

UNFPA MALDIVES

Country Programme Evaluation

2022-2026



EVALUATION REPORT
December 2025



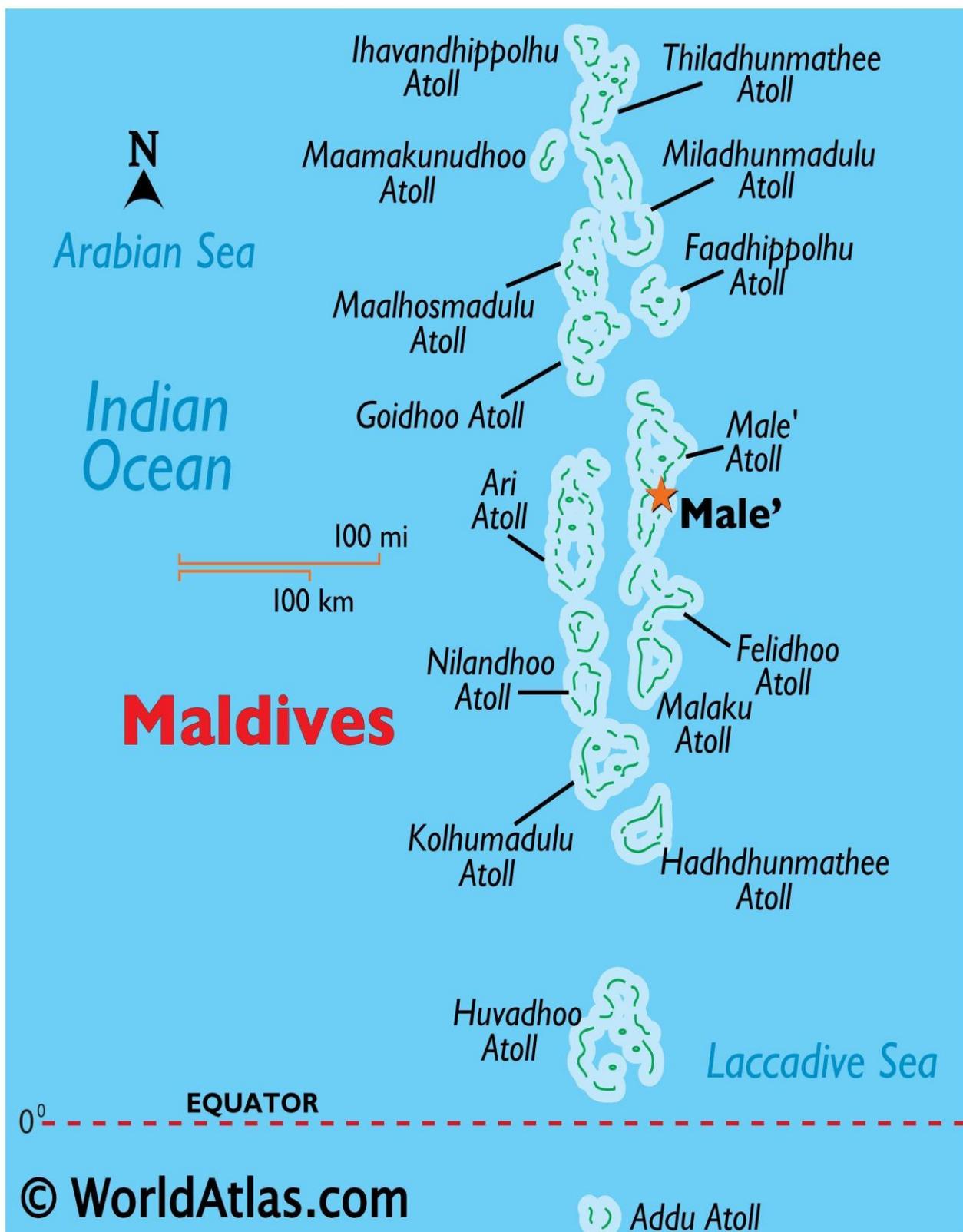
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The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund.

Read the report at <https://maldives.unfpa.org/en>

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Figure 1. Map of the Maldives



Source: <https://www.worldatlas.com/maps/maldives>

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Abbreviations and Acronyms

APRO	Asia Pacific Regional Office	LDC	Least developed country
CCA	Common Country Analysis	LNOB / RFB	Leaving No One Behind / Reaching Furthest Behind
CEDAW	Convention on the elimination of discrimination against women	LSBRHE	Life skills-based reproductive health education
CO	Country Office	MBS	Maldives Bureau of Statistics
COAR	Country office annual report	MCC	Male City Council
CP	Country Programme	mCPR	Modern contraceptive prevalence rate
CPD	Country Programme Document	MMR	Maternal mortality rate
CPE	Country Programme Evaluation	MNPFI	Ministry of Planning, Housing and Infrastructure ¹
CPR	Contraceptive prevalence rate	MNU	Maldives National University
CRPD	Convention on the rights of people with disabilities	MOFP	Ministry of Finance and Planning
CSO	Civil society organization	MOH	Ministry of Health
DFAT	Department of Foreign Affairs and Trade (Australia)	MPO	Maldives Pensions Office
DHS	Demographic and Health Survey	MSFD	Ministry of Social and Family Development
EQ	Evaluation Question	MSM	Men who have sex with men
EQA	Evaluation Quality Assessment	MTR	Mid-term review
ERG	Evaluation Reference Group	MVR	Maldives Rufiyaa
ERM	Enterprise Risk Management System	MYEIA	Ministry of Youth Empowerment, Information and Arts
F2F	Funding to Financing	NGO	Non-governmental organization
FGD	Focus group discussion	OECD-DAC	Organization for Economic Cooperation and Development – Development Assistance Committee
FGM	Female Genital Mutilation	OHCHR	Office of the High Commissioner for Human Rights
FPA	Family Protection Authority	OR	Other Resources
FPMR	Financial Planning and Monitoring Report	PCOS	Polycystic ovary syndrome
GBV	Gender-based violence	PESTLE	Political, economic, social, technological, legal, and environmental
GEAP	National Gender Equality Action Plan	PSEA	Protection from sexual exploitation and abuse
GEWE	Gender Equality and Women’s Empowerment	RMNCAH	Reproductive, maternal, newborn, child, and adolescent health
GTA	Gender-Transformative Approaches	RR	Regular Resources
HMIS	Health Management Information System	SAP	Strategic Action Plan
HOO	Head of Office	SDGs	Sustainable Development Goals
HRBA	Human Rights-Based Approach	SIDS	Small Island Development State
HRCM	Human Rights Commission of the Maldives	SIS	Strategic Information System
ICPD	International Conference on Population and Development	SOGM	Society for Obstetrics and Gynaecology Maldives
ICT	Information and Communication Technology	SRHR	Sexual and reproductive health and rights
INFF	Integrated National Financing Framework	TAG	Technical Advisory Group
IPs	Implementing Partners		
KII	Key informant interview		

¹ This portfolio is now dissolved and has been merged into Ministry of Finance and Planning and Ministry of Construction and Housing.

TFR	Total fertility rate
ToC	Theory of change
TOR	Terms of reference
UMIC	Upper Middle-Income Country
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UPR	Universal Periodic Review
VAW	Violence against women
WHO	World Health Organisation
WLO	Women-Led Organization
WwD	Women with Disabilities
YEE	Young and emerging evaluator
YLO	Youth-Led Organization
ZWM	Zero Waste Maldive

Maldives key facts table

Geographical facts

The Republic of Maldives is an archipelagic state of 26 atolls with land area of 298 square kilometres spread over 90,000 square kilometres in the Indian ocean.

Capital: Malé
Languages: Dhivehi, English

Sources: <https://www.bbc.co.uk/news/world-south-asia-12651486> and <https://en.wikipedia.org/wiki/Maldives>

Key political events

Current President: Dr. Mohamed Muizzu (Progressive Party of Maldives)
Full independent outside of Commonwealth: 1965 (rejoined Commonwealth in 2020)

Sources: <https://www.bbc.co.uk/news/world-south-asia-12651486> and <https://en.wikipedia.org/wiki/Maldives>

Economic statistics

GDP per capita: USD 13,250.0
GDP annual growth: 5.1%
Unemployment: 4.6%
Inflation, consumer prices: 1.4%

Source: <https://data.worldbank.org/country/maldives>

Population, gender, and SRHR statistic

Population –2024: 0.5 million
Population aged 10-24: 19%
Population aged 65 and above: 5%
Total fertility rate: 1.7
Life expectancy (M/F): 81/82
Maternal mortality ratio: 57
CPR, all women: 18%
mCPR, all women: 14%
Child marriage by 18: 2%
FGM among girls 15-19: 13%
Intimate partner violence, 2018: 6%

Source: (<https://www.unfpa.org/data/world-population-dashboard>)

Executive Summary

PURPOSE, OBJECTIVES, SCOPE, INTENDED USE AND INTENDED AUDIENCE OF THE EVALUATION: The UNFPA Maldives Country Office commissioned this independent Country Programme Evaluation (CPE) of the Country Programme 2022-2026. The evaluation was conducted by an independent team with oversight from an Evaluation Reference Group (ERG), in line with the UNFPA Evaluation Policy.

The purpose of the CPE was to (i) enhance oversight and accountability by assessing progress towards results and use of resources; (ii) support evidence-based decision-making for ongoing programming and the next Country Programme; (iii) promote organizational learning by identifying what works, what does not, for whom, under what circumstances, and why; and (iv) empower community and national stakeholders through inclusive, participatory processes and the use of findings.

Specific objectives of the CPE were: (i) to review results against CPD indicator targets (outputs and outcomes) and provided an impartial judgement of performance, including value-for-money; (ii) to assess programme performance across the five evaluation criteria of relevance, effectiveness, coherence, efficiency, and sustainability; (iii) to analyse facilitating and constraining factors that influenced programme delivery and the achievement of intended results; (iv) to synthesize overarching conclusions and provided actionable, prioritized recommendations to guide course-corrections in 2026–2027 and inform the design of the next CP (2027–2030).

The scope of the CPE is as follows: (1) *Geographic scope*: The Republic of Maldives (henceforth referenced as ‘the Maldives’ for the normative support to national -level policies and localized interventions in Malé and three island sites outside the capital: B. Dharavandhoo, HDh. Kulhudhuffushi, and N. Kudafari; (2) *Thematic scope*: All of UNFPA programme interventions in the Maldives; and (3) *Temporal scope*: 2022-end of data collection period of this evaluation, being July 2025.

The Intended use of the CPE was for this Final Report to provide recommendations which will be written into a UNFPA Maldives Management Response & Action Plan, with time-bound follow-up actions for 2025–2026 that will inform the rest of the implementation of this current Country Programme and also inform the next Country Programme design. (2027–2030). Primary users of the CPE are UNFPA Maldives, APRO, and UNFPA Headquarters; secondary audiences include the Government of Maldives and national institutions, UN partners, civil society, academia, and development partners.

BACKGROUND CONTEXT AND OVERVIEW OF THE INTERVENTION: The Republic of Maldives, as a Small Island Developing State (SIDS), faces unique population and development challenges, including rapid demographic shifts, geographic dispersion, climate change vulnerability, and reliance on external economic drivers. Effective governance of population-related issues is therefore crucial for sustainable development. Within this context, the current United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026 focusses on three key Strategic Priorities, being (1) shared prosperity and inclusive human development for all; (2) sustainable and climate-resilient environment; and (3) gender-responsive, rights-based and accountable governance and justice.

The 7th UNFPA Maldives Country Programme (2022-2026), with an indicative proposed budget of USD 3.5 million, is designed under the intent to accelerate progress towards the three transformative results, as aligned with the new UNFPA Strategic Plan 2022-2025, and it harnesses some of the accelerators to do this articulated within the global Strategic Plan. It provides for this acceleration under the following framework: (a) eliminating unmet need for family planning: For UNFPA Maldives, this is framed under Output 1 (strengthened capacity for SRHR) and Output 2 (strengthened institutional capacity to support opportunities for adolescents and youth); (b) ending preventable maternal death: the UNFPA Maldives CP was not designed to focus on this transformative result, as the situation analysis highlighted there was no need for support in this area; and (c) ending gender-based violence and harmful practices: For UNFPA Maldives, this is framed under Output 3

(strengthened capacity for multisectoral approaches to GBV). In addition to the three Outputs that directly linked the three transformative results, UNFPA Maldives had a fourth output, on Population Dynamics, which, as the findings below highlight, is arguably the most important output area and area of support to the Government of Maldives.² The 7th CP does not have an overarching ToC linking together each of the output areas; hence a 'reconstructed' ToC was developed for the evaluation process. This Country Programme is the object of this evaluation.

METHODOLOGY: The design of the CPE was theory-based and mixed-methods, centred on contribution analysis within the reconstructed Theory of Change (ToC) developed for the evaluation. Causal pathways and assumptions (including risks and enabling factors) were explicitly tested against multiple evidence streams, with findings built through systematic triangulation of documents, monitoring data, KIIs, FGDs, and field observations. The approach was participatory, gender-responsive and human-rights-based. Cross-cutting foci of leaving no one behind / reaching the furthest behind (LNOB/RFB) and resilience were integrated across questions and methods, with targeted attention to barriers in access and quality of SRHR, GBV and data services for specific groups, such as people in remote islands, migrant communities, adolescents and youth, and persons with disabilities, and to system resilience, climate and disaster risk, and digital inclusion.

The evaluation applies the OECD-DAC criteria of relevance, coherence, effectiveness, efficiency, and sustainability, and was conducted in accordance with UNEG Norms and Standards and the UNFPA Evaluation Handbook.

Data collection methods included: (a) a structured document review of **62 documents** covering national policy documents, strategic plans, statutory/administrative guidelines, UNFPA programme and monitoring reports, partner/sectoral publications, and selected external research; (b) **97 semi-structured key informant interviews** (single and group) with senior officials, technical staff, service providers, UNFPA personnel, UN agencies, NGOs/CSOs, APRO, an academic stakeholder, and a partner public company; and (c) focus group discussions, including **48 participants** as facilitated discussions to explore lived experience, perceived change, barriers and facilitators, and the inclusivity of services and platforms.

FINDINGS: In terms of relevance, the CPE found that the UNFPA Maldives Country Programme 2022–2026 shows meaningful alignment with national priorities, beneficiary needs, and identified gaps, while remaining committed to the UNFPA mandate and areas of added value. The Country Programme is not quite as relevant today as it was when first designed, partially because it was developed in 2021 and therefore Covid-19 had an impact, but also because while all 4 output areas remain relevant, they are not all equally foci areas of the Government of Maldives who have a specific and increasing concern around low fertility and ageing. However, adaptability has been in-built within the design of the Maldives CP, particularly for understanding demographic shifts and linkages to other megatrends such as migration and climate change.

In terms of effectiveness, UNFPA has made progress and demonstrated some achievements across the four areas of output-level results. However, indicator targets are mostly partially, rather than fully achieved, with limited outcome level monitoring data available to clearly demonstrate contribution from output-level achievements to any outcome level changes.

For outputs 1 and 3 (SRHR, and gender and GBV) UNFPA has contributed to changes to the policy level frameworks of respectively, the RMNCAH strategy and the Gender Equality Action Plan (GEAP). However, UNFPA does not have clear data as to how these national frameworks have been rolled out or implemented, and there is some understanding among stakeholders that the conservative context and fragmented government approaches have hindered this.

² This highlights the challenges of focusing only on the three transformative results for UNFPA in UMIC and the increasing need across different regions for PD to be elevated again within the global strategic direction of UNFPA.

For outputs 2 and 4, the lack of a unified Government strategy or policy for both youth and population, has also hindered the UNFPA output level results being fully translated into outcome level achievements. As well as upstream support to Government, UNFPA has provided some small-scale innovative, thoughtful, and context specific support to civil society. However, the approach to civil society support has been somewhat ad hoc and hindered by the conservative context, dispersed and relatively weak civil society environment, and changing government structures and plans.

Across all stakeholders, UNFPA is viewed as having a unique expertise and added value in support to population dynamics, where, unlike the other three output areas, there are no other UN agencies who also provide support. The paradigm shift in terms of low fertility, ageing, and declining population was unanimously by all stakeholders as one of the most critical issues facing the Maldives today.

In terms of coherence, UNFPA has a clearly recognized, well respected, and universally acknowledged niche in the area of population dynamics, recognized particularly across government and the UN system. For other UNFPA outputs – SRHR, gender, GBV and social norms, and adolescents and youth, the expertise of UNFPA is recognized but sometimes overlapping with other UN agencies. Vis à vis partnerships, the UN as a whole has struggled to embody a One UN approach in the Maldives, and UNFPA partnerships with other UN agencies reflects this. UNFPA has initiated innovative approaches to work with private and corporate sectors. This remains somewhat ad hoc but with potential for good results.

In terms of sustainability, UNFPA has strong and enduring relationships with multiple line Ministries in a challenging context of shifting Government structures, which have produced some clear, tangible and sustainable capacity strengthening results. UNFPA also has some thoughtful and innovative civil society partners in the Maldives, but the approach has lacked coherence, with interesting but disperse, ad hoc, and often unsustainable projects with limited evidence of capacity strengthening. There is some evidence on UNFPA's recognized convening role between Government and civil society.

In terms of efficiency, UNFPA Maldives is a small CO with a remote Country Director, and with ad hoc support from the RO. Working within these parameters, the CO has achieved an acceptable absorption rate of budget expenditure, and has had a footprint that goes beyond its small capacity. Systems are, as UN systems can be, somewhat burdensome, but UNFPA Maldives is known among partners for good support in navigating those systems. There is limited evidence of technological innovations for operations but some clear evidence of digital innovations for programming. The Maldives, as an UMIC, does not attract significant traditional donor funding and UNFPA has addressed this by reacting to small local opportunities: while this has contributed to the ad hoc and disparate nature of some of the projects, it has also opened up new opportunities and potential strategic partnerships in a context of limited funding options.

CONCLUSIONS

Conclusion 1: Strategic. The UNFPA Maldives CP was well designed in 2021, but over the CP time period has become less relevant and partially aligned with the clearly recognized, well-respected and universally acknowledged niche of UNFPA in the area of population dynamics.

In design, the UNFPA Maldives CPD demonstrates meaningfully aligned with national priorities, community needs and identified gaps. It also clearly reflects commitment to UNFPA mandate areas and alignment with the UNFPA Strategic Plan 2022-2026. However, it was designed during Covid-19 with more of a bias towards service delivery than would probably otherwise have been included, given the UMIC status of the Maldives. It was also ambitious for a small CO, including all four output areas. While all four output areas are clearly UNFPA areas of expertise, and do relate to areas of identified need within the Maldives, they are not all equally foci areas of the Government of Maldives. Since 2021 when the Country Programme the Government has had an increasing focus on population dynamics, and particularly low fertility, ageing and population decline. Adaptability has been in-built within the design of the Country Programme, particularly for understanding demographic shifts and

linkages to other megatrends such as migration and climate change, but it was not possible to have the extent of adaptability necessary for to fully shift in alignment with the increasing focus on population dynamics, nor to find a way to maximise the intersectionality of the four output areas linked together and specifically to the niche UNFPA area of population dynamics. The four outcome areas were designed in quite a stand-alone manner and this has hindered fully leveraging that intersectionality.

Conclusion 2. Programmatic. UNFPA Maldives has demonstrated partial, but tangible output level results, only partially achieved due to various factors, but has struggled more to fully demonstrate outcome level results.

UNFPA has provided consistent upstream support which has led to multiple policies, legislative frameworks, and national guidelines but these have not translated into evidenced sustainable policy level results, for various reasons. There is extremely limited outcome-level monitoring data that follows trends of implementation of the supported policies and guidelines.

For SRHR, the list of outputs supported by UNFPA, including embedding a HRBA and LNOB approach to SRHR in national level strategies, particularly the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategy, is commendable. UNFPA's leadership in the SRHR space is recognized by multiple stakeholders and the support fills demonstrable gaps. However, the lack of continued monitoring data on how the RMNCAH strategy has led to better outcomes for women and girls in the Maldives has been a challenge. Likewise, support to costing of the Gender Equality Action Plan (GEAP) for gender and social norms, and other GBV support such as mapping referral pathways and developing National Guidelines show clear outputs, but there is limited follow-up as to how that has changed GBV prevention and response services across the country. Adolescent and youth work has been somewhat fragmented, due to the fact that there is not one overarching line Ministry responsible for adolescents and youth, nor is there an overarching national youth strategy. Limited follow-up has led to a lack of outcome level monitoring data to ascertain results beyond outputs.

Despite neither having the largest budget allocation nor in fact a dedicated staffing position, population dynamics is where outcome level results can be seen the most in the Maldives. UNFPA support to the 2022 census and multiple dissemination products emanating from that census has demonstrably contributed to an increasing national dialogue on ageing and low fertility which, together with other key megatrends of climate change and migration, pose possibly the most significant existential crisis to the Maldives today. Conclusion one highlights that the CP has not been able to fully adapt to shift focus on ageing and low fertility proportional to the focus of the Government in this area, but at the same time, it is critical to highlight the role of UNFPA in supporting the Government towards that focus.

Conclusion 3. Strategic. In the Maldives, the most significant strength of UNFPA is strong, enduring, strategic partnerships with Government line ministries and the niche UNFPA convening role between Government and civil society.

The Maldives presents a challenging context with shifting Government structures. However, the localized nature of the UNFPA Maldives CO has supported long-standing relationships with different Government lines ministries across health, gender, youth, education and population dynamics, which have provided the foundation necessary for upstream support to policy and legislative frameworks.

There are differences of opinion among stakeholders in the Maldives as to whether UNFPA should be providing support to Government at national or local level, or providing support upstream to Government or more downstream to civil society. However, this evaluation finds that UNFPA has the most impactful results (even where limited outcome level monitoring data can demonstrate outcome results) supporting centralized Government line Ministries. UNFPA has a small budget and a small staffing capacity and under this CP has been spread thin across four output areas, which has impacted on their ability to follow up and ensure longer-term sustainability of support. However, the normative

support to central Government has led to more demonstrable results than support to civil society, which in the Maldives is dispersed and fragmented. While UNFPA has developed innovative civil society partnerships in the Maldives, the approach has lacked coherence with limited evidence of sustainable capacity strengthening. However, there is clear evidence on UNFPA's recognized convening role between Government and civil society and in a context of weak civil society, this is a clear area of value add for UNFPA.

Conclusion 4. Operational. UNFPA Maldives has limited traditional funding opportunities and the small budget and size of the CO means that strong collaboration across partners and innovative financing solutions are necessary for any contribution to sustained outcome level results.

UNFPA is highly respected across Government, UN agency and civil society in the Maldives for its normative support to Government across all four output areas, with a contribution disproportionate to the size of office and budget. With regard to upstream support to Government, this is likely due to relationships built up over a time period significantly preceding the current CP. These enduring relationships, particularly cultivated by the Head of Office, and deep contextual understanding of culture and government, have contributed to the excellent reputation UNFPA has as a valued and respected Government partner.

The Maldives, as an UMIC, does not attract significant traditional donor funding and this is reflected by the RR / OR ratio for the budget. This CP has stretched a small budget over four output areas which has led to multiple activities but limited follow up to show outcome level results or sustainable impact. While UNFPA has addressed the funding situation by reacting to small local opportunities, which offer potential longer-term partnerships, it has led to ad hoc disparate stand-alone projects.

There is increased understanding in the Maldives that the current global funding environment and the development status of the Maldives means that the UN role in general will necessarily have to shift towards providing more value proposition, proof of concept, and evidence-based data to the Government for scale-up, instead of directly funding interventions. F2F and SSC both remain underutilized in the Maldives, but their potential is clearly recognized by both Government and UN stakeholders. The reality is that the way forward for the UN in the Maldives, including for UNFPA, will have to be shifting from service delivery to evidence and advocacy pilot projects for Government scale-up. Strategic investment in blended financing and tighter programme focus is necessary to mitigate the funding constraints and show results.

RECOMMENDATIONS

STRATEGIC Recommendation 1: UNFPA should design the 8th Country Programme with a focus on Population Dynamics, specifically ageing and low fertility, while ensuring that SRHR, gender and social norms, GBV, and adolescent and youth remain as clear areas, but redefined as how attention to these areas will assist the Government of Maldives in managing the reality of low fertility, ageing, and population decline.

Across all stakeholders, UNFPA is viewed as having a unique expertise and added value in support to population dynamics. Low fertility, ageing, and declining population has increasingly become the most significant focus for the Government of the Maldives. Therefore, the design of CP 8 should simultaneously define how a holistic approach to PD can (a) increase access to SRHR services and information; (b) further gender equality goals and decrease GBV, and (c) improve and adolescent and youth empowerment, while maintaining a disability inclusive lens.

Key operational implications are: (a) design of a comprehensive programme ToC which centres PD, and shows the clear linkages between ageing and low fertility issues and SRHR, gender, and GBV, and adolescents and youth as well as the intersectionality with other megatrends such as migration and climate change; (b) a clear delineation within the ToC of what is within the UNFPA sphere of expertise and what is beyond this and therefore linking to necessary partnerships; (c) a plan for engagement with partners and stakeholders in the design of the new CPD; (d) identification of gaps in existing data

and evidence on demographic trends, social norms, youth perspectives, and perspectives from people with disabilities, to inform PD-focused programming.

STRATEGIC Recommendation 2: UNFPA should build the foundation for the new CP 8 by maximizing influence of the UN system within Maldives in the development of the new UNSDCF with clear messaging of low fertility, ageing, and population decline policy briefs and research developed to date, including allocation of resources that can link policy dialogues and knowledge generation between Government and civil society.

As above, low fertility and ageing are a key critical issue in the Maldives and, partially due to the UNFPA contribution, has increasingly become the foci area of the Government. UNFPA, as a small CO needs broader UN support to maintain the momentum that has been started in this area, and so should be working to influence the design and focus areas of the new UNSDCF to ensure that the new UNFPA CP 8, and UNFPA's positioning and expertise in the Maldives, remains clearly and explicitly relevant.

Key operational Implications are: (a) a plan to build on the work done to date under PD (NTAs, census, and recent publications such as the Policy Brief, Addressing Low Fertility in the Maldives); (b) a plan to solidify and build on key strategic PD relationships, across the UN system, with the Government – specifically MBS, and with academic – specifically MNU; (c) advocacy to ensure the next UNSDCF gives due attention to low fertility, ageing, and declining population, and how these demographic dimensions intersect with migration and climate change; (d) a plan for contribution towards linking policy dialogues and knowledge generation between Government and civil society and measuring how this leads to / contributes to meaningful policy change and policy implementation.

PROGRAMMATIC Recommendation 3: UNFPA should begin to explore, and cost, with APRO, how demographic resilience expertise can be bolstered within the Maldives CO, with a blend of RO support and reequipping Maldives staff to provide gender and SRHR expertise under a broader demographic resilience framing.

Support for population dynamics to date has mainly been to the production of data and some analysis, and there has been more limited focus on translating that data into workable national policies which many stakeholders highlight must be the next step.

Key operational Implications are: (a) a request for further PD support from RO and particularly Demographic Resilience and lifecycle approach expertise; (b) a plan to start pivoting expertise to PD (keeping gender and SRHR expertise, but shifting it to gender and GBV in the context of low fertility, ageing, and SRHR in the context of low fertility and ageing, as highlighted in Recommendation 1), maintaining a disability inclusive lens, and seeking RO support for doing this; (c) engagement of regional experts and RO support to mentor local staff on linking demographic trends to programme design; (d) collaboration with government partners to ensure demographic resilience considerations are included in national gender and SRHR policies; (e) building partnership for expertise by partnering with academic institutions, think tanks and research centres.

PROGRAMMATIC Recommendation 4: UNFPA should undertake certain specific PD tasks between now and the design of the new CPD / within the new CPD.

Across all stakeholders, UNFPA is viewed as having a unique expertise and added value in support to population dynamics. Unlike the other three output areas (SRHR, adolescents and youth, and gender, social norms and GBV), there is no other UN agency competition for provision of support in population dynamics, and UNFPA is the key Government partner in this area.

Key operational implications are: (a) documenting lessons learned from previous CPD implementation in this area to ensure continuity of policy support; (b) consideration of partnering, if funds can be found, with WHO and UNICEF on the MNU proposed total diet study to bring an infertility lens / aspect into the study; (c) consideration of how best to include within the next CPD, a strategy to support Government including the upcoming population policy into social services planning; (d) supporting the

validation and implementation of the new ageing policy and action plan and providing support to costing this; (e) supporting the development of monitoring frameworks for the population and ageing policies / action plans and supporting the continued collection of data for the monitoring.

OPERATIONAL Recommendation 5: UNFPA APRO should consider using UNFPA Maldives, and any other almost-fully localized COs in the region as an example of good practice, collecting and promoting the benefits of long-term, enduring relationships with Government in UMIC contexts with a localized in-country Head of Office.

Operationally, UNFPA Maldives has achieved tangible and demonstrable results that go beyond the small office and small budget. With regard to upstream support to Government, this is likely due to relationship built up over a time period significantly preceding the current country programme, and these enduring relationships, particularly cultivated by the Head of Office, and deep contextual understanding of culture and government, have contributed to the results achieved with such limited staffing and budget. UNFPA Maldives is an almost fully nationalized office, with a remote Country Director providing direct and effective support but based in Sri Lanka and understanding the benefits of fully localized staff and the enduring relationships that are built-up is of value to UNFPA more broadly moving forward.

Key operational implications are: (a) UNFPA APRO should review all offices in the AP region with fully localized / almost fully localized staff and conduct quantitative and qualitative research on the immediate and longer-term benefits and efficiencies of this; (b) UNFPA APRO should set up a mechanism that captures learning from localized offices (case studies, lessons learned briefs, peer exchange reports); (c) UNFPA should facilitate peer learning and exchanges by organizing webinars, and regional workshops where Maldives CO staff and other localized offices share their experiences and strategies.

OPERATIONAL Recommendation 6: UNFPA should include a resource mobilization in CP 8 which particularly considers the role of innovative and blended financing, specifically F2F, aligned to the Maldives Integrated National Financing Framework (INFF).

The Maldives, as an UMIC, does not attract significant traditional donor funding and UNFPA has addressed this by reacting to small local opportunities. However, different, non-traditional, funding mechanisms – promoting F2F, blended financing, private sector etc – are not ideas that have gained much traction in the Maldives, and this is a gap, given that moving forward with the current global funding environment and the development status of the Maldives, the UN role in general will shift towards providing more value proposition, proof of concept, and evidence-based data to the Government for scale-up, instead of directly funding interventions.

Key operational implications are: (a) seeking F2F support from the RO to give this more prominence in the next CPD; (b) requesting RO support for a small-scale blended financing pilot project; (c) building on current innovative examples of financing – i.e. private sector engagement – and writing up case studies for sharing with the RO; (d) positioning PD and SRHR agenda within national discussions on debt sustainability and fiscal reform, aligning with the Integrated National Financing Framework objectives and actions, showing how investments in health, gender equality, and youth empowerment contribute to long-term economic stability; (e) conducting skills and capacity mapping to assess current staff expertise against demographic resilience needs.

Chapter 1. Introduction

The UNFPA Seventh Country Programme (CP) in the Maldives spans 2022–2026 and is implemented in parallel with the United Nations Sustainable Development Cooperation Framework (UNSDCF) for the same period.³ Operating in a Small Island Developing State (SIDS)⁴ context with a dispersed population and a concentration of specialized services in Malé, context significantly shapes how UNFPA partners plan, deliver, and coordinate actions across four core mandate areas: sexual and reproductive health and rights (SRHR); adolescents and youth; and gender equality and prevention of gender-based violence (GBV); and population and development (PD).

Anchored in the UNFPA Three Transformative Results, this CP aimed to expand informed choice in family planning and increase equitable access to modern contraception; step up prevention of GBV and strengthen survivor-centred services; and ensure quality SRHR services across the life course. Consistent with the UNFPA approach, the programme invested in capacity development, systems strengthening, and evidence-informed policy dialogue.

The Maldives Country Office has commissioned this independent Country Programme Evaluation (CPE). The evaluation was conducted by an independent team with oversight from an Evaluation Reference Group (ERG), in line with the UNFPA Evaluation Policy.

1.1 Purpose and objectives of the CPE

Purpose. In line with UNFPA’s Evaluation Policy (2024), the CPE sought to:

- (i) Enhance oversight and accountability by assessing progress towards results and use of resources;
- (ii) Support evidence-based decision-making for ongoing programming and the next Country Programme;
- (iii) Promote organizational learning by identifying what works, what does not, for whom, under what circumstances, and why; and
- (iv) Empower community and national stakeholders through inclusive, participatory processes and the use of findings.

Objectives. Consistent with the CPE Design (Inception) Report, the CPE has:

- (i) Reviewed results against CPD indicator targets (outputs and outcomes) and provided an impartial judgement of performance, including value-for-money;
- (ii) Assessed programme performance across the five evaluation criteria of relevance, effectiveness, coherence, efficiency, and sustainability;
- (iii) Analysed facilitating and constraining factors that influenced programme delivery and the achievement of intended results;
- (iv) Synthesized overarching conclusions and provided actionable, prioritized recommendations to guide course-corrections in 2026–2027 and inform the design of the next CP (2027–2030).

Intended use and deliverables. The CPE has produced this final report and a Management Response & Action Plan from UNFPA will follow, with time-bound follow-up actions for 2026–2027 that will also inform the next CP (2027–2030). Primary users of the CPE are UNFPA Maldives, APRO, and UNFPA Headquarters. Secondary audiences include the Government of Maldives and national institutions, UN partners, civil society, academia, and development partners.

1.2 Scope of the Evaluation

The **scope** of the evaluation is as follows:

³ UNFPA. Country Programme Document for the Maldives 2022–2026 (DP/FPA/CPD/MDV/7) and United Nations in Maldives. United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026.

⁴ UN DESA / UN-OHRLLS, Small Island Developing States (SIDS) resources.

- *Geographic scope:* The Republic of Maldives (henceforth referenced as ‘the Maldives’ for the normative support to national -level policies and localized interventions in Malé and three island sites outside the capital: B. Dharavandhoo, HDh. Kulhudhuffushi, and N. Kudafari);
- *Thematic scope:* All of UNFPA programme interventions in the Maldives;
- *Temporal scope:* 2022 to the end of data collection period of this evaluation, being July 2025.

More detailed information across these three dimensions of scope is provided below:

Geographic: National-level engagement with perspectives from the central and northern Maldives. Data were collected primarily in the central region (Malé area), reflecting the Country Office’s current advocacy-focused approach, with complementary inputs from northern atolls. Evidence gathering combined in-person engagement in B. Dharavandhoo with online consultations where travel was constrained by weather (e.g., the planned Kulhudhuffushi discussion was conducted virtually). The analysis accounts for disparities associated with geography, population dispersion, and service concentration.

Thematic: The CPE assesses UNFPA’s contributions across the four outputs articulated in the CP:

1. *Sexual and Reproductive Health and Rights (SRHR):* Policy, technical and programmatic support to improve quality, accessibility, and equity of services (e.g., maternal health, family planning and modern contraceptive access, STI prevention and management), with attention to integration in health and education systems and to the needs of women and girls in remote islands, migrant populations, and persons with disabilities.
2. *Adolescents and Youth Empowerment:* Interventions to build life skills, leadership, participation, and socio-economic opportunities for adolescents and youth - especially from rural and marginalized backgrounds - including support for comprehensive sexuality education (CSE) and efforts to harness the demographic dividend.
3. *Gender Equality and Prevention of GBV:* Strengthening of multi-sectoral GBV response systems, promotion of gender-transformative approaches, survivor-centred services, referral mechanisms, and capacity-building for government and civil society actors, including WLOs.
4. *Population Data and Evidence Use:* Enhancing national statistical capacity, improving disaggregated data availability, supporting census readiness, and integrating population data into inclusive, gender-responsive policymaking through partnerships with the Maldives Bureau of Statistics and other institutions.

Cross-cutting themes: Across all thematic areas, the evaluation examines mainstreaming of Leave No One Behind (LNOB) and a Human Rights-Based Approach (HRBA), with explicit attention to disability inclusion, as well as integration of resilience and climate considerations, and the use of digital innovation to strengthen service delivery and data use.

UNFPA Maldives implemented this CP in close partnership with government ministries, independent institutions, UN agencies, civil society organizations, youth-led organizations (YLOs), women-led organizations (WLOs), academia and the private sector. These partnerships form a critical part of the scope, with attention to their contribution to the Three Transformative Results.

Temporal: The CPE examines implementation and results from January 2022 through July 2025, and the evaluation itself was conducted from June to August 2025. This period was marked by intersecting factors: ongoing socio-economic recovery from COVID-19, continued demographic transition and urbanization, migration pressures, and climate-related vulnerabilities characteristic of a SIDS.⁵ The analysis also reflects an evolving political and policy environment, including shifts in government

⁵ UN DESA / UN-OHRLS. Small Island Developing States (SIDS) resources; Maldives Bureau of Statistics, Census of Population and Housing 2022 – Summary Results; and World Bank and UNFPA. World Development Indicators and World Population Dashboard (Maldives), accessed 2025.

priorities and the national development agenda during the programme cycle. Considering these, the CPE assesses prospects for achieving planned results by 2026 and implications for the next CPD.

Stakeholder engagement: Stakeholder coverage for evidence collection included national and local government officials, UNFPA staff, UN entities, NGO/CSO partners, representatives of WLOs/YLOs, community leaders, service providers, educators and beneficiaries, capturing both Malé and atoll perspectives through site visits and virtual consultations.

1.3 Evaluation approach

The evaluation applies the OECD-DAC criteria – relevance, coherence, effectiveness, efficiency, and sustainability and is conducted in accordance with UNEG Norms and Standards and the UNFPA Evaluation Handbook. In practice, this means: (a) assessing relevance to national priorities and rights-holder needs; (b) reviewing internal coherence across UNFPA outputs and external coherence within the UNSDCF and government systems; (c) testing the extent to which planned results have been or are likely to be achieved; (d) examining the economy and timeliness of resource use and delivery modalities; and (e) considering the likelihood that results endure and capacities are embedded.

The design is theory-based and mixed-methods, centred on contribution analysis within the reconstructed Theory of Change (ToC) developed for the evaluation. Causal pathways and assumptions (including risks and enabling factors) were explicitly tested against multiple evidence streams; rival explanations were explored; and findings were built through systematic triangulation of documents, monitoring data, KIIs, FGDs, and field observations.

The approach was participatory, gender-responsive and human-rights-based. Rights-holders and duty-bearers were engaged at inception, during data collection, and in validation of emerging findings; sex/age/disability-disaggregated analysis and intersectionality guided evidence use; and ethical safeguards (informed consent, confidentiality, do-no-harm) were applied throughout.

Cross-cutting foci: Leaving No One Behind / reaching the furthest behind (LNOB/RFB) and resilience were integrated across questions and methods, with targeted attention to specific barriers in access to quality SRHR, GBV and data services for specific groups, such as people in remote islands, migrant communities, adolescents and youth, and persons with disabilities, and to system resilience, climate and disaster risk, and digital inclusion.

Evaluation questions: The evaluation addressed five core questions aligned to OECD-DAC criteria. Brief descriptions of each criterion, the EQs and assumptions are provided below within the short matrix, Table 1. The full Evaluation Matrix (assumptions, indicators, data sources) is in Annex 1.

Table 1. Short evaluation matrix

CRITERIA	QUESTION	SUB-QUESTIONS
RELEVANCE: the appropriateness of objectives and design	EQ1. To what extent was the design of UNFPA Maldives CPD 2022–2026 relevant, appropriate and adapted to (a) the context and beneficiary needs, including identified gaps; (b) UNFPA’s mandate and regional positioning; (c) evolving impact of megatrends such as demographic	1.1. The original design of the UNFPA Maldives CPD 2022-2026 accounted for both needs of beneficiaries and contextual gaps as well as being appropriately framed within both the global mandate and regional direction of UNFPA across the humanitarian-development nexus.
		1.2 The design of the UNFPA Maldives CPD 2022-2026 allowed for adaptability of UNFPA support and interventions to both emerging and evolving megatrends (specifically, demographic shifts and transition; migration; urbanization; and effects of climate change) and to changing national priorities and plans.

	transition and shifts; urbanization; digitalization; and effects of climate change); and (d) changing national priorities and plans?	
EFFECTIVENESS: the extent to which objectives are met	EQ2. To what extent has UNFPA Maldives achieved / is on track to achieve the CPD 2022–2026 results, and to what extent are output- and outcome-level results demonstrable?	2.1 POLICY AND ACCOUNTABILITY. UNFPA Maldives has supported strengthened national capacity for sexual and reproductive health information and services, particularly for those left furthest behind
		2.2 ADOLESCENTS AND YOUTH. UNFPA Maldives has supported strengthened institutional capacity for adolescent and youth empowerment, particularly for those most left behind (i.e. rural and those with disabilities) through life-skills education and creation of opportunities and to ensure the Maldives is able to harness the current demographic dividend.
		2.3 UNFPA Maldives has contributed to strengthened multi-sectoral GBV response capacity as well as capacity to address harmful norms and promote gender equality through gender-transformative approaches.
		2.4 UNFPA Maldives has contributed to improved national capacity to generate, analyse and use population data for gender-transformative, inclusive (ensuring LNOB), resilient and adaptive development policies.
COHERENCE: how well the intervention fits with other interventions and policies	EQ3. To what extent has UNFPA Maldives developed, sustained, reviewed and leveraged strategic partnerships to further the UNFPA mandate and three transformative results in a coherent way?	3.1 UNFPA support in the Maldives seeks to fill gaps not filled by other actors and play to UNFPA expertise and strengths.
		3.2 UNFPA leverage strategic partnerships in the Maldives for furthering progress towards the three transformative results across different stakeholder groups including Government, civil society, academia, the UN system, and the private sector.
SUSTAINABILITY: the continuation of benefits after the intervention ends	EQ4. To what extent has UNFPA strengthened national capacities across both state and civil society to ensure continuation / sustainability of programme interventions?	4.1 UNFPA support has strengthened state capacities across SRHR, adolescents and youth, gender and social norms, and population data.
		4.2 UNFPA support has strengthened civil society capacity across SRHR, adolescents and youth, gender and social norms, and population data.
		4.3 UNFPA has played a clear convening role between Government and civil society that supports increased sustainable resilient capacity and partnerships with civil society, including WLO and YLO meaningfully participating in and contributing to inclusive development for all in the Maldives.
		4.4 UNFPA has successfully used advocacy and data for ensuring Government scale-up of pilot interventions (using the SP accelerator of Funding to Financing - F2F).

EFFICIENCY: how well resources are converted into results	EQ5. To what extent did UNFPA efficiently utilize human, technical, logistical, administrative and financial resources, tools and processes to achieve the CPD results and mitigate risks?	5.1 UNFPA Maldives has efficiently utilized human resources for implementation and achievement of results of the CPD 2022-2026.
		5.2 UNFPA Maldives has efficient processes, procedures, and systems that leverage technological and digital innovations for operations and programming.
		5.3 UNFPA Maldives has ensured robust resource mobilization, including financing opportunities, for implementation of the CPD 2022-2026 and has efficiently allocated financial resources as required.
		5.4 UNFPA Maldives has a robust and updated ERM process and demonstrably identifies and mitigates risks in planning and implementation.
		5.5 UNFPA Maldives has an active PSEA approach within the ERM.

Evaluation matrix: The evaluation matrix operationalized the EQs into sub-questions, judgement criteria, indicators, data sources and collection methods, with notes on sampling, responsibilities and timing. It served as the primary quality-assurance and audit-trail tool, linking findings and conclusions to verifiable evidence and showing how cross-cutting priorities, such as human rights-based approaches (HRBA), gender equality, LNOB, resilience, and disability inclusion, were embedded. The matrix guided triangulation and analysis and underpinned any use of ratings or rubrics. It was agreed at the end of the design phase⁶ and treated as a living document during data collection, with any adjustments (e.g., to indicators or sources) being logged and explained.

