Omadhoo, S. Hithadhoo, G.Dh Thinadhoo, L.Fonadhoo, Ga. Villingili and Dhaandhoo, Sh. Funadhoo and Komandoo. Awareness programmes were also conducted to all service providers, government bodies and companies based in greater Male' area regarding disability, employment, and accessibility.

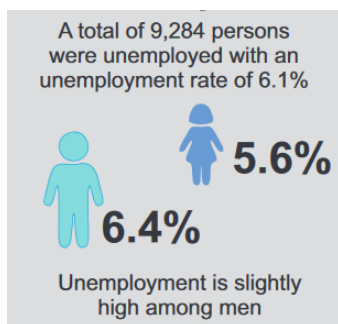
In 2012, the National Disability Award was introduced by the Ministry to improve the prominence of PWDs and people working for their rights. Since then, it has been awarded every two years, with the aim to honor and appreciate the work done to promote and protect the rights of persons with disabilities and for outstanding PWDs. The award is a joint program by the Ministry and the National Disability Council. The Disability Award is also determined by a Committee of independent individuals with expertise and experience.

2.1.5 Employment opportunities

The result of Household Income and Expenditure Survey shows that the labour force participation rate (among administrative islands) is 57.6 percent. While the labour force participation rate among men is 75 percent, the female labour force participation rate is as low as 42 percent. Unemployment of the population is 6.1 percent with higher unemployment rate among men. Women among the youth of 18-35 years who were not in employment, education or training (NEET) were higher than that of men (39 percent for women and 17 percent for men).

Special importance is given to provide loans to women under projects implemented by MOFA in the hopes that these would turn into self-employment opportunities for women. It is also encouraged to employ other women as staff or workers when using the loan to start their business.

MOFA also encourages women to participate in the trainings conducted on management and marketing as well as agriculture and Fisheries related trainings on areas such as value addition.



Ministry of Economic Development (MED) is working towards overcoming the constraints faced by MS-MEs in Maldives and creating a sustainable economic growth model through a single window program through various innovative financial schemes, interventions on improving business environment and increasing access to Business Development Services. In 2014, President inaugurate youth dedicated loan program namely GETSET, the total fund of this program is MVR 200m for 5-year term only for innovative business.

Ministry of Economic Development has introduced and is implementing various financial schemes under Enterprise Finance and also provides business skill development training programs through Business Center (BC's) network.

Enterprise Development section of Ministry Economic of Development implements the following financial schemes to cater the financial constrain to develop SME's and cater to create employment opportunities. Additionally, GETSET loan programme, SME fund loan scheme, Faseyha madhadhu (Islamic financing facility for business development), 1000 Photographers loan scheme, Business center networks providing the following training programs for nurturing and development of businesses, Business Startup training, Business Planning training was also conducted during this period.

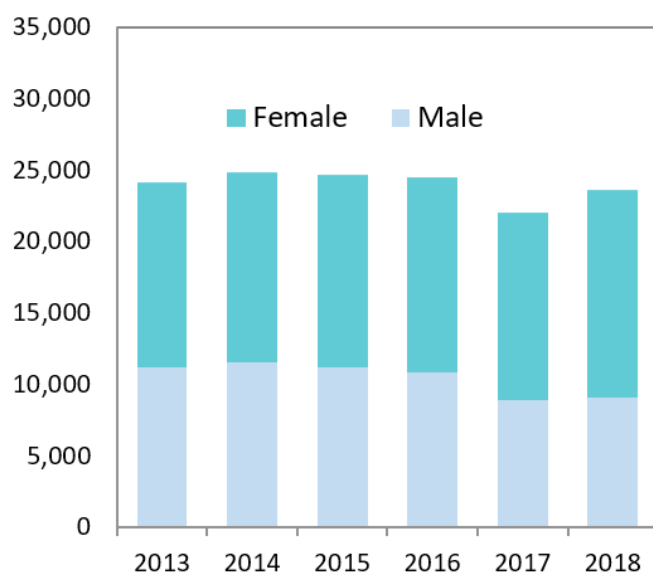
Poverty also prevails among the working population. According to the SDG reporting, among the employed population 4.5 percent of the employed are poor according to the International Poverty line.

Table 2.3: SDG indicators on poverty, HIES 2016

Indicator	International Poverty Line of US \$5.50 (MVR 70)			National Poverty Line (MVR 74)		
	Republic	Male'	Atolls	Republic	Male'	Atolls
Proportion of 15+ population below the given poverty line by economic activity status:						
<i>Both Sexes</i>						
employed (working poverty rate)	4.5%	1.3%	7.2%	5.6%	1.6%	9.2%
unemployed	6.2%	2.6%	11.2%	7.1%	2.6%	13.4%
outside the labour force	7.5%	1.9%	11.4%	9.1%	2.1%	14.1%

Figure 2.3: Number of Civil Servants, 2013-2018

in numbers



Source: *Statistical Yearbook of Maldives, 2018*

A National Job creation strategy was formulated in 2015 with ILO assistance, in order to meet the president's pledge of 94,000 jobs in his 5-year term. In this regard, various jobs have been created in the most prominent sectors such as Civil Service reaching its peak in 2014.

About 20 percent of the pension contribution comes from hotels, tourist resorts and travel agencies categories. The contributions given by the private sector has increased over the years from 3 percent in 2010 to 59 percent in 2017 (SYB, 2018). The number of expatriate employees working in the country increased from 57,424 in 2013 to 76,342 in 2017 (SYB, 2018).

PWDs in the Maldives have insufficient opportunities to prove their skills and talent. Hence, to tackle this issue, in 2015, the Government organized an exhibition by the name "Redhan" which acts as a platform for PWDs to display their skills, and also to brand and market their products. Redhan also aims to increase public awareness on the talents and skill of PWDs as well as to promote inclusivity.

In 2016, the government introduced a policy whereby employment opportunities were provided for PWDs in state owned enterprises. Under this policy, as of 2017, over 285 PWDs have been employed in various state owned enterprises in the Maldives.

Since the introduction of state facilitated employment opportunities for PWDs, the Ministry has conducted different activities and programmes to overcome the challenges faced at the work place by employers and PWDs. One major problem identified through these sensitization sessions is that there were significant communication challenges for persons with hearing impairments, specifically in areas such as providing work related instructions, and the limited knowledge of other staff and management on such disabilities.

2.1.6 Trade and Economic Development

On the bilateral front, Maldives signed several trade cooperation agreements with bilateral partners. Among them, the Agreement on Economic, Commercial and Technical Cooperation between the State of Qatar signed on 2013, the Agreement on Trade and Economic Cooperation between Maldives and Thailand signed on 2013, Agreement on Trade Cooperation signed with Kuwait on 2016. The bilateral Investment Promotion and Reciprocal Protection Agreement signed with United Arab Emirates on 2017 and the Free Trade Agreement signed with China in 2017 are important agreements that were signed between 2013 and 2017 to improve bilateral trade and investment relations between Maldives and its bilateral partners.

The GOM in consultation with the line Ministries is also in the process of developing a national development master plan. The plan is focused on bringing economic development to all regions with decentralization, inclusivity and connectivity as a key focus. The national development plan will also focus on setting up industrial and manufacturing zones in key hubs in the country, with business incubators and business centers also complementing and promoting economic activity and fostering entrepreneurship opportunities.



2.2 Health

The public sector conforms to the largest share of the health system in Maldives. The public sector is supported by private health care providers, mainly providing curative and diagnostic services, and medicines and medical products located within the country. Another key sector that forms part of the health system is the voluntary non-governmental parties working on specific health issues. While the public system extends to all inhabited islands, private and voluntary services are concentrated in Male'. The health system is also supported by external foreign development partners.

The health care delivery system of Maldives is organized into a tier system with island level primary health centres, a higher level of health facilities with specialty care hospitals at atoll level and tertiary care facility at the urban level. Health policies with regard to public service delivery include establishing a public health facility either a hospital or health centre in each inhabited island and developing tertiary ser-

vices at selected urban locations, for which the service level would be decided depending on the level of population, patient load, etc. Each atoll has a hospital catering to the population of that atoll. Kaafu Atoll is the exception where Male' city is located and has the country's referral health facility Indira Gandhi Memorial Hospital (IGMH), Hulhumale' hospital and Villimale' Hospital along with hospitals managed by the National Defence Force and Police Service and an urban primary health care facility. The hospitals at atoll level are referred to as regional or atoll hospitals, graded to three levels, based on the level of secondary and specialist care. Health centres have three levels. Administratively, the regional or atoll hospital in each atoll acts as the main coordinating body in providing primary and curative health care in that atoll and each atoll covers a population of 5,000 to 15,000 people. Hence, to ensure access to health care, health facilities are established even if the population number is low.

2.2.1 Policy measures, legislative and institutional changes

The universal health insurance scheme was implemented in January 2012 following the enactment of the National Social Health Insurance Act in December 2011, which provided a legal framework for establishing a universal health care financing scheme for all citizens. The Act formally mandates the National Social Protection Agency (NSPA) to oversee the administration of the National Social Health Insurance Scheme “Aasandha” also covered foreign health facilities empaneled in the scheme including hospitals in Sri Lanka and India. In 2014 “Aasandha” scheme was again re-named to “HusnuvaaAasandha” (translates into a health insurance scheme without a price ceiling) administered by Aasandha Company Pvt Ltd of the government, which allowed unlimited coverage for all necessary healthcare services.

“HusnuvaaAasandha” scheme is the universal health insurance scheme operating under the National Social Health Insurance Act (15/2011) by the state. Health care, sickness, and injuries are the branches of social security covered by this scheme.

The current health master plan 2016-2025 enables the implementation of SDGs by aligning these with global and regional health agenda making progress in terms of universal health coverage. This allows for the improvement of access to needed service including a robust healthcare workforce that can deliver those services with increased accessibility to affordable medicines, in terms of strategies to protect people from impoverishment owing to healthcare costs.

HPA and MFDA are working with the State Trading Organization (STO), a state-owned company, and Aasandha, a state-owned Universal Health Insurance Scheme, to ensure availability of medicine throughout the country. Activities carried out to strengthen existing legal frameworks and to develop comprehensive and multi-sectoral national strategies.

Under the health service act, to strengthen legal framework the health sector related regulations are drafted and sent to attorney general office for approval.

Table 2.4: Aasandha coverage, 2011-2018

	2011	2012	2013	2014	2015	2016	2017	2018
Health Insurance								
No. of persons	103,828	275,175	285,877	302,104	317,545	325,387	330,404	339,997
Government Expenditure (MVR)	212,774,081	782,126,477	744,921,545	1,063,054,680	1,400,609,842	1,675,199,187	1,797,290,685	2,164,672,441

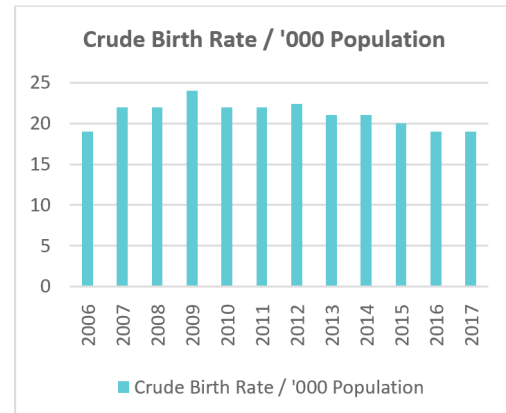
2.2.2 Health system in the country

Maldives National Health Accounts 2014 (NHA 2014) provides a detailed overview of resource flow in the Maldivian healthcare system.

In 2014, a total of MVR 4,287 million (USD 278 million) was spent on healthcare in the country, about two-thirds of which was contributed by the GoM (NHA 2014). This accounts for a 40 per cent increase in total spending in terms of healthcare in comparison to 2011.

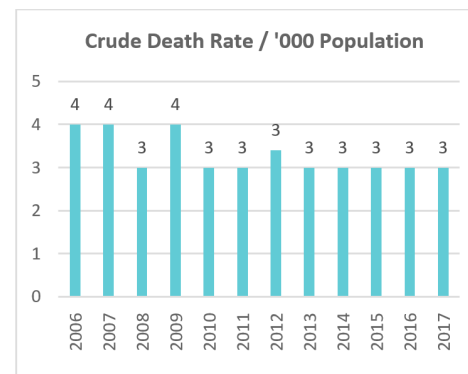
The high priority that is given to improving healthcare and related services by the GoM through increased expenditure is evidenced by the commendable health improvements that Maldives has achieved. Maldivians enjoy high life expectancies, very low infant and maternal death ratios, and Maldives has seen control and elimination of many communicable diseases along the way.

Figure 2.4: Crude Birth Rate , 2006-2017



Source: Statistical Yearbook of Maldives

Figure 2.5: Crude Death Rate of Maldives, 2006-2017



Source: Statistical Yearbook of Maldives

Currently, the health system encompasses of Tertiary Hospitals in Male' (both government and private), secondary hospitals in all atolls and health centers providing primary health care in smaller populated areas or islands, thus, covering the whole population with accessibility of health services within a few minutes' reach.

Strengthening systems of procurement and supply of medicines and health technologies; software, Supply Management Software is developed and is currently piloted in one atoll, and work is underway for the expansion of this project for all atolls.

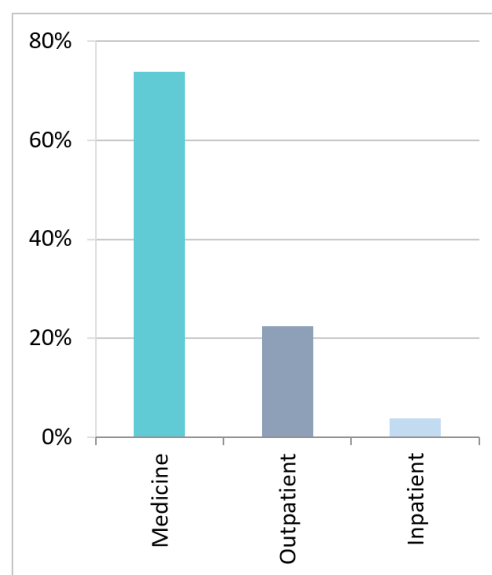
A fundamental shift in services for integrated and focused services for the needs of people and communities making services available, accessible through a quality comprehensive; such as dialysis, thalassemia centers, government sponsored organ transplants, and development of ophthalmology, Cath lab, chemotherapy services, advanced radio-diagnostics in the country which were lacking areas of service previously. These services have been recently introduced and are available in the main hospitals in Male'. This highlights the inequality in access to services and many a times those in the islands get referred to tertiary hospitals in Male'.

The amount of expenditure incurred by households for medical accounts for 6 percent of the household expenditure (HIES, 2016). Among the households that spends for travel, more than 54 percent of the travel abroad are made for medical purposes. The difference is seen in inbound travel, where more than 55 percent of the households in the Atolls travel within the country for medical purposes while only 4

percent of the households in Male' travels within the country for medical reasons.

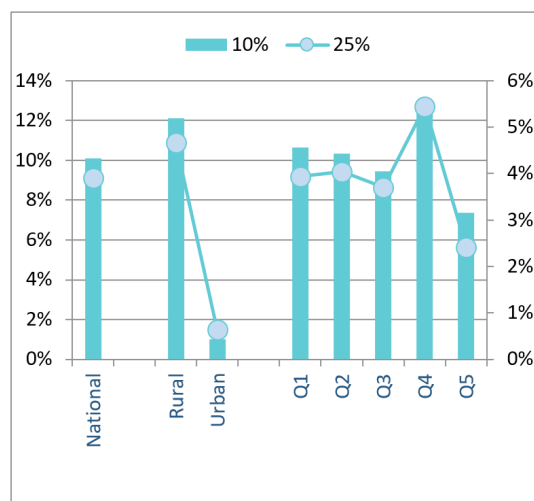
The result of comparatively less spending on health by the household members (or the out of pocket expenditure(OOP) is mainly due to the universal health coverage introduced by the government. Majority of the household expenses on health (OOP) went for medicines, followed by in-patient expenses. This indicates that the population is spending more on medicines even though many of the prescriptions are covered under 'Aasandha'.

Figure 2.6: Composition of out-of-pocket payment on health by household, 2016



Source: HIES 2016

Figure 2.7: Share of household incurring catastrophic health expenditure, 2016



Source: HIES 2016

Similarly, a lens at health expenditure in relation to household's total expenditure indicates that 10% of the population incurred out of pocket health payments exceeding 10 percent of their household total consumption. And 4% of people incurred such payments at the 25 percent threshold of total household consumption¹. This means that even though Aasandha is there, 10% percent of the population still spent 10% of their total household consumption on health while 4% of the population spend 25% of their total household consumption on health.

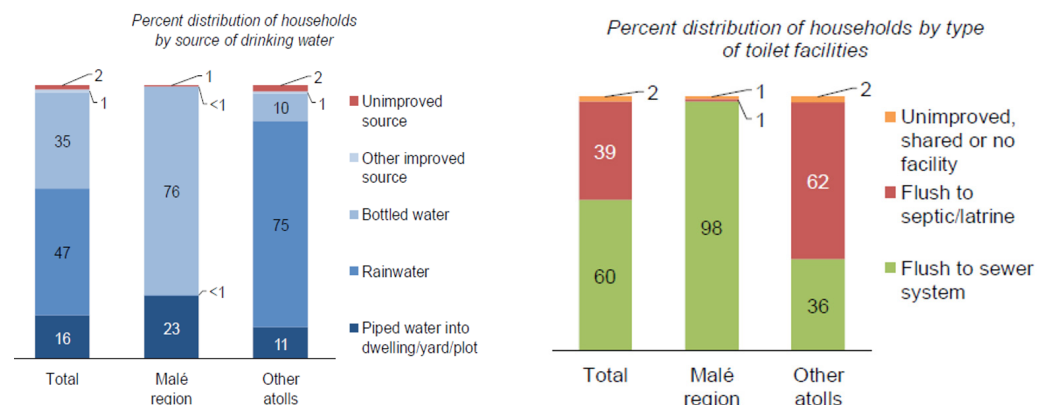
¹ SDG Goal 3 Indicator 3.8.2 is defined as the "Proportion of the population with large household expenditure on health as a share of total household expenditure or income". Two thresholds are used to define "large household expenditure on health": greater than 10% and greater than 25% of total household expenditure or income. With these two thresholds the indicator measures financial hardship or population incurring catastrophic health expenditure.

Provision of essential drugs: through a partnership with a state organization, drugs and consumables have been made available and easily accessible to the population; pharmacies in every inhabited island of Maldives have been established by the end of year 2015. Challenge is now to provide uninterrupted availability of drugs.

Dengue, diarrheal diseases, and Acute Respiratory Infections (ARI) continue to cause significant morbidity among children and adults. In 2012, ARI, viral fever, and diarrheal diseases had the highest incidence, amounting to 4,748, 2,130 and 694 per 100,000 populations respectively (Ministry of Health and Family, 2012). Diseases such as scrub typhus and toxoplasmosis also continue to be endemic. Although significant improvements in drinking water and toilet facilities² have been achieved, further improvements are still required regarding access to safe drinking water, improving sanitation, and waste management.

² According to SDG, Improved sources of drinking water: include pipe water, public taps, standpipes, tube wells, boreholes, protected dug wells and springs, rainwater and bottle water (bottle water is included if it comes from an improved source). Improved toilet facilities: include any non-shared toilet of the following types- flush/pour flush toilets to piped sewer systems, septic tanks, and pit latrines, ventilated improved pit latrines and pit latrines with slabs

Figure 2.8: Key statistics on drinking water and toilet facilities, DHS 2016/17



Source: Maldives Demographic Health Survey, 2016/17

In addition, continued interventions for public education on personal and environmental hygiene and disease prevention practices need to be conducted for further reductions of infectious diseases. New surveillance and diagnostic system for influenza has

been established, with assistance from Centre for Disease Control and Prevention (CDC), USA. Leprosy is below the elimination threshold, though not yet certified, and any diagnosed cases are treated free of cost.

Table 2.5: Reported cases of morbidity in Maldives, 2014-2017

#	Disease	2014	2015	2016	2017
1	Acute Respiratory Infection	173,437	208,910	212,648	244,591
2	Viral Fever	74,931	94,124	90,988	86,621
3	Acute Gastro Enteritis /Diarrhea	19,954	30,442	34,318	35,858
4	Conjunctivitis	19,370	10,174	8,640	9,047
5	Chickenpox	1,753	2,228	2,804	2,547
6	Dengue Fever	775	1,889	1,961	998
7	Hand Foot and Mouth Disease	2,598	1,312	3,102	886
8	Typhoid Fever	145	134	121	101
9	Scrub Typhus	54	43	76	68
10	Mumps	57	43	15	27

On the other hand, the advent of unhealthy foods and beverages and sedentary lifestyles have resulted in a sharp rise in major NCDs, becoming the most daunting public health challenge as well as the main cause of mortality and morbidity. Current estimates put mortality due to NCDs at an all-time high, with 81 per cent of all deaths attributed towards NCDs (HPA, 2015).

Furthermore, a national NCD campaign called '25BY25' has been launched in September 2017 with the aim to raise awareness on healthy behavior for the prevention of NCDs (specifically for Cardiovascular diseases (CVDs), cancer, diabetes, chronic lung diseases), and reduction of the risk factors that contribute to them among children and adults. Food Based Dietary Guideline promoting healthy diet and prevention of NCDs has also been finalized with plans for dissemination in progress.

Early screening and awareness are regularly conducted through NCD clinics. High quality curative services are available at main hospitals for all major chronic diseases, including treatment for cancers. Curative and cessation services and medicines are covered under Aasandha scheme, making them affordable and equitable.

Human resources for health (HRH) are a crucial component and pillar of a health system. MoH had a four-year National Health Workforce Strategic Plan for 2014-2018. During the past decade, MoH made attempts to solve HRH issues by implementing the National Human Resources for Health Plan (2001–2010). In addition to this, MoH has made significant progress in expanding and upgrading regional, atoll,

and island level health facilities, and in increasing the number of local and expatriate HRH as planned. MoH has developed 21 job structures with the help of local human resource (HR) consultant to create career and professional development for health professionals, currently awaiting the approval of the Civil Service Commission (CSC). In 2014 the new job and salary structures for doctors were approved and implemented, which encompassed attractive salary packages putting more focus on rural retention. A new job and salary structure for nurses remains at the stage of acquiring budget approval. In addition, a new recruitment policy and toolkit, promotion policy for new job structures, employee migration policy for the new job structure are also being developed with the help of the HR consultant.

From 2014 onwards, 52 doctors for specialization, 139 doctors for MBBS have been sent to abroad (MoH, 2018). Similarly, training opportunities are provided for employees enrolled in local programs, by providing them with paid or no-pay leave. In order to improve management skills of hospital managers and administrators, in-service training workshops on hospital management were conducted for 30 participants with the help of WHO.

Table 2.6: Number of doctors in Maldives by locality, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Number of Doctors in Male ^a	219	na	na	na	286	350	396	453	503
Number of Doctors in Atolls	306	na	na	na	418	456	414	446	458

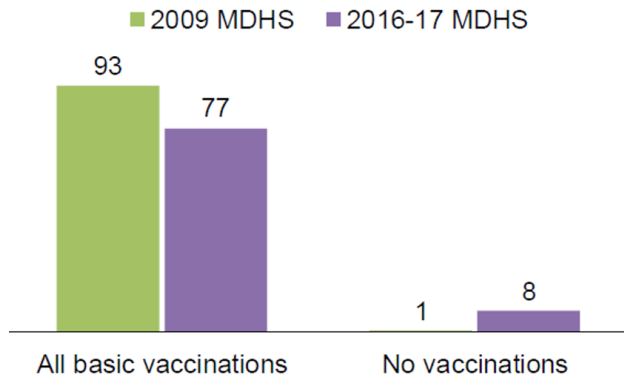
Source: Statistical Yearbook of Maldives, 2018

All medicines imported, distributed, sold, and used in Maldives are registered under a set criterion and approved before import. The registration system is based on the systematic document review mechanism. This system has been in place since 2000. The registration system is periodically reviewed to ensure the quality, safety, and efficacy of medicines.

Currently, a childhood immunization program is in place which provides WHO prequalified vaccines free of cost. Preventable diseases for which vaccination is provided free of charge include, TB, diphtheria, pertussis (whooping cough), tetanus, polio, hepatitis B, Hemophilus influenza B, measles, mumps, and rubella. In addition, vaccination for influenza is available at a small cost, and vaccines for cholera, polio, yellow fever, and meningitis are provided at cost for travelers to specific areas. Immunization for infants is available at every inhabited island through the hospital, urban primary healthcare centre or health centre. Trainings are conducted regularly for staff providing immunization and those involved in storage and transport of vaccines. Software is used for vaccine stock management, and WHO-approved guidelines are used to ensure cold-chain maintenance. Additionally, WHO reviews immunization programs periodically.

However, the results of DHS 2016 showed concern with regard to child vaccination. Relative to the 2009 MDHS, the proportion of children age 12-23 months who received all basic vaccinations has decreased from 93% to in 2009 to 77% in 2016/17. On the other hand, the percentage of children with no vaccinations increased from 1% in 2009 to 8% in 2016/17. While on one hand the survey results might deviate, this requires further investigation into administrative data to check the completeness of vaccination in the country.

Figure 2.9: Percentage of children age 12-23 months who received all basic vaccinations at any time before DHS survey, 2009 and 2016/17



Source: Maldives Demographic Health Survey (DHS), 2016/17

For some diseases such as TB and HIV, diagnosis and treatment are provided free of cost (this is not included in HusnuvaaAasandha) for both locals and foreigners who are working in the country. For TB, contact screening is also undertaken. In addition, screening along with disease information is provided to incarcerated populations and those in institutions regularly. Currently the country is working with WHO and other partners to start a TB elimination program.

Health information systems are now being strengthened, with the development of District Health Information System (DHIS), in order to integrate information within one network and make data accessible across the country. Currently work is underway to strengthen the IT network across the country, with unification of all health facilities through one integrated system within the country. The first phase of

DHIS was piloted in B Atoll during May 2019 and the DHIS is expected to be rolled out to the rest of the Atoll in the latter half of 2019. However, this heavily depends on the government financing of the project.

The health sector has also seen development in terms of infrastructure. This includes opening up of International hospital in Hulhumale, construction and opening of an additional 25 storey building within the main hospital IGMH. Additionally, private hospital (ADK) run in Male' show expansion in their infrastructure and also expansion in the services and facilities.



