



Maldives
SOCIAL SECTOR
ASSESSMENT
2022

unicef 
for every child

 **SPRI**
SOCIAL POLICY RESEARCH INSTITUTE

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Acronyms

ARC	Advocating for the Rights of Children
CFPS	Child and Family Protection Service (of the Ministry of Gender, Family and Social Services)
DV	Domestic violence
FCSC	Family and Children's Service Centre
FPA	Family Protection Authority
FoPA	Foster Parent Allowance
GBV	Gender-based violence
HR	Human resources
HRCM	Human Rights Commission of the Maldives
IC	Island Council
JJU	Juvenile Justice Unit
KII	Key informant interviews
M&E	Monitoring and evaluation
MIS	Management Information System
MoE	Ministry of Education
MoGFSS	Ministry of Gender, Family, and Social Services
MoH	Ministry of Health
MoU	Memorandum of Understanding
NEET	Not in Employment, Education, or Training
NGO	Non-Governmental Organisation
NSPA	National Social Protection Agency
PMT	Proxy Means Test
PWDs	Persons With Disabilities
SAP	Strategic Action Plan
SP	Social protection
SPA	Single Parent Allowance
SPRI	Social Policy Research Institute
SSD	Social Service Department (of the Ministry of Gender, Family and Social Services)
UN	United Nations
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WDC	Women's Development Committee
WHO	World Health Organisation

I. Introduction

This document presents the preliminary draft report of the Social Sector Assessment for the Maldives. The report is an assessment of the achievements and the challenges in the social sector in the country, and represents one part of a comprehensive assessment of the social sector in Maldives carried out by the Social Policy Research Institute in support of UNICEF Maldives and the Ministry of Gender Family and Social Services (MoGFSS). The analysis will inform development of a holistic, rights-based Social Sector Master Plan aimed at enhancing social inclusion in Maldives following the principles of, non-discrimination, and equity. The project complements and supports the realization of the national Strategic Action Plan (SAP) 2019-2023 seeking to promote the wellbeing of children, families, and all vulnerable groups. This report is “preliminary” for two reasons:

- Planning difficulties partially related to COVID-19 restrictions made it impossible to collect all the data and needed information by the projected timeline. The methodological chapter provides an overview of the additional data and information to be collected and assessed in the coming weeks.
- The preliminary report will form the basis of a larger consultation among the main stakeholders in the country. The comments and remarks during the consultation will allow to complement the assessment and to correct eventual omissions or necessary revisions.

After a planned round of consultations, the revised draft of the report will be re-submitted for validation. The revised report, in combination with the consultations and validation, will serve as a basis for formulating a social sector plan for the country.

This report is not a social sector plan, although it highlights a series of issues to be addressed in the social sector, and the chapters include initial ideas and suggestions to be considered as the main elements of the social sector plan. These issues and suggestions are intended to stimulate discussion during the validation phases, by generating ideas for consideration by participants during the next round of consultations.

Organisation of the draft report

The following section describes the methodology underlying the social sector assessment, as well as the assessment which forms the basis of this preliminary report. The report consists of 5 chapters. The first chapter studies the consequences of the geographical and economic context of the Maldives for the social sector. The second chapter reviews the policy responses to the social challenges in the country from a legal and policy angle. Chapter three analyses the social protection system in the country and tries to identify the gaps in the system and its implementation. Chapter 4 analyses the administrative structure of service delivery and implementation, and chapter 5 elaborates on the gaps, bottlenecks, and challenges in the delivery of the social services.

A list of documents, a list of Key informants interviewed and the instruments of used for the qualitative data collection are found in the annexes to this report.

II. Methodology

Analytical approaches

The analysis informing the Social Sector Analysis and Assessment (SSAA) and the Social Sector Master Plan (SSMP) will incorporate the following four approaches: (i) an equity-based and human-rights approach, (ii) a life cycle approach, with a particular focus on children and adolescents, (iii) an economic approach, (iv) and a participatory approach. These are described in detail in Annex I: Analytical approaches underlying the methodology.

Data collection and analysis

The Social Sector Analysis and Assessment reports aims to identify key challenges and gaps in social protection and social services delivery from a human, financial and technology (including management information systems [MIS]) perspective. It relies on a desk review and on the key findings from the quantitative and qualitative research to analyse capacity gaps and address the objectives of this report. These research components involve interviews and focus group discussions with target groups including social protection and social service administrators and frontline service providers, (i.e., social workers and other frontline service providers such as police officers, social protection administrators, medical professionals, teachers, school counsellors, etc.) and beneficiaries and non-beneficiaries.

Documentary review

The documentary review canvassed and collated documentation and data, including policy and legal documents, reports and household surveys, relevant to social protection and the social sector in Maldives. Sources of information included national strategies towards the achievement of national goals relating to the social sector and complementary sectors (such as education and health), legal acts towards the protection of vulnerable peoples and children, strategic action plans, demographic household surveys, resilience and recovery plans, as well as documentation on the socio-economic impact of the COVID-19 pandemic and recovery plans. A full list of reviewed documentation can be found in Annex II: List of documents assessed in the documentary review.

Secondary data analysis

Published quantitative data from recent household surveys, the Maldives Household Income and Expenditure Survey 2019 (HIES 2019) and the Maldives Demographic and Health Survey (DHS 2016-17), was studied to broadly assess the needs and deprivations among the Maldivian population and contextualise findings from additional quantitative and qualitative research carried out towards the completion of the social sector assessment.

Primary data analysis

Additional quantitative and qualitative data was collected by SPRI Global in collaboration with researchers from Villa College through phone and face-to-face interviews, as well as online rapid surveys. Data collection is currently ongoing.

Rapid quantitative online survey with social workers and care workers

A rapid survey targeting social workers at different departments and divisions of the MoGFSS, as well as those working at the level of Family and Child Service Centres (FCSC) was executed. This survey was distributed via email, using the Survey Monkey platform and aimed to collect background information on the social workers, including the sex, age, educational attainment, professional profile, prior work experience, perceptions about adequacy of attained education for social service delivery, and needs for additional education, training and support for improved social service delivery. In terms of social services, the survey collected information on the type and volume of services provided by social workers as well as the main challenges and bottlenecks they face with their daily operations. The construction of the survey was informed by early key informant interviews with social workers and care workers at a selection of Family and Child Service Centres.

The survey for social workers was distributed to all social workers under the MoGFSS. Due to COVID-19 travel restrictions it was not possible to interview the social workers and the social care workers face-to-face. As a temporary solution an online survey was sent out to the social workers. At the time of this draft, insufficient responses were collected for the online social worker rapid survey, which implicates the need for renewed data collection using face-to-face or phone interview modalities. The administered survey instruments are included in Annex III: Qualitative Research Instruments.

A similar instrument was designed for collecting information from care workers whose duties are confined to FCSC and children's shelters. One care worker per FCSC on islands outside of Male, and up to 5 care workers for the three central institutes in Malé, Hulhumalé and Vilingili, was selected to be interviewed. Data collection with care workers is currently ongoing and estimated to make up a sample of under 40 care workers.

Due to ongoing data collection, the results of the surveys with the Social Workers and the Social Care Workers will be included in the next draft of the report.

Rapid quantitative survey with Local Island Council members

A rapid quantitative survey targeting local island councils was carried out, to collect information on the perceptions of local island authorities on 1) pressing social issues on their respective island; 2) their roles and duties and any bottlenecks or challenges encountered in fulfilling these; 3) access to and demand for social protection and social services on their respective islands, and any gaps or challenges pertaining to these.

Representatives of Local Island Councils were selected to be interviewed remotely (via video conference or telephone), or face to face, constituting a nationally representative sample of 47 islands. The selection of islands was based on a 25% sample of all inhabited islands in Maldives, categorised by population size of the respective island (Table 1).

1 The survey was shared via email with all social workers in Maldives. These include social workers at every FCSC on islands outside of Male, Children’s Shelters, Safe Homes, and at the Guiraidhoo Centre. Under the MoGFSS in Male, this group also included social workers working at the Child and Family Protection Section, Duty Team and Hotline Section, Elderly and Disability Protection Section, Domestic Violence and Gender-Based Violence Protection Section, Shelters Case Supervision, Fostering and Reintegration Section, and the Child Helpline, Referrals and Data Section.

Table II.1 Sample size selection for Local Island Council representatives

ISLAND POPULATION SIZE	NUMBER OF INHABITED ISLANDS	SAMPLE SIZE # OF ISLANDS (25%)
>3000	22w	6
>1000 <3000	92	23
<1000	75	19
Total	189	47

Key Informant Interviews (KII) with line ministries, government stakeholders, public service providers, NGOs and development partners

KII were conducted with social service providers (technical and programmatic staff), as well as executive members, at the central level. Interviewees included members of the MoGFSS, NSPA and other relevant government stakeholders. Members of the MoGFSS included members of line ministries, and technical and programmatic staff responsible for monitoring social services delivered by the FCSCs or state alternative care institutions. Interviewed bodies included:

- MoGFSS representatives
- NSPA representatives
- Social Service Department social workers
- Family & Community Development Division
- Disability and Well-being Division
- Communication Media & Public Relations Department
- Quality Assurance & Management of State Care Institutions
- Policy, Planning, Monitoring & Research Department
- Legal Affairs Division and Legal Division of the Child and Family Protection Service
- Family Support and Social Service Department
- Human Resources and Training Division
- Gender Development and Empowerment Department
- Child and Family Protection Services (social workers, department officers)

KII with social service providers also included public service providers, and development partners, who are directly or indirectly involved in social service provision. Findings from these KII served to triangulate findings obtained from the rapid surveys and FGDs.

Other government stakeholders included members of a small selection of Local (Atoll and Island) Councils and Women's Development Committees.

Public service providers included childcare and social workers (at different departments and divisions of the MoGFSS and FCSC), teachers, school liaison officers, school counsellors, health workers, law enforcement bodies including the Maldives Police Service, Family Court representatives, Prosecutor General's Office, and management and staff of state alternative care institutions and the four Safe Homes part of FCSCs (temporary shelters for women and children who are victims of domestic violence).

Consultations with private and non-governmental social service providers and stakeholders were also held for a comprehensive mapping and assessment of social service delivery. A selection of these partners included repre-

representatives of UNICEF, UNDP, and local island NGOs. Independent bodies such as the recently established office of Ombudsperson for Child Rights was also interviewed as a highly relevant actor in monitoring the upholding of child protection rights enshrined in the 2019 legislation.

Focus Group Discussions with caregivers and youths

Focus group discussions are carried out in February/March 2022 (after the meeting and travel restrictions due to COVID-19 are lifted), targeting caregivers and youths (aged 18-24 years) on a random selection of 11 islands after categorising the islands according to population size in three categories, in addition to Malé and Hulhumale. The objectives of these FGDs are to 1) gain an insight on the accessibility, availability, usability, and appropriateness of social services in Maldives; and to 2) better understand the perceptions of these groups about the social services available to them and their quality.

Ethical compliance

Strict compliance with the UNICEF Revised Evaluation Policy (2018), the United Nations Evaluation Group (UNEG), Norms and Standards for Evaluation (2016), the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation (2014), the UN SWAP Evaluation Performance Indicator, the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis (UNICEF 2015), and the UNICEF-Adapted UNEG Evaluation Report Standards (2017), was ensured during all the stages of the study (inception, design, tools development, data collection and analysis, and reporting/dissemination).

Following these standards, key considerations include:

- Independence, impartiality and credibility of research judgements
- Accountability and utility of the research
- Respect and protection of the Human Rights and Gender Equality
- Conflicts of interest

Information that will be added to the next draft

The next draft of the report is expected to provide the following extra information, pending ongoing data collection:

- Analysis of the results of the survey with the social workers
- Analysis of the results of the survey with the social care workers
- The analysis of the focus group discussions with caregivers and youth
- The information provided by additional documents requiring translation; these documents include the National Action Plan on Violence Against Children for both 2017-2019 and 2020-2023; the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy and Action Plan 2020-2025; the Social Protection Act; Social Protection Regulation; Single Parent Regulation; Food Subsidy Regulation; Foster Parent Regulation
- The information stemming from any additional key informant interviews that are recommended during the discussions and validation meetings.

1. Social Challenges in the Maldives

1.1 The geographic and economic context

Despite a relatively long period of sustained economic growth, the Maldives faces considerable challenges in social policy. Its geography and the nature of its economic development both play an important role in explaining the origins of these challenges, at least partially. Some of these challenges were aggravated and/or became more visible during the COVID-19 pandemic since March 2020.

Geography

The population of the Maldives (approximately 540,000 people) is dispersed over 185 islands (Figure 1.1, Table 1.2). 30 percent of the population is living in the capital, Malé; and more than 40 percent is living in the greater Malé area (including the capital). Almost 60 percent of the Maldivian residents live on small islands characterized by varying degrees of remoteness. There are 155 inhabited islands with less than 2000 inhabitants on average being more than 225 kilometres away from Malé; on 115 of the islands, there are less than 1000 people residing there. In 11 islands the population size is between 2000 and 3000 inhabitants while 6 islands have a larger population ranging from little more than 3000 to more than 11,000. On average the distance between the larger islands and Malé is 350 kilometres. The distance between the most northern and the most southern island is more than 1000 kilometres over the Indian Ocean. The Malé Atoll consists of 10 islands, each having a population of 1566 inhabitants on average and on average being 37 kilometres away from the greater Malé capital islands (Table 1.1).

Table 1.1 Population of the Maldives by island population size and distance of the islands to Malé

POPULATION	NUMBER OF ISLANDS	AVERAGE POPULATION	AVERAGE DISTANCE FROM MALÉ
less than 1000	115	551	202.9
Between 1000 - 2000	40	1,470	224.5
between 2000 - 3000	11	2,586	192.9
more than 3000	6	6,749	351.6
Malé Atoll	10	1,566	36.6

Source: authors calculation based on Statistical Yearbook Maldives 2021², Census 2014³

² Maldives Bureau of Statistics 2021b.

³ Maldives Bureau of Statistics 2014

Figure 1.1 Map of Maldives



Table 1.2 Atolls of Maldives*

ABBREVIATION	ATOLL NAME	OFFICIAL NAME	ATOLL CAPITAL	POPULATION
AA	Alif Alif	Ari Atholhu Uthuruburi	Rasdho	5,915
ADh	Alif Dhaal	Ari Atholhu Dhekunuburi	Mahibadhoo	8,183
B	Baa	Maalhosmadulu Dhekunuburi	Eydhafushi	8,919
Dh	Dhaalu	Nilandhe Atholhu Dhekunuburi	Kudahuvadhoo	5,329
F	Faafu	Nilandhe Atholhu Uthuruburi	Nilandhoo	4,140
GA	Gaafu Alif	Huvadhu Atholhu Uthuruburi	Villingili	8,477
GDh	Gaafu Dhaalu	Huvadhu Atholhu Dhekunuburi	Thinadhoo	11,653
HA	Haa Alif	Thiladhunmathi Uthuruburi	Didhdhoo	13,004
K	Kaafu	Malé Atholhu	Thulusdhoo	12,232
L	Laamu	Haddhunmathi	Fonadhoo	11,841
Lh	Lhaviyani	Faadhippolhu	Naifaru	7,996
M	Meemu	Mulak Atholhu	Muli	4,711
N	Noonu	Miladhunmadulu Dhekunuburi	Manadhoo	10,556
R	Raa	Maalhosmadulu Uthuruburi	U'ngoofaaru	14,934
Sh	Shaviyani	Miladhunmadulu Uthuruburi	Funadhoo	12,127
Th	Thaa	Kolhumadulu	Veymandoo	8,923
V	Vaavu	Felidhu Atholhu	Felidhoo	1,622

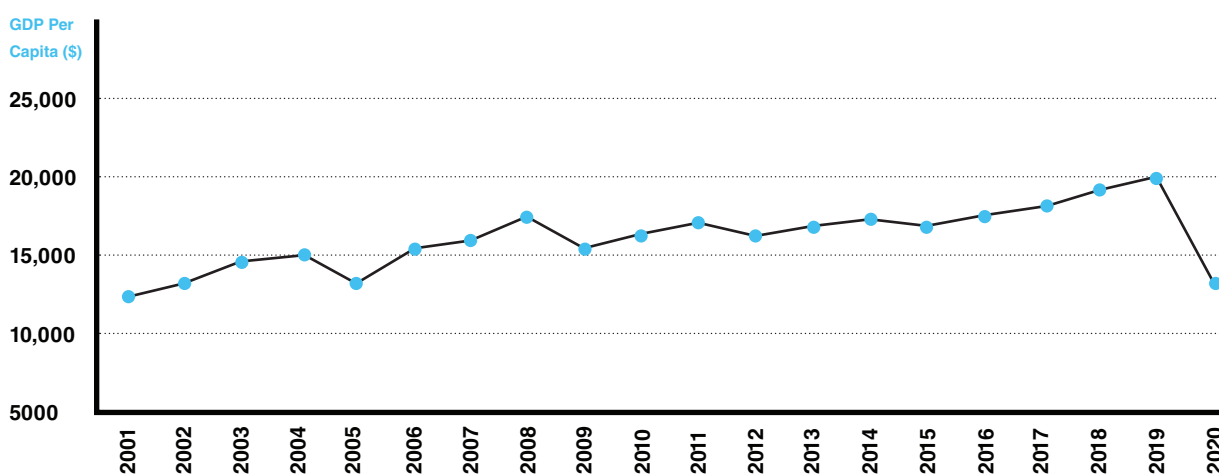
*Based on 2014 Census figures ⁴

⁴ Ibid.

Economy

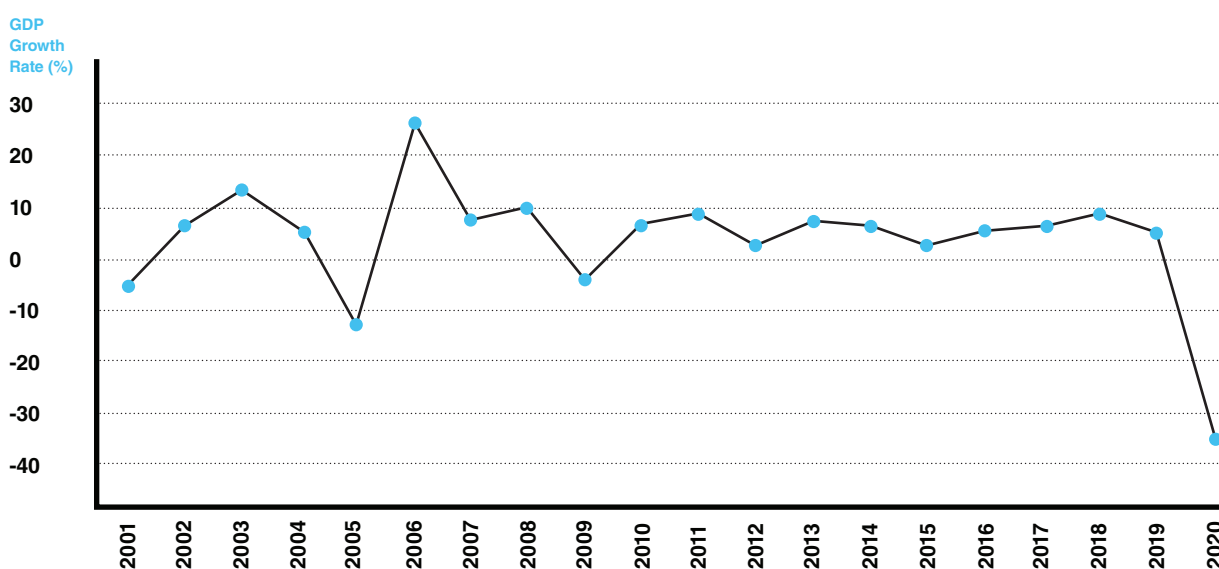
Between 2003 and 2019, the Gross Domestic Product (GDP at market prices) almost tripled and GDP per capita (PPP at international 2017 \$) increased from almost \$14,500 to almost \$20,000 (Figure 1.1) showing an impressive growth rate for the previous two decades for all years except for 2005, 2009 and 2020 (Figure 1.2). While annual GDP growth (at market prices) has been very high by international standards (often approaching 10 percent per year) for 17 years during that period, Figure 1.3 also illustrates the Maldives' vulnerability to external shocks. The COVID-19 pandemic brought the GDP per capita level back to the level of 2001 and the dips in 2005 and 2009 were considerable. The high vulnerability to external shocks finds its origin in several features of the economy.

Figure 1.2 Maldives GDP per capita, PPP (constant 2017 international \$), 2001-2020



Source: World Bank, World Development Indicators, 12/2021 ⁵

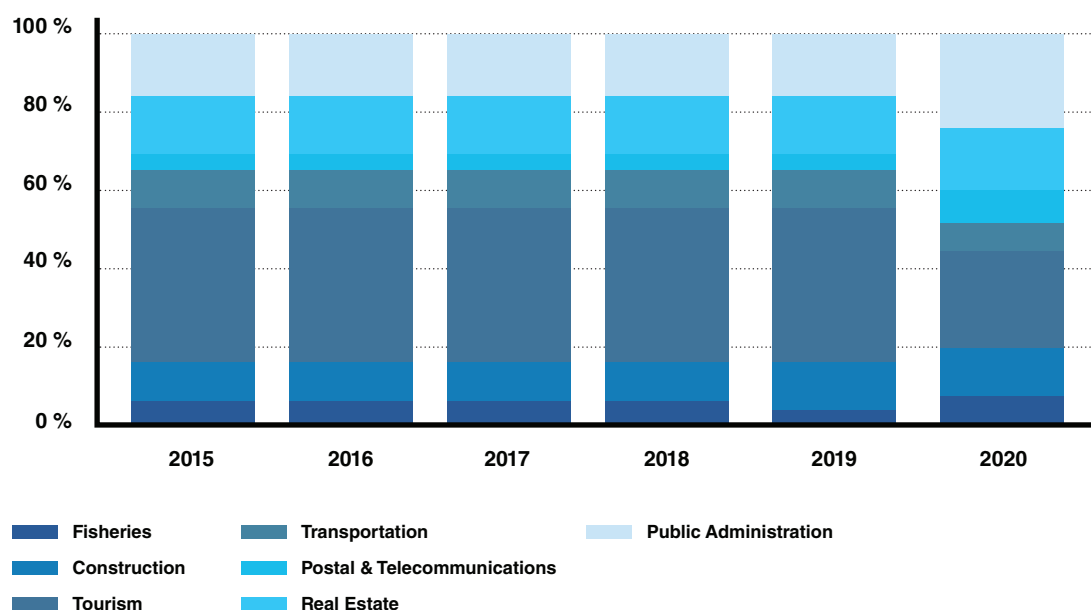
Figure 1.3: Maldives GDP growth (at market prices) (annual %), 2001-2020



⁵ World Bank 2021b.

Economic growth is largely **driven by two sectors**, as illustrated by Figure 1.4: International Tourism and Infrastructure Construction. The latter industry has been a particularly important driver due to a boost of public infrastructure investments since 2016. Because of the high reliance of public construction works on imports and external non-concessional finance, this sector is almost as vulnerable to shocks as the international tourism sector.

Figure 1.4 Real domestic product by sector 2016-2020



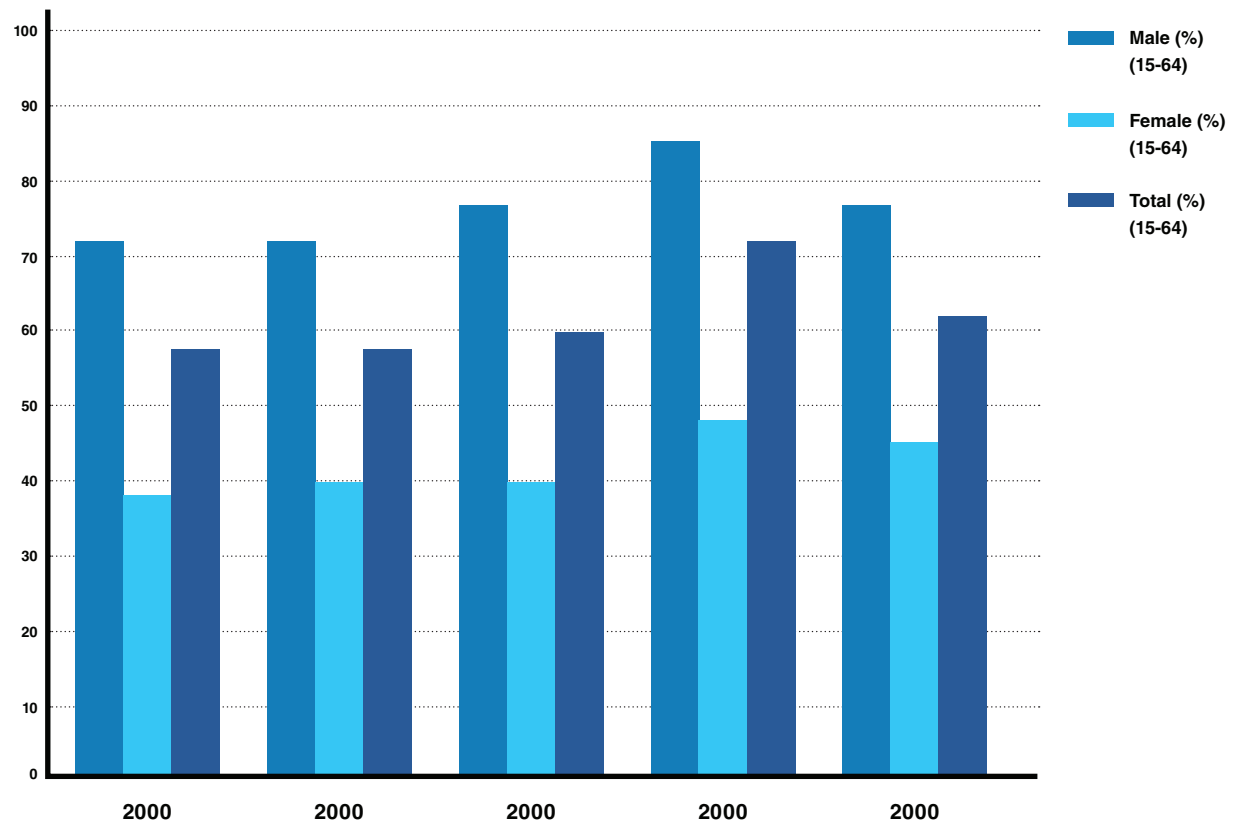
Source: Monetary Authority Maldives: update 10/2021 ⁷

Besides being highly vulnerable to external shocks, the economy also shows **peculiar labour force participation and employment statistics**. This obviously has consequences for assessing the challenges in the social sector. Figure 1.5 shows that the labour force participation rates for the working age population (15 – 64) is low by international standards, even for middle-income countries like the Maldives. The labour force participation for women in the same age-group is very low. This suggests that high economic growth has not translated into strong employment growth. While the employment-population ratio has increased over time, its growth has been very modest for both the entire 15+ population or for the youngest age-group of the population aged 15 – 24 years (Figure 1.6, Figure 1.7). The employment and labour force participation rate for women remain low in both scenarios.

⁶ Ibid.

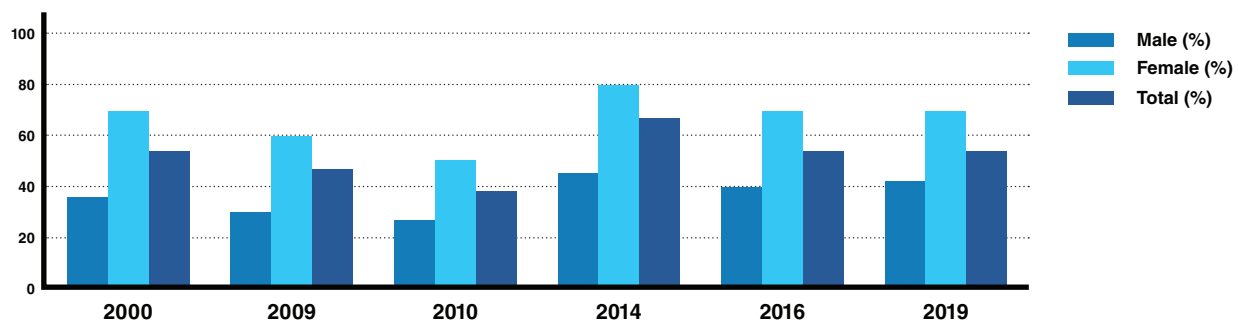
⁷ Maldives Monetary Authority 2021.

Figure 1.5 Labour force participation rate total and sex for population age 15-64 (ILO modelled) 2000-2019



Source: World Bank, World Development Indicators, 12/2021 ⁸

Figure 1.6 : Employment-Population 15+ total and by sex 2000 - 2019 (national estimates)

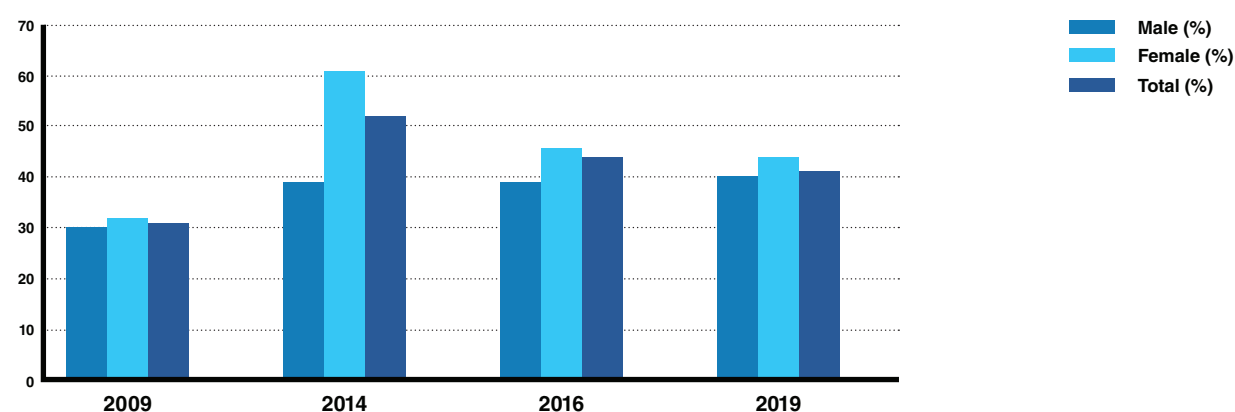


Source: World Bank, World Development Indicators, 12/2021 ⁹

⁸ World Bank 2021b

⁹ Ibid.

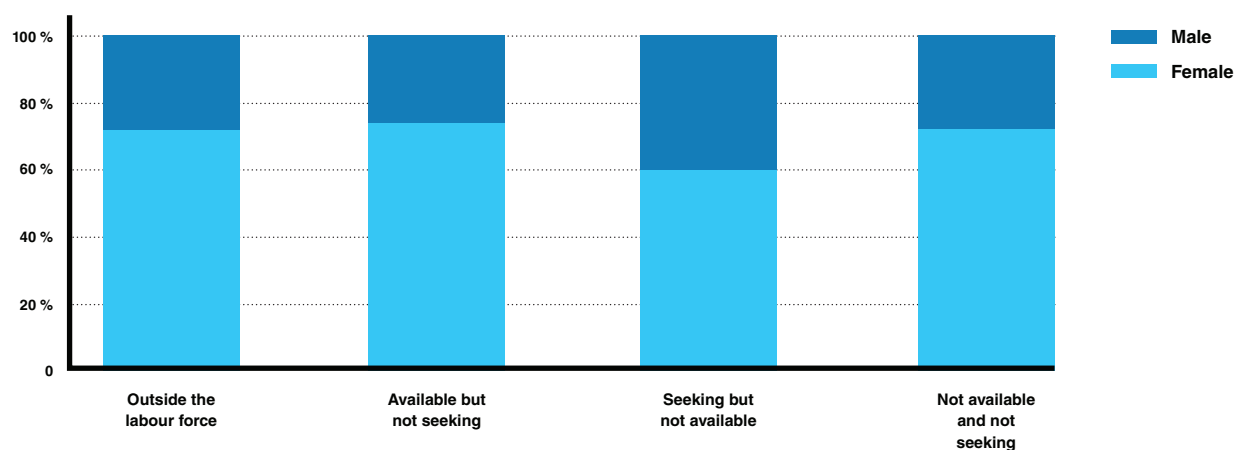
Figure 1.7 Employment-population (15 - 24) ratio Total and by sex 2009 - 2019 (national estimates)



Source: World Bank, World Development Indicators, 12/2021 ¹⁰

Although labour informality may play a role in explaining the low labour market participation rate, it is estimated to be moderate as well. The main issue is that a lot of men and women are considered to belong to the potential labour force rather than to the actual labour force. Persons are considered to belong to the actual labour force if they either work for wage or profit or are seeking work and are available for the market. Persons belonging to the potential labour force are either seeking work but are not available or are available for the labour market but are not seeking employment, the latter of which represents a larger proportion of the potential labour force than the former. The 2014 estimates based on the census are presented in Figure 1.8 and Figure 1.9 : the total number of persons belonging to the potential labour force (but not actually working or seeking employment), constitute up to almost 8 percent of the population in the age-group of 15 years and above, in 2014.

Figure 1.8 Composition of persons outside the labour force by sex, 2014

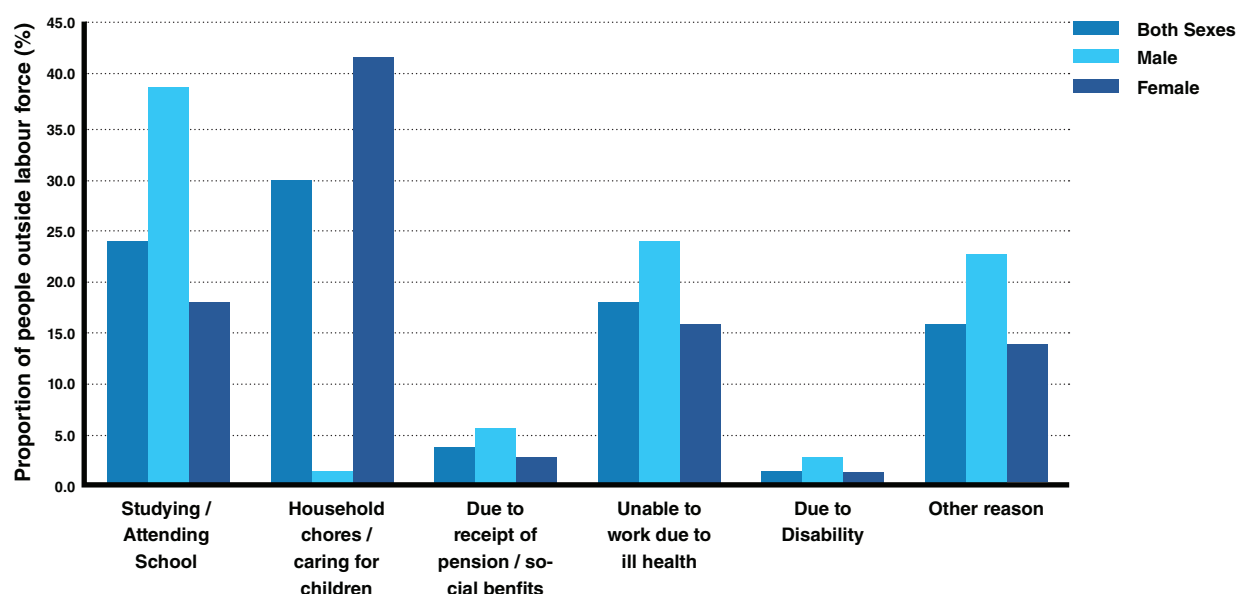


Source: Statistics Maldives, Population and Housing Census 2014, Release IV, Employment ¹²

¹⁰ Ibid.

¹¹ Maldives Bureau of Statistics 2014.

Figure 1.9 Population outside the Labour force by reasons of not being active total and by sex, 2014



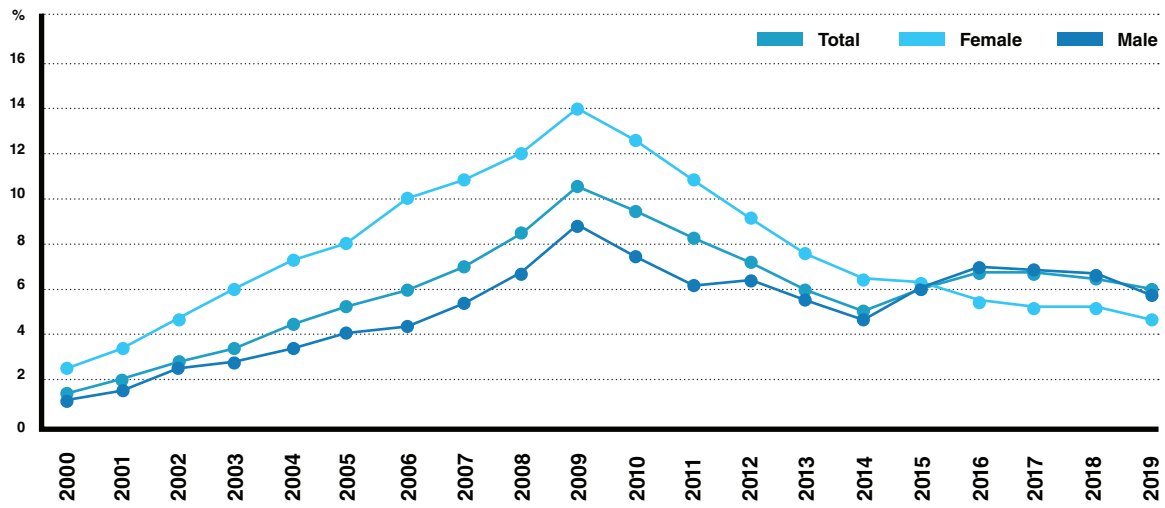
Source: Statistics Maldives, Population and Housing Census 2014, Release IV, Employment ¹³

Among both men and women, the unemployment rate in Maldives is very modest with 6 percent in 2019 (Figure 1.10). However, the 2020 COVID-19 pandemic has changed the picture in 2020 and 2021. Unemployment among young people (15 – 24 years of age), however, is particularly high among both young men and young women, even at the end of the periods of rapid economic growth between 2020 and 2019. Figure 1.11 shows that in 2019, almost one out of five young women (15 – 24 years old) and more than 10 percent of young men (15 – 24 years old) were available for the labour market and seeking employment, but were unemployed. The same figure illustrates that these population groups are highly vulnerable to economic shocks. During the 2009-financial crisis, the unemployment rates for young workers were almost 30 percent for women and more than 25 percent for men. The employment and activity rate among young people is also illustrated in Figure 1.12, as it indicates that the percentage of young people being ‘Not in Education, Employment or Training’ (NEET) was 25 percent for young women and more than 20 percent for young men in 2016.

¹² Ibid.

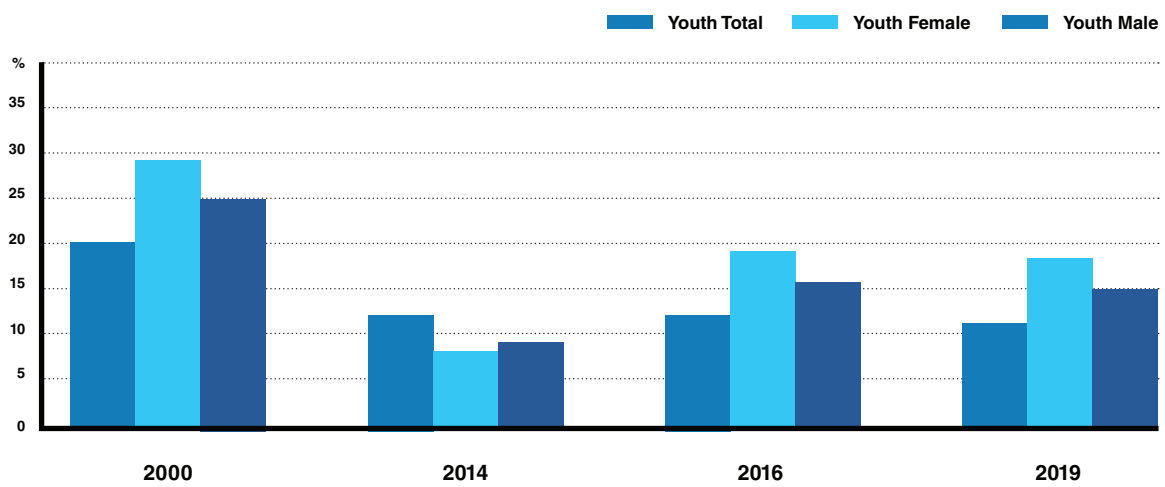
¹³ Ibid.