1.3.1 Contribution analysis and theory of change

Purpose and rationale: The evaluation applied contribution analysis to assess the extent to which UNFPA Maldives’ interventions under the CP plausibly contributed to observed changes across sexual and reproductive health and rights (SRHR), gender equality and women’s empowerment (GEWE), population and development (PD), and adolescents and youth engagement. This approach was well-suited to the Maldivian context, where outcomes are shaped by multiple actors (government, civil society, UN agencies, development partners) and direct attribution to a single actor is neither realistic nor desirable. The evaluation reconstructed ToC (see Annex 2) provided the analytical spine, enabling a structured examination of how UNFPA-supported outputs are expected to lead to intermediate outcomes and longer-term results, and of the assumptions and risks along those pathways.

Operationalisation of contribution analysis: The approach was implemented through four iterative stages:

1. *Reconstruction of the ToC:* There was no overarching ToC for the whole CP and so the different output areas, and the causal pathways for each output areas articulated with the CP, were used to develop the evaluation reconstructed ToC. Validation involved consultations with the UNFPA Maldives Country Office, government partners, civil society, and youth representatives to confirm pathways and surface implicit assumptions.
2. *Evidence mapping:* Evidence from the Maldives CPE evidence database was mapped to ToC pathways. Stakeholder interviews, policy/strategy documents, service delivery statistics, and site observation notes were linked to intermediate outcomes such as increased access to SRHR services, strengthened GBV response mechanisms, and improved availability and use of population data.

⁶ UNFPA Maldives. CPE Design Report, 23 June 2025.

3. *Assessment of contribution claims*: For each outcome pathway, the team assessed whether available evidence supported, partially supported, or refuted the contribution claim, focusing on evidence strength and consistency rather than premature judgments.
4. *Triangulation and alternative explanations*: Data from multiple sources (e.g., KIIs in Malé and selected atolls, policy reviews, administrative/service data) was triangulated to test consistency and to explore rival explanations. For instance, increases in youth engagement could plausibly reflect both UNFPA-supported advocacy and broader national policy reforms.

Application of the Theory of Change: The evaluation ToC structured analysis across the four outputs of the CP:

1. *Output 1*: Strengthened delivery of integrated SRHR services, including family planning and maternal health.
2. *Output 2*: Enhanced prevention of and response to GBV and harmful practices.
3. *Output 3*: Improved availability, analysis, and use of population data for decision-making.
4. *Output 4*: Empowered young people to participate in policy dialogue and development processes.

Cross-cutting accelerators: Capacity development, policy advocacy, strategic partnerships, and digital innovation are embedded across pathways. Contextual assumptions (e.g., political stability, policy continuity, community acceptance) and risks (e.g., staff turnover, geographic/logistical constraints) were examined during data collection to assess validity and impact on causal links.

Illustrative use of evidence: To operationalize contribution analysis, the evaluation drew on multiple evidence forms, for example:

1. *Policy and strategy reviews* to assess alignment of UNFPA support with national SRHR and GBV frameworks;
2. *Service statistics* (e.g., from the Ministry of Health and relevant agencies) to track trends in uptake and coverage;
3. *Key informant interviews* with health workers, police officers, social service providers, and NGO/CSO representatives to explore perceived changes in capacity and coordination;
4. *Focus group discussions* with adolescents and youth to understand experiences with CSE and participation platforms;
5. *Site observations* (health facilities, safe houses, community centres) to verify infrastructure, staffing, and service availability.

Deviations from the Design Report Approach: While the CPE Design Report proposed conducting all key informant interviews (KIIs) individually, practical constraints during the field mission led to group interviews with certain agencies. This adjustment was made to address time limitations and because collective discussions allowed participants to build on one another's responses, generating richer insights. Similarly, while initial plans anticipated a more even geographic spread, logistical constraints in an atoll-based island nation meant that site visits prioritized locations where multiple thematic areas overlapped.

Another deviation involved the use of integrated evidence streams. While the Design Report proposed parallel but separate quantitative and qualitative analyses, in practice these streams were merged earlier in the analysis process. This allowed emerging patterns from qualitative interviews and FGDs to directly inform the interpretation of monitoring data and national statistics, resulting in a more coherent narrative.

A final, significant deviation was the peer-to-peer youth engagement was more difficult to conduct than imagined, and so while this was finally conducted at the end of the data collection period, there was not sufficient information for it to meaningfully inform the findings. However, a write-up of the information gathered is provided in Annex 7.

1.3.2 Methods for data collection and analysis

The evaluation employed a mixed-methods design combining qualitative and quantitative evidence to address relevance, effectiveness, coherence, sustainability, and efficiency. This ensured triangulation across data sources and a balanced understanding of programme performance within the Maldivian context. The evaluation used **Artificial Intelligence (AI)** in a limited, human-in-the-loop manner to support with secondary document review (cross-referenced with human review). No evaluative judgements, ratings or findings were generated by AI. All outputs were reviewed and verified by the team. Personal or sensitive data were not entered into public AI systems.

Data collection methods

Document review. A structured review covered national policy documents, strategic plans, statutory/administrative guidelines, UNFPA programme and monitoring reports, partner/sectoral publications, and selected external research.

- *Corpus & coverage:* 62 core items spanning Jan 2022–Jul 2025 (with pre-CPD materials for context where relevant), managed in an evidence database with tags by EQ, theme, and ToC pathway.
- *Selection criteria:* relevance to EQs/ToC, recency, authoritativeness (government, UN, peer-reviewed/recognized technical sources), and availability of sex/age/disability disaggregation.
- *Languages & access:* primarily English; Dhivehi community materials were included where pertinent (translated or summarized).
- *Abstraction:* key facts and quotes captured into standardized note templates (source, date, reliability, use-tag), enabling traceability to findings.

Key informant interviews (KIIs). Semi-structured interviews with senior officials, technical staff, service providers, UNFPA personnel, UN agencies, NGOs/CSOs, APRO, an academic stakeholder, and a partner public company.

- *Stakeholder analysis and selection:* Sampling was anchored to the intervention footprint of the 7th CP and as described in the design report. A structured stakeholder analysis mapped organizations and informants and from this map, the team purposively selected implementing partners and delivery agencies, duty bearers and decision makers linked to UNFPA support, and rights-holders or user groups directly reached by a programme intervention. Cross-cutting priorities such as HRBA, gender, LNOB and RFB, resilience, disability inclusion, and digital inclusion guided question design and analysis. The KII sample was not expanded solely to represent cross-cutting groups unless they were directly reached or materially affected by a programme intervention.
- *Coverage target versus achieved:* The design of the CPE targeted 70-95 KIIs across stakeholder categories (to be interviewed either as single KIIs or in a small group on a case-by-case basis). The CPE achieved 49 KIIs, 36 female and 13 male, covering government, UN, civil society and NGOs, service providers, a partner public company, academia, and UNFPA and APRO staff. The reason for the discrepancy between targeted and actual was unavailability of stakeholders for interview. However, in many cases functionally equivalent substitutes were interviewed when individuals were unavailable. The final sample size was considered sufficient to generate evidence for triangulation for the CPE, given the diversity of stakeholder voices across all stakeholder groups, and the saturation of responses received, e.g. the consistently repeated perspectives that emerged throughout the data collection phase.
- *Instruments and topics:* Interview protocols were derived from the evaluation matrix, with different questions asked to different stakeholder groups, applied where relevant to the specific intervention under discussion. Analysis of the data accounted for stakeholder position, interest, power and influence, which was taken into consideration in triangulation of the data.
- *Modality and duration:* Interviews were mostly in English, and were 45 to 60 minutes long. Most were conducted in person, and those conducted online were done so at the request of the

stakeholder. In some agencies, small group interviews replaced individual KIIs again at the request of stakeholders.

- *Ethics and documentation:* Participation was voluntary with informed consent, confidentiality, and do no harm considerations observed. Interviews were not recorded and full notes were taken for comprehensive analysis, but stakeholder perceptions have all been anonymised in the final evaluation report. Names have not been provided in the annex of stakeholders interviewed (only job titles and organizations) A planned versus achieved distribution by stakeholder group and notes on substitutions are provided in Annex 3.

Focus group discussions (FGDs). FGDs were conducted as facilitated discussions with participant groups to explore lived experience, perceived change, barriers and facilitators, and the inclusivity of services and platforms. (In contrast to group KIIs which were KII interview protocols applied to small groups of key informants rather than single key informants, at the request of the key informants).

- *Coverage targets versus achieved:* The CPE design target was 5 FGDs in total, with 1 to 2 planned in Malé and additional groups at atoll sites. The CPE achieved 5 FGDs, being: youth; women in B. Dharavandhoo; Kulhudhuffushi Regional Hospital staff (virtual, conducted in Dhivehi); Population Dynamics and Policy Advocacy experts; and an elderly group (conducted in Dhivehi). Note: Dharavandhoo and Kulhudhuffushi are the two atoll locations within the scope.
- *Recruitment and facilitation:* Participants were recruited purposively through partners, with attention to LNOB and RFB. Women-only spaces were used where appropriate. Sessions were facilitated by experienced researchers, lasted 60 to 90 minutes, and were held in English or Dhivehi according to participant preference.
- *Safeguarding and confidentiality:* Ground rules were fully explained in all FGDs, being voluntary participation, and the ability to pause or withdraw at any time. Informed consent and confidentiality were observed; notes were anonymized. No recordings were taken. Procedures aligned with WHO ethical and safety recommendations for researching sexual violence, including not soliciting personal disclosures in groups, using trained facilitators, and providing private referral options.
- *GBV survivor participation:* The evaluation did not hold FGDs with GBV survivors. All other community perspectives were gathered through the FGDs described above.⁷

Field visits. The CPE design planned for fieldwork in Malé and three island locations: HDh. Kulhudhuffushi, B. Dharavandhoo, and N. Kudafari. This final selection and scheduling were agreed with the Country Office using purposive, maximum-variation criteria: presence and intensity of UNFPA-supported activities, diversity of service contexts, feasibility and safety within the field window, availability of key informants, and the ability to triangulate with documents and monitoring data. Malé was included as the national hub for policy, coordination, and facility observation linked to Country Programme support. For clarification, the 7th CP has provided localized support in Malé, B. Dharavandhoo, and HDh. Kulhudhuffushi, alongside national-level normative work. N. Kudafari was retained in the Design Report plan due to an elderly-focused activity but was not ultimately visited.

- *Coverage plan versus achieved:* The design plan was the collection of data in Malé plus HDh. Kulhudhuffushi, B. Dharavandhoo, and N. Kudafari. The CPE achieved data collection in person in Malé and B. Dharavandhoo. Kulhudhuffushi had to be covered virtually due to adverse weather conditions and transport cancellations. This was also the case for Kudafari, in terms of transport cancellations but stakeholders in Kurafari were also not available for remote interviews within the time frame of the data collection period. UNFPA support in Kurafari focused on elderly participants and as the evaluation team conducted an elderly FGD in Malé, data was considered sufficient.
- *Sampling of sites and on-site stakeholders:* Within each selected location, visits covered at least one facility or service platform supported by UNFPA, the relevant coordination body where

⁷ A distribution of FGDs and participants is provided in Table 3, below.

applicable, and front-line providers. Stakeholders were chosen using the same criteria as for KIIs: relevance to evaluation questions, role in policy, finance, delivery or data, geographic balance across Malé and atolls, and availability. When a priority informant was unavailable, a functionally equivalent substitute was interviewed or a short virtual follow-up was scheduled. The approach aimed for coverage and triangulation, not statistical representativeness.

- *Scope and tools:* In-person engagements took place in Malé and B. Dharavandhoo. Virtual engagement substituted for Kulhudhuffushi where travel was disrupted by weather. Tools included structured observation checklists covering infrastructure, staffing, commodities, referral pathways and accessibility, short informal interviews, and situational notes. No identifying photographs were included in the evidence base.
- *Bias mitigation and documentation:* Observations were triangulated with documents, monitoring data, and interviews. Deviations from the travel plan and any substitutions are logged in the evaluation audit trail, with implications noted in the Limitations and mitigation section.

Quantitative analysis. Descriptive analysis of available datasets complemented qualitative lines of evidence and tested ToC assumptions. Sources were national statistical publications and sectoral/administrative datasets shared by partners; UNFPA monitoring data. Where available, data were disaggregated by sex, age, geography and disability (disability being the least available disaggregation). Quality checks addressed completeness, outliers, and consistency across years.

Data integration and triangulation

- *Integration strategy:* Evidence was integrated at three points: (i) *design*, where the evaluation matrix mapped EQs, sub-questions, indicators and sources to ToC pathways; (ii) *analysis*, where coded evidence (docs/KIIs/FGDs/admin data/observations) was aggregated by EQ and ToC pathway and reviewed in calibration sessions; and (iii) *synthesis*, where a weight-of-evidence judgement combined quality, diversity and consistency of sources to support contribution claims.
- *Types of triangulation:* (a) *Vertical* (policy → institution → community) to check alignment across system levels; (b) *Horizontal* across sectors, geographies (Malé/atolls), and demographic groups; and (c) *Methodological* across qualitative (KIIs/FGDs/observations) and quantitative (administrative/national statistics, monitoring) streams.
- *Convergence and confidence:* For each EQ and key ToC pathway, the team created a simple convergence map (convergent / mixed / divergent - i.e., the evidence lines up / shows mixed signals / or conflicts) and recorded a confidence note based on: source independence and diversity; data recency/quality (completeness, outliers, definitional changes); and explanatory power of the evidence for observed change patterns.
- *Resolving discrepancies:* When signals conflicted, the team: (1) checked data quality and definitions; (2) searched for disconfirming evidence/negative cases; (3) revisited ToC assumptions and rival explanations; and (4) documented alternative interpretations and the rationale for the final judgement.
- *Audit trail:* All integration decisions (e.g., treatment of missing data, handling of outliers, confidence ratings) were logged in the evidence database and reflected in the evaluation matrix to ensure traceability from finding to source.

Analytical approach

- *Orientation and principles:* The analysis is *utility-focused, inclusive and participatory*, with a fundamentally formative intent (to inform the next CP) while delivering a credible summative assessment of this CP. The CPE followed UNEG Ethical Guidelines for Evaluation and the UNFPA Evaluation Policy. (
- *Coding and evidence management:* All primary and secondary evidence was collated in an Excel-based *CPE evidence database* structured by Evaluation Question (EQ), sub-question/assumption, and ToC pathway. Evidence was coded using a hybrid approach: (i) *deductive* codes anchored in the ToC, EQs and judgement criteria; and (ii) *inductive* codes to

capture emergent themes and unintended effects. Each record includes source identifiers (doc/KII/FGD/observation), date, reliability notes, and cross-references to enable traceability. As the database filled, gaps and lines of inquiry were flagged for targeted follow-up.

- *Evidence strength and rubrics*: For each emerging finding, the team appraised *evidence strength* (quality, diversity and convergence of sources) and internally applied judgement rubrics (simple rating guides) linked to the EQs (e.g., “strong/partial/limited contribution”, “high/moderate/low coherence”, “on track/at risk/off track”). Ratings were not mechanical; they reflected triangulated patterns across methods and levels (policy–institution–community) and considered contextual factors and risks/assumptions from the ToC.
- *Synthesis and validation*: Analysis proceeded iteratively: rapid descriptive summaries to set context; pathway-by-pathway contribution tests against the reconstructed ToC; exploration of rival explanations; and deliberate searches for disconfirming evidence/negative cases. Interim syntheses were reviewed in team calibration sessions and validation meetings with the Country Office and ERG to test plausibility and usefulness without compromising independence. Where qualitative and quantitative signals diverged, the team revisited assumptions, checked data quality/definitions, and documented alternative interpretations.
- *Bias mitigation and reliability*: To reduce confirmation and availability bias, at least two analysts reviewed coding for sensitive themes; men’s perspectives (under-represented in FGDs) were triangulated through targeted KIIs; and data quality checks addressed completeness, outliers and year-to-year consistency. Ethical safeguards (informed consent, confidentiality, do-no-harm) and anonymization were applied throughout. The final synthesis privileges convergent, well-sourced evidence, flags areas with limited confidence (e.g., due to missing baselines), and transparently notes limitations affecting inference.
- *Contextual lens (SIDS)*: The analysis is explicitly situated in the operating reality of a small island developing state, including high geographic dispersion and transport costs, concentration of tertiary services in Malé, thin institutional capacity in some locales, and exposure to extreme weather; and in post-COVID socio-economic recovery, rapid urbanization, migration dynamics, and climate-related vulnerabilities. These contextual factors inform sampling, question design, triangulation, and interpretation of results.

1.3.3 Stakeholders consulted and sites visited

The evaluation engaged a broad range of stakeholders to reflect multiple perspectives and capture the complexity of UNFPA’s contributions under this CP. In total, 110 individuals were approached and **97 participated: 49 key informant interviews (individual or small group) and 48 participants across five FGDs**

- *Sampling logic and coverage*: An initial stakeholder map defined the primary data universe. The evaluation team then, within the design phase, used purposive sampling to select a set of stakeholders who, taken together, cover Country Programme outputs and key perspectives. Selection used clear criteria, including: implementation context (mature, expanding, pilot); stage (ongoing or completed); stakeholder type (ministries, implementing partners, NGOs/CSOs, academia, donors, service providers, rights-holders); level (national or atoll); AWP size; inter-agency projects; and relevant actors in SRHR, AY, PD, and GEWE beyond UNFPA partners. Annex 3 shows why each stakeholder was included by linking them to the programme area, the criteria they meet, and the evaluation questions (EQs) they informed. The aim was analytic coverage and triangulation, not statistical representativeness; role-based substitutes were used if invitees were unavailable.
- *Participation and validation*: The preliminary “up to 100 KIIs” estimate was refined to ~50 following stakeholder mapping and scoping; 49 were completed, covering all major stakeholder groups. Non-participation was primarily due to unavailability within the fieldwork window. Validation of preliminary findings and proposed recommendations was undertaken with the ERG and the Country Office. Given the Country Office’s advocacy focus and systems-oriented work,

consultations skewed toward government ministries and national institutions. NGO/CSO participation was smaller, reflecting a relatively limited number of active organizations in the Maldives. The stakeholder selection map and the data universe in Annex 3 present the final lists. Engagement covered 97 of 110 stakeholders approached ($\approx 88\%$ participation), with a predominantly female sample (79% women, 21% men). Participants included UNFPA (Country & Regional Offices), government entities, NGOs/women’s organizations, UN partner agencies, academia, a corporate partner, programme beneficiaries, and national thematic experts.

FGD participation breakdown. The youth group in Malé (ages 16–25) comprised seven participants, four female and three male. The women’s youth group in B. Dharavandhoo comprised five participants, all female. The Kulhudhuffushi Regional Hospital staff FGD included five participants, three female and two male. The population dynamics and policy experts FGD in Malé included four participants, two female and two male. The elderly group in Malé (ages 65 and above) comprised 26 participants, twenty-five female and one male.

One in-person field visit was completed in B. Dharavandhoo. The planned visit to HDh. Kulhudhuffushi was conducted virtually due to adverse weather. The planned visit to Kudafari was cancelled due to transport cancellations and could not be conducted virtually.

Figure 2. Total participants participating in the evaluation by M/F

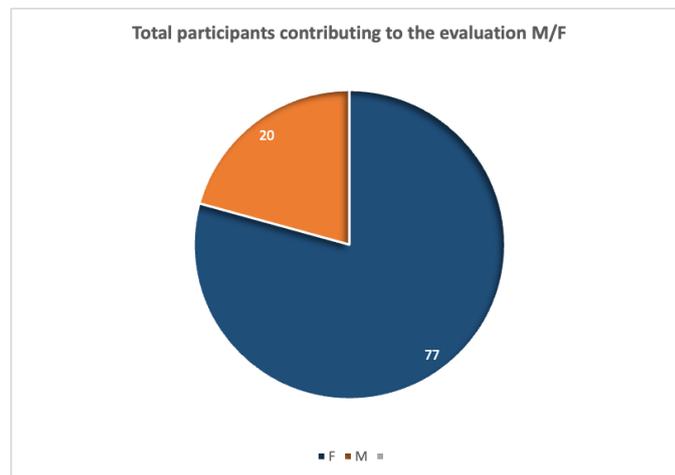
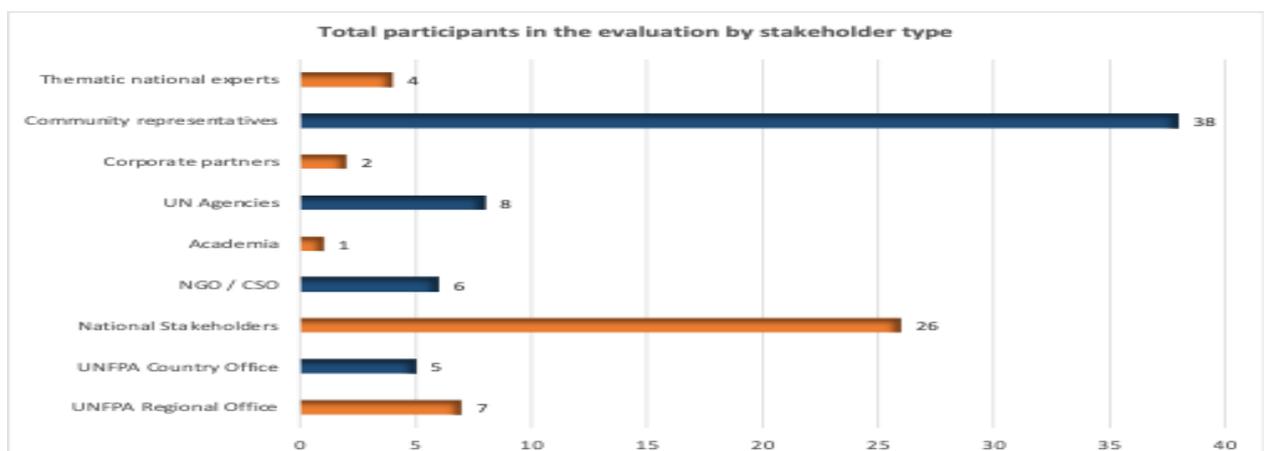


Figure 3. Total participants participating in the evaluation by stakeholder type



1.3.3 Limitations and mitigation measures

Every evaluation operates with contextual, logistical, and methodological constraints. Anticipated and unanticipated limitations are summarized below alongside mitigation measures. Proactive planning, flexible modalities, and mixed methods ensured comprehensive coverage despite constraints. The most salient unanticipated challenges were limited baseline data in specific areas and timing misalignments between national strategy cycles and this CP. Lessons learned - especially on risk planning, data readiness, and hybrid engagement - should inform future CPE designs.

Table 2. Limitations and risks and mitigation measures

Limitation / Risk	Anticipated?	Occurred?	Description	Mitigation Measures
Limited access to high-level informants	Yes	Partially	Competing priorities and scheduling constraints limited availability of some senior officials.	Flexible scheduling; extended interview window; virtual KIIs; triangulation with technical staff.
Language barriers in documentation	Yes	No	Most relevant government reports were available in English.	Occasional translation support for community-level materials.
Availability/quality of partner monitoring data	Yes	No	Partner data were available from the Country Office.	Used existing data; cross-verified during KIIs/FGDs.
Gaps in baseline/sectoral studies under the CP	No	Yes	Limited baselines and quantitative research in some thematic areas.	Greater reliance on qualitative data, proxy indicators, and triangulation; data gaps flagged for future programming.
National statistical data cycles not aligned with CPD timeframe	No	Yes	Sectoral statistics preceding or extending beyond the CP window complicated trend analysis and attribution.	Filtered to CPD-relevant windows; used proxy indicators; triangulated with qualitative evidence.
Misalignment of national plans and CPD cycle	No	Yes	Revisions to national strategies post-2023 created timing misalignments with CP designed amid COVID-19.	Assessed alignment thematically; referenced COVID-responsive frameworks and evolving priorities.
COVID-19 influence on CP design	Yes	Yes	CP design emphasized pandemic response, with potential disconnect from longer-term plans.	Contextualized findings across both pandemic and broader strategic objectives; assessed sustainability.
Macro-level desk review focus	Yes	Yes	Greater emphasis on national/UN system documents than micro-level operations.	Operational nuances captured through KIIs/FGDs; triangulated with monitoring data.
Variation in institutional memory	No	Yes	Staff turnover resulted in inconsistent recollections.	Interviewed both long-serving and newer staff; validated through documentation.
Gender imbalance in FGDs (low male participation)	No	Yes	Women comprised the majority of FGD participants.	Interpreted with caution; supplemented with targeted male perspectives via KIIs.

Geographic and weather-related logistical constraints	Yes	Yes	Travel to remote islands is weather-dependent; one site visit cancelled.	Virtual consultations; clustered field activities to maximize coverage.
Stakeholder time constraints	Yes	Yes	Limited time for lengthy interviews.	Prioritized key questions; focused guides; concise follow-ups.
Sensitivity of topics	Yes	No	Anticipated reluctance did not significantly deter participation.	Safeguarding protocols and experienced facilitation.
Difficulty in organizing the peer-to-peer methodology outlined in the Design Report	No	Yes	Youth were busy and it was more difficult to arrange for the methodology than envisioned.	The peer-to-peer was collected, but quite late in the process and with limited information that could meaningfully inform findings: however, the information gathered is provided as an annex.

Chapter 2. Country Context

2.1 Development Challenges and national strategies

The Republic of Maldives is a Small Island Developing State (SIDS) with inherent developmental challenges posed by factors such as geographically dispersed nature of tiny islands based on coral atolls with small population size, limited economic opportunities, impact of climate change consequences and vulnerability to external factors such as global trends and shocks.

The Maldives is experiencing a dynamic political environment accompanied by increasing religious conservatism, which has posed notable risks and challenges for policy advocacy. Frequent changes in government leadership, restructuring within the public service, particularly in the health sector, shifting national priorities, and the influence of religious conservatism have together created a complex context for UNFPA's policy engagement.

The Maldives faces several climate change-related vulnerabilities. Rising sea levels threaten land submersion and habitat loss. Coastal erosion and flooding from stronger storms endanger infrastructure and tourism. Coral bleaching due to warming oceans impacts biodiversity, fishing, and tourism. Saltwater intrusion caused by rising seas jeopardizes freshwater supplies. The country's reliance on tourism and fishing renders it economically vulnerable to climate impacts. Additionally, land and resource threats may lead to displacement, disrupting communities and cultural heritage.⁸

National strategies to climate change include national acts like the Environment Protection and Preservation Act (EPPA) 4/93, and policy frameworks such as the Third National Climate Action Plan, the Maldives Energy Act 2021, and the Maldives Energy Policy and Strategy 2024-2029. Other key documents are their updated Nationally Determined Contributions (NDC) 2020, which outlines a target for net-zero emissions by 2030, and the National Adaptation Programme of Action (NAPA), focusing on resilience building and coastal protection.⁹

Maldives has seen rapid economic development since the introduction of international tourism in the country in 1972 and the modernization of the fisheries industry through the mechanization of traditional sailing fishing dhoani, thereby rapidly enhancing the daily fish catch by Maldivian fishermen. This was when the total population of the country was 122,673.¹⁰ This number increased to 142,832 as counted in the first modern census conducted in the Maldives in 1977 with the

⁸ IPCC. (2021). *Climate Change 2021: The Physical Science Basis*. Intergovernmental Panel on Climate Change; Vanderploeg, H. A., et al. (2019). Coastal Vulnerability in Small Island Developing States. *Climate and Development*; Hughes, T. P., et al. (2017). Global Coral Bleaching. *Science*, 358(6379), 158-160.; Kench, P. S., et al. (2019). Rising Sea Levels and Small Island Longevity. *Nature Communications*, 10, 134.; Government of Maldives. (2020). *National Climate Change Policy*; Asian Development Bank (ADB). (2018). *Climate Resilience in the Maldives*.; Government of Maldives. (1993). *Environment Protection and Preservation Act (Law No. 4/93)*. Ministry of Environment. <https://www.environment.gov.mv/biodiversity/wp-content/uploads/2016/01/environment-protection-and-preservation-act-1993-english.pdf>

⁹ Government of Maldives. (2025). *Third National Climate Action Plan: Towards resilience and low-carbon development*. Ministry of Environment, Climate Change and Technology. <https://unfccc.int/sites/default/files/2025-02/Maldives%E2%80%99%20Third%20Nationally%20Determined%20Contribution.pdf>; Government of Maldives. (2021). *Maldives Energy Act (Law No. 18/2021)*. Ministry of Environment, Climate Change and Technology. <https://policy.asiapacificenergy.org/sites/default/files/Maldives%20Energy%20Act%20%28Law%20No.%2018-2021%20of%202021%29%20%28Overview%29.pdf>; Government of Maldives. (2025). *Energy Policy and Strategy 2024–2029*. Ministry of Environment, Climate Change and Technology. <https://www.environment.gov.mv/v2/en/download/3161>; Government of Maldives. (2020). *Update of Nationally Determined Contribution of Maldives*. United Nations Framework Convention on Climate Change. <https://unfccc.int/sites/default/files/NDC/2022-06/Maldives%20Nationally%20Determined%20Contribution%202020.pdf>; Government of Maldives. (2006). *National Adaptation Programme of Action*. United Nations Framework Convention on Climate Change. <https://unfccc.int/resource/docs/napa/mdv01.pdf>

¹⁰ Ministry of Planning and Development, Population and Housing Census of Maldives 1985. General Tables Part A, Population, Country Level, Table P-4: Census Populations by Sex, Sex Ratio and Inter-Censal Variation of Population, pp 17-19.

assistance of the United Nations. With an average annual growth of population over 3 percent corresponding to this period, the national population reached 180,088 at the time of the 1985 Census.

These economic developments and corresponding social developments were almost in parallel with the spread of modern English medium schooling across the country, especially in the more populated islands including the capital Male', rapidly enhancing the proportion of children completing modern secondary education across the country. Even for the out of school adults, a nationwide basic literacy campaign was conducted during the early 1980s. At the same time, Maldives has been making little progressive steps in the health sector, in creating health awareness and providing very basic care, especially for expecting mothers and infants, through the Community Health Worker initiative spread across the inhabited islands.

The most recent Census of Population and Housing conducted in the Maldives was in 2022, which counted a total population of 515,132, out of which, a quarter of this population are expatriates and Maldivians are only 382,639 persons.¹¹

Sex Ratio of the total population in 2022 was 134 males per 100 females. When the local and expatriate populations are viewed separately, there is a huge contrast with possible negative social implications. While the sex ratio of the Maldivian population was 106 males per 100 females, among the expatriate population it was 805 males per 100 females.¹² This is mostly likely to be due to the large expatriate labour force employed in the construction industry, the resort sector and also in the agriculture sector. The services sectors such as catering, cleaning, and others are also hugely dominated by the expatriate population and mostly males.

Looking at the age structure of the population as seen from the changes in the shape of the Population Pyramid, one could observe the rapid changes that has been happening in the recent past and to be projected into the not-too-distant future. In 1985 the age structure of the population showed 45 percent of the population was under the age of 15 and the working age population between 15 and 65 years of age was 52 percent of the population, while the population aged 65 and over was less than 2.5 percent of the total population.

Looking at the most recent census of 2022, these figures stood at 27 percent, 68 percent, and 5 percent, respectively; the result of rapid fertility decline and increased survival, largely due to the rapid reduction in maternal and child mortality and deaths due to communicable diseases. Expectation of life at birth in the Maldives has increased from just under 50 in 1977 to 80 for males and 83 for females respectively, at present.¹³

Population projections undertaken with UNFPA by the National Bureau of Statistics for the period 2014 to 2054 suggest some important predictions on how the population of Maldives is changing and will be in the next four decades.¹⁴

Projections based on the 2014 Census suggest that the transformation of the child and elderly population is notable. While the numbers across all age groups is projected to be higher at the end of the projection period, the proportion of population in each age group has changed substantially. Notable is the continued drop in the child population while the percentage share of older people in the population continues to grow with almost doubling by 2054.

These population dynamics for the child population versus the older population will pose major challenges for the country in the coming decades. While the population continues to age and fewer children are born to replace the present generation of working age population, the social and economic challenges that are being faced by many countries around the world, notably countries like

¹¹ <https://statisticsmaldives.gov.mv/census-2022-results-summary/>

¹² <https://statisticsmaldives.gov.mv/census-2022-results-summary/>

¹³ UNFPA World Population Dashboard: <https://www.unfpa.org/data/world-population/MV>

¹⁴ <https://statisticsmaldives.gov.mv/population-projection-2014-2054/>

South Korea, Japan, and many countries in Europe will also be faced by the Maldives. The question will be how we are preparing for this eventuality.

At the same time, the Maldives is also confronted with the issues of economic inactivity among some youth, many of whom are dealing with drug abuse and gang related crimes. The rapid flow of migration from the outer islands to Malé has, understandably, resulted in increased housing congestion, leading to other contributing factors such as gender based domestic violence, and inhospitable home environment for young people often pushing them into the streets where they become prey to drug gangs and extremist groups.¹⁵ These social ills are often repeated in the outer islands through the spread of such networks.

In economic terms, Gross Domestic Product has increased several-fold over the years. GDP (in 2019 constant prices) has increased from Maldivian Rufiyaa 37.522 billion in 2003 to 96.864 billion in 2023. Of the three main sectors, primary, secondary and tertiary, the tertiary sector saw the biggest gains from 16.613 billion in 2003 to 73.430 billion in 2023. Primary and secondary sectors appear slower to have recovered from the negative impact of the COVID-19 pandemic as compared to the tertiary sector. According to the World Bank, due to the increasing numbers of tourist arrivals, where the arrival numbers crossed an all-time high of 2.04 million arrivals in 2024, real GDP is estimated to grow by 5.5 percent in 2024. This is also likely contributed by the robust performance in tourism-related services, thereby bringing poverty back below pre-pandemic levels. However, the World Bank also noted that while the tourist arrival numbers are on the rise, spending per person has been moderating.¹⁶

Covid-19 pandemic necessitated significant government spending, especially on subsidies and capital expenditures, which have notably supported the budgets of vulnerable households. Furthermore, the last decade has seen a reliance on non-concessional borrowing that has enhanced fiscal and external vulnerabilities. With the current domestic fiscal challenges and the global economic situation remaining bleak at the moment, any disruptions in the global economy are likely to have significant direct impact the current local situation given the level of dependence of the Maldivian economy on external factors, such as, imports of essential commodities and raw materials, including energy.

National government / structure, challenges: The Republic of Maldives, as a Small Island Developing State (SIDS), faces unique population and development challenges, including rapid demographic shifts, geographic dispersion, climate change vulnerability, and reliance on external economic drivers. Effective governance of population-related issues is therefore crucial for sustainable development. This report outlines the main national government structures responsible for population and development in the Maldives, their roles, and coordination mechanisms.

National government structural changes have a significant impact on the delivery of development related mandates of relevant government departments and hence this section summarises these challenges in general. The following paragraphs spell out the sectoral impacts and related challenges.

One of the biggest challenges in smooth coordination and integration of such national development priority issues as population and related statistics in national policy making is due to shifts in the executive structure of the government administrative mechanism that is responsible for coordination of the Maldives Bureau of Statistics and its parent authority, which is the ministry responsible for National Development Planning. It may be noted that, at the start of this exercise of evaluation of the UNFPA Country Program 2022-2026, the mandate of national development planning has moved from the Ministry of National Planning, Housing and Infrastructure (MNPHI) to Ministry of Finance and

¹⁵ United Nations Population Fund; Country Program Document for the Maldives 2022-2026, United Nations (DP/FPA/CPD/MDV/7)

¹⁶ <https://www.worldbank.org/en/country/maldives/publication/maldives-development-update-2025>.

Planning, thus, the Maldives Bureau of Statistics falling under this Ministry. Currently, the Ministry of Finance and Planning is mandated with overseeing the integration of demographic data for all line Ministries into national and sectoral development plans. It also oversees urban planning, housing strategies, and infrastructure development and coordinates with line ministries to ensure population dynamics inform policy decisions.

Maldives Bureau of Statistics (MBS) being the national statistical authority provides the evidence base for population and development planning. It conducts the Census of Population and Housing and various demographic, economic and social surveys to study and provide input for the national planning process. MBS also prepares projections of the population and socio-economic indicators. MBS also works closely with UNFPA and other relevant partners in carrying out their mandates, especially when it comes to technical expertise for the analysis of data, conduct awareness programmes and policy documents for the government's consideration.

In addition, the Ministry of Health is central to addressing the health dimension of population and development. It oversees sexual and reproductive health (SRH), family planning, and maternal and child health programs; implements health strategies to address fertility, mortality, and population health trends; and coordinates with MBS for health-related demographic data.

The Ministry of Social and Family Development (MSFD) addresses the social aspects of population and development, focusing on: Gender equality; family welfare; and the protection of vulnerable groups. The Ministry is also mandated with policies for aging populations and disability inclusion and prevention and response to gender-based violence.

Given the currently large youth population, a government ministry dedicated to youth -Ministry of Youth Empowerment, Information and Arts plays a vital role in: Youth development, employment, and empowerment. Preventing and addressing youth-related social challenges such as drug abuse and crime. Further, a dedicated ministry for sports, Ministry of Sports, Fitness and Recreation, also has youth related mandates, especially in sports.

The Maldives collaborates closely with development partners, particularly: UNFPA which is the lead partner for population, SRH, and demographic capacity building. WHO, UNICEF, World Bank supports in the areas of health and youth development. Population and development governance in the Maldives is a multi-sectoral effort requiring coordination between national ministries, local councils, and development partners. With evolving demographic trends—including ageing, youth unemployment, and migration pressures—effective integration of population data into policymaking is essential. Strengthening coordination, institutional capacity, and data systems will be critical to ensuring sustainable and inclusive development in the Maldives.

Situation / challenges for SRHR: The 2022 census highlights the mean age of first marriage in the Maldives as 27.5 years for women and 24.7 years for men.¹⁷ The 2018 Demographic and Health Survey (DHS) shows that in the Maldives early marriage (before reaching 18 years of age) affects only 0.65% of girls. DHS data shows that premarital sex is uncommon, reported by 5% of young women and 15% of young men, although, as the data on age of first sexual intercourse shows that this may not be a true reflection of the reality. Among married women aged 15–49, 20% had first sexual intercourse before 18, with women's average age at first intercourse (20.7 years) lower than men's (23.1 years).

Contraceptive use among married women, according to available data, has fallen sharply from 35% in 2009 to 19% in 2016–17, with modern method use dropping from 27% to 15%. Condoms remain the most used method, followed by female sterilization, withdrawal, and pills, though use of all methods has declined. Nearly half obtain contraceptives from public sources, 39% from private providers. Discontinuation rates are high (34% within a year), unmet need for family planning is significant (31%), and only 37% of married women have their needs met. (Ministry of Health, 2018). Society for Health

¹⁷ Maldives Bureau of Statistics. 2022 Census. <https://statisticsmaldives.gov.mv/census-2022-results-summary/>.

Education (SHE) stated that SRHR services could be further strengthened, including the implementation of MISP. SHE also has been receiving increasing requests from parents, CSOs, and private service providers regarding disabilities, an area in which their current training and capacity remain insufficient.

In 2023, the Maldives recorded a maternal mortality ratio (MMR) of 32 deaths per 100,000 live births, marking a notable decline from 60 in 2021 and a substantial decrease from 677 in 1990.¹⁸

Situation / challenges for adolescents and youth: Over half of the Maldives' population is under the age of 30 presenting significant youth-related challenges. Youth unemployment stands at 12% for young men, and 34.5% for young women,¹⁹ with rates particularly high in Malé. Young people (defined here as ages 18–25) face increased vulnerability to social issues such as drug abuse and gang involvement, driven in part by issues such as housing congestion, issues related to the primary education curriculum which focuses mainly towards academic excellence and less on vocational skills development from an early age, and limited opportunities in the employment sector due to these and societal norms which sees vocational and manual work as an area for expatriate labour.

Risky sexual behaviours are also a concern, particularly among groups such as intravenous drug users, and clients of sex workers. Factors like inconsistent condom use and needle sharing heighten the risk of HIV transmission (World Bank, 2018). Surveys indicate low awareness of sexual and reproductive health and rights (SRHR): 25% of young women and 22% of young men have never discussed SRHR topics, and nearly half of the youth surveyed by the Human Rights Commission of the Maldives (HRCM) did not know what SRH means. Overall, inadequate SRHR education, weak service delivery structures, and limited awareness among healthcare providers create significant barriers to accessing essential services for young people and other vulnerable groups (Ministry of Health, 2009; HRCM, 2016; UNFPA, 2010).

The youth focus group highlighted that Fertility-related health challenges, such as Polycystic Ovary Syndrome (PCOS) and endometriosis, significantly impact many women in the Maldives. These conditions are often overlooked or dismissed by healthcare providers, which delays diagnosis and treatment. Access to fertility treatments, including In-Vitro Fertilization (IVF), remains limited and prohibitively expensive, despite the new national scheme under Aasandha (National Social Health Insurance Scheme), creating additional barriers for women seeking care. PCOS, in particular, is a widespread issue. Early symptoms often go unrecognized, especially in remote island communities where awareness is low. This lack of knowledge can lead to prolonged suffering and painful complications, which may contribute to emotional distress and both reluctance toward motherhood and difficulties in conceiving. Personal accounts reveal that some women experience symptoms for many years before receiving a formal diagnosis. This highlights the need for increased awareness, improved healthcare services, and particularly improved preventative services, and affordable fertility treatment options. The prevalence of PCOS among women in the Maldives underscores the importance of addressing reproductive health comprehensively within national health and development strategies.

Situation / challenges for GE / GBV: Gender-based violence (GBV), including domestic violence and violence against women (VAW), reflects deeply rooted gender inequalities that continue to persist in the Maldives. Such violence inflicts serious physical and psychological harm, undermines women's autonomy, and restricts their ability to fully exercise their human rights. In 2018, 6.1% of women aged 15–49 reported experiencing physical and/or sexual violence from a current or former intimate partner within the previous 12 months.²⁰ In response, the Maldives has taken important legislative and institutional measures to address VAW and GBV. Key milestones include the Domestic Violence Prevention Act (2012), the Gender Equality Law (2016), the Sexual Offences Act (2014), and the

¹⁸ National bureau of statistics VITAL STATISTICS REPORT OF MALDIVES 2024

¹⁹ <https://statisticsmaldives.gov.mv/international-youth-day-2025/>

²⁰ Maldives. Demographic and Health Survey 2016-2017. 2018.

Prevention of Sexual Abuse and Harassment Act (2014). These legal frameworks are supported by the establishment of the Family Protection Authority (FPA), mandated to coordinate national efforts against domestic violence (UNFPA, 2021; National Gender Policy, 2019; GEAP).

While GBV has traditionally been viewed as a private matter in the Maldives, awareness campaigns by government bodies and civil society organizations are gradually shifting public perceptions—encouraging survivors to report abuse and increasing community understanding of GBV’s wider health and societal impacts. These initiatives represent critical first steps toward building data-driven, multi-sectoral strategies to prevent and ultimately eliminate GBV. Closing existing data gaps remains essential for advancing gender-related Sustainable Development Goals (SDGs) in the country (UNFPA, 2021).

However, there are multiple gaps, overlaps and contradictions in the GBV-related legislation in the Maldives, as highlighted by a 2023 UNFPA research study of human rights and GBV-related laws.²¹

Situation / challenges for PD: The Maldives’ population and development situation is shaped by its unique geographic and demographic characteristics, as well as vulnerabilities to environmental and economic shocks. These challenges as explained at the beginning of this section (section 2.1), are current population dynamics of low fertility and rapidly ageing population, excessive flow of population from the outer island to the Greater Malé Region constantly putting pressures on the social and economic infrastructure in the region, thereby leading to imbalances in population distribution and distortions in the age structure of the populations in the islands versus the urban area.