2.3 Sexual and reproductive health, services and rights

Primary level health care in Maldives is provided through health centres, Atoll and Regional hospitals and a separate PHC centre (Dhamanaveshi) in Male' city. Health care services including medical examination, investigations, immunization, antenatal care, drugs etc. are provided to both Maldivians and migrants.

The Maldivian Health Master Plan (2016-2025) and the National Reproductive Health Strategy (NRHS) 2014-2018 prioritized sexual and reproductive health to include, the strengthening of the adolescent-friendly health services, the government recognizes that reproductive health is a crucial component of the general health.

2.3.1 Policy measures, legislative and institutional changes

Since the beginning of 2014, a number of reforms were brought into the public health care system. All health services including preventive services are integrated into the general health system.

An integrated and comprehensive National Reproductive Health Strategy 2014-2018 had been endorsed and is being implemented. Standards have been developed to provide adolescent friendly health services. Sensitization sessions on adolescent friendly health services had been conducted for policy makers and a high-level advocacy meeting, with a wide range of participants including MPs, Ministers and policy makers was held in 2014.

The Public Health Act (2012), the Health Services Act (2015) and the Health Professionals Act (2015) ensure good standard of healthcare for the population, protection from hazardous agents for health by prevention, and by providing appropriate care of a reasonable quality. The Gender Equality Act (2016) mandates government to provide SRH information and services to all.

Permission for medical termination of pregnancy for thalassemia major, sickle cell major, multiple congenital anomalies and maternal life-threatening conditions were given by the 'Islaamee kanthahthakaa behey emme mathee majlis' in 1999. And later permission for medical termination of pregnancy

within 120 days of conception for pregnancies resulting from rape by an immediate family member, rape of a child who is physically and mentally not fit to get pregnant and deliver and so on were given by the 'Islamic Fig'h Academy' through its 'Fathvaa 6' in 2013.

With the intention of enhancing the health sector response and to fulfill the obligations described in the Domestic Violence Act 2012, while accepting that in order to achieve this, all sectors of the state and the society have to make their contribution in a holistic approach and therefore a National Plan of Action to address GBV for Maldives was developed. Subsequently, the Health Sector Response to GBV: National Guideline on Providing Care and Prevention for Health Care Providers is in place.

The National Family Planning guideline is non-discriminatory and facilitates easy access to services. Its programs are devised to ensure that services are within reach to all married couples who need them. A range of contraceptives is available in all islands and a coordination mechanism exists to guarantee proper management of contraceptive dissemination throughout the country. However, other challenges do exist with regard to contraceptive use and adopting family planning methods. Given the investments in the area, more qualitative research is needed to identify and explore in-depth reproductive health related issues so that these can be better addressed in an evidence-based manner.

The first working session for the National AIDS Council Members was conducted in 2013 with representation from high-level members from relevant ministries and agencies. A new Council had been recently

appointed to carry forth the mandate and formulate policy governing the area.

A policy to establish a general practice (GP) service is being piloted as the gate keeper to entry into the public health care system and establishing a referral model, linking with secondary and tertiary care facilities.

2.3.2 Strengthening measures for sexual and reproductive health services

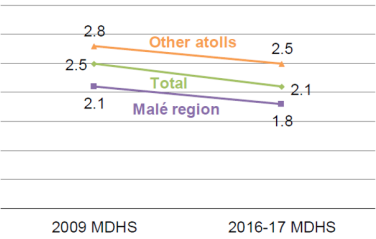
The management of public health care facilities in the Male' city region (the national referral hospital IGMH, Villimale' hospital, and Hulhumale' hospital) have been delegated to be managed by corporate management boards independent of the Ministry of Health. The government has entered into a partnership with the State Trading Organisation (STO) in 2014 outsourcing the supply of medical supplies to the public health care delivery system. Other policy initiatives proposed include increasing the level of specialized care at IGM Hospital in terms of cardiac care and treatment of renal diseases, the establishment of a national diagnostic centre that can be accessed by all health care facilities.

The public funds for health are primarily spent on curative care (66.8%), 11% spent on administrative cost, 5.5% on preventive care and 17% on pharmaceuticals (Ministry of Health & World Health Organisation, 2013). The country spent US\$ 130 per capita on inpatient curative services and the same amount on inpatient treatment abroad and US\$ 95 per capita

has been spent on medicine in 2011, while US\$ 11 per capita was spent on public health programs (Ministry of Health & World Health Organisation, 2013).

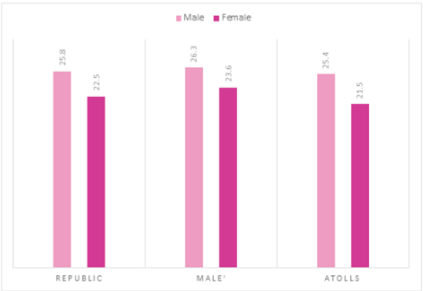
DHS 2016/17 results showed that the total fertility rate (TFR) of the country is at 2.1 children per woman on average showing that Maldives is at below replacement level fertility. And almost one-third of currently married women (31%) have an unmet need for family planning.

Figure 2.10: Total Fertility Rate (TFR), 2009 and 2016/17



Source: Maldives Demographic Health Survey (DHS), 2016/17

Figure 2.11: Singulate mean age at marriage (SMAM), Census 2014



Source: Maldives Population and Housing Census, 2014

Sexual and reproductive health services facilitate women and couples to have the desired number of children they want, to deliver their babies safely and have healthy newborns. Reduction has been observed in the rates of unintended pregnancies, lower rate of death and disability among women and newborns.

There has been marked progress in reducing infant mortality rates and maternal mortality rates. Maternal health is a critical area for sustainable development and highlighted in the SDGs and earlier in MDGs. Maternal mortality ratio (MMR) decreased from 100 to 13 per 100,000 live births during the period 2006 to 2012 and jumped to 44 per 100,000 population in 2016 and furthermore to 104 in 2017 (VRS, MoH). Infant mortality rate is 10 per 1,000 live births in 2017 while under 5 mortality rate stands at 11 per 1,000 live births (VRS, MoH). It should be noted that annual rates fluctuate due to the few number of deaths since one additional death increases the rates.

Table 2.7: Mortality indicators, 2010-2017

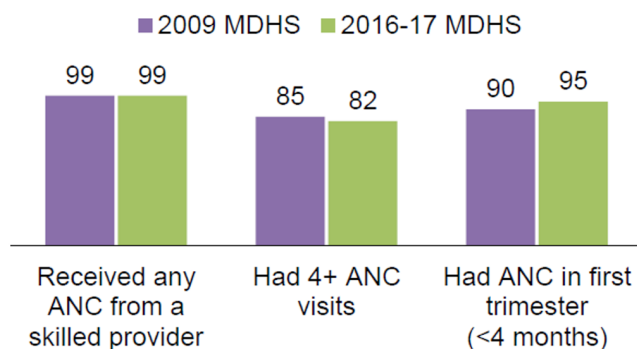
Year	Infant Mortality Rate (under 1) / '000 Live Births	Mortality Rate (under 5) / '000 Live Births	Maternal Mortality Ratio (MMR)/100,000 live births 3_/	Neonatal Mortality Rate (NMR)/'000 live births
2010	11	13	112	8
2011	9	11	55	7
2012	9	11	13	6
2013	6	9	0	4
2014	8	10	41	5
2015	9	11	72	5
2016	8	9	44	5
2017	10	11	104	8

Source: Statistical Yearbook 2017, NBS

In-depth review of maternal deaths was initiated in the year 1997 to identify and focus interventions in reducing maternal deaths. Emergency Obstetric Care (EmOC) at atoll level was strengthened. In order to provide comprehensive EmOC in all atolls, the atoll level health centers were upgraded to Atoll Hospitals with comprehensive EmOC facilities. Institutional deliveries are in place and encouraged to bring positive outcomes in reducing maternal mortality.

The coverage of antenatal care (ANC) reached 99% in 2009 (MDHS, 2009) with the majority of women having their first ANC visit in the first trimester of pregnancy. And this remained the same in 2016/17. Pregnant women are advised to attend at least 9 ANC times. MDHS 2016/17 also showed that 80% of the women and 82% of the newborn received a post-natal check within the first 2 days of birth.

Figure 2.12: Women (15 - 49 years) who had a live birth in the 5 years before the survey and:



Source: Maldives Demographic Health Survey (DHS), 2016/17

Maldives is moving from a high burden of communicable diseases towards an increasing burden of non-communicable diseases. The challenge lies in controlling non-communicable diseases and addressing social determinants of health while continuing to strengthen preparedness and control of emerging and re-emerging communicable diseases. This situation is emerging in many developing countries and thereby addressed in the SDGs to emphasize the importance of addressing this double burden to achieve health gains.

Other chronic diseases of public health concern in Maldives are Thalassemia and other haemoglobinopathies, chronic renal diseases, congenital heart diseases. There is also concern among the expert in the field that auto-immune diseases could be emerging as an area of public health concern and needs further study.

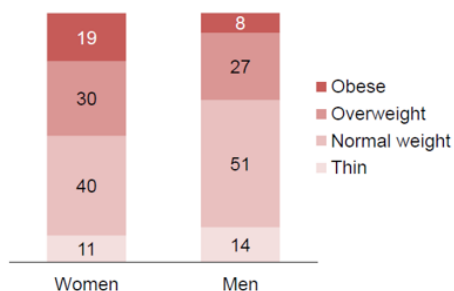
MDHS 2016/17 reported that the prevalence of disability is low in Maldives. Only 4% of the household population were reported to have any disability. Medical disability (disability due to disease) was observed more for both sexes mainly resulting from old age. This was followed by visual problems among women and mental problems among men. Among those with disability, almost half receive an allowance from the government.

Added to these physical disease conditions is the issue of mental health and psychosocial wellbeing which have not been in the limelight till very recently, thus needing a high focus and investment. The national estimate of mental and neurological disorders combined is as high as 18.7% (World Health Organi-

Addressing the health concerns of the adult population is taken as a key area of investment in Reproductive Health. However, with the growing burden of chronic and non-communicable diseases, there is growing recognition of designating health interventions targeting this age group. The MDHS indicated that a number of unhealthy practices such as tobacco use, drug use, physical inactivity and unhealthy diet leading to obesity are prevalent in this age group. MDHS 2016/17 showed that 4 in 10 men smoke any type of tobacco (42%). Among those who smoke, almost close to half smoke 15-24 cigarettes each day. And the use of tobacco is highest among men in their 20s.

MDHS 2016/17 also showed that almost half of women and over one-third of women in Maldives are overweight or obese (with a bodymass index of 25 or over). Obesity of women is a concern and which leads to many diseases with ageing.

Figure 2.13: Nutritional status of women and men aged 15-49 years, 2016/17



Source: Maldives Demographic Health Survey (DHS), 2016/17

There is an emerging indication of the in-country spread of HIV in recently detected cases. Furthermore, the risk of HIV and STIs are significant due to unsafe and harmful practices such as unprotected sex, commercial sex work, and needle sharing among injecting drug users. However, the lower incidence of HIV and other STIs are some of the proximate health benefits that accrue from responsive SRH services.

Hepatitis B is also a significant disease that has the high risk of transmission, particularly among adults. While infants are vaccinated under the routine EPI and safe blood practices are maintained, surveillance needs to be strengthened, and Maldives needs to develop a comprehensive strategy for prevention and control of Hepatitis B, with a particular emphasis on women of reproductive age.

The majority of deaths in Maldives occur in the older ages. The health of older people is characterized by chronic diseases as observed in the cause of death statistics in Maldives. Furthermore, about 8 -10% of the older population are receiving home care services as they are bed ridden and frail.

In addition to the provision of routine health care, health services have in-built systems for preparation and response to public health emergencies and disasters. As such, national protocols are developed and drills are conducted for public health emergencies and to a lesser extent on national emergency situations.

Sea Ambulance service has been initiated since 2014 with the aim of providing emergency transport between islands to ensure appropriate emergency

care. Maldives Red Crescent was established in 2009 and this party actively promotes volunteerism and develops community capacity for emergency preparedness, first response including in public health epidemics and pandemics.

Long-term benefits in SRH range from greater family savings to stronger national economies. The Maldivian Health Master Plan (2016-2025) and the National Reproductive Health Strategy (NRHS) 2014-2018 prioritized sexual and reproductive health to include, the strengthening of the adolescent-friendly health services. There are number of programs carried out with objective of improving the overall reproductive health of women including sexual and reproductive health of adolescents including family planning information. Additionally, the National Family Planning Guideline is non-discriminatory and facilitates easy access to services. Its programs are devised to ensure that services are within reach to all individuals who need them.

Given the sensitive nature of services related to sexual and reproductive health the government regularly collaborates with civil society organisations to deliver information on sexual and reproductive health. Prevention programs implemented through community-based organizations and NGOs working with some key populations (including SHE, Journey). Interventions planned along with school health to reach in school children, and through NGO's to reach out of school youths and adolescents and services provided include voluntary testing and counseling, HIV prevention awareness and behavior change interventions targeting risk behaviours.

Health personnel in areas identified to have greater number of key/ high risk populations are being trained for identifying and carrying out behavior change interventions within these groups. Trained peer outreach workers also conduct programs in the community, targeting hard to reach key populations. The programs are monitored and coordinated by the national HIV prevention program.

Broadcast media is often utilized in a systematic manner to spread awareness, via video spots, interviews and public health messages. National media –TV, Radio and Private media channels used to promote adolescent SRH through video clips, public health messages, interviews. Awareness sessions, media campaigns and advocacy forums has been conducted throughout the year. Teleconferences has been conducted to atoll health facilities to share expertise on sexual reproductive health (SRH) and clarifying further queries.

The Public Health Unit attached to each health facility both at atoll and island level provides services such as family planning counseling, and provides contraceptives by choice. The National Family Planning guideline does not specify that the services will be provided only for married couples; however, practice is that the services are commonly provided to married couples only. There also exit cases where contraceptives have been provided to vulnerable clients if and when required.

Some of the contraceptive methods such as pills and condoms are available in pharmacies and other outlets.

National EPI program vaccines are provided by government free of cost, to all eligible children and are available in all rural areas. Vaccine-preventable diseases such as polio, diphtheria, neonatal tetanus and measles have been eliminated.

Training workshop on mobilization of religious leaders to support adolescent/women and children's sexual and reproductive health was conducted in September 2014; and a subsequent Training Manual had been developed.

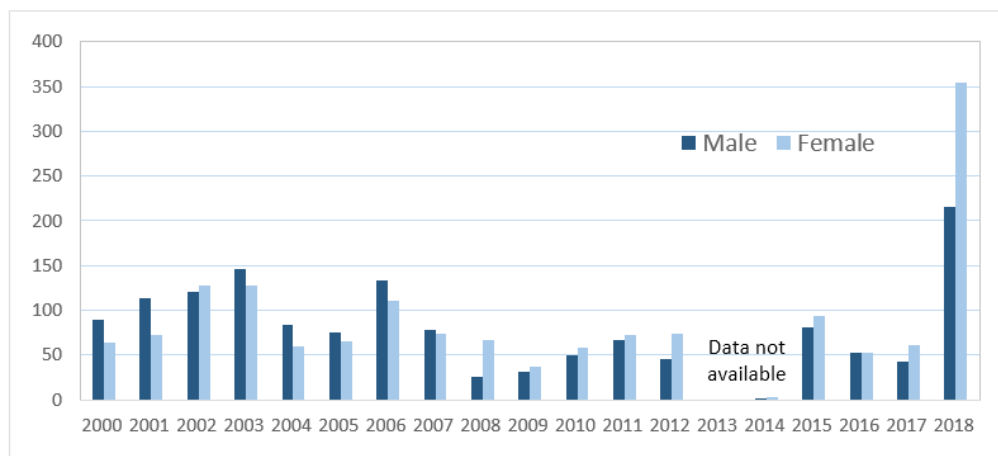
2.4 Education

Maldives has outperformed other countries in the South Asia region in its education indicators despite the country's challenges associated with a highly dispersed population scattered in about 187 remote islands. Maldives had achieved universal primary education with a 7-year primary school cycle by the year 2000, and achieved gender parity at all levels of education as set in MDG goal 3. Maldives is also proud to be among the few developing countries in the world which had fully achieved all six of the Education for All (EFA) goals by 2015.

Two years into the Sustainable Development Goals (SDG), Maldives is well on track in achieving the targets of SDG 4 to 'ensure inclusive and quality education for all and promote lifelong learning'. The national education policies and sector plans are in full alignment with the SDG 4 on quality education and the country is well on track to achieving all targets far ahead of 2030.

Improvement has been made in the higher educational sector with new programmes being introduced, student loan being granted and increased opportunities for skill development of the younger generation.



Figure 2.14: Students who received scholarships, 2000-2018

Source: Statistical Yearbook, 2019

2.4.1 Policy measures, legislative and institutional changes

The overarching education policy of the current government, “No Child Left Behind”, reaffirms the government’s commitment in ensuring inclusive quality learning opportunities which caters to the needs of every child to reach their full potential. As such all children are now guaranteed 14 years of free education starting at the age of 4 in pre-primary education till they complete higher secondary education at age of 18 or 19, which includes a 10 years compulsory cycle from grades 1 to 10. A comprehensive inclusive education policy also ensures and facilitates the education provision for children with disabilities across the nation. Currently there are 52 specialized SEN units and 178 schools with SEN trained teachers across the country catering to over 3993 students with special needs. Furthermore, in line with the

school attendance policy every school age child is being identified and tracked, monitored.

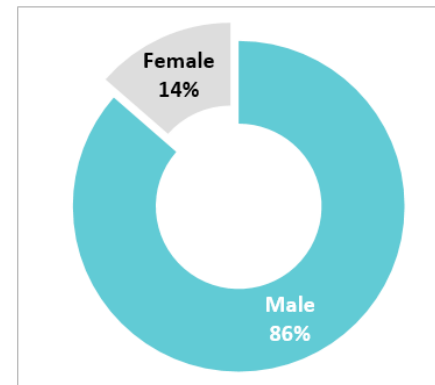
Towards the end of 2005 the government took a major step towards ensuring accessibility up to primary education taking over all community run schools under the umbrella of public school system. It is this change that led the country in its quest to achieve the MDG Goals on education and Education for All (EFA). Since then Maldives has been reviewing the education in all aspects. In this process the following were in the agenda of review, accessibility, curriculum, legislative frame work, policies, programs etc. Ministry of Education made its latest strategic plan from 2014 – 2018 incorporating the areas of review that aimed towards the overarching policy of ‘No Child Left Behind’.

In the early 2014 a strategic change was brought to school administration, which led the dispersed school administration to house at the central ministry. In

housing the school administration at the central ministry led to a major change in school administration and monitoring of the public schools. Policies and activities were revised to ensure the accessibility throughout the country. In this regard attendance policy was introduced which spelled out every single step to be taken by the schools and the various departments of the Ministry of Education to ensure every child is accounted for and every child attend schools. School health screening and vulnerability policy was introduced to grade 1 and grade 7. These policies were towards to give early signals of delinquency and children at risk.

Quality Assurance Department (QAD) was formed in early 2015 to ensure more independent supervision of schools. With the establishment of QAD the function of Education Supervision and Quality Improvement Department was reorganized to work more on development of standards and vulnerable children. Vocational Education was introduced as one of the main stream options for secondary education in 2015 parallel with skill development accredited courses for grade 10 students. Introduction of these new areas into the system required close guidance to schools and assistance. UFAA project office was established in early 2014 to implement the new projects and programs in line with the strategic plan 2014 -2018.

Figure 2.15: Share of student enrolment in technical education by sex, 2018



Source: Statistical Yearbook, 2018

Pre School education has been mandatory to be provided in each inhabited by preschool Act 2/2012. Ensuring preschool education in all islands at affordable rates was a challenge due the size of the population. Hence, to be in line with SDG goals government decided to incorporate preschool education into the existing formal education system. This resulted in providing the preschool education through the existing government school in each island. In mid-2015 government decided to provide 14 years of free education to all children from grades LKG to grade 12. The result of which was seen in the enrolment statistics of 2017. The preschool net enrolment was 99% while secondary completion with an employable or higher education opportunity went up to 97%. With the new policies in place the secondary survival rate also is more than 90%. In the process of extending opportunities in Higher Education the second university of Maldives, the Islamic University was established in 2015. With the student loan

scheme, revolving fund was established in early 2014 to increase the opportunity and finance and support higher education.

Though Ministry of Education has been more than 80 years but, Maldives lacks an education act. Education Act was drafted and sent to parliament on early 2017 to establish a legal framework for the education sector.

Maldives Education Management Information System (MEMIS) works were initiated in late 2014. Until then Maldives did not have a systematic electronic system of collecting, recording, dissemination of data. Now, in the midst of 2018 the MEMIS has become operational and student and educational teacher's data are being collected, recorded via MEMIS and used for evidence based decision and policy making. The policy measures to implement MEMIS have enabled the education sector to take informed decisions.

Maldives has rolled out a new competency-based curriculum that encompasses all the aspects of education for sustainable development. While the ICT is integrated across the curriculum more severe steps has been taken by the government that every child and teacher has the required competencies for 21st century. The school Digitization policy has led towards smart schools with high speed broad band Wi-Fi connection in the school premises.

In the history of the country first time the Ministry of Education has established minimum standards for teachers' qualification. On 2015 it was decided that by 2018 all fulltime teacher's minimum qualification

to be at Diploma in Teaching. This initiated a boost in learning of the existing teachers and in the community too.

In 2019, to fulfill one of the campaign pledge of President Ibrahim Mohamed Solih, the breakfast at school programme was launched. It initially started as a pilot programme to offer a nutritious breakfast for students in 25 schools at the start of the 2019 academic year. Ten menus were created with the help of UNICEF, HPA and nutrition experts. The options include omelettes, sandwiches, baked beans or flat bread and various forms of mashuni all of which would be served with a full cream milk packet. The programme has now been rolled out to all the schools in the country since June 2019.

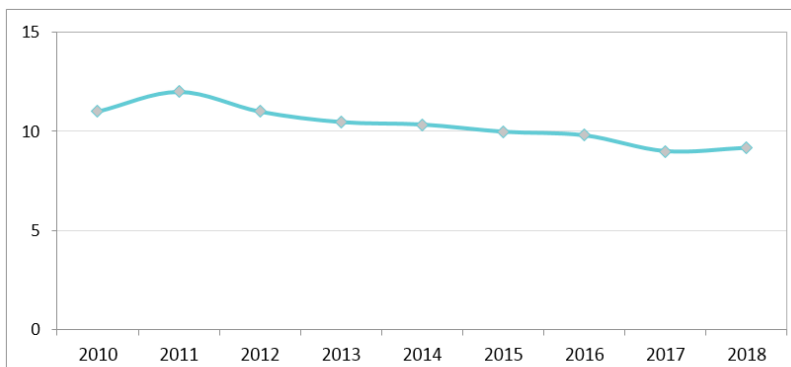
2.4.2 Quality Education

Maldives with its success in achieving EFA and MDG goals for education went on to ensure the quality of education. The new policy of 14 years of free education ensured that 2 years of preschool education free. Preschool integration into government schools ensured the accessibility and free education. While in 2015 for the first time a formally preschool curriculum (foundation stage) was rolled out and the teachers in services were trained.

Maldives education system experienced a total reform in the curricular in 2015 with the roll out of a new competency-based curriculum. The new curriculum encompassed all areas of SDG goal 4 on education. It was in 2015 that vocational education was made a main stream offered to all students in the secondary schools. While at the same time skilled based courses were offered to secondary and higher

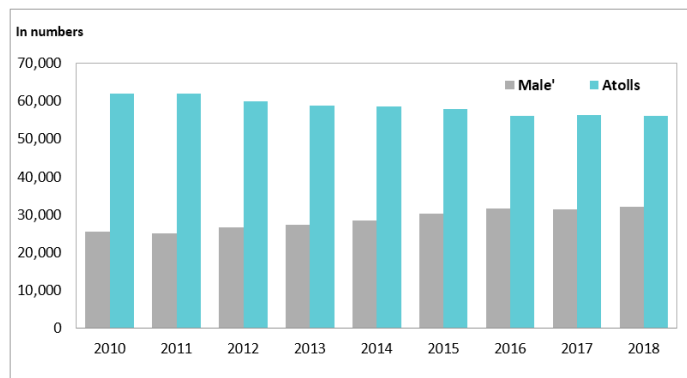
secondary completing students. Measures were taken to reach out the remotest islands and the smallest communities. Maldives education system defy distance and established virtual classrooms in the schools with a student population of less than 50, at the moment we have 9 remote islands. The establishment of virtual classroom overcame the challenge of finding qualified teachers for these small and remote communities. The new digital school policy ensures all students and teachers access and competency on ICT. Under the school digital program all schools will be provided with high speed Wi-Fi connection and every single teacher and student will be given a tablet computer. The schools text books printing would be very limited for Maldivian schools effective from 2019 as all text books and many of the assignments will be via the tablet computers provided.

Figure 2.16: Student teacher ratio, 2006-2018



Source: Statistical Yearbook of Maldives, 2018

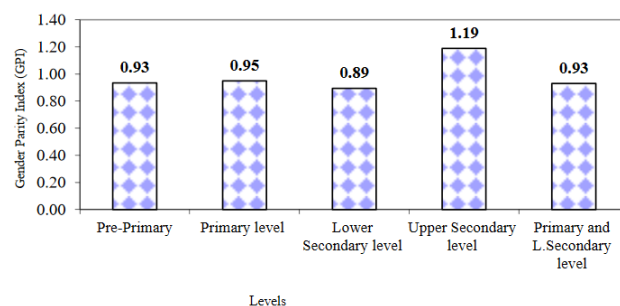
Figure 2.17: Student enrollment in Male' and Atolls, 2010-2018



Source: Statistical Yearbook of Maldives, 2018

To ensure that quality of teachers', extensive programs were implemented to improve the teacher standards. The establishment of minimum qualifications for teachers boosted a learning community and awareness among teachers. Ministry of Education in collaboration with NIE and the National University launched a subsidized teacher training program for in-service teachers. While the next steps to improve the standards of teachers were initiated though new standards were not established. A subsidized graduate program and availability of student loan program especially for in-service teachers were launched under the name 3K training for teachers. Maldives with its present teachers on roll maintains 9:1 (student / teacher) ratio. The medium instruction being English online training programs from reputed international institutions were made available for teachers and all teachers other than the teachers teaching local subjects, and who does not have a minimum qualification of GCE O level pass in English are enrolled in these programs.