Figure 1.10 Maldives Unemployment (% labour force) by sex 2000 - 2019



Source: World Bank, World Development Indicators, 12/2021 ¹⁴

Figure 1.11 Unemployment rate total and by sex age 15 - 24 (% of the labour force) (national estimates)

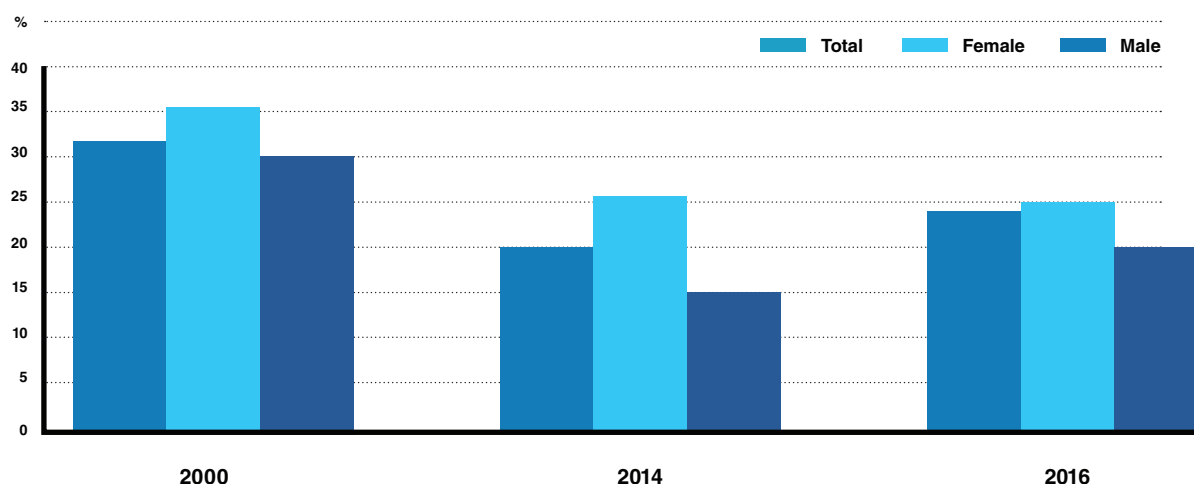


Source: World Bank, World Development Indicators, 12/2021 ¹⁵

¹⁴ World Bank 2021b

¹⁵ Ibid.

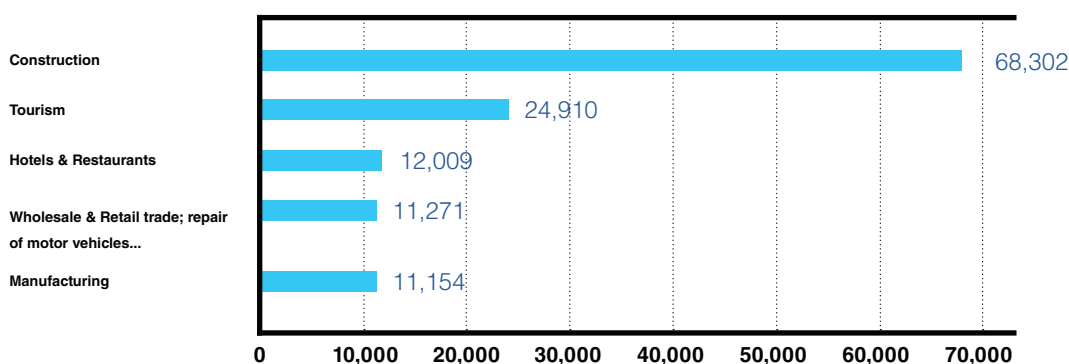
Figure 1.12 Share of youth not in education, employment or training (NEET) (% of youth population) by sex 2009 - 2016



Source: World Bank, World Development Indicators, 12/2021 ¹⁶

Peculiarly, these unemployment figures are observed during a period in which demand for labour has been high. A large numbers of expatriate workers have been employed in the Maldivian economy as illustrated by Figure 1.13. Estimates suggest the total number of expatriate workers to be around 157,560 ¹⁷). It appears that the demand for labour is high but that there a qualitative mismatch on the labour market. Although a strong tourism sector continues to drive economic growth, skills mismatches and societal norms have been attributed to reasons why many have been unwilling or unable to fill vacancies in these sectors, to fully reap the benefits from economic growth ¹⁸

Figure 1.13 Expatriate employment (absolute numbers) by industry, Top Five industries, 2019



Source: Statistics Maldives, Statistical Yearbook 2020 ¹⁹

These unique features of the Maldivian labour market point to several key challenges in social developments in the country. Although labour market and employment policies are not strictly the responsibility of the Ministry of Gender, Family and Social Services (MoGFSS), many of the key informants, both at the central administration level and at the island level, pointed to the lack of opportunities for gainful employment as one of the main root causes of many

¹⁶ Ibid.

¹⁷ Maldives Bureau of Statistics 2020.

¹⁸ World Bank 2021a.

¹⁹ Maldives Bureau of Statistics 2020.

social problems ranging from idleness, drug use, migration to the capital without direct prospects, criminality and violence.

Youth and women's unemployment and economic disempowerment were commonly cited problems across all visited islands. Employment opportunities for young people were considered to be very limited on the islands, forcing many of them to look for work in the Greater Malé Area, or on resort islands. However, skills mismatches preventing successful employment in these sectors may have roots in the Maldivian schooling curriculum. Key informants suggested that the education system in Maldives is unequipped for preparing graduates with the skills needed to gain employment in the current economy, being geared towards succeeding in academic examinations, rather than developing students' vocational skills, or catering to the individual strengths and interests of children. The educational system is therefore not considered conducive to preparing young adults for the labour market. In our survey among 48 randomly chosen Local Island Councils 3 out of 4 councils indicated that the lack of employment opportunities for young people is a major policy problem on the islands.

Similarly, key informants suggested women's disempowerment, in terms of income and employment, was likely to be among the root causes of many other social issues. Representatives of various central and frontline institutions suggested that social norms, cultural factors, and a gendered, social organisation of care which places a higher burden of care work on women, limits the academic and employment opportunities available to or taken up by women. Key informants have emphasised the strong unmet demand of women, particularly those living outside of Greater Male, for economic opportunities to earn income and pension rights.

Prior to the start of the COVID-19 pandemic in 2020, the general monetary poverty rate in the Maldives was low. Only 3.6 percent of the population was considered to be poor using the official poverty line of 5.50 US dollars per person per day (in PPP) in 2016 (most recent HIES). Using relative poverty lines, the poverty rate was 8.2 percent at half the median of total expenditures and 46.5 percent at median of total expenditures. Using the international poverty line for middle income countries the poverty rate was estimated to be 6.6 percent (Table 1.3). These figures indicate that quite a lot of households have incomes just above the poverty line as can be seen in Figure 1.14. This applies especially to households located in the atolls outside the Greater Malé region. Poverty rates have also been sharply increasing due to the lockdowns and the absence of international tourism after the start of the COVID-19 pandemic in March 2020. Official poverty rates expected to decline to 9.1 percent in 2021 and subsequently to 2.1 percent by 2023.

Poverty in the Maldives is especially prevalent among families of seven or more household members (see Figure 1.15) and is associated with the labour force status of the household as can be seen in Table 1.4. Using the lower poverty line of 50 percent of the median, the poverty rate for people not working but belonging to the potential labour force is almost double the poverty rate of households with an employed household head rate for people not working but belonging to the potential labour force is almost double the poverty rate of households with an employed household head. The poverty rate for households with an inactive household head is slighter lower than that of the potential labour force, but still well above the rate for households with an employed household head. It should also be noted that more than half of poor households have an employed household head. This reflects the findings from Key Informant Interviews (KII), during which several informants indicated that besides the problem of high youth unemployment, low salaries among the employed is a problem in the atolls outside the capital. Similarly,

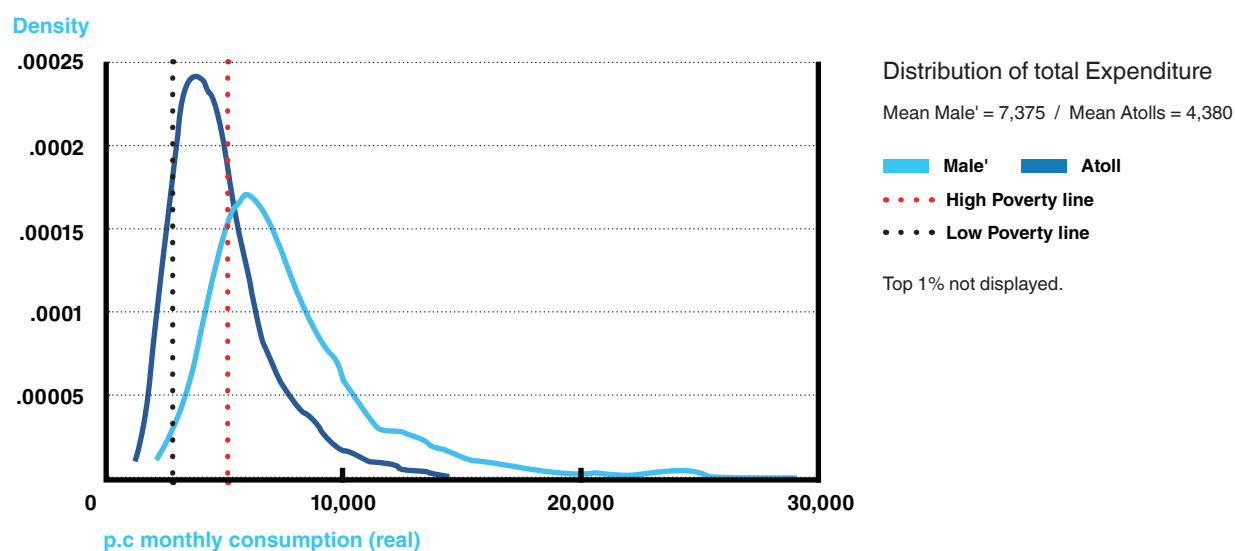
despite wages being higher in Malé, living costs – especially housing and rent – are exceptionally high. The 2016 HIES indicates that 31 percent of the expenditures per capita in Malé are related to housing, of which rent takes up the major part. In 2016, the average household in Malé was spending five times as much per capita than the average household in other atolls. In the capital, several key informants pointed to rapidly increasing rent costs and indicated that, in 2022, it is not unlikely that rents will account for more than 50 percent of the total expenditures for some households.

Source, National Bureau of Statistics, HIES 2016, Release Poverty and Inequality ²³

Table 1.3 Poverty Rates in the Maldives 2016

POVERTY LINE	POVERTY RATE	POVERTY GAP
Half the median of total expenditures	8.2%	1.6%
Median of total expenditures	46.5%	13.9%
Upper Middle Income	6.6%	1.3%

Figure 1.14 Poverty Rates in the Maldives 2016



Source, National Bureau of Statistics, HIES 2016, Release Poverty and Inequality ²⁴

²⁰ National Bureau of Statistics 2018.

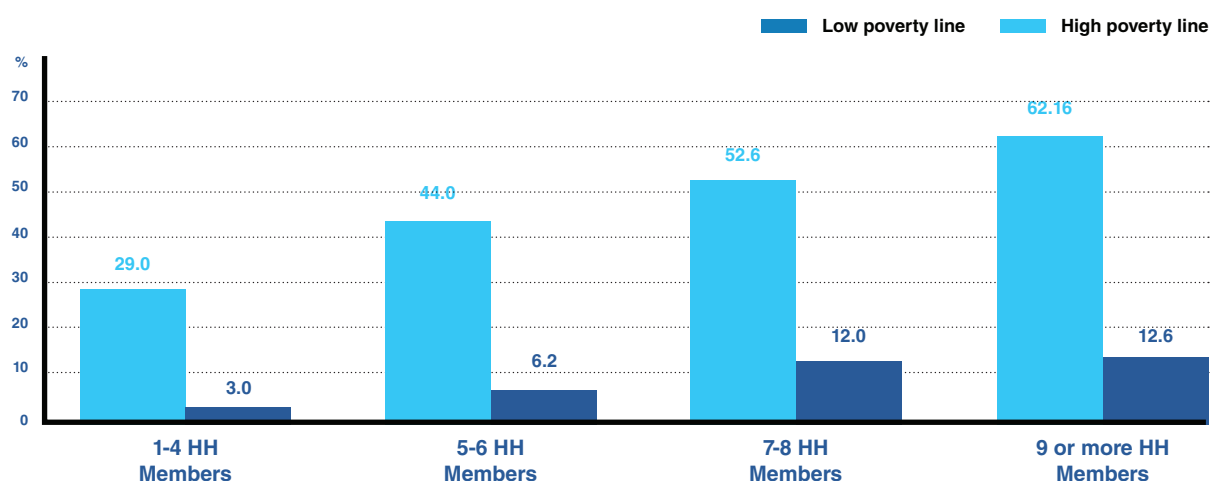
²¹ The household expenditures in the capital are especially higher due to the very high housing prices. Higher expenditures in this case do not necessarily reflect higher levels of household wealth after housing costs have been paid.

²² World Bank 2021a. World Bank October 2022.

²³ National Bureau of Statistics 2018.

²⁴ Ibid.

Figure 1.15 Poverty Rates by household size, HIES 2016 (Low poverty Rate = 50 % of median; high poverty rate = median)



Source, National Bureau of Statistics, HIES 2016, Release Poverty and Inequality ²⁵

Table 1.4 Poverty Rate, Share in population by employment status of the household head, 2016 (based on HIES)

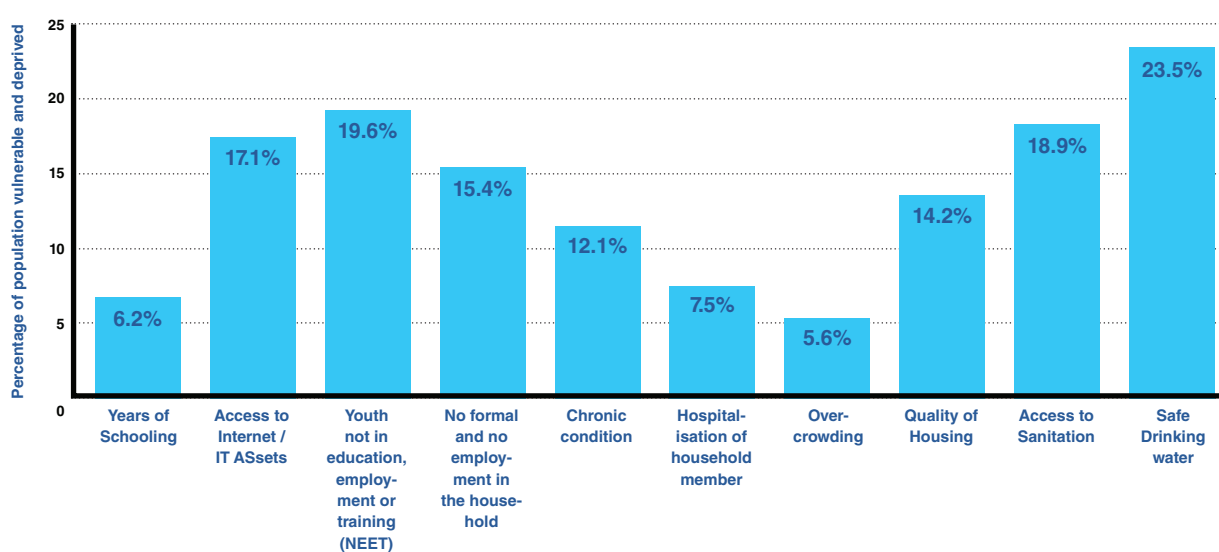
EMPLOYMENT STATUS OF THE HOUSEHOLD HEAD	POVERTY RATE (50% OF MEDIAN HOUSEHOLD EXPENDITURES)	SHARE OF THE POOR POPULATION	SHARE OF TOTAL POPULATION
Employed	6.6	51.0	63.4
Unemployed	8.8	1.5	1.4
Potential Labour Force	11.5	8.8	6.3
Out of the Labour Force	10.8	35.7	27.2

Source, National Bureau of Statistics, HIES 2016, Release Poverty and Inequality ²⁶

The multidimensional poverty headcount, based on DHS 2016-2017, was estimated to be 28 percent in 2016-17, illustrating in another way that even among households with incomes above the poverty line, deprivations are widely experienced. Further analysis of the multidimensional poverty index (MPI) shows that two groups are particularly vulnerable to being left behind: children and persons with disabilities (PWD). Children aged 0-17 years are more likely than any other age group to live in a multidimensionally poor household. For households that have at least one member with disabilities, 34 percent of the individuals are multidimensionally poor compared to 27 percent of individuals in households without a person with disabilities. The differences in levels of vulnerability and deprivations between Malé and the Atolls are considerable. A study of Multidimensional Vulnerability (MVI) also highlights deprivations and vulnerabilities rather than monetary poverty using the more recent HIES 2019 survey. The Multidimensional Vulnerability headcount is estimated to be 7.3 percent for Malé and 49.4 for the Atolls. Figure 1.16 shows the

indicators in which the vulnerable population faces the highest levels of vulnerability- through censored headcount ratios. The censored headcount ratios measure the percentage of the population who are both multidimensionally vulnerable and vulnerable in each indicator. The result shows that most individuals who are multidimensionally vulnerable are also vulnerable in access to safe drinking water (23.5%) and in youth NEET (19.6%). These vulnerabilities are followed by access to improved sanitation, where 18.9% of the population is both multidimensionally vulnerable and vulnerable in that indicator. In addition, 17.1% of individuals are multidimensionally vulnerable and live in a household where there is no access to internet or IT assets. A reduction in any of the censored headcount ratios is expected to reduce the MVI and improve the lives of the most vulnerable during the pandemic”.

Figure 1.16 Multidimensional Vulnerability Index, Censored Headcount Ratios (HIES, 2019)



Source: UNICEF, 2020, *A Multidimensional vulnerability index for the Maldives in Times of COVID-19*, p. 4 ²⁹

The Maldives is also exposed to external risks, particularly related to the broader spectrum of climate change and disaster. In the longer-term, rising sea levels form an existential threat as 80 percent of the land is less than one metre above sea-level, and 42 percent of the population and 70 percent of the infrastructure is situated within 100 meter or less of the coastline. The country further continues to depend on unsustainable and environmentally damaging forms of energy generation and waste management. Already the Maldives is experiencing the effects of a changing climate in the form of more and more severe tropical storms and, due to changing ocean currents, erosion of beaches and coastlines threaten the future of the tourism sector as the basis for economic prosperity.

²⁵ Ibid.

²⁶ Ibid.

²⁶ Fathimath Riyaza 2020; National Bureau of Statistics, Oxford Poverty and Human Development Initiative (OPHI), and UNICEF Maldives 2020b; National Bureau of Statistics, Oxford Poverty and Human Development Initiative (OPHI), and UNICEF Maldives 2020a.

²⁷ Maldives Bureau of Statistics 2021a.

Recent developments in the economy while 2020 exhibited a decline in progress in growth and development as a consequence of the widespread effects of the COVID-19 pandemic, improvements could be observed in 2021. Tourism rebounded between January and August to 82 percent of its 2019 level of night bed capacity (67 percent of the 2019 level in the number of tourists). With the increased economic activity and a global rise in oil prices, inflation also increased (2.3 percent quarter-to-quarter Q1 2021). Over the same period, the value of imports outpaced the value of exports, further contributing to inflationary pressure and pressure on the balance of payments. As capital expenditures of the government decreased since 2020 and government revenue increased in the first half of 2021, the public deficit did not increase as much as in other countries, but the total public and publicly guaranteed debt stood at end-March 2021 at about 125% of estimated 2021 GDP.

According to the latest Maldives Development Update from World Bank, the number of tourist arrivals grew by 42.9 percent in the first eight months of 2022 and are expected to reach the pre-pandemic level of 1.7 million by the end of the year. The World Bank also estimates that the real GDP growth will be at 12.4 percent in 2022 and 8.1 percent on average in the 2023-24 period, which is a significant recovery from the impact of COVID-19. However, they also estimate that external debt and debt servicing burden is likely to grow further – with an estimated US\$330 million annually to be paid as external debt servicing over the 2022- 24 period. The shifts in global supply (including due to oil price and Ukraine war) is expected to have a strong inflationary pressure, with the rate remaining at 5.2% in June 2022. However, this rate could decline over the coming months.

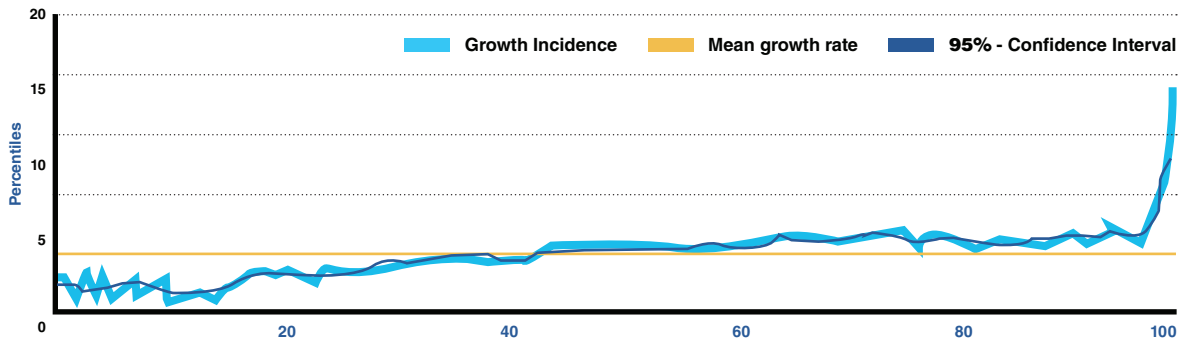
1.2 The disparities and inequities in socio-economic development

While the country experienced an impressive economic growth, a considerable part of the population did not benefit from this. Individuals and households that could not reap the benefits of the increased welfare are concentrated in the atolls outside the capital islands, where the poorest parts of the population are concentrated. Figure 1.17 depicts the latest available growth incidence curve for the Maldives between 2003 and 2010. It can be observed that the entire spectrum of the income distribution saw their expenditures (incomes) growing over that period. However, households in the lowest four deciles profited only at a small margin; their wealth has increased by less than 5 percent (considerably less for the poorest two deciles). Significant progress was made at the wealthiest end of the distribution, where households realized a growth in their wealth of up to 15 percent. Nevertheless, the prosperity of the country is not shared by a large part of the population. The poorest part of the Maldivian population is found on the islands outside the capital. According to the DHS figures for 2016-2017, 33 percent of households in the atolls belonged to the poorest wealth quintile and 31 percent of the population belongs to the second-poorest quintile. That means that, in the atolls outside the capital region, 64 percent of households belonged to the poorest end of the income distribution. That is in sharp contrast with the almost 50 percent of the population in Malé that belongs to the 20 percent richest household (see Figure 1.18 and Table 1.5). In Malé only 4 percent of the households belong to the poorest two quintiles and only 13 percent belong the poorest three quintiles. Almost 90 percent of the population is part of the 40 percent wealthiest households in the country, against less than 9 percent

²⁹ Ibid.

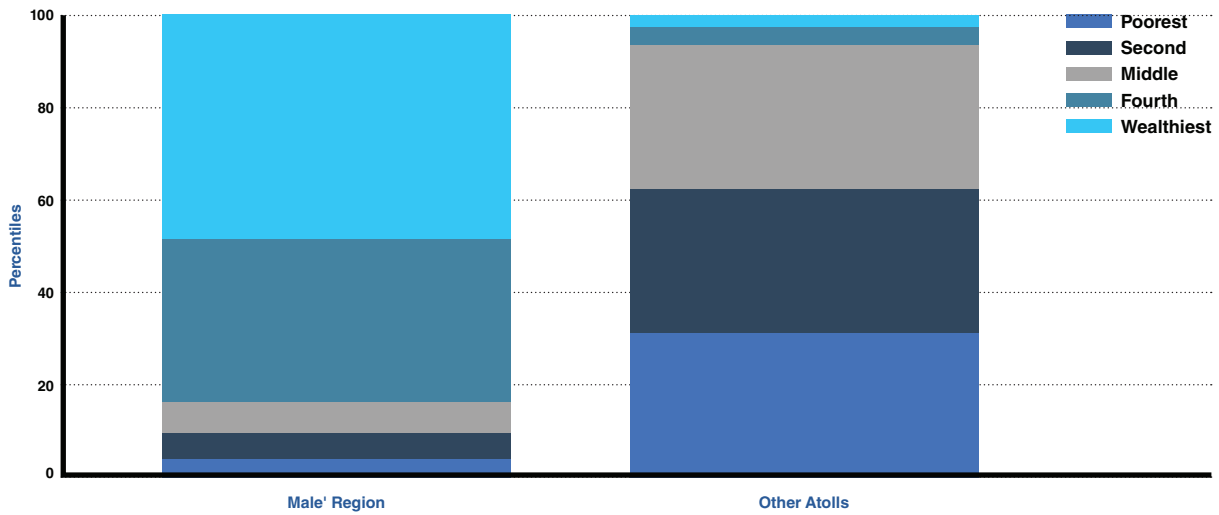
in the atolls. Table 1.5 illustrates that this extremely skewed distribution of wealth is found in almost all regions of the country, although the situation in the central region is slightly better.

Figure 1.17 Growth incidence curve 2003 - 2010



Source: World Bank, 2015, p. 32³¹

Figure 1.18 Population in percentages by wealth quintiles and residence



Source: DHS 2016-2017. Note: Percent distribution of de jure population by wealth quintiles³²

³¹ World Bank 2015.

³² Ministry of Health and ICF 2018.

³³ Ibid.

Table 1.5 Maldives DHS 2016-2017: Population in percentages by wealth quintiles and region

RESIDENCE/REGION	LOWEST	SECOND	WEALTH QUINTILE MIDDLE	FOURTH	HIGHEST	TOTAL	NUMBER OF PERSONS
Residence							
Malé Region	0.9	4.3	7.6	38.1	49.2	100.0	13,282
Other Atolls	33.1	30.8	28.5	7.5	0.0	100.0	19,361
Region							
Malé	0.9	4.3	7.6	38.1	49.2	100.0	13,282
Other Atolls	34.7	28.6	28.3	8.3	0.0	100.0	4,233
North	33.4	33.9	28.3	4.4	0.0	100.0	4,026
North Central	28.1	35.6	27.4	8.9	0.0	100.0	2,340
Central	36.1	27.3	26.5	10.1	0.0	100.0	3,977
South Central	31.5	30.5	31.1	6.8	0.1	100.0	4,785
South	20.0	20.0	20.0	20.0	20.0	100.0	32,643

Source: DHS 2016-2017 ³³

The large discrepancies between the capital and the atolls are linked to the lack of opportunities for gainful employment on most of the islands, as previously described. This lack of opportunities is reflected in the composition of the population on the atoll islands and in the capital islands. In the atolls, a large share of the working age population (15 – 40 years) has migrated out of the atolls. In the capital, these groups are overrepresented. The population in the atoll islands show a considerably larger dependency ratio than the households in the capital (see Table 1.6), making it more difficult to make ends meet on these islands.

Table 1.6 Percent distribution of de facto household population according to sex and residence

AGE	TOTAL MALE'	TOTAL ATOLLS
<5	9.2	11.5
5-9	9.2	12.2
10-14	6.7	10.0
15-19	9.3	7.2
20-24	12.2	6.8
25-29	11.6	8.7
30-34	10.1	8.2
35-39	7.5	6.2
40-44	6.2	5.0
45-49	4.5	4.5
50-54	4.2	5.8
55-59	3.6	4.4
60-64	1.5	2.7

65-69	1.6	2.5
70-74	1.2	1.8
75-79	0.6	1.0
80 +	0.8	1.4
Total	100.0	100.0
DEPENDENCY AGE GROUPS		
0-14	25.1	33.8
15-64	70.7	59.5
65+	4.2	6.7
Total	100.0	100.0

Source: DHS 2016 – 2017. Note: Percent distributions of the de facto household population by various age groups and percentage of the de facto household population age 10-19, according to sex and residence.³⁴

The employment and demographic realities are also reflected in the attainment levels in education across the regions both for men and women (Table 1.7), in Malé more than 20 percent of the population has completed secondary education or has studied more than secondary education; in the other atolls only 8.2 percent of men and 8.5 percent of women have achieved a higher level of education attainment beyond secondary education. The educational achievement of the population is lowest in the Central and North Central region both for men and for women, with a fifth to a quarter of the population having no formal education at all: in Malé this percentage is 10.8 percent for men and 11.8 percent for women. These discrepancies have consequences for the differences in the economic potential between the islands, but also for the number and depth of the social problems that policy makers need to address. This can be further illustrated if other types of deprivations are studied as well.

Table 1.7 Male and female population by residence in percentages by completed educational level

MALE	NO FORMAL EDUCATION	COMPLETED PRIMARY	COMPLETED LOWER SECONDARY	COMPLETED HIGHER SECONDARY	COMPLETED HIGHER SECONDARY	MORE THAN SECONDARY	TOTAL
Residence							
Malé Region	10.8	8.2	9.1	1.0	16.4	4.6	100.0
Other Atolls	20.0	12.2	9.5	0.6	5.0	3.2	100.0
Region							
Malé	10.8	8.2	9.1	1.0	16.4	4.6	100.0
North	18.5	12.6	9.7	0.2	5.0	4.3	100.0
North Central	20.6	11.5	9.1	0.3	3.7	3.2	100.0
Central	26.9	13.1	9.3	0.5	3.3	5.1	100.0
South Central	17.1	12.2	10.5	0.7	6.8	2.8	100.0
South	20.0	12.0	9.0	1.0	5.4	1.8	100.0
Total	16.1	10.5	9.3	0.7	9.9	3.8	100.0

FEMALE	NO FORMAL EDUCATION	COMPLETED PRIMARY	COMPLETED LOWER SECONDARY	COMPLETED HIGHER SECONDARY	COMPLETED HIGHER SECONDARY	MORE THAN SECONDARY	TOTAL
Residence							
Malé Region	11.8	8.6	26.6	1.1	19.7	2.7	100.0
Other Atolls	18.0	12.7	24.2	0.6	6.3	2.2	100.0
Region							
Malé	11.8	8.6	26.6	1.1	19.7	2.7	100.0
North	16.5	13.9	24.1	0.2	5.0	2.7	100.0
North Central	17.6	11.5	26.7	0.6	5.0	1.8	100.0
Central	23.8	14.6	25.8	0.4	4.8	2.5	100.0
South Central	16.8	12.6	22.7	0.7	7.4	2.7	100.0
South	18.0	12.0	22.6	1.0	8.4	1.4	100.0

Source: DHS 2016-2017 ³⁵

In the atoll islands outside the capital, 10 percent fewer children aged 6 to 23 months old received a minimal acceptable diet (Table 1.8); the situation is worst in the South Central region where only 43.4 percent of these cohorts of children receive a minimal acceptable diet. Nutrition is an important part in explaining stunting among children, but stunting rates for children under 5 years old also reflect other deprivations, including access to adequate health care when needed, access to potable water, etc. The stunting rate in the Maldives is, generally speaking, high for a middle-income country, but the stunting rates (Figure 1.19) are higher in the North, the North Central and the South regions, showing stunting figures around 20 percent.

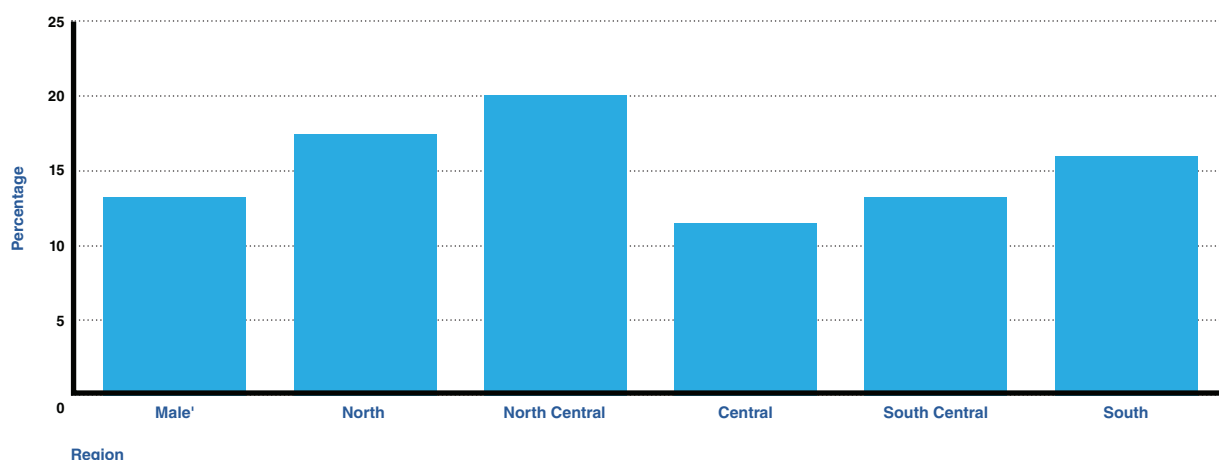
Table 1.8 Percentage of children 6-23 months old receiving a minimal acceptable diet by residence

Residence	
Malé Region	59.0
Other Atolls	46.9
Region	
Malé	59.0
North	50.0
North Central	58.3
Central	46.2
South Central	43.4

Source: DHS 2016-2017 ³⁶

³⁵ Ibid.

Figure 1.19 Percentage of children under age 5 who are stunted



Source: DHS 2016 -2017 ³⁷

Social problems are not exclusively encountered outside the capital, as illustrated by Table 1.9 and Table 1.10. Teenage pregnancies are observed in Malé as well as in the other atolls but the rates are particularly high in the Central and South Central regions; they are similar in the other atolls including Malé (with the exception of the South region where early pregnancy occurs less frequently).

While the incidence of sexual violence against women is more prevalent in Malé than in the rest of the country according to survey figures, its prevalence is very similar in Malé and in the Central, South Central and South regions (Table 1.8). Physical violence against women is observed in all atolls with approximately 17 percent of the women older than 15 years reporting experience of violence; in the central region more than a quarter of the women reported having experienced physical violence since the age of 15 (Table 1.8). Interviews with key informants, including Island Councils (IC), suggest that domestic and gender-based violence are prevalent but generally underreported issues, with different islands exhibiting varying levels of awareness of the issue as well as of reporting and support mechanisms (Table 1.11).

Table 1.9 Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing

Residence	HAVE HAD BIRTH	ARE PREGNANT FIRST CHILD	HAVE BEGUN CHILDBEARING
Malé Region	0.6	0.6	1.3
Other Atolls	1.4	0.6	2.0
Region			
Malé	0.6	0.6	1.3
North	1.6	0.0	1.6
North Central	1.0	0.2	1.2
Central	2.5	2.1	4.7
South Central	1.7	1.6	3.3
South	0.7	0.0	0.7

Source: DHS 2016-2017 ³⁸

Table 1.10 Percentage of women age 15-49 who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, according to background characteristics, Maldives DHS 2016-17

Residence	SEXUAL VIOLENCE EVER	PHYSICAL VIOLENCE SINCE AGE 15
Malé Region	13.0	17.4
Other Atolls	9.5	16.1
Region		
Malé	13.0	17.4
North	5.5	9.6
North Central	7.5	14.1
Central	12.7	26.2
South Central	10.8	17.0
South	13.3	19.8

Source: DHS 2016-201 ³⁹

Table 1.11 Problems observed by Local Island Councils

PERCEIVED PRIORITY SOCIAL PROBLEMS OBSERVED BY LOCAL ISLAND COUNCILS	PERCEIVED IMPORTANCE	
	VERY IMPORTANT	SOMEWHAT IMPORTANT
Disability & Elderly Care		
Children with disabilities are not always having access to health. Services or counselling according to their needs	86%	6%
Persons with disabilities are not always getting the medical equipment, such as wheelchairs, that they need.	78%	6%
Persons (including children) with disabilities are not always able to benefit from the disability allowance provided by the	80%	4%
There is no facility/care for the elderly facing issues of neglect or abuse by their family members.	58%	14%
Social Justice and Social Protection		
People on the island cannot consult anyone if they face a problem in obtaining the social benefit (e.g. the disability allowance, pension, medical welfare) that they are entitled to.	66%	12%
People on the island cannot consult anyone if they would like to talk about problems in the family such as divorce, neglect, violence, problems with children or drugs.	80%	10%
People on the island cannot consult anyone if they face a problem in obtaining the health service or the medication that they need.	62%	20%
Vulnerable families have difficulties to access services and social benefits	62%	16%
Having safehouse/shelter on the island aggravates the problems on the island.	34%	8%
Gender based violence and domestic violence are regularly heard about on the island	56%	22%

³⁶ Ibid.

³⁷ Ibid.

The island suffers from the absence of rehabilitation facility for drug addiction	56%	16%
Equal Opportunity	VERY IMPORTANT	SOMEWHAT IMPORTANT
There are not enough job opportunities on the island for young people.	72%	12%
There are not enough opportunities on the island for women to earn their own money.	66%	26%
Many young people are unemployed on the island.	66%	14%
Infrastructure	VERY IMPORTANT	SOMEWHAT IMPORTANT
The quality of drinking water is a problem on the island.	56%	16%
There are not enough houses on the island; some families have to live together with too many people in a house.	68%	14%
Environment	VERY IMPORTANT	SOMEWHAT IMPORTANT
Our island is subject to considerable coastal erosion.	92%	4%
Waste collection and management is a considerable problem on the island giving rise to pollution.	72%	14%
Drugs, Crime and other social Issues	VERY IMPORTANT	SOMEWHAT IMPORTANT
There is a considerable number of children and adolescents on the	64%	10%
There is a considerable number of children who are involved in drug trafficking or activities of criminal gangs	56%	22%
Some children are getting money to promote a racial interpretation of the religion.	40%	8%

Source: Responses to a survey of 48 Local Island Councils on activities considered desirable on their island, February 2022.

1.3 Challenges for the design and implementation of social policy in the Maldives originating in its geography and its economic context

The issues about the geography of the country and the economic context for social policy can be summarized in two main points:

- a. The geography of the Maldives creates a set of communities that are very uneven in their size, their demographic composition, their options for thriving economically and their social relations. The economic action is concentrated in the capital and the resort islands, leaving more than 60 percent of the population behind in communities that easily provoke feelings of lack of economic perspectives and isolation from the centre.
- b. The combination of the geographical and economic realities creates problems of poverty and deprivations often concealed by national statistics. When formulating a Social Sector Plan for the Maldives, these realities should be taken into account explicitly.

a. The geography of the Maldives shapes its economic reality and social fabric.

The country consists of one capital area on two islands where approximately 40 percent of the population is living on the one hand, and a set of small island communities inhabiting the remaining 60 percent of the population, on the other hand. The latter part of the population is, however, spread across 184 islands. The vast majority of the islands contain communities smaller than 3,000 inhabitants and small island circumferences. Easy or fast travel between the islands and the atolls is not always reliable or possible, due to weather conditions and large distances between islands. Only 17 islands outside of Malé have an airport. Besides, the country counts 164 resorts islands (2022) that are frequented largely by tourists and expatriate workers (besides 12 hotels, 759 guest houses and 153 safari vessels). The Maldives Transport and Contracting Company (MTCC) has inaugurated 'Raajje Transport Link' (RTL) under the government's initiative 'Integrated National Public Ferry Network' and services commenced from 12 June 2022. RTL Ferry service was conceived to be delivered to the public over three phases. Currently all islands in zone 1 (northern atolls) have been connected through high speed ferry service. RTL bus service is also available in Malé through mini-buses and, also recently launched in three southern atolls (Addu, Fuahmulak and Huvadho atolls).

Large shares of young people aged 16 years and above migrate from the islands to the capital in search of employment or higher secondary or tertiary education, leaving behind communities wherein children, elderly and women at working age are relatively overrepresented. In these communities, relatively many households are female headed. The population with little or only basic education represent the majority, with relatively few people having achieved more than lower secondary education.

The population in the atolls outside the Malé region are considerably poorer than the population of the capital region. 60 percent belong to the poorest two quintiles while 50 percent of the Malé population belonging to the wealthiest quintile. Multidimensional poverty and deprivations in the other atolls are common with multidimensional vulnerability index of nearly 50 percent compared to 7 percent in Malé. Deprivations are outspoken for children with levels of stunting and anaemia (in the entire country) and relatively high levels of teenage pregnancies and sexual and physical violence against women.