As more and more young people from the outer islands migrate to Greater Malé Area in search of better education, employment and other attractions, authorities are forced to constantly work on investing in expanding the urban infrastructure and housing, thereby leading to overcrowding and related social problems, whereas many of the outer islands are increasing left with the elderly, women and young children, thereby leading to a different set of social problems.

Addressing these challenges requires a coordinated approach that strengthens institutions, improves data availability, and integrates population considerations into national development planning, as the spatial distribution of the population across the archipelago, de-congestion of the Greater Male’ area by creating regional growth centres in selected points: the extreme north, north-central, south-central and extreme south of the country, by providing essential social and economic infrastructure to attract people from smaller islands with less growth potential. This approach will enable the Maldives to pursue sustainable socio-economic development while safeguarding the well-being of its population and its fragile environment.

The Maldives has reached a point where addressing population and development challenges immediately is critical to ensure sustainable social and economic development for the present and future generations and must be a key focus within its broader socio-economic development strategy.

2.2 The role of external assistance

ODA 2022-2025 in the Maldives has primarily focused on the areas of:

- Climate resilience & adaptation. Coastal protection, early-warning systems, and “resilient island” pilots; primarily through the Green Climate Fund grant via JICA;²²
- Human capital & social protection. Health, education quality, and youth employability, within the World Bank’s 2023–2027 CPF);²³

²¹ UNFPA. Human Rights & Gender Review of Gender-Based Violence Related Laws in the Maldives. 2023.

²² <https://www.greenclimate.fund/project/fp165>

²³ <https://www.ifc.org/en/pressroom/2023/world-bank-group-and-maldives-enhance-cooperation-through-new-country-partnership-framework>

- Fiscal management & resilience. Support to budget processes, debt/fiscal reforms, and macro monitoring through World Bank analytics and operations;²⁴
- Renewable energy & green infrastructure. Solar, efficient power, and waste management; ADB operations and co-financed packages continue this emphasis;²⁵ and
- Governance & decentralisation. EU grant programming on good governance, rule of law, and local government capacity.²⁶

According to the World Bank, the net ODA the Maldives received in 2022 was US\$119.1 mil: this is the latest figure provided by the World Bank.²⁷

This differs from the Maldives Ministry of Finance & Planning reports for ODA-type grants received which report, respectively:

- 2022: 592.3 million Maldives Rufiyaa (MVR), approximately USD 38 million at the 2022 exchange rate;
- 2023: 2,462.1 million MVR, approximately USD 160 million at the 2023 exchange rate; and
- 2024: 2,463.8 million MVR, approximately USD 158 million at the 2024 exchange rate.²⁸

However, the MoFP figures reflect external grants received directly into the central government budget, which is the closest government-published proxy for ODA received.

The Maldives, with its challenges due to limited economic sectors, high cost of providing basic services to the far flung island communities, limited capacity to locally produce food and other consumer goods and other factors that contribute to these challenges, despite being classified as an upper middle income country, continue to have to depend on the international community, especially the United Nations and its various bodies to provide for the requirements of its population.

These include technical expertise to understand and plan for current and emerging social and economic challenges such as the changing population dynamics, adolescent awareness on sexual and reproductive health, dealing with gender-based violence, infertility and low fertility challenges faced by young people, and many others.

The Maldives reached the graduation threshold just before the Asian tsunami that had a huge detrimental impact on the Maldives, like many other countries affected²⁹. Being a very low-lying island nation, many communities in the Maldives became destitute in an instant, as their homes and means of livelihood were washed away. As a result of the destruction and the setbacks, graduation from LDC status was deferred and finally came into effect in 2011. Today, Maldives is an Upper Middle-Income Country and hence, despite the special characteristics imposed being an archipelagic Small Island Developing State, Maldives has to compete for external assistance, especially concessional assistance, for its development projects and programmes. With the restructuring of budgets of the United Nations development agencies, it has become more difficult to acquire funds to undertake socio-economic development projects required for the country.

As has been announced by the President in his address at the United Nations General Assembly in 2024, he visioned the Maldives to be a Developed Country by 2040. This would mean that the country would no longer be entitled to any form of development assistance from the United Nations. However, the road to reach this goal has been constantly challenging.

²⁴ Ibid.

²⁵ https://www.adb.org/documents/maldives-country-partnership-strategy-2020-2024?utm_source=chatgpt.com

²⁶ https://international-partnerships.ec.europa.eu/countries/maldives_en?utm_source=chatgpt.com

²⁷ https://www.theglobaleconomy.com/Maldives/foreign_aid/?utm_source=chatgpt.com

²⁸ <https://www.finance.gov.mv/public/attachments/H5NrfG1gRRHu6KDVAR33JEIAjF0PgJD51PGkB12.pdf>

²⁹ <https://policy.desa.un.org/themes/least-developed-countries-category/least-developed-country-category-maldives-profile>

Chapter 3. The United Nations and UNFPA Response

3.1 United Nations and UNFPA Strategic Response

The current United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026 for the Republic of Maldives frames the cooperation assistance provided by the UN system to the Government of Maldives³⁰ around progress towards SDGs and provides a roadmap of collective results contributing to a vision where “economic and social development and environmental protection, leading to achievement of the 2030 Agenda for Sustainable Development.”³¹

The UNSDCF was designed based on a Maldives Common Country Analysis which was undertaken in 2020,³² ensuring clear alignment with the UN system’s added value in complement to all other stakeholders, and the vision of the previous Government’s Strategic Action Plan (SAP 2019-2023).

The CCA followed the guidance from the framework of the UN Sustainable Development Group and while based largely on secondary data, the CCA focused on critical issues such as policies and frameworks to achieve SDGs targets, climate change issues which are of specific importance to the Maldives, employment (or lack thereof), particularly for youth, human rights and gender equality.³³

The UNSDCF is framed around 3 Strategic Priorities, covering four outcome areas:³⁴

- STRATEGIC PRIORITY 1: SHARED PROSPERITY AND INCLUSIVE HUMAN DEVELOPMENT FOR ALL
 - OUTCOME 1: By 2026, youth, women and others at risk of being left behind, contribute to and benefit from inclusive, resilient, sustainable economic and human capital development, fostering innovation, entrepreneurship and decent work.
 - Outcome 2: By 2026, people in the Maldives especially the most vulnerable and marginalized benefit from increased access to and use of quality, equitable, inclusive, and resilient social and protection service and have enhanced relevant skills and live fulfilled lives and wellbeing and dignity.
- STRATEGIC PRIORITY 2: SUSTAINABLE AND CLIMATE-RESILIENT ENVIRONMENT
 - OUTCOME 3: By 2026, national and sub-national institutions and communities in Maldives, particularly at-risk populations, are better able to manage natural resources and achieve enhanced resilience to climate change and disaster impacts, natural and human-induced hazards, and environmental degradation, inclusively and in a sustainable manner.
- STRATEGIC PRIORITY 3: GENDER-RESPONSIVE, RIGHTS-BASED AND ACCOUNTABLE GOVERNANCE AND JUSTICE
 - OUTCOME 4: By 2026, Maldives has strengthened decentralised and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy tolerant and peaceful society.

The below figure outlines how the UNSDCF aligns to the five themes of the Maldives’ Strategic Action Plan (SAP) and to the Sustainable Development Goals (SDGs).

Figure 4. How the UNSDCF aligns to the Government of Maldives Strategic Action Plan³⁵

³⁰ UN. UNSDCF Republic of Maldives 2022-2026. 2021.

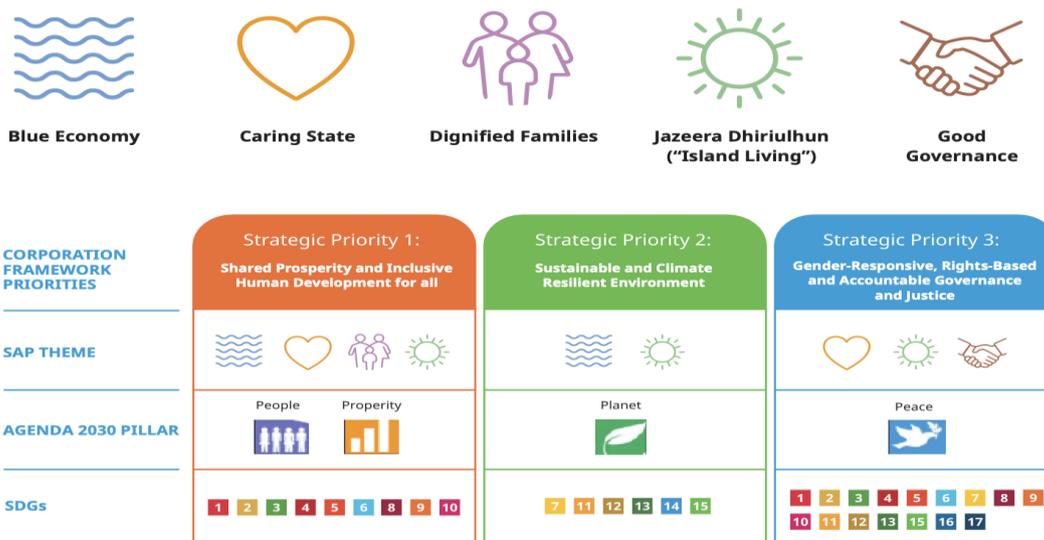
³¹ Ibid.

³² UN. Common Country Analysis, Republic of Maldives. 2020.

³³ Ibid.

³⁴ UN. UNSDCF Republic of Maldives 2022-2026. 2021.

³⁵ Ibid.



3.2 UNFPA response through the country programme in the Maldives

3.2.1 Brief description of UNFPA previous programme cycle, goals, and achievements

UNFPA has been supporting Maldives since 1977 and physically established a country office in the Maldives since 1994. The UNFPA Maldives Country Office (CO) is currently actively supporting the Government of Maldives through the Seventh Country Programme (2022–2026), which is aligned with the country’s national development goals. This support is guided by several key frameworks, including UNSDCF 2022-2026, UNFPA Strategic Plan, 2022-2025, the updated Common Country Analysis (CCA) of October 2024, the Government’s Strategic Action Plan (SAP) for 2019–2023, and the National Resilience and Recovery Plan (2020–2022) developed in response to the COVID-19 pandemic. The total Proposed Indicative budget for the programme is US Dollars 3.5 million.

As a broader background, the evaluation of the UNFPA Maldives 5th Country Programme (2011-2015) found that the programme initially addressed the target population’s needs, but that there was a lack of clear data as to whether UNFPA support continued to remain aligned with beneficiary priorities. The programme faced challenges sustaining activities amid political and structural changes. The evaluation of the 6th UNFPA Maldives Country Programme (2016-2020) concluded that the focus of that CPD on adolescents and young people, and particularly their access to SRHR services and information, was well-aligned to UNFPA’s mandate and expertise, and needs identified in the concurrent United Nations Development Assistance Framework (UNDAF). It highlighted that while output targets were not clearly met, strategic knowledge products and a consistent rights-based voice set the stage for future relevance and effectiveness. It noted that the 6th CPD was not based on a strong theory of change and, with a focus specifically on adolescents and youth, was not fully responsive to the needs in the country. It highlighted coordination and collaboration across the UN system was weak and that building partnerships and mobilizing resources had also been quite weak.

3.2.2 The current UNFPA country programme and an analysis of its theory of change

The current 7th country programme (2022-2026) is designed with a budget increased from the 6th CP (2016-2022) which had a proposed indicative budget of \$1.75m under only one outcome area, being adolescents and youth.³⁶ The 7th CP was designed with an indicative proposed budget of, \$3.5 million, planned as \$2.5 million from regular resources and \$1.0 million from other resources³⁷ (see section below, 3.2.3, for a full analysis of the financial structure of the 7th CP).

³⁶ UNFPA. Maldives Country Programme Evaluation of 6th Country Programme 2016-2020. 2021

³⁷ UNFPA. Country Programme Document Maldives 2022-2026. 2021.

Table 3. UNFPA CPD 2022-2026 Overall Budget per Output Area

Outputs	Total	RR	OR
1 – SRHR	0.7 M	0.4 M	0.3 M
2 – Adolescents and youth (AY)	0.9 M	0.4 M	0.5 M
3 – gender and GBV	0.85 M	0.65 M	0.2 M
4 – population and data (PD)	0.8 M	0.8 M	

The 7th CP was designed during the COVID-19 pandemic, and this impacted on the design and focus of the CP (see findings under EQ1, relevance, under Section 4 below) which expand further on this. Indeed, the very first line of the Country Programme Document (CPD) under Programme Priorities and Partnerships is “Considering the ongoing COVID-19 pandemic recovery”³⁸

The programme is designed under the intent to accelerate progress towards the three transformative results, as aligned with the new UNFPA Strategic Plan 2022-2025, and it harnesses some of the accelerators to do this articulated within the global Strategic Plan. It provides for this acceleration under the following framework:

- A. Eliminating unmet need for family planning: For UNFPA Maldives, this is framed under Output 1 (strengthened capacity for SRHR) and Output 2 (strengthened institutional capacity to support opportunities for adolescents and youth);
- B. Ending preventable maternal death: the UNFPA Maldives CP was not designed to focus on this transformative result, as the situation analysis highlighted there was no need for support in this area;
- C. Ending gender-based violence and harmful practices: For UNFPA Maldives, this is framed under Output 3 (strengthened capacity for multisectoral approaches to GBV).

In addition to the three Outputs that directly linked the three transformative results, UNFPA Maldives had a fourth output, on Population Dynamics, which, as the findings below highlight, is arguably the most important output area and area of support to the Government of Maldives.³⁹

UNFPA Maldives has a comprehensive results and resources framework for the seventh country programme, linking the UNFPA CP outputs and indicators to UNSDCF outcome indicators and highlighting partnerships that will be pursued for each output area.

The 7th CP does not have an overarching ToC linking together each of the output areas; hence a ‘reconstructed’ ToC was developed for the evaluation process, as referenced above.

3.2.3 The financial structure of the UNFPA country programme

This section explains how the country programme used resources during the evaluation period and how that pattern relates to what was planned in the Country Programme Document (CPD).⁴⁰

As per table 4, below, the overall budget across the 7th CP (2022 to 2026) was planned at \$3,500,000, being 71 percent regular resources (RR) and 29 percent other resources (OR).

Table 4. Indicative CPD 2022–2026 resource envelope by output, disaggregated by Regular Resources (RR) and Other Resources (OR); totals in US\$ (period totals as per CPD; not annualized).

CPD Output / Budget Line	RR (US\$)	OR (US\$)	Total (US\$)
Output 1 – SRHR	\$400,000	\$300,000	\$700,000
Output 2 – AY	\$400,000	\$500,000	\$900,000

³⁸ UNFPA. Country Programme Document for the Maldives 2022–2026 (CPD7) (DP/FPA/CPD/MDV/7)

³⁹ This highlights the challenges of focusing only on the three transformative results for UNFPA in UMIC and the increasing need across different regions for PD to be elevated again within the global strategic direction of UNFPA.

⁴⁰ Absorption and spend profiles are used as proxies for efficiency and timeliness. 2025 data is year to date to August, so efficiency judgements for the current year are cautious until the year closes.

Output 3 – Gender & GBV	\$650,000	\$200,000	\$850,000
Output 4 – PD	\$800,000	\$0	\$800,000
Programme Coordination & Assistance	\$250,000	\$0	\$250,000
Total	\$2,500,000	\$1,000,000	\$3,500,000

Actual expenditure against resources raised has been, to August 2025, \$ 2,102,814, representing 87 per cent, 93 per cent and 99 per cent of spend against budget 2022, 2023, and 2024, respectively, and 39 per cent of expenditure against budget for 2025, halfway through the year.

Table 5. Annual approved budget and expenditure by origin of funds (RR/OR) and utilization rate, 2022–2025 year-to-date (cut-off: 30 July 2025), US\$.

Year	RR Budget	RR Expenditure	OR Budget	OR Expenditure	Total Budget	Total Expenditure	Utilized %
2022	\$688,716	\$671,669	\$174,230	\$83,067	\$862,946	\$754,736	87%
2023	\$505,584	\$470,224	52,742	\$48,804	\$558,326	\$519,028	93%
2024	\$538,290	\$539,328	\$15,063	\$10,814	\$553,353	\$550,142	99%
2025	\$575,582	\$276,940	\$134,564	\$1,968	\$710,146	\$278,908	39%
Total	\$2,308,172	\$1,958,161	\$376,599	\$144,653	\$2,684,771	\$2,102,814	78%

This signals that the programme utilized an average of 92 percent of approved budget in the full years 2022 to 2024, suggesting a mature pipeline that turns plans into delivery.

RR accounts for about 93 percent of spending so far. That pattern signals earlier and steadier conversion of core funds, while OR is currently 14 percent of the budget and 7 percent of total expenditure, delivered later as agreements and deliverables are confirmed. However, by the end of completed years, OR performance converges with RR, which is why year-end absorption is high. The year-end gap between plan and expenditure has narrowed across completed years, which signifies better pacing and timelier procurement. 2024 closed just under full utilization (99 percent), which points to tight budgeting and strong execution.

The average absorption rate hides differences across output areas, as per Table 6, below.

Table 6. Budget allocation, expenditure and utilization by CP output (SRHR, AY, GBV, PD), cumulative to cut-off, US\$.

Thematic Area	RR Budget	OR Budget	RR Expenditure	OR Expenditure	Total Budget	Total Expenditure (Utilized)	Absorption Rate
Output 1 SRHR	\$257,232	\$126,058	\$188,054	\$60,011	\$383,290	\$248,065	65%
Output 2 AY	\$205,077	-	\$139,447	-	\$205,077	\$139,447	68%
Output 3 Gender & GBV	\$316,465	\$230,004	\$240,473	\$64,803	\$546,469	\$305,276	56%
Output 4 PD	\$691,885	\$63	\$642,191	-	\$691,949	\$642,191	93%
Total	\$1,470,659	\$356,126	\$1,210,166	\$124,814	\$1,826,785	\$1,334,980	73%

Table 7: Component utilization rates by year (DPD, GBV, SRH, AYP), 2022–2025 YTD, percent.

Component	2022	2023	2024	2025
SRH	81.80%	77.50%	98.20%	6.40%
AY	35.40%	92.20%	95.40%	49.00%
Gender and GBV	99.80%	95.60%	97.70%	73.90%
PD	100.70%	73.60%	106.50%	14.50%

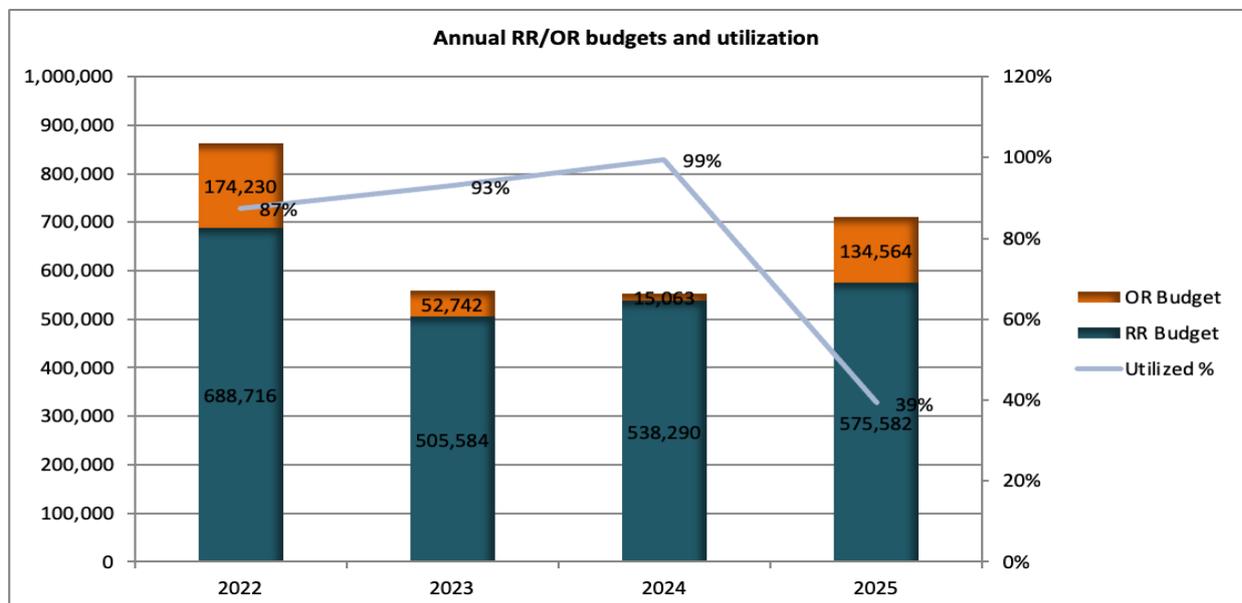
Across components, 2024 is the benchmark year, with near full absorption in DPD, GBV, SRH, and AYP. The 2025 figures are a mid-year snapshot, so lower rates for DPD and SRH mainly reflect timing rather than performance. For output areas, Gender and GBV stands out for consistency. It stays close to the mid to high 90s in the completed years and is the most advanced line in 2025 so far. DPD in some years and dips in others, which matters more to the programme total because DPD’s budget is larger. SRH shows a clear improvement path into 2024 but is still early in its 2025 cycle. AYP is the turnaround story, moving from low absorption in 2022 to high in 2023 and 2024, with a mid-track position in 2025.

The operational budget and costs of the programme are provided below, in Table 8, and as a percentage of the overall CP budget, in Figure 5. Across 2022–2025 year to date, institutional costs are about one-fifth of the combined budget 19 percent and about 22 percent of combined expenditure. Absorption is consistently high on the institutional side. FPMR closed at 106 percent in 2022, 95 percent in 2023, and 98 percent in 2024, and stands at 63 percent mid year 2025. Over the whole period FPMR absorbs at about 91 percent compared to 81 percent for the total programme including 2025 year to date.

Table 8. Institutional budget, expenditure and utilization compared with total programme, by year, US\$.

Year	Total FPMR Budget	Total Expenditure	Utilized / FPMR
2022	\$148,699	\$158,777	107%
2023	\$171,835	\$160,562	93%
2024	\$162,720	\$165,960	102%
2025	\$164,240	\$102,918	63%
Total	\$647,494	\$588,217	91%

Figure 5. Institutional share of annual spend 2022–2025 YTD.



Chapter 4. Findings

4.1 EQ.1 RELEVANCE.

To what extent was the design of UNFPA Maldives CPD 2022-2026 relevant, appropriate and adapted to (a) the context and beneficiary needs, including identified gaps; (b) UNFPA's mandate and regional positioning; (c) evolving impact of megatrends such as demographic transition and shifts; urbanization; digitalization; and effects of climate change; and (d) changing national priorities and plans?⁴¹

Summary: The UNFPA Maldives CP 2022–2026 shows meaningful alignment with national priorities, beneficiary needs, and identified gaps, while remaining committed to the UNFPA mandate and areas of added value. The Maldives CP is not quite as relevant today as it was when first designed. Partially because it was developed in 2021 and therefore Covid-19 had an impact, but also because while all 4 output areas remain relevant, they are not all equally foci areas of the Government of Maldives who have a specific and increasing concern around low fertility and ageing. However, adaptability has been in-built within the design of the Maldives CP, particularly for understanding demographic shifts and linkages to other megatrends such as migration and climate change.

Finding 1. The UNFPA Maldives CP 2022–2026 shows meaningful alignment with national priorities, beneficiary needs, and identified gaps, while remaining committed to the UNFPA mandate and areas of added value.

As presented in Chapter 3, above, the Maldives has experienced significant development shifts over the past 40 years, with notable changes in total fertility rate (TFR), ageing, and maternal and child health indicators among others. This has resulted in new and complex development challenges emerging across areas of demographic shifts, climate change, gender equality and economic productivity⁴² which the UNFPA 7th Country Programme has had to respond and adapt to.

Against this background, the design of the CPD itself demonstrates a strong contextual analysis including demographic transition, youth unemployment, urbanization, climate risks, and gender-based violence gaps informing the programme, design which aligns with UNFPA's global strategic plan (2022–2025) and the SDGs. The programme builds on recommendations from the previous CPE, enhancing youth engagement, gender equality, and data utilization.⁴³

The CP also aligns with clear foci areas of the UNSDCF, which highlights national priorities of inclusive development, climate resilience, youth empowerment, and gender-responsive governance and a strong emphasis on harnessing the demographic dividend, decentralization, and gender equality in governance.⁴⁴ This is confirmed by the UN CCA last conducted in 2023, which highlights persistent gender-based violence, unmet SRH needs, urbanization pressures, and youth NEET issues as critical ongoing challenges. Climate vulnerability, internal migration, and ageing area all identified as well within the CCA as megatrends influencing national development priorities.⁴⁵

⁴¹ Assumptions for this EQ are: 1.1. The original design of the UNFPA Maldives CPD 2022-2026 accounted for both needs of beneficiaries and contextual gaps as well as being appropriately framed within both the global mandate and regional direction of UNFPA across the humanitarian-development nexus. 1.2 The design of the UNFPA Maldives CPD 2022-2026 allowed for adaptability of UNFPA support and interventions to both emerging and evolving megatrends (specifically, demographic shifts and transition; migration; urbanization; and effects of climate change) and to changing national priorities and plans.

⁴² Other UN agency KIIs.

⁴³ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

⁴⁴ UN. Sustainable Development Cooperation Framework (UNSDCF) 2022–2026. 2021.

⁴⁵ UN. Common Country Analysis (CCA) Maldives – June 2023. 2023.

This is validated by the regional UNFPA programme evaluation conducted in 2024 which confirmed some of these key issues, for example, highlighting that the projected timeline for Maldives transitioning into an “aged society” is just 13 years.⁴⁶

UNFPA annual reports highlight strong alignment of the CP with national and priorities (e.g., RMNCAH strategy, DHIS2 integration, ageing policy), and responsiveness to emerging megatrends (e.g., low fertility, drug use, digital access)⁴⁷ and strong alignment with national context and UNFPA’s mandate.⁴⁸

Likewise, national documents show some alignment with UNFPA policies. For example, the Health Sector Master Plan has a framework for integrating UNFPA priorities (SRHR, FP, data systems) into national strategy and addresses megatrends like ageing, non-communicable diseases (NCDs), and climate-related health challenges.⁴⁹

There is clear national alignment with SDGs, with a strong focus on SDG 3 (Health), SDG 5 (Gender Equality), SDG 13 (Climate Action) and the UNFPA mapping of the strategic action plan with the SDGs in Maldives 2019-2023 confirms policy coherence and gaps, validating UNFPA's design logic.⁵⁰

Specifically for each output:

- For **SRHR and maternal health**, the Maldives RMNCAH Strategy and Action Plan 2020-2025 is fully aligned with UNFPA's mandate. It addresses TFR decline, SRHR, adolescent health, and megatrends (urbanization, demographic transition, changing social norms). The strategy explicitly commits to a human rights-based approach, affirming equity, universal health coverage, and ‘leaving no one behind’ as core principles.⁵¹ UNFPA conducted a 2022 country analysis of HMIS on RMNCAH which highlighted digital readiness and megatrends, particularly in terms of highlighting data gaps during COVID-19 and lack of digital transition to real-time SRHR tracking.⁵²
- For **adolescents and youth**, the UNFPA focus is validated by a number of national policies and plans, as well as the UN system in the Maldives itself. There is a UN Maldives Youth Strategy (2022) which identifies youth (18–35) as 45% of the population and acknowledges systemic neglect of youth issues. It aligns strongly with UNFPA's CP focus on adolescents and youth (AY), particularly in education, health, protection, civic participation, and employment. UN Maldives has contextualized the UN Youth2030 strategy to local need, focusing on agency, empowerment, and participation of young people as full development partners.⁵³ UNFPA has produced different reports and training packages with different line agencies, such as the Ministry of Youth (a national peer educators ToT in 2022)⁵⁴ and with other partners, such as the Maldives National University collaboration (e.g. for the development of life skills-based RH education in 2022).⁵⁵
- For **gender equality** issues, the CEDAW Concluding Observations for the 6th Report for the Maldives highlights legal and policy frameworks supporting gender equality, including the Gender Equality Act (2016), quotas for women in local councils (Decentralization Act), and integration of gender in COVID-19 Recovery Plan and SAP 2019–2023 which supports alignment of the CP design with

⁴⁶ UNFPA APRO. Formative Evaluation of the Asia and Pacific Regional Programme Action Plan 2022-2025. Final Evaluation Report. 2024. The definitions of ageing and aged society are from: United Nations, Department of Economic and Social Affairs, Population Division – World Population Ageing reports (e.g., World Population Ageing 2019 and World Population Prospects). An ageing society is where 7% or more of the population are over the age of 65. An aged society is where 14% or more of the population is over the age of 65.

⁴⁷ UNFPA. CO Annual Report – Maldives 2023.

⁴⁸ UNFPA. Strategic Plan 2022-2025. 2021 and UNFPA. CO Annual Report – Maldives 2022 and UNFPA. CO Annual Report – Maldives 2023.

⁴⁹ Government of the Maldives. Health Sector Master Plan (HMP) 2016–2025. 2016.

⁵⁰ UNDP. Mapping of the Strategic Action Plan with the SDGs – Maldives 2019–2023. 2024.

⁵¹ Government of the Maldives. RMNCAH Strategy and Action Plan 2020–2025. 2021.

⁵² UNFPA Maldives. Country Analysis of HMIS on RMNCAH. 2022.

⁵³ UN. Maldives Youth Strategy 2022.

⁵⁴ UNFPA Maldives & Ministry of Youth. National Peer Educators Training of Trainers – Y-PEER. 2022.

⁵⁵ UNFPA & Ministry of Education. Life Skills-Based Reproductive Health Education (LSBRHE). 2022.

national frameworks.⁵⁶ The CP aligns with the National Guidelines for Preventing and Responding to GBV, which acknowledge GBV as a major concern (1 in 3 women affected) and build on evidence from the Women's Health and Life Experience (WHLE) study and the Maldives Demographic Health Survey (MDHS) 2016-17.⁵⁷ UNFPA also provided ToRs in 2022 for costing of GEAP, aligning with national and UN mandates⁵⁸ aimed at addressing fragmented sectoral SOPs and limited survivor access.⁵⁹

- For **population development**, the CP aligns with the National Strategy for the Development of Statistics (NSDS) 2021-2030 which responds to demand for real-time, disaggregated, gender-responsive data for megatrends (COVID-19, digitalization, SDGs).⁶⁰ Demographic transition, and particularly ageing and low fertility, is highlighted as a challenge in national documents, for example, in the President's Office Social Sector Finance Strategy, which is anchored in national financing goals for SRH and social protection and which recognizes demographic ageing and fiscal pressure.⁶¹ Key critical support provided by the UNFPA CP in this area has been support to the completion of the 2022 census⁶² and support to the use of National Transfer Accounts (NTAs).⁶³

Multiple stakeholders confirmed the relevance of the UNFPA contribution to development in the Maldives, validating the continuing need for support to the Government in the areas of SRHR, population data, youth empowerment, and gender and social norms, and GBV. There was also stakeholder agreement that the current CP reflects a nuanced understanding of the country's transition to upper-middle-income status and the new challenges this brings.⁶⁴

In particular, population data remains a critical area of comparative advantage for UNFPA. No other UN agency is positioned to offer technical support in this area and because of the unique support to population dynamics, including the census, and the NTA exercise, stakeholders have a continued perception that despite UNFPA having a modest footprint in the Maldives, it remains recognized as a leading development partner.⁶⁵

Finding 2. In addition to the impact of Covid-19 on the process of developing the CP, the Maldives CP is not quite as relevant today as it was in 2021, being that while all 4 output areas remain relevant, they are not all equally foci areas of the Government of Maldives who have a specific and increasing concern around low fertility and ageing.

There are two key external factors that have impacted on the continuing relevance of the CP, 2021-2025. Firstly, the 7th CP was designed in 2021, during the height of the COVID-19 pandemic, with associated lockdowns, increases in GBV, and focus on challenges in service delivery. At the time of the CP design, SRHR services were under significant stress: Malé was locked down, and over 60% of deliveries occurred in the capital while other regions remained largely underserved. A stillbirth incident on one of the islands was used to illustrate the collapse in essential maternal health systems.⁶⁶ This understandably shaped both the process and scope of the CP, which, while still relevant (see above, Finding 1), had more reference to service delivery than would likely have been case without the pandemic.⁶⁷ The overall Maldives and UN system COVID-19 response focus was on medical infrastructure and lockdown logistics, overshadowing longer-term planning priorities. Humanitarian

⁵⁶ UN. CEDAW Concluding Observations for 6th Report – Maldives (2021). 2021.

⁵⁷ Ministry of Health & UNFPA Maldives. National Guidelines for Preventing and Responding to GBV in Health Care Settings. 2021.

⁵⁸ UNFPA Maldives. ToR – Costing of Gender Equality Action Plan (GEAP). 2022.

⁵⁹ UNFPA Maldives. ToR – GBV Referral Pathway Development. 2022.

⁶⁰ Government of the Maldives. National Strategy for the Development of Statistics (NSDS) 2021–2030. 2021.

⁶¹ President's Office. INFF – Social Sector Financing Strategy. 2023.

⁶² Maldives Bureau of Statistics. 2022 Census. <https://statisticsmaldives.gov.mv/census-2022-results-summary/>.

⁶³ <https://statisticsmaldives.gov.mv/nbs/wp-content/uploads/2023/03/NTA-Maldives-2020.pdf>

⁶⁴ Government, other UN agency, and NGO partner KIIs.

⁶⁵ Government and other UN agency KIIs.

⁶⁶ UNFPA country and Government KIIs.

⁶⁷ UNFPA country KIIs.

needs such as shelters and cash assistance overshadowed policy-level work.⁶⁸ Therefore, due to the timing of the design, there was strong alignment of the UNFPA CPD with both the UNSDCF *and* the UN-wide COVID-19 response frameworks,⁶⁹ and while the UNSDCF remains relevant, the COVID-19 response framework, focused as it was on service delivery rather than structural reform, is now largely redundant. The CP has been able to pivot away from this design, with policy level work as presented above and continues to remain relevant to context, but a key lesson learned is that design of longer-term frameworks within a humanitarian crisis (such as the pandemic) is challenging when considering support past immediate needs.

Secondly, and more critically, while all four outputs of the CP remain relevant areas of support, there is overwhelming consensus across Government, academia, the UN system and civil society that, ever increasingly, the most pressing need for the Maldives right now is addressing low fertility, ageing, and population decline.⁷⁰ Government stakeholders in particular consider this key to the achievement of the goal of being a developed nation by 2040.⁷¹ There are emerging national discussions on population consolidation, automation, and labour market reforms, reflecting a growing recognition of shifting demographic realities and there is clear stakeholder agreement that UNFPA is uniquely in the position to support in fostering a rights-based understanding and in developing a population policy that includes digitalization, climate change, gender, and SRHR within the context of an Islamic island nation.⁷²

While UNFPA has, to date, played a vital convening role in shaping policy discourse on ageing and demographic shifts, and UNFPA's role in policy influence has been demonstrably amplified in this area despite limited financial resources; UNFPA support is still provided across four outputs and so each specific output area is, necessarily, diluted. Multiple stakeholders raised concerns about UNFPA's role becoming too diffuse across multiple output areas, with a tendency for ad hoc projects that are neither sustainable nor fit under a more coherent overarching umbrella strategy, which is lacking. Stakeholder identified as a missed opportunity within the CP design to strategically highlight, harness, and leverage the interlinkages between SRHR, gender and social norms, adolescents and youth and rights-based approaches to addressing population dynamics (see next finding).⁷³

Finding 3. Adaptability has been in-built within the design of the Maldives CP, particularly for understanding demographic shifts and linkages to other megatrends such as migration and climate change. However, Population Dynamics has mostly remained as a stand-alone output rather than fully leveraging intersectionality with other outputs.

The UNFPA CPD explicitly recognizes and gives priority to the megatrends that particularly affect the Maldives, specifically ageing, migration, climate vulnerability, and urban-rural disparities. With regard to digitalization, while this has been incorporated across some programmes and projects (see EQ2, below, for detail), there is less evidence that it has been given intentional priority in the same way that demographic change has been.

While there is no evidence of continued political, economic, social, technological, legal and environmental (PESTLE) scanning documented and utilized, beyond the situational analysis presented in the CPD,⁷⁴ a key strategy outlined in the CPD is the use of NTAs to track population and spending

⁶⁸ UNFPA country and other UN agency KIIs.

⁶⁹ UN. Sustainable Development Cooperation Framework (UNSDCF) 2022–2026. 2021 and UN. Covid-19 Socio-Economic Response and Recovery Framework – Maldives (2020).

⁷⁰ Government, other UN agency, academic and NGO partner KIIs.

⁷¹ <https://trade.gov.mv/en/towards-a-developed-nation-by-2040/>

⁷² Ibid.

⁷³ Government and other UN agency KIIs.

⁷⁴ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

trends as they occur and allow for adaptation of both UNFPA support and government policy as necessary.⁷⁵

The UNFPA Maldives CO resource mobilization strategy highlights the risks of both megatrends and changing national priorities, and positions UNFPA to engage with non-traditional donors, especially in tourism and private sectors, thereby aligning with economic and sectoral megatrends in the Maldives. It references digital transformation (e.g., launching a digital fundraising landing page) and direct engagement of local actors in development financing.⁷⁶ Likewise, the partnership and resource mobilization plan highlights the need for responsiveness to megatrends and shifting national priorities and further, accounts for fiscal vulnerabilities, post-COVID economic recovery, population ageing, debt burden, and rising costs in social sector spending (expected to double by 2050). It acknowledges megatrends like demographic transition, migration, tourism-led growth, and digitalization.⁷⁷

The evaluation of the previous (6th) country programme concluded that UNFPA in the Maldives had been adaptive to emerging needs (e.g., gender equality law), but also that UNFPA did not necessarily account for all the risks linked with cultural conservatism and weak institutional capacity and, because of this, political volatility and rising conservatism had affected the relevance and effectiveness of the 6th Country Programme.⁷⁸

The 7th CP was also designed to be fundamentally flexible and to reflect the continuation of known demographic trends of low fertility and ageing rather than other unexpected shifts. This adaptability is seen as built-in to the way the programme has evolved and engaged with national stakeholders, responding to the changing context.⁷⁹ Broad indicators within the CPD and the freedom to shift from service delivery to more policy support and social norm change have enabled innovation, particularly coming out of the COVID-19 response situation.⁸⁰ Indeed, the MTR of the current (7th) programme cycle concluded that UNFPA has more proactively integrated demographic trends (e.g., low fertility, ageing population), urbanization, and conservatism in programming.⁸¹ An example of this is a recent report launched by UNFPA Maldives, Policy Brief, Addressing Low Fertility in the Maldives, highlights this.⁸²

This adaptability has allowed necessary shifts in a specifically dynamic political context, characterized by government changes and fluctuating civil society strength. In fact, frequent changes in government have presented both an obstacle and an opportunity. UNFPA has leveraged political transitions to advocate for ICPD commitments and has engaged with both health and planning ministries on policy dialogue. However, the new administration has not finalized the proposed Strategic Action Plan (SAP) which leaves national development priorities somewhat unclear.⁸³

While government changes may seem disruptive, the fundamental structure of the Maldives as a welfare state has not changed. Social expectations and spending on public services remain consistent. What shifts is the political receptivity of different line Ministries, requiring an agility from UNFPA in terms of engagement with restructured line Ministries, for example, the previous Ministry of Planning, Housing and Infrastructure, which was dissolved and merged into Ministry of Finance and Planning, and Ministry of Construction and Housing.⁸⁴

UNFPA has also responded to changing political climates by forming new partnerships and leveraging international normative frameworks. Despite weak civil society and limited funding, UNFPA has

⁷⁵ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

⁷⁶ UNFPA. CO Resource Mobilization Strategy 2024. 2024.

⁷⁷ UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021.

⁷⁸ UNFPA. Maldives 6th Country Programme Evaluation (CPE). 2019.

⁷⁹ UNFPA and other UN agency KII's.

⁸⁰ Ibid.

⁸¹ UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026). *No date*.

⁸² UNFPA Maldives. Policy Brief. Addressing Low Fertility in the Maldives. 2025.

⁸³ UNFPA and Government KII's.

⁸⁴ UNFPA regional and country KII's.

maintained visibility through creative advocacy, including youth engagement in UPR and CEDAW processes. Having long-term institutional memory has been beneficial in terms of the strategy for engagement (see EQ5 on human resources, for further discussion on this aspect).⁸⁵

Yet, there remains key issues which have somewhat hindered the ability of the UNFPA country programme to fully adapt. While the CP allowed for flexibility, it did not predict the speed at which low fertility and ageing would become the most critical issue for the Government right now. UNFPA committed resources across four output areas, and therefore impact across these areas is understandably diluted. This is exacerbated by the fact that, internally, despite the inherent flexibility of the CP, the siloed nature of the outputs and the indicators have not always captured the connectivity of SRHR, gender, social norms, adolescents and youth, and population dynamics. For example, the CPD results framework provides specific results across each of the outputs but no indicators to measure any interconnectivity of the outputs. There is no CP Theory of Change (ToC) to show connections across the four outputs.

⁸⁶Other key issues, outside of the UNFPA mandate, but linked to the population dynamics issues have also not been fully captured within the CP framing, namely being migration and climate change. While UNFPA does not have a lead UN agency role to play on migration, migration is inextricably linked with the overarching dynamics of low fertility, ageing, population decline and how these impacts continuing economic activity / growth. There are also clear gaps around SRHR for migrant communities and broader health system implication, including rising burdens from both communicable and non-communicable diseases, which are intensified by both an open-border policy and growing internal migration.⁸⁷

Stakeholders noted that migration also impacts on gender and social norms, with there now being many more male migrants than Maldivians within the same age bracket in the country.⁸⁸ As referenced in the UNFPA-supported 2022 census report on migration dynamics. This demographic shift intersects with youth unemployment, gender imbalance, and the country's social conservatism which are all referenced in the 7th CPD.

Climate change links closely to intentional low fertility in terms of it being a key reason, of course intersected with other concerns, of why younger people are choosing not to have children. Pessimism for the future of the planet, particularly in a country like Maldives with rising sea levels and unique vulnerability to the impacts of climate change, are cited by many youths as a reason to not have children.⁸⁹ While UNFPA does not have a lead role to play on climate change, the linkages with adolescent and youth programming and low fertility are clear, but not fully explicit within the CPD.⁹⁰

Looking to the future, the next UNSDCF will likely prioritize climate change, digitalization, and demographic shifts—including migration, ageing, and women's participation. Given that migrant workers already comprise about 25% of the population, and are predominantly male, these trends are expected to shape national planning frameworks and development cooperation priorities.

⁸⁵ Ibid,

⁸⁶ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021 and UNFPA country KIIs.

⁸⁷ Government and other UN agency KIIs.

⁸⁸ According to the 2022 census, migrants make up 25% of the resident population, with 182,666 migrants in the Maldives in 2021, of whom 89%-90% were men. <https://census.gov.mv/2022/wp-content/uploads/2024/02/Migration-Report-Census-2022.pdf> and <https://migrants-refugees.va/country-profile/maldives-islands/>

⁸⁹ Youth FGD and UNFPA. Policy Brief: Addressing Low Fertility in the Maldives. 2024.

⁹⁰ UNFPA does not currently have a corporate guidance on UNFPA's role and interventions on climate change, linking to the mandate areas.

4.2 EQ.2 EFFECTIVENESS.

To what extent has UNFPA Maldives achieved / is on track to achieve the results of the 2022-2026 CPD and to what extent are output and outcome level results demonstrable?⁹¹

Summary: UNFPA has made progress and demonstrated some achievements across the four areas of output-level results. However, indicator targets are mostly partially, rather than fully achieved. Analysis for all areas of UNFPA support has been hindered by limited outcome level monitoring data to clearly demonstrate contribution from output-level achievements to any outcome level changes.