Figure 2.18: Gender parity index, 2017



Note: The closer the GPI is to 0, the greater is the gender disparity in favour of males. A GPI of 1.0 on the other hand, indicates gender parity. A GPI greater than 1.0 indicates a gender disparity in favor of females, meaning more females than males attend school.

Source: School statistics 2018, Ministry of Education

In the last five years the infrastructure development in the country experienced a boost and the education sector too. The minimum standard facility required for schools were established, and works were done towards achieving it. School safety policies and guide line were made while each and every school made and executed its School Emergency Operation Plan (SEOP). All schools in the country were installed with fire extinguishers and the required training was given.

Disability access ramps were made in all schools throughout the country. Similarly, toilets in schools was made accessible for disability students. School hygiene was given priority and various training programs were conducted and a school wash policy was made and implemented in 2018.

With the implementation of Attendance policy, the out of school children were identified. Ministry of

Education established a special program office UFAA in early 2014 which was specially entrusted with out of school children and vulnerable students. With the implementation of MEMIS (Maldives Education Management Information System) with OOSCH module being implemented, it made available the information and statistics required to identify and assist the vulnerable students and students out of schools. ESQID (Education Supervision and Quality Improvement Department) with UFAA program office ensure that children out of school are brought into school system or those who cannot attend school are provided with an educational program.

MEMIS is an internet- based data collection and dissemination program which enables real time data to be collected. MEMIS with its attendance module being implemented has the ease for teachers to access with their smart phones too. Student academic progress and other programs are recorded in the MEMIS. The student academic feedback is generated through MEMIS. Data on all individual students' academic and all training programs are recorded in MEMIS. As MEMIS is being developed to become a comprehensive data base that records all students' records from play school to tertiary education. MEMIS also is incorporated with a TVET module which will allow to record all skill- based training provided in all registered institutions.

The education sector strategic plan 2014 – 2018 has made Maldives education a fore runner in achieving SDG goals for education.

The Ministry of Higher Education established under the new government in 2018. The ministry has been

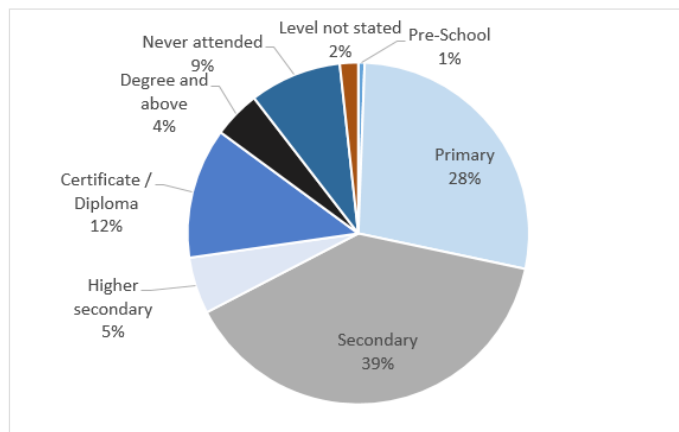
successful in achieving the key pledges of the president for the first 100 days which include facilitating low-interest student loans for higher studies, scholarship opportunity to any country for the national top achievers in A'level. The government has also introduced free undergraduate courses in Maldives. The ministry has also conducted a National Training Needs Analysis which 12 fields that required training of people. This include education, tourism, construction, business, economy and fisheries. The analysis also identified new areas of training such as guesthouse management, Islamic banking, Artificial Intelligence and Big Data Analysis.

Table 2.8: Number of candidates sat and passed in A 'Level by subject, 2017

Subject	Candidates	Passed	% Passed
Islam	1,592	1,379	87
Dhivehi	1,603	1,367	85
Maths	726	232	32
Geography	10	9	90
History	12	10	83
Economics	434	208	48
Physics	659	105	16
Chemistry	749	161	21
Biology	716	157	22
Business studies	528	341	65
Accounts	600	291	49

Source: Statistical Yearbook of Maldives, 2017

Figure 2.19: Highest education attained of Resident Maldivian Population 15 years of age and over by level, 2016



Source: HIES, 2016



2.5 Gender equality and women's empowerment

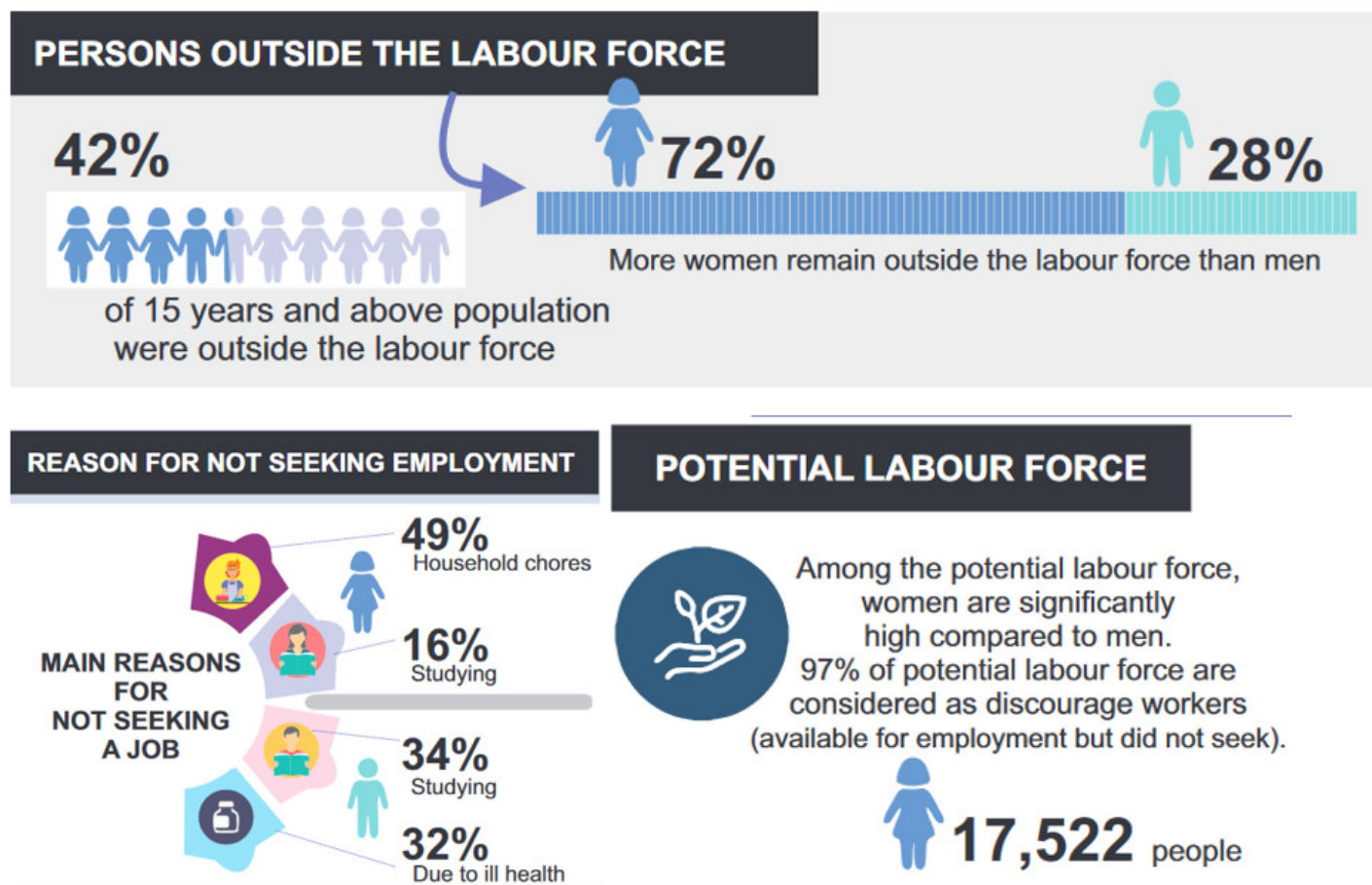
Maldives has made significant strides to establish gender equality. Maldives has achieved gender equality in access to education and health services, and there is a gradual increase in women's participation in different sectors. According to Census 2014, women's participation in higher education is greater than that of men. While female participation in higher education is 58 percent in Male', their participation in higher education within the atolls is 56 percent. However, labor force participation rate for women is much lower compared to that of males. Although women are relatively active prior to child bearing age, after giving birth, women's responsibil-

ity in household chores and child rearing increases. Hence, more women tend to be outside the labour force compared to men. Furthermore, more women work in the informal sector with low pay and without any job security. Therefore, greater efforts are required in increasing women's participation in political and public life and increasing their representation in decision-making levels and employment sphere.

The Gender Equality Law (GEL) ratified in 2016 is a milestone legislation that prohibits discrimination on the basis of gender, harmonizes the existing legal framework with the Convention on the Elimination of

all Forms of Discrimination against Women (CEDAW) and promotes gender equality in the Maldives in a cultural, social, economic and political context. GEL is seen as an opportunity to ensuring gender equality in the Maldives.

Figure 2.20: Key statistics outside the labour force, HIES 2016



Source: Household Income and Expenditure Survey 2016

2.5.1 Policy measures, legislative and institutional changes

The national machinery for the advancement of women has been shifting in status and continues to be redefined and realigned from one entity to another, but has always remained in existence. The ministry was merged and formed as Ministry of Health and Gender in November 2013 before it became Ministry of Law and Gender in July 2014. With the vision, to enrich the lives of children, women, elderly and persons with disabilities in the Maldives, Ministry of Gender and Family was formed in June 2016. The Ministry is mandated to promote women's rights and improve the status and wellbeing of women in Maldives with a key focus on women's empowerment in social, economic & public life and protection from domestic violence. Furthermore, to promote gender equality and remove all forms of discrimination.

Law No 18/2016 GEL, ratified on 23 August 2016 outlines explicit duties and responsibilities on State and private parties, prohibits victimization and introduces remedy for discrimination based on gender. Implementation of GEL commenced on 23 February 2017. A total of 78 awareness sessions on basic fundamentals of GEL has been conducted, which reached more than 1500 people from 51 institutes comprising Ministries and state-owned companies. On 12 June 2017, Ministry of Gender and Family formulated the minimum standards for the complaint mechanism.

Formulation of Gender Equality Policy (GEP) initiated

in 2014 and launched on 8 March 2016, with main outcome areas as governance and leadership, gender mainstreaming, economic empowerment and gender-based violence has been revised and aligned with GEL. A Gender Equality Action Plan (GEAP) was formulated with five main goals; leadership and governance, economic development, institutional gender mainstreaming, gender-based violence and access to justice. The ministry is currently developing a monitoring and evaluation framework for GEAP with the assistance of UNDP Maldives.

The new Penal Code enacted in 2014 and enforced in April 2015 comprehensively defines all crimes including that of rape. Furthermore, an amendment to the Family Law ratified on 18 April 2016, now provides for the equal distribution of matrimonial property after divorce. In addition, the Sexual Offences Act (16/2014) and Sexual Harassment and Abuse Prevention Act (17/2014) are also two key legislations that was endorsed in 2014 with the purpose of providing the necessary framework for protecting women facing violence and abuse.

On 8 March 2016, the Cabinet endorsed removing the reservations on CEDAW article 16, 1 (b), (e), (f) (g), (h) and 2 (Ministry of Foreign Affairs, 2016). Under the Maldives Constitution, section 93, the recommendation will be submitted to the Maldivian Parliament for further address.

Flexible working hours have been introduced into the Civil Service System. The objective of introducing flexible hours is to provide an option for pregnant women and women with children under the age of three to work from their home. This change has

enabled more women to continue to work even while pregnant or while looking after their children, which could otherwise put them at a disadvantage compared to men.

In addition, amendments to the Civil Service Regulations in 2014 now allows for a total of 60 days, excluding public holidays and weekends, as maternity leave. With the new government in 2018, maternity leave has now been set for six months. The Maldives Monetary Authority (Central Bank) has also set in procedures allowing for six-month maternity leave.

2.5.2 Protecting rights and gender equality

One of them main objectives of Gender Equality Policy, is to ensure gender mainstreaming in other sectors. Developing institutional infrastructure for gender mainstreaming is important to promote the needs of women and men in the society. As government institutions can play a leading role to ensure gender equality within the nation, establishment of improved systems within government institutions to understand and address the specific needs of women and men (including girls and boys) is a key policy priority.

In addition, the Gender Equality Action Plan being a framework that enables state actors, private sector organizations and gender advocates to work together to achieve each of its goals, the action plan has multi-sectorial technical committees and a steering committee.

The Ministry of Gender and Family provides psychosocial support and basic needs to women and girls who are victims of abuse. In addition, the Ministry in collaboration with UNICEF and Maldives Police Service launched 1412 call centre and “Ahan” mobile application in 2017 to facilitate the reporting of violence against children.

Women and children who are victims of domestic violence, abuse and neglect are provided temporary shelter in safe homes (Amaan Hiya) established at the Family and Children’s Service Centres (FCSCs). The mandate of safe homes includes safeguarding the rights assured in the Constitution of the Maldives to women and children who are provided temporary shelter and working with other relevant State agencies to reintegrate them back to their community, as well as providing psychosocial support, if required. Currently there are four safe homes and they are located in H.Dh Kulhudhufushi, G.Dh Thinadhoo, Sh. Funadhoo and Th. Veymandoo. The safe homes are annexed to the FCSCs and the overall management of the institutions is mandated to the Ministry of Gender and Family.

Table 2.9: Number of children at Children's Shelter at K. Villingili by sex, 2014-2017

Age group	2014			2015			2016			2017		
	Number of Children			Number of Children			Number of Children			Number of Children		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Total	69	30	39	118	61	57	63	36	27	71	36	35

Source: Statistical Yearbook of Maldives, 2018

Economic empowerment of women is a key pledge of the current government. In the year 2015, special loan schemes were introduced targeted at small and medium enterprises. In 2015 and 2016, it has been reported that a total of 93 fisheries loans were taken by women for the production of fish and fisheries products, including for the development and maintenance of fishing vessels. Further, it has been reported that 65 Agriculture loans were taken by women either for agricultural development purpose or Fisheries and Agriculture Diversification Program (FADiP) in 2015 and 2016. Moreover, with the contribution of ADB, a soft loan scheme of 23 million Rufiyaa was introduced, under which loans were granted to 96 enterprises. Out of these, 40 percent of the loans were sanctioned exclusively for women and youth.

A "Council for Economic Empowerment of Women (CEEW)" was established in the year 2015, comprising of experts from various fields, including Ministry of Economic Development, Bank of Maldives, Social Sector and members from Civil Society Organization. The main purpose of the Council is to identify the opportunities and the challenges faced in empowering women economically.

The "SABAH" project conducted by the Ministry of Economic Development is an initiative to strengthen the livelihoods of home-based workers in the Maldives. "SABAH" is a cooperative with a 40%

shareholding of Maldivian home-based workers and 60% by the Government. SABAH has a special component for home-based female workers by facilitating opportunities to earn a sustainable income from their products. SABAH Maldives collaborates with local cooperatives to support and display the products of Home-Based Workers in the market. Through implementation of this project, it has also provided capacity building and trainings in areas such as food processing, handicrafts training to management trainings to soft skills. By 2017, this project has reached to 914 members throughout the Maldives and 73 members have been trained from abroad.

Ministry of Gender and Family in collaboration with Women's Action Group and Institute of Governance and Development held a Symposium in Bandos Island Resort in 12 March 2014, to identify the gaps, challenges and opportunities to economically empower women. A total of 21 women from various atolls participated in this forum.

To economically empower women, a training program in collaboration with "mind fields" was conducted in Baa, Lhaviyani and Raa Atoll aimed to economically enhance the capabilities of women in August 2014. Furthermore, leadership program along with awareness sessions on prenuptial agreement was conducted for 85 youth in 2016.

The Law prohibits marriage of any person under the age of 16 years. Special measures are being taken to tackle the issue of marriage of persons between the age of 16 and 18. The Maldives Supreme court introduced a new ruling on the 20 September 2016 to the Article number 85 of the Family Law Regulation. The amendment states the requirement of the Family

Court to seek approval from the Supreme Court before registering marriages involving minors. Under the amendment, the Family Court while submitting for approval has to include a social inquiry assessment conducted by the Ministry of Gender and Family. The current statistics show that child marriage is less than 3 percent in the country (DHS 2016/17)

Table 2.10: Population aged 20-24 years who were married before the age of 18, 2009 and 2016/17

Indicator	2009	2016/17
Proportion of women aged 20-24 years who were married or in a union before age 15 and age 18		
a) before age 15	0.3	0.0
b) before age 18	3.9	2.2

Source: Maldives Demographic Health Survey (DHS), 2016/2017

2.5.3 Women's participation in decision making

It is always a concern that women's engagement in economic activity is low compared to men. As shown by HIES 2016 results, the female labour force participation rate is low as 42 percent. While the labour force participation rate is low among women, women in managerial position is also low (at 19.5 percent). The gender pay gap for employees show that female earn 20 percent less than men. Additionally, women's engagement in politics and other leadership activities is not even up to mark. With the parliament election held in April 2019, even though 33 women contest for the parliament, only four women was able to win the election. Thus the number of women in the parliament went down from 5 to 4. Despite the fact that many women are pursuing higher education, the low participation of women in such activities has to be addressed and empowered.

Figure 2.22: Key statistics on women employment, HIES 2016

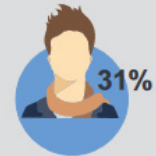
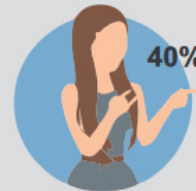


GENDER PAY GAP



Gender pay gap
for employees
were
20%
as per main job.

INFORMAL SECTOR



More women work in informal sector than men

PROPORTION OF WOMEN IN MANAGERIAL POSITIONS

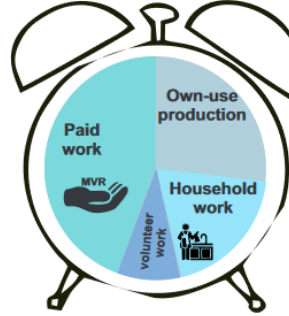
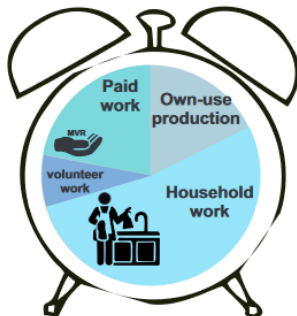
Of all people employed in decision-making
and management roles,
only **19.5% are women**

HOURS SPENT IN ALL PRODUCTIVE ACTIVITIES

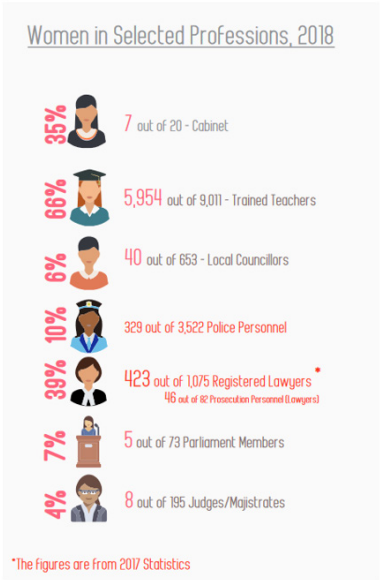
(Paid & unpaid work)

On average, women spend more hours in all the activities.

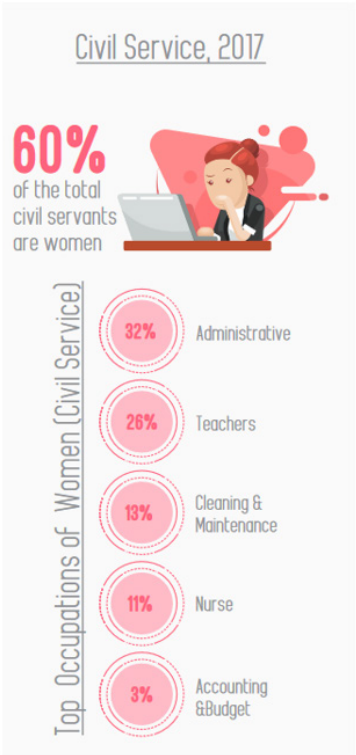
On average, **Women** spent **6 hours** per day in the
household work
while **men** spent **3 hours** in household work



Source: Household Income and Expenditure Survey 2016



Source: Women in Maldives, 2018



Source: Women in Maldives, 2018

As shown in the key statistics, the incidence of employment in the informal sector was somewhat higher among women (40%) than among men (31%) and is higher in Atolls (38%) than in Male’ (31%). In terms of educational attainment, the data show a clear decreasing rate: 48% among employed people with pre-school education, 46% among employed people with primary education, 20% among those with secondary education, and 4% among those with degree and above education (HIES, 2016).

His Excellency President Yameen Abdul Gayoom, in his speech on the occasion of International Women’s Day in 2014 announced that he would ensure that the composition of public company board of directors will have at least two women. In response to the President’s announcement Capital Market Development Authority (CMDA) has amended the Corporate Governance Code in 2014 and mandated all Board of Directors to hold a minimum of 2 female members. The authority targeted to fulfill 33% of female representation in the sector by the end of 2016. CMDA has publicly announced for those interested to be elected as board members to be registered under CMDA.

In order to increase women’s participation in politics and other leadership activities, Ministry of Gender and Family has conducted several gender sensitization programs in capital Male’ and the atolls for Women’s Development committees, Island Councils, NGOs and general public.

2.5.4 Participation of men in gender equality and women's empowerment

In 2015, the Ministry of Gender and Family conducted a program called "HeforShe" and trained 37 men and boys. Furthermore, the Ministry also conducted a training program for 20 male participants from R. Atoll. The main objective of these two programs is to train male gender advocates and encourage men and boys in addressing issues relating to gender-based violence and rights of women.

Since 2013, a group of male gender trainers called "643" trained by the Ministry in collaboration with UN agencies and Hope for Women has been conducting gender sensitization programs and advocating for gender equality and women's empowerment through mass media. The name, 643 is an acronym for 'six for three'. The six, represents the number of people in the running body of the team and three has several connections to the very reason behind the establishment of the group – women's rights. For instance, the Domestic Violence Prevention Act is the law number three. Similarly, the United Nations Millennium Development Goal for promoting gender equality and empowerment of women is three. The number 3 also represent the rate of prevalence of violence against women in the Maldives which is 1 in 3 women between the age of 15-49 according to the survey on Women's Health and Life Experience 2007. With the new DHS 2016/17, one in every four women between the age of 15-49 in Maldives experienced some form

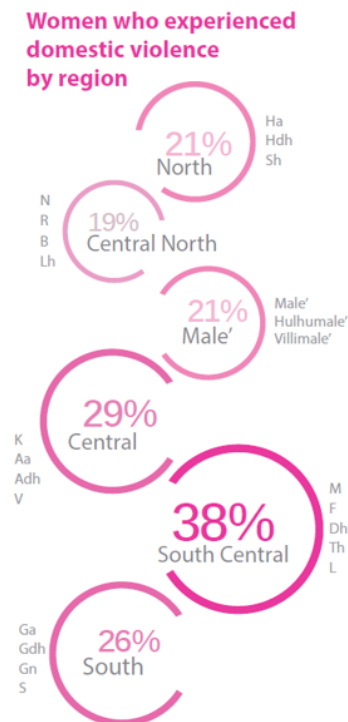
of violence by their current or most recent husband/partner. Women experiencing Domestic Violence is highest in the South Central region (Meemu, Faafu, Dhaalu, Thaa and Laamu Atoll).

Figure 2.23: Women experience of Domestic Violence, 2016/17



Source: Maldives Demographic Health Survey (DHS), 2016/17

Figure 2.24: Women's experience of Domestic Violence by region, 2016/17



Source: Maldives Demographic Health Survey (DHS), 2016/17

2.5.5 Promoting gender equality/ women's empowerment

Ministry of Gender and Family launched an advocacy campaign on 9 August 2016 in the name "KURIMAGU" to strategize and align work done to empower women and enhance gender equality to a main focus. With the launching of "KURIMAGU" Campaign, an advocacy door-to-door program was conducted in all islands of Lh. Atoll, in 2016, to comprehend the perception of community on cases of Domestic Violence and Violence against Children. This door to door also focused on creating awareness amongst community on domestic violence and violence against children

In addition, Gender sensitization program to Maldives Police Officers has been conducted from 21 May 2017 to 7 August 2017. Total 219 frontline officers and investigation officers were trained in the program. The main purpose of the training was to mainstream gender, build common understanding on gender equality and women's human rights, create awareness and increase the knowledge on Gender Sensitization, Gender Equality Law, and CEDAW convention.

Furthermore, Training of trainers on Gender equality was conducted to senior officials for both government and companies with government share from 8 to 14 August 2017. Total 21 participated in the training. The main purpose of the program was to increase institutional awareness on matters of gender, and to establish 'Gender Trainers', who will train

further officials within their institutions on gender issues.

Moreover, Ministry of Gender and Family held a 3-day training program on Gender Responsive Budgeting (GRB) for Gender Focal Points in collaboration with UN Women. A total of 25 Gender Focal Points participated in the training which included information on Gender Responsive Budgeting, and addressing gender equality issues more effectively through public financial management. GRB seeks to assist in effectively implementing CEDAW, Beijing Platform for Actions and Sustainable Development Goals.

Gender Focal points were appointed from policy and technical level from ministries in 2015 to effectively implement CEDAW and to develop programs and projects across all sectors in a more gender responsive manner. Gender sensitization trainings and refresher trainings have been conducted for the Gender Focal points during the past years.

The government of Maldives has introduced "Rehendhi Award" in the year 2014, to recognize remarkable women for their contribution and services provided in development of own self, community and the nation. From 2014 to 2017, a total of 18 outstanding women have received this prestigious national award.

2.5.6 Women and health

Permission for medical termination of pregnancy within 120 days of conception for pregnancies resulting from rape by an immediate family member, rape of a child who is physically and mentally not fit to get pregnant and deliver were given by the 'Islamic Fig'h Academy' on 11 December 2013.

A number of education and training programs have been conducted for the judiciary under the Domestic Violence Prevention Act (DVP 3/2012). These programs were conducted by the Judicial Administration. Eight separate programs were held since the ratification of the Act with participants ranging from magistrates, judges to appellate court justices.