Besides the fisheries, the economic activity in the Maldives is concentrated in the capital and the resort islands, leaving many inhabitants of the other small island communities either without job opportunities or with low-paid jobs. The number of vacancies (in Malé and the resorts) is high, but so is the level of unemployment and disincentivised workers due to a mismatch of skills and incentives at the labour market. Economic investments in the other atolls are almost absent, except for few infrastructural projects.

From a social policy perspective, the islands outside the capital deserve special attention. They are the place of residence for a large part of the population. Moreover, that is not going to change in the future due to limited land on any other island, including the capital islands, to host more people. If the government of the Maldives intends to materialize the ambitions as laid out in the Strategic Action Plan 2019 – 2023, including preventing serious social problems, these island communities need to be (re)-dynamized economically and socially. The Decentralization Act opens opportunities, but its implementation requires reinforcement with action plans that aim to activate and revitalize these communities, that create locally adapted employment opportunities and incentives for initiating

economic activities. Additionally, failsafe plans for parts of the communities that need effective social or physical protection besides economic opportunities, need to be foreseen. The economic activation needs to be paired with viable educational activities and opportunities that go beyond preparing pupils for upper secondary or tertiary education. Both the change in the education curriculum for a part of the student body, and the opening of economic perspectives for young people outside the capital, are vital interventions in creating a world for young people that is more attractive than engagement in risk-prone behaviour and illegal activities. The TVET programme could be useful in that respect although few details about the skills focused on in the programme are known yet.

The local Island Councils (ICs) are aware of these social problems and report that they try to make many aspects of the situation on the island better, despite the fact that many of them indicated that they did not have resources to execute their mandate properly. Findings from a surveyed sample of representatives of 48 ICs suggested that almost all of them recognised their broad mandate and indicated their ambition to execute many tasks. The actions that were undertaken by the LICs during 2021 are summarised in Table 1.12. Even the least reported activity was still reported by 60 percent of the ICs. ICs are highly aware of the multitude of problems in their islands, as can be seen in Table 1.11, with access to gainful employment, to social services for persons with disabilities and environmental problems such as waste management featuring prominently among the problems quoted. Consequently, many ICs would prioritise taking action in these areas as can be seen in Table 1.13 .

Table 1.12 Tasks reportedly undertaken by the local Island Councils in 2021

Activities carried out by LIC in 2021	% OF RESPONDENTS
Keep the island safe and clean	100%
Ensure the availability of health and social services	100%
Make sure that the basic needs for evrybody are covered.	88%
Make sure that the basic needs are covered for children and elderly.	94%
Make sure that the basic needs are covered for persons with disabilities.	96%
Ensure women's empowerment.	88%
Empower the community.	94%
Make sure that water and electricity are available.	100%
Make sure that the drinking water is clean	92%
Make sure that there is a sewage sytem on the island.	76%
Make sure there is a waste collection and management system in place.	84%
Cousil families on their rights to obtain government services.	60%
Explaining the legislation and rights of children, adults and families.	62%

Raising awareness among persons and families on the rights of children or family members to assistance if their rights are violated.	72%
Assist persons or families to deal with other government services such as health care, housing, services provided by FCSC's and police.	92%
Assist persons and families to fill in forms to obtain a social benefit (eg. disability or old age pension allowance) or to deal with other government services.	90%
Counselling with families when internal family problems/conflicts arise.	64%
Acted as an intermediary between the Ministry of Gender, Family, and social services and the island population.	82%
Provision of ID cards, birth certificates, driving licences, etc.	92%
Keeping administrative records for their residents.	100%
Collecting statistics and manage the data on the island population	98%

Source: Responses to a survey of 48 Local Island Councils on activities considered desirable on their island, February 2022.

Table 1.13 Aspired to priority activities of Local Island Councils if provided additional funding

PRIORITY ACTIVITIES IF ADDITIONAL FUNDING IS PROVIDED.	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT SO IMPORTANT
Facilitate building more houses in the island.	70%	22%	8%
Facilitate creation of more jobs for young people	90%	4%	4%
Facilitate creation of more jobs for women.	78%	16%	4%
Instate more options for vocational training and education	88%	10%	2%
Organise provision of family counselling activities.	72%	24%	4%
Ensure availability of a social worker on the island on full time	86%	12%	2%
Establish and /or improve the waste collection, management and disposal system.	94%	6%	0%
Organise meetings and other activities to raise awareness on the rights of children, adults and families.	78%	20%	2%
Invest in sports and recreational facilities.	62%	36%	2%
Organise assistance to help people to access benefits and social services.	76%	24%	0%
Organise childrens clubs	58%	40%	2%
Water	92%	6%	2%
Facilitate that island residents have better access to social.....	88%	10%	2%
Create a reporting mechanism that would inform the government about the needs of the island.	86%	12%	2%

Source: Responses to a survey of 48 Local Island Councils on activities considered desirable on their island, February 2022.

From the same social policy perspective, the capital area in the Malé atoll deserves special attention. As the water-head of a service focused economy by lack of alternatives, the capital attracts young job seekers and other people at working age, of whom many aspire to become civil servants according to some informants. Central Government jobs are seen as easy and stable. However, job opportunities in the public sector cannot continue to grow without reconsidering the sources of government revenue. Moreover, the population density in Malé and Hulhumalé tend to create big-city syndrome problems common in cities many times the size of the Maldivian capital. The concentration of real estate property in relatively few hands and the demand for housing lead to a surge in the housing costs for many people. Young people with relatively low incomes in urban environments are frequently targeted by criminal opportunity or resort to these out of desperation and limited alternatives.

b. The Maldives is suffering from problems of hidden poverty and hidden deprivations

Official poverty figures show a very low level of monetary poverty among the Maldivian households. However, a good deal of problems are rooted in poverty and are hidden among the many households with incomes just above the poverty line. In the atolls outside Malé, poverty is reflected in a large share of households in the category just above the poverty line. The position of the households belonging to the poorest deciles in the income distribution is confirmed when a wealth index is used, classifying more than 60 percent of the population in these atolls as belonging to the lowest two quintiles in the distribution. These classifications are confirmed by the estimates of Multidimensional Poverty (MPI) or the Multidimensional Vulnerability Index (MVI).

Poverty in the Maldives is concentrated (hidden) in some atolls and islands outside the capital. In terms of deprivations the situation seems to be more problematic in the North, North Central and South Central regions. Poverty is also partially hidden among women. A lot of women belong to the “potential labour force” being discouraged to participate in the labour market due to the lack of jobs or perspectives to find a job. While gender differences in education and health access are very modest, these gaps widen after secondary education and women experience a higher rate of protection violations. This applies especially to women above 35. Younger women tend to have graduate and postgraduate qualifications compared to men.

Relative poverty is also hidden among the working population. Many workers report to receive a wages which are too low to make ends meet. This observation is also made by key informants, especially on the islands outside Malé. The number of working poor in the country is remarkably high. Poverty among households in Malé is partially hidden: the households may possess greater monetary wealth, but high housing costs reduce the disposable income of households for other expenditures than housing.

The design and implementation of social policy in the Maldives cannot be discussed without taking the geography and the economy of the country explicitly into consideration. Some social problems originate directly in the economy and geography; others are aggravated or are specifically framed by these contextual characteristics. Some of Maldives’ social problems can be prevented, mitigated or reduced by actions in other sectors such as education,

labour (economy), health and other public services. To the extent that this is possible, social policy can be concentrated on the remaining households and individuals that remain vulnerable despite the actions in these sectors.

Strengthening the social sector in Maldives requires improvements in its legislative and institutional frameworks, enhancing effectiveness and efficiency of the social protection system, and improving availability and quality of social services. Each of these topics will be discussed in separate sections in this report to unmask/identify bottlenecks, challenges, and gaps in the sector and set the foundation for necessary actions for its improvement in the Social Sector Master Plan

2. Policy Responses to Social Challenges in the Maldives

2.1 Introduction

In the context of the socio-economic deprivations discussed in chapter 1, the Government of the Maldives has the role of delivering programmes and services to meet the needs of the population and address the deprivations that exist. These services include social services, education, health, social housing, and social protection programmes in the form of cash transfers and in-kind support. In analysing the availability and implementation of services, an important first step is to understand the legal and policy frameworks that exist. Such frameworks serve multiple functions including but not limited to: mandating institutions in the provision of services; defining the administrative structures by which services can be delivered; defining the service activities; defining the beneficiaries of such services; and establishing the political commitments and resources necessary for service implementation. Only by first understanding these frameworks can a critical discussion around the implementation of services then be provided.

The purpose of this chapter is therefore to analyse the legal and policy frameworks for public services in the Maldives. The chapter describes the laws and policies introduced in the last decade, referencing frameworks associated with both i) social services and social protection, which constitute the focus of this paper, and ii) complementary services, such as education and health. It will be argued that inclusion of complementary services is essential in an analysis of the social sector because the delivery of complementary services is a dependent factor in the effective delivery of the social sector. Although this section should be understood as having largely descriptive rather than critical objectives, the chapter lays a foundation by which the proceeding chapters of the report can then critically engage in an analysis of the delivery of the social sector.

The chapter is thus structured as follows section 2.2. provides an overview of the guiding national planning efforts that are currently determining the developmental direction of the Maldives and reflect the political prioritizations of the Government; section 2.3. then describes the legal and regulatory framework with regards to the social sector; finally, section 2.4 then discusses the current gaps that exist within and between the frameworks and their implementation.

2.1 Policy Framework: National Planning



2.2.1 Strategic Action Plan

The Strategic Action Plan (SAP) represents an important milestone in national planning in Maldives. The current government has made efforts towards long-term national planning through the introduction of the SAP 2019-2023 – a medium term plan of five themes and 33 sub-sectors within these themes, which reflect the government's manifesto. The five themes include blue economy, caring state, dignified families, Jazeera Dhiriulhun (Island Life) and good governance. With regards to the provision of social and complementary services, the 'Caring State' sector priorities and interventions cover the sub-sectors of health, education, higher education, social protection (including social services), and prevention of drugs and narcotics and rehabilitation. The UN was working with the Government of Maldives to develop legislation for a National Planning Act, to support and advocate across party lines for long-term development planning in line with the integrated and multidimensional needs of the 2030 Agenda, the Sustainable Development Goals. However, the programme seems to be on hold; it may be revived in the future. Tables 2.1-2.5 show each of the targets, strategies, actions and lead implementors for each of the 5 policies of the Social Protection sub-sector of the SAP.

⁴⁰ UN Maldives 2020; Government of Maldives 2019; No Author 2020.

Table 2.1: Policy 2 under the Social Protection sub-sector of the SAP

STRATEGY	ACTION	LEADING IMPLEMENTOR
<p>Policy 1: Strengthen the social protection mechanism through the provision of essential social services and income security measures</p> <p>Target 1.1: By 2021, expand the coverage of Aasandha facilities on critical illnesses and specific chronic diseases to private hospitals & clinics</p> <p>Target 1.2: By 2023, a well-coordinated social welfare system is established</p> <p>Target 1.3: By 2019, expand Aasandha services to Maldivians residing in India, Sri Lanka and Malaysia</p> <p>Target 1.4: By 2023, at least 70% of the most eligible are benefitted from a harmonized social protection mechanism</p>		
Strategy 1.1: Expand and strengthen the National Healthcare scheme to ensure service accessibility and coverage of essential healthcare services for all	Action 1.1a: Expand coverage of national healthcare scheme; Aasandha to private facilities, to ensure coverage for those services with long waiting queues in public facilities	Aasandha
	Action 1.1b: Expand Aasandha scheme to include Maldivians residing in Sri Lanka, India and Malaysia	Aasandha
	Action 1.1c: Eliminate soliciting for medical costs of major chronic diseases and medical procedures	NSPA
Strategy 1.2: Revise benefit packages of existing social protection programs designed towards protection of children to ensure income security for vulnerable children	Action 1.2a: Revise existing single parent allowance program benefits to target children	NSPA
	Action 1.2b: Revise existing foster parent allowance program benefits to incentivise fostering	NSPA
	Action 1.2c: Review the on-going National Action Plan on Violence Against Children (2017-2019) and formulate a National Action Plan (2020-2023) on VAC in line with the Law on the Protection of the Rights of Children	MoGFSS
Strategy 1.3: Streamline existing pensions and disability programs to ensure social and financial security for the elderly and disabled	Action 1.3a: Harmonize Social Protection mechanisms for PWDs and elderly to ensure that benefits are given with proper screening to the most eligible	MoGFSS
	Action 1.3b: Publish new Regulation on disability definition and certification aligned with the law on Protection of the Rights of Persons with Disabilities	MoGFSS
	Action 1.3c: Revise state pension scheme	MPAO
Strategy 1.4: Introduce unemployment benefits	Action 1.4a: Design the national unemployment benefit scheme, the benefit package, eligibility criteria, funding resources, sustainability and feasibility studies, operational guidelines, roll-out plan, pay-out mechanism and establish payment guidelines	MoED
	Action 1.4b: Conduct an awareness campaign on importance of earning in working age	MoED
	Action 1.4c: Facilitate relevant sectors to address unemployment MoED issues for vulnerable groups to provide partial income and training opportunities for a short term till a job can be found	MoED

Policy 1 has a clear focus on strengthening social protection benefits in the country, particularly with regard to the national health insurance scheme (Aasandha), the child-focussed SPA and FPA, the disability allowance, and the state pension. These programmes will be discussed in detail in Chapter 3. The various actions associated with each of the strategies are the responsibility of many institutions but most of these institutions are in some way mandated by and are commissioned by the MoGFSS or are the MoGFSS themselves. The exception here is the MoED, who are responsible for introducing an unemployment benefit scheme.

Table 2.2: Policy 2 under the Social Protection sub-sector of the SAP

STRATEGY	ACTION	LEADING IMPLEMENTOR
<p>Policy 2: Strengthen the legal and regulatory framework to ensure quality and efficient provision of social protection services</p> <p>Target 2.1: By 2023, at least 50 children are fostered by community</p> <p>Target 2.2: By 2023, Social Workers Act enacted</p>		
Strategy 2.1: Revise and realign regulatory framework to ensure a consolidated social protection system	Action 2.1a: Develop and ratify the "Unemployment Benefits Act"	MoED
	Action 2.1b: Conduct a review of Social Protection Act, Domestic Violence Prevention Act, Disability Act, Gender Equality Law, Sexual Offences Act, Sexual Harassment Prevention Act, Special Measures Act	MoGFSS
	Action 2.1c: Reduce administrative burden on social security applications through a single applications portal	MoGFSS
Strategy 2.2: Formulate and enact key legislations for social protection	Action 2.2a: Enact Law on the Protection of the rights of Children	MoGFSS
	Action 2.2b: Enact Juvenile Justice Act	MoHA
	Action 2.2c: Enact Social Workers Act (legislation for organizational structures, job classifications and pay structure for caretakers and social service providers)	MoGFSS
	Action 2.2d: Enact Elderly Persons Law	MoGFSS
Strategy 2.3: Develop and strengthen the regulatory framework for fostering and alternative care mechanisms	Action 2.3a: Conduct a comprehensive study on the implementation of the existing Regulation on fostering	MoGFSS
	Action 2.3b: Review and publish Fostering Regulations	MoGFSS
	Action 2.3c: Strengthen monitoring of the foster care and alternative care mechanisms	MoGFSS
	Action 2.3d: Conduct awareness programs and encourage communities to provide care for children who can be fostered	MoGFSS

Policy 2 aims to strengthen the legal framework associated with social protection and social services. As reflected under Policy 1, the MoED continue to be responsible for the push for the introduction of unemployment benefits, this time reflected through the development and ratification of an Unemployment Benefits Act. The policy also makes reference to legislation that will be discussed later in this chapter, namely: Social Protection Act, Domestic Violence Prevention Act, Disability Act, Gender Equality Law, Sexual Offences Act, Sexual Harassment Prevention Act, Special Measures Act, the Child Rights Protection Act and the Juvenile Justice Act. Those Acts that are still yet to be published by are in development, the Social Workers Act and the Elderly Persons Law, will also be discussed later in this Chapter (Chapter 2). The review and enactment of these laws is almost completely the responsibility of MoGFSS, with the exception of the Juvenile Justice Act, which falls under the MoHA. Policy 2 also aims to further strengthen the regulatory frameworks associated with the social protection sub-sector, most notably with regards to the fostering and alternative care mechanisms in the Maldives. This will be done through the analysis, monitoring and advocacy of fostering and alternative care mechanisms.

Table 2.3: Policy 2 under the Social Protection sub-sector of the SAP

STRATEGY	ACTION	LEADING IMPLEMENTOR
<p>Policy 3: Reform and strengthen the social protection system to ensure sustainability of social protection expenditures and efficiency of the system</p> <p>Target 3.1: By 2022, well managed integrated data management system for easy access to social protection system established</p> <p>Target 3.2: By 2023, efficient multi-sectoral coordination mechanism established</p>		
Strategy 3.1: Reform existing social protection programs to develop a consolidated social protection system and ensure better targeting	Action 3.1a: Review existing multi-sectoral coordination mechanism	NSPA
	Action 3.1b: Establish an interoperable and integrated data management system through the National Data Centre to ensure easy access to social protection system for citizens and to enable monitoring and evaluation of social protection programs	NSPA
	Action 3.1c: Harmonize all social assistance programs to avoid duplication of social assistance to beneficiaries	NSPA
Strategy 3.2: Strengthen financing mechanism for social protection system through a combination of contributory and non-contributory schemes to ensure financial sustainability	Action 3.2a: Develop and establish linkages with a progressive taxation system with introduction of income tax	MoF
	Action 3.2b: Reform and address leakages in the Aasandha scheme	Aasandha
Strategy 3.3: Strengthen and improve national targeting mechanisms for social protection expenditures	Action 3.3a: Establish a mechanism to verify the socio-economic status of beneficiaries and applicants	MoGFSS
	Action 3.3b: Review all existing social assistance programs to reflect socio-economic status of beneficiaries	NSPA
	Action 3.3c: Revise the proxy means test for social protection programs in alignment with the new household income and expenditure survey	NSPA
	Action 3.3d: Establish a monitoring and evaluation framework for all social assistance programs	NSPA

Policy 3 aims to reform the social protection system to achieve greater fiscal efficiency and more effective targeting of social protection benefits. This is a three-fold activity: firstly, Policy 3 mandates NSPA with the aims to reform social protection programmes through the provision of an integrated data system that harmonizes all programmes and beneficiaries and reviews already existing mechanisms that are shared between institutions; secondly, the Policy aims to finance the social protection by mandating the MoF to establish links with a progressive taxation system and Aasandha with increasing the cost efficiency of its programme; lastly, through NSPA and the MoGFSS, the Policy aims to strengthen the national targeting mechanisms so as to verify the socio-economic status of beneficiaries.

Table 2.4: Policy 4 under the Social Protection sub-sector of the SAP

STRATEGY	ACTION	LEADING IMPLEMENTOR
<p>Policy 4: Ensure access to equitable and quality social protection services to increase social cohesion</p> <p>Target 4.1: By 2022, 2 Elderly Homes operational in 2 Regions of Maldives Target 4.2: By 2022, 2 Children's Homes and 2 safe Homes operational in 2 regions of Maldives Target 4.3: By 2023, 50 Social workers trained and employed Target 4.4: By 2021, Community Social Groups established and functioning</p>		
Strategy 4.1: Establish state care institutions and community rehabilitation centres in different regions (in line with the national spatial plan)	Action 4.1a: Review and strengthen existing state care institution	MoGFSS
	Action 4.1b: Establish 2 children's home in 2 regions	MoGFSS
	Action 4.1c: Establish 2 Elderly homes	MoGFSS
	Action 4.1d: Establish fully functional safe homes for victims of Domestic Violence	MoGFSS
	Action 4.1e: Establish a Juvenile Rehabilitation Centre (Special facilities should be set up to provide adequate shelter for young persons with juvenile delinquency behaviour, who are no longer able to live at home or who do not have homes to live in)	MoHE
Strategy 4.2: Strengthen rehabilitation and reintegration services for vulnerable groups	Action 4.2a: Establish effective community reintegration services and support to assimilate back into the community and labour force	MoGFSS
	Action 4.2b: Develop periodic monitoring and evaluation framework for rehabilitation services	MoGFSS
Strategy 4.3: Strengthen evidence-based policy making and build capacity of social protection service delivery institutions	Action 4.3a: Establish a permanent platform for rigorous research on social issues and provide evidence to guide the formulation of social policy options	MoHE
	Action 4.3b: Conduct capacity building programs for all existing social workers and associated staff including training on MCPD for case management	MoGFSS
	Action 4.3c: Affiliate with higher education institutes to develop and run regular training programs on social work to build the labour force needed in the are	MoGFSS
	Action 4.3d: Build capacity of qualified professionals that cater for specific needs and vulnerable groups (e.g.: victim/survivor intervention, perpetrator intervention, drug rehabilitation, children who are at risk of committing crimes and children in conflict with the law)	MoHE
	Action 4.3e: Review and modify capacity building training programmes for social workers	MoGFSS
	Action 4.3f: Build capacity in the regions to provide quality decentralised social protection services	MoGFSS
Strategy 4.4: Strengthen accountability mechanisms of service providers through periodic monitoring and evaluation, and enforcing recommendations	Action 4.4a: Review and amend the code of conduct and procedure manuals for Social workers including the supervision policies on cases reported	MoGFSS
	Action 4.4b: Strengthen monitoring of FCSC	MoGFSS

	Action 4.4c: Develop and implement inter-agency procedures in working on clients with mental health issues and children with delinquent behaviour	MoGFSS
	Action 4.4d: Ensure recommendations from external monitoring bodies are implemented in order to improve service delivery	MoGFSS
	Action 4.4e: Improve external monitoring and audits of services provided by social services, police and health sector to survivors of domestic violence and sexual offences	MoGFSS
	Action 4.4f: Design and implement minimum operational standards for each of the state-run residential and non-residential institutions for vulnerable group	MoGFSS
Strategy 4.5: Strengthen community-based approach to social protection service delivery and rehabilitation	Action 4.5a: Establish Community Social Groups (CSGs) in every island and create a regular monitoring mechanism	MoGFSS
	Action 4.5b: Build capacity of CSGs by providing regular trainings, tools and materials	MoGFSS
	Action 4.5c: Promote community based approach to empower vulnerable groups and to establish an inclusive society	MoGFSS
Strategy 4.6: Develop and implement nation-wide advocacy and communications standards to sensitize the public on social protection issues	Action 4.6a: Review and develop a common framework amongst inter-agency on advocating public on social protection	MoGFSS
	Action 4.6b: Conduct awareness sessions on social protection issues including child abuse, Good Parenting Skills, Inclusion, Respect and Acceptance	MoGFSS

Policy 4 has by far the most actions associated with it within the Social Protection sub-sector of the SAP and this time focuses on the provision of universal social services, rather than what is conventionally referred to as ‘social protection’ within the international literature. The Policy is mostly the responsibility of the MoGFSS but the MoHE also has some responsibilities in the delivery of social services here. The Policy, firstly, aims to establish state care institutions such as elderly homes, children’s homes and safe homes. Secondly, it aims to provide rehabilitation services with monitoring and evaluation mechanisms. Thirdly, the Policy aims to increase the capacity of relevant institutions and their workforce and develop an evidence-base on social issues. Fourthly, the Policy aims to strengthen accountability mechanisms associated with social services through monitoring, regulations, enforcing recommendations and designing minimum operational standards. Fifthly, the Policy aims to establish and build the capacity of Community Social Groups and promote a community based approach to empowering vulnerable groups. Lastly, the Policy aims to advocate on social service-related matters such as child abuse.

Table 2.5: Policy 5 under the Social Protection sub-sector of the SAP

STRATEGY	ACTION	LEADING IMPLEMENTOR
<p>Policy 5: Establish mechanisms to empower vulnerable groups through effective income-generating opportunities</p> <p>Target 5.1: By 2023, at least 250 Loans provided to vulnerable groups / individuals Target 5.2: By 2023, at least 3 government subsidised day care facilities are operational</p>		
Strategy 5.1: Facilitate capacity building of vulnerable groups for economic empowerment	Action 5.1a: Develop loan schemes for vulnerable groups to start small businesses through financial institution	MoED
	Action 5.1b: Set up affordable child care facilities in order to ensure women have the means to engage in income generating activities	MoGFSS
Strategy 5.2: Establish a mechanism for graduation from social protection programs	Action 5.2a: Integrate social protection beneficiaries to the government's career portal	MoED
	Action 5.2b: Establish a mandatory training programme for social protection beneficiaries	MoGFSS
	Action 5.2c: Facilitate TVET opportunities to prepare vulnerable groups to join the labour force	MoGFSS
	Action 5.2d: Set up a mechanism to provide financial support for victims of abuse and DV cases	MoGFSS

Policy 5 represents the last policy listed under the Social Protection sub-sector of the SAP and seeks to economically empower vulnerable groups. The Policy aims to achieve this through provision of entrepreneurial start-up loans and integration of social protection beneficiaries to the government's career portal, both of which are to be conducted by the MoED. The policy also aims to provide training, education, child care services and other financial support to vulnerable groups and social protection and social service beneficiaries, this time at the responsibility of the MoGFSS.

2.2.2 National Recovery and Resilience Plan

The government introduced the National Recovery and Resilience Plan (NRRP) 2020-2022 to ensure implementation of the SAP in the context of the COVID-19 pandemic. The NRRP ensures that the country is able to revive the economy as soon as possible and build resilience to future shocks. The Plan reprioritises the SAP and provides a framework of policy priorities, targets and responsible institutions. The NRRP is split into three sectors: economic, social and governance, with 8, 7 and 7 sub-sectors respectively. The social sector of the NRRP includes policies associated with the 'health sector', 'social protection and social services', 'education', 'higher education', 'arts, culture and heritage', 'youth, sports and community empowerment' and 'Islam'. Policies under each of these.

Under the social protection and social services sub-sector, the NRRP aims to offer targeted emergency support to vulnerable groups through various mechanisms, although, unlike the SAP, these are not bound by targets. Firstly, it aims to establish a resettlement programme that decentralises powers to local institutions that provide services,

provision of social protection packages to vulnerable groups and establishment of the National Social Protection Registry. Secondly, it aims to prevent the use of narcotics and provision of drug rehabilitation by establishing a wellness centre, a drug offenders remand centre, implementation of an action plan to limit supply and demand of drugs and re-design of the current treatment and rehabilitation programme. Thirdly, the focus shifts to care of the elderly, disabled and children through the provision of care and rehabilitation centres. Fourthly, the NRRP specifies an approach of decentralisation of powers to service providing institutions to the atolls from Male'. Fifthly, the section of the NRRP aims to roll out the Gender Equality Action Plan and establish day care facilities in the capital. Lastly, the sub-section of the NRRP aims to provide online care systems that allow caseworks to access an integrated case management system and to provide easy access to help amongst all those who need it.

2.2.3 Education Sector Plan

The Education Sector Plan (ESP) 2019-2023 was established as a policy framework for the education sector with clear implementors, vision and mission. The ESP is a policy plan for the MoE and the MoHE to be implemented between 2019-2023 following an official Education Sector Analysis by the Ministry of Education in 2019. The plan seeks to provide 'holistic and equitable quality education and lifelong learning for all' with the intention of providing 'opportunities to all...to acquire knowledge and skills...values and attitudes...and actively participate in nation building'.

The ESP lays out clear goals, results and key performance indicators that reflect the SAP. Goal 1 seeks to provide 'improved learning for all, through equitable access to quality education' by achieving enrolment and retention through primary and secondary school and improved learning outcomes. Goal 2 seeks to provide 'skilled youth and adults for employment, decent work and entrepreneurship' by achieving equitable skills development, including the competencies specified in the national curriculum, and integration into the labour market with demonstrated entrepreneurial skills. Goal 3 seeks to 'ensure equitable access to lifelong, affordable and quality higher education for all' by achieving 65 percent gross enrolment ratio in higher education and employed within 6 months of graduation. Goal 4 seeks to create 'system strengthening for efficiency and quality schools for all'.

The SAP 2019-2023 references the ESP 2019-2023 throughout the education sub-sector. The SAP regularly states how each strategy and action align with respective strategies and actions in the ESP. There are however many strategies and actions throughout the SAP that do not reference the ESP and therefore represent additional ambitions for the education sector including attracting capable students to teaching professions and establishing a mechanism to monitor the health of school children. No evidence could be found as to what motivated these additional policy inputs in the SAP nor could evidence be found as to why the SAP education sub-sector and the ESP differ. No reference was made to the SAP within the ESP, suggesting that the ESP was published first.⁴⁵

⁴¹ No Author 2020.

⁴² Ibid.

⁴³ Ministry of Education and Ministry of Higher Education 2019; Ministry of Education 2019.

⁴⁴ Ministry of Education and Ministry of Higher Education 2019.

⁴⁵ Government of Maldives 2019; Ministry of Education and Ministry of Higher Education 2019.

⁴⁶ Family Protection Authority 2017.

⁴⁷ Ibid.

2.2.4 National Action Plan on Violence Against Children (2017-2019 and 2020-2023)

The SAP envisaged that the National Action Plan on VAC 2020-2023 would be drafted following the review of the 2017-2019 plan, but this activity has not taken place due to the outbreak of the pandemic.

2.2.5 Maldives Domestic Violence Prevention Strategic Plan (2017-2021)

To achieve its objectives the Plan expresses ‘priority’ areas with associated goals. Under the ‘prevention’ priority, the government has the goal of ensuring that DV policy remains prevention-focussed and that institutions address the root causes of DV. The ‘protection’ priority has the goal of ensuring that all who survivors that contact organisations are given the protection and support that they need. The ‘partnership’ priority, aims to ‘use a partnership based approach to achieve effectiveness and efficiency’. The ‘accountability’ priority then has the goals of ensuring that ‘all perpetrators are held accountable for their actions’ and holding agencies responsible for their actions and inactions with regard to DV. Lastly, under the ‘governance’ priority, the goals include capacity building of FPA staff and other relevant organisation and provision of research and data on DV.

Gaps exist in the design and implementation of the Plan. Firstly, the Plan would not appear to state the other partners and institutions that should be engaged with as part of the partnership and capacity building aims of the Plan. Secondly, the implementation of the Plan has been extended until the end of 2022 due to the COVID-19 pandemic.

The SAP makes reference to issues of DV throughout but does not reference the Maldives Domestic Violence Prevention Strategic Plan. DV is discussed in the social protection, housing, decentralisation and gender equality sub-sectors of the SAP. The lack of reference to the Maldives Domestic Violence Strategic Plan was not found to have any clear reasoning. The SAP does however have strategies within it that are reflective of the Plan including improving the monitoring and accountability mechanisms associated with services for DV survivors.⁴⁷

2.2.6 National Strategy for Drug Prevention Rehabilitation and Reintegration for Children and Adolescents (2017-2020)

With drugs seen as ‘the most perilous social problem in the Maldives’, the National Strategy for Drug Prevention Rehabilitation and Reintegration for Children and Adolescents (NSDPRRCA) 2017-2020 provides a policy plan to prevent and treat drug use throughout the country. The plan uses a selection of guiding principles including using evidence-based strategies, multi-sectoral and multi-stakeholder approaches, targeted and universal prevention approaches, a gender aware approach. It also seeks to target vulnerable groups including children engaged with the law, children in orphanages, children currently using drugs and children in dysfunctional families, thus reflecting on its child-focussed approach.

The NSDPRRCA has 7 strategic areas with 5 associated outcomes. These strategic areas include policy and coordination, prevention, community-based interventions, treatment, aftercare, data, M&E and research, and human resource development. The outcomes involve: improving coordination across Ministries and other institutions

and using evidence-based policy to address drug use for children and adolescents; increasing community-based interventions targeting children and adolescents across the country; embracing best practices treatment options for children and adolescents and a child rights approach and best practices; establishing aftercare for children and adolescents to integrate them back into the community and; increasing evidence-based research and M&E on substance issues.

The intended stakeholders for the delivery of the NSDPRRCA are many but the National Drugs Agency (NDA) under the MoHA represents the leading institution. The NDA is mandated to carry out all activities related to drug rehabilitation, reducing demand for drugs and drug-related harm under the Drug Act 2011. The Plan also references the other agencies under the MoHA, the MoH, MoE, Ministry of Youth and Sports, MoGFSS and related agencies, Ministry of Islamic Affairs, local government authorities such as local island councils and atoll councils (but not WDCs), Department of Judicial Administration, academic institutions, NGOs (including WDCs) and international organisations (UN agencies).

As with other sector-specific plans published before 2019, the SAP does not reference the NSDPRRCA but has been influenced by it. However, the 'prevention of narcotic abuse and drug rehabilitation' sub-sector of the SAP reflects some of the policies of the NSDPRRCA with a maintained focus on coordination, prevention, treatment and generation of evidence and M&E. The SAP does not, however, reference the community-based interventions advocated for in the NSDPRRCA.

2.3 Legal and Regulatory Framework for the Social Sector

2.3.1 Legal and Regulatory Framework on Social Protection

To legislate the provision of social protection, the Social Protection Act (law no. 2/2014) has been introduced. This law represents a national general legal framework for social protection purposed with the regulation of government-provided assistance in the Maldives. It outlines the responsibilities of the National Social Protection Authority (NSPA) in implementing social protection programmes on behalf of MoGFSS. The Act ensures protection of information related to applicants and beneficiaries and specifies the limited circumstances under which such information can be shared with other institutions. Although information protection is central to the Act, it fails to focus on beneficiary access to information. The Act also specifies that potential beneficiaries can gain access to social protection through an application that has to be sent to NSPA, who are then legally required to respond within 15 days of receipt of the application. Under the Act, NSPA are also required to inform the beneficiary if their payment has been terminated or suspended. With regards to financing the Act states that the social protection budget must be specified in the annual national public budget.

⁴⁸ Government of Maldives 2019.

⁴⁹ Courtney Innes 2017.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Luca Lazzarini 2020.

The Social Protection Act has complimentary social protection regulations with different functions. The Social Protection Act functions as an overall general legal framework for social protection, from which regulations can be added as necessary for each programme that is afforded by the Act. The complementing social protection regulations then specify details related to each of the programmes under the NSPA such as the monthly and yearly maximum amounts that can be received by a given beneficiary for each scheme as well as the need for a beneficiary to reapply to a given scheme every 2 years.

Some social protection programmes do not, however, have a regulation. The medical welfare programme does not have a regulation. Further, for the Old Age Basic Pension and the Disability Allowance, rather than having regulations, specific laws exist that protect the rights of older people and disabled people respectively. In the case of the Old Age Basic Pension, this is guaranteed through the Maldives Pension Act. In the case of the Disability Allowance, this is guaranteed through the Protection to Financial Assistance to Persons with Disabilities Act.

The Social Protection Act has a shock-responsive component. The Act guarantees that the whole population, rather than specific vulnerable groups, can access social protection in the context of an emergency situation, be it natural-induced or human-induced, for those in 'life threatening situations'.

The SAP 2019-2023 mandates the MoED to design and implement an Unemployment Benefits Act. Details of this were not made reference to in the literature or consultations.

2.3.2 Legal and Regulatory Framework on Child Rights

Laws regarding the protection of children include the Protection of the Rights of the Child Act (law no. 19/2019) and the Juvenile Justice Act (law no. 18/2019). The former, herein referred to as PRCA, prohibits child marriage under the age of 18, the death penalty for children and child labour. The PRCA invoked the establishment of a Child Rights Ombudsperson (discussed later in this report), aimed at assisting the Government in promoting the rights of children and legally guaranteeing their access to services. The Act also led to the creation of a Child and Family Protection Service under the MoGFSS to deliver social services to children.

The Juvenile Justice Act outlines the rights of children and adolescents in conflict with the law, of children immersed in cycles of violence, and juvenile delinquents, the means to prevent juvenile delinquencies, children at risk and for rehabilitation and inclusion of juvenile delinquents into productive members of the society. The Act includes provisions on establishment of different institutions intended to improve delivery of services for these children including of the Department of Juvenile Justice, a police department specialized in addressing juvenile delinquencies, residential facilities, and correctional centres, and having designated State Prosecutors for children in the system. This law is also a major milestone in the area of child protection considering the outlined issues with quality of services and their sustainability. The Act represents a milestone achievement towards the fulfilment of children's rights in Maldives including the right to live a life free from violence. The Act is enshrined in the Convention of the Rights of the Child (CRC), and the 2030 Agenda. It also represents major steps

taken towards the provision of child-friendly protection and care services, that are accessible to all children without discrimination.

Over the last five years, numerous documents and guidelines aiming to regulate and improve the quality of child protection services have been drafted. These include: the i) Action Plan for Prevention and Responding to Violence Against Children; ii) Action Plan for Prevention of Juvenile Crimes; and iii) Action Plan for the Juvenile Justice System. Several operational guidelines have also been drafted with the intention of improving delivery of child protection services including i) Guidelines for Child Care Homes in Maldives, and ii) Foster Care Regulations

2.3.3 Legal and Regulatory Framework on Women's Rights

To promote gender equality and protect women from violence, laws include the Gender Equality Act, the Domestic Violence Protection Act, the Prevention of Sexual Abuse and Harassment Act and the Sexual Offences Act.

The Gender Equality Act (law no. 18/2016) provides principles and policies aimed at limiting gender-based discrimination and defines who the duty-bearers are in upholding gender equality. The Act defines GBV as “any violence towards women, for the reason of her being a woman, shall be considered, as gender-based discrimination”. When GBV has occurred, the act references penalties prescribed in other Maldivian laws. Since the Gender Equality Act, the Government of Maldives have been working on the National Gender Equality Policy (NGEP) with the intention of mainstreaming gender into all institutions. The NGEP started being drafted in early 2017 and was then endorsed in 2019. It's implementation has been slow due to administrative changes, the onset of the pandemic but also the initial rejection of NGEP due to its ambitious targets. The NGEP has 5 main areas 1) leadership and governance, 2) economic empowerment, 3) institutional gender mainstreaming, 4) access to justice, and 5) prevention of gender-based violence (GBV). Like the SAP, NGEP allocates responsibilities to various institutions. Key Informants foresaw the policy being implemented in 2022 and then having the activities conducted over the next 5 years.

The Domestic Violence Protection Act (law no. 3/2012) defines domestic violence (DV) as “domestic acts by a perpetrator where such conduct harms, or may cause imminent harm to, the safety, health or wellbeing of the survivor(s) and provided the survivor(s) and the perpetrator(s) are in a domestic relationship”. The Act states that knowledge of DV or potential future DV must be given to the police. Health professionals and social workers also have Protection Orders under this act. The Act does not hold offenders accountable to the criminal justice

⁵² Luca Lazzarini 2020.

⁵³ Ibid.

⁵⁴ Luca Lazzarini 2020.

⁵⁵ Ibid.

⁵⁶ Luca Lazzarini 2020.

⁵⁷ Ibid.

⁵⁸ Ibid.

system, but instead punishes any violation of the Protection Orders. Lastly, this law states how it will be implemented and enforced by the MoGFSS and also functions as the establishment and authority of the Family Protection Authority. Hate crime is not covered by this act.

The Prevention of Sexual Abuse and Harassment Act (law no. 16/2014) defines the responsibilities of service providing institutions, such as education and health providers, in dealing with sexual harassment in the workplace. The act clarifies the ensuing protocols needed if incidents are reported. It also stipulates that in workplaces with 30 or more employees, a 'Committee on preventing and stopping sexual harassment at the workplace' must be set up and how it must be structured and organised, including references to roles and responsibilities.

The Sexual Offences Act (law no. 17/2014) provides security for sexual offence survivors. The act makes the Family Protection Authority legally responsible for keeping and publishing a record of sexual offenders.

2.3.4 Legal and Regulatory Framework on Elderly and Disability Rights

An Elderly Persons Law is currently being drafted. An agreement has been signed between the World Health Organisation (WHO) and MoGFSS to design a law. It is anticipated that this will be submitted to parliament in early 2022 and, once enshrined in law, there will be pre-determined processes to meet the needs of older persons. Given the ageing population in the Maldives, the need for an Elderly Persons Law has never been more needed. The growing dependence on foreign care workers will need to be addressed in the law.

The only disability-related legislation that was found was the Protection to Financial Assistance to Persons with Disabilities Act, which is discussed above with reference to social protection.