So, while there are some clear national policy contributions across all four output areas, there is limited evidence that these have resulted in effective change. For outputs 1 and 3 (SRHR, and gender and GBV) UNFPA has contributed to changes to the policy level frameworks of respectively, the RMNCAH strategy and the Gender Equality Action Plan (GEAP). However, UNFPA does not have clear data as to how these national frameworks have been rolled out or implemented, and there is some understanding among stakeholders that the conservative context and fragmented government approaches have hindered this. For outputs 2 and 4, the lack of a unified Government strategy or policy for both youth and population, has also hindered the UNFPA output level results being fully translated into outcome level achievements.

As well as upstream support to Government, UNFPA has provided some small-scale innovative, thoughtful, and context specific support to civil society. However, the approach to civil society support has been somewhat ad hoc (necessitated by the small CO budget and the need to react to opportunities when they present themselves) and hindered by the conservative context, dispersed and relatively weak civil society environment, and changing government structures and plans.

Across all stakeholders, UNFPA is viewed as having a unique expertise and added value in support to population dynamics, where, unlike the other three output areas, there are no other UN agencies who also provide support. The paradigm shift in terms of low fertility, ageing, and declining population was unanimously by all stakeholders as one of the most critical issues facing the Maldives today.

Finding 4. OUTPUT 1: SRHR. UNFPA has made progress on strengthening national capacity for SRHR services and information. However, engagement with CSOs on output 1 has been less strategic and more ad hoc;

This has been achieved, to date, through support to the development of the national RMNCAH strategy, increasing digital capacity for RH-related HMIS, and ongoing commodity procurement support. There has also been some small-scale innovative, thoughtful, and context specific support through civil society for SRHR which has contributed to overall results, but with limited quantifiable effects that can be reported.

UNFPA's leadership in the SRHR space is recognized by multiple stakeholders, including other UN agencies at both policy and community levels. UNFPA's coordination and visibility in this domain has ensured that SRHR remains a part of public health dialogue and programming, despite financial constraints and competing national priorities.⁹²

⁹¹ Assumptions for this EQ are: 2.1 POLICY AND ACCOUNTABILITY. UNFPA Maldives has supported strengthened national capacity for sexual and reproductive health information and services, particularly for those left furthest behind. 2.2 ADOLESCENTS AND YOUTH. UNFPA Maldives has supported strengthened institutional capacity for adolescent and youth empowerment, particularly for those most left behind (i.e. rural and those with disabilities) through life-skills education and creation of opportunities and to ensure the Maldives is able to harness the current demographic dividend. 2.3 UNFPA Maldives has contributed to strengthened multi-sectoral GBV response capacity as well as capacity to address harmful norms and promote gender equality through gender-transformative approaches. 2.4 UNFPA Maldives has contributed to improved national capacity to generate, analyse and use population data for gender-transformative, inclusive (ensuring LNOB), resilient and adaptive development policies.

⁹² Government and other UN agency KIIs.

The SRHR situation in Maldives is complex. The APRO regional evaluation in 2024 reports Maldives with the highest level of unmet need in the region at 35% but yet the country has below replacement level fertility rates.⁹³

The evaluation of the previous (6th) country programme confirmed UNFPA support to policy change (particularly, the gender equality law) but highlighted weak reach to youth with SRHR services.⁹⁴ During the 7th (current) programme cycle, UNFPA has sought to remedy this, with support to the Ministry of Youth and others in terms of youth SRHR, including development of the National Peer Educators ToR which includes information on SRHR⁹⁵ and the overall Siththaa initiative, which uses digital platforms to make SRHR information more accessible to youth.⁹⁶

Almost all stakeholders, across government, other UN agencies, and civil society, as well as UNFPA, note that SRHR in the Maldives remains a sensitive domain, which complicates both policy advocacy and evidence generation and use. Stakeholders also raised the complexity of SRHR indicators in the Maldives, such as the notable mismatch between low fertility and low contraceptive prevalence, raising questions about the amount of private sector over-the-counter contraception that is being used and whether abortion is perhaps being used as contraception (accessed out of the country), although again, the sensitivity of the topic impacts the evidence available for clear analysis. There is an increasing urgency for investigating infertility issues in the Maldives.

Within this context, UNFPA has achieved some key SRHR results:

1. Awareness/media capacity & demand-generation among LNOB: Partially achieved. UNFPA produced a radio drama with 13 episodes, introduced a private TV partnership, and launched an advocacy video with 80k+ views. Digitalization was a key factor in ensuring overall geographic reach, however, there is no evidence of disaggregation by vulnerability factors. Stakeholders anecdotally report some overall increased awareness for youth in particular, but no clear evidence of increased demand from marginalized youth.⁹⁷
2. Capacity to deliver quality SRHR services for LNOB. Partially achieved. UNFPA produced a SRH glossary in 2022 and provided advocacy on SRH for female drug users (mothers). 2023 annual report highlights female drug users being served in 2023 and providers trained, but information on numbers and scaling / utilization is limited (baseline / target indicators as 0/1).
3. National SRHR training capacity (incl. MISP) strengthened & applied: Not achieved. Module drafted with MNU in 2022, but in 2023 and 2024 the national training capacity indicator was not achieved. UNFPA highlight that incorporating MISP into government policies and strengthening MISP training capacity is still a gap, but one that the government has not prioritized to address, and UNFPA efforts continue to advocate for this.⁹⁸
4. SRHR/HMIS datasets strengthened: Partially achieved. HMIS has been strengthened with HMIS analysis completed and an RMNCAH tracker module developed in 2023. UNFPA support has been provided for strengthened HMIS to produce data for planning and monitoring of integrated SRHR, maternal health and GBV services⁹⁹ and supported improved data and tracking (i.e., through the digital RH module rollout).¹⁰⁰ Progress has been inconsistent on the digital RH module rollout, particularly on including FP and GBV modules. Despite donor investments by UNICEF, WHO, and others, the rollout of the WHO-backed DHIS2 platform has been slow. Stakeholders were not

⁹³ UNFPA APRO. Formative Evaluation of the Asia and Pacific Regional Programme Action Plan 2022-2025. Final Evaluation Report. 2024.

⁹⁴ UNFPA. Maldives 6th Country Programme Evaluation (CPE). 2019.

⁹⁵ UNFPA Maldives & Ministry of Youth. National Peer Educators Training of Trainers – Y-PEER. 2022.

⁹⁶ UNFPA. Siththaa App Report – Digital SRHR Platform. 2022.

⁹⁷ UNFPA Maldives Annual Report 2022, Annual Report 2023, UNFPA KIIs, Other UN agency KIIs, CSO Partner KIIs.

⁹⁸ UNFPA Maldives Annual Report 2022, Annual Report 2023, UNFPA KIIs.

⁹⁹ Ministry of Health & UNFPA Maldives. National Guidelines for Preventing and Responding to GBV in Health Care Settings. 2021.

¹⁰⁰ Ministry of Health. Digital RH Module Rollout – DHIS2. 2024.

clear on the reasons for this. The maternal health module has also been developed with UNFPA support, but actual implementation has lagged due to changing government priorities and delays in feedback from pilot regions like Faafu Atoll.¹⁰¹

5. FP/SRHR policies & guidelines updated & operationalized: Not achieved. In 2022 a Technical Advisory Group was formed but no FP/SRHR policy updates have occurred. The SRHR broader policy landscape remains challenging. The absence of a finalized overarching Government Strategic Action Plan (SAP) means there is no clear national development roadmap, which undermines policy coherence. Compounding this is the reality that SRHR remains underprioritized, particularly when new governments shift focus to NCDs or polio, displacing long-standing maternal health and HMIS efforts.¹⁰²
6. RMNCAH 2020-2030 M&E framework established & implemented. Partially achieved. UNFPA contributed significantly to the development and initial implementation of the national Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Strategy, working closely with the Health Protection Agency (HPA), which functions as a semi-autonomous body under the Ministry of Health. UNFPA has been instrumental in developing M&E capacity and systems tied to RMNCAH, but with limited evidence of how the framework is being used as an ongoing tool to monitor the implementation of the strategy.¹⁰³
7. Outcome signals improving (MMR, mCPR, % demand satisfied). There is no data to suggest upward or downward trends of outcome level results in Maldives from 2021 to the present.

In addition to the above UNFPA has been the lead agency for global government procurement of contraceptive products in the Maldives. Procurement of family planning commodities has presented a logistical and bureaucratic challenge and UNFPA have worked on this since before the current CP, attempting to find ways, together with the Sri Lanka UNFPA Country Office, the UNFPA Regional Office, IPPF, and local ministries, to find sustainable ways to secure commodities. Recently UNFPA brokered an agreement for the Maldivian government to pay for commodities in local currency, which had been a challenge, and this was greatly appreciated by the Government of the Maldives.¹⁰⁴ UNFPA has produced a briefing on FP financing and governance which highlights that government financing now covers contraceptive procurement, with UNFPA procurement mechanisms used for efficiency and that the RMNCAH strategy costing will be used to guide budgets.

At a more localized level, UNFPA's support also contributed to facility-based SRH improvements, such as renovating a regional RH centre at Kulhudhuffushi Hospital, allowing it to provide more services with more updated, improved, equipment. The centre now provides ANC, PNC, and FP services, averaging 450–500 monthly consultations, including 20–30 FP consultations. Adolescents are offered RH services during dedicated clinic hours every Wednesday, announced publicly. However, attendance has declined, dropping from 40 participants per session to much lower numbers. Staff attribute this to reduced school promotion and occasional service disruptions, underscoring the need for consistent outreach and scheduling.¹⁰⁵

Civil Society Partnerships and Innovation: There has been some small-scale innovative, thoughtful, and context specific support through civil society for SRHR. But this has been, for valid reasons, somewhat sporadic, ad hoc, and reactive. The hindering factors are intersecting as both external – weak civil society dispersed across multiple islands – and internal – a small CO budget, and the necessity to focus that budget where results can be maximized, which is centrally at government level rather than fractured across multiple islands.

¹⁰¹ UNFPA Maldives Annual Report 2022, Annual Report 2023, Government KIIs.

¹⁰² UNFPA Maldives Annual Report 2022, Annual Report 2023, UNFPA KIIs, Government KIIs.

¹⁰³ Ibid.

¹⁰⁴ UNFPA country and Government KIIs.

¹⁰⁵ Government KIIs.

These initiatives have also not always been supported by effective follow-up due to no clear in-built ongoing monitoring mechanisms. Further, these initiatives do not all link directly to the UNFPA Maldives CP Results Framework.

UNFPA partnered with Soneva Namoonaa and Zero Waste Maldives (ZWM) to promote sustainable menstrual health management (MHM), based on the use of menstrual cups and reusable pads. This tripartite collaboration was highlighted by stakeholders as a model for innovative, context-sensitive programming. The project had three components: capacity building, SRHR awareness, and sustainable product promotion. UNFPA's involvement added credibility in communities where menstrual health remains a taboo topic. Despite limited funding, the programme was redesigned, rebranded, and led to the certification of 36 facilitators, all of whom received intense six-day training sessions. The project gained strong interest and trust at both national and community levels.¹⁰⁶

However, a critical limitation of this project, as well as other interventions, was limited capacity for follow-up monitoring. Although products were distributed and initial feedback was gathered through FGDs, no systematic monitoring continued beyond the initial phase. In a focus group conducted for this evaluation (see side box) some women reported concerns about product quality and hygiene, while others faced resistance from husbands or parents. Participants also noted that reusable cups distributed were not always used due to myths and lack of accurate health information. Despite these barriers, demand for reusable products is growing across the Maldives, and FGD participants attribute this, in part, to this pilot project.¹⁰⁷

All these initiatives are quite disparate and small, and lacking in both an overarching strategic coherence and a monitoring and follow-up plan. The reasons for this are clear and valid: UNFPA in the Maldives has limited funding and within the context of changing governments, must be nimble and agile to react to opportunities as they are presented. This means, though, that there is no longer-term monitoring data on sustainable outcomes.

Hindering and facilitating

Factors: Overall, for output 1, clear facilitating factors have been the space for UNFPA to take a coordination role and therefore achieve a level of visibility vis à vis support to SRHR in the Maldives. However, hindering factors remain the conservative context, and how much SRHR remains a sensitive and taboo topic; the complexity of the SRHR indicators in the Maldives, and the Government not prioritizing aspects of SRHR such as MISP.

Voices from the Community: Dharavandhoo Focus Group Discussion

In a feedback session in Dharavandhoo, participants shared that while training sessions were informative and engaging, follow-up was limited. Some women reported trying menstrual cups but experienced discomfort or infection due to improper use or product quality. Others said the distributed products hardened upon sterilization. Misconceptions—such as fear of the cup getting “lost” inside—persisted. Resistance from husbands and school authorities also hindered broader adoption, especially among young or unmarried women. Despite this, many expressed that the session sparked interest, and some started using MHM products after learning about them. Men's participation was welcomed in later sessions, but facilitators noted that few trained individuals went on to deliver additional sessions in their communities.

Finding 5. OUTPUT 2: Adolescents and youth. UNFPA Maldives has taken a three-pronged approach to working with and for adolescents and youth, across life skills integrated with SRHR, voice and agency, and youth involvement in policymaking. These mirror the global UNFPA adolescent and youth strategy *My body, my life, my world* and there have been some results under these pillars.

¹⁰⁶ NGO partner and UNFPA country KIs.

¹⁰⁷ NGO partner KIs and FGD participants.

The Maldivian youth context is increasingly shaped by demographic and social shifts. Despite a national unemployment rate of just 12.1%, 19% of the working-age population are classified as NEET (Not in Employment, Education, or Training), 46% of whom are adolescent boys / young men and 54% of whom are adolescent girls / young women.¹⁰⁸ This phenomenon is attributed to multiple factors including changing lifestyles, overcrowded housing in Malé which is where the majority of jobs are, and underutilisation of educational opportunities, even where free degrees and scholarships exist.

Digital engagement and entrepreneurship remain niche, with only a few young people managing to break into e-commerce and content creation. Multi dimensional barriers exist, such as lack of payment gateways like PayPal and limited market size constrain growth. Meanwhile, educators noted gaps in school curricula, particularly around ethics, life skills, and practical competencies essential for adulthood. There is broad agreement across ministries and agencies that more integration of soft skills and civic engagement is needed.¹⁰⁹

The UN system overall has a key focus on adolescents and youth in Maldives, with a UN Maldives Youth Strategy developed in 2022¹¹⁰ which has a primary objective to centre youth as agents of change and includes mechanisms for life-skills education, access to mental health, meaningful engagement in public life, decent work, and participation in UNSDCF implementation. The Youth Strategy provides for the promotion of protection of youth rights through civic engagement, social inclusion, and resilience, and although direct GBV programming is not prominent, the strategy links closely to SDG 5 and youth empowerment in governance.¹¹¹ The UN Covid-19 response and recovery framework likewise centred youth empowerment and economic inclusion initiatives (e.g. life skills, livelihoods) and promoted joint programmes across UN agencies, including UNFPA for youth engagement, life skills, and civic education, including involvement in preventing violent extremism and political participation.¹¹² The UN annual results reports for 2022 and 2023 reported, respectively, (overall) UN support to the development and roll-out of the UPSHIFT social innovator accelerator programme¹¹³ in 53 schools across multiple islands; Life skills-based reproductive health information (LSBRHE)¹¹⁴ module at Maldives National University (MNU) which incorporates RH education into teacher training modules; development of a National Youth Development Policy; training of youth peer educators (Y-PEER); youth-targeted mental health campaigns; and resilience sessions in schools.¹¹⁵

UNFPA's Approach: For UNFPA, the evaluation of the previous (6th) country programme concluded that the UNFPA youth safe spaces programme reached remote atolls, but impact was limited by low institutional capacity and weak systems.¹¹⁶

The current (7th) programme CP designed the adolescent and youth output under an umbrella framework of life skills education programmes planned with target indicators for both in-school and out-of-school youth.¹¹⁷ It is built around three pillars: life skills integrated with SRHR, voice and agency, and youth involvement in policymaking. UNFPA has achieved some key adolescent and youth results:

1. Adolescents/youth report improved knowledge, skills, or access: Partially achieved. Across 2022 to 2024, UNFPA supported life skills and SRHR awareness programmes for youth and expanded LSBRHE (see more detail, below). UNFPA has achieved some results working in digital media

¹⁰⁸ <https://census.gov.mv/2022/wp-content/uploads/2024/03/Unemployment-Census-2022.pdf>

¹⁰⁹ UNFPA country and Government KIs.

¹¹⁰ UN. Maldives Youth Strategy 2022

¹¹¹ UN. Maldives Youth Strategy 2022

¹¹² UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020)

¹¹³ UPSHIFT is a UNICEF global programme designed to support innovation and empowerment for young people aged 10-24. It is not an acronym. <https://www.unicef.org/innovation/upshift>

¹¹⁴ Life skills-based reproductive health education is the terminology used for adapted, context-specific comprehensive sexuality education – CSE – in the Maldives.

¹¹⁵ UN. Annual Results Report – Maldives (2022) and UN Maldives. Annual Results Report (2023).

¹¹⁶ UNFPA. Maldives 6th Country Programme Evaluation (CPE). 2019.

¹¹⁷ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

spaces for youth empowerment, including developing a participatory film for youth engagement and GBV prevention to engage youth, challenge norms, and share survivor stories;¹¹⁸ the empowerment of youth in film production to build capacity and reshape narratives around SRHR and GBV;^{119, 120} and establishing a digital SRHR platform through the Siththaa App, which has enhanced RH awareness among youth via accessible tech platform with quizzes, chat support, and verified content.¹²¹ Zero Waste Maldives on girls' empowerment, promoting SRHR awareness and eco-friendly menstrual health solutions via digital platforms¹²² and on early SRHR literacy for boys.¹²³ However, there has been some challenges and efforts such as youth-friendly health services have had mixed results; for example, a centre in Kulhudhuffushi did not succeed, partly because it was situated inside a hospital and disconnected from youth realities.¹²⁴

2. Youth-led organization (YLO) partnerships result in sustained organizational capacity: Not achieved. There is some engagement with YLO, but no evidence of YLO increased or sustained capacity from 2021 to the present.
3. Teacher training and standards for CSE improved; delivery quality increased: Partially achieved. UNFPA has worked with MNU to produce Guidelines on life skills-based RH education, covering self-awareness, decision-making, relationships, and gender norms.¹²⁵ There is ongoing support to developing further age-appropriate videos.¹²⁶ These modules have been discussed with the Ministry of Education but teacher training standards on this topic have not yet been fully institutionalized or rolled out. UNFPA has also worked with the Ministry of Youth and developed a peer educators training manual for engaging youth in SRHR, mental health, GBV, and leadership using peer-to-peer methodology, but there is limited evidence that this is being consistently or comprehensively used in schools;¹²⁷
4. Demographic dividend concept integrated in policy/practice; actions taken: Partially achieved. UNFPA started initial advocacy on the demographic dividend in 2022 through support to NTAs, and made links with youth policy frameworks and some integration at national level has been achieved. In 2024 the Maldives participated in South Asian Association for Regional Cooperation (SAARC) Beijing+30 and made clear youth commitments, referencing the demographic dividend and reaffirming adolescent/youth rights agenda.¹²⁸

However, UNFPA staff acknowledged that progress on the adolescent and youth output has been slower than desired. UNFPA and other UN agencies note that youth are often given a seat at the table without a real say in setting agendas.¹²⁹

Specifically for comprehensive sexuality education (CSE), contextually framed as LSBRHE to respect the conservative culture, into the formal education system have faced cultural and institutional resistance. Government stakeholders have highlighted the need to focus first on revising existing content rather than introducing new curricula and approaching parents and teachers as initial entry

¹¹⁸ UNFPA Maldives. ToR – Social Norms Change via Film (SRHR & GBV). 2022.

¹¹⁹ UNFPA Maldives. Stories by Story makers – SRHR/GBV Campaign. 2022.

¹²⁰ UNFPA Maldives. Youth-Led Social Norm Change Films. 2023.

¹²¹ UNFPA. Siththaa App Report – Digital SRHR Platform. 2022

¹²² Zero Waste Maldives. Cupvert 3.0 – Menstrual Health & Sustainability. 2021.

¹²³ UNFPA & Zero Waste Maldives. Menstrupedia – Comic Adaptation for Boys. 2024.

¹²⁴ UNFPA country and Government KIIs.

¹²⁵ UNFPA & Ministry of Education. Life Skills-Based Reproductive Health Education (LSBRHE). 2022.

¹²⁶ UNFPA Maldives. CSE Advocacy Videos Adaptation (TOR). 2024.

¹²⁷ UNFPA Maldives & Ministry of Youth. National Peer Educators Training of Trainers – Y-PEER. 2022. Also, UNFPA Maldives Annual Report 2022, and UNFPA Maldives Annual Report 2023, and UNFPA. Asia Pacific Regional Report 2024, and UNFPA CO KIIs, Government KIIs.

¹²⁸ UNFPA Maldives Annual Report 2022, and UNFPA Maldives Annual Report 2023, and UNFPA. Asia Pacific Regional Report 2024, and UNFPA CO KIIs, other UN agency KIIs, CSO KIIs.

¹²⁹ UNFPA country KIIs and other UN agency KIIs.

points. Closer coordination between UNICEF and UNFPA could improve access to the education system and expand reach.¹³⁰

UNFPA and partners have creatively shifted to digital platforms to try to reach more young audiences with LSBRHE content. The Siththaa app, developed with SHE, has reached over 7,000 users to date.¹³¹ In addition, other digital content such as an animated video, ‘Engeytha’, an advocacy song ‘Neyngifaa’, and a radio drama, have been developed and produced by UNFPA (i.e. on the radio, and on social media). There is no clear data highlighting whether this has resulted in changed behaviour. However, these different platforms have achieved broad public exposure, covering both in- and out-of-school youth, and programmes also include a menstrual health comic book and broadcast media campaigns.¹³²

Hindering and facilitating factors:

A key challenge for UNFPA is that there is currently no unified government strategy on youth. Youth-focused programming remains fragmented across different line ministries (Education, Health, Youth, Sports) with limited communication or coordination. The Government acknowledged that adolescent and youth programmes remain largely ad hoc and underdeveloped.¹³³ However, UNFPA has a recognized strong presence in youth networks, and is open to youth feedback (see text box, below), recognizing that greater alignment with youth priorities is still needed. UNFPA articulate clearly that young people should be engaged not just as beneficiaries but as agents of change. Opportunities exist to frame issues such as climate change (CC) and SRHR in ways that highlight youth leadership. For example, discussions at recent SoWP launches highlighted the intersection of youth decision-

Youth Voices: Youth Focus Group Reflections on Fertility, Health, and Society

In a focus group discussion with youth, conversations revealed a sense of generational anxiety regarding parenting, fertility, and gender roles. Many expressed reluctance to have children due to financial insecurity, limited space, and they raised concerns about fertility anyway, due to increasing prevalence of health conditions like polycystic ovary syndrome (PCOS) and endometriosis. There was a strong emphasis on the need to decentralize services, improve the health infrastructure specifically for SRHR (women’s access to confidential spaces and health service providers well-versed in SRH, and challenge persistent stigma around discussion of female health issues. The youth also discussed the impact of conservative education environments—such as textbook censorship of SRHR topics—and how these affect awareness and gender equity from a young age. They expressed frustration over the lack of SRHR education in schools, parental resistance, and inconsistent teacher engagement.

Participants also spoke candidly about the normalization of unpaid work for women, lack of representation in leadership, and experiences with discrimination—including racism and bullying. Despite these challenges, they voiced hope: that the younger generation is pushing for accountability, inclusivity, and open discussion on once-taboo issues like menstruation and SRHR. They noted that condoms are now more visible in pharmacies and that young boys are beginning to discuss reproductive health—even jokingly—which marks a shift in discourse.

Youth recommended greater inter-agency cooperation and more opportunities for early financial independence. Several noted that working at younger ages helped develop maturity, resilience, and openness. They pointed to a need for better job guidance, career preparation, and inclusive public services. Reference was made to “Vision 2050,” a UNFPA-supported youth policy vision developed collaboratively with 40 youth, which serves as a model for future youth-centred policy engagement.

¹³⁰ Government and other UN agency KIIs.

¹³¹ UNFPA country KII.

¹³² UNFPA country and NGO partner KIIs.

¹³³ Government KIIs.

making, reproductive choices, and environmental concerns. Efforts like envisioning future scenarios, role-playing, and engaging youth in public health storytelling have laid a foundation for more participatory and innovative programming. However, stakeholders, including youth themselves, highlight that challenges persist around lack of availability of public space for youth and conservative cultural taboos.¹³⁴

Despite consistent engagement, several stakeholders believe that current youth programming does not sufficiently connect with broader national trends like the demographic dividend or youth outmigration. "Brain drain" remains a serious concern, with many talented youth choosing to study or work abroad, with many of the more educated youth choosing not to return. Stakeholders highlight that right now, youth programming in general (not just UNFPA) in the Maldives lacks inclusion of longer-term aspirations, the necessity of mobility (internal and external migration), and national contribution frameworks.¹³⁵

Youth in the Maldives face a range of structural and social challenges, with multiple stakeholders highlighting rising costs of living, cramped housing conditions and overcrowding, and fears of increasing impact of climate change make future parenting increasingly unappealing for youth. Youth in the Maldives are increasingly digitally connected but are constrained by conservative social norms in that they seek freedoms that are not yet matched by existing social systems, such as in areas of dress, sexuality, and lifestyle choices, which can result in internal conflict and disengagement.¹³⁶

Finding 6. OUTPUT 3. Gender and social norms, and GBV. UNFPA has taken on a lead gender and GBV role in the Maldives within the UN system and has produced some specific tangible results in thoughtful and context-driven ways. Like other output areas, the approach to gender and social norms has been ad hoc, and hindered by the conservative context.

Overall, UN report results against GBV and gender transformative approaches. Those results specifically attributed to UNFPA are output level results, being: development and Government launch of a National Action Plan on GBV and Child Marriage; development of SOPs across health and social sectors (with limited evidence of subsequent implementation); and the establishment of GBV service mapping.¹³⁷

The CP for the 7th country programme has GBV and gender equality as output 3, including multisectoral response to GBV and harmful norms; implementation of the Domestic Violence Act and National Gender Equality Act supported with M&E frameworks.¹³⁸ In the absence of a UN Women presence, UNFPA has assumed an overarching UN leading role in advancing gender equality and women's empowerment (GEWE) within the UN Country Team (UNCT). UNFPA leads the HR and GE Thematic Group; leads on Outcome 4 of the UNSDCF (By 2026, Maldives has strengthened decentralised and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy tolerant and peaceful society); and plays a central role in tools like the Gender Scorecard (SWAP), which UNCT has undertaken in the Maldives under UNFPA leadership.¹³⁹

UNFPA has achieved some key gender and GBV results. However, there is limited evidence either through UNFPA monitoring or from primary sources as to how these efforts are being consistently implemented or applied.¹⁴⁰ The achievements that are demonstrable are presented below:

¹³⁴ Youth FGD, Government and other UN agency KIIs.

¹³⁵ UNFPA country and other UN agency KIIs.

¹³⁶ UNFPA country and other UN agency KIIs.

¹³⁷ UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020)

¹³⁸ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026).

¹³⁹ Other UN agency KIIs.

¹⁴⁰ Ministry of Health & UNFPA Maldives. National Guidelines for Preventing and Responding to GBV in Health Care Settings. 2021. UNFPA country level KIIs, Government KIIs.

1. Multi-sectoral GBV coordination mechanisms functional; duplication reduced: Partially achieved. From 2022 to 2025 UNFPA has supported the establishment of number of GBV coordination mechanisms, being:
 - b. National Guidelines for Preventing and Responding to GBV in Health Care Settings which provides standardized procedures for survivor-centred medical, psychological, and referral services and offers minimum service packages for various healthcare levels, although there is limited evidence that this is being consistently followed in service provision;¹⁴¹
 - c. GBV Referral Pathways developed, bringing coherence and international best practice to the establishment of referral pathways, although there is limited evidence that this is being consistently followed in service provision;¹⁴²
 - d. A GBV response app promotion toolkit, which focuses on awareness, referral, and access enhancement via multilingual tools. Although the reporting function in the app became inactive due to technical and administrative changes, stakeholders report its content remains a valuable resource. There is no data on the reach or utilization of the app.¹⁴³
 - e. SRHR and GBV capacity training in the Halfway House for girls in Hulhumale; which allowed those women and girls accessing the Halfway House to have more information and awareness on these issues¹⁴⁴
 - f. The inclusion of GBV and FGM prevention strategies within RMNCAH strategy and action plan 2020-2025.¹⁴⁵
2. Government investment in GEWE/GBV increased and executed: Partially achieved. 2022 to 2024, UNFPA supported the costed action plan for the GEAP, although this was not without challenges, due to political uncertainties and government transitions. The costing exercise was completed but government stakeholders reported challenges with quality of the costing and it has not been implemented. In fact, despite support from multiple actors on more gender responsive budgeting (GRB) such as trainings and pilots supported by ADB, USAID, and other, most initiatives have lost momentum before full institutionalization.¹⁴⁶
3. FGM shows reduction or early reduction signals: Not evidenced. UNFPA Maldives has no change in trend data on FGM from 2021 to present day and no evidence of any contribution towards any potential change.
4. GBV prevalence/service indicators show reduction or early reduction signals: Not evidenced. UNFPA Maldives has no change in trend data on GBV from 2021 to present day and no evidence of any contribution towards any potential change.
5. UNFPA/partners show clear understanding/application of GTA vs gender-responsive approaches: Partially achieved. UNFPA supported the establishment of a women's self-help group (Dhathamem) piloted in Kulhudhuffushi, and delivered two community mobilization interventions designed based on community information collected from the women's self-help group as to what would work¹⁴⁷. UNFPA has also collaborated with NGOs and CSOs to enhance GBV support services (e.g., SHE, Zero Waste Maldives).¹⁴⁸ While there is no formal GTA measurement platform, there has been an expansion of norm-change programming (i.e. discussions around gender norms during the 16 days of activism, a domestic violence campaign, and planning for a male engagement pilot, and sports partnerships). UNFPA Maldives has contextualized approaches to a

¹⁴¹ Ministry of Health & UNFPA Maldives. National Guidelines for Preventing and Responding to GBV in Health Care Settings. 2021.

¹⁴² UNFPA Maldives. ToR – GBV Referral Pathway Development. 2022.

¹⁴³ Government KIIs, UNFPA. GBV Response App Promotion Toolkit. 2022.

¹⁴⁴ Hulhumale Hospital. Halfway House – SRHR Capacity Training. 2023 and UNFPA and NGO KIIs.

¹⁴⁵ Government of the Maldives. RMNCAH Strategy and Action Plan 2020–2025. See Finding 4 for evidence of implementation of the RMNCAH strategy,

¹⁴⁶ UNFPA Maldives Annual Report 2022, and UNFPA Maldives Annual Report 2023, UNFPA country, other UN agency and Government KIIs.

¹⁴⁷ UNFPA and NGO KIIs.

¹⁴⁸ UN. Annual Results Report – Maldives (2022)

certain extent and to the extent the resources have allowed: for example, the digital media content developed for 16 days of activism in 2023. Though initially seen as costly, stakeholders report that the film was ultimately influential, especially in reaching new audiences, such as sports communities and youth groups.¹⁴⁹ Unlike previous media efforts that depicted overt violence, this 29-minute film presented more nuanced scenarios, such as a girl's experience in a singing competition where her teacher touches her. Stakeholders report anecdotal evidence that the storytelling opened doors to conversations around power dynamics and gender norms in ways that traditional awareness campaigns had not.¹⁵⁰ However, some stakeholders highlighted the importance of not just working *in* sectors like education or justice but addressing how social norms are reinforced within those institutions: curriculum content, visual representation of gender roles, and engagement with teachers and administrators were cited as areas needing attention.¹⁵¹

Hindering and facilitating factors. Overall, stakeholders consistently noted that gender and social norm change, including GBV prevention, response, and FGM reduction efforts by all different actors in are somewhat scattered, lacking a coherent approach. There is a National Gender Policy 2019, and the GEAP, which exist as foundational facilitating documents, but as highlighted by the UNFPA 2023 legislative review, there are multiple gaps, overlaps and contradictions in the GBV-related legislation in the Maldives.¹⁵² This has understandably impacted upon what UNFPA has been able to do, and, exacerbated by very specific SIDS physical and environmental barriers, such as geographic inaccessibility, global best practices do not work in the Maldives without significant contextualization.¹⁵³

Support to Women's Football Club: gender and GBV support through sport

A good example of innovative gender work is the UNFPA support to WFC, which was established in Hulhumale in 2018 by a former female football player and coach. The club was created to break stigma around women's participation in sports and to provide a safe space for women, including those recovering from substance abuse and survivors of domestic violence. UNFPA supported the group during the 16 Days of Activism in 2023 through a football initiative and then in 2024, a surfing programme, resulting in improved physical and mental health for women and girls. Initially, recovering substance abusers were targeted but when the remand centre was relocated to a neighbouring island, the programme was opened to other local women and girls.

There remain challenges with continuity of initiatives and with monitoring higher outcome level results. Several stakeholders referenced multiple initiatives, both those supported by UNFPA and others that have been started and then dropped. The GBV reporting app, referenced earlier, was one such UNFPA initiative which was discontinued due to lack of ongoing funds.¹⁵⁴ Stakeholders believed these initiatives had promise, but the lack of oversight under a single line Ministry, with MSFD, Ministry of Health, and HPA all having a role, and lack of longer-term monitoring has limited learning and understanding of impact.¹⁵⁵

Finding 7. OUTPUT 4: Population Dynamics. UNFPA is seen as having unique expertise in the population dynamics and has provided some real, tangible, credible support in this area. The paradigm shift in low fertility, ageing, and declining population was unanimously raised across all stakeholders as one of the most critical issues facing the Maldives today. UNFPA support to date,

¹⁴⁹ UNFPA country, Government, and civil society partner KIIs. However, there is (a) no data on actual reach (numbers) and (b) no follow-up on changed attitudes of practices due to the film.

¹⁵⁰ UNFPA country and Government KIIs.

¹⁵¹ Government KIIs.

¹⁵² there are multiple gaps, overlaps and contradictions in the GBV-related legislation in the Maldives

¹⁵³ UNFPA regional, country, Government and other UN agency KIIs,

¹⁵⁴ Ibid.

¹⁵⁵ Government KIIs,

due to funding limitations, has mainly been to data and analysis with limited focus on translating that data into workable national policies.

Across sectors, stakeholders stressed the urgency of addressing low fertility, ageing and population decline. What was once a marginal topic is now front and centre in all policy conversations and UNFPA's contribution to this and keeping rights-based approaches to population transition on the agenda, was acknowledged across the board.¹⁵⁶

UN overall strategy in the Maldives, under both UNSDCF and the Covid-19 socio-economic response and recovery plan that provided an additional foundation to the development of this current UNSDCF, recognized the UNFPA support to addressing the gap of disaggregated data generation, gender data gap analysis, and demographic analysis related to COVID-19 impacts, highlighting how this data was used to inform planning and inclusion in social protection systems.¹⁵⁷ UNFPA has achieved some key population dynamic results:

1. Credible, disaggregated population/SRHR/GE/AY datasets produced to standards: Partially achieved. UNFPA completed the HMIS RMNCAH analysis to inform policy in 2022, also establishing a technical advisory group for high-level policy advocacy. In 2023 the RMNCAH tracker module was developed for DHIS2 and the MoH core team was trained in data capture and analysis. The ANC and PNC metadata were finalized and four priority RMNCAH indicators were monitored & publicly available by Q4. In 2024, UNFPA undertook HMIS analysis to identify gaps and subsequently to include RMNCAH indicators in HMIS. There was also work started to add the RMNCAH tracker and include new indicators in annual health statistics. Overall, integrating SRHR data into the national health information system to improve decision-making was reported in the 2024 APRO annual report as a key result, although there is no further information on how that data has influenced policy decisions as of yet.¹⁵⁸
2. Analytics on demographic shifts/megatrends produced and updated: Partially achieved. In 2022 UNFPA supported the census and drafted a dissemination / communication strategy which has resulted in multiple briefings produced by MBS / UNFPA¹⁵⁹ Also UNFPA conducted NTA advocacy & training for MBS, with senior statistical officials to increase MBS capacity on analytics of ageing and low fertility analytics and in 2023 jointly produced four census-based advocacy videos and island/atoll indicator cards for public dissemination, although it is unclear how widespread the reach of these materials has been. In 2024 UNFPA produced an ageing and low fertility briefing paper.¹⁶⁰
3. Population data used in national policies/strategies/programmes (citations/decisions): Partially achieved. In 2023 UNFPA continued to use census data for policy advocacy, particularly in the 2023 Voluntary National Review (VNR) and for the ICPD@30 survey. UNFPA advocacy led to lifecycle narrative reflected in the government manifesto commitments on fertility and SRH services.¹⁶¹

¹⁵⁶ Other UN agencies, Government, and NGO partner KIIs.

¹⁵⁷ UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020)

¹⁵⁸ UNFPA Maldives Annual Report 2022, and UNFPA Maldives Annual Report 2023 and UNFPA country KIIs, Government KIIs.

¹⁵⁹ Key Census-related briefings produced by MBS among others: Statistical Release 1: Population Dynamics in the Maldives. 2022. Basic demographic characteristics from the 2022 Population & Housing Census. Statistical Release 2: Population Movement & Migration Dynamics. Migration and population movement analysis from the 2022 Census data. Statistical Release 3: *Education Status of the Population* (Census 2022 series). Statistical Release 4: Disability in the Maldives: Findings on disability (using the Washington Group short set) from Census 2022. Informal Employment / In-depth Analysis of Informality and Informal Employment. Analysis of informal employment from the Census 2022. Statistical Pocketbook of Maldives 2023. Includes Census 2022 data among other indicators. Statistical Pocketbook of Maldives 2024. Updated pocketbook with Census 2022 data and other sectors

¹⁶⁰ UNFPA Maldives Annual Report 2022, and UNFPA Maldives Annual Report 2023 and UNFPA country KIIs, Government KIIs.

¹⁶¹ Ibid.

4. Megatrend analytics used by Government and civil society in planning: Partially achieved. In 2023 UNFPA convened high-level panels (including the Vice President) using census analytical data on low fertility/ageing. UNFPA also prepared island/atoll cards to support local planning. 2023 and 2024 Annual Reports, as well as stakeholders, note UNFPA support to NTA institutionalization in the Maldives resulting in increased national discussions and investment decisions in Maldives.¹⁶² All stakeholders involved in this evaluation cited demographic trends as a key issue facing the Maldives, and Government stakeholders in particular spoke of demographic trends being increasingly considered in policy decisions.¹⁶³
5. HRBA, GTA, resilience, LNOB integrated in strategies informed by data: Achieved. UNFPA ensured a specific disability and migrant data module in the 2022 census. Further, in 2022 UNFPA supported a sharper LNOB focus by developing a glossary for SRHR for persons with disabilities to be used by health service providers, and introduced initial steps for working with female drug users, being a plan to start partnering with Hulhumale halfway house. In 2023, UNFPA started support to Hulhumale halfway house for female drug user, and additionally ensured inclusion of factors of being left behind indicators in the RMNCAH tracker design, being disability, geography, gender and age, and socio-economic status.¹⁶⁴
6. International reporting (SDG, ICPD, CEDAW, CRPD, UPR) improved using new/better data: Partially achieved. In 2023 the Maldives VNR was completed using 2022 census data, and the as was the ICPD@30 survey.¹⁶⁵

UNFPA's credibility in population dynamics in the Maldives stems largely from its role in fostering national dialogue and providing technical support in NTA and analytics to MBS. Stakeholders referenced the convening role of UNFPA across different national ministries and agencies, such as supporting dialogue between the pensions office and policymakers to address issues like ageing and reframe pensions from a purely financial lens to a more social one.¹⁶⁶

UNDP, UNICEF, and others acknowledged that UNFPA is one of the few actors consistently pushing for action on ageing, fertility, and migration. While UNDP traditionally supports governance and economic policy, it was UNFPA that led on the census, and national inclusion accounts. Other UN agencies emphasized the need to contextualize UNFPA's work for a country like the Maldives, where low fertility and an ageing population and shrinking workforce are coupled with high migration and a SIDS geography with a conservative culture that all challenge conventional development models.¹⁶⁷

The UNFPA 7th country programme design has population data as the fourth output, framing it as: "Data Capacity: Census and DHS support, with integration of disaggregated data into policy and programme planning"¹⁶⁸ and the UNFPA MTR of this 7th country programme highlighted key results in this area being the production of key population reports (e.g., VNR, ICPD30); policy briefs on low fertility; and support to census data.¹⁶⁹

UNFPA's partnership with the Maldives Bureau of Statistics (MBS) has been one of its most concrete achievements, with results highlighted above. This includes technical support for the 2022 census, census analysis, and training for data dissemination across the atolls. UNFPA also supported the development of National Inclusion Accounts (NIA) in education, pension, and health, in collaboration with UNESCAP. UNFPA Maldives also supported National Transfer Accounts (NTA). Other initiatives

¹⁶² UNFPA Maldives Annual Report 2022, and UNFPA Maldives Annual Report 2023 and UNFPA country KIIs, Government KIIs.

¹⁶³ Government KIIs, NGO partner KIIs.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ Government KIIs.

¹⁶⁷ Other UN agency KIIs.

¹⁶⁸ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

¹⁶⁹ UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026). *No date*.

included funding for a “Datathon,” support for postgraduate data science training, and assistance in clearing backlogs in marriage registration systems.¹⁷⁰

Though early technical assistance efforts were sometimes hindered—such as with a consultant lacking demographic expertise—UNFPA quickly course-corrected by bringing in global demography experts and MBS acknowledged both the long-term and ad hoc support from UNFPA, particularly in helping prepare projections and building their technical capacity.¹⁷¹

Specific publications and support include:

- Country Analysis of HMIS on RMNCAH – highlighting data Use for policy, showing strengthened ability to collect, analyse, and use disaggregated data and identifying as key barriers system fragmentation and low capacity;¹⁷²
- Census support and dissemination;¹⁷³
- Low fertility research;¹⁷⁴
- Support to the development of the National Strategy for the Development of Statistics¹⁷⁵

Hindering and facilitating factors: While UNFPA has been a key driver of demographic awareness, stakeholders cautioned against losing momentum. Rapid digitalization, migration patterns, and the exclusion of marginalised groups (e.g., NEET youth and migrants) were flagged as potential stress points for social cohesion and stakeholders emphasized the need for UNFPA to maintain its edge by further integrating youth perspectives, expanding policy foresight, and pushing beyond data into development.¹⁷⁶ Multiple stakeholders highlighted that while support for national agencies is strong, the next challenge is translating that into upstream policy influence.¹⁷⁷

A significant challenge is the lack of overarching population policy. Stakeholders across ministries and agencies emphasized the absence of a national population policy as a major obstacle to effective planning. The Ministry of Finance and Planning (MoFP) stressed that without such a document, strategic planning, across all areas of education, health, urban planning etc, remains fragmented.¹⁷⁸ There is also no designated line ministry leading population issues, which hinders coordination. The disconnect between institutions like MBS and MoFP further undermines the ability to respond coherently to demographic shifts. Despite the production of datasets, there is little clarity on ownership, storage, and future use—exemplified by data collected for joint youth research that has yet to be published or operationalized.¹⁷⁹

The lack of a population policy and clear Ministry responsibilities, coupled with the modest UNFPA budget, contribute to challenges in translating data into policy. While UNFPA has supported substantial data generation, including censuses and surveys, the translation of this into rights-based demographic resilience policies has been limited. The culture of evidence-based policymaking in the Maldives remains weak, with decision-making often shaped by election pledges rather than strategic needs: this is acknowledged across multiple line Ministries. There is also a perception that data is collected only when needed, not as part of a continuous, institutionalized process. The gap is not just a matter of capacity but also of political will. While technical expertise exists in institutions like MBS, a shortage of demographers and low prioritization of statistics hampers progress. Policy documents

¹⁷⁰ UNFPA country and Government KIIIs.