Awareness and training were focused on gender sensitive legislations and promotion of women's human rights. Training programs were conducted to all prosecutors over the last few years to provide them with the knowledge of gender equality and to disseminate the contents of the convention to the public. Trainings focused on effective prosecution of gender-based violence and sexual abuse case. Sensitizing training session on Domestic Violence Prevention Act, gender equality and women's rights sessions were held in 2013, and sensitizing program on CEDAW was held in January 2014.



Source: Women in Maldives, 2017

Maldives has submitted CEDAW report in 2019 and it envisioned that achievement in certain areas will bring an improvement in the road towards eliminating discrimination against women.

2.6 Adolescents and young people

The manifesto of the newly appointed government in 2013 laid heavy focus on the youth development which included various strategic plans on how the government could develop and empower the youth and make the country function in a much more effective way.

As the government pledged to provide opportunities for higher education, employment, training and employment, facilitate participation in sports, entertainment, arts and culture for the youth, a separate youth manifesto was designed with variety of programs for the youth. The youth manifesto ensured youth are healthy, educated, trained, productive, capable individuals. The youth manifesto has policies and programs of great benefit to youth.



2.6.1 Policy measures, legislative and institutional changes

The first national youth policy came into action in 2003, and requires a review every three years. The latest revision was in 2012. The policy's vision is that young people are able to contribute to the development of the country and have fair opportunities to develop themselves. The youth policy focuses on nine strategic areas and includes: education, shelter, employment, sports and recreation, empowering young people in the society, health, crime, environment and empowering the youth sector.

In order to make sure the voices of youth are heard in decision making process, the government created a Youth Policy which would come into consideration after the Youth Bill is fully processed and approved by the parliament. The Youth Bill has been drafted in consultation with various stakeholders which include civil society, government agencies, visits to local islands and conducting focus group discussion with youth groups. Once first draft was ready, it was circulated among the stakeholders for further comments. The current government has been reviewing the drafted youth bill.

To ensure the voices of the youth is heard the current government has formed National Youth Council consisting 15 Members with different expertise areas. They will be functioning as an advisory body for the minister. Their suggestions and ideas will be taking into consideration while planning the youth

programs and policies. Besides another program currently started is "Zuvaanunge Holhuashi", a series of youth forums held to take the opinions of youth in different challenges faced by the youth and suggestions from them to minimize it. This program is not only focused in Male' it is focused to different islands. So far the program has been conducted in Male' and K. Atoll Gulhi.

2.6.2 Youth and employment

During the previous administration, one the key promise made was to create 94,000 new job opportunities for youth within the 5-year term. To accomplish this, the government planned and structured various strategies from introducing new SME's loan, student loans, GETSET loan, increasing higher education opportunities and attracting the mega development program from Foreign Direct Investments.

Youth has been conceived with the notion of voluntarily unemployment in the Maldives. This meant they had their own preference for jobs or a trend set in since beginning. Various training programmes and awareness sessions has been carried out to address this concern and to increase youth awareness for the labour market. The youth has started doing what they love while following their own dreams.

According to HIES 2016, majority of men (34%) have

declined a job due to low pay while 40% of the women have declined the job because they don't want to work. One third of the men (34%) prefer to work in the government while nearly half of the women (46%) who are not employed prefer to work at home or home-based work. Both men and women prefer to do manual job (without special skill). This could be due to the low educational level among those not working.

The proportion of men and women aged 18 to 34 years who are neither in education nor training nor in employment (NEET) is very similar for men and women for ages 18 to 21 years. NEET rate is higher for women from 22 years and older, 32% for women aged 22 years and 56% for women aged 32 years and decreased to 44% for the age 35 years. A high NEET rate among women as compared to men is often an indication that women youths are engaged in household chores such as cooking, washing clothes, cleaning and taking care of siblings.

Figure 2.25: Youth (18-35 years) who are not in employment, education or training (NEET)



Source: HIES, 2016

The Ministry of Youth and Sports has been successful in implementing various youth awareness and empowerment programs. Developmental projects have been carried out and assistance has been provided for various sports clubs.

2.6.3 Adolescents and Youth Development

The Ministry of Youth and Sports carries out various activities and programme for the development and empowerment of the youth as it is highly prioritized by the government.

The ministry has been monumental in carrying out peer education programme touching upon substance abuse workshop, child abuse, relationship to domestic violence trainings in 2016. 'Kissaru 2016', a fair on providing information on job opportunities, career guidance and career counselling was carried out in Addu City, ADH. Mahibadhoo in 2016. Similarly, 'Youth Challenge' conducted to enhance the cooperation among the youth to ensure and provide career and various other opportunities for the youth. Career exploration session, international education fairs and some of the other key events carried out during this time.

International Youth Forums was held in India and Maldives in 2016. Similarly, youth forums, youth exchange programs were carried out.

In order to build staff capacity, staff development programmes have been conducted including retraining of staff in Youth Centres across the country.

In the area of sports, similar trainings and workshops have been conducted. This includes, basic football coaching course, coaching course for volleyball, bad-

minton umpiring course, athletics, etc.

Every year the ministry organizes Youth Forums from different sectors/schools/NGOs to discuss on youth issues and how to overcome the challenges the youth face. These outcomes of the forums are taken up at policy level and gets incorporated into the policies of the Ministry. Beside these group discussions, Panel discussions are also carried out to engage different youths along with NGO's. Through these forums, the ministry ensures that youth are encouraged and involved in decision making.

2.7 Ageing

In 2006, persons aged 65 and above comprised a mere 5.3 percent of the total population in the Maldives. The most recent Maldives Population Projections 2014-2054 notes that the population dynamics of the country will continue to undergo remarkable changes and that the ageing population is estimated to double that of their share of 2014. Thus, by 2054, the population aged 65 years and above will take up a share of 14 percent of the Resident Maldivian Population.

In view of these demographic changes and the needs of the elderly persons, the Government has introduced multiple social and health policies to ensure the protection of the vulnerable group and guarantee their fundamental rights.

The Ministry of Gender and Family, as part of the government efforts to make the Maldives an inclusive society for all ages, also conducts a nation-wide awareness campaign in partnership with Maldives Pension Administration Office by the name of "Ranveyla" which translates to "Golden Age" and targets the well-being of senior citizens, since 2016.



2.7.1 Policy measures, legislative and institutional changes

Article 35 (b) of the Constitution guarantees special protection and special assistance from the family, the community and the State, to elderly persons. Guided by the basic principles enshrined in the Constitution of the Maldives, and the “UN Principles for Older Persons 1991”, “WHO Global Strategy and Plan of Actions on Aging and Health 2016-2020”, and the Sustainable Development Goals for 2015-2030, the Ministry of Gender and Family also launched the first ever National Elderly Policy of the country, in October 2017.

The Ministry is currently working with UNDP Maldives to finalise a National Action Plan to implement this National Elderly Policy. A validation workshop was conducted recently in August 2018, with the support of 23 institutions from government, private sector and civil society organizations, to finalize the National Elderly Action Plan.

The Ministry of Gender & Family is mandated to protect and promote the rights of vulnerable groups in the Maldives, including children, women, persons with disabilities and the elderly population. Thus, in 2014, the Ministry has established a separate division to work towards elderly rights and wellbeing.

The Elderly Policy focuses on 4 main areas which are “care and protection”, “independence and participation”, “health and wellbeing” and “preparation for old age”.

The National Mental Health Policy (2015 – 2025) focuses on the mental health in Elderly due to mental disorders such as dementia, delirium and depression, which results in significant morbidity and disability and highlights carer burnout as a significant issue that needs to be addressed. The guiding approaches to this policy include: use of life course approach, community-based care and protecting of vulnerable groups including elderly. The policy strategies include promoting healthy ageing to reduce the detrimental effects on mental wellbeing of the elderly.

The National Human Rights Action Plan (NHRAP) has included numerous actions to protect and promote the rights of elderly while encouraging their participation and harnessing the knowledge and wisdom of the elders.

The Ministry of Law and Gender in 2014, initiated a program in partnership with Ministry of Health to ensure that older bedridden persons are able to access adequate health care from their homes. This program, more commonly referred to as the “bedridden programme” focuses on providing basic health care services for bedridden patients above 65 years of age within Male’ city and all islands. Through this programme, registered bedridden elderly persons are visited at their homes by medical professionals and provided basic medical care and counselling if necessary. Any neglect cases are reported back to the Ministry, to be followed up by social service workers.

During the course of the last 3 years, 93 persons have registered and received health services under this program.

The Ministry of Gender & Family conduct assessments of elderly persons and those with no other means of primary care, prior to their placement at the K. Guraidhoo 'Home for Persons with Special Needs (HPSN)'. The Ministry also make arrangement for their transfer and monitors their well-being. The Social Services Department within the Ministry of Gender & Family has allocation of social service workers specifically for the attendance to cases related to elderly neglect and abuse. Persons who reside at HSPN are persons who needs long term care, and who have no other family alternative to take care of them. A total of 52 senior citizens above 55 years, currently reside in HSPN.

Recent laws introduced to address violence, abuse and rights of vulnerable groups in the Maldives, also covers the ageing population and thereby aims to protect them from violence and discrimination. Examples of such legislation include, the Protection and Provision of Financial Assistance to Persons with Disabilities Act, Domestic Violence Prevention Act and the Gender Equality Act.

Additionally, the MVR 5000 benefit received as old age pension scheme provides ensures financial security for the elders.

Figure 2.26: Pension payments made under different schemes, 2018



Source: Statistical Yearbook of Maldives, 2019

2.7.2 Strengthen coordination and support on ageing

The Ministry coordinates with the Ministry of Health and with other relevant state institutions on a regular basis, to ensure services for the elderly.

Awareness sessions on non-communicable diseases are conducted via various campaigns and under the Multi-sectoral Action Plan for the Prevention and Control of Non-communicable Diseases in Maldives (2016-2020) by the Ministry of Health. The leading causes of death for the Maldives, in 2012 were cardiovascular diseases (CVDs), ischemic diseases, hypertensive diseases as the top diseases followed by chronic respiratory diseases and diabetes. The Ministry also conducts health screenings for per-

sons above 50 years, under its “Ranveyla” Campaign in the atolls.

NGOs that have been able to provide sustained services in the past decade include Society for Health Education, Diabetes Society of Maldives, Care Society, Aged Care Maldives and Journey. In addition to these NGOs, a number of NGOs have emerged working on specific disease conditions and disabilities.

The Ministry is working towards establishing multi-sectoral Community Social Groups (CSGs) in islands, an initiative to identify and assist vulnerable groups including elderly who requires social protection and support within the community. Establishment of CSGs allows easy identification of elderly persons living alone, needing state attention and care, or/ and who are victims of neglect and violence and report to the relevant authorities. If the person is in need of a caretaker, as mentioned above, the social workers would explore extended family and transfer the elderly person to HPSN.

CSG’s consists of representatives from island councils, education service providers, health service providers, social workers, Police, Women’s Development Committees and NGOs. The objective of CSGs is to identify vulnerable individuals. CSGs have been established in 6 atolls to date.

2.7.3 participation of Elders

Through Ranveyla Campaign, special interactive sessions are conducted by the Ministry, for youth, to bridge the intergenerational gap between the elderly population and youth. These sessions promote the interaction between youth and senior citizens, encourage youth to treat older people with respect, and help create conditions for senior citizens to participate in and contribute to the societal development. Over 1047 youth between the ages of 18 to 30 from 32 islands within 7 atolls have joined in such sessions.

2.7.4 Good practices on ageing

The primary objective of Maldives Retirement Pension Scheme (MRPS) is to ensure individuals save during employment to cater for their livelihood in retirement and ultimately creating financial independence. MRPS is a defined contributory pension scheme funded from contributions from both employees and employers. Presently, the Pension Act mandates a contribution of 14 percent of the pensionable wage, comprising of a minimum of 7 percent each from the employee and the employer. The Act, however, allows the employer to make the employee’s 7 percent contribution (or part thereof) on its own.

In February 2014, Pension Office was assigned with the disbursement of Senior Citizen Allowance – a state-funded benefit provided to Maldivians above 65 years of age who do not receive monthly pension

benefits of MVR 5,000 are entitled to an increment which equals to MVR 5000. Every Maldivian Citizen over the age of 65, as such receives this allowance.

Elderly are exempted from standing in queues at health centres, government and private hospitals. Special seating in the public transport. Public transportation such as ferries and bus services has special seating for elderly. 'Smart city project' carried out by Ooredoo and UNDP Maldives also address the accessibility for senior citizen in the use of public infrastructure and services.

The Ministry of Gender & Family have signed partnership MoUs with local NGO's that work for the well-being of senior citizens of the Maldives.



2.8 International migration

For 2014 census an effort was made for the very first time to count the foreign nationals residing in Maldives. A total of 63,637 foreigners were counted, but it was undercounted based on the immigration data. At the time of 2014 census, Maldives had a resident population of 402,071, including foreign nationals.

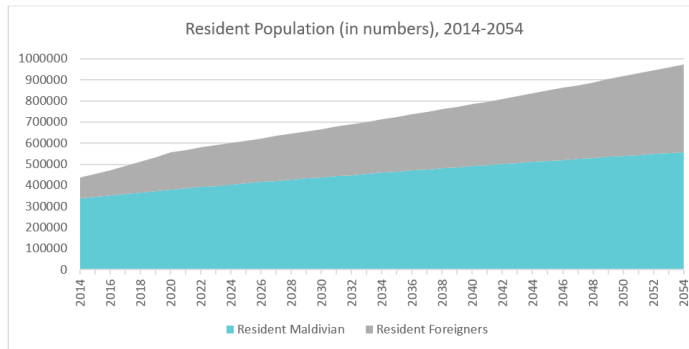
These foreign population is distributed across the country, majority of them live in Male' (40%) and in non-administrative islands (36%). The foreign population consists of many different nationalities with Bangladeshis 58% Indians 21%. And most of them has lived in the country for 1 to 2 years.

As for internal migration, it had been on the rise. In

2000, 18 percent of people surveyed indicated that their place of birth was on a different island. In 2006 this proportion doubled to 35 percent. And in Census 2014 the population of 147,927 have shifted their resident (44%).

Moreover, National Bureau of Statistics has compiled population projection 2014-2054, both including Resident Maldivians and Foreigners. The projection shows at the beginning of the projection period, Resident Population mainly consist of Maldivians. As the Resident Population gradually increases, Foreign Population increases mainly due to the high growth in Foreign Population experienced during the first half of the projection period.

Figure 2.27: Projected population of Maldives for resident population, 2014-2054



Source: Maldives Population Projection, 2014-2054

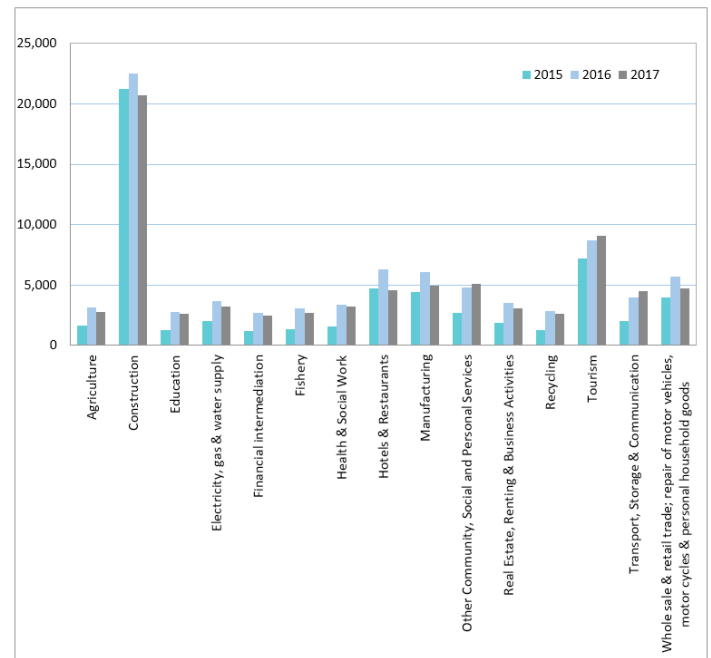
Maldives heavily relies on migrant workers in some of the key sectors which is mainly in construction, tourism, health care and education. The influx of migrants over the past years has increased, transforming the composition of the Maldives population as seen in Maldives population projections. Even though Maldives is experiencing a demographic window of opportunity with many young people, Maldivian do not wish to take up these jobs especially the low skill jobs. This is a serious concern and will be in the coming years as most of the revenues generated from the employment goes abroad.

Maldives also faces the challenges in immigrant management and thus the issue of undocumented foreign workers in the country. Government at various point of time has carried out activities to bring undocumented workers into the system and provide better employment opportunities for these workers.

According to employment approvals issued, majority of the workers comes from Bangladesh, India and

Indonesia. As seen from Figure 2.28 most of the expatriate workers are engaged in construction and in the tourism sector. Most of the Bangladeshi workers are engaged in the construction sector while most teachers are from India.

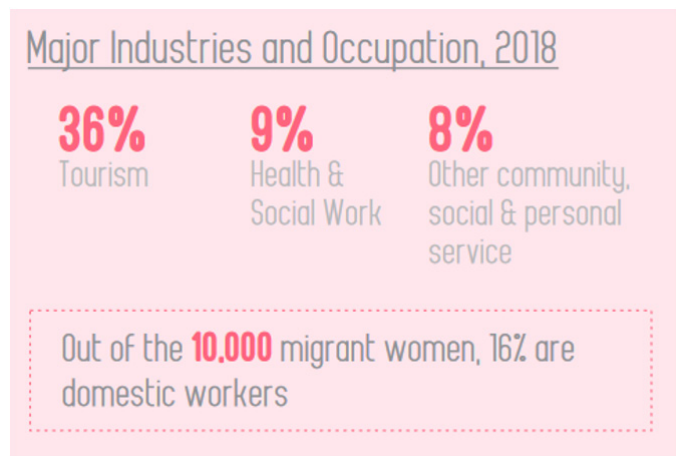
Figure 2.28: Number of expatriate employment by industry, 2015 to 2017



Source: Statistical Yearbook of Maldives, 2017

Among the foreign workers in the country, 88% of them are men and this is mainly due to the industry in this they have to work. Majority of the migrant female are from India, Philippines and Nepal. Female migrants mainly work in the tourism sector, followed by health and social work. Out of the 10,000 migrant women, 16% are brought as domestic workers.

Figure 2.29: Statistics on women migrant workers, 2018



Source: Women in Maldives, 2018

Last two years IOM with the collaboration with many stakeholders has tried to compile a migration profile. The main objective of the project was to bring available relevant data and information on migration. This information will help to provide policy directives and recommendations, with the aim to enhance evidence-based policymaking and implementation.

2.9 Urbanization and internal migration

The population of Maldives is spread across 20 Atolls and each Atoll encompass administrative and non-administrative islands. The results of the 2014 Population and Housing Census of Maldives shows that 38 percent of the population lives in the capital Male' City.

The results of Census 2014 also captured information on the migratory movement of the population. The measurement of migration is based on whether the person had a change in the place of residence previously (for more than 1 year). According to the result, 44 percent of the Resident Maldivian Population has migrated at some point in their lifetime. The number of migrants to Male' remain overwhelming with more than 54 percent of the Resident Maldivians in Male' being migrants.

As a result, congestion has become one of the major issues faced by the people living in the capital city. According to census, the household size in Male' is 5.4 while in Atolls it is 5.1. The results of HIES 2016 showed that close to 63 percent of the household live in rented accommodation in Male'. The main reasons for internal migration to Male' remains education, followed by employment and access to medical services. This makes Male' as one of the most densely populated cities in the world. Greater Male' area includes Male' (the 4 wards of Male': Henveiru, Galolhu, Machangoalhi and Maafannu), Villimale', Hulhumale', Thilafushi and Gulheefalhu

At the same time, the previous government aimed to develop the Greater Male' area³ to concentrate 70 percent of the population in the country. Hence, the population and development consolidation was materialized as one of the major policies of the government to support migration of the population to larger islands such as Hulhumale'.

³ Greater Male' area includes Male' (the 4 wards of Male': Henveiru, Galolhu, Machangoalhi and Maafannu), Villimale', Hulhumale', Thilafushi and Gulheefalhu

The opening of 'SinaMale' bridge is expected to ease the congestion in Male' through affordable housing scheme which has been ongoing since 2004 and flow of traffic between Male' and Hulhumale'. The previous government carried out affordable housing scheme under 'Hiyaa' programme for 7000 flats. However, the demand for housing within Male' area remains as a challenge. To address this issue, one of the main priorities of the new government (2018-2023) is to formulate a nation-wide housing need assessment system to determine the real issues with shelter provision and identifying areas where vulnerable groups are experiencing the adverse effects of housing (NDP, first draft).

Considerable success has also been made in promoting urbanization and regional development across the country. Apart from the capital city, two atolls (Addu and Fuvahmulah) has been given the status of city where these Atolls has surpassed the given population with other development criterions. Improvement has been observed in water and sanitation across the country. Number of islands connected to sewerage system increased from 31 in 2013 to 65 up to June 2019. Currently, there are three international airports and nine domestic airports in the country. However, the high cost of transportation remains a significant challenge. And one of the key pledges of the new government (2018-2023) is to bring down the internal transportation cost in the country with assessments being done in this area.

Apart from the domestic flights and sea planes, sea transport remains the main mode of transportation between islands. The 'Integrated Transport Networks' commenced by Maldives Transport and Con-

tracting Company Plc. (MTCC) aims to link the entire country through a well-organized transport network. Over the years, MTCC has increased its capacity and now provides ferry services within the islands and the atolls across the country. As a result, people in the islands have the opportunity for accessing better services. In addition, transport facilities such as bus services are provided by the private sector. The increased mobility has consequently enhanced the overall wellbeing of communities across the country (Maldives VNR, 2017).

The enactment of the Decentralization Act created the Local Government Authority (LGA), Atoll and Island Councils in 2010. Since its establishment, the local councils continue to function for the development of local communities in the islands.

The current government aims to bring regional development into the forefront by developing regional urban centres outside Male' whereby focused is laid on connectivity and inclusivity within the region and with outside the region. Inclusivity and connectivity are key components of Government policy ensuring that no island is deprived of access to higher order public services within a reasonable distance.

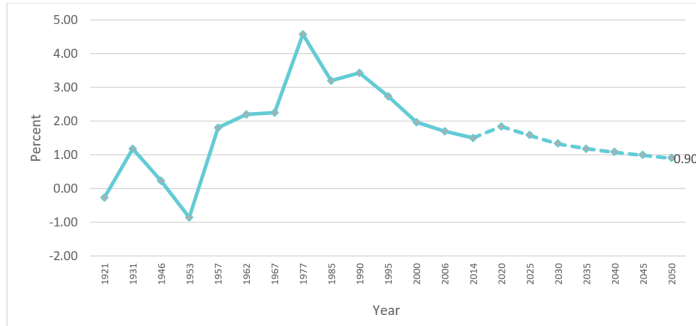


2.10 Population and Sustainable Development

The population of Maldives has undergone tremendous changes over the years. The population appears to have completed its demographic transition where births and deaths has transitioned from high to low rates. With this, the age structure of the population has undergone changes and has important implication for capturing the demographic dividend.

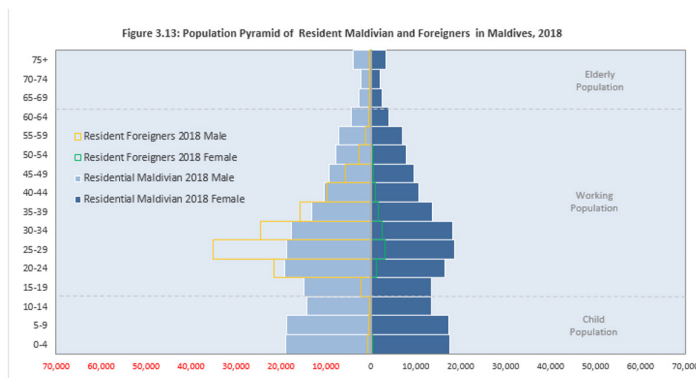
The population growth rate has declined over the years and experience 1.69 percent of growth annually (Census 2014). This is mainly contributed by declining fertility of 2.46 children per woman on average. It is expected that by the end of 2054, Maldives will have a fertility level below replacement level (Maldives Population Projection, 2014-2054).

Figure 2.30: Population growth rate of Maldivian population, 1911-2054



Source: Maldives Population Projection 2014-2054

Figure 2.31: Population pyramid of Maldives, 2018



Source: Maldives Population Projection 2014-2054

The Resident Maldivian Population mainly consists of working age group and the dependency ratio stands at 1 dependent for 2 persons of working age group. Women's participation in the labour force continue to be low, showing a slow increase from 41.4 percent in 2006 to 47.6 percent in 2014 (Census).

With Census 2014, the resident Foreigners was enumerated and included in the national count. The

new population projections prepared for the period 2014-2054 includes foreigners for the first time and helps to account for the growing foreign population in the country.

The Population and Housing Census is the main nexus for providing population and housing related information at the lowest geographical level; i.e at island level. The Demographic Health Survey (DHS) provides information on population and health. The Household income and Expenditure Survey (HIES) provides information on income, expenditure and employment of the population. In addition, it is the sole source for capturing poverty in the country. These are important data sources for the formulation of rural, urban and national development strategies.

However, with the Sustainable Development Goals (SDG), administrative data is the main source for reporting on many of the targets. It is paramount that administrative data gets properly maintained, entered with proper definitions and standards.

The result of census 2014 has paved way for other thematic analysis to be carried out. With support from UNFPA and UNICEF, NBS has been able to conduct several analyses coherent to policy formulation. The analysis on 'Maldives's Population Dynamics: Policy Prospects for Human Growth and Opportunity' presents the population and development challenges a middle-income country like Maldives faces and the implication the growing population structure has on the socio-economic development.

Maldives faces significant challenges regarding environment with impacts from climate change and

vulnerability to both internal and external shocks. The impacts of sea level rise and extreme weather events have severe consequences on islands causing beach erosion and affect biodiversity. The salt-water intrusion due to climate calamities affect the fresh-water lenses and result in water security in the island communities.

Maldives has incorporated climate change adaptation and mitigation into sectoral planning and development. The Climate Change Policy Framework 2015 (MCCPF) is the key policy document in this regard. In addition, the Tourism Adaptation Project (TAP) aims at identifying the climate change adaptation measure required for the tourism sector.