2.3.5 Decentralization

As discussed with regard to the SAP 2019-2023, decentralisation is a key policy of the Government of the Maldives and is supported by a legal framework in the form of the Decentralisation Act 2010. The Act specifies the creation of local institutions including island councils, atoll councils and city councils and specifies their roles in decentralising public administration. Atoll councils are responsible for governing and managing the resources, including through seeking loans, of the administrative division of the atoll they are responsible for, including planning, budgeting, coordinating, monitoring and evaluating the activities of the island councils. The atoll councils are also responsible for acquiring, owning, investing in and leasing or giving land for the sake of socio-economic purposes

⁵⁹ Institute of Research and Development Pvt Ltd 2021.

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ministry of Home Affairs 2010.

⁶⁵ Ibid.

as specified by the Land Act. Lastly, the Atoll Council is responsible for developing and engaging with the private sector to seek their services in delivering the services mandated to the atoll council and to foster their growth to further develop major industries within the atoll including tourism, fisheries and agriculture, among others.

Local Island Councils are given extensive responsibilities under this Act. An Island Council is established on every island under the Act. These include:

- Providing municipal services
- Preparing and submitting an island development plan to the atoll council
- Designing, implementing and monitoring of development policies and projects
- Acquisition and leasing out of land, reefs and lagoons under the Land Act for social and economic use as well as assets
- Collection of fees to fund activities and services
- Establish peace and safety

Local island councils are responsible for the delivery of services. These include:

- Building of public infrastructure such as roads, jetty, lighting
- Waste and environmental management
- Utility provision in terms of water, electricity and sewage
- Primary health care provision
- Education provision including pre-school and vocational training
- Provision of recreational environment such as sports fields and parks
- Stopping DV and supporting the victims
- Maintaining a land registry
- Maintaining religious and culture sites such as burial grounds and mosques
- Pest control
- Assisting the courts in execution of sentences
- Managing the birth and death registry on the island ⁶⁶

The Women's Development Committee are also discussed within the Act regarding their powers and responsibilities. The Act specifies their advisory role to the island council. Mainly however, they have a mandate to support women's development through activities such as income generation for women, upholding women's rights, increasing women's religious awareness and women's political participation, increasing the number of women in higher education, improving the health conditions of women and gathering important information related to women ⁶⁷.

⁶⁶ Ibid.

⁶⁷ Ibid.

2.4 Gaps in the Policy and Legal and Regulatory Frameworks

The legal and policy framework for the social sector mandates the provision of social services and social protection but implementation has been lacking. Some key informants considered Maldives to have one of the best legislative frameworks in the world. They referenced the comprehensiveness of the Domestic Violence Act, Child Rights Protection Act, the Juvenile Justice Act, and the Emergency Act in this regard. However, recurrent concerns regarding lack of enforcement, lack of training on laws and issues with implementation were stated by both stakeholders who have been monitoring adherence to these acts, and those who are officially mandated to implement them. Regarding challenges with implementation, island FCSC staff and CFPS social workers based in Malé stated that some of these laws do not reflect the realities on the ground in terms of stipulated timeframes for certain procedures or obtaining documents from different institutions (e.g., supervision order and court protection order for child custody cases).

The recent ratification of child protection laws means that implementation of them is currently undersupplied but not non-existent. Key informants revealed that on the ground these laws are not yet visible in the activities of service providers. However, social workers referenced how case procedures take account of regulations included under the Protection of the Rights of the Child Act in the form of preparation of an initial screening of the case within 24 hours and the preparation of a Comprehensive Assessment Report within 7 days. Issues with enforcement may have also been driven by lack of awareness by duty-bearers on operationalisation of the 2019 Child Rights Protection and Juvenile Justice Act. Very few CFPS and FCSC social workers have been trained on them since enforcement in 2019.




A Social Workers Act is currently in development. The legal framework does not yet define the parameters regarding the role of a social worker. For example, the responsibilities, number of cases and the protection of social worker rights are enshrined in law. However, the Civil Service Commission is currently developing a Social Workers Act that, when finalised, will specify the incentives and pay, among other related matters, of the role of social workers. The introduction of the act therefore has the potential to provide minimum standards for social workers and protect their working rights.

3. The implementation of Social Protection Interventions

3.1 Mapping the social protection interventions

The set of programmes and interventions that can be regarded as social protection in the Maldives, are described in various pieces of legislation. The most important is the Social Protection Law (2/2014) which also outlines the responsibilities of the National Social Protection Authority (NSPA). According to Government's Strategic Action Plan (SAP) 2019-2023, social protection in the Maldives comprises a broad definition consisting of social security, social assistance and welfare programmes (Government of Maldives, 2019). The SAP also outlines the ambition to establish a social protection floor system adopting a life cycle approach and covering at least 70 percent of the 'most eligible population' within the planning period.

Figure 3.1: Social Protection/Welfare schemes in the Maldives

	 CHILDREN	 WORKING AGE	 OLD AGE
TAX FINANCED	Top-up Single parent & foster care allowance	Unemployment	Old Age Basic Pension
	Disability Allowance Universal		
	Health Aasandha & Emergency Medical Welfare Universal		
	Food, Electricity & Other subsidies targeted to poor		
SOCIAL INSURANCE			Retirement & other pensions
OTHER	Zakat - Poor Relief		

NSPA currently administers eight programmes:

1. Single Parent Allowance
2. Foster Care Allowance
3. Disability Allowance
4. Fishermen's Income Assurance Scheme
5. Medical Welfare
6. Husnuvaa Aasandha
7. Food Subsidy
8. Unemployment Scheme (to be elaborated).

The Social Protection Act (2/2014) and the Social Health Insurance Act (8/2208) mandate the NSPA to implement social protection and social health insurance programmes by the government, whereas the old-age basic pension and Maldives Pension Retirement Scheme are implemented by the Pension Administration Office.

Due to the COVID-19 travel restrictions it was not possible to hold focus group discussions (FGDs), key informant interviews (KIIs) and to complete the surveys among more social workers and social care workers and, as the team had initially planned. Data from FGDs with beneficiaries and potential beneficiaries of the social protection interventions will enrich the discussion in this section in the next draft.

Figure 3.1 provides a comprehensive overview of the main social protection elements that are implemented in the Maldives. As can be observed in the figure, the elements cover the three lifecycle stages distinguished by the UN Social Protection Floor initiative: children, working age population and older persons. From the details provided, however, it is clear that not all provisions for these three age-groups are evenly developed: the pension part is comprehensive and the health component that applies to all age-groups covers a large portion of the needs, but there are several gaps in the system.

The **Single Parent Allowance (SPA)** was initiated in May 2010 providing a monthly cash transfer to single parents amounting to MVR 1,000 per child under 18 years of age, up to a maximum of MVR 10,000 (maximum of 10 children) per family. The SPA was introduced as a response to the challenges faced by single parents caring for children after an increase in the number of divorces in the country.

Potential beneficiaries apply on their own initiative for this scheme. Applicants must fulfil a number of conditions in order to qualify for the benefit:

- the parent is not married and has children below the age of 18 (she/he is widowed, divorced or never married)
- the household income of the single parents should be lower than the threshold set by the government (currently 50 percent of the median household income estimated on the basis of HIES 2016 or MVR 74 per day per person) and should meet the criteria set by an additional proxy-means-test (until 2018 – since 2019 proxy means testing has been dropped as a criterium)
- Children younger than 6 must be fully vaccinated
- Children at school-age (6 – 17) must attend school

Table 3.1 provides an overview of the applications and the allocated benefits for the Single Parent Allowance and three other benefits in the period 2018-2020. For the Single Parent Allowance both the number applications and the portion of allocated benefits as a percentage of the total number of applications, has risen in the last years, suggesting that the programme has become more widely known and the conditions for successful application are better understood.

Table 3.1 Applications and benefits approved for the Disability Allowance, the Single Parent Allowance, the Foster Care Allowance and the Food Assistance in 2018 – 2020

PROGRAM NAME	2018		2019		2020	
	Forms Received	Forms Approved	Forms Received	Forms Approved	Forms Received	Forms Approved
Disability Allowance	1405	987	1672	891	831	633
Single Parent Allowance	642	371	1326	834	1464	1249
Foster Parent Allowance	33	15	12	7	30	13
Food Assistance	14	14	10	6	12	10

As can be seen for Table 3.2, the number of parents and children receiving the **Foster Care Allowance (FCA)** is very modest; just above 100 parents and nearly 150 children. The programme was introduced at the same time as the Single Parent Allowance and together they form the only child-related social protection intervention. The implementation of the Foster Care Allowance is very similar to that of the Single Parent Allowance. It has the same features and the same eligibility conditions except that in the case of the Foster Care Allowance, the proxy-means testing is still applied and there is an additional categorical requirement that “children being fostered should be either orphaned, abandoned, or children whose parents are in prison or children whose parents are unable to take care of them (e.g. due to substance abuse)”. Evidence of legal guardianship from the courts must be provided to apply for the FCA. The process for fostering children is administered by the Fostering and Reintegration Section of the Child and Family Protection Division (CFPS) of the Ministry of Gender, Family and Social Services (MoGFSS). The benefit level for the Foster Care The monthly allowance is currently (2022) set at MVR 1000 per child and MVR 500 per foster parent.

Table 3.2 depicts the number of beneficiaries for all non-pension benefits in the Maldives between 2017 and 2020, showing that the number of children whose parents are receiving the Single Parent Allowance has been between 4,500 and 5,000. According to DHS 2016, approximately 38.7 percent of the children younger than 18 years old are living with one parent (mostly the mother). Using the 2014 census as the population data source for the number of children, this implies that approximately 10 percent of the 48,000 children living in households with only one parent, are receiving a single parent allowance. In other words, the programme has a coverage rate of 10 percent. One possible explanation for this low rate is that a share of these households may not be eligible for the programme because children live in households with other adults or because their household income is above the threshold of the means test. Another explanation is that some of the parents did not apply for the benefit even though they fulfilled the eligibility criteria, or because they were not informed, lacked one of the forms or attests, were discouraged in the process or provided incomplete or incorrect information during application.

These assumptions are supported by findings of a recent study evaluating the Single Parent Allowance and the Foster Parent Allowance, that found that the low coverage rates of both programmes because of the following reasons:

⁶⁸ Kristie Drucza and Anh Tran 2021.

- The public and the potential beneficiaries are not well informed about either of the schemes and find it difficult to judge whether they would be eligible for the scheme (despite an information campaign 2 years ago)
- The forms and procedures are complex and time-consuming
- The proxy means tests are often not very well understood by the applicants
- The local Island Councils do not have a legal role in the procedures and do not play an active role in its implementation other than sending the forms to the NSPA.

These findings, applying to both the Single Parents Allowance and the Foster Parents allowance, were echoed in the qualitative research carried out for the purpose of this assessment with representatives of Island Councils, Women Development Councils and other administrations. The informants at the NSPA itself also expressed the concern of the implementing authority regarding the high number of applications that are rejected. The NSPA does not have a mechanism to find and inform the relevant parents in the population.

Table 3.2: Number of persons covered under different social protection schemes 2017-2020 (excluding pensions)

YEAR	HEALTH INSURANCE SCHEMES	SINGLE PARENT ALLOWANCE		FOSTER PARENT ALLOWANCE		EMERGENCY MEDICAL WELFARE	DISABILITY ALLOWANCE	FOOD SUBSIDY
	Aasandha	Parent	Parent	Parent	Parent			
2017	330.404	2.591	4.426	104	147	3.693	6.869	481
2018	339.997	2.592	4.359	107	147	5.790	7.771	483
2019	349.743	2.501	4.233	105	142	3.943	8.476	495
2020	330.378	2.905	4.965	111	149	3.584	8.948	535

Source – to correct as “Source: Statistics Maldives, Statistical Yearbook 2018, 2019, 2020, 2021

The **Disability Allowance** was introduced in 2010 by starting a disability registration process. The registered persons with disabilities became entitled to receive a benefit of MVR 2000 per month regardless of the type or the severity of the disability. The registration is made on medical grounds based on a medical assessment. All registered persons with disabilities are entitled to receive the benefit. Benefits of children with disabilities are paid to the carers until they reach the age of 18 years. As can be seen in Table 3.1, in 2020 the benefit was paid to approximately 9,000 persons. The 2016 – 2017 DHS survey estimates that approximately 4.2 percent of the population in the Maldives has disabilities – amounting to around 22,500 individuals. A comparison of the number of Disability Allowance

⁶⁹ Ibid.

⁷⁰ Maldives Bureau of Statistics 2018; Maldives Bureau of Statistics 2021b; Maldives Bureau of Statistics 2020; Maldives Bureau of Statistics 2021b.

beneficiaries and this figure yields a coverage rate of around 30 percent. This low rate may be attributed to the lack of information with the potential beneficiaries, lack of access to difficulty in obtaining a medical certificate (due to issues with accessibility to specialized health care services), fear of stigma and lack of information about certain types of disabilities.

Key informant interviews revealed that identification of disability remains problematic in Maldives due to stigma and caregivers' inability to identify disability among their children. The latter is especially the case for disfunctions/ disorders and learning difficulties such as severe forms of dyslexia or dyscalculia, autism, ADHD (Attention Deficit/ Hyperactivity Disorder) and PTSD (Post Traumatic Stress Disorder).

The design and implementation of the Unemployment Benefit intervention is still in its infancy. Its development was planned to start in 2021 but has been halted due to the COVID-19 pandemic that required re-prioritizing resources to cope with the crisis. Due to its large dependency on international tourism (see chapter 1), Maldives was particularly hit hard by the COVID-19 pandemic; international tourism came to a standstill and many people became unemployed, were forced to take unpaid leave or were laid off. In response, the government introduced an Income Support Allowance that was provided between March and December 2020 to support the idle workers and free-lancers. In July 2020, 6,638 people were enrolled in the scheme.

Since 2009 the Maldives has a two-tier old-age Pension Scheme: The universal Old-Age Basic Pension and a Maldives Retirement Pension Scheme (MRPS). Since 2019, the Old Age Basic Pension includes the Senior Citizens' Tax Allowance, which is tax financed and universal. It guarantees a benefit to all citizens aged 65 years and above with a monthly amount of MVR 5,000. The benefit is "pension tested". For those receiving a pension under the MRPS, the amount is tapered by reducing the pension received by beneficiaries by 50 percent of the amount received by the MRPS (the contributory pension) for those who receive a pension under the MRPS.

The MRPS is a defined contribution system mandatory for all workers in the formal sector but also open to voluntary contribution which may give it a prominent role in covering the high number of informal workers, free-lance workers and self-employed. The number of beneficiaries increased until 2019 and shows a small decline in 2020.

⁷¹ The DHS survey 2026 – 2017 distinguishes 8 disabilities: blind/partially blind, deaf/partially deaf, paralysed, missing limb, mentally disabled, speech impaired, disability related to a disease and learning disability.

⁷² Dr. Shaffa Hameed, Dr. Morgon Banks, and Prof. Hannah Kuper 2019.

⁷³ A recent (2019) nested case-control study in Maldives covering 6500 persons age 2+ using Washington Group definitions of disabilities, found that persons with disabilities when compared to persons without disabilities, are significantly more often found to live in poor families (international poverty line), suffering significantly more often from a list of deprivations including: food insecurity, lower educational attainment and lower literacy rates (the latter two for persons older than 13 years of age) and being socially excluded in family life as well as in public life. The probability of persons with disabilities at working age to be engaged in work was significantly less than the probability of persons without disabilities.

Table 3.3: Number of beneficiaries by pension scheme and sex, 2017-2020

TYPE OF PENSION	BENEFICIARIES (END YEAR)			
	2017	2018	2019	2020
Total	41.863	42.604	43.589	26.800
Basic Pension	16.533	16.835	17.496	18.341
Retirement Pension	1.105	1.259	1.258	1.328
Other Pension	7.218	7.200	7.159	7.131
Senior Citizen Allowance ^{1/}	17.007	17.310	17.676	-

Notes

1/ Those pensioners receiving less than 5,000 mvr is given the balance amount to reach 5,000 mvr under this scheme. Senior Citizen Allowance was introduced in February 2014 and discontinued on March 2019.

2/ Payment for some MRPS pensioners was processed for two months in November which accounts for the decrease in MRPS pensioners processed in December 2016.

Source: Maldives Pension Administration; Statistics Maldives, Statistical Yearbooks 2018, 2019, 2020, 2021 ⁷⁵

Table 3.4: Monthly pension pay-outs by scheme (in MVR), 2017-2020

	BASIC PENSION	RETIREMENT PENSION	OTHER PENSION	SENIOR CITIZEN ALLOWANCE
2017	435.251.368	54.585.242	270.657.228	539.036.947
2018	443.152.108	58.618.929	280.560.578	550.823.764
2019	903.984.286	90.949.201	297.502.869	93.669.343
2020	1.033.206.967	102.480.521	292.838.541	0

Source: Maldives Pension Administration; Statistics Maldives, Statistical Yearbooks 2018, 2019, 2020, 2021 ⁷⁶

As can be seen on Table 3.4, the Maldives Retirement Pension Scheme has expanded over the years of its existence. What that means in terms of percentages of GDP, will be discussed below. The Maldives Pension System has been introduced fairly recently (2009) and until 2019 the number of contributors has been increasing steadily. The small decline in contributions paid in 2020 is mainly attributed to the large number of lay-offs during the first year of the COVID-19 pandemic.

⁷⁴ Please note that the people receiving a senior citizen allowance until February 2019 are almost the same people receiving the basic pension. From March 2019 onwards the two schemes were integrated as can be seen from Table 3.3 the amounts spent for the basic pension with tapering mechanism in 2019 and 2020 are more than double the amounts spent in 2017 and 2018.

⁷⁵ Maldives Bureau of Statistics 2018; Maldives Bureau of Statistics 2019; Maldives Bureau of Statistics 2020; Maldives Bureau of Statistics 2021b.

⁷⁶ Maldives Bureau of Statistics 2018; Maldives Bureau of Statistics 2019; Maldives Bureau of Statistics 2020; Maldives Bureau of Statistics 2021b.

The identification of the Basic Old Age Pension beneficiaries is carried out based on the civil registry and is almost automatic. The amounts are transferred monthly to the bank account of the pensioners. Most of the key informants shared the view that Basic Old Age Pension is universal and reaches all the intended beneficiaries. However, a few provided examples of issues with access to the funds among the elderly who do not have access to an ATM or banking services on their island, who are financially illiterate, and/or who have to rely on relatives to withdraw their transfers. A few key informants also shared instances of the elderly not having agency in how their pensions would be spent and such decisions being made by their family members. Such cases are typically identified through FCSC social workers and staff of the Elderly and Wellbeing Division of MoGFSS and resolved through collaboration with the Pension Administration Office. In the future, Island Council administration may also be involved in resolving such cases considering their official mandates deriving from the Decentralization Act (described in Section 4).

In addition to the Basic Social Pension and the Maldives Retirement Pension Scheme, various state institutions offer institution-specific pension schemes. Prior to enforcement of the Pension Act in 2009, public servants above the age of 65 years in service received a long-term service allowance (see Table 3.5). The scheme provided public servants with a lump sum amount, equal to half of their average working annual salary after remaining in service for 20 years. The scheme thus did not provide a regular, pension income but rather a top-up of the existing salary to ensure that public servants received financial remuneration upon retirement. The long-term service allowances, which are not funded out of contributions, continue to be provided by a number of state institutions. The SAP indicates that the government wants to streamline the pension funds by strengthening the Pension Act: plans to ratify a Pension Harmonisation Bill are still pending. Discussions on the harmonisation of the pension system with the aim of phasing out additional lump sum benefits extended to retirees in addition to income from the social pension schemes and MRPS, are ongoing.

Table 3.5: Employees registered in the retirement pension scheme, by type of employer, 2018-2020

Place	2018			2019			2020		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	95.457	63.578	31.897	100.704	65.968	34.736	94.894	61.288	33.606
Government Offices	14.209	7.092	7.117	13.973	6.489	7.484	13.678	6.210	7.468
Independent Agencies	2.235	1.128	1.107	2.234	1.098	1.136	2.194	1.071	1.123
Judiciary	1.828	1.089	739	1.968	1.149	819	699	314	385
City Councils	218	94	124	783	351	432	912	432	480
Atoll Councils	483	310	173	564	352	212	522	322	200
Island Councils	2.103	1.451	652	3.170	2.126	1.044	2.921	1.934	987
Hospitals / Healthcare Facilities	6.337	1.956	4.381	6.688	2.055	4.633	7.119	2.196	4.923
Schools / Universities	7.297	1.778	5.519	7.669	1.769	5.900	7.428	1.693	5.735
Police / NSS	7.663	6.869	794	7.877	7.017	860	8.054	7.169	885
State Owned Enterprises	12.224	9.065	3.159	17.968	13.527	4.441	19.639	14.859	4.780
Other Private Sector	40.611	32.650	7.961	37.481	29.897	7.584	30.825	24.651	6.174
Others	267	96	171	329	138	191	903	427	466

Source: Maldives Pension Administration ⁷⁸

Closely linked to the social protection system is the **provision of health** services in the country. Maldives has a universal health insurance scheme - **Aasandha** - introduced in 2012 and special programmes to provide

emergency relief for out-patient care that cannot be handled on the islands. The Aasandha programme is run by NSPA and covers a very large part of the population (see Table 3.2). The Aasandha Social Health Insurance Scheme finances all health services to Maldivian nationals residing in the Maldives (foreigners residing in the Maldives are ineligible). Despite its name, Aasandha is a general revenue-financed scheme (not an insurance). Due to historical reasons, however, Aasandha was initially formed as a joint venture with a life insurance company, with 60 per cent of shares owned by the Government of the Maldives and 40 per cent owned by the life insurance company. Since 2014, Aasandha became a fully state-owned company.

“Aasandha” provides full coverage of the cost of health services obtained in public hospitals and health facilities. Treatment obtained through private providers is partially covered through a co-payment mechanism. Therefore, patients may still face out-of-pocket costs, including medication and assistive devices. Furthermore, Aasandha covers transportation costs for emergency medical treatment and annual medical check-ups for people over the age of 30 years and children under the age of 18 years. However, the scheme does not meet the costs of transportation and other out-of-pocket costs, such as accommodation, for routine medical services and treatments deemed non-urgent. In cases where the costs of health services cannot be met by Aasandha, patients can apply for financial assistance under the Emergency Medical Welfare Scheme, administered by NSPA.”

Besides the larger public social protection programmes discussed above, there are a few smaller schemes mainly covering **subsidies and provisions for fishermen**. Subsidies related to food items, electricity and fuel. The number of beneficiaries under these schemes were typical small prior to the COVID-19 crisis. Since 2020 and the experiences linked to the (semi-) lockdowns, the number of beneficiaries has increased, but no figures could be found. In 2019 the Maldives Fisherman Act came into effect; its main purpose is to protect the fragile marine life in the country and stimulate sustainable ways of fishing. The act also provides pensions, education and training to the population of fishermen. In addition to social protection cash and in-kind benefit discussed above, food and electricity subsidies are also provided by the Government. The number of beneficiaries across these schemes was typically small prior to the COVID-19 crisis but has seen a rise since, albeit no official figures are available. There is also a programme of **subsidies and provisions for fishermen which was rolled out** introduced in 2019 through the Maldives Fisherman Act. Its main purpose is to protect the fragile marine life in the country and stimulate sustainable ways of fishing. The act also provides pensions, education and training to the population of fishermen.

Finally, there is **Zakat**: a programme run by the Ministry of Islamic Affairs. Since Zakat is based on voluntary donations (as opposed to taxes and social contributions), it cannot be considered an integral part of the public Social Protection system, although it plays a role in reducing poverty in the country. The donations are collected by the Maldives Inland Revenue Authority but not included in the general revenue accounts. It provides benefits twice per year to poor household who can apply in the same way they apply for the Single Parent Allowance

⁷⁷ Kristie Druzca and Anh Tran 2021.

⁷⁸ Maldives Bureau of Statistics 2021b.

⁷⁹ The Mirana scheme, established in 2019, finances 65 per cent of the cost of health services for Maldivian nationals living in India and Sri Lanka.

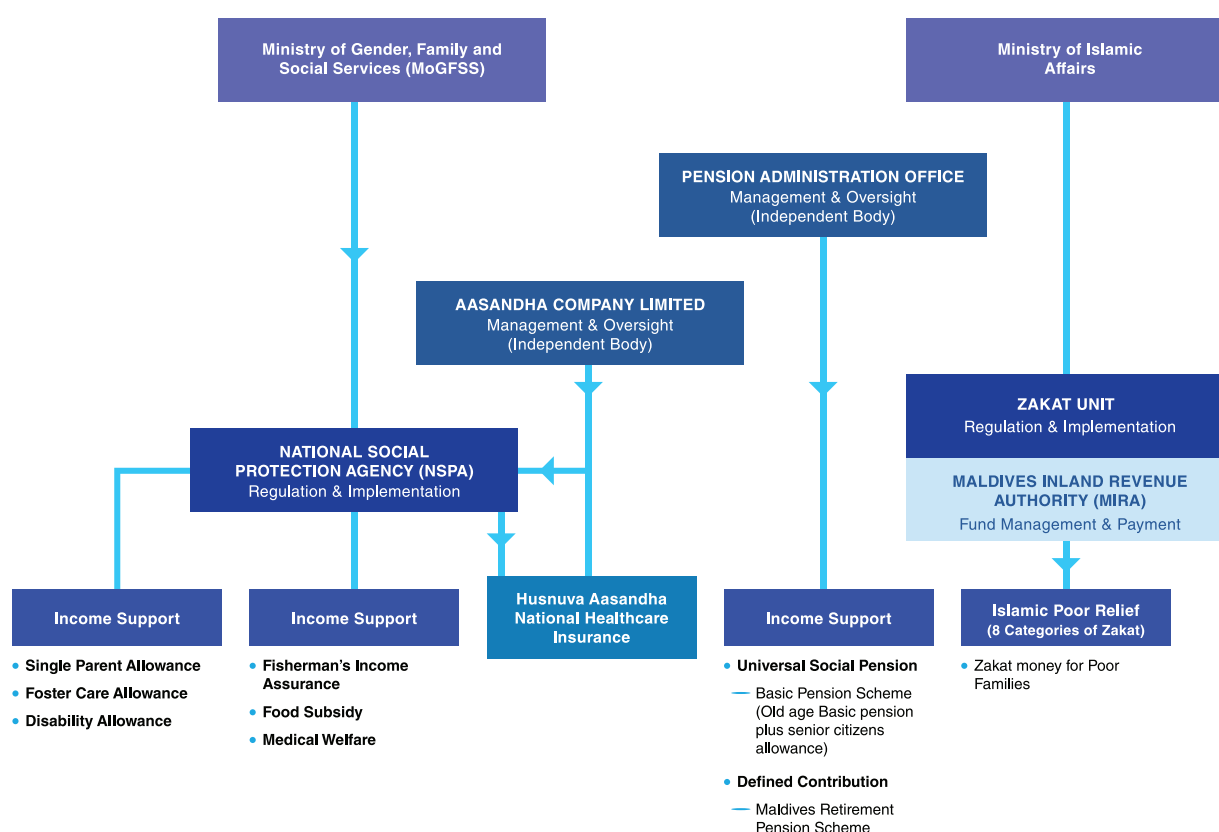
⁸⁰ Kristie Druzca and Anh Tran 2021, 24.2021b.

and the Foster Care Allowance. The eligibility criteria are similar those for these schemes as well. Since the threshold of MVR 75 has not been indexed or revised since 2016, the number of beneficiaries is declining over time to 8,764 in 2019. Benefit levels depends on the size of the fund and have been MVR 1000 and MVR 2000 per month.

3.2 Administrative structure of social protection programmes

The Ministry of Gender, Family and Social Services (MGFSS) is the main agency mandated to organise and administer social protection in the Maldives, with the effective delivery of social protection schemes administered by the NSPA. The delivery of the Aasandha Health Care Scheme and Medical Welfare Scheme is equally the responsibility of MoGFSS with the responsibility for the administration also resting with NSPA. However, the main role for the implementation of the Aasandha Health Care Scheme is taken up by the board of representatives of the Aasandha company which is in turn directly financed out of government revenue; the role of NSPA is limited to administering the co-payment of the beneficiaries of the health schemes. As described in preceding sections, two other bodies are involved in administration of social protection programmes, the Maldives Pension Administration Office and the Ministry of Islamic Affairs.⁸¹ Figure 3.2 illustrates the administrative structure of the social protection system in Maldives.

Figure 3.2: The ministries and agencies responsible for implementing the scheme considered to for the 'Social Welfare System' in the Maldives



Source: UNICEF, 2021, Evaluation of Single Parent and Foster Care Social Protection Schemes in the Maldives

3.3 Identifying effectiveness and gaps

The existing social protection programmes in Maldives cover a good part of the population but there is a number of gaps as can be seen from Figure 3.1. The coverage of the elderly population is nearly 100 percent – meaning that almost all Maldivians of 65 years and over are covered by at least one pension programme and a large proportion are covered by two pension schemes. Moreover, the elderly also benefit from the National Social Health Insurance (Assandha), and can benefit from the Emergency Medical Welfare scheme, the Disability Allowance scheme, and various subsidies.

This 100 percent coverage of the elderly by social protection is also reflected when comparing Maldives internationally in Table 3.6; the 100 percent coverage rate for older persons in the country is well above the average for the Asia and Pacific region albeit small islands in Africa and the Pacific like Mauritius, Cook Islands and Palau have the same coverage rates.

The overview of the social protection programmes in Maldives shows that the system is lacking programmes to cover risks of the working population. Moreover, there are no national provisions on pregnancy- and parental-leave and a national standard for dealing with short-term illness and work injuries is lacking. As discussed in section 3.1., the unemployment benefit scheme is stipulated in legislation but has not been rolled out to date except for a set of ad hoc measures during the COVID-19 pandemic.

While the eligibility criteria for the Disability Allowance should theoretically ensure coverage of near 100 percent, the implementation shows that the actual reach of the scheme is around 30 percent of the persons with disabilities. Since persons with disabilities are more likely to live in (near) poverty and suffer from deprivations like food insecurity and lack of access to education (see section 4.2), exclusion of such a large share from the programme implies that there is a real gap in programme implementation.

The low coverage of the Disability Allowance scheme is an example of challenges with implementation of otherwise adequate and comprehensive legislation in Maldives. According to key informants, the main bottleneck with implementation of social protection programmes are the limited capacities of the NSPA due to the high caseload and the numerous and cumbersome administrative procedures to assess and determine eligibility for other programmes such as the Single Parent Allowance and the Foster Care Allowance (through means- and proxy-means testing⁸³), and medical certification for the Disability Allowance. These findings suggest that the eligibility criteria for different programmes might need to be reviewed and simplified.

⁸² The NSPA already reported that the PMT is not being implemented to determine eligibility for the Single Parent Allowance.

⁸³ Maldives Bureau of Statistics 2021b.

⁸⁴ ILO 2021

Table 3.6: Social protection effective coverage (including SDG indicators 1.3.1 and 3.8.1), 2020 or latest available year (percentage of the relevant population group)

COUNTRY	SDG 1.3.1 SOCIAL PROTECTION COVERAGE	CHILDREN	MOTHERS WITH NEWBORNS	PERSONS WITH SEVERE DISABILITIES	UNEMPLOYED	OLDER PERSONS	WORKERS IN CASE OF WORK INJURY	VULNERABLE PERSONS COVERED BY SOCIAL ASSISTANCE	LABOUR FORCE COVERED BY PENSION SCHEME	SDG 3.8.1 UNIVERSAL HEALTH COVERAGE
High Income	85.4	86.8	86.0	85.6	52.2	97.5	81.2	62.8	89.8	81.5
Belgium	100.0	100.0	100.0	100.0	100.0	100.0	63.1	100.0	49.3	84.0
Asia & Pacific	44.1	18.0	45.9	21.6	14.0	73.5	24.8	25.3	32.9	65.4
Maldives	21.2	8.2	26.2	42.7	0.0	100.0	--	8.1	19.6	62.0
Sri Lanka	36.4	32.0	29.4	18.0	0.0	35.7	58.0	16.0	24.7	66.0
Mauritius	--	--	--	--	1.2	100.0	68.2	--	35.5	63.0
Fiji	58.9	2.6	24.5	20.1	0.0	92.1	55.7	28.2	40.0	64.0
Cook Islands	86.3	100.0	--	--	--	100.0	--	85.8	--	--
Nauru	45.4	--	--	84.6	2.8	95.7	--	45.4	--	--
Palau	35.8	--	--	--	0.0	100.0	--	17.8	1.0	--
Samoa	21.1	--	28.5	--	0.0	91.4	53.5	5.3	29.9	58.0
Kiribati	21.0	1.3	--	--	0.0	93.8	--	5.1	41.8	41.0

Source: ILO, World Social Protection Report 2020 – 2022, 2021⁸⁴

3.4 Addressing the gaps and strengthening social protection design and implementation

The social protection system in the Maldives has a series of effective schemes covering large parts of the population. The flagship programmes in this context are the old age pension provisions and the national social health insurance (Aasandha), both covering a large part up to 100 percent of the relevant population. Other programmes, like the Disability Allowance and the related provision of medical equipment to persons with disabilities, are intended to cover the entire target population but do not reach their intended coverage.

On the other hand, key informants indicated that parts of the social protection administration are overburdened with high caseloads. From interviews with representatives of local island communities, it became apparent that many well-intended social benefits and social assistance schemes do not reach the targeted population especially in the atolls outside Malé, because of the lack of information and the complexity of the procedures. It also appears that while the Local Island Councils have a mandate to assist the island population with getting access to the social protection system, they do not always feel well equipped in terms of personnel and information – not the least because families needing help often suffer from various deprivations and unfilled needs at the same time.




There are significant gaps in design of the social protection system in Maldives. In the previous section we identified two groups in the population for whom provisions are missing and could be considered illustrated in Figure 3.3. Children and adolescents still in education are the main group missing in the social protection system. The gaps range from pregnant women to adolescents in tertiary education. Under the existing system, only poor single parent families and poor foster families are covered by social protection – all other families with children remain outside the social protection system. As argued extensively by UNICEF in its assessment of the Single Parent Benefit and the Foster Care Allowance, the system is expensive and not encompassing all families with children in need. The UNICEF document pleads for the gradual installation of a universal child benefit starting with the children 0 – 5 years old. The document also estimated the costs. Under the regime of a universal child benefit, the Single Parent Allowance and the Foster Care Allowance could be easily reformed into a universal top-up allowance provided to all single parents and all foster families. The latter is also important since it would provide an incentive for families to consider foster care and thus contribute to de-institutionalisation of children in need of protection. Raising children coming from problematic backgrounds in institutions, albeit inevitable at times, should be a last resort option due

to its social and individual effects on children⁸⁵; it is very costly, excludes the children from a family life and is often harmful for the children involved. It should therefore be avoided whenever possible – from a system point of view is usually easy to realise if the principle that “money follows the child” is respected. That means that also foster parents would receive the universal child benefit: on top of that, they could be given a special allowance related to the foster child.

The results of this assessment strongly support the proposals as formulated by the UNICEF 2021 publication.

A universal child benefit could also be extended to children and adolescents as long as they participate in formal education at the higher secondary and tertiary level. It would assist the households in atolls outside Malé to support their children to reach higher levels of education and in the end contribute better to economic growth.

Figure 3.3: The potential Social Protection System in the Maldives

	 CHILDREN	 WORKING AGE	 OLD AGE
TAX FINANCED	Top-up Single parent & foster care allowance Pregnant Mothers & Newborns Child Allowance Education Allowance	Pregnancy & Parental Leave Short term illness & work injuries Unemployment	Old Age Basic Pension
	Disability Allowance Universal		
	Health Aasandha & Emergency Medical Welfare Universal		
	Food, Electricity & Other subsidies targeted to poor		
SOCIAL INSURANCE		Pregnancy & Parental Leave Short term illness & work injuries Unemployment	Retirement & other pensions
OTHER	Zakat - Poor Relief		
REGULATIONS		Pregnancy & Parental Leave Short term illness & work injuries	

⁸⁵ eurochild 2012.

Besides children, there are gaps in protection and inclusion of the working age population as well. Some risks for the working population are not covered: risks related to pregnancy and parental leave, risks related to short-term illness and risks related to unemployment. The first 2 categories of risks (indicated in green in Figure 3.3) can be covered in three different ways; the risks could be covered out of a tax-financed social protection scheme or as a social insurance (contribution based): the public authorities could mandate the execution to the employers who either then cover the risks themselves or use private insurance to cover the risks. In the case regulation rather than provision is chosen, the public authorities need to specify the rights and obligations of both the workers and the employers. Covering unemployment (in blue in Figure 3.3) cannot be done through the private market because it is an uninsurable risk due to moral hazard and adverse selection issues. Covering the unemployment risk can be done as a tax based social protection scheme or as a social insurance (contribution based). It can also take a hybrid form combining the two options.

The Social Sector Plan should discuss whether, and under which conditions, it would be advisable to introduce an employment creation scheme, rather than to provide a benefit to the unemployed workers. This option may be particularly interesting for fighting the un- and under-employment among young people in the atolls outside Malé (see also chapter 1). The Local Island Councils could play a pivotal role in this option.

According to this assessment, the implementation of the social protection system in the Maldives would gain by broadening its coverage and by simplifying its implementation. The administrative caseload of the system can be reduced by installing more universalistic types of benefits and schemes. Means tests, proxy-means test and the like all are resource-consuming. Moreover, by making benefits more universal, the number of poor families will further be reduced and families just above the poverty line will be pushed further upward – as a result, the caseload for the targeted programmes of the system would be reduced. Additional capacities could then be used where they are essential i.e. in determining disability.

Creating a single registry of all Maldivians and residents of the Maldives, based on the civil registration register with a unique identifier for each individual in the country, would be a good opportunity simplify the work of the government⁸⁶. Building in a unique social protection identifier into the civil registry system is cheaper, simpler and more effective than creating a separate so-called “social registry” which would be limited to the register of all people that receive social protection benefits. Once the identifier is built in, the system would produce moreover more accurate and more up to date at lower costs. The use of a single registry would also facilitate communication between parts of the administration and would facilitate monitoring.

An additional option would be to enhance the role of the Local Island Councils (LIC) and eventually the Women Development Committee (WDC) as a first filter for applications on all social protection schemes to be sent to the central administration. The LICs and WDC could also play a more active role in providing information and application assistance to the island population. It might be an option to add a social worker to the administration of each LIC having the task to inform and guide the local population on all social protection issues.

In order to finance the extra expenditures for the potentially new social protection action, it could be considered to cancel the subsidies. The introduction of a gradually universal child benefit at the level of the current Single Parent Allowance would cost less as share of GDP than the costs of the current food and fuel subsidies⁸⁷ –however, it would require reallocation of resources away from all households towards households with children. As subsidies in general are regressive in most cases (letting profit households that consume more, usually household that can afford more, disproportionately) and as poorer households are more often found among households with many children, child benefits have potentially a larger impact on (near) poverty levels in the country than subsidies.

Reducing administrative efforts will reduce the cost of the system but universal benefits will increase the need for additional resources. The Social Sector Plan will make an estimate of the additional costs and an exploration of the financial options for the government. As a first approximation, it is useful to study the figures on the current spend-

ing on social protection in the country and how the social sector spending in the Maldives compares to the social protection and health spending in other countries.

Table 3.7 provides an estimate of the social protection spending in the country in 2017 as published by UNICEF in 2021. In that year the Maldives has spent 1.86 percent of GDP on social protection strictly spoken and another 3.57 percent of GDP on health (with 1.1 percent on subsidies and 0.08 percent on Zakat).

Table 3.7: Main social welfare scheme expenditures as percentage of GDP 2017

SCHEME	ANNUAL SPENDING AS PERCENTAGE OF GDP
SOCIAL PROTECTION	1.86
CHILDHOOD	0.05
Single Parents Allowance	0.05
Foster Care Allowance	0.00
DISABILITY	0.19
Disability Allowance	0.19
OLD AGE	1.62
Old Age Basic Pension and Senior Citizen Allowance	1.21
Maldives Retirement Pension Scheme	0.07
Other Pensions	0.34
ISLAMIC RELIEF	0.08
Zakat fnd (total)	0.08
HEALTH	3.57
Aasandha (Social Health Insurance	3.49
Emergency Medical Welfare	0.09
SUBSIDIES	1.10
Food Subsidy	0.31
Electricity Subsidy	0.22
Other Subsidies	0.57

Source: adapted from UNICEF, 2021, *Evaluation of Single Parent and Foster Care Social Protection Schemes in the Maldives*⁸⁶

Table 3.8 compares the spending for social protection and health of the Maldives with the average in Asia-Pacific region and with the spending by the nearest neighbour, by high-income countries and by a number of small island states. Except for health, Maldives spends less in the social sector than the average for the region and also less than neighbouring Sri Lanka. It also spent considerably less than 4 of the 7 small island countries and only slightly more than Fiji; only Palau and Samoa spend less. The differences in the expenditures for children stand out – Maldives spends only 0.1 percent on children; while that is the same percentage as Sri Lanka and Fiji, it is considerably less than what is spent in the other countries, and it sheds light on the country’s priorities in social protection spending on the future generation. Maybe a new social plan should reconsider this policy result (note that all countries in the table have a near free education system comparable to the Maldives).