¹⁷¹ Government KIIIs.

¹⁷² UNFPA Maldives. Country Analysis of HMIS on RMNCAH. 2022.

¹⁷³ UNFPA & Maldives Bureau of Statistics. Census Support & Dissemination. 2023 and UNFPA. Quarterly IP Workplan Progress Report 2022, UNFPA. Quarterly IP Workplan Progress Report 2023

¹⁷⁴ NFPA, MNU, UAEU. Research Proposal – Low Fertility in Maldives. 2023 and UNFPA. CO Annual Report – Maldives 2023

¹⁷⁵ Government of the Maldives. National Strategy for the Development of Statistics (NSDS) 2021–2030. 2021.

¹⁷⁶ Other UN agency, Government, and NGO partner KIIIs.

¹⁷⁷ Government KIIIs.

¹⁷⁸ Ibid.

¹⁷⁹ Ibid.

often lack costed action plans, and even promising frameworks—such as the GEAP—have seen weak implementation and consultation processes.¹⁸⁰

The demographic transition is already reshaping labour, gender, and ageing policies. Ageing is occurring rapidly, and concerns were raised about retirement planning, the sustainability of social protection systems, and the lack of support structures for older persons. Some stakeholders highlighted that the UNFPA focus to date has been on biomedical models of low fertility but, moving forward there is space, as a potential facilitating factor, to expand focus to a broader and more holistic approach including socio-economic, nutritional and lifestyle factors should be employed.¹⁸¹

4.3 EQ.3 COHERENCE.

To what extent has UNFPA Maldives developed, sustained, reviewed and leveraged strategic partnerships to further the UNFPA mandate and three transformative results in a coherent way?¹⁸²

Summary:

In terms of UNFPA niche and added value: UNFPA has a clearly recognized, well respected, and universally acknowledged niche in the area of population dynamics, recognized particularly across government and the UN system. For other UNFPA outputs – SRHR, gender, GBV and social norms, and adolescents and youth, the expertise of UNFPA is recognized but sometimes overlapping with other UN agencies.

For partnerships: The UN as a whole has struggled to embody a One UN approach in the Maldives, and UNFPA partnerships with other UN agencies reflects this. UNFPA has initiated innovative approaches to work with private and corporate sectors. This remains somewhat ad hoc but with potential for good results.

Finding 8. UNFPA has an understood niche in the area of population dynamics, recognized particularly across government and the UN system. For the other three UNFPA outputs the expertise of UNFPA is recognized as complementary but sometimes overlapping with other UN agencies. In general, the UN as a whole has struggled to embody a One UN approach in the Maldives, and UNFPA strategic partnerships with other UN agencies reflects this.

Overall, the current UNSDCF recognizes certain areas that are firmly and uniquely within the UNFPA mandate, specifically, strategic priority 3 which directly aligns with UNFPA areas around accountable governance, women’s empowerment, and inclusive policymaking.¹⁸³

The UN Covid-19 response and recovery plan, as a foundational document for the development of the current UNSDCF, confirms this, highlighting as areas of foci for UNFPA that other UN agencies do not lead being, notably SRHR, GBV, and youth inclusion. It confirms that the situation is relevant to UNFPA’s comparative advantage and complementarity in health-gender-demography nexus.¹⁸⁴

While it is noted that UNFPA has not documented regular gap analysis or actor mapping, the UNFPA niche area and complementary areas are clearly understood by other UN agency, Government, and civil society stakeholders.¹⁸⁵ UNFPA’s leadership in and unique niche area of population dynamics (PD) within the UN system is almost universally acknowledged.¹⁸⁶ Government officials see UNFPA as

¹⁸⁰ UNFPA country, Government, other UN agency KIIs.

¹⁸¹ Government, other UN agency KIIs, PD FGD.

¹⁸² Assumptions for this EQ are: 3.1 UNFPA support in the Maldives seeks to fill gaps not filled by other actors and play to UNFPA expertise and strengths. 3.2 UNFPA leverage strategic partnerships in the Maldives for furthering progress towards the three transformative results across different stakeholder groups including Government, civil society, academia, the UN system, and the private sector.

¹⁸³ UN. Sustainable Development Cooperation Framework (UNSDCF) 2022–2026. 2021.

¹⁸⁴ UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020)

¹⁸⁵ Government, other UN agency, academic and NGO partner KIIs.

¹⁸⁶ Government, other UN agency, academic and NGO partner KIIs.

occupying a necessary space within the UNCT, one that is not dominated by others. While some stakeholders see an overlap between UNFPA and WHO in health, UNFPA and UNICEF in adolescents and youth, and UNFPA and UNDP in gender, others noted some key unique aspects of UNFPA.¹⁸⁷ For example, the MoFA noted that while agencies like UNICEF and IOM focus on environment and governance, UNFPA fills a critical gap in social development, including SRHR, GEWE, youth, and PD. There is strong consensus that these themes remain core to the Maldives' development trajectory.¹⁸⁸

In addition to this, many government and UN stakeholders emphasized that in the absence of UN Women, UNFPA holds a unique space within the UN system with regard to gender equality. The evaluation of the previous (6th) UNFPA country programme confirmed that UNFPA convened gender thematic group and supported UNDAF gender outcomes.¹⁸⁹ UNFPA have remained the chair of the human rights and gender thematic group to date and also heads Outcome 4 of the UNSDCF.¹⁹⁰

However, while the UNSDCF establishes joint planning and implementation processes for coherence and collaboration across UN agencies¹⁹¹ there is a widespread perception among multiple stakeholders, both outside of and within the UN system, that the UN in the Maldives overall functions in silos rather than as a cohesive system. Stakeholders highlighted that UN agencies often pursue separate agendas, with limited joint planning or implementation and engage with Government, academic institutions, and NGO / CSO partners separately even when working on overlapping areas such as health, nutrition, or gender equality.¹⁹²

Several stakeholders, including UN staff, acknowledged that structural issues within the UN system, including firm attachments to individual CPDs and performance systems, as well as a competitive funding environment, has created disincentives for any genuine joint programming. Efforts to develop joint gender proposals or harmonized youth strategies have often faltered due to unclear direction from RCO, turnover at the leadership level within RCO, overlapping mandates and competition for leadership roles, or lack of donor interest.¹⁹³ Government stakeholders highlighted that coordination, or lack therefore among UN agencies often comes down to "egos and systems,"¹⁹⁴ with resistance to giving up control.¹⁹⁵

Successive UNFPA evaluations have found challenges with partnerships with other UN agencies. The 5th country programme (2011-2015) evaluation highlighted that coordination with other UN agencies was weak, leading to duplication and competition over partners.¹⁹⁶ The 6th country programme evaluation noted weak inter-agency coordination and limited leverage of the UNCT to deliver as one.

Despite the long-standing challenges, UNFPA has made notable efforts to improve strategic coordination through joint meetings and planning, particularly around health system strengthening, the RMNCAH strategy, and gender-based violence (GBV) response. This includes strategic collaboration with WHO on health sector GBV training and support for the RMNCAH action plan, and coordination with UNICEF on school-based DV campaigns and with UNDP on GBV risk assessment tools for the justice sector.¹⁹⁷

Two specific joint initiatives are joint UN trainings on health sector GBV response and collaborative work on DHIS2 integration and health data systems.¹⁹⁸ Yet, these initiatives are more isolated projects

¹⁸⁷ Government, other UN agency, academic and NGO partner KIIs.

¹⁸⁸ Government and other UN agency KIIs.

¹⁸⁹ UNFPA. Maldives 6th Country Programme Evaluation (CPE). 2019.

¹⁹⁰ Government and other UN agency KIIs.

¹⁹¹ UN. Sustainable Development Cooperation Framework (UNSDCF) 2022–2026. 2021.

¹⁹² Government, academic, and NGO partner KIIs.

¹⁹³ UNFPA regional, country, other UN agency KIIs.

¹⁹⁴ Government KII.

¹⁹⁵ Government KIIs

¹⁹⁶ UNFPA. 5th Country Programme Evaluation (2011–2015). 2014.

¹⁹⁷ UNFPA country and other UN agency KIIs.

¹⁹⁸ Other UN agency KIIs.

rather than embedded within formal joint programmes. The reality of limited funding, agency-specific CPDs, and operational silos has limited more embedded and strategic joint work, and the sporadic examples of coordination have not translated into coordinated or coherent action. The RCO acknowledge there has not been a genuine joint UN programme in the last few years (i.e. within the current UNSDCF) and other UN agencies report that RCO made only one genuine attempt to foster a joint (gender) project over the last eight years. This is despite the fact that all stakeholders agree the Maldives – small, UMIC, limited targeted upstream UN support – would be an ideal location for a more integrated One UN programme.¹⁹⁹

Finding 9. UNFPA has initiated innovative approaches to increased strategic partnerships with private and corporate sectors, and academic partnerships. This remains somewhat ad hoc but with potential for good results.²⁰⁰

The current CPD highlights the need for diverse partnerships, including private sector, to accelerate progress towards achievement of the three transformative results.²⁰¹ UNFPA efforts to date have been somewhat ad hoc, with limited explicit evidence of sustainability, but with clear potential for further leverage and expansion.

UNFPA’s engagement with private sector actors like Soneva Namoon, in partnership also with NGO Zero Waste Maldives (ZWM) around sustainable menstrual health management (MHM) represents a promising if still early-stage strategic public-private partnership (PPP). Though the original opportunity emerged before COVID-19, capacity limitations delayed full implementation. Still, the three-way partnership was welcomed as an example of mutual value creation between aligned organizations. It captures and harnesses grass roots / civil



society interest in environmental sustainability, linking this to key UNFPA mandate areas of MHM and gender equality, allowing women to lead and discuss reproductive health issues at the local level. The focus of this project on waste reduction and sustainable menstruation fits naturally with UNFPA’s SRHR agenda and climate-conscious programming.²⁰²

UNFPA’s most structured private sector engagement has been with Dhiraagu, the national telecom company. This is not an IP, but a clear and strategic private sector engagement, with financing provided by the private sector partner. UNFPA has provided corporate training on PSEAH principles

¹⁹⁹ UNFPA country and other UN agency KIIs.

²⁰⁰ Note that this finding focuses on UN system partnerships and private sector partnerships. EQ4 covers capacity strengthening activities / effectiveness of UNFPA across state (4.1) and civil society (4.2) respectively, and to reduce duplication or repetition of information and evidence and present a holistic view of UNFPA’s work with these partner types, all information on partnerships and capacity strengthening for Government and civil society is presented under EQ4. partnerships with Government and civil society are presented under EQ4. Here, focus on UN system and private sector.

²⁰¹ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021.

²⁰² UNFPA country, NGO partner KIIs.

and is moving toward a formal partnership to showcase Dhiraagu as a best practice to follow by other institutions for PSEAH training.²⁰³ This collaboration offers dual benefits in both advancing UNFPA's positioning in the country and increasing private sector engagement.

Feedback from Dhiraagu confirmed that the PSEAH training was well received by middle managers, though initial content was overly humanitarian in tone, as it was originally designed for aid contexts. Dhiraagu appreciated the revised, contextualized training developed by UNFPA and expressed interest in continuing collaboration with a focus on corporate-level examples. The training's interactive style, and particularly the memorable "tea example",²⁰⁴ left a lasting impression, and follow-up training is now under discussion.²⁰⁵

While at first providing corporate sexual harassment training seems outside the UN mandate, there is a clear opportunity for further leveraging here. Stakeholders highlight an increasing need to reframe UNFPA's position in the Maldives under an umbrella approach of supporting Government response and reaction to low fertility, ageing, and a declining population, in a rights-base manner.²⁰⁶ This must include, from the perspective of Government, ensuring that all economically active persons – women, men, young people, those from marginalized and vulnerable groups – are supported into work. Linked with the notion that more girls now complete university than boys in the Maldives,²⁰⁷ but that this has not automatically translated into women into higher positions across public and private sectors,²⁰⁸ UNFPA and others see strategic private sector partnerships, framing PSEAH and gender equal / gender friendly workplaces, critical to such an overarching approach.²⁰⁹

Indeed, Dhiraagu also noted that the company has internal initiatives related to harassment awareness, staff mentorship, and women in leadership development. They have a current goal of 25% representation of women in tech roles, with annual increases. While this initiative is not directly linked to UNFPA either under its traditional UN mandate or within the current framing of UNFPA's CP and four outputs, Dhiraagu sees potential for renewed partnership, especially around gender policy awareness and workplace harassment training. Results to have not been documented, but are anecdotally reported as a higher level of awareness from those who attended training of gender-sensitive behaviour in the workplace.²¹⁰

Therefore, while still limited in scale, UNFPA's private sector partnerships in the Maldives have begun to show real potential. The agency's work on sustainable MHM with Zero Waste Maldives and Soneva Namoonaa, and corporate PSEAH training with Dhiraagu, demonstrates how rights-based programming can intersect with environmental and corporate agendas and be linked under a broader demographic transition strategic framework and how this will link to the improved gender outcomes, as explained above.²¹¹

UNFPA also has strong linkages with Maldives National University (MNU), as the key academic partner. While there has been collaboration across different output areas,²¹² a critical strategic potential is

²⁰³ The private sector PSEAH work UNFPA undertake in the Maldives is focussed on the sexual harassment in the workplace aspect of PSEAH, rather than community sexual abuse and exploitation aspect.

²⁰⁴ <https://www.theguardian.com/media/2015/oct/27/police-youtube-ad-campaign-sexual-consent-tea>

²⁰⁵ UNFPA country and private sector partner KIIs.

²⁰⁶ Government and other UN agency KIIs.

²⁰⁷ The current ratio of female to male students in tertiary level education in the Maldives is 1.53 (2022) according to UNESCO, meaning there are 153 female students for every 100 male students.

https://www.theglobaleconomy.com/Maldives/Female_to_male_ratio_students_tertiary_level_educ

²⁰⁸ <https://economicgraph.linkedin.com/content/dam/me/economicgraph/en-us/PDF/the-state-of-women-in-leadership.pdf>

²⁰⁹ UNFPA country KIIs, other UN agency KIIs.

²¹⁰ Private sector KIIs.

²¹¹ There is limited documentary evidence of periodic partnership reviews or continued environment scanning for new partnerships.

²¹² For example, UNFPA and MNU jointly produced a short course on family planning, Maldives National University. Short Course on Family Planning (FP). 2022, endorsed by Ministry of Health, MNU, and HPA.

within the area of population dynamics and specifically, ageing and low fertility. Collaboration in this area has produced multiple publications, including the 2023 Policy Brief on addressing low fertility in the Maldives²¹³ and the study on socio-economic drivers of low fertility in the Maldives.²¹⁴ There is limited evidence so far as to how the data is being disseminated beyond panel discussions, or used in policy, but the academic rigour that MNU can bring to this collaboration would be useful for further leveraging dissemination and policy change using the robust analytics as the foundation. Further, there is opportunity for UNFPA to increase joint collaboration with MNU and other UN agencies, for example to engage with a currently proposed MNU WHO UNICEF total diet study in the Maldives, to bring in a fertility aspect.²¹⁵

4.4 EQ.4 SUSTAINABILITY.

To what extent has UNFPA strengthened national capacities across both state and civil society to ensure continuation / sustainability of programme interventions?²¹⁶

Summary: UNFPA has strong and enduring relationships with multiple line Ministries in a challenging context of shifting Government structures, which have produced some clear, tangible and sustainable capacity strengthening results. UNFPA also has some thoughtful and innovative civil society partners in the Maldives, but the approach has lacked coherence, with interesting but disperse, ad hoc, and often unsustainable projects with limited evidence of capacity strengthening. There is some evidence on UNFPA's recognized convening role between Government and civil society.

UNFPA Maldives had clear plans for F2F for supporting scale-up within the CPD, but these ideas have not really had much traction in the Maldives, either for UNFPA or for the wider UN system.

Finding 10. UNFPA has strong and enduring relationships with multiple line Ministries in a challenging context of shifting Government structures, which have produced some clear, tangible and sustainable capacity strengthening results, although challenges in sustainable outcomes remain.

As a background to the context within which UNFPA has provided capacity strengthening support to the Government of the Maldives, various documents have highlighted structural and legal constraints in the Maldives that affect state and civil society roles in sustaining rights-based programming,²¹⁷ and that strengthening of state capacities is required, particularly around strengthening health systems, GBV response infrastructure.²¹⁸

Even the evaluation of the UNFPA 5th country programme (2011-2015) highlighted some challenges, including that recurrent government turnover and redundancy packages eroded institutional capacity UNFPA had built.²¹⁹ The evaluation of the UNFPA previous (6th) country programme confirmed institutional capacity gaps in key government agencies and weakened sustainability, with long-term capacity development missing and highlighted that the CO itself was understaffed, limiting its ability to support sustainable outcomes and that efforts were not well integrated into national budgets or

²¹³ https://maldives.unfpa.org/sites/default/files/pub-pdf/policy_brief_-_addressing_low_fertility_in_the_maldives.pdf?utm_source=chatgpt.com

²¹⁴ https://mnu.edu.mv/dissemination-of-the-study-on-socio-economic-drivers-of-low-fertility-in-the-maldives/?utm_source=chatgpt.com

²¹⁵ UNFPA country, Government and academic partner KIIs.

²¹⁶ Assumptions for this EQ are: 4.1 UNFPA support has strengthened state capacities across SRHR, adolescents and youth, gender and social norms, and population data. 4.2 UNFPA support has strengthened civil society capacity across SRHR, adolescents and youth, gender and social norms, and population data. 4.3 UNFPA has played a clear convening role between Government and civil society that supports increased sustainable resilient capacity and partnerships with civil society, including WLO and YLO meaningfully participating in and contributing to inclusive development for all in the Maldives. 4.4 UNFPA has successfully used advocacy and data for ensuring Government scale-up of pilot interventions (using the SP accelerator of Funding to Financing - F2F).

²¹⁷ OHCHR. CCPR Concluding Observations – Maldives (2024). 2024.

²¹⁸ UN. Covid-19 Socio-Economic Response and Recovery Framework – Maldives (2020).

²¹⁹ UNFPA. 5th Country Programme Evaluation (2011–2015). 2014.

systems.²²⁰ The current (7th) country programme is built on a clear foundation of attempts to enhance national policy and systems capacity on SRH, GBV, and gender data, including costed plans and M&E frameworks.²²¹ It is accompanied by a partnership and resource mobilization plan which highlights a focus on long-term capacity building for national systems (e.g., FP supply chain, SRHR monitoring, LSBRHE curriculum delivery) as well as CSO engagement, and recognizes gaps in CSO administrative and financial capacities and proposes targeted support.²²²

The complexities of capacity strengthening state institutions in the Maldives: However, despite the capacity strengthening support given, there remains challenges translating this support into implementation of workable policies. UNFPA, other UN agencies, and Government colleagues themselves all acknowledge that capacity strengthening around policy in the Maldives is often fluid, difficult to sustain, and vulnerable to shifting political priorities. For instance, despite long-standing efforts to strengthen health systems for maternal health services and HMIS, recent government instructions have deprioritized these areas in favour of NCDs and polio.

Without an overall national Strategic Action Plan (SAP), the Government lacks a unifying national vision, making alignment and impact of capacity strengthening initiatives harder to realize and to show tangible results.²²³ While the Maldives has reached Upper Middle-Income Country (UMIC) status, many social indicators remain weak, and the lack of a master SAP hinders further coordinated progress, and so capacity strengthening support doesn't necessarily move on to the next step.

Overall, UNFPA's technical contributions are highly valued across different line Ministries, but the potential role in long-term policy influence remains underleveraged as UNFPA support is diluted across different areas.²²⁴ Lack of systematic monitoring and strategic prioritization of partnerships was also raised by stakeholders, with calls for a more structured and strategic engagement. This relates back to evidence presented under EQ1 in terms of the UNFPA CP being diffuse across multiple areas, requiring strategic partnerships with multiple line Ministries disproportionate to the small size of the Maldives CO and small budget (see more information under EQ5). Suggestions for more strategic engagement include increased evidence generation with proof-of-concept advocacy positions and value propositions for Government scale-up of gender, SRHR, and adolescent and youth interventions that work under a consistent approach of addressing low fertility, ageing, and population decline.²²⁵

Government partners across multiple line Ministries recognize UNFPA's support in strengthening institutional capacity, especially in statistics, health information systems, and gender-based violence response. The Pension Office highlighted the agency's key role in building local ownership of the National Transfer Accounts (NTA) agenda, including through fostering international training opportunities and developing staff capacity.²²⁶ Despite this progress, stakeholders noted that greater political commitment is still required to embed NTA into national frameworks, especially at the party and policy levels.²²⁷

Similarly, the Ministry of Health appreciated UNFPA's role in contributing building a sustainable model of training and mentoring for data management, noting that while technical staff support remains limited, the mentoring mode, where UNFPA provided a trainer of trainers (ToT) programme for HPA and MoH data management staff, which reportedly helped reduce dependence on external actors given the increased expertise of HPA and MoH staff to generate, analyse and disseminate the necessary data.²²⁸ UNFPA's continued work on accountability frameworks and M&E systems, such as

²²⁰ UNFPA. 6th Country Programme Evaluation (CPE) 2016–2020.

²²¹ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

²²² UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021.

²²³ UNFPA country, Government and other UN agency KIIs.

²²⁴ Government and other UN agency KIIs

²²⁵ Government and other UN agency KIIs.

²²⁶ Government KIIs.

²²⁷ Government KIIs.

²²⁸ Government KIIs.

those supporting the RMNCAH strategy, is helping establish some foundation of sustainability by integrating these measures into national frameworks. However, broader institutional change remains elusive.²²⁹

FPA stakeholders acknowledged UNFPA's role in advancing survivor-centred approaches within the revision of the Domestic Violence (DV) Act. UNFPA has helped integrate survivor-consent provisions into the revised legislation and has also supported training and sensitization efforts with police, which have led to more openness and collaboration. The integration of the provisions within the DV Act itself ensures a sustainability of survivor-centred approaches, now embedded within legislation.²³⁰ Specific results with some level of sustainability include:

1. Number of increased/improved/expanded inclusive, transformative, and resilient state policies, programmes, knowledge products, and strategies at national and sub-national levels supported by UNFPA in mandate areas:²³¹ Partially achieved:

National GBV Health Guidelines, which institutionalize GBV services via standardized procedures, medico-legal documentation, and justice system linkage, and include resilience-based appraisals.²³² There is some limited evidence from government KIIs that these guidelines are now being used.²³³

- GBV Referral Pathway Development, aimed at supporting systems strengthening through SOP training, although there is no evidence of implementation and continued sustainability.²³⁴
- GEAP Costing Framework, intended to promote sustainable budgeting for gender equality implementation although the costing is not currently being utilized by the Government.²³⁵
- Inter-Agency GBV Referral SOPs, which institutionalize coordinated GBV service delivery and monitoring.²³⁶ There is limited evidence of full utilization of these.²³⁷
- Inclusive SRH Glossary for PWDs, which has been used to train state providers and communities in accessible communication for SRHR provision for PWDs, with some evidence of use with health care providers now having that knowledge for future interactions with PWDs.²³⁸
- Rights-based FP Short Course (MNU), which offers scalable online and in-person training for all care levels, and which is now mandatory and mainstreamed into pre-service MNU training for all health care providers.²³⁹
- Life Skills-Based RH Education, which is embedded in teacher training and national education curricula.²⁴⁰ UNFPA has supported at the national level, including developing a LSEHW Facilitator Training, which builds MSFD's capacity to deliver LSBRHE nationally.²⁴¹ However, youth highlighted that this is not always being taught in schools.²⁴²

²²⁹ UNFPA country and Government KIIs.

²³⁰ Government KIIs.

²³¹ Noting that all of these policies and knowledge products etc are at national level, not state level – see below for an expanded narrative discussion on this point.

²³² Ministry of Health & UNFPA Maldives. National Guidelines for Preventing and Responding to GBV in Health Care Settings. 2021.

²³³ Government KIIs.

²³⁴ UNFPA Maldives. ToR – GBV Referral Pathway Development. 2022.

²³⁵ UNFPA Maldives. ToR – Costing of Gender Equality Action Plan (GEAP). 2022.

²³⁶ MoGFSS with UNFPA. GBV Referral SOPs – Inter-Agency. 2023.

²³⁷ Other UN agency, Government and CSO KIIs.

²³⁸ UNFPA & Society for Health Education (SHE). Development of SRH Glossary for Persons with Disabilities (PWDs). 2022 and government KIIs.

²³⁹ Maldives National University. Short Course on Family Planning for Healthcare Professionals. 2022 and UNFPA. Quarterly IP Workplan Progress Report 2022 – MNU. 2022.

²⁴⁰ UNFPA & Ministry of Education. Life Skills-Based Reproductive Health Education (LSBRHE). 2022.

²⁴¹ UNFPA Maldives. LSEHW Facilitator Training Final Report. 2023.

²⁴² Youth FGD.

2. Evidence of UNFPA contribution to institutionalization of transformative and resilience-based approaches within state systems (embedded in structures rather than reliant on individuals). Partially achieved:

- RMNCAH HMIS Analysis, which has recommended national-level integration, digital transition, and capacity-building and resulted in RMNCAH areas being integrated into the HMIS and the RMNCAH tracker. The RMNCAH strategy includes elements of transformative and resilience-based approaches, explicitly referencing LNOB and HBRA, and aligning with broader national strategies and inclusion of MISP for resilience-based elements.²⁴³
- Social Sector Finance Strategy, being the Integrated National Financing Framework (INFF) which enables data-driven investment planning and improved resource management, with a focus on climate resilience and equitable social service delivery in national financing, also putting gender equality at the heart of financing decision-making.²⁴⁴ UNFPA was one of the participating UN agencies for supporting the development of this, cross-cutting the different CP outputs,²⁴⁵ and the INFF now has financing objectives across three strategic pillars that are being implemented by the Government.²⁴⁶
- GBViE Country Planning, which has embedded MISP training and SOPs into national emergency preparedness as well as within the RMNCAH strategy.²⁴⁷

National vs Local-Level Engagement: A key question is the level at which UNFPA support will result in the most sustainable impact within a context of a strongly centralized government system across a large geographically dispersed island area. Multiple government stakeholders requested increased support at local council level from UNFPA.²⁴⁸ However, UNFPA and other stakeholders rationalize that the geographic and economic realities of working at the local level – across 186 different islands – in the Maldives is neither feasible nor viable, particularly within the confine of a small-scale budget of the UNFPA Maldives CO..²⁴⁹

Finally, primary evidence highlights how UNFPA has supported more sustainability through its convening role across Government entities. Government stakeholders highlighted that UNFPA is seen as a key convener across government entities, particularly in situations where government entities operate in silos or where formal collaboration across sectors is weak, where UNFPA has shown ability to bring the right people together across ministries, avoiding the common pitfall of vertical, isolated programming. This has been especially evident in dialogues around contraceptive access and low fertility, where UNFPA has played a coordinating role, enabling the discussion to become embedded in national dialogue, despite differing views within government and limited collective attention.

Finding 11. UNFPA has some thoughtful and innovative civil society partners in the Maldives, but the approach has lacked coherence, with interesting but dispersed, ad hoc, and often unsustainable interventions with limited evidence of capacity strengthening. There is some evidence on UNFPA's recognized convening role for more sustained interaction and coordination between Government and civil society.²⁵⁰

The overarching UN framework in the Maldives is based on the Covid-19 UN recovery plan which perceives there to be strong collaboration between the UN and CSOs, WDCs, and YDCs evident across

²⁴³ UNFPA Maldives. Country Analysis of HMIS on RMNCAH. 2022 and UNFPA. CO Annual Report – Maldives 2023.

²⁴⁴ President's Office. Social Sector Finance Strategy – INFF. 2023.

²⁴⁵ <https://www.jointsdgfund.org/programme/operationalizing-integrated-national-financing-framework-maldives-prioritize-and-mobilize>

²⁴⁶

https://www.finance.gov.mv/public/attachments/lzyzZHlHy0ZWb7Yl17aw16YkFhE5o8DfVxThmruO.pdf?utm_source=chatgpt.com

²⁴⁷ UNFPA Maldives. Country Planning for GBV in Emergencies (MISP). 2023.

²⁴⁸ Government KII's.

²⁴⁹ UNFPA country, other UN agency, and Government KII's.

²⁵⁰ Note that this Finding addresses assumptions 4.2 and 4.3.

interventions.²⁵¹ This is reflected in subsequent UN results reports, which reference different strategies of civil society engagement including peer-help groups, Y-PEER youth educators, disability inclusion in CSO programming.²⁵²

The evaluation of the previous (6th) UNFPA country programme reported that, for UNFPA, civil society engagement existed but lacked depth for long-term impact.²⁵³ The current (7th) country programme recognizes civil society engagement as an element for progress towards the three transformative results but with no specific strategy outlined for engagement. The CPD is accompanied by a partnership and resource mobilization strategy that recognizes gaps in CSO administrative and financial capacities and proposes targeted support, but without specifying that targeted support, and presenting a number of different possible CSO partners, or partner types (such as 'youth -led CSOs) across a diverse range of possible activities.²⁵⁴

The MTR of the current (7th) programme recognized roll-out and scaling of pilot initiatives like self-help groups pending, and it also highlighted ongoing risk due to political transitions and limited national capacity for M&E.²⁵⁵ The landscape of civil society in the Maldives is shaped primarily by the geography of being an island nation which creates structural and financial limitations; compounded by strong centralized and regularly changing government and by the conservative culture.

Multiple stakeholders report that CSOs are typically founded by passionate individuals but often face challenges sustaining themselves over time. Most active NGOs / CSOs are based in Malé, while those in the outer islands lack visibility, capacity, and support. The financial cost of community work, particularly with regard to transport on the outer islands, poses significant constraints in the Maldives.²⁵⁶ This means that, while UNFPA is recognized as having established good relationships with various civil society partners, a limited footprint and limited funding mean investments in civil society engagement must be strategic.²⁵⁷

Multiple stakeholders noted that UNFPA's work with CSOs has produced some innovative pilots but lacked longer-term sustainability. For example, UNFPA supported the Women's Football Club (WFC) that successfully engaged vulnerable women and maintained some continuity even after formal support ended but, no follow-up or systemic support was provided by other donors or the government and so ongoing programming eventually stalled.²⁵⁸

The challenges are not just external, and in some regard are based on UNFPA systems which are administratively burdensome for working with smaller CSOs.²⁵⁹ However, this is genuinely exacerbated in the Maldives by factors entirely outside of UNFPA's control, where CSOs are scattered across islands, with limited networks between them, and often forced to take on a wide range of donor-funded projects that may not align with their core missions.²⁶⁰

UNFPA support to larger national NGOs, such as the IPPF member association in the Maldives, SHE, has been long-standing and produced clear and tangible results, but even then, there are constraints that often prevent proper investment in core costs such as human resources and training: as a result, support is necessarily very projectized and short-term, affecting potential sustainability.²⁶¹

²⁵¹ UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020).

²⁵² I.e. UN. Annual Results Report – Maldives (2022).

²⁵³ UNFPA. Maldives 6th Country Programme Evaluation (CPE). 2019.

²⁵⁴ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021 and UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021.

²⁵⁵ UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026).

²⁵⁶ UNFPA country, other UN agency and NGO partner KIIs.

²⁵⁷ Other UN agency KIIs,

²⁵⁸ UNFPA country and NGO partner KIIs.

²⁵⁹ UNFPA country KIIs.

²⁶⁰ UNFPA country and other UN agency KIIs.

²⁶¹ UNFPA country and NGO partner KIIs.

Government is strong and civil society, comparatively, quite weak, with some Government counterparts viewing civil society with suspicion, perceiving them more as watchdogs than collaborators. Successive governments have been quite reluctant to include CSOs in formal processes and don't necessarily recognize their potential to complement public services which has led to minimal institutional engagement and reduced opportunities for CSOs to participate meaningfully in decision-making.²⁶² This is problematic, as there is strong agreement across multiple stakeholder types that in fact CSO can and do represent hidden communities and unheard voices.²⁶³

Working across a few different national NGOs such as SHE, IPPF Member Association in the Maldives, and CSOs such as Soneva Namoon, Zero Waste Management Maldives, and Women's Football club has seen interesting output level results (see EQ2 on Effectiveness, above) but with limited clear evidence of how this has increased capacities and longer-term operational sustainability of the CSOs. However, primary evidence highlights how UNFPA has supported strengthened, and likely more sustainable Government-civil society engagement through its convening role between Government and civil society.²⁶⁴

As above, the limited capacity and dispersed nature of civil society in the Maldives have proven a challenge to any convening role played by UNFPA between government and civil society. Overall, the UN framework in the Maldives is based on a whole-of-society approach, leveraging UN's convening role to bring together government, academia, private sector, and CSOs.

The current (7th) country programme for UNFPA in the Maldives confirms a deliberate and intentional convening role, particularly in terms of facilitating multisectoral coordination and inter-agency cooperation and playing a convening role in youth and gender.²⁶⁵ Stakeholders across different groups all specifically recognized UNFPA for a convening role that supports coordination between CSOs and government, particularly in GBV prevention and adolescent / youth programming.²⁶⁶

This is also recognized in successive UN Annual Reports for Maldives, where UNFPA is highlighted for some contribution towards sustained platforms for Government-CSO dialogue and for some contribution to policy consultations with CSOs that have become more institutionalized:

- support to the creation of the Technical Advisory Group (TAG) for RMNCAH M&E was commended for bringing together government ministries and national institutions, as well as civil society into a sustainable longer-term platform to steer data and policy dialogue,²⁶⁷
- convening of dialogue on SRH for persons with disabilities by linking PWD associations with the Ministry of Health to produce a common SRH glossary, although there is no further evidence that this dialogue became more institutionalized.²⁶⁸
- facilitation of youth-led CSO participation in CSE and SRHR advocacy alongside government partners for more sustainable outcomes, which represents a good start in a context with limited mechanisms for youth to engage with Government,²⁶⁹
- convening of government ministries, NGOs, and CSOs during the update of GBV case management guidelines and SOPs for the national referral mechanism, which represented a good start to ensuring both Government and civil society collaboration for national GBV functions;
- convening of for youth and civil society participation in ICPD@30 and Census 2022 dissemination, linking government statistical authorities with CSOs and youth platforms to ensure demographic discussions become more embedded within national dialogue, on social media, in traditional

²⁶² UNFPA country, other UN agency, and NGO partner KIIs.

²⁶³ UNFPA country, other UN agency, and NGO partner KIIs.

²⁶⁴ Government and CSO KIIs.

²⁶⁵ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021.

²⁶⁶ UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020)

²⁶⁷ UN Maldives Annual Report 2022 and CSO KIIs.

²⁶⁸ Ibid.

²⁶⁹ UN Maldives Annual Report 2022 and other UN agency KIIs and CSO KIIs.

media, and in planned events.²⁷⁰ This was confirmed by youth themselves.²⁷¹ Also UNFPA was noted for convening the institutionalisation of NTA analysis, supporting dialogue between the government and academic/civil society partners, also with a view to ensuring demographic discussions become more embedded within national dialogue,²⁷²

CSO partners confirmed a need for UNFPA to play a more vocal and active advocacy role for allowing them to have a voice with government on SRHR-related issues. The Government's hesitancy in issues such as integrating MISP or MHPSS approaches for GBV into government policy, or CSE (LSBRHE) fully into curricula, or sustainable MHM products, requires advocacy from both the UN system and civil society. NGOs highlight that while civil society often initiate such conversations, actual policy change requires UNFPA to act as a broker in this exercise.²⁷³ Multiple stakeholders recognize that normative policy work intended to support creation of policy is meaningless if civil society is not part of implementation of that policy.²⁷⁴

Finding 12. UNFPA Maldives had clear plans for F2F for supporting scale-up within the CPD, but these plans have not materialized and UNFPA F2F initiatives in the Maldives remain limited.

The overarching UN Covid-19 response and recovery framework speaks to government scale-up of pilot interventions, with certain pilot interventions (e.g. RMNCAH costing, GBV SOPs) being linked to national policy systems and scale-up potential identified, although funding and institutionalization remain challenges.²⁷⁵

UN stakeholders acknowledge that while ideas around South-South Cooperation and innovative partnerships have been discussed, they have not materialized into large-scale or sustainable programming.²⁷⁶ For UNFPA, the current (7th) current programme is based on evidence-based advocacy designed to encourage Government scale-up, e.g., national disaster planning integration of SRHR and GBV.²⁷⁷ The accompanying resource mobilization strategy references supporting scale-up of UNFPA's pilot interventions through increased core and non-core funding and resource partnerships, as per the Strategic Plan accelerator (Funding to Financing – F2F). It highlights that by building diversified funding streams, the strategy enhances long-term programme sustainability and resilience to funding shocks.²⁷⁸ The accompanying partnerships and resource mobilization strategy is clearly framed around the SP accelerator (F2F), encouraging vertical funding access (e.g., Joint SDG Fund, MPTF) and local resource mobilization.²⁷⁹ However, there is no evidence of UNFPA advocacy leading to Government uptake of specific interventions, or UNFPA contribution to strengthened CSO capacity to produce research and advocacy materials supporting Government scale-up of pilot projects. From a government perspective, there is appetite for expanding innovative financing models, such as south-south cooperation (SSC) partnerships, particularly given the Maldives' UMIC status. Traditional grant-based financing is becoming less and less accessible and this is a trend that will continue to accelerate. The government is open to exploring blended finance and concessional arrangements through partnerships with the UN system.²⁸⁰

²⁷⁰ UN Maldives Annual Report 2022 and other UN agency KIIs.

²⁷¹ Youth FGD.

²⁷² UN Maldives Annual Report 2024 and Government and other UN agency KIIs.

²⁷³ NGO partner KIIs.

²⁷⁴ Other UN agency and academic KIIs.

²⁷⁵ UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020)

²⁷⁶ Other UN agency KIIs.

²⁷⁷ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

²⁷⁸ UNFPA. CO Resource Mobilization Strategy 2024. 2024.

²⁷⁹ UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021.

²⁸⁰ Government KIIs.

4.5 EQ.5 EFFICIENCY.

To what extent did UNFPA efficiently utilize human, technical, logistical, administrative and financial resources, tools and processes to achieve the CPD results and mitigate risks?²⁸¹

Summary: UNFPA Maldives is a small CO with a remote Country Director, and with ad hoc support from the RO. Working within these parameters, the CO has achieved an acceptable absorption rate of budget expenditure, and has had a footprint that goes beyond its small capacity. Systems are, as UN systems can be, somewhat burdensome, but UNFPA Maldives is known among partners for good support in navigating those systems. There is limited evidence of technological innovations for operations but some clear evidence of digital innovations for programming.

The Maldives, as an UMIC, does not attract significant traditional donor funding and UNFPA has addressed this by reacting to small local opportunities: while this has contributed to the ad hoc and disparate nature of some of the projects, it has also opened up new opportunities and potential strategic partnerships in a context of limited funding options.

There is limited evidence of the ERM process being actively and routinely utilized for mitigation of risks. Further, UNFPA Maldives does not have an active approach to PSEA within the ERM although basic requirements (i.e. training) are in place. UNFPA leads on PSEA for the UN system and has also introduced some innovative PSEA training with the private sector.

Finding 13. UNFPA Maldives is a small CO with a remote Country Director, and with ad hoc support from the RO. Working within these parameters, the CO has achieved an acceptable absorption rate of budget expenditure, and has had a footprint that goes beyond its small capacity.

In terms of the percentage of outputs delivered on time and within budget, the table below highlights cumulative budget allocation, expenditure and absorption rate.

Table 9. Budget allocation, expenditure and utilization by CP output (SRHR, AY, GBV, PD), cumulative to cut-off, US\$.

Thematic Area	RR Budget	OR Budget	RR Expenditure	OR Expenditure	Total Budget	Total Expenditure (Utilized)	Absorption Rate
Output 1 SRHR	\$257,232	\$126,058	\$188,054	\$60,011	\$383,290	\$248,065	65%
Output 2 AY	\$205,077	-	\$139,447	-	\$205,077	\$139,447	68%
Output 3 Gender & GBV	\$316,465	\$230,004	\$240,473	\$64,803	\$546,469	\$305,276	56%
Output 4 – PD	\$691,885	\$63	\$642,191	-	\$691,949	\$642,191	93%
Total	\$1,470,659	\$356,126	\$1,210,166	\$124,814	\$1,826,785	\$1,334,980	73%

The overall absorption is 73 percent,²⁸² but that average hides very different pictures by output:

- Population and Data holds 38 percent of the budget yet delivers 48 percent of actual spending and posts a very high 93 percent absorption. This shows that activities planned under this output area have converted into delivery;
- Gender and GBV carries the second-largest share of the budget at 30 percent but contributes only 23 percent of spending so far, with absorption at 56 percent. The pattern points to slower conversion in this area to date;

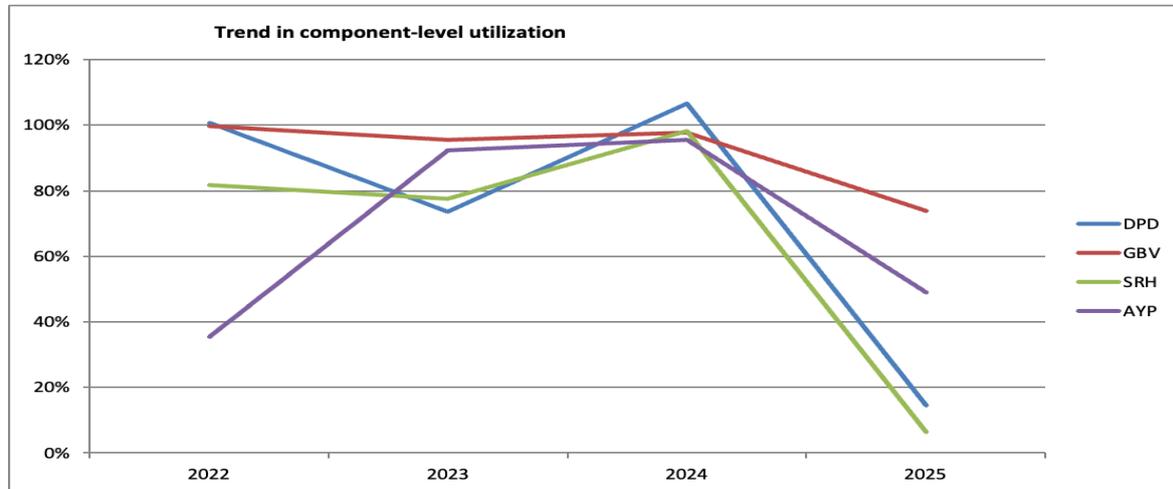
²⁸¹ Assumptions for this EQ are: 5.1 UNFPA Maldives has efficiently utilized human resources for implementation and achievement of results of the CPD 2022-2026. 5.2 UNFPA Maldives has efficient processes, procedures, and systems that leverage technological and digital innovations for operations and programming. 5.3 UNFPA Maldives has ensured robust resource mobilization, including financing opportunities, for implementation of the CPD 2022-2026 and has efficiently allocated financial resources as required. 5.4 UNFPA Maldives has a robust and updated ERM process and demonstrably identifies and mitigates risks in planning and implementation. 5.5 UNFPA Maldives has an active PSEA approach within the ERM.

²⁸² This is spend until the first half of 2025.

- SRHR sits around two-thirds absorption; and
- Adolescents and Youth is close to 68 percent, both showing mid-course progress rather than year-end results.

The below graph highlights the trend in output-level utilization.

Figure 6. Trend in output utilization, 2022–2025 YTD.