Each year, the number of islands facing water shortages due to dry season has increased. In March 2017, a project funded by the Green Climate Fund was initiated to support vulnerable communities in Maldives to manage climate change-induced water shortages during the dry season. Additionally, the unusually warm temperature due to El Nino resulted in more than 60 percent of coral reef bleaching, which adversely impacts underwater life and natural resources vital for the economy and livelihood.

In June 2017, a national campaign to reduce plastics in the Maldives was launched focusing on reducing plastics from various sectors and progressively phases out the use of non-biodegradable plastics. This has been practiced in schools across the country creating awareness among the younger generation on the reuse and reduction of plastic waste.

2.11 Disaster Management

National Disaster Management Center (NDMC) was established in the aftermath of Indian Ocean Tsunami 2004 as the agency for coordinating and implementing tsunami recovery projects. Up until 2012 NDMC worked in recovery coordination and relief management and partnered with a host of developmental and donor agencies to implement recovery and rehabilitation projects throughout the country. Starting from 2012 the tsunami recovery work came to an end and NDMC was assigned a broader disaster management mandate. Today NDMC is the primary national agency for disaster risk reduction, preparedness, response and recovery working with key sectors, local councils, private sector and civil society organizations both locally and globally.

The unique geophysical context of Maldives makes the island nation exposed to natural hazards. Its geographic location in the Indian Ocean exposes the Maldives to both hydrometeorological (tropical storms and storm surges, swell waves, high waves (Udha), strong winds, heavy rainfall, drought) and geophysical hazards (tsunami and earthquakes). Floods also result from heavy rainfall, storm surges, or from swells. Overall, Maldives has moderate hazard levels for climatological hazards (heavy rainfall, tropical cyclone, storm surge, and drought) and occasionally occurring coastal flooding due to swells. The low probability tsunami hazard could have a high consequence in the near future. These intensity and severity of hydro-meteorological hazards are on the rise to due to climate change. As per latest reports Maldives and anecdotal evidences Maldives is experiencing

climate induced hazards and is the situation will only exacerbate with the changing climate.

2.11.1 Policy measures, legislative and institutional changes

The policy changes that transformed the mandate of NDMC highlighted the need for institutional and legal framework for disaster risk reduction and preparedness in the country. In order to tackle this gap in governance mechanism, work on drafting and formulating a disaster management bill started in 2013.

The bill on Disaster Management Act was drafted by NDMC with the support of the Ministry of Defence and National Security and the Attorney General's Office. NDMA is governed by the Disaster Management Act, which was approved by the Parliament on 27th August 2015 and ratified by the President on 6th September 2015. The act provides basic tenets and principles that govern Disaster Management in the Maldives. It outlines the policies, rules and guidelines that should be formulated to realize the purposes specified by this Act; to protect the geographical area, Maldivian people, their property, and the natural and urban environment from hazards and disasters of natural and other causes and to reduce disaster risk from various hazards considering the vulnerability; and to be prepared for and safe from disasters, in the event of such an incident or state of emergency. This Act seeks to provide a framework and a platform at all levels to address all the phases of disaster mitigation, preparedness, response, and recovery.

With the increase emergency situations due to severe weather events and hydro-meteorological hazards, the NDMC felt the need to establish a minimum standards on provision of relief to disaster affected victims. A national guideline on how to manage relief of victims and families affected by disasters and emergencies was established and shared with island and atoll councils and relevant stakeholders in 2017. The purpose of the document is to standardize the relief aid extended by the Government for victims of disasters. The guideline is based on the SPHERE standards which provide minimum standards for humanitarian response.

Similarly, repair and maintenance guide to provide financial assistance for families affected by emergencies due to urban fires and flooding due to heavy rain. Thus, a need to standardize financial assistance given by the government paved way to develop an internal policy on providing financial assistance to families and homes affected by disasters. Financial assistance from the government is based on damage assessments carried out by the NDMC. The document provides guidelines for damage assessments, costing of damages and criteria for financial assistance.

Furthermore, in the year 2015, NDMC initiated the process of developing a 5-year national disaster management plan. The aim of NDMP is to mainstream disaster risk reduction into sectoral planning. The NDMP enable all national and local stakeholders set tangible targets to work towards risk reduction and preparedness through their annual program and projects.

In addition, NDMC also started developing a National Emergency Operations Plan (NEOP) in 2015 as part of achieving the mandated work in DM Act. NEOP aims to provide operational roles and responsibilities to all first responders. The standard operating procedures (SOPs) to standardize national and local level response mechanisms have been stated in the NEOP. In addition, the national coordinating mechanism to respond and provide relief support to victims of disasters is explained in detail. By the end of 2017, NEOP was ready for final comments from stakeholders and validation.

Additionally, NDMC collaborated with Bank of Maldives to formulate a disaster relief loan scheme for families affected by disasters in July 2017. The loan scheme aims to provide a low interest housing loan scheme for families who lose their homes during disasters or emergency. NDMC also collaborated with Ayady Takaful insurance window of the Allied Insurance Company to further develop the fire insurance schemes available through the company. A disaster insurance scheme was launched that included insurance for all types of hazards in the Maldives.

On October 13, 2016 Disaster Alerting system that uses the Common Alerting Protocol standard set by the World Meteorological Organization was established. The system was launched as “Dhandhaana”, which sends out emergency alerting information based on alerts put out by Maldives Meteorological Services (MMS). The emergency alert messages through the “Dhandhaana” system goes out to nearly 400 focal points from government agencies, local councils, broadcast and online media and state-owned enterprises. This initiative has expanded the

number of officials that get timely emergency alerting information across all sectors. Previously only 100 officials from limited national organizations get emergency alerting information through the MMS alerting mechanism.

2.11.2 Integration of disaster risk reduction and disaster management

Community Based Disaster Risk Management (CB-DRM) program is targeted to all inhabited local island communities. CBDRM was initially launched in 2013 with a ToT for all relevant stakeholders. The purpose of the program is to work with local councils to reduce risks at island level and prepare communities for disaster. CBDRM programme brings together island communities and other stakeholders at island level into the disaster management sphere to expand and better utilize island level resources and to establish effective coordination mechanisms.

As part of the initiative to engage with local communities, strengthen local island level resilience through the CBDRM process NDMC has been able to develop Island Disaster Management Plans. It not only sets out a guideline for the Disaster Risk Management at the island level but also provides a set of DRR actions that can be integrated into the Island Development Plan.

With the support of ADPC a training handbook that focus on the core concepts and principles of CBDRR and the linkages between local DRR initiatives and the development processes was developed in 2014.

Under the CBDRM program 54 islands communities have been trained and disaster management plans have been formulated. With lessons learnt and taking into account that communities are the first responders at island level and nobody can understand local vulnerabilities, challenges, opportunities and capacities better than the local communities. CBDRM has been reviewed and upgraded to CBDRM 2.0 and launched in 2017.

The CBDRM programme has the following outcomes:

- **Increase community understanding on risk reduction and preparedness**
- **Formulate an island level disaster response plan and develop disaster risk reduction action plan with strategies**
- **Establish island level disaster management committee with clear roles and responsibilities**
- **Capacity building of island level stakeholders and task forces**
- **Creating community partnerships to contribute towards risk reduction at island level.**
- **Creating and identifying community level disaster management champions**
- **Establishment of Community Emergency Response Teams**

As a component of CBDRM Community Emergency Response Team (CERT) program was initiated in CBDRM 2.0. The aim of CERT is to mitigate and control emergencies situations during its initial stages. The primary objective of CERT is to respond to all Island level emergencies.

The Maldives experiences flooding events during

the rainy season of the year, which spans from early May to mid December annually. The occurrences of flooding events are on the rise to intensity in rainfall due to climate change. A flood event could affect the entire island regardless of its existing geophysical characteristics while natural vegetation, topography, presence of drainage systems and road conditions determine the magnitude of flooding. Therefore, vulnerabilities at island level are unique from island to island even within the same atoll. Each island requires capacity building in terms of hardware and training to build resiliency towards flooding. NDMC through its flood mitigation project has equipped island and atoll councils with flood response equipment in the form of dewatering pumps. The pumps are operated and maintained by local councils and used during flooding events to quickly drain out the flood waters. This approach has reduced the dependency of island councils on the responding to small scale flooding events at island. From 2014 to 2017 NDMC has equipped 30 islands with pump houses and equipment to the island councils. This project is still underway in equipping other islands prone to flooding events. Furthermore, in order to further assist the islands the four area commands of MNDF has also been equipped with pumps for dewatering in case of flood as MNDF has presence in 4 regions of the Maldives and can reach to an island in need within 1 hour if traveling conditions are favorable.

The primary national response force of the Maldives is the Maldives National Defense Force. The national Fire and Rescue Services and the Coast Guard are part of the military that responds to local level disasters. MNDF has presence in 4 regions of the Maldives and can reach to an island in need within 1 hour if

traveling conditions are favorable. NDMC has continued to work with MNDF in building the response capacities of the first responders. This has included equipping the response force with response equipment such as dewatering pumps and accessories, fire-fighting pumps with accessories, etc. One of the landmark projects in this area is the disaster response equipment donated by the Government of Japan. Under this project the Japanese Government committed to donate USD 9 million worth of equipment including vehicles such as water bowzers, crane, lorries, etc. A finalized list of equipments has been shared with the Government of Japan in 2017 to be delivered in the following year.

In 2014 NDMC joined with the tourism sector to support the tourism industry to formulate disaster management plans at tourist establishment. The program is based on a Public Private Partnership model where the resort contributes towards building the capacity of national response forces or local communities by donating response related equipment. The pilot resort was Gililankanfushi.

On 24th September 2017, the pilot tsunami school drills program was launched in GA. Villingili. The aim of the Tsunami School Drills program is to prepare the staffs, teachers and students for an emergency situation that could happen during school hours. Thus, familiarizing with School Emergency Operations Plans was the initial step for the school staff and teacher. In addition, trainings on First Aid and Fire Fighting have been conducted for them and a tsunami awareness session was conducted to staff, teachers and students of the school. In order to further prepare them, a tsunami evacuation drill was

conducted and documented. This being a successful pilot project, further schools was put in the plan for the following year.

The need for sharing of lessons learnt and challenges is huge in the early stages of anything. Thus, the first National Platform on DRR was held on 29th October 2017 in Male'. This platform served as an advocate of DRR in a multi-stakeholder national mechanism. The aim of the Platform was to provide coordination, analysis and advice on areas of priority in DRR, preparedness and response. This two-day platform brought together over 100 policy level participant from key development stakeholders across Maldives.

2.11.3 Disaster information database

Repair and Maintenance guideline laid down the institutional framework and standard operating procedures for disaster relief assistance and damage and loss data collection. Kuri folder – a disaster management handfile- that provides important guidelines, standard operating procedures, damage and loss data collection forms. NDMC has collected damage and loss data at household level for all major events that happened since 2012. This includes damages incurred by flooding due to storms, heavy rain, tidal waves and urban fire. NDMC data shows that the Government has spent over 10 million rufiyya as disaster assistance for families affected by emergency situations in this period. Efforts to establish a damage and loss database started in 2016 to ensure that damage and loss data is collected and analyzed.

2.12 Data and statistics

National Statistical System (NSS) in the Maldives being a decentralized system, is regulated by the Statistics Regulation of the Maldives (SRM), which came into force in January 2013. With the introduction of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals the demand for statistics has increased further. The National Bureau of Statistics (NBS) is the lead agency for Statistics in the Maldives.

2.12.1 National Statistical System in Maldives

The National Statistical System (NSS) of the Maldives is decentralized, with a variety of government agencies producing official statistics. Institutionally, the Lead Agency for Statistics is placed within the National Bureau of Statistics, along with the National Centre for Information and Technology (NCIT), the Department of National Registration (DNR) and the National Archives of Maldives, under the Ministry of Finance and Treasury. NBS is the principal agency for data collection and carries out major statistical operations such as Population and Housing Census, household income and expenditure survey. In addition, NBS also carries out poverty monitoring, national accounts, SDG data monitoring, and setting national policies related to statistical activities.

Other government agencies in the NSS collect other kinds of data – mostly through administrative channels, mostly through registers and related surveys to some extent.

The Master plan for the NSS is the National Strategy for the Development of Statistics (NSDS) for the Maldives presents a plan and an itemized action program with statistical activities for the period of 2010-2019 to build statistical capacity and develop the NSS. Currently the development of the next plan is under-way for the period of 2020 – 2030.

The present Statistical Regulation of the Maldives

(SRM) was endorsed in 2012 by the Regulation Committee of the Parliament and entered into force on 17 January 2013. The Statistical Regulation guarantees the confidentiality of data for individual respondents. In March 2013, a draft statistics act (Maldives Statistics Act) that builds upon the SRM was submitted to the parliament. However, the parliament's term ended before the adoption of the statistics act and under the present legislature its adoption procedure was put on hold.

The main mechanism used for coordination of the NSS is the National Statistics Coordination Committee (NSCC), which was established in 2001. The NSCC comprises all entities within the NSS and is established as a forum for oversight and coordination of statistics production in the Maldives.

2.12.2 Data collection, dissemination and training in Statistics

The mandate for data collection through census operations and statistical surveys is strongly embedded in the SRM. NBS carries out the two main nationwide surveys which include census and household income and expenditure survey (HIES). Maldives Population and Housing census has been conducted every five years since 1985. However, the last census was conducted after 8 years in 2014. Census 2014 included the enumerated of the international migrant population residing in the country for the first time. The next population and housing census, combined with an economic census is planned for 2021. The Household Income and Expenditure Survey

(HIES) has been conducted every 5 years starting from 2002/03. The most recent survey was conducted in 2016. The HIES is planned for 2019-2020, using tablets/CAPI.

In addition, Ministry of Health (MoH) carries out the Demographic Health Survey (DHS) every 5 years starting from 2009. The most recent survey was conducted in 2016/17. These surveys provide a wealth of information on the population including young people, elderly population and on the migrant population.

Other government agencies collect other kind of data- mostly through administrative channels or through registers to some extent. While the primary purpose of these data is to manage and monitor the services, some are used to generate official statistics on society, environment and the economy as an information service to the government and the public.

With improvement in data collection, Maldives has also embarked on data collection using new technologies. The Ministry of Health conducted the most recent DHS using tablets/ CAPI technology. NBS started using PDA's for CPI price collection in 2016. NBS also conducted pilot Labour Force Survey (LFS) in 2017 using CAPI survey solution.

Number of publications are disseminated annually by various statistical producers. The key publications disseminated by main statistical body include: economic indicators, surveys and census and other statistics such as statistical yearbook, Maldives at a glance. In addition, each respective agency also brings out their sector specific statistical yearbook

and such example include Judicial Statistical Yearbook. Similarly, each agency has their own website, where statistical information is made available for the public usage.

Development of human capacity of statistical staff within the NBS and the wider NSS is stressed as a priority issue. A related issue was the compelling need for policies to support better retention of experienced statistical staff to avoid the loss of knowledge and training that occurs when an experience officer leaves the system.

In the context of the 2030 Agenda for Sustainable Development, much expectation has been attached to the use of alternative data sources for enhanced planning and monitoring for development results. It is encouraging that initiatives have been taken in the Maldives towards using new data for the improvement of official statistics. These include the initiative taken by the Land Survey Authority to develop a Geographic Information System (GIS) system for the Maldives, which may be of use for the development of land accounts or other System of Environmental-Economic accounts (SEEA), and the plan to explore department store sales data for use in CPI calculation.

NBS also initiated a project funded by UNDP and UNFPA to pilot big data opportunities in 2017. This included piloting the use of mobile phone data to examine population movements, with a focus on the Male' area.

3. Issues, Challenges

The remarkable progress made in different sector faces challenges which should be addressed for better implementation of the programme. Specific coordination, management, institutional capacity, and financial constraints are to name a few.

This section highlights the issues and challenges that each sector faces in implementing programmes, activities in a timely manner.

3.1 Poverty Eradication and Employment

Ensuring financial sustainability of the overall social protection programs, including the national social health insurance scheme is a challenge and a priority. The existing legislation on Social Protection is targeted towards specific vulnerable groups and some of the vulnerable in the society may not be covered by existing legislations and programs.

The current social assistance system relies on an application-based process. Not everyone is aware of the programs and application process, leading to exclusion of the intended target population, the poor in specific from the programme. The programs rely on self-declared information on income and wealth to determine eligibility of applicants. Verification of these information, especially self-declared income is a challenge as the country has no income tax system in place. Information technology plays an essential role in building social assistance programs and for checking the accuracy of the volunteered information. It has been announced by the new government that Income Tax will be established in 2019.

The social protection programs implemented by NSPA uses a combination of the Proxy Means Test (PMT) and Income test in determining eligibility of applicants. To ensure comprehensive coverage, the PMT needs to be regularly updated and maintained based on HIES data. Although the country has a highly dispersed population across the islands making

data collection costly and difficult, it is crucial that Household Income and Expenditure Survey (HIES) gets conducted consistently and regularly every 5 years, in order to update the poverty measurement and revise Poverty targeting mechanism.

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. However, the system needs further strengthening through careful planning, policy implementation and monitoring. Instances have occurred where inaccurate information are collected at the island level from councils, etc. disabling the NSPA to warrant social protection schemes to undeserving groups.

Limitations in the technical capacity of the employees in NSPA should also be addressed through increased training programmes and knowledge transfer from international experience.

Although a Disability Act has been enacted, it has not been fully implemented. The regulations made under the Act lack clarity on eligibility criteria for disability determination and there is a limited elaboration on different impairments. This has hindered the process of identification of People with Disabilities and also provisioning of their entitlements. Therefore, there is a need for development of a guideline to assist in de-

termining disability and different aspects of disability. The current government also pledge to establish a disability register during the first year of its term. The Ministry of Gender, family and social services has already started the data collection progress and the result of one Atoll being analysed. However, the establishment of such a register requires proper guidelines and mechanisms on identifying disability, awareness to reach out to the most vulnerable and in need population.

The Maldives has fully achieved the MDG target on malnutrition. However, in order to keep the nutritional status on-track, lot remains to be done. 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 women puts them in high risk of maternal mortality. DHS 2016/17 showed that among women 63% of the women have anemia, with 13% of women having moderate level of anemia.

The prevalence of malnutrition in the country is mainly attributed by the limited availability of local agricultural produce, as the country has a very high dependency on imported produce. Lack of awareness among island communities on the nutritional value of food also contributes to this. Other factors such as shortages of safe drinking water, poor sanitation and hygiene and spread of airborne disease also contribute to this.

The small land area has prevented many farmers from doing farming on a large scale. In some islands the land is saline and ground is too rocky to produce

anything. In addition to the scarce land, farmers do not have the capital and ability to increase their production and do business on a large scale. Strategies to increase production and maximize their profit are not thought by most farmers.

The input cost is also a big drawback for the farmers. Pesticides, fertilizers and all other inputs have to be imported as it cannot be produced in Maldives. And most of these are very expensive for the small scale farmers. In addition to this the labor cost is also very high, so most farmers manage their own farm.

Due to inefficient marketing farmers are unable to find markets for their projects. Even though the resorts are willing to buy from the local farmers they are unable to do so because they are unable to find suppliers/farmers. Hence they opt to buy the imported products.

The common practice in the past has been that farmers after harvesting their products send them to the capital city to be sold. Another alternative is to sell to one of the resorts. The main disadvantage of operating alone is that the buyers have the power to charge their own prices. Farmers who are working alone are weak to negotiate a high price.

Farmers in the past did not have enough knowledge on the use agrochemicals. Hence using extensive amounts of agrochemicals has led to once fertile land to degradation and ground water contamination, ground water contamination, and farmer and consumer health problems.

The degree to which women get involved in agricul-

tural sector is limited to labor contribution only. Few women are seen active in the managerial positions. The main reason being due to the educational level they are being hesitant and not initiative.

Attempts to implement employment related strategies faces many challenges partly due to lack of staff and also due to lack of cooperation from other partner agencies. Maldives is over-dependent on tourism as a driver of economic growth and prosperity. The fear of natural disaster at any time might affect the employment opportunities of many. The employment sector lacks finances for carrying out activities. The ministry also lacks a proper mechanism for collecting and analysis employment for a functional labour market information system.

Persons with disabilities face considerable challenges in the Maldives in achieving their most basic rights, including health care, education and employment. Major institutions and systems in the country have only started modifying its service provisions to cater to the disability community very recently. In addition, lack of accessibility to public buildings, parks and transportation remains an issue. In light of the National Registry of Persons with Disabilities Receiving Financial Allowance from the State, it can be said that Maldives has a significant proportion of PWDs living across the country. However, the actual number of PWDs in the Maldives, prevalence and types of disabilities, is yet to be studied at the national level. Hence, policy and service planning are inadequately informed regarding status of disability population in the country.

3.2 Health

Although Maldives has made significant advancements in terms of health outcomes and managed to achieve all health related MDGs, there are challenges that persists. These challenges need to be duly addressed when the focus is turned towards achieving the much broader SDGs.

The geography of Maldives, consisting of small islands scattered over a large area, presents significant challenges when it comes to providing health service to the entire population. The majority of island communities are small, with less than 1,000 persons in some islands. Providing basic health services, including both curative and preventive services to each and every community is a costly undertaking, resulting in higher than average spending on health by the country when compared to other nations with similar health outcomes. Being a small nation-state in terms of overall population and owing to the scattered distribution, imposes difficulties in achieving economies of scale when procuring resources for providing health service. Furthermore, the lack of a robust transportation system in place adds onto the cost of providing services.

Some emerging health issues such as NCDs also pose a challenge to achieving SDGs. Maldives has some of the highest risk factors for developing NCDs in the SEAR and NCDs account for a significant proportion of the disease burden in the country. As these risk

factors are lifestyle-related, and most of the risk factors are influenced by elements external to the health sector, such as urban planning, availability and affordability of healthy food and marketing etc., controlling NCDs needs multi-sectoral engagement, which includes the involvement of the private sector.

Increase in life expectancy correspondingly gives rise to the numbers of elderly population. This increases the number of those suffering from chronic medical conditions which requires that the health system adapt to the changing requirements accordingly. In addition, there are large groups of adolescents and youth, who have multiple behavioral risk factors that need to be addressed, with multi-sectoral action.

In addition to the youth and elderly, there are a number of other vulnerable populations in the community whose risks, health needs, and access to preventive and curative services need to be addressed and improved. These include, but are not limited to, disabled populations, those with mental health conditions, and other at-risk groups such as drug users and the migrant population. Stigma, legal issues, and lack of services accessible and tailored toward the specific needs of the marginalized groups inhibit improvement of public health issues in these communities.

Although NCD is almost 81% of total cause of death (HPA, 2015), 1.1% of the health expenditure is allo-

cated for prevention. Further, in terms of HR, budget constraints add on, together with the fact that there are difficulties in binding staff legally to service bonds after they have been trained. Even though the training requirement is developed for the sector as a whole, MoH's abilities are tested when it comes to identifying the gaps in terms of training needs.

It is the geographical features of Maldives that contributes towards the need for a higher than average requirement in terms of human resources when it comes to servicing the health sector. There are areas in the health system that remains understaffed, and compounding this issue is the fact that shortages exist when it comes to local staff with adequate and required training which results in an overreliance on expatriates to fill in the vacuum. In the peripheries, this issue is further exacerbated due to the high turnover.

As staff recruited are from diverse cultural backgrounds with varied levels of experience and exposure to the common health issues in the country, there is a need for refresher trainings. Though improvements are being made, the lack of an adequate number of training facilities to address this need, together with the unavailability of certain types of trainings itself poses challenges.

However, one of the core issues remain, whereby challenges persist when it comes to hiring and retaining local staff with adequate training. This requires looking at the root cause of retaining local staff, whether it is due to low pay or unaffordability of

the employer to offer a high pay. This is an area that requires further scrutiny so that solutions sought are geared towards addressing the root causes of the problems identified. One reason behind this could be the fact that there exists a lack of continued professional in-service trainings and career development opportunities.

Furthermore, weak HRH leadership and management at all levels remains a major challenge, which needs to be addressed through proper analysis of data available, and finding ways to train, attract, and retain people for service in the long term.

MoH with the support of partner government institutions, donor agencies and non-governmental agencies is taking several steps to create an enabling environment to promote nutrition through a life-course approach. A combination of institutional strengthening efforts within a life-course approach, capacity building of service providers to deliver interventions and key messages, micronutrient supplementation programs to address micronutrient deficiencies, enacting of relevant regulations and social behavior change, and communication interventions are core program areas to promote positive outcomes.

The capacity for information collection, collation, analysis and reporting also varies widely throughout the system, with an urgent need in some areas to improve and upgrade capacity. One such grey area is the Vital Registration System (VRS) where numerous delays are being faced in generating and entering records into the system. The functionality of the

whole VRS system needs be addressed to get data in a timely manner. The well-developed national ICT infrastructure needs to be better utilized, and new technologies need to be integrated into the information system to gather data more easily.

There is an urgency to revise and improve the existing legislations and regulations. Effective enforcement of the laws is required and review of safety standards is vital. It is also of utmost importance to strengthen the injury surveillance system in the country.

Noting the increase in fatal accidents and loss of lives in the country, establishing a mechanism for effective post-crash response and integrating trauma care in the existing emergency services in all the hospitals, especially in the high-risk areas of Maldives is crucial.

3.3 Sexual and reproductive health, services and rights

The delivery of services at primary health centres at rural level is challenged due to the geographic isolation of islands and inadequate human resources, specialties, supplies and equipment and poor management.

Additionally, there is no adequate service demand due to the small populations and health needs which compromise the skills of health professionals. Despite the high ratios of skilled health personnel-to-population ratios (eg; the doctor-population ratio in 2014 was 1:447 (Ministry of Health, 2016a), the disparity in the distribution of the population leads to the limited availability of skilled health workforce in the smaller islands. The population in the smaller islands face challenges in access to health care, affordability and quality of services.

Although there are continuous training and re-training of primary health care staff, nurses, doctors and other health professionals ensuring quality service delivery to all inhabited islands continues to be a challenge. Added to the geographic challenges, is the poor human resource management, limited career development and professional development opportunities leading to low retention of trained staff. Also, the emergency medical services with adequate equipment and trained staff are not well established in the country.