⁸⁶ An effort needs to be made to register the 10 percent of the children without a birth certificate.

⁸⁷ Kristie Druzca and Anh Tran 2021.

Table 3.8: Public health and social protection expenditures, 2020 or latest available year

COUNTRY	TOTAL SOCIAL PROTECTION EXPENDITURES (EXCLUDING HEALTH)	CHILDREN	WORKING-AGE POPULATION	OLD AGE	DOMESTIC GENERAL GOVERNMENT HEALTH EXPENDITURES (WHO)
High Income	16.4	1.2	4.8	8.5	7.6
Belgium	19.7	2.2	10.0	11.1	7.8
Asia & Pacific	7.5	1.1	1.7	5.1	4.0
Maldives	2.9	0.1	0.4	2.4	6.6
Sri Lanka	3.2	0.1	0.4	2.7	1.5
Mauritius	6.8	0.6	1.4	4.9	2.5
Fiji	2.5	0.1	0.5	1.9	2.3
Cook Islands	4.2	0.6	0.4	3.1	2.4
Nauru	4.5	--	3.0	1.5	7.9
Palau	1.0	0.7	1.1	6.7	6.4
Samoa	1.2	--	--	3.1	3.8
Kiribati	10.8	--	5.0	5.7	9.3

ILO, *World Social Protection Report 2020 – 2022, 2022* ⁸⁹

⁸⁸ Ibid.

⁸⁹ ILO 2021

⁹⁰ Tracey Larman 2015.

⁹¹ Part 2 – Purpose. The purpose of this Act is to achieve the following objectives: (a) to determine that every act of domestic violence, under any circumstance, in any form or manner, among persons is strictly unlawful; (b) to provide adequate protection to victims of domestic violence, under the circumstance where such an act has occurred; (c) to service justice in a cost-effective, timely, and convenient manner to victims of domestic violence; (d) to implement adequate programmes for victims of domestic violence and to ensure the recovery of such victims in order to resume their health and a normal life; (e) to take all necessary measures to stop persons from committing acts of domestic violence and to support them in their rehabilitation; (f) to facilitate enforcement of court orders and legitimate orders from other state institutions issued in order to stop acts of domestic violence; (g) to create awareness of the characterizing features of domestic violence among the relevant entities of the State and to increase the required competency of such entities; (h) recognizing that health professionals and social workers are typically the first to come into contact with victims of domestic violence, to establish a duty of care on health professionals and social workers to provide appropriate support to suspected victims of domestic violence and to report the same to the Police or the Authority; (i) to introduce and lay down civil liabilities on persons who commit acts of domestic violence by way of a separate piece of legislation, in addition to the criminal liabilities imposed on such persons under criminal law and this Act; and (j) to comply with international standards for prevention of domestic violence and to apply and enforce relevant principles in accordance with such standards.

⁹² Whose establishment is stipulated in Article 52, 2012 Domestic Violence Act.

4. Social service organization and delivery

4.1 Types of social services provided in Maldives

The wide range of social services provided in Maldives targets primarily five vulnerable groups under the mandate of MoGFSS: children, women, families, persons with disabilities (PwDs), and the elderly. Monthly data of MoGFSS group the reported cases across the following categories of violations and services: violence against children, children's behavioural problems, child rights violations (i.e., access to basic services), children in conflict with the law, gender-based violence (GBV) and domestic violence (DV), self-harming/suicidal behaviour, and state care, fostering and reintegration of children. Definitions of vulnerability, risks and violations in the MoGFSS Procedure Manual on Delivery of Services⁹⁰ (2015 version) suggest that a wider range of services are provided by the Ministry and related stakeholders including to trafficked persons and children and adults in need of support. Importantly, the document distinguishes between different forms of violence including family violence, domestic violence, violence against women, and children's exposure to violence, to set the grounds for tailored services to each group.

The mandate of MoGFSS and related institutions on social service delivery draws primarily from the 2012 Domestic Violence Act and the 2019 Child Rights Protection Act. Part 2 of the 2012 Domestic Violence Act stipulates that the law aims to ensure provision of prevention, protection, rehabilitation, inclusion, and justice services to victims of domestic violence⁹¹. While the Act mandated MoGFSS as the highest authority for its implementation, Police, health care providers, social service providers, and the Family Protection Authority (FPA)¹ are also mandated with specific roles and responsibilities in provision and monitoring of services related to domestic violence. Similarly, the 2019 Child Rights Protection Act, amending and supplementing the 1991 law, includes provisions on protection of children from numerous forms of violence including neglect, emotional and physical abuse, discrimination, cruel punishment, etc., and guarantees upholding children's rights to life, education and learning, health, non-discrimination, participation, etc., in line with the Convention on the Rights of the Child (CRC)⁹³. In addition, the law promulgates strengthening of the child protection system through establishment of the Child and Family Protection Services (CFPS) within MoGFSS and appointment of a Children's Ombudsperson to monitor implementation of related legislation.

the Rights of the Child (CRC). In addition, the law promulgates strengthening of the child protection system through establishment of the Child and Family Protection Services (CFPS) within MoGFSS and appointment of a Children's Ombudsperson to monitor implementation of related legislation.

MoGFSS data on cases and social services delivered between September and December 2021 indicate that cases of violence against children and gender-based violence are the two largest categories in volume albeit KIs highlighted issues with reporting of DV cases. Nearly 2 in 3 cases reported and attended to during this period belonged to one of these categories; cases of violence against children comprised between 43 and 45 percent of all cases, whereas those of GBV around 21 percent (Table 4.1.2). Key informants across central level institutions in Malé and local level institutions in Baa and Taa atolls perceived that the most common and emerging rights violations and issues in Maldives are related to violations of children's rights (neglect, sexual abuse), intersecting issues of drug abuse among parents and children (homelessness, behavioural issues, drug peddling among children), cyber bullying, neglect and physical abuse of the elderly and PwDs, and mental health issues since the outbreak of COVID-19.

⁹³ <https://presidency.gov.mv/Press/Article/21813>

ARC: <https://www.arc.org.mv/arc-welcomes-the-child-rights-protection-act-192019-which-came-into-effect-today/>

Table 4.1 Social services by type, September-December 2021

TYPES OF CASES	SEPTEMBER 2021	OCTOBER 2021	NOVEMBER 2021	DECEMBER 2021
Violence against children	127	95	84	104
Family issues	36	24	26	24
Gender-based violence	64	45	23	48
Behavioural problems	16	20	17	12
Self-harm & suicidal behaviour	15	7	13	10
Care & support for the elderly & PwDs	18	15	11	13
Other child rights violations	6	4	5	6
Children in conflict with law	5	11	5	3
Children reintegrated with families	5	2		5
Children placed in foster care	1			1
Children reintegrated into society with a job	1			1
Children placed in state care		5		1
Total	294	228	184	228

Source: Ministry of Gender, Family and Social Services, “Cases reported and attended by the Ministry in September, October, November and December 2021”, <https://gender.gov.mv/en/>

4.2 Mapping of stakeholders and administrative structure of social service delivery

4.2.1. Ministry of Gender, Family, and Social Services (MoGFSS)

The Ministry of Gender, Family and Social Services is the main central government institution mandated with delivery of social services through several of its divisions and departments based in Malé and the 19 Family and Children’s Service Centres (FCSCs) spread across all the atolls in the country. Residential care for children, victims of DV and GBV, elderly, and persons with disabilities also fall under the Ministry’s mandate. The roles and responsibilities of these institutions along with institutions in the judicial, education, and health sectors as well as decentralized administrative units in the social service sector will be discussed in greater detailed below.

The mandate of MoGFSS in social service delivery is wide and encompasses preventive, protective, treatment, and monitoring roles and activities in the sub-sector. As an overarching responsibility, MoGFSS is mandated to plan, secure and monitoring resources for policies and programmes on protection of women, children, elderly and persons with disabilities; to develop, maintain, and monitor guidelines and standards for social service provision by both governmental and non-governmental providers; and to certify non-governmental social service providers and social workers. The other responsibilities involve service provision including facilitating provision of social psychological and legal services to those reporting violation of rights; coordinating with relevant authorities to promote and protect the rights of women and other vulnerable groups under its mandate; investigation of cases of child abuse; establishing a fostering mechanisms and state care institutions to provide protection and rehabilitation services; and implement the Domestic Violence Act. ⁹⁴

The Social Service Department (SSD), Child and Family Protection Services (CFPS) Division, and Quality Assurance and Management of State Care Institutions Division are directly engaged in social service provision and its monitoring.

⁹⁴ MoGFSS n.d.

- The establishment of the Child and Family Protection Services (CFPS) Division derives from the 2019 Child Rights Protection Act. **CFPS is responsible for provision of child protection services and implementation of advocacy programmes in the area of child rights protection.** Service delivery is organized through three separate sections/teams: 1) Initial response section, 2) Case worker section, and 3) Fostering and reintegration section. The initial response section is responsible for the initial assessment of the reported cases, recording them in the database, and assigning them to case workers within CFPS or island FCSCs where long-term case management is required. According to key informants from central level institutions, due to the high caseload in the other sections, social workers of the initial response team are also engaged in investigations (through home visits) of the Police Service and support the case workers in other activities. The case workers section is responsible for management of cases mainly in the Malé area. The fostering and reintegration section is mainly responsible for managing custody cases across the country through identification of foster families, placement of children on state care in absence of any other alternatives, and reintegration of all of these children back to their families (when applicable) and in the community. According to interviews with CFPS Division staff, they provide protection against a wide range of vulnerabilities including sexual, psychological/emotional and physical abuse, children without parental care (custody cases, including bases of parents withdrawing from drug abuse), domestic violence, and neglect.
- The Social Service Department (SSD) provides support, protection and care services for all persons aged 18 years and above and belong to any of the following groups: victims of DV and GBV and their families, elderly, and persons with disabilities.** SSD is comprised of three separate units: the Duty Team and Hotline Section, DV and GBV Protection Section, and Elderly and Disability Protection Section. The Duty and Hotline Section is equivalent to the initial response section of CFPS Division; its main roles include receiving reports of rights violations and referring them to the respective units. While provision of services to the elderly and PwDs typically involves initial response, assessment and referral services (e.g., to the hospital or state care institutions), services for DV and GBV victims and their families typically cover extensive case management including carrying out the initial assessment, providing protection/ensuring that victims are in a protected environment through collaboration with other agencies, and provision of continuous support – including psychosocial services - to clients for their inclusion and rehabilitation depending on their needs.
- The Quality Assurance and Management of State Care Institutions Division is responsible for standardizing service provision across state (residential) care institutions and monitoring their quality.** The Standard Operating Procedures (SOPs) based on the 2019 Child Rights Protection Act are in place for service provision in two children's state homes – Kudakudhinge Hiyaa and Fiyavathi – and the five shelters across FCSCs in Haa Alif, Baa, Shaviyani, Gan, and Thaa atolls. The Division is currently developing the SOPs for service delivery across the five DV shelters under construction and the Home for People with Special Needs (HPSN). In addition to developing minimum standards for service provision, the Division is responsible for monitoring the quality of services offered through residential homes including human and other resources.

Other MoGFSS departments and divisions have mainly advocacy, supporting, monitoring, and public communication functions in the area of social services, albeit a few also implement programmes targeting directly vulnerable groups under MoGFSS mandate.

- The **Legal Affairs Section** is responsible for drafting laws, regulations, and other legal documents pertaining to protection of children and victims of DV and GBV including preparation of documentation for placement of children under state care, drafting and signing of memoranda of understanding (MoUs), preparing and submitting case management documents (Protection Orders, Municipal Permission Orders, Protection Orders under DV) to the Attorney General, filing and documenting court procedures, and so forth. In addition, the Section is also mandated to audit the activities and work of FCSCs.

- The **Disability and Wellbeing Division** is responsible for raising awareness about the rights of persons with disabilities in the sectors of health, education, and employment, as well as contributing to their inclusion and empowerment through implementation of various habilitation and rehabilitation programmes, skills training, and securing access to physical therapy, assistive devices, and coverage of other costs of PwDs (transportation, rent, food, etc.) who travel from the island to Malé to access [specialized] services.
- The **Elderly and Wellbeing Division** works to raise awareness on issues related to the elderly and is responsible for implementing the elderly bed-ridden programme which involves home visits. Recently, social visits have been added to home visits in response to the observed rise in violation of rights of the elderly. The Division works closely with four NGOs in the area of elderly rights, the Ministry of Health, the Pension Administration and NSPA, island councils, and FCSCs in its activities. Currently, it is also providing extensive technical assistance to the Ministry on construction of a new elderly home in terms of design, funding, and model and standards for service provision.
- The **Gender, Development, and Empowerment Department** works to ensure gender equality and promote women's empowerment in economic, social, and other areas following its mandate under the Gender Equality Act. Its activities include carrying out awareness programmes and capacity-building on gender equality; monitoring other institutions in their implementation of the Gender Equality Act and Sexual Harassment Prevention Act; and carrying out skills development programmes for women.
- The **Family and Community Development Division** mainly contributes to the Ministry's efforts in prevention of DV and GBV through awareness-raising, sensitization, and advocacy activities revolving around three main strategies: i) strengthening family ties, ii) improving parenting skills of women and men, and iii) promoting informed decisions and consent in relationships among youth.
- The **Policy, Planning, Monitoring and Research Department** has several roles: i) coordination with international agencies such as UNICEF; ii) liaising, coordinating and monitoring the annual workplans of MoGFSS departments, iii) monitoring implementation of the SAP; iv) compiling and analysing monthly case statistics submitted by the FCSCs; and v) managing public and donor-funded programmes such as the ADB-funded programme 'Strengthening Gender Equality Initiative', aimed at providing services to DV and GBV victims through construction of temporary shelters in three different regions across Maldives, and construction of a day and elderly care centre.
- The main function of the **Communication, Media, and Public Relations Department** is to communicate the strategies of the Ministry to the general public and raise awareness about the social protection and social services available in Maldives through various social media channels such as Twitter, Facebook, and the Ministry's website. Activities include responding to media enquiries; working with the media focal point in each department to ensure that press releases are sent out on time; and producing publications such as the Ministry's annual report. The Department also leads a component of the SAP on Family and Community Development and Parenting.
- The **Human Resource (HR) and Training Division** is responsible for recruitment, remuneration, and monitoring attendance of staff at the Ministry level and across FCSCs in the islands.

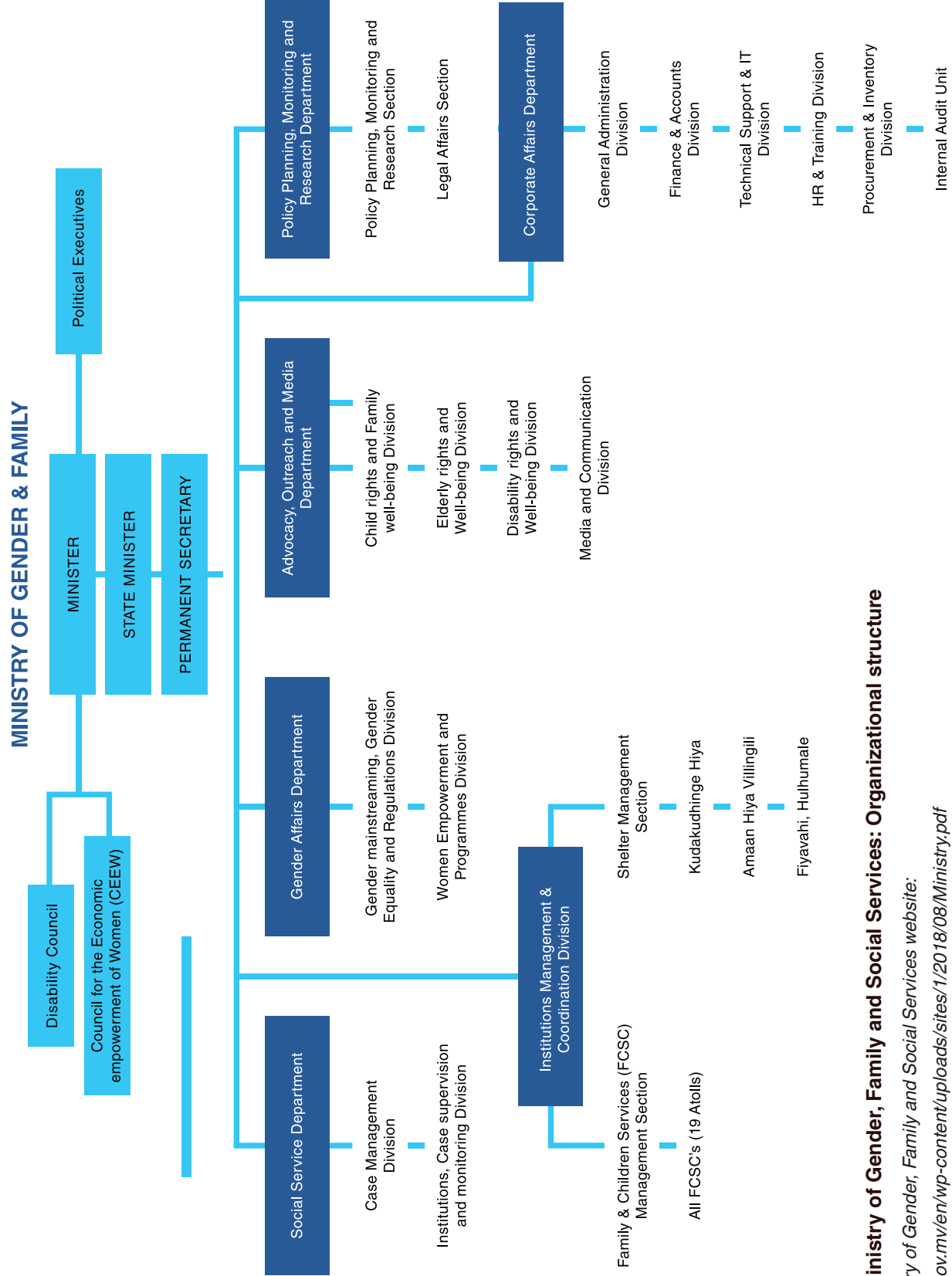


Figure 4.1 Ministry of Gender, Family and Social Services: Organizational structure

Source: Ministry of Gender, Family and Social Services website:

<http://gender.gov.mv/en/wp-content/uploads/sites/1/2018/08/Ministry.pdf>

4.2.2. Family Protection Authority (FPA)

Establishment of the Family Protection Authority (FPA) stems from the 2012 Domestic Violence Act which stipulates that FPA “is established under this Act in order to combat domestic violence, create public awareness on issues related to domestic violence, provide the required services to the victims of domestic violence, coordinate the work of relevant government institutions include the Police and the health sector, coordinate various local efforts...” . Article 52 of the Act lists the following as some of the main responsibilities of the FPA: developing and implementing policies pertaining to DV; determining programmes to combat DV and developing standards for their delivery and establishing multi-stakeholder mechanisms for their implementation; to establish shelters with adequate resources for temporary protection of DV victims; developing and enforcing standards of social services for DV victims; and setting the standards for and monitoring delivery of services to victims of domestic violence⁹⁶

4.2.3. Family and Children’s Service Centres (FCSCs)

In the areas outside Malé, MoGFSS provides social services through Family and Children’s Service Centres (FCSCs) which are located in the 19 atoll capitals, each covering the constituting islands of the atoll. The range of services available includes identification of vulnerable households and individuals in the community; management of cases pertaining to children’s rights violations, victims of DV and GBV, neglect, inadequate or lack of care for elderly and PwDs; referral of cases to other sectors (health, education, judicial); and provision of support to families, elderly, and PwDs to apply for social protection programmes.

In four islands where the “Amaan Veshi” model of children’s residential care was functionalized in December 2020 – community- and family-centric services⁹⁷ - FCSCs are extensively engaged in provision of care for children hosted there. Their responsibilities include case management, providing counselling for children, ensuring their school attendance and supporting their learning, ensuring they have access to necessary health care services, organizing learning and recreational activities, and children’s integration in the community. Both FCSCs in Eydhafushi and Veymandoo visited during data collection in November 2021 reported that prior to December 2020, they used the children’s home premises annex to their institution to provide temporary shelter for clients in need of immediate protection.

FCSCs work closely with Island Councils, Women’s Development Committees (WDCs), NGOs, and other central level institutions and development partners in conducting awareness programmes on the topics of DV and GBV, child abuse, internet safety, sexual violence, rights of the elderly and PwDs, etc., on services and programmes available to the populations in their atolls, and how they can be accessed.

4.2.4. Residential care services

Three Children’s Homes, Fiyavathi in Hulhumalé and Kudakudhinge Hiya and Amaan Hiya in Villingili provide residential care services for children under temporary or permanent state care for whom social workers could not identify suitable families. Fiyavathi houses children younger than 13 years, whereas the other two provide care for children over 13 years. In December 2020, some of the residents of these institutions were transferred to shelters across five atolls including Haa Alif, Baa (Eydhafushi), Shaviyani, Gan, and Thaa atoll (Veymandoo) built on the

⁹⁵ Ms. Mizna Shareef 2012. (Article 52)

⁹⁶ Ibid.

⁹⁷ Corporate Maldives 2020

“Amaan Veshi” model following the Ministry’s efforts to transform residential care to family- and community-centric services. As of July 2022, 196 children were under State care across the country, 94 of whom in Fiyavathi.

In addition to shelter/housing, these homes provide children with meals; education services (home-schooling in Veymandoo FCSC; support to attend regular schools in the communities for the children of the Eydhafushi FCSC and the Children’s Homes in Hulhumalé and Villingili) including additional support in learning after school hours; regular medical check-ups; and counselling. Staff of Children’s Homes in Hulhumalé and Villingili and FCSCs in the atolls also organize extracurricular activities such as swimming, outdoor picnics, and other experiences like shopping, using public transportation, etc., which are intended to foster the children’s ability to integrate in the society in the future. Key informants from Fiyavathi reported that the institution also shelters children with different types of disabilities.

According to MoGFSS key informants, residential care services for the elderly and persons with severe mental illnesses are provided in the same facility, Home for People with Special Needs (HSPN) in Guraidhoo, where 36 out of the 198 residents are elderly. HPSN is monitored by three MoGFSS divisions, Elderly and Wellbeing, Disability and Wellbeing, and Quality Assurance and Management of State Care divisions. According to key informants from MoGFSS, construction of a second elderly home was planned to start by the end of 2021 but is still in the pipeline. It will provide three types of services: 1) residential care for the elderly under state care, 2) residential care for the elderly willing to register and pay for the services, and 3) day care services for the elderly with the aim of promoting women’s empowerment as they are the primary caregiver. This facility will be privately owned and financed; only services for elderly under state care will be subsidized by the government. Its operations and service provision will be monitored by the Elderly & Wellbeing Division of the MoGFSS.

The information on shelters/safe homes collected during fieldwork and reviewed in the literature was inconsistent. According to the website of MoGFSS, there are four Safe Homes at the FCSCs in K.D. Kuldudhufushi, G.Dh. Thinadhoo, Sh.Funadhoo, and S.Hithadhoo. Key informants at the central level on the other hand reported that in absence of safe homes for victims of DV and GBV, the SSD arranges their temporary shelter in Amaan Hiya in Villingili, guesthouses and hotels. Additionally, in the two FCSCs that the team visited during fieldwork – in Eydhafushi and Veymandoo – key informants reported that they provided temporary shelter for victims of DV and GBV who needed immediate protection in the past (before children’s homes), but these services were available as last resort solutions in absence of other options and did not appear to be a mandated responsibility of FCSCs. Key informants from MoGFSS reported that the ADB-funded programme ‘Strengthening Gender Equality Initiative’, aimed at providing services to DV and GBV victims includes construction of temporary shelters in three different regions across Maldives.

4.3 Other institutions involved in service delivery

4.3.1. Island Councils and Women’s Development Committees

Article 24, of the 2010 Act of Decentralization of the Administrative Divisions of the Maldives categorizes social services a municipal service and mandates Islands Councils to (j) “...run a centre to provide social security services, take measures to stop domestic violence, and provide the victims of such violence with security and assistance and put in place a system to help senior citizens and people with special needs”. Article 36. Powers and responsibilities of Women’s Development Committees mandates them to (d) carry out activities for women’s economic empower-

⁹⁸ Ibid.

⁹⁹ MoGFSS 2022.

ment, and work towards (e) upholding women's rights, (g) increasing their political participation, (h) increasing the number of women enrolled in higher education, and (i) improving their health condition. Additionally, Article 51 of the 2012 Domestic Violence stipulates those responsibilities of the Ministry under the Act may be decentralized to Atoll, Island, and City Councils after providing necessary resources, including "establishing a mechanism for the council in combating domestic violence".

Despite the legal mandate to provide protection and inclusion services to vulnerable groups – women, elderly, and PwDs – on the islands, KIIIs with Island Councils and WDCs in Maalhos, Thimarafushi, Eydhafushi, and Veymandoo shows that the level of engagement and types of activities they are engaged in is varied. In Veymandoo, the IC has registries of all PwDs and the elderly aged 65 years and over and monitors their situation closely in terms of benefits and services. It also provides awareness in the community about available social protection programmes through social media channels (Viber) and is available to provide support for applications to existing SP programmes. In Thimarafushi where there is no social worker, the IC and WDC are the first point of contact for children and families in need and they work closely with the atoll FCSC and NGOs to refer them to services and programmes. In Eydhafushi, the IC is involved in the social housing programme, namely defining the eligibility criteria jointly with the central government and selection of beneficiary households. The main roles and responsibilities of the WDC (in Eydhafushi) on the other hand have been referral of child abuse and neglect cases to the FCSC, and at times referral of DV cases directly to Malé. In Maalhos, the IC's involvement in social service delivery is very limited, partly because the residents tend to bypass it and report cases directly to Malé. Its members expressed that they are interested in developing mechanisms for reporting and solving cases at the island level as a means of engaging more actively in the social sector. Key informants from different MoGFSS divisions reported that they work closely with members of ICs and WDCs in awareness-raising and outreach programmes, implementing skills training and other programmes for women's empowerment, and in carrying out home visits of the elderly, PwDs, and their families.

4.3.2. Health providers

The mandate of health professionals and providers in the area of social service provision is founded in the 2012 Domestic Violence Act. Article 12. Duty of Health Professionals, lists the following as their responsibilities in DV cases reported by the Police: (a) examine the victim, (b) advise her/him on support options, (c) assist the victim in seeking counselling support or psychiatric services, and the following if they suspect that their patients are victims of DV: (d) (1) Examining the patient, (2) Preparing a written report based on the examination, and (3) Submitting the report to the Police and FPA.

Management and medical professionals we consulted during fieldwork in Baa and Thaa atolls reported that they activities in social service provision extend beyond victims of DV and GBV, and typically report also cases of negligence and child abuse to the Police, FCSC, FPA, and/or MoGFSS when they suspect its occurrence based on patients' injuries, mental state, and general physical health. At times, medical staff also attend court sessions for patients in prolonged hospitalization who do not have any other caregivers.

4.3.3. Schools

Schools complement the social service sector in several ways. Since they are in contact with children on daily basis, they are aware of the issues that children might be facing at home and often report these to the local FCSC. In Eydhafushi, the teachers and school administration have regular meetings with the FCSC to discuss progress and issues faced by children from the shelter in learning, and overall issues of pupils in their schools. Secondly, schools provide counselling for children where counsellors are available, for example in Eydhafushi. In cases of limited resources, teachers or administrators temporarily step into these roles on an ad hoc basis, as reported by

key informants in Thimarafushi. Thirdly, schools engage in a process of follow-up for children that are out-of-school to assess the environment in children's homes that could be causing this. Fourthly, schools support children with disabilities. For instance, in Eydhafushi there are children with Down syndrome and cerebral palsy who receive dedicated teacher support in learning while at school.

4.3.4. Police

The pivotal role of the Police in the social service sector is founded on the 2012 Domestic Violence Act and 2019 Child Rights Project Act. The list of responsibilities of the Police in the area of DV is comprehensive: (a) informing the FPA about DV reports; (b) requesting FPA or social workers to be present at the DV incident during investigation; (c) carrying out a home visit where the DV incident took place; (d) bringing the DV victim for a medical examination when needed; (e) interviewing all persons related to the case during examination; (f) obtaining statements from minors in a protective environment and presence of social workers; (g) gathering factual details about DV; (h) advise the victim of DV of their rights and remedies under the Act including (1) the right to make an application for court orders (protection order, custody order, residence order, and compensation order); (i) preparing the investigation report and submitting it to the FPA and the court; (j) escorting the victim to the shelter where necessary; (k) providing protection to persons who provided domestic violence; (l) arresting the perpetrator where required, and (n) ensuring a full investigation is carried out to assess whether the perpetrator may be prosecuted under any criminal laws.¹⁰⁰

KIIs indicated that the Police are actively engaged in service provision and work closely with FCSC staff; they receive reports on rights violations, refer reported cases to FCSC and/or other relevant institutions, accompany social workers in family/home visits in risky cases, and where necessary provide resources for FCSC staff to follow-up on cases in other islands (i.e., transportation and accommodation at times). The police are also members of the CFPS Fostering Committee along with representatives of MoE, MoH, ARC, a psychologist, and a lawyer, and engage in awareness-raising activities aimed at improving safety and security in the community. For instance, the Veymandoo Police was involved in delivering programmes such as 'Blues 4 youth' and 'Peaceful community' for youth and children, while the police in Eydhafushi engaged in campaigns around trafficking and child abuse in their community. KIIs from the Police Service also reported leading and planning other awareness sessions related to drug-use, drug-peddling, child abuse and trafficking. Neighbourhood policing model, i.e., allocating police officers across the islands, was also highlighted as an important initiative with great potential to enhance identification and reporting of cases.

4.3.5. Legal Institutions

The Juvenile Justice Unit (JJU) is a body of the Ministry of Home Affairs, responsible for working with minors who come into contact with the law. A JJU representative has to be present at all justice inquiries involving minors. The unit is also responsible for activities pertaining to re-integration, rehabilitation, and retraining of minors as well as prevention-related activities too.

Prosecutor's Office – Victim Support Unit works with cases of DV and child rights violations. While the prosecutors work on cases from a prosecution perspective and work closely with the Police to carry out any additional investigation where necessary, the Victim Support Unit is responsible for assessing the risk factors and rights violations of the child and the DV victim, addressing safety concerns, preparing the victim for the court processes, and informing their family where applicable.

¹⁰⁰ Ms. Mizna Shareef 2012. (Article 14. Duties of Police. Domestic Violence Act)

4.3.6. Monitoring Institutions

Children's Ombudsperson's Office Maldives is primarily tasked with monitoring the implementation of the 2019 Child Rights Protection Act and the UN Convention on the Rights of the Child and draws its legal mandate from the Child Rights Protection Act. Currently, its main activities include monitoring state institutions, such as Children's Homes, to ensure their compliance with the Act; carrying out regular audits of reported incidents; and raising awareness and building capacities of various institutions at central and island level and across different sectors (police, MoE, schools, hospitals) to carry out their tasks and responsibilities stipulated in the Act.

4.3.7. Non-governmental institutions

There is a large number of NGOs in Maldives, each typically operating within the confines of an island and relying on sponsorships, self-financing or volunteering to carry out their activities. Among those that our team met during the mission, most engaged in organization of sports and recreational events, cleaning campaigns, and awareness-raising activities related to environmental protection issues, DV, bullying, and drugs. Only one NGO mentioned by key informants in Thimarafushi called 'Moms' provides direct support (i.e., social services) to single mothers and their families.

However, given their wide membership in the community, NGOs appear to be an important (potential) partner in social service delivery and social inclusion for both local and central level institutions. For instance, in Thimarafushi, the IC engaged the NGO 'Times' for provision of basic services (buying groceries) for quarantined households since the outbreak of COVID-19 pandemic. In Eydhafushi, the sports NGO our team met during fieldwork organized football training and matches in the community where FCSC staff and residents of the Children's Shelter also participated.

There are also several 'more traditional' NGOs such as Advocating for the Rights of Children (ARC), Family Legal Clinic, Thibaa, and Maldivian Red Crescent which operate across the country and deliver activities such as mental health and child protection workshops in schools and/or other institutions. Similarly, 4 existing NGOs in the area of protection of rights of the elderly work closely with the MoGFSS Elderly and Wellbeing Division in its advocacy and other functions.

4.4 Delivery of social services and case management

Management of cases follows a step-by-step process that is specified in the Procedure Manual used by social workers across related MoGFSS departments and divisions and FCSCs. The section below describes step-by-step procedures of child protection case management at both CFPS and FCSC level.

4.4.1. Reporting and initial response

Cases are reported through several channels including phones, in-person, and through referrals from other stakeholders and organisations. In 2017, MoGFSS, Maldives Police Services, and UNICEF launched the toll-free 1412 Helpline for reporting cases on child abuse, whereas the 1421 Helpline for reporting cases of DV and abuse of elderly was launched after the outbreak of COVID-19 pandemic in 2020. In Malé, cases are sometimes reported also directly to the CFPS department or the police, whereas at the island level to the FCSCs, police, ICs, and WDCs. The latter three refer cases either to island FCSCs or to the related departments (CFPS or SSD) in Malé if there are concerns about protecting the confidentiality of the victims.

As described in the previous section, hospitals and other health care providers also report suspicious cases and/or injuries to the police or directly to the FCSCs, and schoolteachers and counsellors typically use two different channels to report identified/problematic cases of children: 1) Directly to the FCSCs, or 2) to head teachers who report them to the MoE, and from MoE the cases are referred to the CFPS Department in Malé. Neglect and other violations of the rights of the elderly are also reported by the MoGFSS Elderly and Wellbeing Division to the SSD if identified during health and social visits in their homes.

Cases of child rights violations reported through the Helpline are referred immediately to the CFPS Division in Malé. All the reported cases - regardless of the reporting channel- are initially handled by the Initial Response Team. If the victim is residing in an island/atoll outside of Malé, the Initial Response Team refers the case to the respective FCSC, and if another person aged 18+ years is also mentioned in the call, SSD is also notified.

- Similar steps are followed at the FCSC level when cases are reported directly there or referred from other institutions. In each FCSC in the islands there are 1-2 social workers who will attend the case at the initial phase when it is reported.

The Initial Response Section is responsible for ensuring the safety of the child within 24 hours, and to determine whether the case needs to be managed on a long-term basis. Upon receiving a report, the Initial Response Section completes the Initial Information Form/Initial Screening Assessment which includes basic information about the child, her/his parents, type of violation reported, and the supervisor's decision, that is, whether the case is closed or should be managed long-term with guidance on how to proceed. Each case is recoded in the Excel database, and where applicable, assigned a case number and case worker.

- Upon receiving a report, the FCSC social workers initially determine whether the case is of high, medium, or low priority, and whether the police should be involved, and if yes, inform them immediately about the case.
- MoGFSS is also informed at the initial stage so that a supervisor is assigned to the case.
- If the case is resident on the island, the social workers will immediately carry out a house visit, otherwise, they request permission and find resources to travel to other islands.

Issues with reporting

According to key informants of various functions we met in Malé and islands, there are major issues with reporting of sexual abuse and DV cases, as proven by the low reporting rates. Both violations are predominantly considered to be family matters and to be treated as such. Reporting of sexual abuse is also associated with widespread stigma which further discourages the victims. Additionally, due to the small size of the communities and legal procedures (e.g., legal rulings, poor information management, etc.) confidentiality of the victims (children, women, families, and vulnerable groups) is often not protected. Women especially hesitate to report DV because of lack of trust in the justice system. Solving DV cases usually lasts a very long time and women (who are often financially dependent on their spouses) must live with the perpetrator during this period in absence of safe homes/shelters for DV victims.

In cases when children are in imminent danger, the Initial Response Section informs the Division of Family and Child Protection of the Police Service. After this, the social workers carry out a home visit and take a statement from the child and evaluate the family situation. If the social workers determine that the child is not safe within her/his family and there are no alternatives of care in the extended family, she/he is taken under state care, where case management is taken over by the Fostering and Reintegration Section.

According to the Procedure Manual, the following cases are considered a high priority:

- A client has suffered or is likely to suffer significant harm (e.g., client has been subject to serious physical/sexual abuse or severe neglect).
- The client needs to be looked after outside their own family immediately (e.g., clients who cannot remain with their family with immediate effect).
- There is an immediate risk of the client's placement breaking down (e.g., client at risk of self-harm)

4.4.2. Assessment and case management

Once a case worker receives the case file, she/he will follow the supervisor's guidance from the Initial Assessment. A Comprehensive Assessment Report is drafted within 7 days from when the case was reported and includes detailed information about the child, socio-economic conditions of the family and other vulnerabilities, risks, and issues observed during the family visit, as well as the child's need for additional services.

All this information is included in the Intervention Plan which also includes information about how each of the issues will be tackled, how the case will be monitored, etc. For instance, if the child is facing issues with school attendance or has psychological issues, the Intervention Plan will include guidance on how the case worker will work with the parents (where applicable) and which institutions will be contacted for referral.

- FCSC social workers follow the same steps in the assessment stage and draft the same documents: Initial Assessment Screening, Comprehensive Assessment Report, and Intervention Plan. The involves a house visit to the child's home where her/his living environment is inspected, including whether the child's basic needs are fulfilled. The assessment is based on general guidelines, but social workers investigate other elements pertaining to the specific risk/violation involved.

According to the Procedure Manual

- **The Initial Assessment (IA) must be completed within a maximum of 7 days from the date of report/referral to MoGFSS or FCSC and within 24 hours (1 day) if the case involves protection issues.**
- Depending on concerns of the reported case, the client should be visited within an appropriate timeline. In cases where there are protection concerns, the client should be seen within 24 hours or at earliest opportunity in case she/he has suffered serious injuries.
- For clients residing in islands other than where the FCSC is located, the staff should make efforts to secure resources from the Police, Council, other local authorities, to visit the client on the island on the same day.

- If it is identified during the visits that the child has dropped out of school/is not attending school, MoE should be contacted.
- The IA should contain a brief but comprehensive overview of the child/vulnerable adult, risks they are exposed to, and their needs. It should contain information from the client and her/his family members, and an analysis section with inputs from the case worker on other information and observations they made during the home visit, professional opinion about the issues of concern, and the recommended course of action.
- **A Core Assessment (CA)/Comprehensive Assessment is completed after IA within 10 weeks after a decision about the need for a CA has been taken.**
- CAs are undertaken if the needs are complex, protection issues were identified during the IA, there are concerns about risks to client, or a child/vulnerable adult is at risk of needing alternative care.
- The CAs should assess in-depth areas of most concern highlighted in the reporting phase and IA report.
- Similar content to the IA.
- **The Client's Plan/Intervention Plan should contain the following information**
 - Issues and needs of the client
 - Necessary action to try to meet the need
 - Who is going to be involved in meeting the need
 - Timeline of the intervention and how it will be implemented
 - Desired outcome
 - Review of the plan (reviewer and frequency of review)

4.4.3. Fostering and reintegration

Children considered for placement under state care are referred to the Fostering and Reintegration Section. The section initially develops a genogram of the child, including both mother's and father's family. Each of these persons is contacted to ask whether they can take the responsibility of care for the child. In cases where family members show readiness to support the child, the team assesses their situation, and places her/him under their care. If otherwise, child is referred for placement under state care as a last resort.

The Fostering and Reintegration Section works closely with the following to make decisions about the cases that they manage: 1) Fostering Committee - comprised of representatives from the MoE, ARC, police, MoH, a psychologist, and a lawyer, and 2) Reintegration Committee – internal body of MoGFSS which mainly deals with cases of children to be reintegrated with their biological parents.

The Fostering and Reintegration Section is also responsible for integration back into society of children under state

care after they reach adulthood. Before children turn 18, the social workers try to identify their interests and skills, and afterwards they try to find them internships and jobs. MoGFSS has MoUs with several resorts to facilitate this process. However, as will be discussed in the following sections, island FCSCs responsible for Child Shelters and the management of Children's Homes reported numerous challenges with this process in practice.