GBV stands out for consistency. It stays close to the mid to high 90s in the completed years and is the most advanced line in 2025 so far. But other visuals indicate GBV’s annual budgets are smaller than those of DPD and SRH. That means GBV contributes stability more than volume. High percentages on a smaller base translate into a smaller share of total programme spend compared with slightly lower percentages on larger DPD or SRH budgets.

DPD overshoots in some years and dips in others, which matters more to the programme total because DPD’s budget is larger.

SRH shows a clear improvement path into 2024 but is still early in its 2025 cycle.

Adolescents and youth is the output area that has moved from low absorption in 2022 to high in 2023 and 2024, with a mid-track position in 2025.

The evaluation does not have exact data on average duration between activity initiation and completion. However, the evaluation assessed absorption and spend profiles are used as proxies and cross-checked against document review and primary data.

Component trends peak in 2024, with near full delivery across DPD, GBV, SRH and AYP. GBV is the most consistent across years, which speaks to stable processes and pacing. DPD carries the greatest weight, so its overspends and underspends influence the total the most. SRH improves steadily into 2024. AYP is the turnaround case, rising from a weak 2022 to strong results in 2023 and 2024. However, a clear issue is that CO resource allocation (and staffing expertise – see next finding) across the four output areas does not reflect the specific strategic niche UNFPA has in the Maldives, and the focus of the programme, being PD. UNFPA Maldives operates with a very small team, often relying on three key programme staff covering multiple portfolios and then additional operational staff. Regional and country colleagues highlighted the necessity to adapt this way of working, when support from a range of regional specialists is provided to a small number of CO colleagues wearing multiple hats and managing multiple output areas.²⁸³ The results the CO have achieved with such a small team are viewed across a range of stakeholders as impressive, but there is also awareness of the growing stress placed on individuals, especially in light of shrinking resources and expanding programmatic scope.²⁸⁴

²⁸³ UNFPA regional and country KIIs.

²⁸⁴ UNFPA regional and country, government, and NGO partner KIIs.

In addition to the Head of Office, with expertise across a range of UNFPA output areas, the main programmatic staff have expertise, reflected in position titles, on Gender and SRHR, rather than PD.

Further, Asia and the Pacific is a large region across a diverse range of country contexts, with 22 country offices, plus one sub-regional office in the Pacific covering 14 Pacific countries. Therefore, regional support is spread thin. The Maldives Country Director sits in Sri Lanka and provides ongoing continuous oversight through a remote modality, with regular visits, but much of the day-to-day operational management is delegated to the Head of Office.²⁸⁵

Specifically for UNFPA, the current (7th) programme acknowledges needs for flexible staffing models and suggests to use in-country, regional, and global technical resources.²⁸⁶ The accompanying partnership and resource mobilization plan acknowledges the CO's lean structure and proposes hiring a dedicated communications and partnerships analyst and scaling staff skills in concept note development and donor reporting.²⁸⁷ The MTR of the current programme finds that staffing and technical support were sufficient for early rollout.²⁸⁸

Delegation, innovation, and flexibility: The Maldives team as described by different stakeholders as highly autonomous, innovative, and flexible.²⁸⁹ CO staff feel empowered to try new approaches, even in politically or socially sensitive areas and the longitude and stability of the team over the years means the team has matured together, learning to identify the right moments to act, engage, and influence policy.²⁹⁰ This innovation is made possible by the team's deep contextual knowledge and long-term engagement with national systems. Several noted that being locally grounded enhances relevance and credibility.

Structural and Administrative Challenges: However, several staff raised operational challenges stemming from the limited number of personnel, requiring workarounds such as assigning oversight tasks to programme officers. Monitoring and Evaluation (M&E) and administrative duties remain under-resourced, and staff retention is an ongoing concern. While funding exists for planned activities, human capacity, with only three programmatic staff and no dedicated M&E function, is the limiting factor.²⁹¹

Technical support from the regional office is largely ad hoc and remote, with little sustained engagement from regional advisors. The perception that the Maldives is "doing fine" due to its UMIC status, low Total Resource Requirements (TRRs), and strong indicators has sometimes led to less support than the CO would like, with some staff feeling that they have to "fight to be seen," and that bigger countries with more needs in the region receive more attention and time from the Regional Office. Sharing a Country Representative with Sri Lanka also feeds into this.²⁹²

Mismatch in size with other UN agencies: Other UN agencies such as UNDP, UNICEF and WHO have much larger teams and in-country Country Representatives, and this does have an impact on the balance of collaboration when joint work is discussed. UNFPA's smaller team sometimes limits its influence, and some stakeholders felt that local staff are occasionally undervalued within the broader UN system and that UNFPA's visibility and influence within the UNCT suffers from the absence of an in-country Country Representative.²⁹³ Despite this, government stakeholders in particular are appreciative of UNFPA's responsiveness, flexibility, and proactive support despite the small size.²⁹⁴ Ultimately, UNFPA Maldives is widely respected for its technical expertise, across all four output areas,

²⁸⁵ UNFPA regional and country KIIs.

²⁸⁶ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021.

²⁸⁷ UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021.

²⁸⁸ UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026). *No date*.

²⁸⁹ UNFPA regional and country, and Government KIIs

²⁹⁰ UNFPA country KIIs.

²⁹¹ UNFPA country KIIs.

²⁹² UNFPA country KIIs.

²⁹³ Other UN agency KIIs.

²⁹⁴ Government KIIs.

local leadership, and results-driven approach. But the office remains vulnerable: as highlighted above, it lacks critical staffing, particularly in PD, regional support is inconsistent, and its voice is sometimes muted within the broader UN system. There is strong consensus that the office needs targeted support: not necessarily more money, but more tailored technical assistance, regional solidarity, and system-level recognition. Leveraging the team's strengths while addressing these structural limitations will be key to sustaining its effectiveness going forward.²⁹⁵

Finding 14. While overarching UNFPA systems and processes and Government systems continue to be burdensome, UNFPA Maldives is known among partners for good support in navigating those systems. There is limited evidence of technological innovations for operations but some clear evidence of digital innovations for programming.

Overall, the UN framework in the Maldives is strongly based on the UN Covid-19 recovery framework, which acknowledges current digital use in the country, including use of digital platforms for telemedicine, e-procurement, data, and outreach.²⁹⁶ The current (7th) country programme for UNFPA promotes use of big data, joint business operations, and digitized services (especially for youth).²⁹⁷ The accompanying resource mobilization strategy includes a plan to create a digital donation platform and communications plan.²⁹⁸ However, there is no evidence of this, or evidence of streamlined processes reducing transaction costs or time.

There is limited joint operations or common services used and stakeholders highlight rigid UNFPA and broader UN systems that continue to hamper working with grassroots civil society.²⁹⁹ UNFPA Maldives staff and partners consistently pointed to rigid global systems and workflows as a key barrier to working with smaller civil society operations. While UNFPA has the financial resources to support programme delivery, the human resource burden, particularly for such a small CO team, is a major constraint. There is the need for adaptive mindsets and internal reform of systems, without which, innovation and flexibility will remain limited. However, there is limited flexibility in the operational systems. An example of this is the indicators decided upon within the design of the CP, but which remain relatively rigid across the years for reporting, which does not always allow for accommodating the complexity of working on social norms within a shifting governmental national context. Strictly literal interpretations of indicators by RO and HQ reduce the flexibility required to work in a context with shifting and changing national priorities and foci.³⁰⁰

Working with NGOs continues to be characterized by overly laborious capacity assessment processes, with requirements that smaller grassroots CSOs are unable to meet, despite UNFPA's stated intent to build those very capacities.³⁰¹

For Government partners, there are structural challenges within the Maldives that make navigating the government systems, particularly with a very small CO team, quite burdensome. For example, previously, ministries had designated focal points, but this is no longer consistent, and the MoFA (as the liaison Ministry) cannot always effectively or efficiently resolve operational issues. There is quite a complex and non-transparent system for financial transfers as funds must pass through the Maldives Monetary Authority into a general account and then be reallocated by the Ministry of Finance. This process is slow and can somewhat obscure accountability, making it difficult for different implementing Ministries to track funds or plan activities effectively, which in turn creates a burden for UNFPA to manage.³⁰²

²⁹⁵ UNFPA regional, country, government and other UN agency KIIs.

²⁹⁶ UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020).

²⁹⁷ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

²⁹⁸ UNFPA. CO Resource Mobilization Strategy 2024. 2024.

²⁹⁹ UNFPA country and other UN agency KIIs.

³⁰⁰ UNFPA country KIIs.

³⁰¹ Ibid.

³⁰² Ibid.

Added to this, use of a shared government account, coupled with lack of capacity for cheque payments, and mismatched reporting cycles between government systems and UNFPA system all provide for difficult systems to work within. Workplans with IPs often shift midstream as projects have to adapt for external factors (for example, the project with Women’s Football Club with female drug users, which had to pivot when the female remand centre was relocated by Government to a different island). Further, for the Maldives all POs must go through the Sri Lanka office, which sometimes can create delays and communication issues.³⁰³

Despite the systemic challenges of bureaucracy in processes and procedures, and despite the small CO, UNFPA in the Maldives are well recognized of supportive and collaborative approaches to partnerships with IPs. Many IPs highlighted that with sometimes difficult and unfamiliar registration platforms and approval processes UNFPA were supportive and helpful throughout the process.³⁰⁴

Within the data collected for this CPE there is little evidence of technological innovation in UNFPA Maldives operational work. However, there is evidence of digital innovations in programming work. Various UNFPA annual and quarterly reports highlight: innovative tools (e.g. videos, apps, digital outreach) that have maximized reach and communication strategies and training of enumerators that show efficient use of resources and innovations (e.g. infographics, social media). The Siththaa app was launched to digitize premarital education and other use of digital platforms (e.g. Spotify, drama series) is clear across programming.³⁰⁵

Finding 15. The Maldives, as an UMIC, does not attract significant traditional donor funding and UNFPA has addressed this by reacting to small local opportunities: while this has contributed to the ad hoc and disparate nature of some of the interventions, it has also opened up new opportunities and potential strategic partnerships across NGO and private sector in a context of limited funding options.

Trends in core and non-core resource mobilization against targets for UNFPA Maldives are shown in the table below, where overall budget is shown as 71% RR / 29% OR.³⁰⁶ Year on year adjusted data, provided in the next table, shows UNFPA Maldives relies on 81 percent of the total budget as RR, and RR accounts for 91 percent of spending to date, with RR absorbing at roughly 82 percent overall. OR is 19 percent of the budget but only 9 percent of spending, absorbing at about 35 percent. By output, RR is doing the heavy lifting in every case. OR is improving in SRHR but remains low in Gender and GBV and is essentially unused in Population and Data. This is consistent with a pattern where core funds move earlier and steadier, while earmarked funds post later once agreements and deliverables are completed.

Table 10. Indicative CPD 2022–2026 resource envelope by output, disaggregated by Regular Resources (RR) and Other Resources (OR); totals in US\$ (period totals as per CPD; not annualized).

CPD Output / Budget Line	RR (US\$)	OR (US\$)	Total (US\$)
Output 1 – SRHR	\$400,000	\$300,000	\$700,000
Output 2 – AY	\$400,000	\$500,000	\$900,000
Output 3 – Gender & GBV	\$650,000	\$200,000	\$850,000
Output 4 – PD	\$800,000	\$0	\$800,000
Programme Coordination & Assistance	\$250,000	\$0	\$250,000
Total	\$2,500,000	\$1,000,000	\$3,500,000

Table 11. Annual approved budget and expenditure by origin of funds (RR/OR) and utilization rate, 2022–2025 year-to-date (cut-off: 30 July 2025), US\$.

³⁰³ Ibid,

³⁰⁴ Academic and NGO partner KIIs.

³⁰⁵ UNFPA. CO Annual Report – Maldives 2023 and UNFPA. Quarterly IP Workplan Progress Report 2022 – MBS (Maldives Bureau of Statistics). 2022. And UNFPA. Quarterly IP Workplan Progress Report 2022 – SHE. 2022 and UNFPA. CO Annual Report – Maldives 2023. 2023.

³⁰⁶ From Maldives One UN Fund pooled funds, and private sector partnerships such as Soneva Namoonaa and Dhiraguu.

Year	RR Budget	RR Expenditure	OR Budget	OR Expenditure	Total Budget	Total Expenditure	Utilized %
2022	\$688,716	\$671,669	\$174,230	\$83,067	\$862,946	\$754,736	87%
2023	\$505,584	\$470,224	52,742	\$48,804	\$558,326	\$519,028	93%
2024	\$538,290	\$539,328	\$15,063	\$10,814	\$553,353	\$550,142	99%
2025	\$575,582	\$276,940	\$134,564	\$1,968	\$710,146	\$278,908	39%
Total	\$2,308,172	\$1,958,161	\$376,599	\$144,653	\$2,684,771	\$2,102,814	78%

The 7th CP for the Maldives references a multi-path resource mobilization strategy including co-financing, private sector, and South-South cooperation as a partnership / resource modality.³⁰⁷ The CPD is accompanied by a resource mobilization strategy and a partnership and resource mobilization plan, which, respectively, focus on improving RM through core and non-core fundraising, traditional and non-traditional donor engagement, and innovative financing with a clearly structured plan to mobilize US\$1M+ in additional resources across CP outputs. The partnership and resource mobilization strategy includes joint fundraising, private sector outreach, and leveraging non-core funding channels.³⁰⁸

With regard to diversity of funding sources and instruments, Maldives' UMIC status means there is limited traditional donor funding, and within this context, UNFPA has had to adapt by pursuing modest, and often opportunistic partnerships. Examples include the partnership with Soneva Namoon, and the partnership with Dhiraagu. These types of public-private partnerships (PPP) are promising but limited, and more reactive than strategic. Multiple stakeholders highlighted the need for strategic investment, so proof of concept, or pilot projects to show value propositions that Government can then take to scale.³⁰⁹

UNFPA's ability to deliver at scale is extremely limited, both in terms of modest budget but also further complicated by the Maldives' geographic reality. Travel within the Maldives incurs high costs that are difficult to justify under overall shrinking UN / UNFPA budgets. This highlights the need for strategic focus in the output area where UNFPA's niche is most recognized (PD), and in modes of engagement that related to this. And, for the Government of the Maldives, at the policy level there is growing interest in moving beyond traditional grant-based aid. There is an understanding that concessional financing from the UN system has been, and will continue to, decline and moving towards blended financing and private-sector partnerships is inevitable and necessary.³¹⁰

Overall, UNFPA Maldives has, to date, demonstrated agility within a constrained donor environment but this has been more reactive and less strategic under an overarching focus. Coupled with limited funding for clear follow-up or monitoring, the current approach is not clearly demonstrating sustainable results, although it does show promising projects across different areas.

Finding 16. There is limited evidence of the ERM process being actively and routinely utilized for mitigation of risks. Further, UNFPA Maldives does not have an active approach to PSEAH internally within the ERM although basic requirements (i.e. training) are in place. UNFPA leads on PSEAH for the UN system and has also introduced some innovative PSEAH training with the private sector.

Limited use of ERM: In the CPD for the current (7th) country programme, UNFPA outlines a robust annual ERM review being in place; specifically with climate and economic risks integrated into planning. However, neither the resource mobilization strategy or the partnership and resource mobilization plan reference ERM³¹¹ and internal stakeholders confirmed that the ERM process is not

³⁰⁷ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021

³⁰⁸ UNFPA. CO Resource Mobilization Strategy 2024. 2024 and UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021.

³⁰⁹ UNFPA regional and country, other UN agencies, and Government KIIs.

³¹⁰ Government KIIs.

³¹¹ UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021 and UNFPA. CO Resource Mobilization Strategy 2024. 2024 and UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021.

being routinely applied in the Maldives, partly because the global ERM framework includes several risks that are not relevant to the Maldives' small-scale operational context and so risk assessments are not sufficiently tailored and remain a largely compliance-oriented exercise rather than a tool for decision-making. An e-filing system was established (before the global UNFPA guidance was published) but other than this, broader systems thinking around ERM remains relatively weak.³¹²

PSEAH – UNFPA lead role: PSEAH is not explicitly referenced in any of the following documents across the UN system as a whole or UNFPA specifically:

- UN. Maldives Youth Strategy 2022;
- UN. Annual Results Report – Maldives (2022);
- UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021;
- UNFPA. CO Resource Mobilization Strategy 2024. 2024;
- UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021.

However, UNFPA Maldives has played an active and visible role in PSEA coordination for the UN system. UNFPA leads on PSEAH work across the UN in the Maldives. In 2024 UNFPA contracted a consultant to localize global PSEAH resources to better fit with the specific development, cultural and social context of the Maldives and so increase the relevance and effectiveness of trainings across government, private sector, civil society and other UN agencies.³¹³

So, while the overall ERM framework has not been meaningfully implemented, UNFPA has demonstrated both leadership and adaptability in advancing the PSEA agenda.

PSEAH collaboration with the private sector: A model of innovation

UNFPA's engagement with Dhiraagu, one of the main national telecom providers, is a strong example of innovative PSEAH programming in the private sector. Dhiraagu employs approximately 600 staff in the Maldives, so is a significant national company. UNFPA has provided PSEAH training to Dhiraagu staff, and Dhiraagu has expressed interest in becoming a national institutional hub for PSEAH training, offering a valuable demonstration of face-to-face (F2F) learning shifting into a more scalable, embedded model. The collaboration also includes legal education on sexual harassment laws. Dhiraagu has since asked for a follow-up training module tailored to the corporate sector and they have also reported having internal mechanisms such as anti-harassment committees and awareness trainings and emphasized the importance of encouraging staff reporting mechanisms.

³¹² UNFPA country KIIs.

³¹³

<https://maldives.unfpa.org/sites/default/files/vacancies/ToR-%20Development%20of%20PSEAH%20Training%20Materials.pdf>

Chapter 5. Conclusions

Conclusion 1: Strategic. The UNFPA Maldives CP was well designed in 2021, but over the CP time period has become less relevant and partially aligned with the clearly recognized, well-respected and universally acknowledged niche of UNFPA in the area of population dynamics.

In design, the UNFPA Maldives CPD demonstrates meaningfully aligned with national priorities, community needs and identified gaps. It also clearly reflects commitment to UNFPA mandate areas and alignment with the UNFPA Strategic Plan 2022-2026.

However, the CP was designed during Covid-19, and alignment with the national-level UN frameworks of the time biased the design more towards service delivery than would probably otherwise have been included, given the UMIC status of the Maldives. More importantly, the 7th CP was ambitious, including four output areas. While this was a deliberate shift from the 6th CP which covered only one output area (adolescents and youth), it was perhaps too much of a stretch for a CO with the small budget and staffing of the Maldives. While all four output areas are clearly UNFPA areas of expertise, and do relate to areas of identified need within the Maldives. they are not all equally foci areas of the Government of Maldives. Between 2021 when the CP was designed, and now, the Government has had an increasing specific focus on and concern about population dynamics, and particularly low fertility, ageing and population decline.

Adaptability has been in-built within the design of the Maldives CPD, particularly for understanding demographic shifts and linkages to other megatrends such as migration and climate change. However, it was not possible to have the extent of adaptability necessary for the CP to fully shift in alignment with the increasing focus on population dynamics, nor find a way to maximise the intersectionality of the four output areas linked together and specifically to the niche UNFPA area of population dynamics. The four outcome areas were designed in quite a stand-alone manner and this has hindered fully leveraging that intersectionality.

UNFPA has a clearly recognized, well respected, and universally acknowledged niche in the area of population dynamics, recognized particularly across government and the UN system. For other UNFPA outputs – SRHR, gender, GBV and social norms, and adolescents and youth – the expertise of UNFPA is recognized but sometimes overlapping with other UN agencies.

[Links to EQs 1 and 2](#) / [Links to Findings 1,2,3,7](#): [Links to Recommendations 1 and 2](#)

Conclusion 2. Programmatic. UNFPA Maldives has demonstrated partial, but tangible output level results, only partially achieved due to various factors, but has struggled more to fully demonstrate outcome level results.

UNFPA has provided consistent upstream support which has led to multiple policies, legislative frameworks, and national guidelines but these have not translated into sustainable policy level results, for various reasons. Further, there is extremely limited outcome-level monitoring data that follows trends of implementation of the supported policies and guidelines.

For SRHR, the list of outputs supported by UNFPA, including embedding a HRBA and LNOB approach to SRHR in national level strategies, particularly the RMNCAH strategy, is commendable. UNFPA's leadership in the SRHR space is recognized by multiple stakeholders and UNFPA support, such as to HMIS modules, and the RMNCAH M&E framework, fills demonstrable gaps. However, the lack of continued monitoring data on how the RMNCAH strategy has led to better outcomes for women and girls in the Maldives has been a challenge. Likewise, support to costing of the GEAP for gender and social norms, and other GBV support such as mapping referral pathways and developing National Guidelines shows clear outputs, but limited follow-up as to how that has changed GBV prevention and response services across the country makes it challenging to assess outcome results.

Adolescent and youth work has been somewhat fragmented, due to the fact that there is not one overarching line Ministry responsible for adolescents and youth, nor is there an overarching national

youth strategy. Limited follow-up has led to a lack of outcome level monitoring data to ascertain results beyond outputs.

For all of these areas, the findings suggest that the conservative context and fragmented government approaches have hindered UNFPA's capacity to achieve longer-term sustainable results.

Despite neither having the largest budget allocation nor in fact a dedicated staffing position, population dynamics is where outcome level results can be seen the most in the Maldives. UNFPA support to the 2022 census and multiple dissemination products emanating from that census has demonstrably contributed to an increasing national dialogue on ageing and low fertility which, together with other key megatrends of climate change and migration, pose possibly the most significant existential crisis to the Maldives today. Conclusion one highlights that the CP has not been able to fully adapt to shift focus on ageing and low fertility proportional to the focus of the Government in this area, but at the same time, it is critical to highlight the role of UNFPA in supporting the Government towards that focus.

However, at the same time UNFPA support for population dynamics to date has mainly been to the production of data and some analysis and there has been more limited focus on translating that data into workable national policies, which many stakeholders highlight must be the next step. Lastly, UNFPA has not fully leveraged the intersectionality between population dynamics and other UNFPA mandate areas, i.e. how strong and rights-based SRHR policies, gender equality and equitable rights-based social norms, and an empowered and educated youth population are all critical to manage and mitigate social and economic macro level impacts of low fertility and ageing.

[Links to EQ2 / Links to Finding 4,5,6,7: Links to Recommendations 2 and 3](#)

Conclusion 3. Strategic. In the Maldives, the most significant strength of UNFPA is strong, enduring, strategic partnerships with Government line ministries and the niche UNFPA convening role between Government and civil society.

The Maldives presents a challenging context with shifting Government structures. However, the localized nature of the UNFPA Maldives CO has supported long-standing relationships with different Government lines ministries across health, gender, youth, education and population dynamics, which have provided the foundation necessary for upstream support to policy and legislative frameworks.

There are differences of opinion among stakeholders in the Maldives as to whether UNFPA should be providing support to Government at national or local level, or providing support upstream to Government or more downstream to civil society. However, this evaluation finds that UNFPA has the most impactful results (even where limited outcome level monitoring data can demonstrate outcome results) supporting centralized Government line Ministries. UNFPA has a small budget and a small staffing capacity and under this CP has been spread thin across four output areas, which has impacted on their ability to follow up and ensure longer-term sustainability of support. However, the normative support to central Government has led to more demonstrable results than support to civil society, which in the Maldives is disperse and fragmented. While UNFPA has developed innovative civil society partnerships in the Maldives, the approach has lacked coherence with limited evidence of sustainable capacity strengthening. However, there is clear evidence on UNFPA's recognized convening role between Government and civil society and in a context of weak civil society, this is a clear area of value add for UNFPA.

[Links to EQs 3 and 4 / Links to Findings 8,9,10,11: Links to Recommendations 4](#)

Conclusion 4. Operational. UNFPA Maldives has limited traditional funding opportunities, and the small budget and size of the CO means that strong collaboration across partners and innovative financing solutions are necessary for any contribution to sustained outcome level results.

UNFPA is highly respected across Government, UN agency and civil society in the Maldives for its normative support to Government across all four output areas, with a contribution disproportionate

to the size of office and budget. With regard to upstream support to Government, this is likely due to relationship built up over a time period significantly preceding the current CP. These enduring relationships, particularly cultivated by the Head of Office, and deep contextual understanding of culture and government, have contributed to the excellent reputation UNFPA has a valued and respected Government partner.

The Maldives, as an UMIC, does not attract significant traditional donor funding and this is reflected by the RR / OR ratio for the budget. This CP has stretched a small budget over four output areas which has led to multiple activities but limited follow up to show outcome level results or sustainable impact. While UNFPA has addressed the funding situation by reacting to small local opportunities, which offer potential longer-term partnerships, it has led to ad hoc disparate stand-alone projects.

There is increased understanding in the Maldives that the current global funding environment and the development status of the Maldives means that the UN role in general will necessarily have to shift towards providing more value proposition, proof of concept, and evidence-based data to the Government for scale-up, instead of directly funding interventions. F2F and SSC both remain underutilized in the Maldives, but their potential is clearly recognized by both Government and UN stakeholders. The reality is that that the way forward for the UN in the Maldives, including for UNFPA, will have to be shifting from service delivery to evidence and advocacy pilot projects for Government scale-up. Strategic investment in blended financing and tighter programme focus is necessary to mitigate the funding constraints and show results.

[Links to EQ 5](#) / [Links to Findings 12,13,15](#): [Links to Recommendations 5 and 6](#)

Chapter 6. Recommendations

STRATEGIC Recommendation 1: UNFPA should design the 8th Country Programme with a focus on Population Dynamics, specifically ageing and low fertility, while ensuring that SRHR, gender and social norms, GBV, and adolescent and youth remain as clear areas, but redefined as how attention to these areas will assist the Government of Maldives in managing the reality of low fertility, ageing, and population decline. *Links to: Conclusions 1 and 2*

Timeline: Design of new CPD	Priority: High	Directed To: UNFPA Maldives
<p>Rationale: Across all stakeholders, UNFPA is viewed as having a unique expertise and added value in support to population dynamics. Low fertility, ageing, and declining population has increasingly become the most significant focus for the Government of the Maldives. UNFPA should build on this and make it the central foundation of the new CPD.</p> <p>Therefore, the design of CP 8 should simultaneously define how a holistic approach to PD can (a) increase access to SRHR services and information; (b) further gender equality goals and decrease GBV, and (c) improve and adolescent and youth empowerment, while maintaining a disability inclusive lens.</p>	<p>Operational Implications:</p> <ul style="list-style-type: none"> ● CP 8 should include a comprehensive programme ToC which centres PD, and shows the clear linkages between ageing and low fertility issues and SRHR, gender, and GBV, and adolescents and youth as well as the intersectionality with other megatrends such as migration and climate change. So: <ul style="list-style-type: none"> ● Low fertility and ageing – linkages with SRHR include full life cycle SRHR, infertility knowledge generation, life cycle approaches, including menopause and links to healthy ageing; ● Low fertility and ageing – linkages with gender and GBV, include workplace equity (maximizing human capital and ensuring all women and men have equal access to economic contribution activities in safe and harassment-free environment); ● Low fertility and ageing – linkages with adolescents and youth, including future planning, access to clear SRHR information and services. ● UNFPA should clearly delineate within the ToC what is within the UNFPA sphere of expertise and what is beyond this and therefore linking to necessary partnerships (see Recommendation 6 for more detail on partnerships). Under this broad PD-focused framework, the design of CP 8 should include adaptability to emerging challenges while remaining aligned with the new UNSDCF. ● UNFPA should engage partners and stakeholders (Government and civil society) in the design of the new CPD ● UNFPA should identify gaps in existing data and evidence on demographic trends, social norms, youth perspectives, and perspectives from people with disabilities, to inform PD-focused programming. 	

STRATEGIC Recommendation 2: UNFPA should build the foundation for the new CP 8 by maximizing influence of the UN system within Maldives in the development of the new UNSDCF with clear messaging of low fertility, ageing, and population decline policy briefs and research developed to date, including allocation of resources that can link policy dialogues and knowledge generation between Government and civil society.

Links to: Conclusions 1 and 2

Timeline: Now until 2026	Priority: High	Directed To: UNFPA Maldives
<p>Rationale: Low fertility and ageing are a key critical issue in the Maldives and, partially due to the UNFPA contribution, has increasingly become the foci area of the Government. UNFPA, as a small CO needs broader UN support to maintain the momentum that has been started in this area, and so should be working to influence the design and focus areas of the new UNSDCF to ensure that the new UNFPA CP 8, and UNFPA’s positioning and expertise in the Maldives, remains clearly and explicitly relevant.</p>	<p>Operational Implications:</p> <ul style="list-style-type: none"> • UNFPA should build on the work done to date under PD (NTAs, census, and recent publications such as the Policy Brief, Addressing Low Fertility in the Maldives) with a focus to ensuring this stays on the development agenda. • UNFPA should solidify and build on key strategic PD relationships, across the UN system, with the Government – specifically MBS, and with academic – specifically MNU. • UNFPA should advocate to ensure the next UNSDCF gives due attention to low fertility, ageing, and declining population, and how these demographic dimensions intersect with migration and climate change. • UNFPA should see how best a contribution can be made towards linking policy dialogues and knowledge generation between Government and civil society and measuring how this leads to / contributes to meaningful policy change and policy implementation. 	

PROGRAMMATIC Recommendation 3: UNFPA should begin to explore, and cost, with APRO, how demographic resilience expertise can be bolstered within the Maldives CO, with a blend of RO support and reequipping Maldives staff to provide gender and SRHR expertise under a broader demographic resilience framing.

Links to: Conclusion 2

Timeline: Now and continuing into CP 8.	Priority: High	Directed To: UNFPA Maldives and APRO
<p>Rationale: Support for population dynamics to date has mainly been to the production of data and some analysis (i.e. with the recently published policy brief on low fertility), and there has been more limited focus on translating that data into workable national policies which many stakeholders highlight must be the next step. Also, there has been limited leveraging of intersectionality across the different output areas, recognizing a focus on addressing low fertility, ageing and declining population and what that can mean for support to addressing this in a rights-based manner for advancing gender equality, adolescent and youth empowerment and opportunity, and a LNOB lens.</p>	<p>Operational Implications:</p> <ul style="list-style-type: none"> • UNFPA Maldives should request further PD support from RO and particularly Demographic Resilience and lifecycle approach expertise. • UNFPA should start looking to shift, or pivot expertise to PD (keeping gender and SRHR expertise, but shifting it to gender and GBV in the context of low fertility, ageing, and SRHR in the context of low fertility and ageing, as highlighted in Recommendation 1), maintaining a disability inclusive lens, and seeking RO support for doing this. • UNFPA should engage regional experts and RO support to mentor local staff on linking demographic trends to programme design. • UNFPA should collaborate with government partners to ensure demographic resilience 	

	<p>considerations are included in national gender and SRHR policies.</p> <ul style="list-style-type: none"> UNFPA could build partnership for expertise by partnering with academic institutions, think tanks and research centres.
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PROGRAMMATIC Recommendation 4: UNFPA should undertake certain specific PD tasks between now and the design of the new CPD / within the new CPD.

Links to: Conclusion 2 and 3

Timeline: 2026	Priority: Medium	Directed To: UNFPA Maldives
<p>Rationale: Across all stakeholders, UNFPA is viewed as having a unique expertise and added value in support to population dynamics. Low fertility, ageing, and declining population has increasingly become the most significant focus for the Government of the Maldives, partly due to support from UNFPA in data production, such as the census and NTAs. Unlike the other three output areas (SRHR, adolescents and youth, and gender, social norms and GBV), there is no other UN agency competition for provision of support in population dynamics, and UNFPA is the key Government partner in this area. Low fertility, ageing, and declining population paradigm shift was raised almost unanimously across all stakeholders as the most critical issue facing the Maldives today.</p>	<p>Operational Implications:</p> <ul style="list-style-type: none"> UNFPA should document lessons learned from previous CPD implementation in this area to ensure continuity of policy support. UNFPA should consider partnering, if funds can be found, with WHO and UNICEF on the MNU proposed total diet study to bring an infertility lens / aspect into the study. UNFPA should start to consider how best to include within the next CPD, a strategy to support Government including the upcoming population policy into social services planning. UNFPA should support the validation and implementation of the new ageing policy and action plan and provide support to costing this. UNFPA should support the development of monitoring frameworks for the population and ageing policies / action plans and support the continued collection of data for the monitoring. 	

OPERATIONAL Recommendation 5: UNFPA APRO should consider using UNFPA Maldives, and any other almost-fully localized COs in the region as an example of good practice, collecting and promoting the benefits of long-term, enduring relationships with Government in UMIC contexts with a localized in-country Head of Office.

Links to: Conclusion 4

Timeline: 2026	Priority: Low	Directed To: APRO
<p>Rationale: Operationally, UNFPA Maldives has achieved tangible and demonstrable results that go beyond the small office and small budget. With regard to upstream support to Government, this is likely due to relationship built up over a time period significantly preceding the current country programme, and these enduring relationships, particularly cultivated by the Head of Office, and deep contextual</p>	<p>Operational Implications:</p> <ul style="list-style-type: none"> UNFPA APRO should review all offices in the AP region with fully localized / almost fully localized staff and conduct quantitative and qualitative research on the immediate and longer-term benefits and efficiencies of this. UNFPA APRO should set up a mechanism that captures learning from localized offices (case studies, lessons learned briefs, peer exchange reports). 	

<p>understanding of culture and government, have contributed to the results achieved with such limited staffing and budget. UNFPA Maldives is an almost fully nationalized office, with a remote Country Director providing direct and effective support but based in Sri Lanka and understanding the benefits of fully localized staff and the enduring relationships that are built-up is of value to UNFPA more broadly moving forward.</p>	<ul style="list-style-type: none"> ● UNFPA should facilitate peer learning and exchanges by organizing webinars, and regional workshops where Maldives CO staff and other localized offices share their experiences and strategies.
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OPERATIONAL Recommendation 6: UNFPA should include a resource mobilization in CP 8 which particularly considers the role of innovative and blended financing, specifically F2F, aligned to the Maldives Integrated National Financing Framework (INFF). *Links to: Conclusions 4*

<p>Timeline: For design of new CPD</p>	<p>Priority: Medium</p>	<p>Directed To: UNFPA Maldives</p>
<p>Rationale: The Maldives, as an UMIC, does not attract significant traditional donor funding and UNFPA has addressed this by reacting to small local opportunities: while this has contributed to the ad hoc and disparate nature of some of the projects, it has also opened up new opportunities and potential partnerships in a context of limited funding options. However, different, non-traditional, funding mechanisms – promoting F2F, blended financing, private sector etc are not ideas that have gained much traction in the Maldives, either for UNFPA or for the wider UN system and this is a gap, given that moving forward with the current global funding environment and the development status of the Maldives, the UN role in general will shift towards providing more value proposition, proof of concept, and evidence-based data to the Government for scale-up, instead of directly funding interventions.</p>	<p>Operational Implications:</p> <ul style="list-style-type: none"> ● UNFPA Maldives should seek F2F support from the RO to give this more prominence in the next CPD. ● UNFPA should request RO support for a small-scale blended financing pilot project. ● UNFPA Maldives should build on current innovative examples of financing – i.e. private sector engagement and write up case studies for sharing with the RO. ● UNFPA should position PD and SRHR agenda within national discussions on debt sustainability and fiscal reform, aligning with the Integrated National Financing Framework objectives and actions, showing how investments in health, gender equality, and youth empowerment contribute to long-term economic stability. ● UNFPA should conduct skills and capacity mapping to assess current staff expertise against demographic resilience needs. 	

ANNEXES

Annex 1. Evaluation Matrix

<p>Evaluation Question 1: To what extent was the design of UNFPA Maldives CPD 2022-2026 relevant, appropriate and adapted to (a) the context and beneficiary needs, including identified gaps; (b) UNFPA's mandate and regional positioning; (c) evolving impact of megatrends such as demographic transition and shifts; urbanization; digitalization; and effects of climate change; and (d) changing national priorities and plans?</p>	
<p>Evaluation Criteria: Relevance</p>	
<p>Assumptions for verification 1.1: CPD design addressed beneficiary needs/contextual gaps; aligned with UNFPA mandate/Strategic Plan/regional direction; HRBA, GTA, LNOB</p>	<p>Indicators: 1.1.1: Evidence of analysis of beneficiary needs and contextual gaps; 1.1.2: Assessment of alignment with UNFPA mandate, Strategic Plan and regional priorities (incl. humanitarian); 1.1.3: Design explicitly integrates HRBA, GTA and LNOB in CPD/strategies</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(1.1.1) Evidence of analysis of beneficiary needs & contextual gaps SECONDARY EVIDENCE</p> <ul style="list-style-type: none"> • Strong contextual analysis including demographic transition, youth unemployment, urbanization, climate risks, and gender-based violence gaps informed programme design. • Highlights persistent gender-based violence, unmet SRH needs, urbanization pressures, and youth NEET issues. Climate vulnerability, internal migration, and ageing identified as megatrends. • National priorities focus on inclusive development, climate resilience, youth empowerment, and gender-responsive governance. Strong emphasis on demographic dividend, decentralization, and gender equality. • GBV is a major concern (1 in 3 women affected). Health sector GBV response limited; implementation of prior guidelines was weak. • Assesses contradictions in laws (e.g., Sharia vs civil law), inconsistent survivor protections... legal gaps constrain survivor-centred response. • Responds to fragmented sectoral SOPs and limited survivor access through a unified referral pathway. • Confirms critical GBV service and response gaps during COVID-19, validating the scale-up of survivor services. • Addresses data gaps during COVID-19; pushes for digital transition to real-time SRHR tracking. • Targets adolescents, unmarried youth, and marginalized groups excluded from couple-based RH services; anonymous digital access to SRHR. • Based on UNESCO CSE guidelines and aligned with Maldivian realities; inclusive of youth with 	<p>(1.1.1) Evidence of analysis of beneficiary needs & contextual gaps</p> <ul style="list-style-type: none"> • (Document review: UNFPA. Country Programme Document (CPD) 2022–2026, Maldives (2021); UN. Common Country Analysis (CCA) – Maldives (June 2023); UNSDCF 2022–2026 (2021); Ministry of Health & UNFPA. National Guidelines for Preventing and Responding to GBV in Health Care Settings (2021); UNFPA Maldives. Law Review Report – Gender-based Violence (2023); UNFPA Maldives. ToR – GBV Referral Pathway Development (2022); UNFPA Maldives. GBV During the COVID-19 Pandemic in the Maldives (2021); UNFPA Maldives. Country Analysis of HMIS on SRMNCAL (2022); UNFPA. Siththaa App Report – Digital SRHR Platform (2022); UNFPA & Ministry of Education. Life Skills-Based Reproductive Health Education (LSBRHE) (2022); UNFPA Maldives & Ministry of Youth. Y-PEER ToT (2022); UNFPA & Society for Health Education (SHE). SRH Glossary for PWDs (2022); UNFPA & Zero

<p><i>disabilities, out-of-school youth, and atoll populations.</i></p> <ul style="list-style-type: none"> ● <i>National Peer Educators Training of Trainers—addresses need for youth leadership in SRHR and civic engagement across diverse islands.</i> ● <i>SRH glossary for persons with disabilities addresses accessibility gaps for hearing and visually impaired persons.</i> ● <i>Menstrupedia – comic adaptation for boys: addresses puberty education gap for boys; complements existing girl-focused materials.</i> ● <i>Cupvert 3.0 tackles menstrual hygiene barriers intensified by COVID-19; links health and environmental sustainability via reusable products.</i> ● <i>Investigates links between environmental stressors (pollution, urbanization) and SRHR outcomes; addresses lack research on endocrine disruptors and fertility.</i> ● <i>Anchored in national social sector financing reforms; recognizes demographic ageing and fiscal pressure.</i> <p>PRIMARY EVIDENCE</p> <ul style="list-style-type: none"> ● <i>Not only has the CPR come down... unmet need is higher than Afghanistan and PNG... traditional methods 18%... WHO benchmark 23 per 10,000 vs Maldives 49 health workers—but barely a functioning FP programme.</i> ● <i>Youth-friendly services tried in hospitals but didn't work... programmes remain ad hoc; PHC roll-out to each atoll planned.</i> ● <i>Elderly and ageing issues largely neglected by government/partners; UNFPA uniquely keeps it on the agenda at policy and community levels.</i> 	<p>Waste Maldives. Menstrupedia (2024); Zero Waste Maldives. Cupvert 3.0 (2021); UNFPA Maldives. Climate Change & SRHR Research ToR (2023); President's Office. INFF – Social Sector Financing Strategy (2023);</p> <ul style="list-style-type: none"> ● <i>KIIs: UNFPA APRO regional KII; Government KIIs; Other UN agency KIIs.</i>
<p>(1.1.2) Analysis of appropriateness vs mandate/SP/regional priorities (incl. humanitarian)</p> <p>SECONDARY EVIDENCE</p> <ul style="list-style-type: none"> ● <i>Design aligns with UNFPA's global Strategic Plan (2022–2025) and SDGs, especially SRHR, GBV, and data-driven planning; framed around three transformative results.</i> ● <i>CPD alignment box/paragraphs mapping outputs to UNFPA SP 2022–25 and APRO priorities. [Doc-CPD-2022]</i> ● <i>Programme was aligned with UNFPA Strategic Plan and ICPD/SDGs... but had a weak Theory of Change and limited reach to vulnerable groups.</i> ● <i>CP7 is well aligned with national development goals, UNFPA Strategic Plan, and global frameworks. Focus: SRH, GBV, youth, data.</i> ● <i>UNSDCF (2022–2026) priorities—youth, inclusive development, climate resilience, gender-responsive governance—mirror CPD design logic.</i> ● <i>COVID-19 Socio-Economic Response Framework anchors UNFPA in SRHR, GBV, youth engagement, and data systems across the humanitarian–development nexus.</i> ● <i>Resource Mobilization Strategy (2024) aligns with UNFPA mandate and MIC transition; Partnership</i> 	<p>(1.1.2) Analysis of appropriateness vs mandate/SP/regional priorities (incl. humanitarian)</p> <ul style="list-style-type: none"> ● <i>Document Review: UNFPA. Country Programme Document (CPD) 2022–2026 (2021); UNFPA. 6th Country Programme Evaluation (CPE) 2016–2020; CPE 2019; UNFPA. Mid-Term Review of CP7 (no date); UNSDCF 2022–2026; UN Annual Results Report – Maldives (2022/2023); UN Maldives. COVID-19 Socio-Economic Response & Recovery Framework (2020); UNFPA CO Resource Mobilization Strategy (2024); Partnership & RM Plan (2021)</i>