Although a large number of Non-government Organisations (NGOs) are registered (over 700), the NGO capacity is limited in the country due to a number of reasons, including limited resources and organized voluntarism (Australian High Commission Colombo & UNDP Maldives, 2009). NGOs that have been able to provide sustained services in the past decade include Society for Health Education, Diabetes Society of Maldives, Care Society, Aged Care Maldives and Journey. In addition to these NGOs, a number of NGOs have emerged working on specific disease conditions, disability, child rights, youth and human rights contributing to health outcomes.

MMR fell steadily since the beginning of the last decade from 259 per 100,000 live births in 1997 to 44 per 100,000 live births in 2016. It should be noted that annual rates fluctuate due to the few number of deaths since one additional death increases the rates.

In-depth review of maternal deaths was initiated in the year 1997 to identify and focus interventions in reducing maternal deaths. Emergency Obstetric Care (EmOC) at atoll level was strengthened. In order to provide comprehensive EmOC in all atolls, the atoll level health centers were upgraded to Atoll Hospitals with comprehensive EmOC facilities. Institutional deliveries are in place and encouraged to bring positive outcomes in reducing maternal mortality. Because maternal deaths occur infrequently, it is difficult to draw inferences, however more than a half of deaths are attributable to indirect causes.

A number of pregnant women suffer from poor nutri-

tional status. According to the Maldives Demographic Health Survey (DHS) of 2009, about 12 percent of Maldivian women have short stature below 145 cm. About 4.6 percent has a Body Mass Index (BMI) less than 18.5, which denotes under-nutrition (Ministry of Health and Family and ICF Macro, 2009).

Micronutrient deficiencies are also high among reproductive-aged women and the results of the survey to establish baselines for micronutrient deficiencies among women and children showed that 38 percent of reproductive-aged women were iron deficient and 44 percent vitamin A deficient (AGA Khan University, Ministry of Health and Family and UNICEF, 2010).

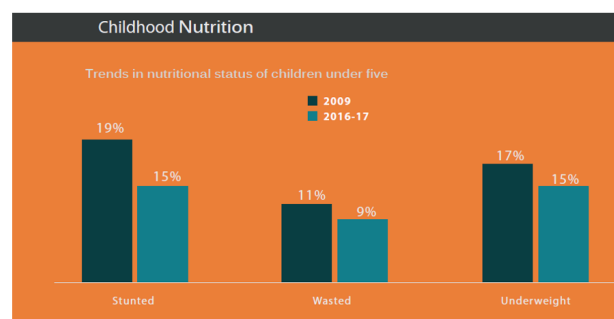
Anaemia prevalence among women was 15.1 percent in 2007. In 2016/17, the prevalence was as high as 63% (DHS 2016/17). The high prevalence of thalassemia and other hemoglobinopathies is a factor that underlies the situation of anaemia among pregnant women in Maldives. The coverage of antenatal care (ANC) was 97 percent in 2009, with the majority of women (90 percent) having their first ANC visit in the first trimester of pregnancy (Ministry of Health and Family and ICF Macro, 2009). It remained the same in 2016/17 with DHS results.

The C-section rate is high (32 percent), which may subject some women to unnecessary risks during childbirth and postpartum (Ministry of Health, 2016a). The quality of care is an issue, as preventable causes of maternal deaths, such as rupture of the uterus and puerperal sepsis are still found. As many specialists from different countries work at all hospital levels, the standard of care and written clinical protocols are required to ensure the practice

of evidence-based standards in managing pregnant clients.

Despite these improvements in averting child deaths, there continues to be a number of concerns related to new-born care and child health. In addition, child malnutrition continues to be a major concern despite the growth monitoring efforts. Comparison of child nutrition indicators over time shows that children nutritional health has improved since 2009. Though improvement in childhood nutrition is seen, micronutrient deficiencies is a concern and needs to be addressed.

Figure 3.1: Trend in nutritional indicators for children under 5 years, 2009 and 2016/17



Source: Maldives Demographic Health Survey (DHS), 2016/17

Similar to young people, reproductive health practices continue to be low among the adult age group. The predominant action is focused on women; yet, issues such as infertility are inadequately addressed. Such information needs to be freely available through social media platforms on a reliable basis. Furthermore, men's reproductive health issues have not been addressed systematically. Difficulty in attaining enough participants, mostly children and

youngsters to participate in their information sessions has been a challenge faced.

Other aspects with specific relevance to the adult population such as occupational health and mental health of local and foreign workers of the reproductive age population are areas that have had limited health and intersectoral intervention. The health insurance for migrant workers with access and affordability is an issue which has to be addressed as the current “Aasandha” system only covers Maldivian population.

An emerging public health concern is that of diseases spread through animals, birds, rodents and insect. Although a mechanism for screening and quarantine of animals along with a veterinary health standard has been initiated, this service is in its infancy and need further strengthening for effective control of infectious diseases transmitted through these agents.

A number of legislations have been enacted to support public health protection, promotion of healthy choices (such as tobacco control), and social protection for people with disabilities, long-term illnesses and older people. However, many of these laws are not being adequately implemented which undermines the efforts of health promotion and public health programs, resulting in poor health outcomes of the population.

Similarly, research in key areas of RH needs to be carried out to better understand key RH topics that are supportive for evidence-based decision making and planning, as well as improve quality of care.

3.4 Education

The country's challenges associated with a highly dispersed population scattered in about 187 remote islands is a constraint for implementation of most of the activities planned in the sector. While the human capital in the most remote areas incur more challenges. The finance of infrastructure is major challenge and constraint in implementing the equitable excess to all schools at the same level.

Even though the human capacity belonging to the remote islands have the sufficient training the desire to work in those schools and islands limits to the standard of other basic facilities available on the island. While Education for sustainable development projects are carried out in with the high community participation and stake holder contribution the challenges arises at the civil society organizations level as many islands does not have functional or effective NGOs operating in the island.

Education sector lacks the legal framework it needs to have to establish an effective modern education system which provided equitable and high- quality education while ensuring the quality, protection and the benefits for both the children and the teachers.

3.5 Gender equality and women's empowerment

Although Maldives has made significant progress in efforts to establish gender equality and women's empowerment, many challenges still remain. Extreme views of Islam and patriarchy within the society hinders women's mobility and participation in public life. Limited guidance and awareness for women in entrepreneurship in atolls as well as avenues for marketing local products remain a huge challenge. Women's Development Committees formed under the Decentralization Act (7/2010) has limited authority and capacity to carry out gender mainstreaming efforts in the atolls. Lack of adequately trained human resources is still a major concern in the social sector. In spite of trainings, there is a high staff turnover thus affecting quality of services.

Despite the effort made to empower women, women in labour force is still low. The lack of support services such as child care, elderly care limits the opportunity for women in paid work, as 53 percent of their time is spent on unpaid care work. The share of women in decision making, parliament, councils needs to be increased. Women's active involvement in political area needs to be promoted and lobbied with political parties. The gender pay gap that prevails between men and women have to be reduced in future. The high number of women working in the informal sector is a concern, which needs to be addressed.

3.6 Adolescents and young people

Even though the Government is giving utmost importance to youth development, there are many challenges faced by the service providers. Human resource is considered one weakness as the sector lacks well-trained staff to provide required and relevant services such as career guidance and counselling. The Youth Centers and NGOs have limited facilities and proper tool to conduct youth training, workshop and engage youth in productive work on a continuous basis.

The youth undermine the importance of their empowerment in the nation building and lacks understanding regarding this. The turnout among youth is poor for different programme conducted by the government bodies and there has been a reduction in the active participation of youth community in programmes targeted towards them.

The ministry also faces challenges in conducting nationwide programs due to geographical disbursement of the island.

Limited research has been conducted on the issues concerning youth. The 'Youth Voices: Facts, Opinions and Solution' is the only stand-alone survey conducted in 2004 which included research on the issues that concern them. The census 2014 shows the employment, education and fertility characteristics of the young population. The Household Income and Expenditure Survey (HIES) 2016 has included the

first ever Labour Force Module and the results of this survey will provide immense support for developing youth related policies.

Addressing the challenge that the youth face requires well coordination among the relevant stakeholders. The current system lacks coordination between inter- governmental agencies and with external partners. In this regard, overlapping of mandate between government agencies hinders the efficient functioning of the activities. A well-coordinated programme monitoring system is not in place and it is difficult to compile all the efforts carried out by different counterparts on youth development.

3.7 Ageing

There are numerous challenges for the implementation of the Madrid International Plan of Action Ageing including the geographical dispersed population. Older persons based in atolls away from central region are more vulnerable as FCSC's & Health Services in atolls needs more resources & technical support.

The need for an elderly home is evident. The current HPSN the only shelter in Maldives places both elderly and mentally challenged people together. There are very few civil society organisations that provides programmes or assistance to elderly persons. Absence of hospice & geriatric care facilities, elderly person in need of such care are often accommodated in hospitals and are deprived of the specialized care and treatment. In addition, the government has limited funds particularly in providing long term treatment, care and housing for older persons. Hence, innovative ways and partnership with Civil Society Organizations is need to continue providing services for the elderly population.

Quality of service depends on trained technical persons: Informal caretakers of elderly at home with no formal training or qualifications are also one of the biggest challenges within Maldives. There is a need for training of caretakers and also specialized technical people to train in geriatric and palliative care of elderly.

3.8 International migration

In order to collect migration data, and the process can only be complemented by regularly updated information for dissemination, awareness raising. The reliability of Maldivian labour market on foreigner is a huge concern for future. Though the employers benefit in the short term, it is likely to have negative effect on the country interms of locals taking up these jobs and skill mismatch between the local and foreigners. It is daunting to see today that many of the traditional work done by Maldivians such as fishing, agriculture is done by foreigners.

Maldives still remains on the list for human trafficking (issued by US govt) despite the significant efforts made by the government. Foreign nationals who come to work in Maldives usually stay for the period of 5 years (as seen in census 2014). During this time, many undergo change in residence and also a change in employer. A proper monitoring system of the foreign workers is need which a regular headcount of their movement across the country. The maintenance of resident population register at local Councils will eliminate most of these challenges. This requires continuous coordination and proper IT framework together with necessary regulations to establish such a system.

3.9 Urbanization and internal migration

Managing internal and international migration remains one of the populations and development challenges and an issue as highlighted in the report 'Maldives Population Dynamics: Policy Prospects for Human Growth and Opportunity, 2016' (May, 2016). The disparities in the spatial distribution of the population rises the cost of providing public services and also result in lack of employment opportunities in the islands. The unemployment rate in Male' was higher than the Atolls in 2016 (7.5 Percent in Male' to 4.5 percent in the Atolls, HIES 2016)

While on the other hand, Male' being the capital city and recipient of the major development efforts has resulted in disparities between Male' and Atolls in terms of infrastructure, employment opportunities and access to quality social services. As per HIES 2016, the average household income in Male' was double that of Atolls. (MVR 37,035 per month in Male'). Affordability of services including low cost in air and sea transport within the country must be addressed. Improvement in the quality of services provided across the islands requires further attention with better management of different infrastructure established across the country.

Lack or limited human resource capacity at island level results in many of work being done at a central level. This delays the process and results in the dissatisfaction of the service provided. As highlighted in the Maldives Population Projection

2017-2054, the Greater Male' area is expected to host 64 percent of the resident Maldivian population by 2054. This would require the government to enhance their capacity in sustainable urban planning and management of population-related challenges in urban cities. Special attention needs to be given to women, in particular for female workers and female head households.

Housing remains a major issue in Male' with high rent prices. Close to 63 percent of the households in Male' living in rented accommodation per HIES 2016. In order to pay for rent, the members pool in their income thus resulting in many, living within the same household. The results of HIES 2016 also shows that as the household size increases, the poverty rate also increase increases with poverty prevailing more among households with 9 or more members.

The concentration of population in male' would result in negative population growth in the Atolls, creating concerns for managing the vulnerable population left behind in the islands.

Similarly, the rapid expansion of the tourism industry will pose new challenges for migratory policies throughout the country (May, 2016). In such cases, males will outnumber females in the inhabited islands having implication on the sex ratio and on family formation and making such families more vulnerable.

3.10 Population and sustainable development

Sustainable development implicates many challenges for the country. According to 'Maldives's Population Dynamics: Policy Prospects for Human Growth and Opportunity', Maldives needs to prioritize three specific challenges, namely: improve youth's human capital, reproductive health outcomes and gender equality, capture first demographic dividend and manage internal and international migration. These are the key building blocks to fulfill SDG goals and policy commitments.

More than 21 percent of the youth are neither in school, employment or training (Census 2014). Limited island economies, increasing conservative stigma associated with certain types of job, equipped with necessary skills needs to be addressed to drive the youth NEET into the labour force.

Though census and surveys are conducted, it is important to analyze the usage of this data at policy level for evidence-based decision making. Dissemination of census and other survey results needs to reach wider audience. Priority given for investment in strengthening administrative data sources is low, while opportunities for building national capacities in statistics and data monitoring is limited. Evidence based decision making at sectoral level using administrative data collected at the relevant agencies are important. Monitoring systems within the key sectors in the government such as EMIS, VRS, expat labour data, border control systems are not able to able to generate data in a timely manner.

3.11 Disaster Management

Maldives currently lacked the necessary comprehensive institutional and legislative systems such as policies and strategies that could guide climate/disaster risk management and the link with sustainable human development. This is not unique to Maldives since climate change impacts are challenging pre conceived notion of risk and exposure. Thus, most countries especially small island states have the least capacity to address disaster risks and climate change. Actions to reduce climate risks such as Early Warning Systems, contingency planning and building of community resiliency must be undertaken now and similar capacities are also important for long term disaster risk reduction and increasing readiness for climate-induced disasters. Currently in Maldives, most inhabited islands lack the basic level of preparedness including weather and climate hazards monitoring that are prerequisite for preparedness and effective response to disasters. In addition, the national authority in weather and climate does not have adequate expertise in hazard early warning and dissemination for both sudden onset (swells and floods) and slow onset events (climate variability and resulting water scarcity). These contribute to the low level of preparedness of communities who had inadequate access to timely and usable warnings, unnecessarily resulting to loss of lives, livelihoods, and assets.

Without ignoring the need to address preparedness for a catastrophic tsunami and other geological

hazards, this project will focus on enhancement of local level preparedness capacities to address very frequent and localized hydro meteorological hazards and seasonal climate variability. The theory of disaster risk reduction practice is that changes in perception and capacities often result from constant practice, experience and learning especially at the household and community/island level. The ability of people at risk for addressing localized hazards are also crucial for long term climate change adaptation, i.e. protecting lives and livelihood assets. These capacities are also crucial, albeit in a larger and national scale with preparedness capacities when a far shore tsunami warning was issued in future events.

There is also emerging realization in Maldives that disaster risk is increasing as a result of unplanned land use and built up of infrastructure, unsustainable development practices and competition for scarce resources. Observed experiences narrate this worsening trend and the relationship between weather/climate conditions with socio economic well-being of small islands. Maldives has been experiencing high frequency, low impact hydro-meteorological disasters causing storm surges and often coastal flooding. Since 2012, more than 90 inhabited islands have been flooded at least once and around 30 islands have been flooded regularly or at least once a year.

3.12 Data and statistics

A comprehensive regulatory framework for statistical system in the Maldives is deemed as essential to ensure the production and dissemination of high-quality statistics in the country. Similarly, the statistical principles in place is limited in scope and requires a basis for professional and independent data collection, processing, storage and dissemination of official statistics while securing confidentiality at each stage.

An integrated survey plan that is funded from the government budget is much need as for a number of reasons as these surveys are rarely implemented according to plan. The statistical system lacks a dissemination policy or data release calendar both at NBS and at key data providers.

Weak coordination is the absence of comprehensive multi-year or annual programming for official statistics production in the Maldives. While NSDS in the Maldives for 2010-2019 is in place, it does not form the basis for statistics development activities.

The statistical system also faces limitation in retaining and attracting qualified staff. The Statistical Training and Research Division is not staffed at all reflecting long-standing challenges related to meeting training demands.

Challenges surround the use and quality assurance of administrative data. Therefore, the potential for

making use of administrative data to validate, adjust or expand the coverage or granularity of official statistics is not realized.

Inadequate funding for statistical activities has been experienced in the past few years. Lack of political will, commitment and importance given by government for statistics, has resulted in lower priority in funding and national budget allocations. Functional independence of the NSB need to prevail and the Chief Statistical needs to be given higher authority to access data.

4. Conclusion and key future actions

The remarkable progress made in different sector faces challenges and requires recommendations to further its implementation. It is important to highlight such issues, challenges to address for better implementation of the programme. Such guidance involves future key actions that improve the lives of individuals, especially those most in need of facilities and services.

This section highlights the future course of action in each thematic area and proposed impact it will have on the improvement of the programmes.

4.1 Poverty Eradication and Employment

As social protection programs evolve, strategies and policies targeted towards promoting employment and employability of the poor and vulnerable need to be designed. This can empower and support those currently receiving cash transfer assistance to become independent and improve their living conditions.

Maldives measures poverty using a relative poverty line approach. In future, it is proposed to improve the measure of poverty in the Maldives using absolute poverty line. To do that, NBS is working with World Bank (WB) to implement a Household Income and Expenditure Survey (HIES) which encompass on improving food consumption data to allow for this and to enhance the capacity to conduct HIES at a regular frequency.

Additionally, Maldives is moving towards measuring poverty in all its dimension. With the support of UNICEF, work has been initiated to develop a national child Multi-Dimensional Poverty Index (MPI) for Maldives. NBS together with OPHI is working to develop this measure using the result of DHS 2016/17. The national MPI, together with income poverty will supplement the efforts of monitoring the progress on poverty eradication in the country.

MoFA together with NBS conducted the first ever Agricultural Survey in 11 islands in April 2019. The re-

sult of the survey is expected to improve programme implementation in the agricultural sector. The survey was carried out by pooling government funding from both the agencies. It is crucial that government allocate resources to carry out data collection as data is the key to understand situation and gear policy directives.

As building resilience of fisheries and aquaculture systems in the Asia Pacific Region is now becoming important, a special effort is now made to ensure that new projects and programmes are climate resilient projects. Special efforts are being put by MOFA in ensuring the achievement of the SDG goal 14 and develop blue growth.

Moreover, Ministry of Fisheries and Agriculture together with Parley for the Oceans, a non-profit organization, have been collaborating to address the issue of ocean plastics in the Maldives.

Currently, Maldives is advocating for the allocation of fishing opportunities for the sustainability of the shared tuna stocks of the Indian Ocean.

With the assistance from World Bank, MOFA has started a project for the development and management of fisheries resource. The project includes support for strengthening fisheries compliance. The project has earmarked funds to support and diversify the mariculture in the country with the aim of reducing stress on the wild stocks and facilitate sustainable development of the Maldivian fisheries sector.

In addition to this future programmes and projects are formulated around ensuring women empower-

ment by pathing ways to increase employment for them.

Key issues to address include improving education and skills, while overcoming other structural barriers to taking up employment. It is important to promote economic diversification that leads to the creation of productive employment, help youth make the transition from school to the world of work, targeting in particularly school dropouts and young women.

As Maldives is currently experiencing the first demographic window of opportunity, it is crucial that labour force is projected to understand the supply-side of labour force, and additionally to understand the mismatch between current labour and employment opportunities. Hence, developing required educational upgrading and skill development should be integrated into education and employment policies. It is also important to predict future occupational grouping to understand the demand-side of labour force.

Efforts to ensure the rights of PWDs, the implementation of the 'Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act' (8/2010, Disability Act), and the National Disability Policy, and efforts to attain the Sustainable Development Goals (SDGs) in a disability inclusive manner are opportunities to further safeguard the rights of PWDs. In addition, establishing Community Based Rehabilitation (CBR) facilities in all islands will enhance the quality of life and ensure an inclusive society for PWDs in accordance with WHO guidelines for CBR. The Ministry will continue its efforts to increase public awareness and understanding of disabilities

whilst also prioritizing disability data collection and classification.

The Maldives remains committed to removing barriers faced by persons with disabilities and ensure equality and fundamental rights to all persons with disabilities on an equal basis.

4.2 Health

When it comes to the health sector, it is important that all sectors work together to utilize funds to a common goal/understanding, thus reducing repetition of work. Thus, there is a need to develop a sector mapping with finance and projects.

Investing in the primary health care; family doctor services are to be introduced with objective of improving cost-effectiveness and equity in access to essential health care services, and providing a better coordinated health services and integrated to other areas in order to fill the gaps within healthcare.

New private hospital with many services were recently in operation and expansion in services at existing private and public hospitals in Male'. To enable trust in medical services available locally, it is important to reduce the expense abroad under public health insurance scheme as well as out of pocket expenses by people.

The total health expenditure (THE) in 2011 was 9% of GDP corresponding to US\$ 561 per capita. Overall, the public sector health providers are the major recipients of the total health expenditure (THE), while private providers account for 28%.

To tackle the HR, need of the country, implementation and establishment of a medical college is underway. It is assumed that this is an opportunity

to train Maldivians for health sector needs. Interventions to address the NCD burden have been focused on health promotion, improving the management of diseases through standard treatment guidelines and strengthening of the provision of health services for early detection of non-communicable diseases. Addressing the social determinants of chronic diseases and disabilities is essential to achieve and sustain positive changes for reducing chronic disease burden and disabilities and improve the quality of life of those affected. Interventions beyond the health systems have an important and sustained effect on health by reducing exposure to risks and vulnerability to disease but also indirectly by increasing the informed demand for health services.

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4.3 Sexual and reproductive health, services and rights

Ensuring availability and standards of medical equipment of obstetric care, and investigation of near misses are important areas of action to ensure further improvements in maternal health and progress towards sustaining the target set in the SDGs for maternal health.

The trend is changing slowly with more people taking the initiative to seek SRH related information on their own.

It is important in future that the number of legislations enacted are implemented for health promotion and to achieve the health outcomes underlined in the health master plan.

The vulnerabilities and risks resulting in the health sector are due to the volatilities in the economic and political situation, calling for specific commitments to concerted action by all partners. Critical areas that need concerted action in the coming years are addressing:

- The health concerns of the vulnerable groups, particularly young adolescent people, pregnant women and children, people with mental health conditions and disabilities, the aging population and foreign migrants, taking into consideration their socio-economic position in the society.
- Health promotion and addressing social and environmental determinants of health to reduce Non-communicable chronic diseases burden, communicable disease control and improving the quality of life of people with disabilities and long-term illnesses.
- Providing unified action across the government and with the private sector for positive health outcomes, complementary to the global sustainable development goals (SDGs).

Awareness sessions, media campaigns and advocacy forums should be carried out continuously. Evidence-based interventions, proven to be effective and beneficial to health, which lead to provision of good quality of RH services within a continuum of care along the life course. Focus group discussions with men and women drawn from different age groups, socio-economic backgrounds should be the focus of improving RH services and creating awareness among the public.

4.4 Education

While Maldives is clearly on the right track to achieving the SDG 4, the challenges that it faces remains imminent through its journey towards 2030. The widely dispersed, population greatly increases the cost of providing educational services. The inherent constraints imposed by distant and small dispersed populations greatly increase the costs associated and adversely affect the provision educational services. The inability to achieve even minimum economies of scale makes uneconomic the operation of not only small-scale economic activities but also the provision of all levels of schooling, vocational training and higher level learning opportunities.

Reliable and recent data had always been a challenge to take informed decisions. Maldives had made its investment for future of Education by acquiring Open EMIS from UNICEF and customizing it for the nations need. With Open Emis customized to MEMIS Maldives has become one of the few countries in the region to generate students' academic performance electronically while the student's attendance is marked electronically via teachers' smart phone. Digital focus on skills need to be emphasized in education system to ensure students are for today's job market.

With this regard, the development of soft-skills or socio-emotional skills need to be included in education policy section to cater to need of the industries such as tourism.

To ensure and improve the quality of education Maldives has established an independent Quality Assurance Department especially targeting the Education system. This has enabled to identify the areas of improvement in individual schools. Sending out quality teachers to small and remote islands has been a hindrance to deliver quality lessons to every child. There is need for more efficient use of online education and teacher resource centres. Improving the quality of education highlights the need for demand-driven educational aspect in the educational system in the country.

Data on higher education enrolment, completion and fields of study are not available and this needs to be prioritized. Similarly, adoption of blended-learning at higher educational level together with international collaboration with some of the universities in the region will help to resolve the lack of educated people at professional level which is already demanded by Maldivian economy.

4.5 Gender equality and women's empowerment

Efforts to ensure gender equality between women and men, the implementation of the Gender Equality Law and Gender Equality Action Plan, and achieving Sustainable Development Goals (SDG)'s are opportunities to further eliminate the existing gender discriminations.

The SDG 5 on gender equality although is a stand-alone goal, has a strong link with the rest of the SDGs. Hence, implementing actions to achieve this goal will contribute in accelerating the implementation of the remaining SDGs.

Achieving the goals under Gender Equality Action Plan will create a society that provides for and guarantees gender equality, equal opportunity and justice for all. Furthermore, it will promote gender equality and ensure the protection for all women, men and children in society from all forms of discrimination. Gender Equality Policy will open avenues for equitable participation and representation of women and men in decision-making and governance and improved environment for greater participation of women and men in economic development. Moreover, it will strengthen the gender-responsive systems in key institutional processes. In addition, it will create strengthened systems for effective prevention of violence against women, men and children, and to protect victims and prosecute perpetrators including redress for victims of gender- based discrimination, violence and suffering.

Targeted work in the partnership with all stakeholders are important to reduce violence against women and girls. Similarly, employment and entrepreneurship programmes focused on women, to provide decent jobs and to reduce gender pay gap is crucial. As such, it is important to create employment opportunities and better remuneration and benefits targeted to women, prioritize engagement of the women in managerial positions. Programme of child care and elderly care facilities are important to create opportunities for women who want to work in paid jobs. A lot needs to be done in order to create awareness, provide facilities that affordable child care and elderly care to enable more women who want to work in paid jobs to be able to engage in labour market.

4.6 Adolescents and young people

The Ministry of Youth and Sports is dedicated to the achievement of the pledges set out by the current government. The ministry has implemented various programmes, projects in this regard. New Youth Centers has been established across the country and a total of 62 Youth Centers including the Youth Center in Male' are functional. Review of action plan is carried out annually. Youth awareness and empowerment programmes are conducted.