According to the Procedure Manual

- Genograms should be developed and included in all case files.
- Each case file should also contain an Eco Map with information on the individual's (client's) life and relationships with others. It is intended to gain an insight on significant and less significant person's in a child's (client's) life and how she/he feels about them.

4.4.4. Referral

Each case referred to the Prosecutor's Office is assigned a prosecutor and when necessary, additional investigation procedures are initiated to collect more detailed information about the case. For cases of DV and sexual abuse, a Gender Assessment report is requested from MoGFSS, and the social worker assigned is responsible for assessing the wider social context within the victim's family including risk, predictive and other factors, and family history.

4.4.5. Monitoring, evaluation, and reporting

According to the Procedure Manual, a case file should be created for each client and contain the documents listed below. In absence of a digital management information system (MIS) for case management and tracking, monitoring of cases by MoGFSS supervisors is done through review of physical case files and discussions with case workers. CFPS (and SSD where applicable) social workers report to numerous agencies including the Human Rights Commission of the Maldives (HRCM), Children's Ombudsperson's Office, and the FPA.

1. Reporting/referral form.
2. Basic information about the client including name, address, and significant relationships.
3. Chronology [of events].
4. Activities that have taken place with the client such as home and office visits, phone calls, and interaction with other professionals.
5. Daily running sheet with and regarding the client.
6. Any assessments (IA and/or CA) that have been completed.
7. Client Action Plan and its outcome.
8. Letters sent and received regarding the client and her/his family.

Each month, FCSCs provide data via email to MoGFSS on a standard template about the type of reported and attended to cases, which aggregated at the country level and reported at the beginning of the next month on the Ministry's website and other channels.

5. Gaps, Bottlenecks, and Challenges Inhibiting the

Delivery of Social Services

The previous chapters map out the regulatory frameworks for social services and social protection policies in Maldives, as well as the institutions tasked with carrying out their legislative mandates in the social sector and complementary sectors. The overall system for delivery of social services demonstrates the commitment of the Government to erect the necessary policy and institutional building blocks for operationalising the SAP 2019-2023 with regards to the provision of social and complementary services. However, implementation of these frameworks towards the efficient, effective, and equitable delivery of social services in Maldives encounters numerous bottlenecks on the ground, leaving many target groups highly vulnerable to the persistent social challenges in Maldives. This chapter describes the main observed challenges, gaps and bottlenecks in the delivery of social services and implementation of the social protection sub-sector of the SAP 2019-2023.

5.1 Policymaking process and agenda-setting

Key informants shared concerns with the instability and unsustainability associated with policymaking processes and agenda-setting regarding social protection and social services in Maldives. Undercut by a lack of systematic monitoring, evaluation and reporting of existing social schemes, decisions on the design of new social protection programmes or reforms to existing programmes tend not to be evidence-based or informed by feasibility studies. Election cycles and campaign promises have influenced major changes to social protection schemes in the past, leading to challenges with procuring sustainable sources of financing and ensuring continuity of these programmes.

Although the Child Rights Protection Act and Juvenile Justice Act are cited as recent successes in establishing a legal framework to underpin activities in the social sector to carry out the SAP, major gaps in the enabling policy environment remain. One example of this discrepancy is the current lack of a legal framework protecting the rights of older persons in the context of a growing aging population.

5.1 Geography

As described in Chapter 1, the population of Maldives is dispersed across around 200 inhabited islands of varying geographic vastness and population sizes, spread across approximately 90,000 square kilometres (Figure 1). The majority of the Maldivian population is concentrated in Malé, which alone inhabits a population of over 56,000. Islands outside of Malé house populations ranging from around 200 to 16,000 inhabitants. As such, Maldives is one of the most geographically dispersed countries in the world. Accounting for this dispersion presents unique challenges in achieving a timely, efficient, and effective delivery of social protection and social services to all who are entitled.

Inequitable geographic dispersion of institutional structures and capacities have severe implications for the timely, efficient, and effective delivery of services aiming to protect the most vulnerable individuals and children, as they interrupt the operation of every level and stage of service delivery in the social sector and complementary sectors. These bottlenecks manifest in several important and inter-related ways:

1. Centralisation and inequitable distribution of services and capacities

Not all services are available, or available to the full extent required, on all islands. While it is not possible to provide all services in an equitable manner to all 186 islands, the current conditions call for better standardised procedures and mobile facilities and teams. Central level operations are concentrated in Malé, and core services under the mandate of the MoGFSS are concentrated at the atoll capital. Certain services such as social service workers directly linked to Family and Child Service Centres, some upper-secondary schools, police forces, and hospitals, are mandated to service islands within the entire atolls. However, even within atolls, geographic dispersion implicates poorer access to these services in islands which are not within short distance from the atoll capital. While some islands are only several minutes away from the atoll capital by speed boat, others require many hours of travel. Weather conditions, the high cost of transportation by sea or air, and long distances all compound these bottlenecks in the timely and equitable accessibility of services in the social and complementary sectors.

Geographical remoteness and dispersion of certain atolls affects capacities and staffing of FCSCs, rendering many essential social services unavailable or of insufficient quality. Populations on these islands and clients at FCSCs are therefore subject to additional vulnerabilities, while their needs are not proportionally accounted for. Hiring additional specialised staff, especially for work on remote islands, has been a significant challenge at the ministerial level, given the small size of the social service workforce and the high costs of accommodation and travel associated with living in remote atolls and islands. For this reason, several FCSCs are not operational as the MoGFSS has not been successful in hiring social workers or counsellors despite announcing open vacancies during 2021.

Inequitable distribution of basic upper secondary education facilities limits options for children in pursuing higher educational achievement, while exposing children to additional potential risks. Upper-secondary schools are only located in some islands including Malé, meaning that children and families face additional difficult choices when deciding for children to pursue upper secondary levels of education. These choices may relate to the additional financial burden of higher living costs in Malé, and/or of transportation to and from Malé. Children pursuing upper secondary education far away from their families and home environment are also at higher risk of being exposed to vulnerabilities and protection violations associated with being removed from a familiar home community. Similarly, children who are temporarily or permanently removed from their families and transferred to Children's Homes or Shelters on other islands, are removed from their familiar communities and care networks, making it difficult for them to reunify with their families and/or integrate with the local community when they exit the social care system.

Healthcare services are not equitably available in all islands. The high costs of transportation and ambulatory services mean that individuals needing advanced medical care outside of their home island may face significant financial and logistic barriers to access and timely care. This further extends to the availability of community-level healthcare services such as outreach and awareness programmes, and access to prescription medications, at the island level.

2. Delayed access to essential basic servicesties

Geographic dispersion affects possible response times of social service workers, police, healthcare workers, and other relevant authorities to attend to cases. Social workers, police, and healthcare workers, who operate at the atoll level, have faced significant delays in response times to cases on other islands in the atoll. Long travel distances, difficulty procuring means of transportation, weather conditions,

and high costs of fuel and hiring transportation altogether present bottlenecks in providing equitable and timely services to vulnerable populations, who are often left without alternative means of support.

When a case is reported to the police without a local police presence, the police may resort to remote negotiations with on-site authorities. These may include Island Councils, who are asked to provide emergency interventions which may be outside the scope of their professional mandate or training, to attend to cases before the police and other relevant authorities are able to be on-site. For similar reasons, social workers may take up to several days before they are able to directly respond to cases. Children and vulnerable individuals therefore often remain in volatile conditions for longer than they would have been, had these services been available on-site.

3. High cost of inter-island transportation limit service access and delivery

Travelling between islands by sea or air, to access basic services only available on other islands in a timely and effective manner, remains largely unaffordable for large segments of the Maldivian population. On the supply side, access to inter-island transportation for services to be administered at the atoll level is not presupposed, as vehicles are limited and funding for fuel and transportation has to be applied for and approved on a case-by-case basis.

FCSCs lack their own transport vehicles, which limits the ability of social workers to access different islands that fall under the mandate of their respective FCSC in a timely and cost-effective manner, given that these services are not equitably available on all islands. When attending to cases on other islands, social workers are frequently dependent on the police to provide them with transport to the islands where their case is located. When they cannot access police-facilitated transport, social workers are dependent on inter-island ferries, which further delay response times to children and individuals in need, while adding an additional time burden to an already overburdened caseload.

5.3 Public Finance

Insufficient financing allocated to the social sector and complementary service sectors has been identified by key informants at all levels of service administration, monitoring, and delivery, as the major underlying factor of gaps in human and material resources which inhibit service delivery. Due to a low tax rate and resultantly low tax base, generated government revenues are shared frugally among government institutions in the provision of public goods and services. Budget allocations and priorities are often driven by electoral cycles and political pledges, rather than long-term strategies for increasing fiscal space for social spending. In cases where politically driven promises for increased social (sector) spending had been made in the past, these plans were often poorly strategized, not costed, nor nested within long-term strategies and action plans, and thus delivered either partially or not at all. Key informants emphasised the bottlenecks in inter-departmental communication, planning, cooperation, and monitoring of activities under the mandate of the MoGFSS and subsidiaries, due to a lack of transparency of public financial flows in the social sector. Allocated budgets rarely reflect the needs of public institutions at all departments, divisions of the MoGFSS, at monitoring bodies, and especially of frontline service providers.

FCSCs, MoGFSS departments and divisions, Island Councils, WDCs, schools, and police, experienced a severe lack of public financing as the key bottleneck facing their ability to deliver services under their mandate, or to adequately respond to the needs that are perceived to exist in the communities. Concurrently, government or ministerial bodies were generally not perceived to be major or reliable sources of public finance. A number of observed insti-

Key Informant Quotes

“Actually, there is a huge challenge for FCSCs in regard to [identification of potential beneficiaries of social services on the islands]. All the main services are located in Central Male’. So, in regard to that, and resources are much, much more limited or scarce in those FCSCs compared to our ministry. They have to request for every item to the ministry. They don’t have their own budget.” – **KI, Ministry department**

“... these islands are dispersed. So if they [social workers] want to travel to another island [to respond to a case], also, they face a huge challenge. Either, they have to request police to accompany them because we don’t have any vessel to travel, or they have to contact the Councils and request to do the home visit. But the thing is ... some councils, the people in the Councils are not aware of this work or there is a difficulty in maintaining the confidentiality, which is very important of this work.” – **KI, Ministry department**

tutions, including FCSCs, residential care institutions, and ICs and WDCs, frequently sought outside grants, donor financing, sponsorships from the private sector, and cooperation with NGOs, to support their ongoing operations and activities. In one children’s home, management relies on volunteers from their professional network to train their staff and on external sources of support (e.g., UNICEF) to contract staff such as psychologists, teachers, and medical professionals, all of whom are essential but not accounted for in their regular budgets disbursed by the government.

The lack of financing has implications for human, infrastructural, and technological resources that can be employed at social sector institutions across the Maldives, which ultimately also affects availability and quality of social services provided at frontline institutions. FCSCs are severely underbudgeted relative to the number of cases that they deal with and are consequently unequipped for providing services and care to children and domestic violence victims who are housed in annexed shelters. However, in December 2020 several FCSCs were delegated the responsibility to provide services and monitor Children’s Shelters without receiving additional funding, human resources, or material support to provide appropriate care for incoming clients. MoGFSS advocacy divisions and departments also considered lack of financial resources as a major impediment to carrying out awareness and outreach activities due to the high travel costs to the islands, and lack of trained staff.

The centralisation of public finance management has been cited as a major bottleneck inhibiting efficient financial flows from the central level to frontline institutions and workers to fund timely and high quality services, and to reduce the financial and temporal burden on the social service workforce. As budgets for service delivery at state care institutions, FCSCs, and ICs are determined at the central level, this creates challenges for service delivery, especially at the island level. Key informants have frequently noted that even relatively small expenses, such as travel costs to provide immediate on-site response to cases, costs for fuel, food, or other materials needed to provide care for clients of social services, require approval at the central level before funds are released. These challenges have been noted by both frontline workers, as well as by divisions of the MoGFSS and monitoring departments, as this bottleneck creates delays and limits the quality of deliverable social services and thus elevating these services to match national and internationally set standards.

Limited budgets have also been noted by ICs as a major bottleneck in their ability to carry out their mandate, and to fully address the social needs and vulnerabilities observed in their communities. In a number of observed cases, budgets allocated to the ICs were withdrawn at the central level as a response to reduced activities during the COVID-19 pandemic, but were not restored to the councils after pandemic-related restrictions were lifted, leaving them unable to fund additional activities outside of running costs and staff salaries.

5.4 Human Resources

5.4.1. Staffing and caseload

The reportedly limited number and capacities of appropriately trained and qualified staff are bottlenecks undermining the equitable, effective, and efficient service delivery at all levels of service administration and delivery in the social sector. Capacity gaps exist in terms of both the number of trained and qualified staff available and proportionate to the mandated work and caseload, as well as the technical qualifications of staff currently employed and implementing their mandated activities. These gaps were reported by key informants at the central level, at different divisions under the MoGFSS, as well as at the subnational/island levels and at frontline institutions. Institutions responsible for providing, monitoring, and quality assurance of social services at the central and island level are severely understaffed, which affects the rights-adherence, efficacy and availability of services to the public.

All representatives of divisions and departments under the MoGFSS reported limited staff numbers who are appropriately trained and qualified to carry out the activities under the mandate of the respective department and division. As a result, available capacities have been disproportionate to the workload for which they are responsible. This bottleneck has resulted in delays and difficulties in the fulfilment of case reporting, case follow-up, inter-departmental reporting, and the inability to meet deadlines set out within procedural guidelines and legal frameworks.

Delays in carrying out activities has also led to bottlenecks in communication and coordination within and between departments and divisions who rely on this reporting to carry out their work. Departments and divisions therefore face major challenges in carrying out their mandated responsibilities to their fullest extent, ultimately resulting in latent vulnerabilities and rights

violations of social service clients and target groups. Examples of these challenges include:

- Quality assurance of social services is currently limited to monitoring children's homes and shelters, due to a lack of trained and qualified compliance and internal audit officers to develop and operationally establish minimum standards of service provision to all state care institutions across Maldives (i.e., HPSN and Safe Homes for victims of DV and GBV).
- The Policy Planning, Monitoring and Research Department under the MoGFSS, has prioritised monitoring over research activities due to staff shortages

Key Informant Quotes

"Referral is sometimes missed out because of the workload. I am not sure about the other stations, but what we do is send it on a later date, after we have communicated within that time.... A lot of the cases get lost because of the caseload. We always give priority to the most urgent cases, so the other cases get lost.... And delays cause many other problems with the cases which could have been prevented, because even though it's [a custody case], there will be other issues happening with the child just because we were not able to tend to it on time" – **KI, Ministry department**

"... And also the challenge that we have to face is for example we do not work with children in criminal activities, that is the responsibility of the Department of Juvenile Justice. But, most of the times, it is us who have to deal with those cases also." – **KI, Ministry department**

Key Informant Quotes

"[At] FCSCs, there are few caseworkers...in most FCSCs there's only one or two case workers... and the ministry also [has only] a few case workers. It's also a big challenge for us...Only one supervisor for whole country, for all FCSCs. For all 18 and above cases, there is only one supervisor." – **KI, Ministry department**

"...the case worker has an average of 78 cases and some of case workers have more than 100 cases or more than 150 also... I don't know how case workers can manage a case efficiently with this caseload. And other than that we have so many monitoring bodies over us, ...and we receive 5-6 letters in a case [as requests from these agencies]... and if a case worker has 100 cases and she receives all these letters from monitoring bodies in one case, then imagine what her workload will be... in 2019, the Child Protection Law in Maldives was enforced and it mentions some durations... but with this caseload the case workers are not able to follow these timeframes. That is also a very big challenge we are facing. I believe that we can improve this sector, I believe this system can be strengthened with the collaboration of all agencies..." – **KI, Ministry department**

- The Gender Development and Empowerment Department only have four staff members who are responsible for a broad range of activities, including implementation of the Gender Equality Law and Sexual Harassment Prevention Act across all island and central level institutions, and implementing programmes such as training on evidence-based planning across WDCs and other institutions and skills development.
- Low staff numbers and a disproportionately high caseload led to significant challenges among Departments in following case management procedural durations stipulated in laws and regulations (e.g., Child Rights Protection Act), leading to potential rights violations and vulnerabilities of clientele. Poor staffing further limits the ability of MoGFSS to provide a local presence on all islands where cases are reported, leading to the need to depend on other agencies, such as the police, to provide proxy services which are difficult to coordinate and monitor in line with the official procedural framework.
- A number of MoGFSS departments expressed concern about being tasked with duties outside their mandate, such as carrying out social assessments of cases which are, by definition, under the mandate of other agencies and departments, to provide support in the implementation of social protection programmes and with managing cases of social housing, drug abuse, and homelessness

Frontline providers of social services – MoGFSS departments and divisions, FCSCs, and residential homes, face major challenges in their daily operations due to insufficient staff. Currently, most of the FCSCs operate with 2-3 social workers who cover all the islands in the atoll, and at least one FCSC is operating without any social workers. In some FCSCs, the social workers provide additional services to children housed in the shelters.

The number of social workers in Maldives is starkly low, relative to 1) the atolls and number of islands whose populations they provide services for, 2) the number of cases they tend to; 3) the number of services they provide and reporting duties they are legally obligated to carry out per case, in accordance with official procedural guidelines and legal acts protecting the rights of vulnerable persons. Social workers are lacking across the Maldives, regardless of population size of the atoll. Key informants have reported that social workers manage, on average, more than 70 cases each, with some managing upwards of 100 cases per worker, and are often working overtime in attempt to manage these. The regulatory demand for social workers to be present at nearly all stages involved in case management and related court proceedings, such as mediation sessions in custody cases, further inhibits their ability to manage the high load of cases for which they are responsible.

Key Informant Quotes

“Case workers already have a huge case workload with between 150 and 200 cases. All those cases are urgent cases which require long-term monitoring... We cannot tend to them properly, we find it very difficult to call every client, carry out the assessments... within a specific time period we have to finish many documents [to ensure the protection of a child] and we often miss the deadlines.” – **KI, Ministry department**

“Here we have to give focus to every child as individuals. Since we do not have the reporting resources here, it is very difficult. So we need counsellors, outside psycho support for the kids. And even social workers also. Since I am working as a social worker for the atoll, and not only for these [redacted] kids, so we need more social worker also. Focus on their behaviour and their future and for the reintegration also, to work with the family and everything. So we need more social worker also. And now manging these kids, since we have three care workers only, 3 shifts, we need to give off, and every week ... so there won't be any care workers sometimes. So we are using even our support staff on these new things. I believe there should be two staffs every time in the shelter. But we do not have that capacity. That's one of the biggest challenges.” – **KI, frontline worker**

“... in this shelter we have care workers... who take care of the children, but for a position like that you need a background on like say psychology, or training with special needs children, or have an understanding of these, but we don't have those of qualified people living in such a small island like this, we don't have the kind of opportunity... we chose the best, but we also lack training programmes for these people. You know, obviously they are still learning, they are still new, they still have a long way to go so if there were programmes like specifically for them, like once every 2 months perhaps, it would really improve their skills, it would mean they would perform better, the kids also would also feel better with a better level of attention and care. It takes another level of understanding to work with children like this, ... we don't have resources for the children like therapy; these children have endured a lot, they have faced a lot, ... there are situations that happen that only a psychologist or a psychiatrist can handle, since we have children with serious mental disorders, but we are handling as much as we can, we are not truly equipped to do so.” – **KI, frontline worker**

While case reporting trends vary across atolls, a general upwards trend in the number of cases reported has been attributed to differences in demographic factors, heightened social awareness and indirect effects of the COVID-19 pandemic. The high caseload social workers are facing has been attributed to various factors. Variations in case reporting trends between atolls has been attributed to differences in population and socio-demographic factors between islands, differences in social norms, cultural practices, beliefs, and varied awareness of rights, reporting mechanisms, and trust in authoritative bodies across island communities in the Maldives. However, key informants at the central and frontline levels, as well as in complementary sectors, have noted a general upward trend in the number of reported cases in recent years. Media exposure to high profile cases, awareness campaigns driven by monitoring and advocacy bodies and frontline providers such as schools and the police, have brought greater sensitivity to and awareness of rights violations and appropriate reporting mechanisms. In line with global trends, the COVID-19 pandemic has introduced new risks or heightened existing vulnerabilities, accounting for a higher number of reported cases of physical abuse, mental distress, children not attending school, among others, in the years since the outbreak. Key informants noted a recent record of 80 new cases per month and have classified the current situation as a “crisis”.

Social workers, as well as staff at departments and divisions of the MoGFSS who are in charge of monitoring and quality assurance of services, have voiced their concern about the effect that the high caseload has on their ability to provide services to vulnerable populations. Due to the large number of cases, social workers often have to prioritize the most urgent ones, leaving the other cases unattended. The backlog of cases adds another layer of complication to an already prolonged process in resolving cases, prolonged court procedures, and delays in the procedural and reporting tasks involving the cooperation of multiple institutions, agencies and departments. Social workers often cannot complete case assessments, follow up on and monitor individual cases, due to their high workload, leading to further limitations in their ability to resolve cases and provide necessary documentation to monitoring bodies.

Shortage of staff is a major bottleneck among providers of residential services. In one Children's Home, for example, two or three care workers may be working simultaneously with groups of 15 children homed in the children's shelter, in addition to performing numerous other tasks not officially under their mandate or which they are qualified to provide – such as psychosocial support – rendering them unable to provide individual attention to children. Some social workers have reported needing to take on extra supervision and caretaking duties due to the lack of care workers at FCSC and shelters, or in situations where emergency care work is needed for cases involving infants and young children.

FCSCs further lack programme officers, leading to social and care workers having to irregularly attend to programming activities outside of their regular mandate. These might include programmes to engage children in shelters, or other prevention, sensitisation, and advocacy programming coordinated by the Family and Community Development Division. A lack of permanent staff as stipulated in legal frameworks and procedural guidelines, such as teachers, health officers, and counsellors to provide complementary services (e.g., support with learning, psychosocial support) that are essential for these children, further undermine the protective and promotive duties of social and care workers at state care institutions and FCSCs.

Poor staffing and a high caseload also impact fostering and reintegration of children in state care. The Fostering and Reintegration section only have four staff members who are managing the fostering assessments and reintegration processes, for upwards of 70 cases per staff member. For each case, the section has to coordinate with the Attorney General's office, and report to the CFPS, the Department of Juvenile Justice, Social Service Department, as well as monitoring bodies such as the Human Rights Commission of the Maldives (HRCM), and the Children's Ombudsperson's office. MoGFSS services and resources available to shelters (human capacities, material resources, and child-sensitive programming) to prepare residents for socio-economic integration in the society after they reach adulthood are very limited. As a result, many children lack the skills and resources needed to exit the social care system, and enter the labour market, and therefore, remain in centres long after turning 18. This issue highlights additional gaps in effective child protection and reintegration, particularly of limited cross-sectoral collaboration.

Key informants at the central level have shared the opinion that the shortage of social workers stems from two main factors: 1) Few persons study social work due to lack of interest, and 2) Those with related degrees are not interested in the field and/or the sector, particularly in working in remote atolls and islands. Most of the vacancies are announced several times before anyone applies, and the number of applications tends to be very small. To address this issue, the HR & Training Division has recently started organising activities to promote the profession of social work through information sessions in schools outside Malé targeting upper-secondary school students.

Qualifications and training

The lack of qualified, appropriately trained, and adequately skilled social workers, care workers, and other trained professionals at the frontline of social service delivery, has been cited by officers at all levels of social service administration, monitoring, and delivery, as a key inhibiting factor. Social work positions require a tertiary or professional degree for entry, such as degrees in Social Work, Psychology, Counselling, and Sociology. Additional trainings, such as on the implementation of new legislation, trainings on implementation of standard procedure guidelines, and refresher trainings, have been provided by the MoGFSS and with the support of UNICEF and other local and international organisations. Capacity building sessions for social workers occur on a yearly basis, with additional trainings happening on a bi-annual or ad hoc basis. However, key informants stated that many social workers still lacked adequate training to deal with the nature of the cases they encounter. Key informants suggested that professional qualifications of social workers are not consistently enforced, especially at the island level, where not all social workers have the required degrees or training. Further, trainings for social workers, as well as opportunities for professional advancement, have become less accessible and effective in recent years, especially for social workers operating at the atoll and island levels outside of Malé.

Key Informant Quotes

“...when they brought in the Family Protection Act, we got many refreshers on the protection law, but there are many other laws which are more relevant like this recent Child Protection recent Act, and still we got no trainings, we had only one session on it, right? It was back in 2019.” – **KI, frontline worker**

“We are case workers, that is our responsibility, but the lack of care workers, it makes us also do this extra task... And sometimes, I have noticed that even the current care workers do not have the proper training it takes to actually be with children who are from vulnerable backgrounds.” – **KI, frontline worker**

Key Informant Quotes

“...Most of [the social workers] are burnt out, some of them need help after working with very difficult cases, like rape and abuse cases. Sometimes we need that support but there's no way of getting supervision. For that, if we need therapy, sometimes they recommend mandatory therapy, but we have to pay on our own and go for it. In some cases, we receive death threats and it's very difficult because it goes on for months.” – **KI, frontline worker**

“For example, after prosecution is done, the Supreme Court has ordered that perpetrators can get information like our assessment reports. So, they would know who wrote the assessment, who got the information, and we don't have any security. So, when people see us they keep staring at us, they threaten us, so it's very scary for us. We have to tend [to cases] at night, we're called to tend to cases, and we don't even have a car or any vehicle in the ministry, so we have to take public transport. We have to transfer children in public transport.” – **KI, frontline worker**

Trainings for social workers, while mandatory, have been provided less systematically, efficiently, and regularly in recent years. As some trainings have been provided with the support of international, non-governmental organisations on an ad-hoc, or needs-based basis, they have also been irregular and unsustainable, and therefore not accessible to especially those who are newly entering the profession. Although regular trainings are provided by the MoGFSS, key informants have noted issues with 1) random selection of social workers who will attend the training, thus not guaranteeing that every social worker will be able to receive the training; 2) trainings not accounting for differences in experience between social workers, leading to repetitiveness of training materials; 3) trainings not being systematic in terms of timeliness and content to provide adequate capacity building of new hires; and 4) trainings not being adequate – in some cases, only providing written documentation of operational guidelines and changes in the policy environment, rather than applied exercises.

In some cases, new hires have been trained on-the-job by existing social workers without additional organised training, adding to the workload of on-duty social workers, for whom these activities are outside of their professional mandate. Social workers have therefore been responsible for implementing acts to protect the rights of children, families, and vulnerable persons, without many having received the proper training to do so. In one observed case, a social worker who had been professionally engaged since 2015 had only received one training.

Both social workers and care workers have shared concerns with not feeling qualified to respond to certain demands for services which they encounter in their work with children and vulnerable groups. These services include counselling and psychosocial support for vulnerable children, especially in low-resource contexts and in the context of the COVID-19 pandemic which has increased demands for social services. Trainings for care workers at the island level has been inconsistent, and entirely non-existent in some cases, although this may have been due to many having been recent hires. In one residential home, 98% of its 70 care workers have completed basic literacy level, very few have completed Grade 10, and only a few attended childcare courses. State care institutions and FCSCs, especially at the island level, lack proper resources and skilled staff to conduct their own trainings for care workers on a needs-basis, although this falls outside of their mandate.

Lacking qualifications and human resources at state care institutions also hampers their ability to maintain service delivery at national and international standards and quality, as monitored by the Quality Assurance and Management of State Care Institutions Department, and to carry out internal monitoring and auditing of these activities. Agencies providing complementary services who are often engaged with the social sector, such as the police, also have stated their need for additional trainings and sensitisations on topics such as gender-based violence and domestic violence.

5.4.2. Remuneration and support for social workers

Remuneration for social service providers at the frontline, as well as opportunities for psychosocial support and other forms of counselling are limited, despite the toll of their work on their mental and physical health as well as personal security. Key informants shared the opinion that social workers and FCSC staff are paid poorly, particularly given their workload and the responsibilities and risks associated with their work.

Despite a high caseload, frequent overtime, and fulfilling duties beyond their legal mandate, the remuneration of social workers is perceived to be disproportionately low. This is further complicated by additional financial burdens placed on social workers, such as needing to pay travel and other costs involved in case management and monitoring (e.g. visits to other islands) using their personal funds. As financing for such costs requires filing funding requests at the central level, frequent delays in these processes lead to social workers making reimbursable payments upfront to respond to cases in a timely manner.

Key informants suggested a wage discrepancy between officers working at monitoring bodies (such as FPA, the Children's Ombudsperson Office and HRCM), officers at the central level, and frontline workers disincen-

tivises new entries and long-term workers in the field of social work. Wage boosts at the central level around 5 years prior to this study was stated to have reduced an ongoing issue of high staff turnover at departments and divisions of the MoGFSS. To tackle the issue of compensation of social workers, the MoGFSS has been providing a risk allowance for social workers, care workers, watchers, security officers, etc., in the form of an attendance allowance of 100 rufiyaa per day. In 2020, a special duty allowance of 35% of the salary was also introduced for social workers. However, the Ministry has been constrained in introducing additional financial incentives or raising the salary level of the social service workforce, since they are not part of the civil structure like nurses, teachers, and others, although this may change in the near future through the enforcement of the Social Worker Act.

Social workers regularly face numerous risks to personal safety and psychological well-being due to the nature of their work, yet they lack access to basic services to cope with these challenges. Social workers are not provided with psychological or counselling services, despite managing very difficult and sensitive cases such as sexual abuse, domestic violence, child abuse, which are associated with major emotional and mental distress, and even though the Procedure Manual specifies that they should be provided with supervision. Additionally, social workers often face security risks during case management and court proceedings. These have several intersecting, underlying causes. Due to lack of awareness in the community about the role of social workers, and due to lacking trained/sensitised staff in cooperating institutions during case management processes (such as LIC, police force), social workers (and their clients) are not always guaranteed anonymity during case management, leading to social stigma and unwanted media attention. These factors are exacerbated in the context of a small island community. Further, recent legislative reforms do not protect the anonymity of social workers who are accompanying clients in court cases, as perpetrators are granted access to case reports, which include the name of the case worker. Social workers and their families have experienced personal and direct threats to their security as a result, for prolonged periods.

5.5 Facilities, Physical Resources and Infrastructure

Significant gaps exist in the available physical resources and institutional infrastructure needed for the equitable, appropriate, and effective delivery of social services. These gaps have been observed at different agencies of social service delivery and have been attributed to poor planning and inadequate budgets received from the central level, which do not reflect the actual needs of service providers and beneficiaries. Frontline facilities including FCSC, children's homes, and other state care institutions have not been consistently and equitably outfitted in line with official procedural and legal guidelines, to adequately protect the rights of vulnerable children and individuals seeking their services. These facilities also lack basic infrastructure and material resources to facilitate the work of staff, social and care workers.

Numerous FCSC and annexed shelters, especially those outside of Malé, are not outfitted or equipped to provide for the needs of children and vulnerable persons in their care. Notably, a recent transfer of children from state care institutions to different atoll capitals was not accompanied by a proportionate transfer of funds and material resources to care for these children. Facilities such as these lacked basic materials such as books, clothing, recreational spaces, digital devices and connectivity, and other materials to provide a safe space for vulnerable children and persons. Even in Malé, children's homes have been observed to lack material and digital resources to support programming, such as learning activities for children. These material gaps were particularly problematic due to the movement and lockdown restrictions imposed by the COVID-19 crisis, which limited opportunities for teachers and other programmatic professionals to engage children. In addition to already limited programming for children in residential care, material gaps and lack of digital connectivity disincentivise children from remaining on premises and inhibit integration efforts. Without supervision due to lack of care staff, they are thus more likely to become exposed to risks, vulnerabilities, and social stigma in the host community.

Especially on islands outside of Malé, FCSC lacked space, material resources such as vehicles for intra and inter-island transportation, computers, digital connectivity, and other basic office equipment, to facilitate the work of social workers and care workers, such as reporting and self-auditing. This has added layers of complexity to their coordination with other institutions, such as central and independent monitoring bodies, to ensure protection of vulnerable persons during case management and uphold quality standards of services provided. Lacking the ability to transport vulnerable clients, such as clients who require medical care or those who are mentally ill, complicates the coordination of social workers with other agencies on whom they must depend, such as the police, due to differences in procedural and legal guidelines which define their respective capacities to directly engage with clients, victims and perpetrators.

Local ICs and WDCs, and complementary service providers, have also struggled with a lack of physical resources, including office equipment. This has been attributed to a fixed budget amount received from the central government, which has been insufficient to cover infrastructural investments or even minor repair and maintenance costs. Several examples include:

- In one observed case, the IC building is in such poor condition that both the IC and WDC are currently using the Atoll Council building for meetings
- Police stations in several observed cases faced critical infrastructure gaps to ensure quality of provided services and protect the rights of citizens with whom they engage. In different observed cases, police stations faced major maintenance issues, or lacked private rooms to hold meetings with victims of domestic violence, gender-based violence, or other victims, to protect their confidentiality. These gaps have been attributed to limited budgets allocated from the central level and delays and rejections of additional filed requests for funding.

A number of essential facilities to tackle latent social issues do not exist equitably across Maldives, or at all, despite growing demand. Key informants at the central and frontline levels have shared concerns with the lack of appropriate facilities that can holistically cater to the needs of victims of domestic and gender-based violence, individuals in need of drug treatment and rehabilitation, patients of mental illness, and the elderly. While some facilities and state care institutions targeting some of these groups are currently operational, such as for drug treatment and elderly care, they are only available in Malé. The existing drug rehabilitation and treatment centre in Malé currently is not able to provide services for and accommodate patients from a holistic and systematic programming standpoint, lacking specialised services for addicts, children, and offenders. The state care centre targeting the elderly currently accommodates the elderly, persons with disability, and patients of mental illness within a single institution. Although one centre exists to provide support to victims of domestic and gender-based violence, it does not provide holistic services tailored to these victims and limited residential services are available. In islands outside of Malé, victims of domestic violence have had to resort to temporary stays at children's shelters or other temporary accommodations organised ad hoc by local institutions such as ICs.

5.6 Legal and Procedural Frameworks

Maldives benefits from a strong legal framework mandating the delivery of services in the social sector. However, significant gaps and challenges remain in their implementation, enforcement, and their monitoring. This has been coupled with and partially attributed to several mutually reinforcing factors, including: 1) poor awareness across different levels of service administration and delivery of their own responsibilities to ensure adherence to legal frameworks protecting the rights of children, youths, and vulnerable persons; 2) lacking resources (financial, material, human, and time) to properly implement all required guidelines; 3) inadequate monitoring and quality assurance due to limited coordination between departments and divisions of the MoGFSS, frontline workers, and complementary sectors; 4) the entire social sector has not been fully operating in adherence to a rights-based approach, and therefore is also not sensitive to children's rights fulfilment. Several examples illustrating these challenges are outlined below.

The Procedure Manual for social workers is coherent, comprehensive, and highly detailed to guide every step of case management and their daily operations, including collaboration with other institutions and interactions with clients. However, social workers have found difficulties in adhering to all guidelines protecting the rights to safety, privacy, and proper care of victims due to poor awareness of the community and other cooperating institutions of these guidelines, leading to frequent violations. These challenges are particularly pertinent in the social context of tight-knit, small-island communities. Further, social workers and by extension the institutions to which they report, have found the stipulated timeframes for preparing, filing, and obtaining documentation from other institutions, such as the police and family courts, highly challenging both because of their high caseload and delays caused by themselves and other institutions in follow-up.

Prolonged court and legal proceedings do not sufficiently protect victims involved in court cases, including children. Legal proceedings can often take many months to years before trials are held, which discourages victims, especially children and other victims of domestic violence and gender-based violence, to take legal action against perpetrators or causes them to withdraw during the process. Women who are financially dependent on offenders are especially vulnerable as they often continue to reside with them while the process is ongoing. Children of custody cases may still be brought around offenders before cases are legally resolved. Prolonged legal proceedings and short notices provided before a court hearing is scheduled provide little opportunity for victims, including children, to be fully supported, prepared, and accompanied in the court process. This creates a challenge for both legal and protection service providers, as well as for the victims themselves.

Key Informant Quotes

“What we have been saying is that the act is child-centred, but the whole system is still not even working with the rights-based approach. So, you need to be right-based before you can go to the child-level. Even when you have the policies and regulations, SOPs, working documents... none of them are [being correctly implemented].” – **KI, Central Level**

Despite the ratification of legal frameworks and acts which protect children who are victims of crimes, or children in conflict with the law, legal proceedings are not child-sensitive and do not adequately protect the rights of child victims or child offenders.

In general, victims are not assured protection in the court process, and psychosocial services are widely unavailable for victims of any age due to the lack of specialised clinical psychologists. Although the infrastructure exists for accompanying child victims and preparing them for the court process, children tend to be unaccompanied throughout the process, unprepared or not sufficiently prepared for court due to the lengthy court process and short notice of trials. Given the lengthy duration of the court proceedings, victims including children are at risk of experiencing re-traumatisation and post-traumatic stress disorder. Victims of crimes are not guaranteed privacy, safety and anonymity as reports prepared by social workers are at liberty of being shared with perpetrators of crimes in advance of the trial. The culture of close communities on the islands also adds another layer of complexity in combination with the limited accessibility of services, as child and adult victims are less protected from invasions of privacy and being in close proximity with perpetrators.

Certain legal and policy frameworks protecting the rights of vulnerable persons are also lacking among certain service providers. While all implementing agencies follow administrative documents (regulations and procedure manuals) for managing child protection cases and cases of DV, the police lack written procedures and guidelines on managing DV and GBV cases. A legal framework for protecting the rights of the elderly has also not yet been ratified.

Key Informant Quotes

“We are facing another challenge, because we have to take on-call duties and after working hours we can’t access these Excel sheets outside the office. So, we won’t be able to know if the case has already been reported or not [i.e., whether the individual/client is already in the database]. And we are also not able to find out whether the person is in state care or not... It is also very difficult to check the history of the case...it only shows whether it has been reported, we don’t know much about the case history in detail. Sometimes we need it because when we do initial social screening, I mean social inquiry, we need some of that information, it is very important. But we have to find the case first, but it will be very difficult to find a case file from 10 years ago. And we have no proper archive system. Currently it may be easy to find a case file from 2015 but not the ones from 1990s, and it’s not digitalized.” – **KI, Frontline Worker**

5.7 Monitoring, Evaluation and Reporting

Monitoring and reporting processes in the social service sector are hampered by the gaps in technological, human, and financial resources.

Divisions and departments at the MoGFSS experience bottlenecks in their ability to coordinate inter-departmentally and with frontline workers due to 1) a lack of systematic, consistent, and equitably accessible reporting mechanisms, and 2) delays in receiving and sharing documentation due to lacking material and human resources. Monitoring and policy departments therefore face significant challenges in receiving updates from other divisions and departments, to carry out their work. These bottlenecks extend to independent monitoring bodies, who often have to follow up multiple times before receiving incomplete and inadequate documentation of cases and other reports.

Existing monitoring mechanisms are inconsistently used and shared, use inconsistent physical and digital formats, or are entirely inaccessible due to outdated or unavailable computer, internet, and office equipment.

Poor monitoring mechanisms and data records further undermine the work of departments at the MoGFSS, who lack the capacity to carry out statistical analyses to provide case statistics in analytical reports in order to make policy, planning and monitoring processes more evidence-based.

A Child Protection and DV/GBV database exists and is shared between the MoGFSS, the Police and FPA. However, only the CFPS and police can record cases and details on perpetrators are not collected.

The database facilitates data collection and analysis but is not functionally adapted to all the needs of the department. The CFPS Division in Malé uses and maintains this Excel database, where the Initial Response Section records new cases with basic details such as the date, case number, and assigned case worker. Even though the database of child protection cases is useful to find out whether the same cases have been reported in the past, its functionality and usefulness are very limited. Firstly, the database can be accessed and edited only by the Initial Response Section and only during working hours, even though the CFPS Division receives reports at all times of the day. Secondly, the information is very limited and case workers must use physical archives to carry out the Initial Social Screening. This can be very time consuming in absence of an archiving system. Furthermore, social workers are often only keeping physical records for case management, and there is no digital platform for information sharing between departments of the MoGFSS and frontline workers at the island level.

Lack of a streamlined monitoring, reporting, and information management system increases the workload of all departments and frontline workers who are mandated to engage in these processes.