<p>& RM Plan (2021) framed around transformative results (FP, GBV).</p>	
<p>(1.1.3) Evidence HRBA, GTA, LNOB are meaningfully incorporated in design SECONDARY EVIDENCE</p> <ul style="list-style-type: none"> ● CPD text explicitly committing to HRBA/GTA/LNOB; ToC pathways referencing LNOB/accelerators. ● AWP/IP tools requiring sex/age/disability disaggregation; SIS/MyResults screenshots. ● GBV Law Review Assesses contradictions in laws... aligns with human rights-based programming and CEDAW obligations. ● GBV healthcare guidelines standardize survivor-centred care and referrals—rights-based approach embedded in service protocols. ● SRH glossary for PWDs... addresses accessibility for hearing/visually impaired persons—clear LNOB application. ● Youth-led films and storytelling (Stories by Storymakers; social norms films) to tackle harmful gender norms—explicit gender-transformative approach. ● Life Skills-Based Reproductive Health Education adapted to Maldivian realities; inclusive of PWDs, out-of-school youth, atoll populations. ● Siththaa app enables confidential access for adolescents and unmarried youth—LNOB digital inclusion. ● Country planning for GBV in Emergencies (MISP) bridges disaster risk management and GBV response—HRBA/resilience/humanitarian nexus. 	<p>(1.1.3) Evidence HRBA, GTA, LNOB are meaningfully incorporated in design</p> <ul style="list-style-type: none"> ● Document Review: UNFPA. Country Programme Document (CPD) 2022–2026 (2021); AWP/SIS-MyResults extracts (sex/age/disability disaggregation); UNFPA Maldives. Law Review Report – GBV (2023); MoH & UNFPA. GBV in Health Care Settings – National Guidelines (2021); UNFPA & SHE. SRH Glossary for PWDs (2022); UNFPA Maldives. Youth-led Social Norm Change Films (2023); ToR – Social Norms via Film (2022); UNFPA & Ministry of Education. LSBRHE (2022); UNFPA. Siththaa App Report (2022); UNFPA Maldives. GBV in Emergencies / MISP (2023).
<p>Assumptions for verification 1.2: Design allowed adaptability to megatrends and changing national priorities/plans.</p>	<p>Indicators: 1.2.1: Programmes incorporate demographic change, urbanization, digitalization, climate and adapt over time; 1.2.2: PESTLE scanning documented and used; 1.2.3: Compilation/consideration of changing national priorities/plans (incl. 2023 ministerial shifts)</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(1.2.1) Programmes incorporate megatrends (demography, urbanization, digitalization, climate) and adapt over time SECONDARY EVIDENCE</p> <ul style="list-style-type: none"> ● CPD acknowledges aging population, migration, climate vulnerability, and urban–rural disparities. Adopts National Transfer Accounts to track population and spending trends. Designed in full alignment with UNSDCF 2022–2026 and SAP 2019–2023. ● Integrates low fertility, ageing population, and youth visioning into programming; uses digital SRHR tools and policy briefs. 	<p>(1.2.1) Programmes incorporate megatrends (demography, urbanization, digitalization, climate) and adapt over time</p> <ul style="list-style-type: none"> ● Document review: UNFPA. CPD 2022–2026 (2021); UNFPA. Mid-Term Review of CP7 (no date); UN. Annual Results Report – Maldives (2022); UN Maldives. COVID-19 Socio-Economic Response & Recovery Framework (2020); Government of

<ul style="list-style-type: none"> • <i>Electric public transport and city resilience planning... RMNCAH data system and e-immunization registry... climate financing strategy and DRM.</i> • <i>Recognizes Greater Malé concentration; calls for resilient city planning; promotion of e-health/telemedicine and nature-based, low-carbon development.</i> • <i>Tourism Climate Action Plan identifies sector vulnerability to sea-level rise and biodiversity loss; aligns with SDG priorities.</i> • <i>CO Resource Mobilization Strategy positions UNFPA with non-traditional donors, digital fundraising landing page; aligns with megatrends (tourism/private sector).</i> • <i>Partnership & RM Plan accounts for fiscal vulnerabilities, debt burden, post-COVID recovery, ageing; acknowledges migration, tourism-led growth, digitalization.</i> • <i>Use of Census 2022 or updated MBS releases to retarget youth/older-person interventions (ageing, migration).</i> • <i>Siththaa SRHR app usage analytics & lessons integrated into AWP revisions.</i> <p>PRIMARY EVIDENCE</p> <ul style="list-style-type: none"> • <i>Population decline in islands; Malé bursting at seams... infrastructure underutilized in islands, overstretched in capital.</i> • <i>Telemedicine piloted in atolls; MH and NCD apps developed; digital strategy drafted with WHO/ADB.</i> 	<p>Maldives. Maldives Tourism Climate Action Plan (n.d.); UNFPA. CO Resource Mobilization Strategy (2024); UNFPA. Partnership & Resource Mobilization Plan (2021); Census 2022 / MBS releases used for retargeting; Siththaa SRHR App Report (UNFPA, 2022);</p> <ul style="list-style-type: none"> • KIIs: Other UN agency KIIs; Government KIIs.
<p>(1.2.2) Documented PESTLE/context scanning</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> • <i>CPE 2016–2020: political volatility and rising conservatism affected relevance and program effectiveness.</i> • <i>Economic: RM Plan notes fiscal vulnerabilities/debt; Social: youth mental health crises and drug abuse; Technological: e-health/telemedicine; Legal: draft CRPD report urges disability-inclusive climate policy; Environmental: climate vulnerability and decentralization.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • <i>Frequent government changes require strategies that can be ‘sold’ to different administrations; UNFPA agile with new partners and normative frameworks (UPR, CEDAW).</i> • <i>Parliament hard to engage; UNFPA leveraged RO to convene parliamentarians from 13 countries on population and development.</i> 	<p>(1.2.2) Documented PESTLE/context scanning</p> <ul style="list-style-type: none"> • Document review: UNFPA. 6th CPE (2016–2020) • UN Youth Strategy 2022; UN Annual Results Report 2023; Gov/UNFPA • KIIs; KIIs: APRO regional KIIs, UNFPA country-level KIIs, Other UN agency KIIs
<p>(1.2.3) Compilation of changing national priorities/plans (incl. 2023 ministerial shifts) and consideration of implications</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> • <i>Budget/priorities affecting SRHR/GE/AY; notes on how UNFPA adjusted scope/partners.</i> • <i>Informal notes showing re-prioritization (e.g., teacher training sequence; GBV referral strengthening; population data use). [Doc-ToC-Revision-Memo-2024]</i> • <i>Review minutes where UNFPA repositions within joint workplans. [Doc-UNSDCF-Review-Minutes-2024]</i> 	<p>(1.2.3) Changing national priorities/plans (incl. 2023 ministerial shifts) considered</p> <ul style="list-style-type: none"> • Document review: Social Sector Finance Strategy – INFF (President’s Office, 2023); ToC/portfolio tweak memos or AWP change logs (2023–2024); UNSDCF annual review minutes (repositioning within joint workplans);

<p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>Frequent restructuring of ministries overseeing gender/women’s affairs—cyclical dislocation over the last year.</i> ● <i>One government change during CPD; CPD built with flexibility to adapt; focus on entry points regardless of government change.</i> ● <i>Shift between decentralization and centralization in health; telemedicine being established; MH Act in development for 10 years.</i> ● <i>Future UNSDCF expected to prioritize climate change, digitalization, demographic shifts, and women’s participation.</i> 	<ul style="list-style-type: none"> ● KIIs: UNFPA regional level KIIs; UNFPA country-level KIIs; Government KIIs; Other UN agency KIIs.
<p>Evaluation Question 2: To what extent has UNFPA Maldives achieved / is on track to achieve the results of the 2022-2026 CPD and to what extent are output and outcome level results demonstrable?</p>	
<p>Evaluation Criteria: EFFECTIVENESS</p>	
<p>Assumptions for verification 2.1: (SRHR – Policy & accountability) Strengthened national capacity for SRH information and services, especially for LNOB groups.</p>	<p>Indicators:</p> <p>2.1.1: Awareness/media capacity and demand-generation increased among LNOB groups (disaggregated reach); 2.1.2: Capacity to deliver quality SRHR services strengthened for LNOB groups (utilization disaggregated); 2.1.3: National SRHR training capacity (incl. MISP) strengthened and applied (providers trained; competency change); 2.1.4: SRHR/HMIS datasets strengthened (completeness/timeliness; routine reporting); 2.1.5: FP/SRHR policies and guidelines updated and operationalized; 2.1.6: RMNCAH 2020–2030 M&E framework established and implemented; 2.1.7: Outcome signals improving (MMR, mCPR, % demand satisfied—where available/ethical)</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(2.1.1) Awareness/media capacity and demand-generation increased among LNOB groups (disaggregated reach)</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>Siththaa app enhances RH awareness among youth via accessible tech platform with quizzes, chat support, and verified content. / Over 7k users... broadcast LSBRHE videos/songs/radio dramas for national reach.</i> ● <i>SRH glossary in sign language and accessible formats enables PWD youth to access SRH knowledge.</i> ● <i>Advocacy for female drug users; safehouse SRHR support piloted though disrupted by relocation.</i> 	<p>(2.1.1) Awareness/media capacity and demand-generation increased among LNOB groups (disaggregated reach)</p> <ul style="list-style-type: none"> ● Document Review: UNFPA. Siththaa App Report (2022); UNFPA & Society for Health Education (SHE). Development of SRH Glossary for Persons with Disabilities (PWDs). 2022; UNFPA. CO Annual Report – Maldives 2023

<p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>Siththaa app enhances RH awareness among youth via accessible tech platform with quizzes, chat support, and verified content. / Over 7k users... broadcast LSBRHE videos/songs/radio dramas for national reach.</i> ● <i>Cupvert partnership trained 36 MHM facilitators; huge demand/interest; UN branding increased community trust.</i> 	<ul style="list-style-type: none"> ● KIIs and FGDs: UNFPA country-level KIIs, NGO partner KIIs; Community FGDs
<p>(2.1.2) Capacity to deliver quality SRHR services strengthened for LNOB groups (utilization disaggregated) SECONDARY DATA</p> <ul style="list-style-type: none"> ● Hulhumale Hospital SRHR capacity training: contraception, STI management, cancer screening. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● RH centre renovated by UNFPA provides ANC/PNC and FP services for ~22,000 catchment; 450–500 consultations/month; FP for 20–30 clients. ● Dedicated adolescent RH hours every Wednesday (13–16 yrs); utilization declining due to inconsistent outreach 	<p>(2.1.2) Capacity to deliver quality SRHR services strengthened for LNOB groups (utilization disaggregated)</p> <ul style="list-style-type: none"> ● Document review: Hulhumale Hospital. Halfway House – SRHR Capacity Training. 2023; ● KIIs: Government KIIs, hospital staff KIIs.
<p>(2.1.3) National SRHR training capacity (incl. MISP) strengthened and applied (providers trained; competency change) SECONDARY DATA</p> <ul style="list-style-type: none"> ● Training calendars, curricula, participant lists, pre/post test scores ● MNU short course on FP equips providers with evidence-based FP practices and STI prevention. ● Y-PEER ToT builds youth peer educators’ knowledge on SRHR. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Training on contraceptives and implants with regional facilitators supported. ● need to strengthen MISP and disability-focused SRHR training; current skills inadequate. 	<p>(2.1.3) National SRHR training capacity (incl. MISP) strengthened and applied (providers trained; competency change)</p> <ul style="list-style-type: none"> ● Document review: Training plans, curricula, attendance/participant lists; pre/post tests; certification records; Maldives National University. Short Course on Family Planning (FP). 2022.; UNFPA Maldives & Ministry of Youth; National Peer Educators Training of Trainers – Y-PEER. 2022. ● KIIs: Other UN agency KIIs; NGO partner KIIs
<p>(2.1.4) SRHR/HMIS datasets strengthened (completeness/timeliness; routine reporting) SECONDARY DATA</p> <ul style="list-style-type: none"> ● HMIS module specs/data dictionary; dashboards; completeness/timeliness rates. ● Screenshots of routine reporting coverage for priority indicators. ● UN supported multisectoral RMNCAH coordination and data system improvements (HMIS). <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● HMIS currently missing FP module; years of donor investment with little progress; GBV and adolescent health indicators stalled. ● DHIS2 rollout includes maternal health module piloted in Faafu; FP aggregate form under design. 	<p>(2.1.4) SRHR/ Our priority, we are getting into the unmet need TR and GBV TR datasets strengthened (completeness/timeliness; routine reporting)</p> <ul style="list-style-type: none"> ● Document review: HMIS module specifications, data dictionaries, SOPs; dashboard screenshots; DQA minutes/reports; routine reporting coverage, completeness/timeliness exports; UN. Annual Results Report – Maldives (2022); ● KIIs: UNFPA country-level KIIs, Government KIIs.
<p>(2.1.5) FP/SRHR policies and guidelines updated and operationalized SECONDARY DATA</p> <ul style="list-style-type: none"> ● National GBV Guidelines (2021) integrate SRHR and maternal health for survivor-centred care. 	<p>(2.1.5) FP/SRHR policies and guidelines updated and operationalized</p> <ul style="list-style-type: none"> ● Document Review: Ministry of Health & UNFPA

<ul style="list-style-type: none"> ● RMNCAH Strategy 2020–2025 prioritizes FP, maternal care, and adolescent SRH. ● ICFP briefings identify low FP uptake, youth exclusions, governance/data gaps. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Premarital counselling became mandatory; delivery quality concerns (discriminatory remarks reported) indicate operationalization gaps. 	<p>Maldives. National Guidelines for Preventing and Responding to GBV in Health Care Settings. 2021; Government of the Maldives. RMNCAH Strategy and Action Plan 2020–2025. 2021; UNFPA, MoH. ICFP Briefings & Country Profiles on FP Financing and Governance. 2022;</p> <ul style="list-style-type: none"> ● KIIs: NGO partner KIIs.
<p>(2.1.6) RMNCAH 2020–2030 M&E framework established and implemented</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● RMNCAH M&E framework; indicator set and targets. ● RMNCAH indicators partially established; GBV SOPs drafted but not finalized. ● MTR CP7: RMNCAH monitoring strengthened via DHIS2; tools for out-of-school youth in development. ● UNFPA contributed significantly to M&E capacity; toward an accountability framework. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Continuum of care framework developed but not implemented; costed plan exists but stalled. 	<p>(2.1.6) RMNCAH 2020–2030 M&E framework established and implemented</p> <ul style="list-style-type: none"> ● Document Review: RMNCAH M&E framework document; indicator compendium & targets; RMNCAH dashboards; joint/annual review minutes; decision notes/action tracker; UNFPA Quarterly IP Workplan – MoH (2022); UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026). No date; ● KIIs: UNFPA country-level KIIs.
<p>(2.1.7) Outcome signals improving (MMR, mCPR, % demand satisfied—where available/ethical)</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● Unmet need among highest globally (≈35%); CPR declining; TFR below replacement (≈1.7). ● Cervical cancer screening and youth SRHR advocacy noted as qualitative progress. ● Trend series (MMR, mCPR, demand satisfied, adolescent birth rate) with metadata/caveats. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Possible role of abortion in fertility–mCPR mismatch; data lacking. ● Frequent FP commodity stockouts; procurement/payment delays disrupt supply chain. 	<p>(2.1.7) Outcome signals improving (MMR, mCPR, % demand satisfied—where available/ethical)</p> <ul style="list-style-type: none"> ● Document Review: UNFPA. 5th Country Programme Evaluation (2011–2015). 2014; UNFPA APRO. Formative Evaluation of the Asia and Pacific Regional Programme Action Plan 2022-2025. Final Evaluation Report. 2024; DHS/Survey reports; HMIS trend series with metadata/caveats; UNFPA global dashboards (as referenced); ● KIIs: UNFPA country level KIIs, Government KIIs.
<p>Assumptions for verification 2.2: Adolescents & Youth) Institutional capacity for adolescent/youth empowerment strengthened; groundwork to harness demographic dividend.</p>	<p>Indicators:</p> <p>2.2.1: Adolescents/youth report improved knowledge, skills, or access through UNFPA-supported interventions; 2.2.2: YLO partnerships result in sustained organizational capacity (governance, FM, MEL); 2.2.3: Teacher training and standards for CSE improved; delivery quality increased; 2.2.4: Demographic dividend concept integrated in policy/practice; actions taken to harness it</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for</p>

	<i>each of the data collected]</i>
<p>(2.2.1) Adolescents/youth report improved knowledge, skills, or access through UNFPA-supported interventions</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● Reach registers for CSE/life-skills; attendance lists; referral counts to SRH services from sessions. ● Siththaa app... youth-friendly SRHR info (quizzes, chat, verified content); >7,000 users; LSBRHE videos/songs/radio dramas sustained reach when schools closed to CSE branding. ● LSBRHE designed for in- and out-of-school youth; sessions for 9–16-year-olds delivered. ● UPSHIFT in 53 schools; Y-PEER peer educators trained (leadership, SRHR, GBV, MH). ● Menstrupedia (boys) and SRH Glossary (sign language/accessible) increased inclusion (boys, PWDs). <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Siththaa app... youth-friendly SRHR info (quizzes, chat, verified content); >7,000 users; LSBRHE videos/songs/radio dramas sustained reach when schools closed to CSE branding. ● LSBRHE designed for in- and out-of-school youth; sessions for 9–16-year-olds delivered. ● Knowledge on SRHR issues from youth in FGD. 	<p>(2.2.1) Improved knowledge/skills/access through UNFPA-supported interventions</p> <ul style="list-style-type: none"> ● Document Review: CSE/life-skills reach registers & attendance lists; UNFPA. Siththaa App Report – Digital SRHR Platform. 2022; UNFPA & Ministry of Education. Life Skills-Based Reproductive Health Education (LSBRHE). 2022; ● KIIs and FGDs: UNFPA KIIs; Government KIIs; Youth FGD.
<p>(2.2.2) YLO partnerships result in sustained organizational capacity (governance, FM, MEL)</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● Baseline/follow-up OCATs; governance/finance/MEL documents. [Doc-YLO-OCAT-PrePost] ● Partnership MoUs; evidence of independent delivery/fund-raising. [Doc-YLO-Grant-2024] ● Y-PEER ToT established national peer educator cohorts. ● LSEHW facilitator training improved facilitation on SRHR, empathy, communication. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● LSBRHE designed for in- and out-of-school youth; sessions for 9–16-year-olds delivered. ● Cupvert trained 36 MHM facilitators (Malé & Baa); certified to be hired by councils/organizations; UN branding increased trust. ● Evidence of formal governance/financial management/MEL systems is limited; partners cite follow-up and financing gaps—capacity strengthening partial/uneven. 	<p>(2.2.2) YLO partnerships show sustained organizational capacity</p> <ul style="list-style-type: none"> ● Document Review: YLO OCAT (baseline/follow-up) and governance/financial/MEL documents; Partnership MoUs; grants/contracts; evidence of independent delivery/fund-raising post-support; UNFPA Maldives & Ministry of Youth. National Peer Educators Training of Trainers – Y-PEER. 2022; UNFPA Maldives. LSEHW Facilitator Training Final Report. 2023; ● KIIs: UNFPA country-level KIIs, NGO partner KIIs.
<p>(2.2.3) Teacher training and standards for CSE improved; delivery quality increased</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● Teacher training records; certification lists. ● LSBRHE/FP modules with MNU for pre-/in-service (awaiting/undergoing endorsement). ● PHC curriculum updated from ‘RH’ to ‘SRHR’ including LGBTQI content after UNFPA/UNICEF engagement. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Classroom barriers: teachers reluctant; SRHR textbook pages removed; sessions divided; misinformation—pivot to digital/community channels. 	<p>(2.2.3) Teacher training & CSE delivery quality improved</p> <ul style="list-style-type: none"> ● Document Review: Teacher training records; certification lists; Revised CSE syllabus/materials; UNFPA Quarterly IP Workplan 2022 – MNU; UN Maldives. Annual Results Report (2023). 2023; ● KIIs and FGDs: UNFPA country-level KIIs; Government KIIs, Youth FGD.

<ul style="list-style-type: none"> Youth-friendly services in hospitals failed; ministry exploring youth cafés. 	
<p>(2.2.4) Demographic dividend concept integrated in policy/practice; actions taken to harness it</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> NEET/youth employment statistics used for targeting. Government recognizes demographic dividend; CPD/MTR frame youth skills/participation and adolescent health; Youth Vision 2050 exercises. Loans/scholarships for demography training exist; UPSHIFT, Y-PEER, LSBRHE/media build pipelines. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> NEET ≈19% (≈55% boys); urban housing constraints; late marriage—structural barriers; actions nascent, cross-sector strategy needed. [this cross-referenced with documented statistics] UNFPA KII: progress ‘slow’ on youth agenda-setting; need co-creation, horizontal programming, and better financing. 	<p>(2.2.4) Demographic dividend integrated; actions taken</p> <ul style="list-style-type: none"> Youth employment/NEET statistics used for targeting; UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021; UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026). <i>No date</i>; UN. Sustainable Development Cooperation Framework (UNSDCF) 2022–2026. 2021; KIIs: UNFPA country-level KIIs, Government KIIs.
<p>Assumptions for verification 2.3: (GE/GBV) Multi-sectoral GBV response capacity strengthened; harmful norms addressed via GTA.</p>	<p>Indicators:</p> <p>2.3.1: Multi-sectoral GBV coordination mechanisms functional and reducing duplication; 2.3.2: Government investment in GEWE/GBV increased and executed; 2.3.3: Community gender/social norms shift in GTA intervention areas; 2.3.4: FGM shows reduction or early reduction signals; 2.3.5: GBV prevalence/service indicators show reduction or early reduction signals (ethically measured); 2.3.6: UNFPA/partners demonstrate clear understanding/application of GTA vs gender-responsive approaches</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(2.3.1) Multi-sectoral GBV coordination mechanisms functional and reducing duplication</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> National Guidelines for Preventing and Responding to GBV in Healthcare (2021) standardized survivor-centred procedures; minimum packages by healthcare level. GBV referral pathways and SOPs developed (MTR); ToR (2022) to harmonize interagency response. GBV in Emergencies (2023) established SOPs, coordination mechanisms, training. COVID-19 framework: UNFPA led referral systems and capacity-building. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> prevention scattershot; lack of investment in social norms research. coordination and GBV data weak; frequent ministry restructuring disrupts continuity. 	<p>(2.3.1) Multi-sector GBV coordination functional & reducing duplication</p> <ul style="list-style-type: none"> Document Review: Ministry of Health & UNFPA Maldives. National Guidelines for Preventing and Responding to GBV in Health Care Settings. 2021; UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026); <i>No date</i>. UNFPA Maldives. ToR – GBV Referral Pathway Development. 2022; UNFPA. CO Annual Report – Maldives 2023; UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020)

	<ul style="list-style-type: none"> ● KIIs: UNFPA regional-level KIIs, Government KIIs.
<p>(2.3.2) Government investment in GEWE/GBV increased and executed</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● Trend summary of allocations vs execution. ● GEAP costing ToR (2022) aimed at institutionalizing gender-transformative governance ● GRB training started then stopped; ADB/USAID MoF support intermittent. ● CEDAW 2021 urged increased investment in GEWE and tackling GBV/FGM. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● limited impact without GRB/system change. 	<p>(2.3.2) Government investment in GEWE/GBV increased and executed</p> <ul style="list-style-type: none"> ● Document Review: Donor/government commitment letters; expenditure trend summaries; UNFPA Maldives. ToR – Costing of Gender Equality Action Plan (GEAP). 2022; UN. CEDAW Concluding Observations for 6th Report – Maldives (2021). 2021. ● KIIs: UNFPA country-level KIIs.
<p>(2.3.3) Community gender/social norms shift in GTA intervention areas</p> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Participatory film projects screened in 19 atolls and central Malé; panel discussions enabled debate on teacher harassment storyline. ● Women’s Football Club (2018–ongoing) engaged vulnerable women (incl. recovering addicts), reducing stigma via sports; later surfing/water sports. ● Kurdofushi outreach groups slowed after 6–12 months; evaluation showed all 13 core participants experienced violence—sustainability challenge. 	<p>(2.3.3) Community gender/social norms shift in GTA intervention areas</p> <ul style="list-style-type: none"> ● KIIs: UNFPA country-level KIIs; Government KIIs; NGO partner KIIs.
<p>(2.3.4) FGM shows reduction or early reduction signals</p> <ul style="list-style-type: none"> ● RMNCAH Strategy 2020–2025 includes FGM prevention strategies. ● CEDAW 2021 flagged FGM/C as ongoing and called for intensified prevention. <p>No prevalence or reduction data available.</p>	<p>(2.3.4) FGM reduction or early reduction signals</p> <ul style="list-style-type: none"> ● Document Review: Government of the Maldives. RMNCAH Strategy and Action Plan 2020–2025. 2021; UN. CEDAW Concluding Observations for 6th Report – Maldives (2021). 2021.
<p>(2.3.5) GBV prevalence/service indicators show reduction or early reduction signals (ethically measured)</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● GBV App (2022) promoted awareness and referral; later monitoring gaps. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Sarstura TV series (10 episodes) + survivor booklet + app during COVID increased outreach; feedback positive but follow-up/monitoring weak. ● Gov’t KIIs acknowledge lack of GBV data; confidentiality in outer islands very poor. ● For GBV app, reporting function not sustained after admin changes. 	<p>2.3.5) GBV prevalence/service indicators show reduction or early reduction signals (ethically measured)</p> <ul style="list-style-type: none"> ● Document Review: UNFPA. GBV Response App Promotion Toolkit. 2022. ● KIIs: UNFPA regional-level KIIs, Government KIIs.
<p>(2.3.6) UNFPA/partners demonstrate clear understanding/application of GTA vs gender-responsive approaches</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● Film/social norms interventions framed as GTA to challenge harmful norms. ● Law review, SOPs, survivor services framed as gender-responsive (access, services, referrals). <p>PRIMARY DATA</p>	<p>(2.3.6) UNFPA/partners demonstrate clear understanding/application of GTA vs gender-responsive approaches</p> <ul style="list-style-type: none"> ● UNFPA Maldives. ToR – GBV Referral Pathway Development. 2022; UNFPA. CO Annual Report – Maldives 2023; UNFPA Maldives. Law Review Report

<ul style="list-style-type: none"> ● unclear strategy; mixed understanding of responsive vs transformative approaches. 	<ul style="list-style-type: none"> – Gender-based Violence. 2023. ● UNFPA regional-level KIIs.
<p>Assumptions for verification 2.4: (Population & Data) Capacity to generate, analyse and use population data improved for inclusive, GTA, resilient and adaptive policies.</p>	<p>Indicators: 2.4.1: Credible, disaggregated population/SRHR/GE/AY datasets produced to standards; 2.4.2: Analytics on demographic shifts/megatrends produced and updated; 2.4.3: Population data used in national policies/strategies/programmes (citations/decisions); 2.4.4: Megatrend analytics used by Government and civil society in planning; 2.4.5: HRBA, GTA, resilience, LNOB integrated in strategies informed by data; 2.4.6: International reporting (SDG, ICPD, CEDAW, CRPD, UPR) improved using new/better data</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(2.4.1) Credible, disaggregated population/SRHR/GE/AY datasets produced to standards SECONDARY DATA</p> <ul style="list-style-type: none"> ● Census 2022 supported (TA, analysis, dissemination; disability & migrant modules); move toward register-based census (UNESCAP); marriage register backlog clearing. ● GBV referral SOPs emphasize standardized documentation and GBVIMS compliance. ● NSDS 2021–2030 commits to strengthening population statistics, administrative/big data, and data literacy. ● Census 2022 supported (TA, analysis, dissemination; disability & migrant modules); move toward register-based census (UNESCAP); marriage register backlog clearing. ● DHIS2 pilot maternal health module in Faafu; FP aggregate form being designed. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Datathon (~MVR 20,000) and Masters in Data Science facilitation; MNU FP courses embed WHO/CDC standards. 	<p>(2.4.1) Credible, disaggregated population/SRHR/GE/AY datasets produced to standards</p> <ul style="list-style-type: none"> ● Document review: UNFPA & Maldives Bureau of Statistics. Census Support & Dissemination. 2023; MoGFSS with UNFPA. GBV Referral SOPs – Inter-Agency. 2023; Government of the Maldives. National Strategy for the Development of Statistics (NSDS) 2021–2030. 2021. ● KIIs: UNFPA country-level KII, Government KIIs.
<p>(2.4.2) Analytics on demographic shifts/megatrends produced and updated SECONDARY DATA</p> <ul style="list-style-type: none"> ● Climate Change & SRHR ToR prepared to build new evidence base. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Low fertility research proposal (4-stage mixed methods) with MNU; ethics clearance process underway. ● HMIS SRMNCAH analysis identified system gaps incl. adolescent health and GBV indicators. ● Population projections initiated (2024) with demography expert; Demographic Resilience Review 	<p>(2.4.2) Analytics on demographic shifts/megatrends produced and updated</p> <ul style="list-style-type: none"> ● Document Review: UNFPA. CO Annual Report – Maldives 2023; UNFPA, MNU, UAEU. Research Proposal – Low Fertility in Maldives. 2023; UNFPA Maldives/ Climate Change & SRHR Research ToR. 2023; ● KIIs: UNFPA country-level KIIs, Government KIIs,

<i>adaptation planned.</i>	academic KIIs.
<p>(2.4.3) Population data used in national policies/strategies/programmes (citations/decisions)</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> • <i>Multiple census speaking to Government uptake of population data</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • <i>UNFPA catalysed national conversation on ageing since Nov 2020; informs pensions, social protection, and policy dialogues.</i> • <i>Pension Office collaborates on NTA/NIA to model retirement age and labour participation of older persons.</i> • <i>Despite data richness, policy integration inconsistent; decisions politically driven; call for clear population policy.</i> 	<p>(2.4.3) Population data used in national policies/strategies/programmes (citations/decisions)</p> <ul style="list-style-type: none"> • Document Review: Key Census-related briefings produced by MBS among others: Statistical Release 1: Population Dynamics in the Maldives. 2022. Basic demographic characteristics from the 2022 Population & Housing Census. Statistical Release 2: Population Movement & Migration Dynamics. Migration and population movement analysis from the 2022 Census data. Statistical Release 3: Education Status of the Population (Census 2022 series). Statistical Release 4: Disability in the Maldives: Findings on disability (using the Washington Group short set) from Census 2022. Informal Employment / In-depth Analysis of Informality and Informal Employment. Analysis of informal employment from the Census 2022. Statistical Pocketbook of Maldives 2023. Includes Census 2022 data among other indicators. Statistical Pocketbook of Maldives 2024. Updated pocketbook with Census 2022 data and other sectors • KIIs: UNFPA country-level KIIs, Government KIIs, Other UN agency KIIs.
<p>(2.4.4) Megatrend analytics used by Government and civil society in planning</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> • <i>UNSDCF & UN Results Reports 2022/2023 reflect ageing, migration, urbanization, digitalization; use Census/administrative data for PHC reforms and SDG monitoring.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • <i>MNU engaged on low-fertility research (survey/FGD/KII); academic dissemination planned.</i> • <i>Constraints: thin data-to-policy culture; limited analytical staffing at MBS; need for demography training pipelines.</i> 	<p>(2.4.4) Megatrend analytics used by Government and civil society in planning</p> <ul style="list-style-type: none"> • Document Review: UN. Annual Results Report – Maldives (2022); UN. Annual Results Report – Maldives (2023) • KIIs: UNFPA country-level KIIs, Government KIIs, academic KIIs.
<p>(2.4.5) HRBA, GTA, resilience, LNOB integrated in strategies informed by data</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> • <i>CPD 2022–2026 uses disaggregated data to target LNOB (youth, migrants, PWDs).</i> • <i>GBV SOPs embed HRBA and survivor safety in documentation/reporting.</i> 	<p>(2.4.5) HRBA, GTA, resilience, LNOB integrated in strategies informed by data</p> <ul style="list-style-type: none"> • Document Review: UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021;

<ul style="list-style-type: none"> ● <i>Climate–SRHR research designed to inform resilience policies linking environment and health.</i> ● <i>UN Youth Strategy requires age/sex/disability/location disaggregation—driving GTA/LNOB approaches.</i> 	<p>MoGFSS with UNFPA. GBV Referral SOPs – Inter-Agency. 2023; UNFPA Maldives/ Climate Change & SRHR Research ToR. 2023; UN. Maldives Youth Strategy 2022; Government of the Maldives. RMNCAH Strategy and Action Plan 2020–2025. 2021.</p>
<p>(2.4.6) International reporting (SDG, ICPD, CEDAW, CRPD, UPR) improved using new/better data</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>Census 2022 analytics/visuals improved inputs to VNR and SDG monitoring.</i> ● <i>ICPD30 materials and briefs on low fertility/ageing fed into international forums.</i> ● <i>CEDAW/CRPD/UPR submissions strengthened by disaggregated disability, migrant, and GBV data; COVID socio-economic framework documented impacts.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>ICPD30 materials and briefs on low fertility/ageing fed into international forums.</i> ● <i>CEDAW/CRPD/UPR submissions strengthened by disaggregated disability, migrant, and GBV data; COVID socio-economic framework documented impacts.</i> 	<p>(2.4.6) International reporting (SDG, ICPD, CEDAW, CRPD, UPR) improved using new/better data</p> <ul style="list-style-type: none"> ● Document Review: UN. Annual Results Report – Maldives (2022); UN. Annual Results Report – Maldives (2023); UNFPA. CO Annual Report – Maldives 2022; UNFPA. CO Annual Report – Maldives 2023; UN Maldives. COVID-19 Socio-Economic Response and Recovery Framework (2020); ● KIIs: UNFPA country-level KIIs, Government KIIs.
<p>Evaluation Question 3: To what extent has UNFPA Maldives developed, sustained, reviewed and leveraged strategic partnerships to further the UNFPA mandate and three transformative results in a coherent way?</p>	
<p>Evaluation Criteria: COHERENCE</p>	
<p>Assumptions for verification 3.1: UNFPA fills gaps unaddressed by others and plays to comparative strengths.</p>	<p>Indicators:</p> <p>3.1.1: Evidence of gap analysis and ongoing monitoring of activities of other actors; 3.1.2: Evidence of UNFPA programmes and interventions designed to fill identified gaps.</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(3.1.1) Regular gap/actor mapping (e.g., 4W) exists and is updated</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>UNFPA convened gender theme group and supported UNDAF gender outcomes. However, overall coordination within UNCT was weak.</i> ● <i>UNDP Mapping of the Strategic Action Plan with the SDGs (2019–2023) identified gaps and opportunities for UN agencies to complement national priorities.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>UN agencies all work in silos... UNCT is supposed to work as one.</i> ● <i>Academic KIIs: Sometimes feel that [UN agencies] should talk more... WHO, UNICEF, UNDP, UNFPA overlap on nutrition-related studies.</i> 	<p>(3.1.1) Regular gap/actor mapping (e.g., 4W) exists and is updated</p> <ul style="list-style-type: none"> ● Document Review: UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021; UNFPA. Maldives 6th Country Programme Evaluation (CPE). 2019; UN Maldives. Annual Results Report (2023). 2023. ● KIIs: UNFPA country-level KIIs; Government KIIs, academic KIIs, Other UN agency KIIs, NGO partner KIIs.

<ul style="list-style-type: none"> ● <i>Government KIIs: UNFPA connects with other organizations rather than vertical programmes; brings dialogues and right people together—major advantage.</i> ● <i>UNFPA unique added value? Previously worked with us on DV; with DV Act revision, new opportunities to partner on guidelines.</i> ● <i>NGO partner: UNFPA only UN agency we had formal partnership with; we co-create initiatives with communities, UNFPA closest to our work.</i> ● <i>Other UN agency KII: UNFPA should help with PD analysis, policy dialogues, and policy shifting—critical space.</i> ● <i>Other UN agency KII: UNFPA’s role in SRHR/adolescents important, filling niche.</i> ● <i>Gov’t KII: UNFPA’s role should be understanding bigger picture, focusing on 3–4 things with strong advocacy, policy, research—not ad hoc.</i> ● <i>Country-level KII: UNFPA’s biggest value addition is PSEA capacity—training Dihaargu, all UN staff trained by us.</i> 	
<p>(3.1.2) UNFPA interventions explicitly target identified gaps/niche areas</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>Builds on UNFPA’s comparative advantage in SRHR, youth, and data and addresses gaps in public service delivery.</i> ● <i>Activities are clearly filling strategic gaps—digital immunization, disability inclusion, labour migration governance—where few others are active.</i> ● <i>UNFPA focuses on taboo SRH issues, marginalized groups (female drug users, youth in outer islands).</i> ● <i>Fills gaps in SRHR, GBV, and youth inclusion during COVID-19 recovery, where other agencies were not focused.</i> ● <i>One of the few agencies working in SRH for youth and gender in a restrictive cultural space.</i> ● <i>Youth engagement embedded as cross-cutting commitment; strategy identifies systemic youth policy/programming gaps UN can uniquely address.</i> ● <i>Resource Mobilization Strategy explicitly seeks to fill operational/financial gap in CP7 delivery (non-core funding, individual giving).</i> ● <i>Partnership & RM Plan identifies funding gaps (USD 1M) ... positions UNFPA to fill gaps in SRHR and GBV in conservative settings.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>Thematically we know what they do... the space UNFPA occupies (SRHR, GE, PD, youth) is not dominated by others. Closest would be UNICEF/IOM, but they focus on environmental/governance.</i> ● <i>Given no presence of UN Women, UNFPA plays a critical role in GEWE within UNCT; leads HR and GE thematic group and UNSDCF outcome 4.</i> ● <i>For AY, WHO has not done much; UNFPA has been doing some work in adolescent SRHR – this is their niche.</i> 	<p>(3.1.2) UNFPA interventions explicitly target identified gaps/niche areas</p> <ul style="list-style-type: none"> ● Document Review: UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021; UN. Annual Results Report – Maldives (2022); UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026). <i>No date.</i>; UN Maldives. COVID-19 Socio-Economic Response & Recovery Framework (2020); UNFPA. Maldives 6th Country Programme Evaluation (CPE). 2019; UN. Maldives Youth Strategy 2022; UNFPA. CO Resource Mobilization Strategy 2024. 2024; UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021. ● KIIs: UNFPA country-level KIIs, Government KIIs, other UN agency KIIs, NGO partner KIIs.

<ul style="list-style-type: none"> ● <i>Disability inclusion: UNDP focus; UNFPA has picked up interest here—sentiment of collaboration.</i> ● <i>UNFPA connects with other organizations rather than vertical programmes; brings dialogues and right people together—major advantage.</i> ● <i>UNFPA unique added value? Previously worked with us on DV; with DV Act revision, new opportunities to partner on guidelines.</i> ● <i>UNFPA only UN agency we had formal partnership with; we co-create initiatives with communities, UNFPA closest to our work.</i> ● <i>UNFPA should help with PD analysis, policy dialogues, and policy shifting—critical space.</i> ● <i>UNFPA’s role in SRHR/adolescents important, filling niche.</i> ● <i>UNFPA’s role should be understanding bigger picture, focusing on 3–4 things with strong advocacy, policy, research—not ad hoc.</i> ● <i>UNFPA’s biggest value addition is PSEA capacity—training Dihaargu, all UN staff trained by us.</i> 	
<p>Assumptions for verification 3.2: Strategic partnerships (Govt., civil society, academia, UN, private sector) leveraged, reviewed, adapted.</p>	<p>Indicators:</p> <p>3.2.1. Evidence of strategic partnerships with joint objectives across different output areas; 3.2.2. Evidence that strategic partnerships remain alive and ongoing; 3.2.3. Evidence of regular reflection on strategic partnership direction, results, and shifts; 3.2.4. Evidence of regular environment scanning to identify new or more strategic partners emerging.</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(3.2.1) Evidence of strategic partnerships with joint objectives across different output areas</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>Engages 70+ actors, including ministries, CSOs, academia, private sector, UN agencies, NGOs; roles and outputs clearly defined.</i> ● <i>Works with CSOs, academic institutions, UN entities (UNICEF, WHO), and government stakeholders.</i> ● <i>Joint planning and implementation processes established for coherence across UN agencies.</i> ● <i>Maintained CSO partnerships (e.g., SHE), but private sector and academia under-leveraged.</i> ● <i>Active collaboration with MoH, MoY, MoGFSS, NGOs (SHE, ZWM), UN agencies, private sector (e.g., Soneva).</i> ● <i>UN Youth Strategy facilitates coordinated youth engagement via working groups, CSO consultations, and Youth Advisory Group.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>limited government budget; donor money needed for programmes, joint training, conferences.</i> ● <i>Cupvert MHM was a 3-way PPP (ZWM, UNFPA, NGO), sustainable MHM initiative.</i> 	<ul style="list-style-type: none"> ● Document Review: UNFPA. Country Programme Document for the Maldives (CPD 2022–2026). 2021; UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021; UN. Sustainable Development Cooperation Framework (UNSDCF) 2022–2026. 2021; UNFPA. Maldives 6th Country Programme Evaluation (CPE). 2019; UNFPA. Mid-Term Review (MTR) of CP7 (2022–2026). No date; UN. Maldives Youth Strategy (2022) ● KIIs: Government KIIs, Other UN agency KIIs, NGO partner KIIs.