The establishment of necessary infrastructure to cater for sports and entertainment needs of the youth is prioritized by the government. The government has developed a huge land area of Hulhumale' as Youth city and Ministry of Youth and Sports have taken action to develop sports infrastructures across the country. A total of 462 sports facilities has been established which include futsal grounds, football grounds, bashi courts, volley courts, netball courts and youth centers. Construction of additional 159 sports facilities are currently ongoing.

For future investment in adolescents and youth, ministry has budgeted for various programs and projects under New Policy Initiative Program (NPI) for 2019-2021. As bulk of our population is youth, it is important to capture the first demographic dividend by investing in youth.

In order to get the labour market analysis and skill requirement of youth, it is important to carry out sup-

port programmes that help youth build their capacity and conduct labour market analysis. At the same time, the Youth Policy needs to be reviewed every five years to implemented targeted programmes for the youth. Measures are needed to reduce youth unemployment rate from its current level and increase ways of better salary scales to attract youth to labour market, also to create equal opportunities for women who want to work in paid job. With this regard, it is important that labour force survey is conducted annually. As the current labour market is so volatile, such information is required on an annual basis, for policy, programme and skill development.

4.7 Ageing

Maldives has entered the demographic window of opportunity in 2005-2010. Capturing the first demographic dividend is equally important to prepare the country for population ageing as the country goes through the final stages of its demographic transition. In order to make ageing as second demographic dividend, Maldivian government will need to improve the productivity of the current labour force and their savings pattern. It is important to reassess the role of the funded pensions and to determine which retirement security system would be most appropriate for the population as ageing sets in. Much work need to be done in partnership with CSOs and private sector to provide the care support, and engage elderly in the society, making them part of the community. Establishing elderly home is important and separate the elderly care provided by the state from the mentally unstable as they are hosted in the same institution.

The life expectancy of Maldives stands at 73.4 for female and – for males and is expected to increase in the future. With the increase in life expectancy it is important to facilitate an environment for the senior citizens to enable them to maintain an active lifestyle and utilize their skills and abilities. While the current pension scheme provides benefit for elderly population, the social protection needs to be continued keeping in mind the current and future elderly population.

Achieving internationally agreed goals aimed at addressing population ageing should be carried out. This include better data collection, reporting and monitoring of indicators related to ageing in SDGs and other international goals. In particular, re-searches specific to gender specific healthy ageing and right based issues of the elderly are proposed to be carried out in the future.

The implementation of the National Elderly Action Plan and NHRAP is essential with the commitment from government and other respective agencies.

4.8 International migration

Measurement of migration statistics is still poor in the country. Data systems on international migration and internal migration needs to be functional and data needs to be disseminated in a timely manner.

Concerted efforts need to be put into manage international migration. This requires proper monitoring of their residence, change in employer and visa expiry.

4.9 Urbanization and internal migration

With the rapid development taking place in Greater Male' Area, it is import to come up with better policies and policy implementations for managing internal and international migration. The overall objective of these policies should maximize the use of public infrastructure, to save cost on the provision of education, health and other basic facilities. The Government needs to work toward minimizing the disparities that exist between Male' and Atoll. Affordability of public services at low cost with improvement in the quality of services must be provided across the islands.

With the current directive of the government, it is expected to bring development to regional development centres and will serve growth centres in these regions. It is envisioned that once these regional centres are developed, migration through pull and push factors will help to relocate population to these regional centre. Alternatively, establishing services within different islands in a region connected by fully functional transport system will bring many voluntary migrants into the region or make commuting convenient within a region.

Investments made in future will help to develop already established growth centers within the Atolls and will serve as migratory pull factors which would lead the population in the nearby islands to relocate to these growth centers.

Capacity building in terms of newly elected policy makers, staff and councilors requires to be carried out on a continuous basis to provide day to day services from each administrative location instead of work being routed to the central government. Establishment of training schools in regional level and supporting apprentice programmes should be carried out continuously to create a better skilled workforce.

The concentration of the population within Greater Male' area requires proper management of data on migration statistics. Plans are underway to conduct census in 2021 and will provide an important nexus to understand migration flow to Male' region and the influx of international migrants. This should be supplemented by migration studies focused on estimating the internal migration rate between Male' and Atolls. It is also important to get data on those residing in resorts (locals and Foreigners). This would enable NBS to update the population projections on a regular basis.

Census is also the only source that provides detail information on the housing conditions, reflecting on the housing issues in the country. However, it is important other housing surveys are conducted regularly to update housing need in the country.

In future, significant proportion of the population will consist of elders. Many of the elders living in the island community needs moral, family and community support to bear the isolation they face every day.

4.10 Population and sustainable development

It is important to adopt a holistic approach to link population and development policies to the overall development strategies of the country. It is also important to ascertain linkages between climate change and population dynamics with respect to internal and international migration. The vulnerability of the country to climate change has to be addressed vehemently in the near future.

All these efforts should lead towards a new conversion on population and development issues in Maldives, which would help enhancing youth's human capital and gender equality, capturing the first demographic dividend, and managing national and international migrations (May, 2016).

As proposed in the population dynamics report, Maldives should enhance its population and development policies to:

- Bring population issues within overall development strategies,
- Strengthen the institutional setting to address the population issues,
- Expanding population and development research,
- Enhance advocacy on population and development issues.

The overall improvement of socio-economic conditions, which is the overall objective of the SDGs, will also help public policies that will need to be in place in order to improve the youth's human capital (education and health) and capture a first demographic dividend. The framework of SDG will also be useful to tackle other development challenges, including climate change.

4.11 Disaster Management

Without increased and scaled up efforts in disaster risk reduction, stakeholders in Maldives will not be able to meet global commitments such as the Sendai Framework for Disaster Risk Reduction quoted below. This project will directly contribute to Maldives efforts to achieve these commitments.

In March 2015, stakeholders met in Sendai, Japan and States reiterated their “commitment to disaster risk reduction and the building of resilience to disasters to be addressed with a renewed sense of urgency in the context of sustainable development and poverty eradication and, as appropriate, to be integrated into policies, plans, programmes, and budgets at all levels and considered within relevant frameworks.”

One of the main drivers for disaster management is the adverse impact of hazard events. The Indian Ocean Tsunami of 2004 provided the ignition to introduce disaster management to the country. The recent flood events of the past few years at unprecedented levels were a reminder that much greater concerted efforts are needed in the area of DRR/DRM with linkages to climate change adaptation.

The NDMC has formulated and endorsed a national framework for community based disaster risk reduction. Community Based Disaster Risk Reduction (CBDRR) is the most effective method for disaster risk reduction and response in our communities. The

framework provides implementation strategy, roles and responsibilities of important actors, monitoring and evaluation mechanism through establishment of island level disaster management plans and disaster management units with reporting procedures and templates.

4.12 Data and statistics

In order to strengthen the statistical system in the country, the statistical legislative has to be strengthened. This requires Statistical Act to be passed, reconstituting and updating the mandate of the National Statistics Coordinating Committee as the highest statistical policy body and the establishment of statistical units in different ministries.

Additionally, it is important to build, manage and sustain an adequate resource base for the NSS. This includes building technical expertise through a comprehensive statistical capacity development plan with support from international agencies, enhance partnership in statistics programs with training institutions.

Development and implementation of data and information management system in the NSS is also need for the country. This essentially includes drawing up a plan for census and survey for funding from the government, develop GIS system for the country, modernize the NSS through increased investment in ICT systems.

Similarly, the development and implementation of a dissemination policy and strategy to provide quality statistical products and services is considered a key future course of action. This can be achieved through implementing dissemination standards within NSS, creating awareness on statistics among policy mak-

ers, strengthen partnership with media in data communication, and improving statistical advocacy.

It is also important to use data and statistics for sectoral implementation and programme monitoring to see the impact it has on the people. Also, it important to build capacity in how to use data and statistics for sectoral policy implementation and progress monitoring, to see the impact it has on the people. The need to invest in strengthening of administrative data system such as VRS and its integration and management to develop a CRVS system in the country is important. Data sharing within government agencies for statistical purpose is critical. Similarly, the development of population register for future management of population data is important.

4.13 Partnerships and resources

NBS with collaboration with UNFPA, held a half-day session with participants of 22 Civil Society Organization. Hence, the role of CSO in the development efforts and challenges have also been incorporated in this report. A significant percent of CSO works in areas of social development, employment, training and advocacy, education and environment etc.

The consultation with CSO's highlighted the need for their engagement in the future activities as they are being consulted on a less frequent manner. Thus, the participation and contribution of civil society in the country's development efforts needs to be strengthened.

With the newly appointed government, it is important that CSO engagement happens at the initial stage and delegate more awareness, engage of the public through them. Also increase the functional capacity so that they are competent to sustain in future.

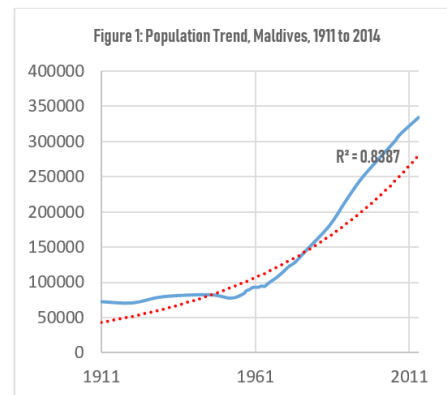
5. Promoting Population Dynamics for Sustainable Development in Maldives

5.1 Population Growth and Carrying Capacity

Total Maldivian population has increased nearly five times from 72,237 in 1911 to 334,023 in 2014 over a period of 103 years. It took 59 years for the Maldivian population to double in 1970 from its size in 1911. However, it took only 39 years for the population to double from its size in 1970 to reach 288,948 in 2009, which shows a greater speed in its growth rate. This is a result of fertility increase observed during the period from the mid-1950s to late 1970s. Next doubling of the population would take place in 45 years' time from 2009, which is 2058. This suggests a slower growth expected in Maldivian Population during this period.

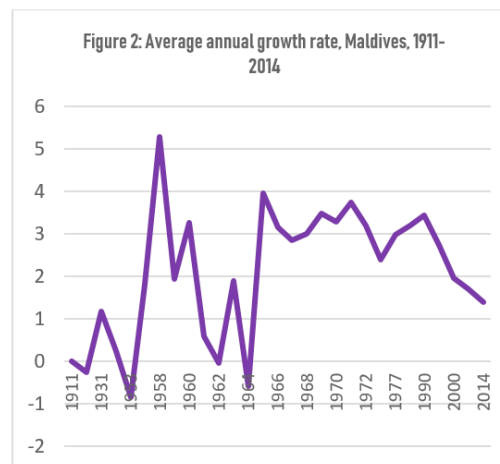
It is quite important to look at how the Maldivian population would grow in the future, and what would be the carrying capacity. Figure 5.1 shows the growth of the Maldivian population from 1911 to 2014. Although one can suggest that the population has grown in exponential fashion over the years, a careful investigation suggests that there has been a marked decline from the 1990s, which can give rise to a deviation from its exponential growth trend towards logistic growth. This is compatible with the annual average growth rate of the Maldivian population as shown in Figure 5.2.

Figure 5.1: Maldives Population Trend , 1911 to 2014



Source: National Bureau of Statistics, Maldives

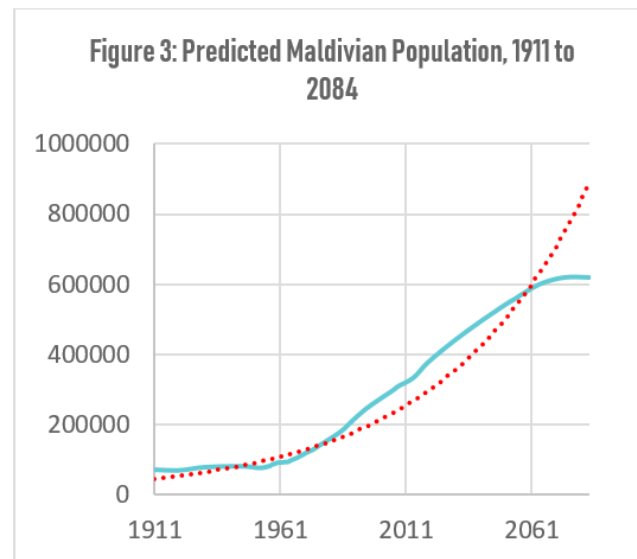
Figure 5.2: Average annual growth rate, Maldives 1911-2014



Source: National Bureau of Statistics, Maldives

When the projected population up to 2054 is considered, it is quite clear that the Maldivian population would not grow in exponential fashion during the second half of this century as shown in Figure 5.3. By examining the observed trend of the population from 1990s and also the projected trend from 2014 to 2054, it is quite reasonable to assume that Maldivian population would grow in logistic fashion to reach 620,000 people as the country's carrying capacity. Logistic growth assumes that systems grow exponentially until an upper limit or "carrying capacity" inherent in the system approaches, at which point the growth rate slows and eventually saturates, producing the characteristic S-shape curve (Stone, 1980). As the effects of limited resources become important, the growth slows, and approaches a limiting value, the equilibrium population or carrying capacity. Carrying capacity is the maximum population size of a species that an ecosystem can support indefinitely. This natural evolution of population allows us to reasonably assume that the carrying capacity of the Maldivian population would be 620,000 million and hence total population will stabilize at 620,000 when reaching the last quarter of this century (Figure 3). Predicted future population with the use of logistic function is shown in Figure 5.3.

Figure 5.3: Predicted Maldivian population, 1911 to 2084

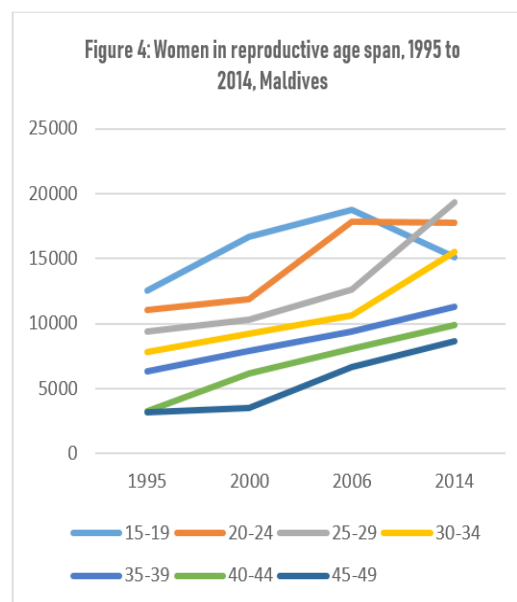


Source: Author's calculations

5.2 Population Momentum and Demographic Dividend

When fertility trend is examined, it is quite clear from the available data on Total Fertility Rate (TFR) that it has dramatically declined from 6.4 in 1990 to 2.84 in 2000. TFR has reached almost replacement level by 2006 but again it has risen in 2014 by reaching the level of 2.46. However, this upsurge in fertility is not a failure of any programme effects but due to the growth momentum generated by past high fertility prevailed before 1990s. Figure 5.4 reveals this factor by showing a significant increase of women, especially between 20-34 years of age from 1995. Population momentum occurs due to the number of women available in reproductive ages and not only just the number of children per woman which determine population growth. In the context of population momentum, a comparatively youthful age structure endorses a more rapid growth, because the births being produced by the relatively large number of women of reproductive age which outnumber the deaths occurring in the total population, even if the fertility of the average woman is at the replacement level. Ultimately, when fertility approaches the replacement rate and the number of women in the reproductive age span stabilizes, the population attains equilibrium and population momentum will be terminated.

Figure 5.4: Women in reproductive age span, 1995 to 2014, Maldives



Source: Various data sources form National Bureau of Census, Maldives

In addition, the compositional changes towards labour force ages can create new challenges as well as opportunities. Consequent decline in the number of dependents can provide countries with a window of opportunity with higher capital/labour ratios that can help accelerate economic growth and development. As fertility rates fall during the demographic transition, the age structure starts moving upward by creating a youth bulge in the labour force ages. If the right kinds of educational, health, and economic policies which can make the labour force productive are in place, a special window opens up for faster economic growth and human development. This progression is called demographic dividend. Demographic dividend has previously played a key role in the augment of the economies of Thailand, Hong Kong, Singapore, and South Korea, and Taiwan. Declining fertility enhanced their economic growth and development since their comparatively superior numbers of workers had less dependents to consume their income. Similarly, greater savings and investment rates were in turn generated, jointly with per capita output. Presently, population momentum factor (PMF) for Maldives is 1.36. A PMF greater than 1 means that there is positive momentum, or high probability that the population will increase in size. In other words, there is a tendency for a population to continue growing even after the time that a replacement level of fertility has been achieved.

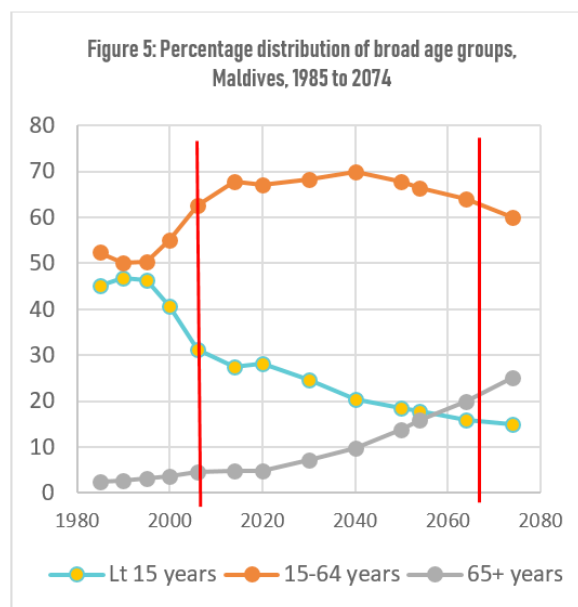
The demographic dividend which is a transitional time interval when the proportion of the population under 15 years falls below 30 per cent and the proportion of persons 65 years and older is below 15 per cent, usually it is said to accrue when per capita income rises on account of higher growth in the la-

bour force compared to the growth in the population (Navaneetham and Dharmalingam, 2012). One could reasonably determine as shown in the Figure 5.5, that demographic dividend commenced in Maldives in 2008 as percentage of the children under 15 years of age began to decline below 30 percent from 2008. The first demographic dividend characteristically lasts for decades, but it is inherently transitory in nature. When population ageing begins to dominate demographic trends, the share of the population in the working ages will decline. At this moment, the first dividend will turn negative as population growth surpasses growth in the labour force. Ultimately, the share of the population in the working ages may be no greater than before the dividend period began.

According to the trends in the age structure, Maldives is currently experiencing the first demographic dividend with a large working age population which could raise total GDP further, if productively employed. Although the percentages of children less than 15 years of age and elderly population aged 65+ years of age, respectively equilibrate in 2056, a noticeable decline of the percentage of working age population is only discernible from 2064 while percentage of children population tends to stabilize around 15 percent only after 2064. All this evidence confirms that the duration of the first demographic dividend is 56 years from 2008 to 2064. Longer time period for Maldives is mainly due to the increase of fertility during the recent past which extends the terminal year further. This suggests that Maldives is still left with 45 years more which is a substantial time period, if the country desires to benefit from this historically produced demographic bonus. The benefits of the demographic dividend are not automatic, but

policy dependent and hence the window of opportunity to reap the benefits of a low dependency burden needs to be made use of productively. Maldives is in a very strong position in terms of its demographic dividend. Since the size of the labour force is manageable, it is very important for Maldives to come up with a very effective strategy for improving general education system as well as tertiary education together with skill development plans for the supply of knowledgeable but skillful labour force to effectively contribute for its economic development. It is quite important to identify which sectors will have future growth and then prepare the country's labour force for employment activities generated in those sectors. Another important element in the strategic employment plan should be to improve labour force participation of women because of relatively small size of the work force, Maldives should effectively utilize full labour force participation of both men and women in order to get the maximum potential for its economic growth. The gender gap in the labour force participation rates are to some extent due to deep-rooted traditional gender roles, but also due to economic incentives. In this regard, a national level policy intervention is required to make favourable working conditions for women which can include affordable child care and aged care, flexible and part-time working arrangements and improved transportation facilities. Women's economic empowerment and equality between women and men are regarded as necessary conditions for attaining sustainable development in any country including Maldives

Figure 5.5: Percentage distribution of broad age groups for Maldives, 1985 to 2074



Source: Author's calculations

It is apparent that Maldives will encounter the challenge of productively engaging its Maldivian young people to achieve a demographic dividend. At the same time, by 2064, Maldives also need to adjust to aging populations. However, if ageing population to be made the second demographic dividend, Maldives' government has to make every effort to improve the productivity of the current labour force and improve their savings behavior. This will make them to have accumulated wealth by the time they become elderly in the future. This will also lead to reduce the burden on the government on most of the welfare including social protection issues of the elderly Maldivian population.

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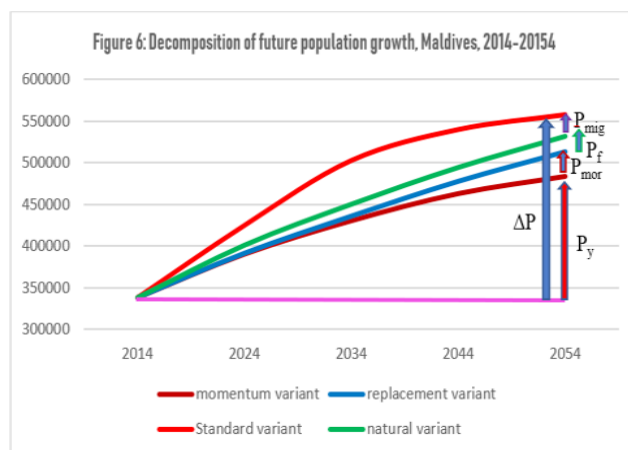
5.3 Demographic Components of Future Population Growth

Impending population trajectories depend on assumptions about future trends in fertility, mortality and migration. Furthermore, the current population age structure impacts future growth by essentially disturbing the overall number of births, deaths and migrations that are implied by fertility, mortality and migration rates. All four demographic components can have a noteworthy bearing, positive or negative, on future population growth.

Figure 5.6 shows the components of population growth for Maldivian population. By 2054, total population is expected to increase from 338,434 people in 2014 to 557,537 by 2054 so the increase during the 40-year period would be about 219,000 (blue arrow labeled " ΔP "; the numbers may not sum up exactly due to rounding). The difference in total population between the Standard and Natural variants shows the effect of net migration on future population growth. The total increase is a sum of four components: a) increase due to a young age structure (red arrow labeled " P_y " for population momentum); b) increase due to mortality reductions (brown arrow labeled " P_{mor} "); c) increase due to fertility above replacement level (green arrow labeled " P_f "); and d) small decline due to anticipated net emigration (purple arrow labeled " P_{mig} "). Mortality reductions account for only 14 per cent and fertility reductions account for about 8 per cent, respectively, of the projected total population growth in Maldives and migration in 2014 in 2010 accounts for about 12 per

cent of projected growth. The major growth in the Maldivian population comes from the young age structure which accounts for about 66 per cent of the projected growth in 2054.

Figure 5.6: Decomposition of future population growth for Maldives, 2014-2054



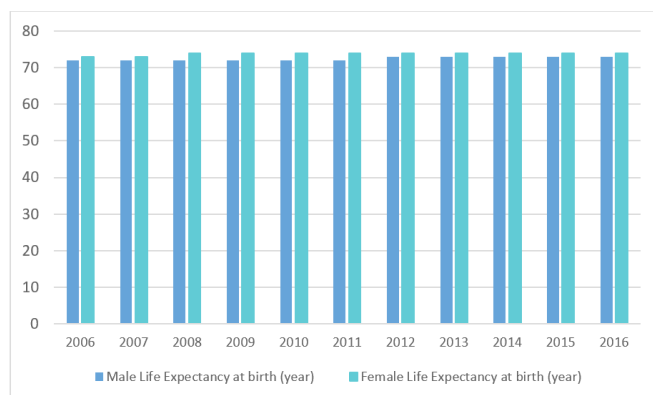
Source: Author's calculations based on various data sources of National Bureau of Census, Maldives

Note: ΔP - total population change, 2014-2054; P_y - increase due to young age structure in 2014; P_{mor} - increase due to mortality reductions; P_f - increase due to fertility above replacement; P_{mig} - increase due to migration

5.4 Mortality and Morbidity

Mortality in Maldives declined substantially over the years and as a consequence, life expectancy at birth for males and females have increased significantly as shown in Figure 5.7. The decline of mortality during the past has occurred at all ages and for both sexes. However, the extent and the timing of improvement have varied. Percentage decreases in rates of mortality have been highest for infants and children. Rapidity of improvement has been greater for females. Figure 5.7 also illustrates that the gap between male and female life expectancies has been widening further over the years in favour of women.

Figure 5.7: Life expectancy at birth for Maldives, 2006-2016



Source: Various data sources form National Bureau of Census, Maldives

Comparative survival probabilities of men and women in Maldives exemplify that they are not favourable to men. They suggest that men are increasingly exposed to high risk mortality factors. Figure 5.8 is a result of a decomposition of life expectancies between men and women in order to show the contribution of mortality sex differentials at each age to the total sex differential in life expectancy at birth in 2014. It reveals that men were not doing well in terms of their health especially at youth ages and middle and young-old ages.

Leading causes of death shows that in each of these categories, death rate is high among men compared to women. Although most these causes are amenable to medical interventions, difference observed in mortality between men and women can be attributed to factors other than medical interventions. Therefore, an additional effort has to be taken to improve health status of men to be par with women in order to advance their health standing and thus diminution of their vulnerability position to the causes of death.

Table 5.1: Leading causes of death, 2015-2016, Maldives

Rank	ICD Code	Cause of Death	2015	ICD Code	Cause of Death	2016
1	(I30–I52)	Other forms of heart disease	165	(I30–I52)	Other forms of heart disease	168
2	(I10–I15)	Hypertensive diseases	100	(I20–I25)	Ischaemic heart diseases	122
3	(I60–I69)	Cerebrovascular diseases	93	(I60–I69)	Cerebrovascular diseases	99
4	(I20–I25)	Ischaemic heart diseases	92	(R00–R09)	Symptoms and signs involving the circulatory and respiratory systems	95
5	(J40–J47)	Chronic lower respiratory diseases	59	(J40–J47)	Chronic lower respiratory diseases	81
6	(R00–R09)	Symptoms and signs involving the circulatory and respiratory systems	46	(I10–I15)	Hypertensive diseases	66
7	(A30–A49)	Other bacterial diseases	43	(A30–A49)	Other bacterial diseases	52
8	(E10–E14)	Diabetes mellitus	36	(J60–J70)	Lung diseases due to external agents	39
9	(J60–J70)	Lung diseases due to external agents	36	(E10–E14)	Diabetes mellitus	34
10	(E70–E90)	Metabolic disorders	25	(N17–N19)	Renal failure	31

Source: Maldives Health Statistics 2015-2016

5.5 Migration in Maldives: To be Recognized as a Key Enabler for Sustainable Development

Migration is recognized as an important component of population change. Migration is currently built-in to the global development framework, recognizing well-managed migration’s integral role in and immense contribution to sustainable development. The Sustainable Development Goals stimulate policy planning and implementation across countries, identifying the interrelationships between migration and development and the vital contributions of migrants . Migration provides a driving force for sustainable development through the effects of globalization. It decreases unemployment and enrich human capital.