For example, on top of their existing caseload which requires individualised follow-up and management, FCSC social workers are required to report weekly to MoGFSS via email, and CFPS social workers in Malé report regularly and frequently to multiple institutions including departments within the Ministry, Children's Rights Ombudsperson's Office, HRCM, and FPA. Key informants have emphasised the dire need for a well-coordinated, digitised, easily accessible, secure, and integrated Management Information System (MIS) which is shared by public service institutions, to allow them to better coordinate and share information, while reducing the effort required, especially by those operating in remote parts of the Maldives.

5.8 Coordination Between Service Institutions

At the central level, cross-coordination of institutions was reported to suffer from poor communication and a lack of clarification over the mandated roles and responsibilities of different institutions. As a result, officers from different divisions are frequently engaging in work outside of their mandate, which is underscored by the latent

Key Informant Quotes

"... [it is] challenging to provide a protective environment for clients of social services, because often victims do not have family support and no financial background is there because most of them, [for example] if there is a female who is being victimised with the children, they are mostly, suddenly, dependent on the husband. So it's difficult for them, and it's difficult for us to convince the client they should be out of that marriage, or they should find a support system also. So for us it's a challenge most of the time, but in some cases family support is also is there and it's easy for us to provide the support they need. And some change their mind within two or three weeks or two days, so those challenges are there... .. We see that most of the cases, even though they are reported, at some stage they withdraw the report, especially domestic violence cases." –

KI, frontline worker

lack of human resources across all departments. For example, a number of departments at the MoGFSS have been carrying out application reviews and social assessments, which are legally the responsibility of the NSPA. Lack of trained personnel, financial resources and human capacities has also led certain divisions at the MoGFSS to depend entirely upon cooperation with non-governmental institutions to assist them in carrying out a large share of their key activities. For example, the Elderly and Wellbeing Division works together with NGOs who provide capacity building for care workers, trainings, and standardisation of best practices in working with the elderly, to deliver outreach, training, and awareness raising programmes.

These coordination bottlenecks also extend to the local level due to a lack of human resources, lack of clarity among different bodies about their roles and responsibilities, and poor awareness of procedure guidelines regulating the work of respective bodies. For example, as aforementioned, ICs and WDCs are inconsistently engaged in social service delivery across islands in the Maldives, and not always fully aware of their responsibilities pertaining to identifying and facilitating access of potential beneficiaries to social entitlements and benefits. This has stark implications for the equitable accessibility of social protection and social services across Maldives. Furthermore, IC, and sometimes the police, are officially mandated to work with FCSC to facilitate access to social services, in terms of identifying cases, referring them to services and supporting delivery of services where necessary and appropriate. However, they encounter difficulties with coordination and meeting the same standards of confidentiality which social service delivery is required to uphold. This leads to lower demand for service users to reach out to IC, preferring contact with FCSC or the child helpline instead. Frontline complementary service providers such as the police and hospitals or health centres also frequently encounter challenges with sharing information about and facilitating access to potential beneficiaries of social protection and assistance, due to lack of awareness of their responsibilities in this regard and poor understanding of the existing support mechanisms and programmes.

A coordinated, integrated, and multisectoral approach to planning and budgeting is also lacking. For example, a significant proportion of the education budget for the next 2-3 years will be allocated to building new schools, but little planning or budgeting has been allocated to housing of children who will attend secondary schools in Malé. In this respect, cross-coordination between Ministries has become increasingly siloed in the use of their budgets and their intended activities.

Key Informant Quotes

“...the concept of gender equality is a very difficult, people find it very difficult to understand and accept. So, we face these challenges even during the sensitization sessions and with other public institutions. So, because of the gender roles assigned in the society, people don't want to accept or believe what gender equality is. So due to this we face challenges in implementing and achieving gender equality. **KI, Central Level**”

5.9 Factors Affecting Demand for Social Services and Protection

A number of common factors affect the demand for social services across different population groups. Key informants have characterised awareness of social protection benefits available to different segments of the Maldivian population as being generally poor. The elderly and PWDs were considered the most likely groups to not be aware of the social protection programmes that they would be eligible for. Some key informants were also not fully aware of existing social protection schemes and were not able to inform clients or potential beneficiaries they encountered in their work, even if they had wanted to offer them this support. Secondly, DV/GBV cases are often underreported due to cultural factors, social norms, fear of stigma in the context of small-island communities, lack of trust in the judicial system, normalised perceptions around DV/GBV, fear of living with the perpetrator during prolonged legal processes, and fear of losing financial security.

Social norms, cultural practices, and the social context of small island communities strongly influence demand for gender-sensitive social services. Tackling social problems, from the standpoint of social service and complementary service providers, is also more complex in small island settings, compared to the Greater Malé area. For example, women, and in particular women living on islands outside of Male, have limited opportunities for social, financial, and political empowerment, while carrying a disproportionate burden of care in household settings. Women who are victims of domestic or gender-based violence are frequently disincentivised from seeking social services, or become involuntary clients of social workers, due to their social disempowerment. The limitations imposed by these norms extend to the political will and resources allocated to public institutions to implement the Gender Equality Act and prioritise gender equality in development planning.

COVID-19, and consequent emergent vulnerabilities, has shifted public perceptions on the purpose and value of social protection from a targeted approach to more universalist priorities. Concurrently, key informants at different levels of service provision have shared concerns with the lack of sensitivity and proportionality of entitlements and benefits to the actual needs of and financial resources available to beneficiaries. The growing elderly demographic is guaranteed to increase demand for social protection and social services over the next decades. However, demand and access to social protection for the elderly could be undermined if issues of empowerment and autonomy are not addressed. For example, due in part to the financial exclusion of remote island communities, social assistance and pension payments available to the elderly population and retirees have not always reached their intended recipient.

Demand for social protection and social services will likely also be impacted by the MoGFSS's desired move towards digitalisation, by advocating and implementing services through digital methods. The MoGFSS demonstrated a desire to move towards more user-friendly web-based tools that allow the public to engage with social services to determine what is available and how to engage with it. Additionally, making use of mobile money transfer platforms/channels operational in Maldives to disburse cash transfers directly to beneficiaries' accounts would also solve issues with coverage of the remote islands and ones lacking banking services and infrastructure.

Although the legal provisions are often in place and well-formulated, the latent gaps, challenges and bottlenecks in their implementation falls short of minimum standards mainly by lack of resources, planning, coordination and monitoring at both the central and frontline levels.

Key Informant Quotes

"... [it is] challenging to provide a protective environment for clients of social services, because often victims do not have family support and no financial background is there because most of them, [for example] if there is a female who is being victimised with the children, they are mostly, suddenly, dependent on the husband. So it's difficult for them, and it's difficult for us to convince the client they should be out of that marriage, or they should find a support system also. So for us it's a challenge most of the time, but in some cases family support is also is there and it's easy for us to provide the support they need. And some change their mind within two or three weeks or two days, so those challenges are there... We see that most of the cases, even though they are reported, at some stage they withdraw the report, especially domestic violence cases." –

KI, frontline worker

"...the concept of gender equality is a very difficult, people find it very difficult to understand and accept. So, we face these challenges even during the sensitization sessions and with other public institutions. So, because of the gender roles assigned in the society, people don't want to accept or believe what gender equality is. So due to this we face challenges in implementing and achieving gender equality **KI, Central Level**

References

Corporate Maldives. 2020. 17 Children in State Care Moved to “Amaan Veshi” in B. Eydhafushi. Corporate Maldives. Available at <<https://corporatemaldives.com/17-children-in-state-care-moved-to-amaan-veshi-in-b-eydhafushi/>>. Accessed 2 February 2022.

Courtney Innes. 2017. Maldives National Strategy for Drug Prevention, Rehabilitation and Reintegration for Children and Adolescents 2017-2019. UNICEF Maldives.

Dr. Shaffa Hameed, Dr. Morgon Banks, and Prof. Hannah Kuper. 2019. Disability Allowance in the Maldives. Available at <https://www.lshtm.ac.uk/sites/default/files/2019-11/Maldives%20impact%20evaluation_conference.pdf>. Accessed 21 October 2021.

eurochild. 2012. Deinstitutionalisation and Quality Alternative Care for Children in Europe: Lessons Learned and The Way Forward - Working Paper. eurochild. Available at <https://www.openingdoors.eu/wp-content/uploads/2014/11/DI_Lessons_Learned_web_use.pdf>.

Family Legal Clinic. 2019. Protection of the Rights of Children Act. LexisNexis.

Family Protection Authority. 2017. Maldives Domestic Violence Prevention Strategic Action Plan 2017-2021. FPA. Available at <http://fpa.gov.mv/uploads/publications/guidelines/Maldives_Domestic_Violence_Prevention_Strategic_Plan_2017-2021_FINAL_23_4_17.pdf>. Accessed 10 February 2022.

Fathimath Riyaza. 2020. Maldives introduces new measure for poverty. Available at <<http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2020/06/MPI-News-Release.pdf>>. Accessed 11 June 2021.

Government of Maldives. 2019. Strategic Action Plan 2019-2023. Government of Maldives. Available at <<https://storage.googleapis.com/presidency.gov.mv/Documents/SAP2019-2023.pdf>>. Accessed 11 June 2021.

ILO. 2021. World Social Protection Report 2020–22: Social Protection at the crossroads - in pursuit of a better future. ILO. Available at <https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_817572.pdf>. Accessed 24 November 2021.

Institute of Research and Development Pvt Ltd. 2021. Gender-based violence during COVID-19 pandemic in the Maldives: An analysis of reported cases. UNFPA. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/gbv_analysis_final.pdf>. Accessed 11 June 2021.

Kristie Druzca and Anh Tran. 2021. Evaluation of the Single Parent and Foster Care Social Protection Schemes in the Maldives. UNICEF Maldives. Available at <<https://www.developmentpathways.co.uk/wp-content/uploads/2021/07/>>

Evaluation-of-the-Single-Parent-and-Foster-Care-Schemes-in-the-Maldives-Final-report.pdf>. Accessed 9 July 2021.

Luca Lazzarini. 2020. Social Protection Legislative Frameworks in South East Asia From a Children's Rights Perspective. IPC-IG & UNICEF. Available at <<https://www.econstor.eu/bitstream/10419/234897/1/RR55-Social-protection-legislative-frameworks-in-South-Asia.pdf>>. Accessed 21 October 2021.

Maldives Bureau of Statistics. 2014. Maldives Population and Housing Census 2014. Available at <<http://statisticsmaldives.gov.mv/yearbook/2019/wp-content/uploads/sites/6/2019/08/3.3.pdf>>.

Maldives Bureau of Statistics. 2018. Statistical Yearbook of Maldives 2018. Maldives Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/yearbook/2018/>>.

Maldives Bureau of Statistics. 2019. Statistical Yearbook of Maldives 2019. Maldives Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/yearbook/2019/>>.

Maldives Bureau of Statistics. 2020. Statistical Yearbook of Maldives 2020. Maldives Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/yearbook/2020/>>.

Maldives Bureau of Statistics. 2021a. A Multidimensional Vulnerability Index for the Maldives in the Times of COVID-19. Maldives Bureau of Statistics. Available at <https://ophi.org.uk/wp-content/uploads/Maldives_vMPI_report_2022.pdf>.

Maldives Bureau of Statistics. 2021b. Statistical Yearbook of Maldives 2021. Maldives Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/yearbook/2021/>>. Accessed 1 February 2022.

Maldives Monetary Authority. 2021. Economic Update October 2021 Volume 3 Issue 10. Maldives Monetary Authority. Available at <<https://www.mma.gov.mv/documents/Economic%20Update/2021/EU-Oct-2021.pdf>>.

Ministry of Education. 2019. Education Sector Analysis Maldives. Available at <<https://www.globalpartnership.org/sites/default/files/2019-05-maldives-education-sector-analysis.pdf>>. Accessed 11 June 2021.

Ministry of Education and Ministry of Higher Education. 2019. Maldives Education Sector Plan 2019-23. Ministry of Education and Ministry of Higher Education. Available at <<https://www.globalpartnership.org/sites/default/files/2019-05-maldives-education-sector-plan-2019-2023.pdf>>. Accessed 11 June 2021.

Ministry of Health and ICF. 2018. Maldives Demographic and Health Survey 2016-17. Ministry of Health and ICF. Available at <<https://www.dhsprogram.com/pubs/pdf/FR349/FR349.pdf>>. Accessed 11 June 2021.

Ministry of Home Affairs. 2010. Act on the Decentralisation of the Administrative Divisions of the Maldives. Ministry of Home Affairs.

MoGFSS. 2022. Cases Reported to and Attended by the Ministry in December 2021. MoGFSS. Available at <<http://gender.gov.mv/en/?p=4446>>. Accessed 2 February 2022.

MoGFSS. n.d. Mandate of the Ministry of Gender and Family. MoGFSS. Available at <https://gender.gov.mv/en/?page_id=2836>.

Ms. Mizna Shareef. 2012. Unofficial Translation of the Domestic Violence Act. Act Number 3/2012. UNFPA.

National Bureau of Statistics. 2018. Household Income and Expenditure Survey 2016: Statistical Release IV: Poverty & Inequality. National Bureau of Statistics. Available at <http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2018/10/HIES2016-PovertyInequality_Report-ENG.pdf>. Accessed 9 July 2021.

National Bureau of Statistics, Oxford Poverty and Human Development Initiative (OPHI), and UNICEF Maldives. 2020a. National Multidimensional Poverty Index - Maldives, Male.

National Bureau of Statistics, Oxford Poverty and Human Development Initiative (OPHI), and UNICEF Maldives. 2020b. Summary Report: National Multidimensional Poverty in Maldives. National Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2020/06/MPI-Summary-Report-Updated.pdf>>. Accessed 11 June 2021.

No Author. 2020. (Unpublished) Maldives Covid-19 Response: Building National Resilience and Recovery 2020-2022. N/A.

Tracey Larman. 2015. Procedure Manual on Delivery of Services. Ministry of Law and Gender.

UN Maldives. 2020. Common Country Analysis. UN Maldives. Available at <<https://maldives.un.org/sites/default/files/2021-03/CCA%20Maldives%20January%202021.pdf>>. Accessed 11 June 2021.

World Bank. 2015. Maldives Systematic Country Diagnostic: Identifying Opportunities and Constraints to Ending Poverty and Promoting Shared Prosperity. World bank. Available at <<https://documents1.worldbank.org/curated/en/340571467992519800/pdf/102283-SCD-P152631-PUBLIC-Box394829B-Maldives-SCD-non-board-version-23-10-2015.pdf>>. Accessed 12 July 2021.

World Bank. 2021a. The World Bank in Maldives. World Bank. Available at <<https://www.worldbank.org/en/country/maldives/overview#1>>.

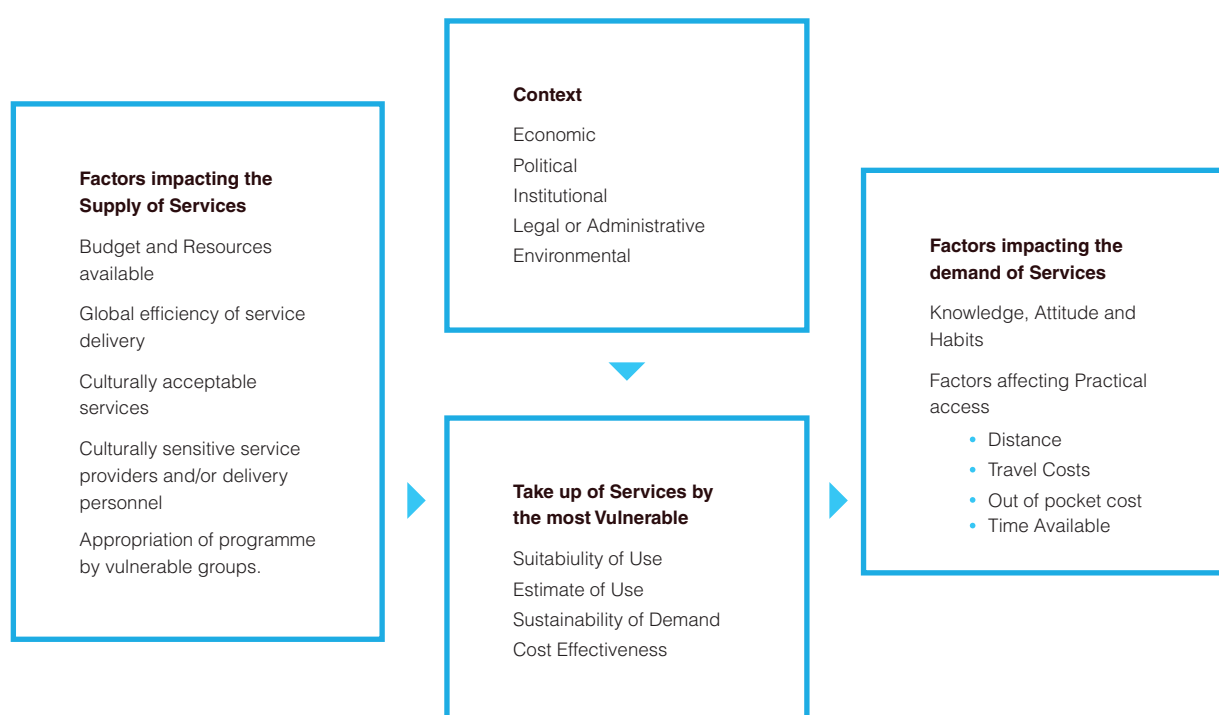
World Bank. 2021b. World Development Indicators. World Bank. Available at <<https://databank.worldbank.org/source/world-development-indicators>>. Accessed 1 February 2022.

Annex I: Analytical approaches underlying the methodology

The equity-based and human-rights approach.

The equity-based approach, as shown in Figure 1, identifies disparities (according to socio-economic characteristics, urban/rural locations, gender profiles, disability status, etc.) and uncovers the underlying causes of such inequities as well as analyses major bottlenecks that impede their resolution. This approach allows for analysis across the various domains of the socio-ecological model. The results of such an analysis make it possible to define areas most likely to result in improved outcomes for excluded populations at the programmatic, policy, political and strategic levels.

Figure 1. Conceptual framework for the equity based approach



Source: UNICEF 2014, *Formative Evaluation of UNICEF's Monitoring results for Equity system, (MoRES)*

The human rights-based approach aims at securing the rights of all, and especially those of the most vulnerable. The rights of all, often already guaranteed by laws or conventions, include the right to survive, the right to grow up and develop in a healthy way, the right to be educated commensurate with the personal abilities and preferences, the right to be protected from violence and exploitation, the right to a safe and clean environment, the right to participate in the society and the right to social protection. These rights can be linked directly to the SDGs.

The life cycle Approach.

The life-cycle approach recognises that needs vary according to one's age. The analysis will therefore focus on and highlight vulnerabilities specific to different age groups, taking a particular focus on children and adolescents. This approach incorporates differences in needs, deprivations and risks and vulnerabilities during childhood and adolescence, working age and old age.

The Gender Sensitive Approach

This approach engages the analysis in four ways: 1. Through sex-disaggregated indicators in primary and secondary data analysis, 2. Carrying out separate/additional, gender lens analysis in the components assessing the legislative, policy, and institutional frameworks, and programme and service delivery of social protection and social services, 3. By ensuring equal participation of both sexes in the research (with beneficiaries, non-beneficiaries, and service providers) and consultation processes, and 4. By developing recommendations in all deliverables that address systemic barriers to gender equality among both rights holders and duty bearers (esp. social services providers).

The Economic Approach

This approach will ensure the identification and recommendation of programmatic and policy solutions in light of the economic and political reality of Maldives. The analysis will consider current policy challenges and risks at the global, regional and national levels that may impact on Maldives' development and on government intervention.

The Participatory Approach

This approach promotes the identification and active involvement of key partners at the national and local levels to ensure ownership of the SSAA and SSMP and joint identification of national priorities and context-specific solutions. Active participation from government, academia, civil society, service providers and service users from across the country, but also from development partners and donors in Maldives will be essential to ensure uptake and use of the study's findings. Engagement will be ensured through a series of key informant interviews and focus groups discussions (FGDs) to guarantee the contextualisation of the analysis and to identify the immediate and underlying needs of the population and of social service providers.

Annex II: List of documents assessed in the documentary review

Corporate Maldives. 2020. 17 Children in State Care Moved to “Amaan Veshi” in B. Eydhafushi. Corporate Maldives. Available at <<https://corporatemaldives.com/17-children-in-state-care-moved-to-amaan-veshi-in-b-eydhafushi/>>. Accessed 2 February 2022.

Courtney Innes. 2017. Maldives National Strategy for Drug Prevention, Rehabilitation and Reintegration for Children and Adolescents 2017-2019. UNICEF Maldives.

Dr. Shaffa Hameed, Dr. Morgon Banks, and Prof. Hannah Kuper. 2019. Disability Allowance in the Maldives. Available at <https://www.lshtm.ac.uk/sites/default/files/2019-11/Maldives%20impact%20evaluation_conference.pdf>. Accessed 21 October 2021.

eurochild. 2012. Deinstitutionalisation and Quality Alternative Care for Children in Europe: Lessons Learned and The Way Forward - Working Paper. eurochild. Available at <https://www.openingdoors.eu/wp-content/uploads/2014/11/DI_Lessons_Learned_web_use.pdf>.

Family Legal Clinic. 2019. Protection of the Rights of Children Act. LexisNexis.

Family Protection Authority. 2017. Maldives Domestic Violence Prevention Strategic Action Plan 2017-2021. FPA. Available at <http://fpa.gov.mv/uploads/publications/guidelines/Maldives_Domestic_Violence_Prevention_Strategic_Plan_2017-2021_FINAL_23_4_17.pdf>. Accessed 10 February 2022.

Fathimath Riyaza. 2020. Maldives introduces new measure for poverty. Available at <<http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2020/06/MPI-News-Release.pdf>>. Accessed 11 June 2021.

Government of Maldives. 2019. Strategic Action Plan 2019-2023. Government of Maldives. Available at <<https://storage.googleapis.com/presidency.gov.mv/Documents/SAP2019-2023.pdf>>. Accessed 11 June 2021.

ILO. 2021. World Social Protection Report 2020–22: Social Protection at the crossroads - in pursuit of a better future. ILO. Available at <https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_817572.pdf>. Accessed 24 November 2021.

Institute of Research and Development Pvt Ltd. 2021. Gender-based violence during COVID-19 pandemic in the Maldives: An analysis of reported cases. UNFPA. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/gbv_analysis_final.pdf>. Accessed 11 June 2021.

Kristie Drucza and Anh Tran. 2021. Evaluation of the Single Parent and Foster Care Social Protection Schemes in the Maldives. UNICEF Maldives. Available at <<https://www.developmentpathways.co.uk/wp-content/uploads/2021/07/Evaluation-of-the-Single-Parent-and-Foster-Care-Schemes-in-the-Maldives-Final-report.pdf>>. Accessed 9 July 2021.

Luca Lazzarini. 2020. Social Protection Legislative Frameworks in South East Asia From a Children’s Rights Perspective. IPC-IG & UNICEF. Available at <<https://www.econstor.eu/bitstream/10419/234897/1/RR55-Social-protection-legislative-frameworks-in-South-Asia.pdf>>. Accessed 21 October 2021.

Maldives Bureau of Statistics. 2014. Maldives Population and Housing Census 2014. Available at <<http://statisticsmaldives.gov.mv/yearbook/2019/wp-content/uploads/sites/6/2019/08/3.3.pdf>>.

Maldives Bureau of Statistics. 2018. Statistical Yearbook of Maldives 2018. Maldives Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/yearbook/2018/>>.

Maldives Bureau of Statistics. 2019. Statistical Yearbook of Maldives 2019. Maldives Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/yearbook/2019/>>.

Maldives Bureau of Statistics. 2020. Statistical Yearbook of Maldives 2020. Maldives Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/yearbook/2020/>>.

Maldives Bureau of Statistics. 2021a. A Multidimensional Vulnerability Index for the Maldives in the Times of COVID-19. Maldives Bureau of Statistics. Available at <https://ophi.org.uk/wp-content/uploads/Maldives_vMPI_report_2022.pdf>.

Maldives Bureau of Statistics. 2021b. Statistical Yearbook of Maldives 2021. Maldives Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/yearbook/2021/>>. Accessed 1 February 2022.

Maldives Monetary Authority. 2021. Economic Update October 2021 Volume 3 Issue 10. Maldives Monetary Authority. Available at <<https://www.mma.gov.mv/documents/Economic%20Update/2021/EU-Oct-2021.pdf>>.

Ministry of Education. 2019. Education Sector Analysis Maldives. Available at <<https://www.globalpartnership.org/sites/default/files/2019-05-maldives-education-sector-analysis.pdf>>. Accessed 11 June 2021.

Ministry of Education and Ministry of Higher Education. 2019. Maldives Education Sector Plan 2019-23. Ministry of Education and Ministry of Higher Education. Available at <<https://www.globalpartnership.org/sites/default/files/2019-05-maldives-education-sector-plan-2019-2023.pdf>>. Accessed 11 June 2021.

Ministry of Health and ICF. 2018. Maldives Demographic and Health Survey 2016-17. Ministry of Health and ICF. Available at <<https://www.dhsprogram.com/pubs/pdf/FR349/FR349.pdf>>. Accessed 11 June 2021.

Ministry of Home Affairs. 2010. Act on the Decentralisation of the Administrative Divisions of the Maldives. Ministry of Home Affairs.

MoGFSS. 2022. Cases Reported to and Attended by the Ministry in December 2021. MoGFSS. Available at <<http://gender.gov.mv/en/?p=4446>>. Accessed 2 February 2022.

MoGFSS. n.d. Mandate of the Ministry of Gender and Family. MoGFSS. Available at <https://gender.gov.mv/en/?page_id=2836>.

Ms. Mizna Shareef. 2012. Unofficial Translation of the Domestic Violence Act. Act Number 3/2012. UNFPA.

National Bureau of Statistics. 2018. Household Income and Expenditure Survey 2016: Statistical Release IV: Poverty & Inequality. National Bureau of Statistics. Available at <http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2018/10/HIES2016-PovertyInequality_Report-ENG.pdf>. Accessed 9 July 2021.

National Bureau of Statistics, Oxford Poverty and Human Development Initiative (OPHI), and UNICEF Maldives. 2020a. National Multidimensional Poverty Index - Maldives, Male.

National Bureau of Statistics, Oxford Poverty and Human Development Initiative (OPHI), and UNICEF Maldives. 2020b. Summary Report: National Multidimensional Poverty in Maldives. National Bureau of Statistics. Available at <<http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2020/06/MPI-Summary-Report-Updated.pdf>>. Accessed 11 June 2021.

No Author. 2020. (Unpublished) Maldives Covid-19 Response: Building National Resilience and Recovery 2020-2022. N/A.

Tracey Larman. 2015. Procedure Manual on Delivery of Services. Ministry of Law and Gender.

UN Maldives. 2020. Common Country Analysis. UN Maldives. Available at <<https://maldives.un.org/sites/default/>>

files/2021-03/CCA%20Maldives%20January%202021.pdf>. Accessed 11 June 2021.

World Bank. 2015. Maldives Systematic Country Diagnostic: Identifying Opportunities and Constraints to Ending Poverty and Promoting Shared Prosperity. World Bank. Available at <<https://documents1.worldbank.org/curated/en/340571467992519800/pdf/102283-SCD-P152631-PUBLIC-Box394829B-Maldives-SCD-non-board-version-23-10-2015.pdf>>. Accessed 12 July 2021.

World Bank. 2021a. The World Bank in Maldives. World Bank. Available at <<https://www.worldbank.org/en/country/maldives/overview#1>>.

World Bank. 2021b. World Development Indicators. World Bank. Available at <<https://databank.worldbank.org/source/world-development-indicators>>. Accessed 1 February 2022.

UNICEF ROSA. 2018. State of the Social Service Workforce in South Asia. Available at: <https://www.unicef.org/rosa/media/1996/file/State%20of%20the%20social%20service%20workforce%20in%20South%20Asia%20.pdf>

- External Schools Review 2016-2018
- Higher Education Master Plan 2017-2022
- Rapid Livelihoods Assessments by UNDP and Ministry of Economic Development
- Rapid assessment of essential health services by WHO Mapping of CCS/SAP/Biennial
- workplan by WHO
- Assessment of safe practices, livelihoods, and coping strategies by World Bank
- Assessment of the impact of COVID 19 on Fishery & Agriculture, and Food systems by FAO
- Rapid Impact Assessment of the consequences of COVID-19 on women's and men's
- economic empowerment by UN Women
- Gendered impact of COVID-19: Study on Maldives relief/stimulus packages and inclusion of
- women in the informal sector by OHCHR and UN Maldives
- Socioeconomic Assessment by MNU
- Leveraging Big Data Sources to Estimate the demographic and Economic Impacts and Implications of the COVID-19 Epidemic in Maldives by UNFPA and NBS
- Social Cohesion Assessment by UN Maldives
- Survey on knowledge and awareness on how to protect oneself from COVID-19 by UNICEF
- UNWTO Tourism barometer and Dashboard
- Constitution of Maldives, 2008
- Juvenile Justice Act, 2019
- Maldives Family Act, 2000
- Maldives Penal Code, 2004
- Action Plan for Prevention and Responding to Violence Against Children

- Action Plan for Prevention of Juvenile Crimes
- Action Plan for the Juvenile Justice System
- Maldives Domestic Violence Prevention Strategic Plan 2017-2021
- Reproductive, Maternal, Newborn, Newborn, Child, and Adolescent Health 2020-2025
- Guidelines for Child Care Homes in Maldives
- Foster Care Regulations and State Care Regulations
- Regulation on Reintegration of Children Back into their homes
- Advocating the Rights of Children ARC. (2015). Alternative report: A submission to the Committee on the Rights of the Child on the implementation of the UN Convention on the CRC:
- Evaluation study on the impact of government's employment programme on social inclusion of persons with disabilities
- ARC paper on the rights of persons with disabilities
- Report of HRCM on implementation of the UN Convention on the Rights of Persons with Disabilities
- State Department Report on the Human Trafficking Situation in the Maldives
- UNFPA, 2017. Thematic Analysis on Youth in the Maldives based on 2014 Population and Housing Census data. https://maldives.unfpa.org/sites/default/files/pub-pdf/unfpa_youth_analysis_web.pdf
- World Bank. 2021. Maldives Systematic Country Diagnostic Update. World Bank, Washington, DC. World Bank. <https://openknowledge.worldbank.org/handle/10986/35512> License: CC BY 3.0 IGO
- ADB. 2014. Maldives Gender equality diagnostic of selected sectors. ADB: Manilla. <https://www.adb.org/sites/default/files/institutional-document/149329/maldives-gender-equality.pdf>
- MGFSS and NBS. 2020. Assessment of Gender Statistics in the Maldives. Male. <http://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2020/06/Assessment-of-Gender-Statistics-in-the-Maldives.pdf>

Annex III: Qualitative Research Instruments

Questionnaire for Social Workers

Introduction

The Social Policy Research Institute (SPRI Global) is currently carrying out a comprehensive assessment of the social sector in Maldives in collaboration with UNICEF Maldives and the Ministry of Gender Family and Social Services (MoGFSS). The analysis will inform development of a holistic, rights-based Social Sector Master Plan aimed at enhancing social inclusion in Maldives and promoting the wellbeing of children, families, and all vulnerable groups.

As part of this study, SPRI Global is collaborating with Villa College to collect information about the social service workforce in Maldives. Your answers to this questionnaire will help us to better understand the working conditions of

social workers, as well as the barriers and challenges they face in meeting their daily responsibilities.

Please answer the following questions to the best of your ability. Your responses are anonymised and will be stored confidentially. Individual survey responses will be used for research purposes only, and they will not be shared with anybody outside of the research team from SPRI Global.

The questionnaire will require an estimated 25-30 minutes to complete. Thank you very much for your cooperation.

Basic demographic/background information

1 - Age (in years):

2 - Gender: [M/F/Other]

3 - MoGFSS Department/Division/FCSC you currently work for (Check all that apply)

- Child and Family Protection Section – Malé
- Duty Team and Hotline Section – Malé
- Elderly and Disability Protection Section – Malé
- DV and GBV Protection Section - Malé
- Shelters Case Supervision, Fostering and Reintegration Section – Malé
- Child Helpline, Referrals and Data Section – Malé
- FCSC - HA. Dhidhdhoo
- FCSC - HDh. Kulhudhufushi
- FCSC - SH. Funadhoo
- FCSC – N.Manadhoo
- FCSC – LH. Naifaru
- FCSC – R.Dhuvaafaru
- FCSC – B.Eydhafushi
- FCSC – AA. Rasdhoo
- FCSC – ADh. Mahibadhoo
- FCSC – V.Fulidhoo
- FCSC – M. Muli
- FSCC – F.Nilandhoo
- FCSC – Dh.Kudahuvadhoo
- FCSC – Th. Veymandoo
- FCSC – L. Fondadhoo
- FCSC – GA. Viligili
- FCSC – GDh. – Thinadhoo
- FCSC – Gn. Fuvahmulah
- FCSC – S.Hithadhoo
- Kudakudhinge Hiya/Amaan Hiya – Vilingili (Children's Shelter)
- Fiyavathi – Hulhumale (Children's Shelter)
- Safe Home – H.Dh Kulhudhufushi
- Safe Home – G.Dh Thinadhoo

- Safe Home – Sh. Funadhoo
- Safe Home – S. Hithadhoo
- Guraidhoo Centre (Residential/state care for the elderly and persons with mental illnesses)

4 - Highest education level completed

- Primary education
- General secondary education
- Vocational/Professional secondary education / Associate's degree
- University or higher education

▶ i. Area/field of study (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1. Social work | <input type="checkbox"/> 8. English |
| <input type="checkbox"/> 2. Psychology | <input type="checkbox"/> 9. History |
| <input type="checkbox"/> 3. Counselling | <input type="checkbox"/> 10. Natural science (e.g. Biology, Geology) |
| <input type="checkbox"/> 4. Sociology | <input type="checkbox"/> 11. Philosophy |
| <input type="checkbox"/> 5. Education | <input type="checkbox"/> 12. Mathematics |
| <input type="checkbox"/> 6. Business | <input type="checkbox"/> 13. Computer Science / ICT |
| <input type="checkbox"/> 7. Criminology | <input type="checkbox"/> 14. Other (specify): _____ |

▶ ii. Highest Degree: [dropdown]

- 1. Bachelor's degree
- 2. Master's degree
- 3. Ph.D.

Working profile as social worker

5 - Which one of the following is your current job classification?

- Social Service Worker MS1
- Social Service Worker MS2
- Social Service Officer MS 1
- Senior Social Service Officer MS 2
- Social Service Officer MS 2
- Assistant Social Service Worker GS3
- Assistant Social Service Worker GS4
- Assistant Counsellor GS 4
- SS 1
- Other (please specify): _____

6 - When did you start working in this position/as a social worker? [Drop-down list of years since 1990]

7 - What is your field of social work? (Check all that apply)

- Child and family
- Elderly and disability
- Domestic violence and gender-based violence
- Other: _____

**8 - Which of the following best describes your area(s) of responsibility and/or professional daily activities?
(Select all that apply)**

- Initial response
- Intake
- Case planning & case management
- Case supervision and monitoring
- Family meetings facilitator
- Family support
- Fostering and reintegration
- Investigation – forensic
- Investigation – family assessment
- Care work in FCSC/shelters
- Care and support (Disability, elderly and mental illness support)
- Psychosocial support or counselling services for clients
- On-call (24 hours)
- On-call (occasional)
- Hotline/helpline
- Identifying potential beneficiaries of social protection programmes/social assistance schemes
- Supporting potential beneficiaries with accessing or applying to social protection programmes
- Other (please specify): _____

9 - What is the average number of cases you manage in a month?(Select all that apply)

- Average number of cases: _____

10 - How many active cases did you manage in December 2021?

- Number of active cases in December 2021: _____

11 - How would you rank your computer skills?

- Not applicable/None
- Basic
- Intermediate
- Advanced

12 - Do you have your own personal computer, tablet, mobile phone, or other digital device at the office?

- Yes
- No

13 - How do you keep records and/or report data on the cases that you manage? (Select all that apply)

- Physical files
- Excel file
- Other database (specify): _____
- Other (please specify): _____

Training

14 - Did you receive a certification prior to starting to work as a social worker?

- Yes
- No

15 - If yes, what certification for social work have you obtained? (Please fill out information for all that apply)

- Vocational/professional secondary education
Specify:
- Tertiary degree
Specify:
- One- year advanced certificate in social work

- Other
Specify:

16 - Did you receive specific social work-related training when you started working as a social worker?

- Yes
- No
- If "No", go to question 19

17 - If yes, who provided the training? (Select all that apply)

- Ministry of Gender, Family, and Social Services
- Local Island Council
- Local Government Authority
- Prosecutor General's Office
- Attorney General's Office
- The Maldives National University
- National Social Protection Agency
- Family Protection Authority
- Maldives Police Service
- A non-governmental organisation (e.g., ARC or other)
- Your colleague(s)
- UNICEF or another UN agency
- Other, please specify: _____

18 - If Yes, how long was the training?

- Number of hours (if the training lasted a/less than a day):
- Number of days (if the training lasted more than a day):

19 - Do you attend recurrent training sessions?

- Yes
- No
If "No", go to question 24

20 - If Yes, how often do you receive additional training? (Select all that apply)

- Weekly
- Monthly
- Yearly
- Times per year: _____
- Other: _____
- Not applicable

21 - If yes, who provides these trainings? (Select all that apply)

- Ministry of Gender, Family, and Social Services
- Local Island Council
- Local Government Authority
- Prosecutor General's Office
- Attorney General's Office
- The Maldives National University
- National Social Protection Agency
- Family Protection Authority
- Maldives Police Service
- A non-governmental organisation (e.g., ARC)
- Your colleague(s)
- UNICEF or another UN agency
- Other, please specify: _____

22 - If yes, what was the subject of these trainings?

- Assessment of circumstances and living conditions of families/ clients
- Rights/legal framework training and/or refresher training
- Case reporting and documentation
- Procedural guidelines
- Other: _____

23 - How many sessions of training did you attend in the last two years

- Number of trainings: ____

24 - When was the last training that you attended?

- __ __ [month/year]

25 - What was the topic of the training?

Please specify: _____

26 - How many trainings have you attended since you started working as a social worker?

[Drop down list for selection of numbers]

27 - For the following statements, please select the answer that most closely reflects your experience: (For each statement, provide a scale: 1=Strongly agree; 2=Agree; 3=Neutral; 4=Disagree; 5=Strongly disagree)

- "I feel my educational background has adequately prepared me for carrying out my duties as a social worker."
- "The trainings I have received since becoming a social worker are useful to help me carry out my duties as a social worker."
- "I know where and/or from whom I can receive support for additional training to help me carry out my work better."
- "I would like to receive more training for social work-related opportunities"

Information about daily social work premises and activities

28 - How large are the premises available for social workers in your office/centre?

___ ___ meters

29 - How many separate rooms do you have for private interviews/meetings with

Number of Rooms:

30 - Are there sheltering premises available at or next to the Family and Child Service Centre (FCSC) in which you work? (Select all that apply if applicable/available, otherwise please select d. No)

- Yes, shelter for children in need of immediate protection
- Yes, shelter for victims of domestic violence/ gender-based violence
- Yes, shelter for children in residential care
- No

If "No", go to question 32

31 - Would you consider these premises adequate for meeting the needs of housed clients? (e.g., access to basic facilities, water and sanitation, electricity, space, clothing, recreation facilities) (Please select Yes/No/Not applicable for each shelter)

31.1. Shelters for children in need of immediate protection

1=Yes 2=No 9=Not applicable

31.2. Shelters for victims of domestic violence/ gender-based violence

1=Yes 2=No 9=Not applicable

31.3. Shelters for children in residential care

1=Yes 2=No 9=Not applicable

32 - Do you have convenient access to office supplies, equipment and/or facilities you need to carry out your work? Please specify for each of the following items: (For each option, provide a scale with Yes / No / Not needed)

- Computer/Laptop
- Printer
- Paper and other basic office supplies
- Internet connection
- Mobile phone
- Landline phone
- Vehicle for transport on land
- Vehicle for transport by sea
- Other (please specify items)

33 - How many other social workers work in the same atoll/geographic division as yourself?

34 - How many other staff work with you to support your work in the same atoll/geographic division as yourself?