During the recent past, international and internal migration has gradually been accepted as a constructive force for development, because migrants tend to transfer knowledge and skills to both receiving and origin locations, improve investments and remittances, and promote economic linkages and business opportunities between countries and regions . Sensibly accomplished migration can stimulate economic growth and innovation in destination locations, and poverty reduction in origin settings. Simultaneously, to some extent, migration can offset labour surpluses in sending countries, as well as receiving countries can manage their deficient labour markets. Connecting the opportunities that migration provides to sustainable development requires countries to create

policy and related legal backgrounds that identify the patterns and drivers of migration, as well as the characteristics of migrants themselves.

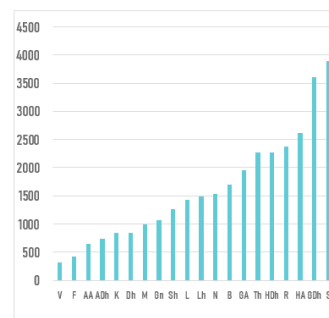
Migration is a bipolar phenomenon: contrary to the other components of demographic growth, it affects two populations, the population of origin and the population of destination. This implies the analysis of the spatial orientation between location of these two populations: distance, degree of dispersion over space and regional preference are three of the most covered in this phenomenon.

5.6 Spatial Orientation

The Maldives is a country formed by 20 natural atolls. Some atolls are in the form of a number of islands by time and in the form of isolated reefs, which could be classified as smaller atoll formations. The atolls of the Maldives form a quite regular chain and, especially in the northern and central atolls, an arrayed structure is apparent. There are broad and deep channels in between some atolls. It has been indicated that since 1998, Maldives' population consolidation policies have concentrated on larger islands, especially Greater Male' and islands in the five other regional centres, where infrastructure is already present and services can be offered more manageably.

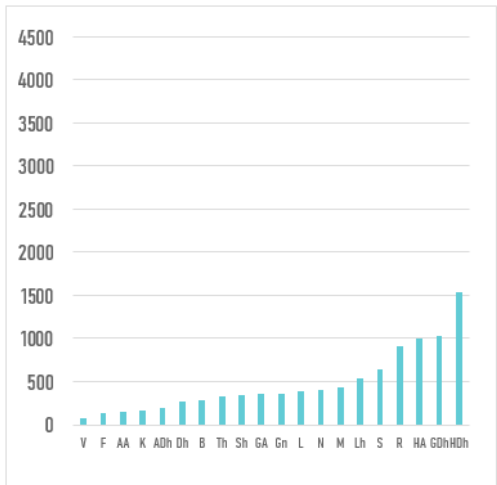
Since Male', the capital has been the most attractive destination, it is quite important to examine the streams of migration coming towards Male'. This is exhibited in Figure 5.9. Similarly, Figure 5.10 suggests that out-migration from Atolls is very low compared to Out-migration to Male', which suggests that spatial orientation of migration is mainly towards Male'.

Figure 5.9: Lifetime outmigration to Male' from Atolls



Source: Various data sources form National Bureau of Census, Maldives

Figure 5.10: Lifetime Outmigration from Atolls to other Atolls



Source: Various data sources form National Bureau of Census, Maldives

Although one can claim that the majority of the population has never changed their place of usual residence (56%), Maldives can be seen as very mobile set of localities because, out of the 338,434 resident Maldivians 44 percent of the population (147,927) had shifted their residence.

Male’ had the largest proportion of internal migrants (56%), followed by Felidhu (47%) and South Nalindhe (45%) (NBS, 2015a:19). Migration to Male’ was mostly for education (40%), followed by return from abroad or other atolls in Maldives (14%), employment (13%) and family reasons (12%). Administrative islands have always attracted internal return migrants (41%) while non-administrative islands are attracted to workers (85%), largely in the resort sector. Another feature is that men migrate primarily for work as a part of return migration or for education, whereas women are more likely to migrate for

marriage, return and education (NBS, 2015a:23). It was also found that about 54 per cent of Maldivian internal migrants were men. Furthermore, women were less likely to migrate to non-administrative (i.e. resort, industrial or other non-permanently inhabited) islands. Felidhu (47%) and South Nalindhe have become attractive to migrants because of its popularity as tourist destination where significant employment is generated. Felidhu atoll has gained its reputation as one of the finest atolls in Maldives an it offers great diving and snorkeling and regarded as a common destination for dive safaris. South Nalindhe atoll is a very popular location for scuba diving.

5.7 Efficiency of Migration

According to 2014 census, total resident population was 402,071. Among them, the resident Maldivian population accounted to 338,434 and resident foreigners accounted for 63,637. More than one third of the population (38 percent) was enumerated in the capital Male', while 53 percent in 187 administrative islands, 7 % in 109 resort islands and 2% in industrial and other non-administrative islands. There are 20 islands with a population above 2,000 inhabitants in the administrative islands of the 20 Atolls. These islands have 36 percent of the resident population. It is also quite important to note that besides the capital Male' with a population of 153,904, only 4 administrative islands have a population size greater than 5,000 and they are Thinadhoo, Kulhudhuffushi, Fuvahmulah and Hithadhoo.

It was observed that a total of 126,080 Maldivians stated their usual place of residence as Male' at the time of census. A meaningful way to understand mobility between regions is to calculate efficiency of migrations between a given region and the rest of the country. The ratio of net to gross migration measures the efficiency of migration, such that a low ratio indicates a low efficiency and a high ratio indicates a high efficiency. Table 5.1 reveals that only Male', Male' Atoll and South Ari Atoll gain about 28, 23, 7 inhabitants, respectively for every 100 migrants moving between these regions and the rest of the country. This suggests that Male' is the preferred region for moving in while two other atolls mentioned above also only two other regions of attractions for

in migration. All other atolls lose on average about 25 inhabitants to the rest of the country. Migration efficiency is however, is high almost in every atoll, except South Ari and South Nilandhe atolls. The overall efficiency for the whole of Maldives is 21.35 percent: for any 100 persons migrating (any direction) between any of the region, there is a net regional distribution of 21 persons.

Table 5.2: Regional efficiency of migration

Region	Regional Efficiency
E _{Male'}	+27.96
E _{HA}	-26.28
E _{Hdh}	-28.00
E _{Sh}	-20.83
E _N	-22.80
E _R	-32.72
E _B	-22.12
E _{LL}	-31.71
E _K	+23.39
E _{AA}	-23.06
E _{Adh}	+7.00
E _V	-15.24
E _M	-20.35
E _F	-19.13
E _{Dh}	-6.42
E _{Th}	-30.00
E _L	-20.45
E _{GA}	-29.53
E _{Gdh}	-38.50
E _{Gn}	-16.12
E _S	-18.90

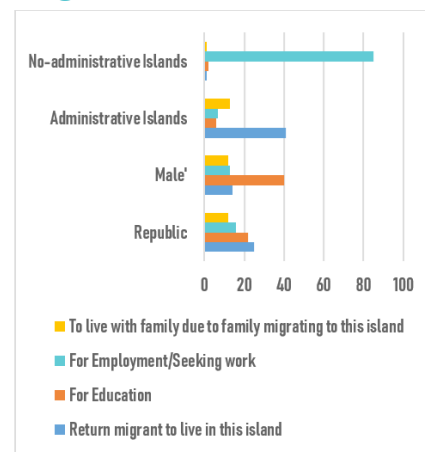
Source: Author's calculations

5.8 Migration and Climate Change: climate change is just one more factor among many aspects impacting migration decisions

Internal migration is expected create challenges for the provision of basic resources and services, and for the pursuit of inclusive economic growth and social development in the country. Maldives is an Indian Ocean archipelago with 1,190 islands assembled into 26 low-lying coral atolls. Its highest point is nearly 2.4 meters above sea level. It is quite important for the policymakers to understand that the islanders' perceive that migration as a climate change adaptation option⁶ .

⁶ <https://www.georgetownjournalofinternationalaffairs.org/online-edition/2017/8/16/climate-change-and-migration-in-maldives>

Figure 5.11: Resident Maldivians who have ever migrated by main reasons for last migration



Source: Census 2014, NBS

When reasons for migration are examined that Maldivians typically migrate for livelihood-related, social and environmental reasons, and climate change can be regarded as only one of the factors among many aspects influencing migration decisions⁷ . Maldivians usually place little blame on climate change as a reason for leaving Maldives (Figure 5.11).

Major reasons for Maldivian migration are employment opportunities and education⁸ . Maldivians perceive that migration can improve their access to financial resources. Young people seek for migration abroad but not because of climate change. It is also observed that movement from outer atolls to the capital is the primary migration move rather than making international migration move, because

⁷ <https://rgs-ibg.onlinelibrary.wiley.com/doi/abs/10.1111/geoj.12177>

⁸ <http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2015/12/Statistical-Release-II-Migration-new2.pdf>

Maldivians can find the most opportunities for jobs, education, and social services in the capital. Most often decision to migrate is influenced by relatives' or friends' positive migration experiences. Therefore, it is quite appropriate to hypothesize that these current migration patterns are expected to remain even if climate change becomes a more persistent issue in Maldives.

It is quite important that policymakers should not assume that Maldivians are migrating as an adaptation strategy for climate change. Therefore, it is essential that climate change to be placed within the broader context of many other social and economic opportunities.

5.9 International Migration

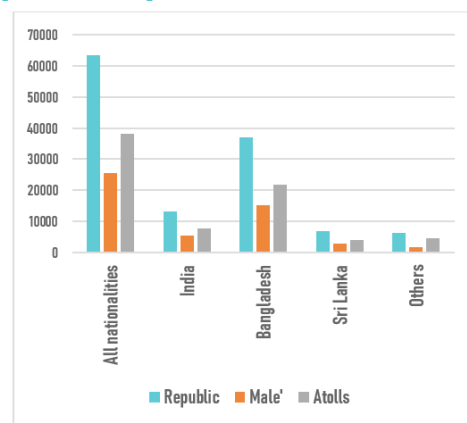
With the rapid economic development of Maldives, the country has experienced an eleven-fold growth in its total migrant population since 1990. People in the labour force ages from neighboring countries such as Bangladesh, India and Sri Lanka migrate to Maldives in search of better employment opportunities. Figure 5.12 shows the distribution of foreign resident population by country of birth. There were 63637 foreign-born population residing in Maldives at the time of the census taking in 2014. The resident foreign population accounts for 16 percent of the resident population in Maldives and majority of them are males (88 percent). They are distributed across the country, majority of them living in Male' (40 percent) and in non-administrative islands (36 percent). The resident foreign population consists of many different nationalities with Bangladeshis (58 percent) and Indians (21 percent). It was also observed that 569 foreigners were reported as being born in Maldives. Census 2014 also captured the duration of stay in Maldives for the foreigners. Most of the resident foreign population has lived in the country for 1 to 2 years but there is considerable number between 5 to 9 years. It is also noted that 9 percent of the resident population has lived for more than 10 years. Since Bangladeshis are the majority, they have lived more years than others. their duration of stay in Maldives is higher than other nationalities. Indians stay for 5-9 years while Sri Lankans tend to stay for less than 3 years.

When labour force aspect is examined, it is observed that that 60,030 are resident foreign nationals and is 28 percent of the total labour force⁹. Across the country, labour force participation rate is not significantly different for Maldivians and foreigners. Higher participation of 70.6 percent at the Republic level owes to the foreign resident population whose LFPR is much higher than the counterpart Maldivians. This is expected as migrant workers account for most of the foreigner's living in Maldives. It is also quite interesting to note that 97.3 percent of foreigners are in the labour force while in only 63 percent of Maldivians in the workforce. Furthermore, 91 percent of the foreign resident population work in formal type of employment while about 18 percent of the Maldivians work as own account workers. Among Maldivians resident population 24 percent or 35,155 work in the government or independent organizations whereas 38 percent or 22,680 foreign resident employed population are employed in companies. Productivity of the labour force depends on the level of education and skill training of the population. Educational level of the Maldivian resident employed population shows that majority of the workforce (42 percent) of the employed has never attended a formal school or never obtained a minimum school qualification. It is also seen that less than one percent possess a first degree and above.

It is quite apparent Maldives has not been able to provide adequate labour for its growing economy mainly because the mismatch between the labour market requirements and Maldivian young people's capacity and preference. Therefore, the Maldivian labour market has become heavily dependent on mi-

grant labour, especially for certain economic sectors and occupations. For example, foreign construction workers come from Bangladesh, and teachers and doctors are from India. Although such dependence on migrant workers could benefit the employers in the short-term, for Maldives as a fast-developing nation will have negative impact towards generation of employment for Maldivians and mismatch of skills. These issues can inadvertently create more problems for wages and working conditions, especially in the absence of a minimum wage requirement in the law. There is a strong necessity for a review of the enforcement of existing anti-trafficking laws and the implementation of policies, with a focus on victim assistance and perpetrator prosecution.

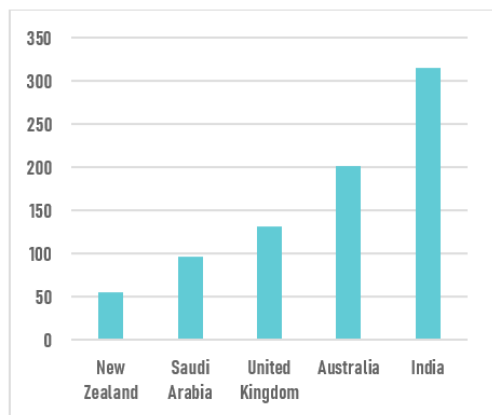
Figure 5.12: Resident foreign population by country of birth and locality



Source: Census 2014, NBS

Number of Maldivian emigrants have always been low compared to immigration. According to 2014 census data, it was observed that 10 percent (14,103 persons) who had previously resided abroad had returned to Maldives and this could be perhaps returning of Maldivians after attaining their higher education abroad and few with temporary employment overseas. Figure 5.13 the distribution of Maldivian tertiary students by area of destination where they were involved in higher educational activities. At present, Maldives should not focus more on emigration as the proportion is very insignificant and it will not have any substantial impact on population dynamics of the country.

Figure 5.13: Tertiary students by destination, Maldives 2013



Source: <https://esa.un.org/miggrmprofiles/indicators/files/Maldives.pdf>





6. Specific recommendations in the context of Population Dynamics in Maldives

Utmost importance to be given by the sectors in reflecting these recommendations in the upcoming National Development Plan and in future policy directives

Recommendation 1: Maldivian Government needs to accommodate population dynamics into their policy planning, especially within the context of medium and long-term policy perspectives. Maldives' carrying capacity of 620,000 people are a creative resource. Given the resource constraints that Maldives possess, this number can be seen as an ideal size for a country like Maldives to utilize them to the maximum potential. Most importantly, Education policies must be put forward to help them become more capable and innovative, skillful, and productive. To nurture and enhance this productive population resource, people's physical wellbeing must be improved through better nutrition, health care, and so on. At the same time, these have to be achieved through access to and participation in the processes of sustainable development as envisioned by the UN Sustainable Development Goals (SDGs).

Recommendation 2: It is apparent that Maldives will encounter the challenge of productively engaging its Maldivian young people to achieve a demographic dividend. At the same time, by 2064, Maldives also needs to adjust to ageing populations. However, if ageing population to be made the second demographic dividend, Maldives' government has to make every effort to improve the productivity of the current labour force and improve their savings behavior. This will make them to have accumulated wealth by the time they become elderly in the future. This will also lead to reduce the burden on the

government on most of the welfare including social protection issues of the elderly Maldivian population.

Recommendation 3: When fertility trend is examined, it is quite clear from the available data on Total Fertility Rate (TFR) that it has dramatically declined from 6.4 in 1990 to 2.84 in 2000. TFR has reached almost replacement level by 2006 but again it has risen in 2014 by reaching the level of 2.46. However, this upsurge in fertility is not a failure of any programme effects but due to the growth momentum generated by past high fertility prevailed before 1990s. The major growth in the Maldivian population comes from the young age structure which accounts for about 66 percent of the projected growth in 2054. Since young age structure dominates Maldives' population dynamics, fertility policies in Maldives must seriously address adolescent pregnancy and childbearing. Lack of awareness on sexuality and reproductive health matters in Maldives can expose youth to relatively high reproductive health risks. The consequences of adolescent pregnancy and childbearing are serious and numerous: Pregnant teenagers are more likely than women who delay childbearing to experience maternal illness, miscarriage, stillbirth, and neonatal death; Teen mothers are less likely to continue education and more likely than their peers who delay childbearing to live in poverty; The children of teenage mothers are often born at low birth weight, experience health and developmental problems, and are frequently poor, abused, and/or neglected. A significant strategy would be to involve mothers (as the most trusted person to talk personal matters) and incorporate a systematically designed programme directed at educating mothers on ASRH which can disseminate proper knowledge

on ASRH to their daughters. In addition, however, a gender transformative approach, which will engage boys and young men in SRH and gender equality, is also indispensable.

Recommendation 4: Policy planners must adjust their socioeconomic policies and plans by deviating from their previous positions in order to contain the additional number of people produced by the sudden increase of fertility in recent years. Increase of TFR observed in the country produces extra number of births which are of policy concern and hence appropriate policies should be adopted to accommodate needs and aspiration of this additional birth cohort because they are basically belonged to the new millennium, which can be quite distinct to previous generations. Therefore, policy planners need to answer number of questions: How do you adjust your educational policies to accommodate these extra number of children? How does the government adjust investment in children's education?, especially in relation to children's health and other welfare facilities and additional places in universities/ vocational training and other higher educational institutes. Gradually, these extra number of children will be entering into labour force ages very soon. Accordingly, Maldives has to seriously think how employment policies to be espoused to accommodate these additional workers and hence what type of changes are necessary to create more jobs (skill and decent jobs). It is advisable to adjust policies to accommodate these additional number of people because its effects will have a great impact on the country's socio-economic policies for at least during the first half of this century.

Recommendation 5: Maldives is currently experiencing the first demographic dividend with a large working age population which could raise total GDP further, if productively employed. All evidence available confirms that the duration of the first demographic dividend is 56 years from 2008 to 2064. This suggests that Maldives is still left with 45 years more which is a substantial time period, if the country desires to benefit from this historically produced demographic bonus. The benefits of the demographic dividend are not automatic, but policy dependent and hence the window of opportunity to reap the benefits of a low dependency burden needs to be made use of productively. Since the size of the labour force is manageable, it is very important for Maldives to come up with a very effective strategy for improving general education system as well as tertiary education together with skill development plans for the supply of knowledgeable but skillful labour force to effectively contribute for its economic development. It is quite important to identify which sectors will have future growth and then prepare the country's labour force for employment activities generated in those sectors. Another important element in the strategic employment plan should be to improve labour force participation of women because of relatively small size of the work force, Maldives should effectively utilize full labour force participation of both men and women in order to get the maximum potential for its economic growth.

Recommendation 6: Comparative survival probabilities of men and women in Maldives exemplify that they are not favourable to men. They suggest that men are increasingly exposed to high

risk mortality factors. In relation to the diseases, men are in a more hostile position in promoting their survival chances because of most of the non-communicable diseases are shown among the top ten leading causes of death. In terms of these causes, men are in a more unfavourable position in upgrading their survival chances. Although most these causes are amenable to medical interventions, difference observed in mortality between men and women can be attributed to factors other than medical interventions. Therefore, an additional effort has to be taken to improve health status of men to be par with women in order to advance their health standing and thus diminution of their vulnerability position to the above causes of death.

Recommendation 7: Maldives can be seen as a very mobile set of localities. The overall efficiency of migration for the whole of Maldives is 21.35 percent: for any 100 persons migrating (any direction) between any of the region, there is a net regional distribution of 21 persons. When reasons for migration are examined that Maldivians typically migrate for livelihood-related, social and environmental reasons, and climate change can be regarded as only one of the factors among many aspects influencing migration decisions. It is quite important that policymakers should not assume that Maldivians are migrating as an adaptation strategy for climate change. Therefore, it is essential that climate change to be placed within the broader context of many other social and economic opportunities.

Recommendation 8: It is quite apparent that Maldives has not been able to provide adequate labour for its growing economy so the Maldivian labour market has become heavily dependent on migrant labour, especially for certain economic sectors and occupations. Although such dependence on migrant workers could benefit the employers in the short-term, for Maldives as a fast-developing nation will have negative impact towards generation of employment for Maldivians and mismatch of skills. These issues can inadvertently create more problems for wages and working conditions, especially in the absence of a minimum wage requirement in the law. There is a strong necessity for a review of the enforcement of existing anti-trafficking laws and the implementation of policies, with a focus on victim assistance and perpetrator prosecution.

7. Annex B: Sample of template prepared for APMD progress reporting:

7.1 Thematic area: Poverty eradication and employment

Introduction

[This section should provide background information and recent trends that has taken place between 2013 to 2017 in the area of poverty eradication and employment. Introduction should touch upon the overall content of this sector]

Policy measures, legislative and institutional changes

This section on POVERTY ERADICATION should include:

- laws, policies and programmes being implemented to achieve poverty reduction in the country.
- Institutional changes (if any) that has taken place between 2013 to 2017.
- Activities carried out to strengthen existing legal frameworks and to develop comprehensive and multi-sectoral national strategies.
- Address the special needs of person with disability in national population and policies and programme

This section on EMPLOYMENT should include:

- laws, policies and programmes for the development of employment sector, eg: macroeconomic policies for job creation.
- Institutional changes (if any) that has taken place between 2013-2017.
- Activities carried out to strengthen existing legal

frameworks and to develop comprehensive and multi-sectoral national strategies.

- Policies and programmes aimed at encouraging the active participation of women in the labour force.

Agriculture and rural development

This section should include:

- Activities carried out to enhance food security and access to adequate, safe and nutritious food for present and future.
- Activities carried out to increase agricultural productivity and output quality.
- Revitalization activities carried out for agricultural and rural development through access to agricultural producers such as small producers, credit and other financial services, markets, efficient irrigation, reuse of treated waste water, water harvesting and storage.

Poverty eradication and Women's empowerment

This section should include:

- activities carried out/ milestones achieved in empowering rural women and men as critical agents for enhancing agricultural and rural development and food security, safety and nutrition.

- Enhancement of employment and income opportunities for those especially living in poverty

Employment opportunities:

This section should include:

- Enhancement of employment and income opportunities through support to small and medium-sized enterprises, promotion of equal skill development, reduce wage gaps between men and women.
- Strategies and policies implemented to address the challenge of youth unemployment. This include providing decent and productive work for youth.
- Sharing of experiences and best practices on ways to address unemployment and underemployment especially among youth.
- Activities carried out/ work done to increase access to decent and productive employment and promote entrepreneurship.
- Programmes carried out for employment intensive initiatives, small and medium-sized enterprise promotion, employment guarantee scheme, vocational and technical training and entrepreneurial skills development. Special focus should be given to unemployed youth.

Constraint to poverty eradication and employment:

Constraints and challenges should focus on:

- a) challenges/constraints in the implementation of activities:
- b) financing of activities:
- c) capacity building: (human, financial and material resources)
- d) partnerships in implementing activities: (eg; civil society organization, international cooperation)
- e) technology and innovation: (also include improvement in the collection, analysis and dissemination of indicators relevant to this area, include innovative communication tools and approaches)
- f) legislation and policies

Emerging opportunities and key future actions:

- actions that could be taken to overcome the constraints to achieve the goal.
- future investment in poverty eradication and employment.
- achieving SDG goal on gender.

8. List of Stakeholders consulted in preparing Sixth Asian Pacific Population Conference (APPC): National Review

No	Name	Designation	Office
1	Zubaidha Abdul Hameed	Deputy Director	Ministry of Youth and Sports
2	Saudath Afeef	Assistant Director	Ministry of Youth and Sports
3	Shaula Rasheed	Director	National Social Protection Agency
4	Noorulhudha Hussain	Assistant Director	National Social Protection Agency
5	Fathmath Emaan	Administrative Officer	National Social Protection Agency
6	Mariyam Sidhmeen	Director	Ministry of Gender and Family
7	Leela Ibrahim Manik	Assistant Director	Ministry of Gender and Family
8	Sofoora Kawsar Usman	Assistant Director	Ministry Health
9	Mariyam Shirda Usman	Assistant Director	Labour Relation Authority
10	Dr. Mariyam Jenyfa	Senior Medical Officer	Health Protection Agency
11	Ibrahim Asif Rasheed	Education Officer	Ministry of Education
12	Yoosuf Ahmed	Director	Ministry of Education
13	Shahida Abdul Rahman	Project Coordinator	International Organization for Migration (IOM)
14	Fathimath Shamla Jaufar	Assistant Planning Officer	SDG Division/ Ministry of Environment and Energy
15	Aman Khaleel	Administrative Officer	SDG Division/ Ministry of Environment and Energy
16	Razaan Rasheed	Statistical Officer	Ministry of Fisheries and Agriculture
17	Mariyam Simla	Senior Research Officer	Ministry of Fisheries and Agriculture
18	Aminath Shani Mohamed	Director	Ministry of Economic Development
19	Musthafa Abdul Gafoor	Senior Economic Affairs Officer	Ministry of Economic Development
20	Shadiya Ibrahim	Assistant Representative	UNFPA
21	Aishath Shahuda	Chief Statistician	National Bureau of Statistics
22	Fathimath Riyaza	Deputy Statistician	National Bureau of Statistics
23	Ashiyath Shazna	Statistician	National Bureau of Statistics
24	Mariyam Mirfath	Statistician	National Bureau of Statistics



National Bureau of Statistics
Ministry of National Planning & Infrastructure



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