35 - In a given month, would you say that: (For each statement, provide a scale: 1 = Most of the time/Always; 2 = Usually; 3 = Sometimes; 4 = Rarely/Occasionally; 5 = Never; 9=Not applicable)

- The vehicle (by land) that you use is available when you need to use it
- The vehicle (by sea) that you use is available when you need to use it
- You have sufficient fuel to run the vehicles (by land or sea) to go into the field
- You have sufficient paper and other office supplies to process all the administrative work that you need
- You are able to reach social work clients in-person on time when and where needed.
- You have sufficient time to attend to both your field and in-office duties.
- You and your colleagues have sufficient time to manage all the cases, including handling case assessments, verification of information, case reporting, registering data in the database, etc.
- You have sufficient funds to run the residential home next to your FCSC, including organization of activities for children, counselling, and referral services.
- You have sufficient financial resources to carry out fieldwork/respond to cases in the field.
- Your internet connection was available and working to run all needed operations.

Barriers/Challenges faced in everyday work

36 - What issues do you struggle with most to carry out your work on a daily basis? Please select the answer that most accurately represents your experience. (For each statement, provide a scale: 1=Strongly agree; 2=Agree; 3=Disagree; 4=Strongly disagree; 9=Don't know)

- Case overload due to handling too many cases at the same time.
- Case overload due to shortage of staff.
- Case overload due to low social worker/island ratio.

- Vehicles to travel within the island are often unavailable.
- Vehicles to travel to other islands are often unavailable.
- Case reporting process is too complicated or time-consuming.
- Insufficient fuel or funds to operate land/sea vehicles.
- Clients are too far away/ difficult to reach.
- Clients are difficult to reach in a timely manner.
- Lack of personal safety when attending to the judicial process.
- Lack of personal safety when attending to cases.
- Lack of client safety during the case management or judicial process.
- Social stigma in the community or lack of community acceptance.
- Inadequate budget allocated by the Ministry of Gender, Family and Social Services.
- Incurring too many out-of-pocket expenses / expenses which are necessary but not reimbursed or reimbursable.
- Delayed reimbursement of out-of-pocket expenses incurred to attend to cases.
- Low remuneration and/or no remuneration of overtime.
- Inadequate or lacking premises for clients to reside during the case management and placement process.
- Difficulty coordinating or contacting relevant authorities (e.g., Local Island Councils, staff in judicial, health, police, or educational departments).
- Lacking adequate experience or professional skills to carry out everyday duties.
- Other staff lacks adequate professional skills to support you in carrying out everyday social work duties.
- Lacking [regular] counselling support available for you
- Difficulty using case documentation and reporting system.
- The internet connection in the office often doesn't work.
- Computer(s) are too old and slow.
- Printer(s) are too old and slow.
- Office furniture and equipment are too old or inadequate (desks, chairs, etc.)
- Office space is insufficient.
- Too many people share an office.
- Unavailable or inappropriate premises to carry out in-office duties.
- Other, please specify: _____ [open question for paragraph-type answer]

37 - Please rank the top three challenges that you face in your work on a daily basis:

- Most challenging: [drop down of options sub-questions under Q36]
- Second-most challenging: [drop down of options sub-questions under Q36]
- Third-most challenging: [drop down of options sub-questions under Q36]
- If other, please specify challenge and ranking:

38 - What would make your work as a social worker easier? [open question]

39 - What kind of training would be most helpful for you to carry out your everyday work? [open question]

**40 - What kind of training would be most helpful for your colleagues to carry out their everyday work?
[open question]**

41 - Do you think that a higher number of social workers in Maldives, or in each atoll, would make your work more efficient?

- Yes
- No
- Don't know

42 - yes, how many additional social workers in your division/department/FCSC would make your work easier or more efficient?

Number:

Thank you very much for your responses.

Questionnaire for Care Workers

Introduction

The Social Policy Research Institute (SPRI Global) is currently carrying out a comprehensive assessment of the social sector in Maldives in collaboration with UNICEF Maldives and the Ministry of Gender Family and Social Services (MoGFSS). The analysis will inform development of a holistic, rights-based Social Sector Master Plan aimed at enhancing social inclusion in Maldives and promoting the wellbeing of children, families, and all vulnerable groups.

As part of this study, SPRI Global is collaborating with Villa College to collect information about the social service workforce in Maldives. Your answers to this questionnaire will help us to better understand the working conditions of care workers, as well as the barriers and challenges they face in meeting their daily responsibilities.

Please answer the following questions to the best of your ability. Your responses are anonymised and will be stored confidentially. Individual survey responses will be used for research purposes only, and they will not be shared with anybody outside of the research team from SPRI Global.

The questionnaire will require an estimated 25-30 minutes to complete. Thank you very much for your cooperation.

Basic demographic/background information

43 - Age (in years):

44 - Gender: [M/F/Other]

45 - Institution you currently work for:

- FCSC - HA. Dhidhdhoo
- FCSC - HDh. Kulhudhuffushi
- FCSC - SH. Funadhoo
- FCSC - N.Manadhoo
- FCSC - LH. Naifaru
- FCSC - R.Dhuvaafaru
- FCSC - B.Eydhafushi
- FCSC - AA. Rasdhoo
- FCSC - ADh. Mahibadhoo
- FCSC - V.Fulidhoo
- FCSC - M. Muli
- FSCC - F.Nilandhoo
- FCSC - Dh.Kudahuvadhoo
- FCSC - Th. Veymandoo
- FCSC - L. Fondadhoo
- FCSC - GA. Viligili
- FCSC - GDh. - Thinadhoo
- FCSC - Gn. Fuvahmulah
- FCSC - S.Hithadhoo
- Kudakudhinge Hiya/Amaan Hiya - Vilingili (Children's Shelter)

- Fiyavathi – Hulhumale (Children’s Shelter)
- Safe Home – H.Dh Kulhudhufushi
- Safe Home – G.Dh Thinadhoo
- Safe Home – Sh. Funadhoo
- Safe Home – S. Hithadhoo
- Guraidhoo Centre (Residential/state care for the elderly and persons with mental illnesses)

46 - Highest education level completed

- Primary education
- General secondary education
- Vocational/Professional secondary education / Associate’s degree
- University or higher education

▶ i. Area/field of study (Check all that apply)

- | | |
|----------------|---|
| 1. Social work | 8. English |
| 2. Psychology | 9. History |
| 3. Counselling | 10. Natural science (e.g. Biology, Geology) |
| 4. Sociology | 11. Philosophy |
| 5. Education | 12. Mathematics |
| 6. Business | 13. Computer Science / ICT |
| 7. Criminology | 14. Other (specify): _____ |

▶ ii. Highest Degree: [dropdown]

- 1. Bachelor’s degree
- 2. Master’s degree
- 3. Ph.D.

Working profile as care worker

47 - When did you start working as a care worker [Drop-down list of years since 1990]

48 - What was your profession before you started working as a care worker? Specify:

49 - With which group do you work most often in your daily work? [Select more than one if applicable]

- Children age 0-2 years
- Children age 3-5 years
- Children age 6-8 years
- Children age 9-13 years
- Children age 14-17/18 years
- Children with severe disabilities
- Children with less severe physical, mental or learning disabilities
- Adult victims of domestic or gender-based violence
- Adults with disabilities
- Elderly

50 - For how many children/adults/elderly do you care for regularly, on daily basis? _____

51 - How many times a week do you currently work? Number of days:

52 - How many shifts a day do you currently work? Number of shifts per day:

53 - What are some of the main tasks that you carry out every day? [Select all that apply]

- Washing and hygiene of the child/adult/elderly
- Clothing of the child/adult/elderly
- Feeding of the child/adult/elderly
- Providing medicine to the child/adult/elderly
- Taking the child to preschool/school and back to the facility
- Supporting child with her/his homework and learning
- Taking the child/adult/elderly to the doctor when necessary
- Taking the child/adult/elderly to counselling sessions
- Cleaning of premises where the children/adults/elderly sleep
- Caring for children/adults/elderly during outdoor activities
- Organizing and facilitating activities (including learning) inside premises of the home/shelter
- Organizing and facilitating outdoor activities
- Supporting social workers in assessing the child situation for fostering and reintegration
- Supporting the police in forensic and other investigations (where applicable)
- Participating in family visits
- Participating in court sessions (where applicable)

54 - How would you rank your computer skills?

- Not applicable/None
- Basic
- Intermediate
- Advanced

55 - Do you use a computer / tablet / mobile phone or other digital device to help children /adults / elderly with learning or other activities.

- Yes
- No

56 - Did you receive any training when you started working as a care worker

- Yes
- No

57 - If yes, who provides these trainings? (Select all that apply)

- Ministry of Gender, Family, and Social Services
- Local Island Council
- Local Government Authority
- Prosecutor General's Office
- Attorney General's Office
- The Maldives National University

- National Social Protection Agency
- Family Protection Authority
- Maldives Police Service
- A non-governmental organisation (e.g., ARC)
- Your colleague(s)
- UNICEF or another UN agency
- Other, please specify: _____

58 - If yes, how long was the training?

- Number of hours (if the training lasted a/less than a day): ____
- Number of days (if the training lasted more than a day): ____

59 - Do you attend recurrent training sessions?

- Yes
- No

60 - If yes, how often do you receive additional training? [Select all that apply]

- Weekly
- Monthly
- Yearly
- Times per year: _____
- Other: _____
- Not applicable

61 - If yes, who provided the trainings?

- Ministry of Gender, Family, and Social Services
- Local Island Council
- Local Government Authority
- Prosecutor General's Office
- Attorney General's Office
- The Maldives National University
- National Social Protection Agency (NSPA)
- Family Protection Authority (FPA)
- Maldives Police Service
- A non-governmental organisation (e.g., ARC or other)
- Management of the Children's Home (Kudakudhinge Hiya/Amaan Hiya/ Fiyavathi) or Guraidhoo Centre
- The FCSC staff in your atoll
- Teachers from schools on the island/Male
- Nurses and/or doctors from health facilities or hospitals on the island/Male
- Your colleague(s)
- UNICEF
- Other, please specify: _____

62 - If yes, what was the subject of these trainings? [Select all that apply]

- Caring for children overall
- Providing children with emotional support, including during lockdown periods since the outbreak of COVID-19
- Caring for children with particular disabilities
- Providing children with support in learning
- Protection and prevention of COVID-19 infection and care for children during the pandemic
- Other, please specify more than one if applicable: _____

63 - When was the last training you attended? Month/year: _____

64 - What was the topic of the training? Please specify: _____

65 - How many trainings have you attended since you started working as a care worker? [Drop down list for selection of numbers]

66 - For the following statements, please select the answer that most closely reflects your experience: [For each statement, provide a Likert scale: 1=Strongly agree; 2=Agree; 3=Disagree; 5=Strongly disagree, 9=Don't know]

- "I feel my educational background has adequately prepared me for carrying out my duties as a care worker."
- "The trainings I have received since becoming a care worker are useful to help me carry out my everyday duties."
- "I know where and/or from whom I can receive support for additional training to help me carry out my work better."

Barriers/challenges faced in everyday work

67 - In a given month, would you say that (select only one answer): [For each statement, provide a scale: 1 = Most of the time/Always; 2 = Usually; 3 = Sometimes; 4 = Rarely/Occasionally; 5 = Never]

- There is sufficient food for all the children/adults/elderly under care of the institution you work for
- There is 24/7 access to water and electricity in the premises, and the handwashing and sanitation facilities are fully functional
- There is 24/7 access to computers, other electronic devices, internet, and WiFi
- There are sufficient and adequate medical and assistive devices for persons with disabilities
- There are sufficient medical supplies and medicine for those in therapy
- There is sufficient and adequate learning material for children with different needs for support in learning
- There is sufficient and adequate learning material for children overall, including electronic devices for distance learning during school closures
- Medical services are available regularly for children/adults/elderly in the home/shelter

- Professional learning support for children is available regularly
- Counselling for children/adults/elderly in the home/shelter is available regularly
- You have sufficient time to attend to individually to all children/adults/elderly under your care
- You have sufficient time to attend to all your tasks

68 - What issues do you struggle with most to carry out your work on a daily basis? Please select the answer that most accurately represents your experience. [For each statement, provide a scale: 1=Strongly agree; 2= Agree; 3=Disagree; 4=Strongly disagree; 9=Don't know]

- There are too many children/adults/elderly under my care
- Lacking adequate experience or professional skills to carry out some tasks like providing children with support in learning or providing children/adults/elderly with emotional support
- Frequent absence of other staff (care workers), so I have to provide care for more children/adults/elderly and/or work multiple shifts
- Other staff lacks adequate experience to provide you with support in carrying out everyday care duties
- Lack of personal safety
- Lacking regular counselling available to you
- Social stigma in the community or lack of community acceptance
- Lack of resources available to the home/shelter to carry out indoor and outdoor activities otherwise planned

69 - Please rank the top three challenges that you face in your work on a daily basis

- Most challenging: [Drop down of options sub-questions under Q26]
- Second-most challenging: [Drop down of options sub-questions under Q26]
- Third-most challenging: [Drop down of options sub-questions under Q26]
- If other, please specify challenge and ranking: _____

Needs for capacity-building

70 - What would make your work easier as a care worker? [Open question]

71 - What would make your work easier at the home/shelter? [Open question]

72 - What kind of training would be most helpful for you and your colleagues to carry out your everyday work? [Open question]

Thank you very much for your responses.

Questionnaire for Local Island Councils in Maldives

PART 1: Mandate of your Council

Some Island Councils we have talked with in the last months formulated their tasks in general terms. Please indicate for each of the options whether you consider each task important in the case of your island as well?

TASK	IS THIS IMPORTANT FOR YOUR ISLAND AS WELL? YES = 1; NO = 0; NO ANSWER/DON'T KNOW = 99
Keep the island safe and clean	
Ensure the availability of health and social services	
Make sure that the basic needs for everybody are covered	
Make sure that the basic needs are covered for children and elderly	
Make sure that the basic needs are covered for persons with disabilities	
Ensure women's empowerment	
Empower the community	

Other Island Councils also said they had tasks related to provision of basic services. Do you consider these tasks important for your island as well?

TASK	IS THIS IMPORTANT FOR YOUR ISLAND AS WELL? YES = 1; NO = 0; NO ANSWER/DON'T KNOW = 99
Make sure that water and electricity are available	
Make sure that the drinking water is clean	
Make sure that there is a sewage system on the island	
Make sure that there is a waste collection and management system in place	

We also found that other islands think that they have to provide specific services. Is providing these services by the Local Island Council also important for your island?

TASK	IS THIS IMPORTANT FOR YOUR ISLAND AS WELL? YES = 1; NO = 0; NO ANSWER/DON'T KNOW = 99
Counsel families on their rights to obtain government services	
Explaining the legislation and rights of children, adults and families	
Raising awareness among persons and families on the rights of children or family members to assistance if their rights are violated	
Assist persons or families to deal with other government services such as health care, housing, services provided by FCSCs, and police	
Assist persons and families to fill in forms to obtain a social benefit (such as disability or old age pension allowance) or to deal with other government services	
Counselling with families when internal family problems or conflicts arise	

We found in the documents and the law describing the role of Local Island Councils that they also have a number of administrative tasks; can you specify whether you think these tasks are important for your council as well?

TASK	IS THIS IMPORTANT FOR YOUR ISLAND AS WELL? YES = 1; NO = 0; NO ANSWER/DON'T KNOW = 99
Councils are the first link between the Ministry of Gender, Family and Social Services and the population of the island	
Island Councils are responsible for providing ID cards, birth certificates, driving licenses, etc	
Island Councils should keep administrative records for their residents	
Island Councils have to collect statistics and manage the data on the island population	

Could you please give an indication of your resources as a Local Island Council?

RESOURCES	RECORD 0 IF NONE AVAILABLE/APPLICABLE
How many administrative support staff did the Council have in 2021?	___ Administrative staff
How many other support staff did the Council have in 2021?	___ Other support staff
How many rooms for office space did the Council have at disposal in 2021?	___ Rooms
How many cars, other motor vehicles or boats were at the disposal of the Council during 2021?	___ Cars ___ Other motor vehicles ___ Boats

Of all these many tasks, we would like to know which of them did your Island Council carry out in 2021 (last year)?

TASK	PLEASE INDICATE WHICH OF THE TASKS THE COUNCIL EXECUTED IN 2021
Keep the island safe and clean	<input type="radio"/>
Ensure the availability of health and social services	<input type="radio"/>
Make sure that the basic needs for everybody are covered	<input type="radio"/>
Make sure that the basic needs are covered for children and elderly	<input type="radio"/>
Make sure that the basic needs are covered for persons with disabilities	<input type="radio"/>
Ensure women's empowerment	<input type="radio"/>
Empower the community	<input type="radio"/>
Make sure that water and electricity are available	<input type="radio"/>
Make sure that the drinking water is clean	<input type="radio"/>
Make sure that there is a sewage system on the island	<input type="radio"/>
Make sure that there is a waste collection and management system in place	<input type="radio"/>
Counsel families on their rights to obtain government services	<input type="radio"/>
Explaining the legislation and rights of children, adults and families	<input type="radio"/>

Raising awareness among persons and families on the rights of children or family members to assistance if their rights are violated	<input type="radio"/>
Assist persons or families to deal with other government services such as health care, housing, services provided by FCSCs, and police	<input type="radio"/>
Assist persons and families to fill in forms to obtain a social benefit (such as disability or old age pension allowance) or to deal with other government services	<input type="radio"/>
Counselling with families when internal family problems or conflicts arise	<input type="radio"/>
Acted as an intermediary between the Ministry of Gender, Family, and Social Services and the island population	<input type="radio"/>
Provision of ID cards, birth certificates, driving licenses, etc	<input type="radio"/>
Keeping administrative records for their residents	<input type="radio"/>
Collecting statistics and manage the data on the island population	<input type="radio"/>

PART 2: Main Problems on your Island

Next, I will state a number of problems that are observed in some of the islands in the Maldives. We would like to know whether these problems are also important on your island.

PROBLEMS	PLEASE INDICATE WHICH OF THE PROBLEMS ARE IMPORTANT FOR YOUR ISLAND.
	Put a 1 for problems that are very important; 2 for problems that are somewhat important; 3 for problems that are not so important and 4 for problems that are not important at all on the island.
Children with disabilities are not always having access to health services or counselling according to their needs	
Persons with disabilities are not always getting the medical equipment, such as wheelchairs, that they need	
Persons (including children) with disabilities are not always able to benefit from the Disability Allowance provided by the government/NSPA	
There is no facility/care for the elderly facing issues of neglect or abuse by their family members	
People on the island cannot consult anyone if they face a problem in obtaining the health service or the medication that they need	
People on the island cannot consult anyone if they face a problem in obtaining the social benefit (e.g., the disability allowance, pension, medical welfare) that they have the right to obtain	
People on the island cannot consult anyone if they would like to talk about problems in the family such as divorce, neglect, violence, problems with children or drugs	

There are not enough houses on the island; some families have to live together with too many people in a house	
Our island is subject to considerable coastal erosion	
There is a considerable number of children and adolescents on the island who are using drugs	
There is a considerable number of children who are involved in drug trafficking or activities of criminal gangs	
The island suffers from the absence of a rehabilitation facility for drug addiction	
Some children are getting money to promote a radical interpretation of the religion	
Gender-based violence and domestic violence are regularly heard about on the island	
Vulnerable families have difficulties to access social services and social benefits	
There are not enough job opportunities on the island for young people	
There are not enough opportunities on the island for women to earn their own money	
Many young people are unemployed on the island	
Waste collection and management is a considerable problem on the island giving rise to pollution	
Having a safehouse/ shelter on the island aggravates the problems on the island	
The quality of the drinking water is a problem on the island	

Part III – Activities you would like to engage in on your island if provided with funding

Finally, we would like to ask you what kind of activities your council would like to undertake if the government or other sources provide adequate funding.

PROBLEMS	PLEASE INDICATE WHICH OF THE PROBLEMS ARE IMPORTANT FOR YOUR ISLAND.
	Put a 1 for an activity that is very important; put 2 for an activity that is somewhat important; 3 for an activity that is not so important and 4 for an activity that is not important at all on the island
Facilitate building more houses in the island	
Facilitate creation of more job for young people	
Facilitate creation of more jobs for women	
Instate more options for vocational training and education	
Organise provision of family counselling activities	
Ensure availability of a social worker on the island on full-time basis	
Establish and/or improve the waste collection, management and disposal system	
Organise meetings and other activities to raise awareness on the rights of children, adults and families	
Invest in sports and recreation facilities	
Organise assistance to help people to access social benefits and social services	
Organise children's clubs	
Improve the provision and distribution of safe/clean drinking water	
Facilitate that island residents have better access to social services	
Create a reporting mechanism that would inform the government about the needs of the island	

There are of course other activities that you think about. If you think the Island Council should engage in activities that are not listed above, please indicate them in the next table. [Max 5 additional activities]

ACTIVITY
a. b. c. d. e. f.

Before closing this interview, I would like to ask you whether there are important things that you would like to mention and that were not mentioned either when discussing the mandate of the Local Island Council, or the problems that the island is confronted with or other issues that were not mentioned so far [Max 3 additional issues].

ACTIVITY
a.
b.
c.

Finally, we would like to thank you for your cooperation! If you are interested, please add your name and email address to a separate list: we will then send you a summary of the findings of this study.

Annex IV: Results of the Local Island Council (LIC) Survey

As part of the Social Sector Analysis, a Local Island Council (LIC) Survey was conducted to understand each LICs own perceptions with regard to i) the most important tasks for the LIC, ii) the main problems the LICs experience on their respective islands and iii) the future of their LIC's tasks. The results of the LIC survey are provided below with each table presenting the question, categorical answers and answer frequency presented as a percentage of total responses.

Table 1

SOME ISLAND COUNCILS WE HAVE TALKED WITH IN THE LAST MONTHS FORMULATED THEIR TASKS IN GENERAL TERMS. PLEASE INDICATE FOR EACH OF THE OPTIONS WHETHER YOU CONSIDER EACH TASK IMPORTANT IN THE CASE OF YOUR ISLAND AS WELL?	YES - IMPORTANT	NO - NOT IMPORTANT	DON'T KNOW	REFUSED TO ANSWER
Keep the island safe and clean	100%	0%	0%	0%
Ensure the availability of health and social services	100%	0%	0%	0%
Make sure that the basic needs for everybody are covered	100%	0%	0%	0%
Make sure that the basic needs are covered for children and elderly	100%	0%	0%	0%
Make sure that the basic needs are covered for persons with disabilities	100%	0%	0%	0%
Ensure women's empowerment	98%	0%	0%	0%
Empower the community	100%	0%	0%	0%

Table 2

OTHER ISLAND COUNCILS ALSO SAID THEY HAD TASKS RELATED TO PROVISION OF BASIC SERVICES. DO YOU CONSIDER THESE TASKS IMPORTANT FOR YOUR ISLAND AS WELL?	YES - IMPORTANT	NO - NOT IMPORTANT	DON'T KNOW	REFUSED TO ANSWER
Make sure that water and electricity are available	100%	0%	0%	0%
Make sure that the drinking water is clean	100%	0%	0%	0%
Make sure that there is a sewage system on the island	100%	0%	0%	0%
Make sure that there is a waste collection and management system in place	100%	0%	0%	0%

Table 3

WE ALSO FOUND THAT OTHER ISLANDS THINK THAT THEY HAVE TO PROVIDE SPECIFIC SERVICES. IS PROVIDING THESE SERVICES BY THE LOCAL ISLAND COUNCIL ALSO IMPORTANT FOR YOUR ISLAND?	YES - IMPORTANT	NO - NOT IMPORTANT	DON'T KNOW	REFUSED TO ANSWER
Counsel families on their rights to obtain government services	96%	0%	0%	0%
Explaining the legislation and rights of children, adults and families	96%	0%	0%	0%
Raising awareness among persons and families on the rights of children or family members to assistance if their rights are violated	98%	0%	0%	0%
Assist persons or families to deal with other government services such as health care, housing, services provided by Family and Children Service Centers FCSCs, and police	100%	0%	0%	0%
Assist persons and families to fill in forms to obtain a social benefit (such as disability or old age pension allowance) or to deal with other government services	96%	0%	0%	0%
Counselling with families when internal family problems or conflicts arise	86%	0%	0%	0%

Table 4

WE FOUND IN THE DOCUMENTS AND THE LAW DESCRIBING THE ROLE OF LOCAL ISLAND COUNCILS THAT THEY ALSO HAVE A NUMBER OF ADMINISTRATIVE TASKS; CAN YOU SPECIFY WHETHER YOU THINK THESE TASKS ARE IMPORTANT FOR YOUR COUNCIL AS WELL?	YES - IMPORTANT	NO - NOT IMPORTANT	DON'T KNOW	REFUSED TO ANSWER
Councils are the first link between the Ministry of Gender, Family and Social Services and the population of the island	94%	0%	0%	0%
Island Councils are responsible for providing ID cards, birth certificates, driving licenses, etc	100%	0%	0%	0%
Island Councils should keep administrative records for their residents	100%	0%	0%	0%
Island Councils have to collect statistics and manage the data on the island population	100%	0%	0%	0%

Table 5

OF ALL THESE MANY TASKS, WE WOULD LIKE TO KNOW WHICH OF THEM DID YOUR ISLAND COUNCIL CARRY OUT IN 2021 (LAST YEAR)? (SELECT ALL THAT APPLY)	
Keep the island safe and clean	100%
Ensure the availability of health and social services	100%
Make sure that the basic needs for everybody are covered	88%
Make sure that the basic needs are covered for children and elderly	94%
Make sure that the basic needs are covered for persons with disabilities	96%
Ensure women's empowerment	88%
Empower the community	94%
Make sure that water and electricity are available	100%
Make sure that the drinking water is clean	92%
Make sure that there is a sewage system on the island	76%
Make sure that there is a waste collection and management system in place	84%
Counsel families on their rights to obtain government services	60%
Explaining the legislation and rights of children, adults and families	62%
Raising awareness among persons and families on the rights of children or family members to assistance if their rights are violated	72%
Assist persons or families to deal with other government services such as health care, housing, services provided by FCSCs, and police	92%
Assist persons and families to fill in forms to obtain a social benefit (such as disability or old age pension allowance) or to deal with other government services	90%
Counselling with families when internal family problems or conflicts arise	64%
Acted as an intermediary between the Ministry of Gender, Family, and Social Services and the island population	82%
Provision of ID cards, birth certificates, driving licenses, etc	92%
Keeping administrative records for their residents	100%
Collecting statistics and manage the data on the island population	98%

Table 6

	1- How many administrative support staff did the Council have in 2021?	2- How many other support staff did the Council have in 2021?	3- How many rooms for office space did the Council have at disposal in 2021?	4a-How many cars were at the disposal of the Council during 2021?	4b-How many boats were at the disposal of the Council during 2021?	4c-How many other motor vehicles were at the disposal of the Council during 2021?
AVERAGE	11	6	6	1	1	2

Table 7

NEXT, I WILL STATE A NUMBER OF PROBLEMS THAT ARE OBSERVED IN SOME OF THE ISLANDS IN THE MALDIVES. WE WOULD LIKE TO KNOW WHETHER THESE PROBLEMS ARE ALSO IMPORTANT ON YOUR ISLAND.	VERY IMPORTANT	SOMEWHAT IMPORTANT	NO SO IMPORTANT	NOT IMPORTANT AT ALL	DON'T KNOW
Children with disabilities are not always having access to health services or counselling according to their needs	86%	86%	6%	4%	4%
Persons with disabilities are not always getting the medical equipment, such as wheelchairs, that they need	78%	78%	8%	4%	10%
Persons (including children) with disabilities are not always able to benefit from the Disability Allowance provided by the government/ NSPA	80%	80%	4%	2%	14%
There is no facility/care for the elderly facing issues of neglect or abuse by their family members	58%	58%	14%	10%	18%
People on the island cannot consult anyone if they face a problem in obtaining the health service or the medication that they need	62%	62%	20%	4%	14%
People on the island cannot consult anyone if they face a problem in obtaining the social benefit (e.g., the disability allowance, pension, medical welfare) that they have the right to obtain	66%	66%	12%	4%	18%
People on the island cannot consult anyone if they would like to talk about problems in the family such as divorce, neglect, violence, problems with children or drugs	80%	80%	10%	2%	8%
There are not enough houses on the island; some families have to live together with too many people in a house	68%	68%	14%	12%	6%
Our island is subject to considerable coastal erosion	92%	92%	4%	2%	2%
There is a considerable number of children and adolescents on the island who are using drugs	64%	64%	10%	16%	10%
There is a considerable number of children who are involved in drug trafficking or activities of criminal gangs	56%	56%	22%	8%	14%
The island suffers from the absence of a rehabilitation facility for drug addiction	56%	56%	16%	16%	12%

Some children are getting money to promote a radical interpretation of the religion	40%	40%	8%	12%	38%
Gender-based violence and domestic violence are regularly heard about on the island	56%	56%	22%	12%	10%
Vulnerable families have difficulties to access social services and social benefits	62%	62%	16%	2%	16%
There are not enough job opportunities on the island for young people	72%	72%	12%	6%	8%
There are not enough opportunities on the island for women to earn their own money	66%	66%	26%	4%	4%
Many young people are unemployed on the island	66%	66%	14%	18%	2%
Waste collection and management is a considerable problem on the island giving rise to pollution	72%	72%	14%	6%	8%
Having a safehouse/ shelter on the island aggravates the problems on the island	34%	34%	8%	6%	44%
The quality of the drinking water is a problem on the island	56%	56%	16%	8%	18%

Table 8

FINALLY, WE WOULD LIKE TO ASK YOU WHAT KIND OF ACTIVITIES YOUR COUNCIL WOULD LIKE TO UNDERTAKE IF THE GOVERNMENT OR OTHER SOURCES PROVIDE ADEQUATE FUNDING	VERY IMPORTANT	SOMEWHAT IMPORTANT	NO SO IMPORTANT	NOT IMPORTANT AT ALL	DON'T KNOW
Facilitate building more houses in the island	70%	22%	8%	0%	0%
Facilitate creation of more job for young people	90%	4%	4%	2%	0%
Facilitate creation of more jobs for women	78%	16%	4%	2%	0%
Instate more options for vocational training and education	88%	10%	2%	0%	0%
Organise provision of family counselling activities	72%	24%	4%	0%	0%
Ensure availability of a social worker on the island on full-time basis	86%	12%	2%	0%	0%
Establish and/or improve the waste collection, management and disposal system	94%	6%	0%	0%	0%
Organise meetings and other activities to raise awareness on the rights of children, adults and families	78%	20%	2%	0%	0%
Invest in sports and recreation facilities	62%	36%	2%	0%	0%
Organise assistance to help people to access social benefits and social services	76%	24%	0%	0%	0%
	58%	40%	2%	0%	0%

Organise children's clubs	58%	40%	2%	0%	0%
Improve the provision and distribution of safe/clean drinking water	92%	6%	2%	0%	0%
Facilitate that island residents have better access to social services	88%	10%	2%	0%	0%
Create a reporting mechanism that would inform the government about the needs of the island	86%	12%	2%	0%	0%

Table 9

THERE ARE OF COURSE OTHER ACTIVITIES THAT YOU THINK ABOUT. IF YOU THINK THE ISLAND COUNCIL SHOULD ENGAGE IN ACTIVITIES THAT ARE NOT LISTED ABOVE, PLEASE INDICATE THEM IN THE NEXT TABLE. [MAX 5 ADDITIONAL ACTIVITIES]	ANSWER 1 Frequency	ANSWER 1 Percentage
Budget issues: need budget to construct flats for residents	1	2%
Budget limitation: the budget we receive is very less compared to the work we have to do	1	2%
Build a library	1	2%
Build an airport	1	2%
Building a social center for entertainment purposes	1	2%
Cemetary development	1	2%
Coastal erosion	1	2%
Conducting Quran classes	1	2%
Contribute to the standard of living	6	13%
Develop Jetty	2	4%
Establish a daycare center	1	2%
Establishing a recreational area for swimming and developing a park	1	2%
Forming a business with the residents	1	2%
Health services needs to be improved	1	2%
We need a hospital	1	2%
Improving water and sewage system in the island	1	2%
Infrastructural development: street lights	1	2%
Island development	1	2%
Island nature preservation and island development	1	2%
Island preservation	1	2%
Land reclamation	1	2%

Local tourism	4	8%
Need more houses	1	2%
None	8	17%
Provide quality services	1	2%
Providing educational opportunities	1	2%
Student scholarship policies and information regarding the progress of students (from the island) should be available to the Council	1	2%
Supporting local businesses	1	2%
Sustainable energy development	1	2%
Waste collection and management	1	2%
We need short courses	1	2%
When communicating with other authorities, there are unwanted delays due to communication issues	1	2%
TOTAL ANSWERS	48	100%

Table 10

THERE ARE OF COURSE OTHER ACTIVITIES THAT YOU THINK ABOUT. IF YOU THINK THE ISLAND COUNCIL SHOULD ENGAGE IN ACTIVITIES THAT ARE NOT LISTED ABOVE, PLEASE INDICATE THEM IN THE NEXT TABLE. [MAX 5 ADDITIONAL ACTIVITIES]	ANSWER 2 Frequency	ANSWER 2 Percentage
Building a jetty	3	11%
Creating economic opportunities for the residents	1	4%
Creating job opportunities for the youth	2	7%
Develop a boat yard	1	4%
Develop a center to conduct environmental surveys	1	4%
Develop a store house at the jetty	1	4%
Develop roads (asphalt)	1	4%
Developing a beach for recreational purposes	2	7%
Developing human resources	1	4%
Establish a bank branch	1	4%
Get loans to construct more houses	1	4%
Hospital	1	4%
Improving services of funeral rites	1	4%

Increasing natural food reserve	1	4%
Industrial work	1	4%
Local jobs	1	4%
Need more houses	1	4%
Place for exercise	1	4%
Preserving historical places	1	4%
Preserving the ecosystem	1	4%
Providing driving license for sea vessels	1	4%
Providing educational opportunities	1	4%
Subsidize the utility services	1	4%
TOTAL ANSWERS	27	100%

Table 11

THERE ARE OF COURSE OTHER ACTIVITIES THAT YOU THINK ABOUT. IF YOU THINK THE ISLAND COUNCIL SHOULD ENGAGE IN ACTIVITIES THAT ARE NOT LISTED ABOVE, PLEASE INDICATE THEM IN THE NEXT TABLE. [MAX 5 ADDITIONAL ACTIVITIES]	ANSWER 3 Frequency	ANSWER 3 Percentage
Building a jetty	1	6%
City hotel land works to be done faster than before	1	6%
Creating job opportunities for the youth	2	11%
Develop a place for residents to enjoy in the public	1	6%
Develop an accommodation block	1	6%
Develop and establish a website for the residents	1	6%
Establish better communication link between Councils and Government	1	6%
Establish rooms for rent	1	6%
Housing development	1	6%
Industrial works	1	6%
Land reclamation	1	6%
Need a social center and a park	1	6%
Promoting and maintaining island traditions	1	6%
Provide items for sports activities	1	6%
Providing additional services to the youth and the general public		

Providing additional services to the youth and the general public	1	6%
Road development	1	6%
Tourism	1	6%
TOTAL ANSWERS	18	100%

Table 12

THERE ARE OF COURSE OTHER ACTIVITIES THAT YOU THINK ABOUT. IF YOU THINK THE ISLAND COUNCIL SHOULD ENGAGE IN ACTIVITIES THAT ARE NOT LISTED ABOVE, PLEASE INDICATE THEM IN THE NEXT TABLE. [MAX 5 ADDITIONAL ACTIVITIES]	ANSWER 4 Frequency	ANSWER 4 Percentage
Able to host sports events	1	9%
Address waste collection and management issue	1	9%
Banking services	1	9%
Develop indoor sports facility	1	9%
Develop tourism	1	9%
Establish a better transportation services	1	9%
Local tourism initiatives should be discussed with Council	1	9%
Need electricity supply to all farmers	1	9%
Picnic areas	1	9%
Renovating the roads	1	9%
Sports activities	1	9%
TOTAL ANSWERS	11	100%

Table 13

BEFORE CLOSING THIS INTERVIEW, I WOULD LIKE TO ASK YOU WHETHER THERE ARE IMPORTANT THINGS THAT YOU WOULD LIKE TO MENTION AND THAT WERE NOT MENTIONED EITHER WHEN DISCUSSING THE MANDATE OF THE LOCAL ISLAND COUNCIL, OR THE PROBLEMS THAT THE ISLAND IS CONFRONTED WITH OR OTHER ISSUES THAT WERE NOT MENTIONED SO FAR [MAX 3 ADDITIONAL ISSUES].	ANSWER 5 Frequency	ANSWER 5 Percentage
Able to consult Doctors online	1	50%
Need a boat yard	1	50%
TOTAL ANSWERS	2	100%

Table 12

BEFORE CLOSING THIS INTERVIEW, I WOULD LIKE TO ASK YOU WHETHER THERE ARE IMPORTANT THINGS THAT YOU WOULD LIKE TO MENTION AND THAT WERE NOT MENTIONED EITHER WHEN DISCUSSING THE MANDATE OF THE LOCAL ISLAND COUNCIL, OR THE PROBLEMS THAT THE ISLAND IS CONFRONTED WITH OR OTHER ISSUES THAT WERE NOT MENTIONED SO FAR [MAX 3 ADDITIONAL ISSUES].	ANSWER 1 Frequency	ANSWER 1 Percentage
Able to manage expatriate workers in the island	1	2%
Allow council to get additional budget	1	2%
Budget is the biggest challenge	1	2%
Develop a sports center	1	2%
Develop better relations between residents and their Councils	1	2%
Develop the sewage system	1	2%
Due to less number of administrative workers it is difficult to manage work	1	2%
Easy access to information	1	2%
Elaborate the municipal council hospitality role	1	2%
Focus on small island economy development-maximum benefit to island community	1	2%
Give Councils the power to develop the islands	1	2%
Give more power and authority to the Councils	1	2%
Government should prioritize small islands to provide services	1	2%
Identify what can be done by the Council under Educational and Health system	1	2%
Improving working environments	1	2%
Jetty not yet done	1	2%
Limitations in land usage	1	2%
None	25	52%
Professionals	1	2%
Robberies and gang violence	1	2%
Strengthen education system with access to technology	1	2%
The council building is over 40 years old and due to the poor conditions it is difficult to perform tasks and activities mandated	1	2%
The services identified are important but are not delivered in a timely manner	1	2%
Tourism	1	2%
TOTAL ANSWERS	48	100%

Table 15

BEFORE CLOSING THIS INTERVIEW, I WOULD LIKE TO ASK YOU WHETHER THERE ARE IMPORTANT THINGS THAT YOU WOULD LIKE TO MENTION AND THAT WERE NOT MENTIONED EITHER WHEN DISCUSSING THE MANDATE OF THE LOCAL ISLAND COUNCIL, OR THE PROBLEMS THAT THE ISLAND IS CONFRONTED WITH OR OTHER ISSUES THAT WERE NOT MENTIONED SO FAR [MAX 3 ADDITIONAL ISSUES].	ANSWER 2 Frequency	ANSWER 2 Percentage
Balance between capital investment and social investment	1	10%
Collection of fees (zakat, etc.)	1	10%
Gas Plant not yet done	1	10%
Jetty	1	10%
Limited facilities	1	10%
Need budget from government to pay for WDC	1	10%
Social issues	1	10%
Some of the governmental authorities does not follow the decentralization act	1	10%
Strengthen health services with additional testing service	1	10%
We are running on a deficit budget	1	10%
TOTAL ANSWERS	10	100%

Table 16

BEFORE CLOSING THIS INTERVIEW, I WOULD LIKE TO ASK YOU WHETHER THERE ARE IMPORTANT THINGS THAT YOU WOULD LIKE TO MENTION AND THAT WERE NOT MENTIONED EITHER WHEN DISCUSSING THE MANDATE OF THE LOCAL ISLAND COUNCIL, OR THE PROBLEMS THAT THE ISLAND IS CONFRONTED WITH OR OTHER ISSUES THAT WERE NOT MENTIONED SO FAR [MAX 3 ADDITIONAL ISSUES].	ANSWER 3 Frequency	ANSWER 3 Percentage
A mechanism to increase income to the island	1	17%
Bureaucracy in administrative works at Atoll Council delays services from the Council to the public	1	17%
Communication issues are present, and perception toward councils are poor from some of the government authorities	1	17%
Equal opportunity for every member of the community	1	17%
Strengthen health services - specialized doctors not available	1	17%
Working during the pandemic was an issue; no police services are available at the island; difficult to withdraw pension money since there are no ATMs at the island	1	17%
TOTAL ANSWERS	6	100%







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December 2022