<ul style="list-style-type: none"> UNDP & UNFPA coordinated on GBV/GE advocacy, health/social sector trainings. 	
<p>(3.2.2) Evidence that strategic partnerships remain alive and ongoing</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> Siththaa app co-developed with SHE, creatives; integrated into Safe Spaces initiative. GBV App Toolkit engaged MoGFSS, CSOs, influencers, media for joint promotion. GBV in Emergencies: UNFPA partners with NDMA & MoGFSS to establish national GBViE mechanism. UN COVID-19 Response: collaborated with MoH, MoGFSS, youth councils, WDCs, CSOs; multi-agency with IOM, UNDP, WHO, UNODC. CO Annual Report 2023: Partnerships with MNU, MoH, SHE, Red Crescent, UNICEF, NGOs, media. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> joint training for GBV health/social sector, DHIS2 support, advocacy. coordination meetings with UN agencies (2 held); RMNCAH strategy with UNICEF, IOM. 	<p>(3.2.2) Evidence that strategic partnerships remain alive and ongoing</p> <ul style="list-style-type: none"> UNFPA. Siththaa App Report (2022); UNFPA. GBV Response App Toolkit (2022); UNFPA Maldives. Country Planning for GBV in Emergencies (2023); UN. COVID-19 Response & Recovery Framework (2020); UNFPA CO Annual Report – Maldives (2023); KIIs: Government KIIs, Other UN agency KIIs;
<p>(3.2.3) Evidence of regular reflection on strategic partnership direction, results, and shifts</p> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> coordination meetings with all UN agencies to check for duplicate resources (March, later follow-up planned). collaboration exists, e.g., RMNCAH action plan review, GBV trainings; but successful joint programmes limited. 	<p>(3.2.3) Evidence of regular reflection on strategic partnership direction, results, and shifts</p> <ul style="list-style-type: none"> KIIs: Government KIIs, Other UN agency KIIs.
<p>(3.2.4) regular environment scanning to identify new or more strategic partners emerging.</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> RM Strategy 2024: targets new partnerships (private sector, tourism, general public). <p>PRIMARY DATA</p> <ul style="list-style-type: none"> Country-level KII: partnerships expanded beyond line ministries to CSOs and academia (MNU). NGO partner KII: Cupvert PPP as new strategic collaboration. 	<p>(3.2.4) regular environment scanning to identify new or more strategic partners emerging.</p> <ul style="list-style-type: none"> Document review: UNFPA. CO Resource Mobilization Strategy 2024. 2024; UNFPA. Partnership and Resource Mobilization Plan – Maldives CPD 2022–2026. 2021. KIIs: UNFPA country-level KIIs, NGO partner KIIs.
<p>Evaluation Question 4: To what extent has UNFPA strengthened national capacities across both state and civil society to ensure continuation / sustainability of programme interventions?</p>	
<p>Evaluation Criteria: SUSTAINABILITY</p>	
<p>Assumptions for verification 4.1: (State capacity) State capacities strengthened across SRHR, adolescents & youth, GE/GBV, and population/data</p>	<p>Indicators:</p> <p>4.1.1: Number of increased/improved/expanded inclusive, transformative, and resilient state policies, programmes, knowledge products, and strategies at national and sub-national levels supported by UNFPA in mandate areas;</p> <p>4.1.2: Evidence of UNFPA contribution to institutionalization of transformative and resilience-based</p>

	approaches within state systems (embedded in structures rather than reliant on individuals)
Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]	Sources of information [List the source(s) of evidence for each of the data collected]
<p>(4.1.1) Number of increased/improved/expanded inclusive, transformative, and resilient state policies, programmes, knowledge products, and strategies at national and sub-national levels supported by UNFPA in mandate areas</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> • Enhances national policy and systems capacity on SRH, GBV, and gender data. Includes costed plans and M&E frameworks. • National Guidelines for Preventing and Responding to GBV in Health Care Settings institutionalizes GBV services through standardization and capacity-building. Includes medico-legal documentation and links to justice systems. • Supports systems strengthening via SOP training. • Promotes sustainable budgeting for GEAP implementation. • Provides evidence for legal harmonization, essential for long-term change. • Recommends national-level integration, training, and digital transition of HMIS on SRMNCAH. • Enables improved resource management and data-driven investment planning. • SOPs institutionalize coordinated GBV service delivery and monitoring. • Trains front-line responders across sectors and geographies. • Links CPD interventions to broader fiscal reform and governance strategies. • Institutional capacity building to deliver continuous SRHR services. • Trains providers and communities in inclusive communication. • Scalable online and in-person FP short course delivery across all levels of care. • Feedback loops and stakeholder engagement ensure iterative improvement of GBV Response App. • Highlights gaps in FP financing but outlines expansion strategies. • Embedded into teacher education and national education systems. • Mandatory FP course for healthcare students at MNU; mainstreamed into pre-service training. • Training and SOPs embedded in national emergency planning systems. • Research ToR intended to inform future national planning and policy on climate and SRHR. • Technical assistance institutionalized in national census process. • Builds capacity of MoGFSS personnel to institutionalize LSBRHE delivery. • Support to RMNCAH M&E systems, Judiciary for Juniors programme, and decentralized governance mechanisms. • Supports development of youth-related sectoral policies with SDG alignment. • Systems strengthened for data (DHIS2, M&E for RMNCAH), GBV response, and SRH delivery. 	<p>(4.1.1) Number of increased/improved/expanded inclusive, transformative, and resilient state policies, programmes, knowledge products, and strategies at national and sub-national levels supported by UNFPA</p> <ul style="list-style-type: none"> • Document Review: UNFPA. CPD 2022–2026 (2021); Ministry of Health & UNFPA Maldives. National Guidelines for Preventing and Responding to GBV in Health Care Settings. 2021; UNFPA. ToR – GBV Referral Pathway Development (2022); UNFPA. ToR – Costing of Gender Equality Action Plan (2022); UNFPA. Law Review Report – GBV (2023); UNFPA. Country Analysis of HMIS on SRMNCAH (2022); President’s Office. Social Sector Finance Strategy – INFF (2023); MoGFSS & UNFPA. GBV Referral SOPs – Inter-Agency (2023); UNFPA, MSFD, Family Protection Authority. GBV & DV Procedure Manual (2025); Hulhumale Hospital. Halfway House – SRHR Capacity Training (2023); UNFPA & SHE. Development of SRH Glossary for PWDs (2022); UNFPA & MoH. ICFP Briefings & Country Profiles (2022); UNFPA & MoE. LSBRHE (2022); MNU. Short Course on FP for Healthcare Professionals (2022); UNFPA. Country Planning for GBV in Emergencies (MISP) (2023); UNFPA. Climate Change & SRHR Research ToR (2023); UNFPA & MBS. Census Support & Dissemination (2023); UNFPA. LSEHW Facilitator Training Final Report (2023); UN. Annual Results Report – Maldives (2022); UNFPA. CO Annual Report – Maldives (2023); Government of Maldives. RMNCAH Strategy & Action Plan 2020–2025 (2021) • KIIs: UNFPA country-level KIIs, Government KIIs, NGO partner KIIs

<ul style="list-style-type: none"> • Invests in systems strengthening for RMNCAH services. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • Government request: continued UN support for capacity building, policy design, monitoring. • NTA capacity building with MBS and UNFPA; promoted among stakeholders. • ToT programme for HPA and MoH data management, with UNFPA support. • Incorporating MISIP in government policies and strengthening integration of MHPSS into GBV and SRHR. 	
<p>(4.1.2) Evidence of UNFPA contribution to institutionalization of transformative and resilience-based approaches within state systems</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> • GBV services institutionalized via standardization, capacity-building, medico-legal documentation. • GEAP costing embeds gender-transformative governance in state budgeting. • GBV Referral SOPs institutionalize coordinated service delivery. • Mandatory FP pre-service training at MNU institutionalizes long-term SRHR knowledge. • LSBRHE embedded into national teacher training ensures systemic education change. • GBV in Emergencies SOPs embedded in national emergency planning systems. • Census technical assistance institutionalized in national statistical systems. • data system institutionalization through pilot implementation. • systemic SRH capacity-building in education and health institutions. • TA and M&E framework development integrated into DHIS2. • Long-term integration of SRHR into national systems, youth curricula, and GBV SOPs indicates strong state capacity building. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • reliance on individual networks (e.g., Shadiya) needs institutionalization for sustainability. • survivor-centred approach embedded in DV Act review process, institutionalizing survivor consent in reporting. • : requested technical staff support for sustainable institutional data management capacity. 	<p>(4.1.2) Evidence of UNFPA contribution to institutionalization of transformative/resilience-based approaches within state systems</p> <ul style="list-style-type: none"> • Document review: MoH & UNFPA. National GBV Guidelines (2021); UNFPA. ToR – Costing of GEAP (2022); MoGFSS & UNFPA. GBV Referral SOPs (2023); MNU. Short Course on FP (2022); UNFPA & MoE. LSBRHE (2022); UNFPA. GBV in Emergencies Planning (2023); UNFPA & MBS. Census Support (2023); UNFPA. IP Workplan Progress Reports – MBS (2022–2023); UNFPA. IP Workplan Progress Report – MNU (2022); UNFPA. IP Workplan Progress Report – MoH (2022); UNFPA. CO Annual Report – Maldives (2023) • KIIs: UNFPA country-level KIIs, Government KIIs.
<p>Assumptions for verification 4.2: (Civil society) Civil society capacities strengthened; WLOs/YLOs more operationally sustainable.</p>	<p>Indicators:</p> <p>4.2.1: Evidence that CSOs, particularly WLOs and YLOs supported by UNFPA, have increased capacities and longer-term operational sustainability</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(4.2.1) Evidence that CSOs, particularly WLOs and YLOs supported by UNFPA, have increased capacities and longer-term operational sustainability</p> <p>SECONDARY DATA</p>	<p>(4.2.1) Evidence that CSOs, particularly WLOs and YLOs, have increased capacities and longer-term operational sustainability</p>

- *Involves CSOs in service delivery and social norm change programming.*
- *Civil society engagement existed but lacked depth for long-term impact.*
- *Encourages cross-sector coordination but civil society engagement remains weak.*
- *Develops local youth-led capacities in advocacy and media.*
- *Fosters community-led media and youth storytelling ecosystems.*
- *Establishes a sustainable youth-led network (Y-PEER Maldives).*
- *Strengthens youth and women-led community awareness and environmental health advocacy.*
- *Builds capacity of youth media creators and community mobilizers.*
- *Supports youth-led innovation and environmental messaging.*
- *Trains providers and communities in inclusive communication.*
- *Embedded into teacher education and national education systems.*
- *Promotes youth-led engagement and content creation.*
- *Builds long-term RH literacy through scalable media formats.*
- *Builds capacity of MoGFSS personnel to institutionalize LSBRHE delivery.*
- *Peer-help groups, Y-PEER youth educators, and disability inclusion in CSO programming.*
- *Supports development of youth-related sectoral policies with SDG alignment. Builds capacity of youth-focused government agencies, CSOs, and UNCT.*
- *Focuses on long-term capacity building for CSO engagement. Recognizes gaps in CSO administrative and financial capacities and proposes targeted support.*
- *Strong collaboration with CSOs, WDCs, and YDCs evident across interventions.*
- *SHE, Zero Waste Maldives, and Women's Football Club supported with technical tools and training.*
- *Clear community-based model involving local NGOs and CSOs.*
- *Re-engagement and mentorship of local women's self-help groups.*
- *Built SHE's capacity to deliver inclusive ASRH services.*
- *Supports calls for capacity building in state and CSOs for GBV and gender justice, especially in decentralization and legal reform.*

PRIMARY DATA

- *More civil society engagement too... resources are very limited especially institutionally.*
- *Because of dispersed nature of the country, very difficult for CS to be sustainable... grassroots movements struggle.*
- *UNFPA supporting CS in areas of GBV and SRHR.*
- *Civil society has not been strengthened a lot... procurement/vendor approach limits flexibility.*
- *WFC will continue with vulnerable women... after we stop support there isn't anything being done by government.*
- *Three women still coming from in-house meetings, one continuing with recovery/job.*
- *CSO symposium with MoU for counselling support; trained CSOs from atolls including disability NGOs.*

- Document review: UNFPA. CPD 2022–2026 (2021); UNFPA. 6th Country Programme Evaluation (2019); MoH & UNFPA. GBV Guidelines (2021); UNFPA. ToR – Social Norms Change via Film (2022); UNFPA. Stories by Storymakers Campaign (2022); UNFPA & Ministry of Youth. Y-PEER ToT (2022); Zero Waste Maldives. Cupvert 3.0 (2021); UNFPA. Youth-Led Social Norm Change Films (2023); UNFPA & ZWM. Menstrupedia Comic for Boys (2024); UNFPA & SHE. SRH Glossary for PWDs (2022); UNFPA & MoE. LSBRHE (2022); UNFPA. Siththaa App Report (2022); UNFPA. CSE Advocacy Videos TOR (2024); UNFPA. LSEHW Facilitator Training Final Report (2023); UN. Annual Results Report – Maldives (2022); UN. Maldives Youth Strategy (2022); UNFPA. Partnership & Resource Mobilization Plan – Maldives CPD (2021); UN Maldives. COVID-19 Response & Recovery Framework (2020); UNFPA. CO Annual Report – Maldives (2023); UNFPA. Quarterly IP Workplan Progress Report – MRC (2022); UNFPA. Quarterly IP Workplan Progress Report – MRC (2023); UNFPA. Quarterly IP Workplan Progress Report – SHE (2022); UN. CEDAW Concluding Observations – Maldives (2021)
- KIIs: UNFPA country-level KIIs, Government KIIs, Other UN agency KIIs, NGO partner KIIs

<ul style="list-style-type: none"> ● CSOs mostly donor driven... lack support networks, particularly in outer islands. ● Cupvert partnership with ZWM, UNFPA, and Soneva Namoon co-created resources, ToT training; sustained youth/WLO engagement. ● Facilitators willing, product in place, need more communication for demand generation. ● NGOs represent people without a voice and hidden communities. 	
<p>Assumptions for verification 4.3: (Convening role) UNFPA convened Government–CSO dialogue that endures and enables inclusive development.</p>	<p>Indicators: 4.3.1: Evidence of UNFPA contribution to sustained platforms for Government–CSO dialogue; 4.3.2: Evidence of UNFPA contribution to policy consultations with CSOs that have become institutionalized</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(4.3.1) Evidence of UNFPA contribution to sustained platforms for Government–CSO dialogue SECONDARY DATA</p> <ul style="list-style-type: none"> ● Facilitates multisectoral coordination and inter-agency cooperation, plays convening role in youth and gender. ● UNFPA plays a central role as facilitator between ministries and CSOs. ● Fosters community-led media and youth storytelling ecosystems. ● UNFPA enables collaboration between youth councils, MoYSCE, and local leaders. ● UNFPA supports inter-ministerial and CSO coordination. ● Includes island councils and women’s development committees in GBV/DV manual roll-out. ● Collaboration between UNFPA, SHE, service providers, and communities to create SRH glossary for PWDs. ● UNFPA links tech, community-based safe spaces, and national RH goals through Siththaa app. ● UN facilitated multi-stakeholder dialogues on climate change, rights, and governance (COP27 youth event, South-South prison reform exchange). ● Strategy sets out to create multi-stakeholder platforms, including youth in national reporting (VNRs), policy reviews, and coordination mechanisms. ● Promotes South-South learning, engagement with Parliament, and formalized government-CSO-private sector platforms. ● UNFPA supports coordination between CSOs and government, particularly in GBV prevention and adolescent programming. ● Framework adopted a whole-of-society approach, leveraging UN’s convening role to bring together government, academia, private sector, and CSOs. ● Pilots transitioned to national systems; media partnerships and community ownership evident. ● Clear community-based model involving local NGOs and CSOs. 	<p>(4.3.1) Evidence of UNFPA contribution to sustained platforms for Government–CSO dialogue</p> <ul style="list-style-type: none"> ● Document review: UNFPA. CPD 2022–2026 (2021); UNFPA Maldives. ToR – GBV Referral Pathway Development (2022); UNFPA Maldives. Stories by Storymakers – SRHR/GBV Campaign (2022); UNFPA Maldives & Ministry of Youth. Y-PEER ToT (2022); MoGFSS with UNFPA. GBV Referral SOPs – Inter-Agency (2023); UNFPA, MSFD, Family Protection Authority. GBV & DV Procedure Manual (2025); UNFPA & SHE. SRH Glossary for PWDs (2022); UNFPA. Siththaa App Report (2022); UN. Annual Results Report – Maldives (2022); UN. Maldives Youth Strategy (2022); UNFPA. Partnership & Resource Mobilization Plan – Maldives CPD 2022–2026 (2021); UN Maldives. COVID-19 Socio-Economic Response & Recovery Framework (2020); UN. COVID-19 Response & Recovery Framework – Maldives (2020); UNFPA. CO Annual Report – Maldives (2023); UNFPA. Quarterly IP Workplan Progress Report – MRC (2022); UNFPA. Quarterly IP Workplan Progress Report – MRC (2023); UNFPA. 5th Country Programme Evaluation (2014) ● KIIs: UNFPA country-level KIIs, Government KIIs,

<ul style="list-style-type: none"> ● <i>Re-engagement and mentorship of local women’s self-help groups.</i> ● <i>Rebuilding relationships with new political stakeholders required repeated advocacy efforts.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>They are doing really well in advocacy area bringing stakeholders.</i> ● <i>UNFPA connects with other organizations rather than vertical programmes; brings dialogues and right people together; convenes government around contraceptive access despite resistance.</i> ● <i>UNFPA tried to have conversations but limited government endorsement on menstrual cups... sustainability needs government support.</i> ● <i>Difficult to work with education ministry for RH; remains a taboo topic.</i> ● <i>We have not been doing convening broadly, mostly targeted via SHE on SRHR/AY; finances and programmes come through line ministries.</i> 	<p>NGO partner KIIs</p>
<p>(4.3.2) Evidence of UNFPA contribution to policy consultations with CSOs that have become institutionalized</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>National FP course endorsed by MoH, MNU, HPA; institutionalized policy consultation between government and academia.</i> ● <i>LSBRHE embedded into teacher training; institutionalized MoE, MNU, UNFPA collaboration.</i> ● <i>Youth strategy integrates youth in national policy reviews and VNR reporting, creating institutionalized consultation.</i> ● <i>pilots transitioned into national systems, reflecting institutionalization of participatory models.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>: survivor-centred consent embedded in DV Act review, institutionalizing consultation with CSOs and survivors.</i> ● <i>persistent difficulty engaging MoE on RH; highlights limits of institutionalization despite UNFPA efforts.</i> 	<p>(4.3.2) Evidence of UNFPA contribution to policy consultations with CSOs that have become institutionalized</p> <ul style="list-style-type: none"> ● Document review: Maldives National University. Short Course on FP (2022); UNFPA & Ministry of Education. LSBRHE (2022); UN. Maldives Youth Strategy (2022); UNFPA. CO Annual Report – Maldives (2023); ● KIIs: Government KIIs, NGO partner KIIs;
<p>Assumptions for verification 4.4: (Scale-up) Advocacy/data leveraged for Government scale-up of pilots (F2F).</p>	<p>Indicators:</p> <p>4.4.1: Evidence of UNFPA advocacy leading to Government uptake of specific interventions; 4.4.2: Evidence of UNFPA contribution to strengthened CSO capacity to produce research and advocacy materials supporting Government scale-up of pilot projects; 4.4.3: Number of pilot interventions scaled up by Government</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(4.4.1) Evidence of UNFPA advocacy leading to Government uptake of specific interventions</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>Evidence-based policy advocacy for scale-up planned, e.g., national disaster planning integration of</i> 	<p>(4.4.1) Evidence of UNFPA advocacy leading to Government uptake of specific interventions</p> <ul style="list-style-type: none"> ● Document review: UNFPA. CPD 2022–2026 (2021);

<p><i>SRHR and GBV.</i></p> <ul style="list-style-type: none"> ● <i>Government commitment to 100% domestic funding of contraceptive procurement since 2009, reinforced through UNFPA ICFP advocacy.</i> ● <i>GBV SOPs linked to national policy systems during COVID-19 framework, with scale-up potential identified.</i> ● <i>Cupvert 3.0 generates strong online engagement for national menstrual health advocacy and sustainability.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>Financing for development is a big priority... open to blended financing and innovative UNFPA models for sustainability.</i> ● <i>Survivor-centred consent embedded in DV Act review reflects UNFPA advocacy uptake.</i> 	<p>UNFPA, MoH. ICFP Briefings & Country Profiles (2022); UN Maldives. COVID-19 Response & Recovery Framework (2020); Zero Waste Maldives. Cupvert 3.0 (2021);</p> <ul style="list-style-type: none"> ● <i>KIIs: Government KIIs.</i>
<p>(4.4.2) Evidence of UNFPA contribution to strengthened CSO capacity to produce research and advocacy materials supporting Government scale-up of pilot projects</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>SRH Glossary for PWDs rolled out via targeted centres, potential scale-up for digital access.</i> ● <i>Youth-led storytelling campaigns (Stories by Storymakers, social norms change films) strengthened CSO advocacy skills.</i> ● <i>UNFPA report emphasizes data-driven advocacy (GBV during COVID-19) for integration into government policy.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>NGO KIIs: Cupvert PPP co-created resources, ToT training, sustained youth/WLO engagement.</i> ● <i>UNFPA KIIs: Proof-of-concept pilots demonstrate models that CSOs use to advocate for scale-up.</i> 	<p>(4.4.2) Evidence of UNFPA contribution to strengthened CSO capacity for research/advocacy supporting Government scale-up of pilot projects</p> <ul style="list-style-type: none"> ● <i>Document review: UNFPA & SHE. SRH Glossary for PWDs (2022); UNFPA. Stories by Storymakers Campaign (2022); UNFPA. GBV During the COVID-19 Pandemic in Maldives (2021)</i> ● <i>KIIs: UNFPA country-level KIIs, NGO partner KIIs.</i>
<p>(4.4.3) Number of pilot interventions scaled up by Government</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>Pilots transitioned to national systems; media partnerships and community ownership evident – as indicator. 0</i> ● <i>Census system digitization, water harvesting systems, EV public transport—examples of scale-up support.</i> ● <i>Government scale-up: RMNCAH costing and GBV SOPs linked to national policy systems.</i> ● <i>Self-directed FP short course institutionalized at MNU.</i> ● <i>Low fertility research proposal positioned to inform long-term reproductive health and labour market policies.</i> ● <i>Quarterly IP Workplan – MBS: pilot implementation laid groundwork for national ownership of data systems.</i> ● <i>Youth Strategy 2022 shows intent to scale up youth-focused interventions (funding, MEL frameworks, joint planning).</i> 	<p>(4.4.3) Number of pilot interventions scaled up by Government</p> <ul style="list-style-type: none"> ● <i>Document review: UNFPA. CO Annual Report – Maldives (2023); UN. Annual Results Report – Maldives (2022); UN Maldives. COVID-19 Response & Recovery Framework (2020); MNU. Short Course on FP (2022); UNFPA, MNU, UAEU. Research Proposal (2023); UNFPA. IP Workplan Progress Report – MBS (2022–2023); UN. Maldives Youth Strategy (2022);</i> ● <i>KIIs: UNFPA country-level KIIs, Government KIIs, Other UN agency KIIs.</i>

<p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>Government KII: Mentoring support from Sri Lanka and engagement in DHIS2 module enhancements indicates scale-up of digital health pilots.</i> ● <i>Other UN agency KII: pilots on green energy transformation to mobilize private sector funding.</i> ● <i>UNFPA country-level KII: Service delivery exit strategy, focus on pilot projects to demonstrate proof of concept for government uptake.</i> 	
<p>Evaluation Question 5: To what extent did UNFPA efficiently utilize human, technical, logistical, administrative and financial resources, tools and processes to achieve the CPD results and mitigate risks?</p>	
<p>Evaluation Criteria: EFFICIENCY</p>	
<p>Assumptions for verification 5.1: (Human resources) Human resources efficiently utilized for CPD delivery.</p>	<p>Indicators: 5.1.1: Percentage of outputs delivered on time and within budget; 5.1.2: Average duration between activity initiation and completion</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(5.1.1) Percentage of outputs delivered on time and within budget SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>UNFPA programme monitoring reports tracking output delivery dates and budgets.</i> ● <i>Annual Work Plans (AWPs) and output completion reports. [</i> ● <i>Financial expenditure records aligned to outputs.</i> ● <i>Some delays due to policy shifts and administrative bottlenecks.</i> ● <i>Quarterly IP Workplan Progress Report – MRC (2023): Resource delays but eventual completion shows resilience and adaptation.</i> ● <i>Quarterly IP Workplan Progress Report – MBS (2022): Communication strategies and training of enumerators show efficient use of resources and innovations (infographics, social media).</i> ● <i>Quarterly IP Workplan Progress Report – MNU (2022): Demonstrates resource mobilization and technical coordination with MoH.</i> ● <i>Mid-Term Review of CP7: Staffing and technical support were sufficient for early rollout.</i> ● <i>CPD 2022–2026 acknowledges need for flexible staffing models to ensure efficient delivery.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>UNFPA very proactive, supportive, not just financial but technical; easy working relationship.</i> 	<p>(5.1.1) Percentage of outputs delivered on time and within budget</p> <ul style="list-style-type: none"> ● Document review: UNFPA programme monitoring reports; Annual Work Plans (AWPs) and output completion reports; Financial expenditure records; UNFPA. CO Annual Report – Maldives (2023); UNFPA. Quarterly IP Workplan Progress Report – MRC (2023); UNFPA. Quarterly IP Workplan Progress Report – MBS (2022) UNFPA. Quarterly IP Workplan Progress Report – MNU (2022); UNFPA. Mid-Term Review of CP7 (2022–2026); UNFPA. CPD 2022–2026 (2021) ● KIIs: Government KIIs, NGO partner KIIs.
<p>(5.1.2) Average duration between activity initiation and completion SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>Activity initiation/completion logs from programme database</i> ● <i>Quarterly IP Workplan Progress Report – MRC (2023): Resource delays but eventual completion shows</i> 	<p>(5.1.2) Average duration between activity initiation and completion</p> <ul style="list-style-type: none"> ● Document review: Activity initiation/completion logs from programme database; UNFPA. Quarterly IP

<p><i>resilience and adaptation.</i></p> <ul style="list-style-type: none"> • <i>Quarterly IP Workplan Progress Report – MBS (2022): Communication strategies and training of enumerators show efficiency and timely delivery.</i> • <i>Quarterly IP Workplan Progress Report – MNU (2022): Resource mobilization and technical coordination allowed for completion.</i> • <i>CO Annual Report 2023: Some delays due to policy shifts and administrative bottlenecks.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • <i>From hindsight we could have done everything differently and made things more efficient... human resources are challenging.</i> • <i>Results are excellent whenever there is a chance to implement, but staff have multiple hats; limited time impacts delivery speed.</i> • <i>Limited staff makes it infeasible for one person to complete all processes; delegation to programme officers used to avoid delays.</i> 	<p>Workplan Progress Report – MRC (2023); UNFPA. Quarterly IP Workplan Progress Report – MBS (2022); UNFPA. Quarterly IP Workplan Progress Report – MNU (2022); UNFPA. CO Annual Report – Maldives (2023)</p> <ul style="list-style-type: none"> • KIIs: UNFPA country-level KIIs; UNFPA regional-level KIIs.
<p>Assumptions for verification 5.2: (Systems/processes) Processes/systems leverage digital innovations for efficiency.</p>	<p>Indicators: 5.2.1: Evidence of streamlined processes reducing transaction costs/time; 5.2.2: Extent to which joint operations or common services are used.</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(5.2.1) Trends in core and non-core resource mobilization against targets</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> • <i>UNFPA resource mobilization strategy and annual progress reports: Resource tracking spreadsheets showing year-on-year changes.</i> • <i>Promotes use of big data, joint business operations, and digitized services (esp. youth).</i> • <i>Digital module enables broad access; assessment ensures competency.</i> • <i>Includes tools for digital learning, ensuring wider outreach.</i> • <i>Online learning, modular assessments, flexible pathways enhance reach.</i> • <i>CO RM Strategy 2024: digital donation platform and communications plan to reduce administrative costs.</i> • <i>Quarterly IP Workplan – MBS (2022): communication strategies, enumerator training improved efficiency.</i> • <i>Quarterly IP Workplan – MRC (2023): resource delays but eventual completion shows adaptation.</i> • <i>Siththaa app launched to digitize premarital education.</i> • <i>Digital platforms (Spotify, drama series) maximized reach, mitigated training delays with pilots.</i> • <i>Annual Results Report 2023: innovative delivery tools, effective procurement, SDG tax systems.</i> <p>PRIMARY DATA</p>	<p>(5.2.1) Trends in core and non-core resource mobilization against targets</p> <ul style="list-style-type: none"> • Document review: UNFPA resource mobilization strategy and annual progress reports; Resource tracking spreadsheets showing annual changes; UNFPA. CPD 2022–2026 (2021); Maldives National University. Short Course on FP (2022); UNFPA & Ministry of Education. LSBRHE (2022); MNU. Short Course on FP for Healthcare Professionals (2022); UN. Annual Results Report – Maldives (2022); UNFPA. CO Resource Mobilization Strategy (2024); UNFPA. Quarterly IP Workplan Progress Report – MBS (2022); UNFPA. Quarterly IP Workplan Progress Report – MRC (2023); UNFPA. Quarterly IP Workplan Progress Report – SHE (2022); UNFPA. CO Annual Report – Maldives (2023); UN. Annual Results Report – Maldives (2023);

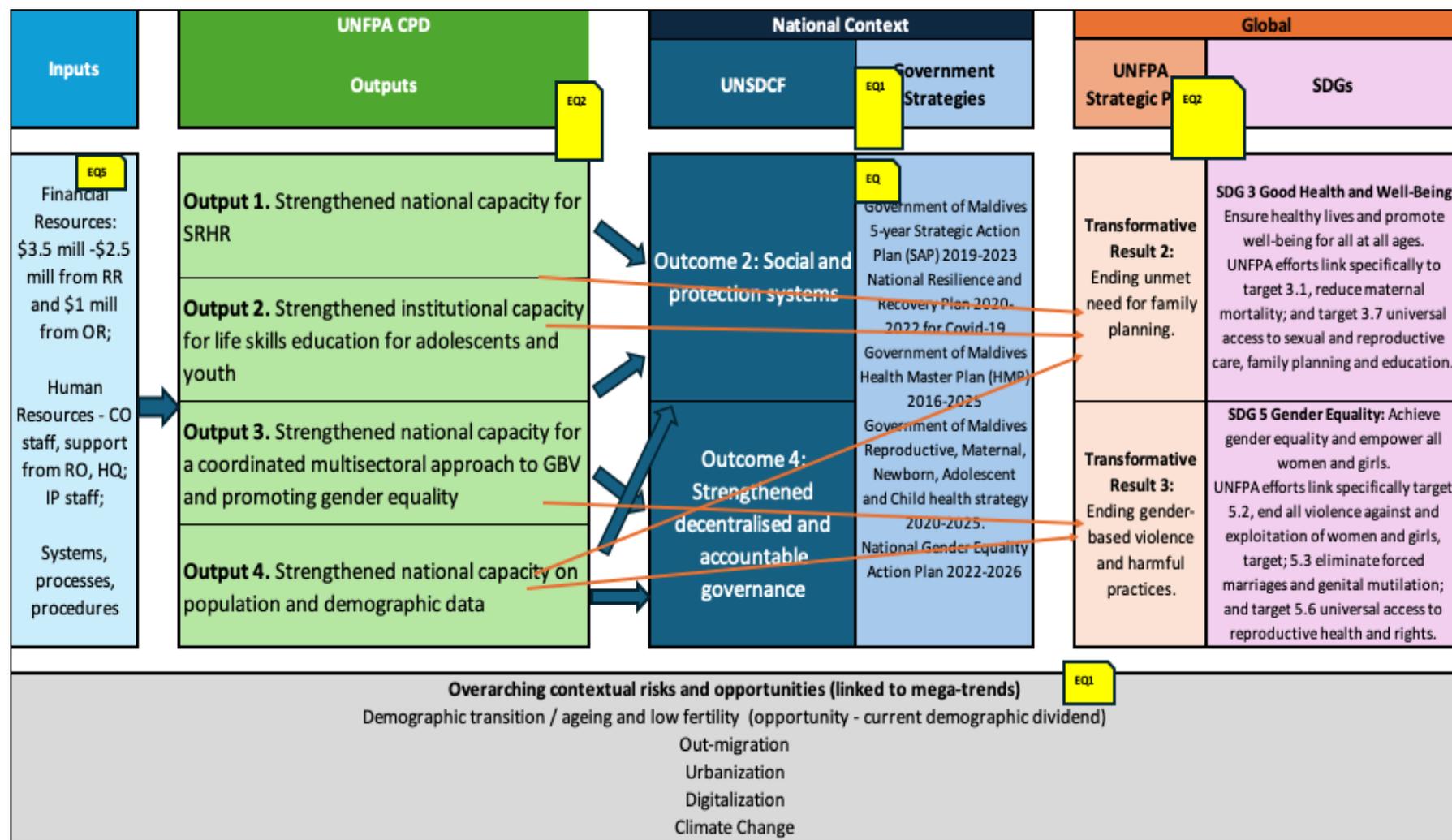
<ul style="list-style-type: none"> ● <i>Maldives Bureau of Statistics funding routed through MMA shared account—creates delays, burdensome process; need direct transfer and digital payments.</i> ● <i>UNDP cheque issuance system inefficient, requires manual collection.</i> ● <i>transition to digital payment systems with local banks recommended.</i> ● <i>UNFPA easy to work with; RH centre established within one year.</i> ● <i>UNFPA handled bureaucratic processes, easing transaction costs for CSOs.</i> ● <i>working with UNFPA easier than UNDP; more accommodating.</i> 	<ul style="list-style-type: none"> ● KIIs: UNFPA country-level KIIs, Government KIIs, NGO partner KIIs.
<p>(5.2.2) Diversity of funding sources and instrument</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>Donor agreements and contribution records.</i> ● <i>Business Operations Strategy includes KPIs on youth workforce/internships, transparency in results reporting.</i> ● <i>COVID-19 Framework: e-health platforms, digitalized procurement, digitized GBV models—joint UN approach.</i> ● <i>COVID-19 Framework: pooled funding and joint programming in RMNCAH, GBV.</i> ● <i>Annual Results Report 2022: joint business ops, climate finance hub.</i> ● <i>Annual Results Report 2023: solar irrigation, EV transport, cold chains—joint UN systems and procurement.</i> ● <i>Partnership & RM Plan 2021: joint fundraising, private sector outreach.</i> ● <i>CO RM Strategy 2024: joint fundraising and donor events with partners.</i> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● <i>Cupvert PPP with ZWM, UNFPA, private sector co-financed sustainable MHM.</i> ● <i>competition over bilateral funding sometimes limited joint operations.</i> 	<p>(5.2.2) Diversity of funding sources and instruments</p> <ul style="list-style-type: none"> ● Document review: Donor agreements and contribution records; UN. Maldives Youth Strategy (2022); UN. COVID-19 Response & Recovery Framework – Maldives (2020); UN. COVID-19 Socio-Economic Response & Recovery Framework (2020); UN. Annual Results Report – Maldives (2022); UN. Annual Results Report – Maldives (2023); UNFPA. Partnership & Resource Mobilization Plan – Maldives CPD (2021); UNFPA. CO Resource Mobilization Strategy (2024); ● KIIs: NGO partner KIIs, Other UN agency KIIs.
<p>Assumptions for verification 5.3: (Financing/resource mobilization) Resource mobilization is robust and allocation efficient.</p>	<p>Indicators:</p> <p>5.3.1: Trends in core and non-core resource mobilization against targets; 5.3.2: Diversity of funding sources and instruments</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(5.3.1) Evidence of streamlined processes reducing transaction costs/time</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● <i>UNFPA operational procedure manuals and process review reports and workflow change logs showing processing times</i> ● <i>Multi-path RM strategy including co-financing, private sector, and South-South cooperation.</i> ● <i>Integration of costing studies (e.g., GEAP, RMNCAH) into broader national budgeting.</i> ● <i>Forecasts need for MVR 8.2 billion by 2030 to meet RMNCAH targets.</i> 	<p>(5.3.1) Evidence of streamlined processes reducing transaction costs/time</p> <ul style="list-style-type: none"> ● Document review: UNFPA operational procedure manuals and process review reports and workflow change logs; UNFPA. CPD 2022–2026 (2021); President’s Office. Social Sector Finance Strategy – INFF (2023); UNFPA & MoH. ICFP Briefings & Country

<ul style="list-style-type: none"> ● Budgeted at \$3.5M (USD 2.5M core, \$1M to be mobilized). ● UNFPA contributions part of pooled funding and joint programming; aligned RM strategies. ● Secured co-financing for several initiatives (e.g., RMNCAH and GBV). ● Annual Results Report 2022: joint SDG Fund, INFF, and public-private finance collaboration. ● MNU FP short course: cost-efficient ToT and curriculum development embedded in national systems. ● Census Support & Dissemination: joint UNFPA-GoM investment improves efficiency. ● Budget flexibility shown but limited HR constrained support; poor implementation rates. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● secured regional funding for HMIS instead of relying on RR. ● travel costs highlight sustainability challenges for RM. ● as UMIC limited grants available; open to blended financing models. ● private sector not very engaged or interested. ● bilateral funding competition creates challenges. 	<p>Profiles on FP Financing and Governance (2022); UNFPA. Mid-Term Review of CP7 (n.d.); UN Maldives. COVID-19 Socio-Economic Response & Recovery Framework (2020); UN. COVID-19 Socio-Economic Response & Recovery Framework – Maldives (2020); UN. Annual Results Report – Maldives (2022); Maldives National University. Short Course on FP (2022); UNFPA & MBS. Census Support & Dissemination (2023); UNFPA. 5th Country Programme Evaluation (2014);</p> <ul style="list-style-type: none"> ● KIIs: UNFPA country-level KIIs, UNFPA regional-level KIIs, Government KIIs, Other UN agency KIIs.
<p>(5.3.2) Extent to which joint operations or common services are used</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● RM Strategy 2024: focus on core and non-core fundraising, traditional and non-traditional donor engagement, and innovative financing. ● Partnership & RM Plan 2021: mobilize US\$1M+ with joint fundraising, private sector outreach, leveraging non-core channels. ● Annual Results Report 2022: collaboration with climate finance hub shows diversification of funding instruments. ● UN Youth Strategy 2022: joint RM for youth programmes, gender/youth budgeting, and transparency in results reporting. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● Cupvert PPP with ZWM, UNFPA, and NGO created a 3-way partnership for sustainable MHM. ● suppliers could be connected to Maldivian start-ups to sustain product availability. ● funding struggles show limitations of sustainability without diversified RM. ● concessional financing declined; blended financing could diversify. ● need to continue finding innovative ways to ensure support. 	<p>(5.3.2) Extent to which joint operations or common services are used</p> <ul style="list-style-type: none"> ● Document review: UNFPA. CO Resource Mobilization Strategy (2024); UNFPA. Partnership & Resource Mobilization Plan – CPD 2022–2026 (2021); UN. Annual Results Report – Maldives (2022); UN. Maldives Youth Strategy (2022); ● KIIs: UNFPA country-level KIIs, Government KIIs, NGO partner KIIs.
<p>Assumptions for verification 5.4: (ERM) Enterprise Risk Management active; risks identified/mitigated.</p>	<p>Indicators:</p> <p>5.4.1: Evidence of ongoing and regular review, update, revised mitigation measures of risks in the ERM.</p>
<p>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(5.4.1) Documented mid-course corrections based on monitoring, evaluation, and learning</p> <p>SECONDARY DATA</p>	<p>(5.4.1) Documented mid-course corrections based on monitoring, evaluation, and learning</p>

<ul style="list-style-type: none"> ● Robust annual ERM review in place; climate and economic risks integrated into planning. ● Proposes reallocation strategies and governance strengthening to address fragmentation and inefficiency. ● Aims to avoid duplication and fragmentation in budget allocations. ● Program adjustments and mitigation strategies were documented in lessons learned. ● Accountability scorecard mechanisms, annual performance reviews, and CCA feedback loops with youth built into strategy. ● Weak government-led M&E systems identified as a major challenge. ● Framework incorporates structured emergency risk management measures including digital readiness and decentralized service delivery. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● ERM system currently includes numerous risks not applicable to country context... should be reviewed and tailored accordingly. ● In the UNFPA Maldives office, an e-filing system has been established long before UNFPA formally introduced it. And this is a very helpful achievement to enhance efficiency. ● UNFPA is very proactive, supportive, not just financial but technical; easy working relationship. ● UNFPA is quick to adapt programming to emerging needs, but limited staff capacity affects speed. 	<ul style="list-style-type: none"> ● Document review: UNFPA. CPD 2022–2026 (2021); President’s Office. Social Sector Finance Strategy – INFF (2023); President’s Office. INFF – Social Sector Financing Strategy (2023); UN. Annual Results Report – Maldives (2022); UN. Maldives Youth Strategy (2022); UNFPA. Mid-Term Review of CP7 (n.d.); UN. COVID-19 Socio-Economic Response & Recovery Framework – Maldives (2020) ● KIIs: UNFPA country-level KIIs, Government KIIs, Other UN agency KIIs.
<p>Assumptions for verification 5.5: (PSEA) Active PSEA approach within ERM.</p>	<p>Indicators:</p> <p>5.4.1. Evidence of documented PSEA risk and mitigation across operations and programmes; 5.5.2. Evidence of all UNFPA staff and IP staff having completed PSEA training; 5.5.3 Evidence of community mechanisms for reporting; 5.5.4. Evidence of PSEA focal point(s) in place; 5.5.5. Evidence of ongoing PSEA activities.</p>
<p><i>Data collected [must be strictly linked to the assumptions and corresponding to the above-indicated indicators]</i></p>	<p>Sources of information [List the source(s) of evidence for each of the data collected]</p>
<p>(5.4.1). Evidence of documented PSEA risk and mitigation across operations and programmes</p> <p>SECONDARY DATA</p> <ul style="list-style-type: none"> ● GBV and protection services integration in emergencies is mentioned as part of risk management. ● UN-wide ERM and PSEA mentioned; however, UNFPA-specific application not detailed. <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● developed contextualized version of PSEA training... very popular, laws on SH added. 	<p>(5.4.1). Evidence of documented PSEA risk and mitigation across operations and programmes</p> <ul style="list-style-type: none"> ● Document review: UNFPA. CPD 2022–2026 (2021); UN Maldives. COVID-19 Socio-Economic Response & Recovery Framework (2020); ● KIIs: UNFPA country-level KIIs.
<p>(5.5.2). Evidence of all UNFPA staff and IP staff having completed PSEA training</p> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> ● We have trained everyone in the office... even the UN staff are trained by us. ● Corporate partner KII: last December had SH training at Dhiraagu conducted by PSEA for all middle 	<p>(5.5.2). Evidence of all UNFPA staff and IP staff having completed PSEA training</p> <ul style="list-style-type: none"> ● KIIs: UNFPA country-level KIIs. Corporate partner KIIs.

<p>managers.</p> <ul style="list-style-type: none"> • Corporate partner KII: training was interesting, insightful, people still talk about it. 	
<p>5.5.3 Evidence of community mechanisms for reporting</p> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • there is a committee to have awareness training especially on harassment and bullying... encourage reporting. • have policy and do sessions to make people aware of reporting mechanisms. 	<p>5.5.3 Evidence of community mechanisms for reporting</p> <ul style="list-style-type: none"> • KIIs: Corporate partner KIIs
<p>5.5.4. Evidence of PSEA focal point(s) in place</p> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • soon going into official partnership with Dhiraagu to be institutional home for PSEA. 	<p>5.5.4. Evidence of PSEA focal point(s) in place</p> <ul style="list-style-type: none"> • KIIs: UNFPA country-level KIIs.
<p>5.5.5. Evidence of ongoing PSEA activities</p> <p>PRIMARY DATA</p> <ul style="list-style-type: none"> • We lead for UN system... people now call for PSEA work, one of our biggest successes. • UNFPA moving from F2F to partnership model with Dhiraagu; dual advantage, positioning and F2F. • policy here and sessions to make people aware... speakers, mentorship circles, goal of 25% women in tech. 	<p>5.5.5. Evidence of ongoing PSEA activities</p> <ul style="list-style-type: none"> • KIIs: UNFPA country-level KIIs, corporate partner KIIs.

Annex 2. Reconstructed Theory of Change



Annex 3. Stakeholder Mapping and Data Universe

Stakeholder Mapping

Stakeholder	Group	Type	Output/Area	Criteria met (ticks)	Link to EQ(s)
UNFPA Country Office team (CD, HoO, PA-GBV, PA-SRH&AYP, Admin/Finance)	UNFPA CO	CO	Crosscutting	policy; coordination; finance; mature; ongoing; Malé	EQ1, EQ3, EQ5
UNFPA APRO technical advisors (FP, SRHR data, Gender/HR, PD, GBV, Prog & Intergov)	UNFPA Regional Office	APRO	Crosscutting	policy; coordination; inter-agency; mature; ongoing	EQ1, EQ3
Ministry of Foreign Affairs	Government Coordination Entity	Gov	Coordination	policy; coordination; inter-agency; ongoing	EQ3
Ministry of Health	Other Nat/State Government	Min	SRHR	policy; delivery; mature; ongoing; Malé	EQ1, EQ2, EQ4
Ministry of Social and Family Planning	Other Nat/State Government	Min	GBV/GEWE; AY	policy; delivery; expanding; ongoing	EQ2, EQ3, EQ4
Ministry of Finance and Planning	Other Nat/State Government	Min	Crosscutting	finance; policy; ongoing	EQ3, EQ5
Ministry of Higher Education, Labour and Skills Development	Other Nat/State Government	Min	AY	policy; expanding; ongoing	EQ1, EQ2
Maldives Pension Office	Other Nat/State Government	Gov	Crosscutting	policy; finance; ongoing	EQ3, EQ4
Maldives Bureau of Statistics	Other Nat/State Government	Gov	PD/Data	data; policy; inter-agency; mature; ongoing	EQ2, EQ3, EQ4
Family Protection Agency	Other Nat/State Government	Gov	GBV/GEWE	coordination; delivery; expanding; ongoing	EQ2, EQ3, EQ4
Health Protection Agency	Other Nat/State Government	Gov	SRHR; PD/Data	delivery; data; inter-agency; mature; ongoing	EQ2, EQ3, EQ4
B. Dharavandhoo Council	Other Nat/State Government	Gov	Crosscutting (local coordination)	coordination; delivery; atoll; ongoing	EQ3, EQ4
Kulhudhuffushi Hospital	Other Nat/State Government	Prov	SRHR	delivery; atoll; expanding; ongoing	EQ2, EQ4
Society for Health Education	NGOs and WROs	CSO	SRHR; GBV/GEWE	delivery; advocacy; ongoing; Malé	EQ2, EQ3
Soneva Namoonaa	NGOs and WROs	CSO	Crosscutting (community platforms)	delivery; advocacy; atoll; non-partner; ongoing	EQ2, EQ3
Zero Waste Maldives	NGOs and WROs	CSO	Crosscutting (advocacy platforms)	advocacy; non-partner; Malé; ongoing	EQ3
Women's Football Club	NGOs and WROs	CSO	AY; GEWE (participation)	advocacy; non-partner; Malé; pilot	EQ2, EQ3

Maldives National University	Academia	Acad	PD/Data; Crosscutting	research; policy; ongoing; Malé	EQ1, EQ2, EQ4
UN RCO	UN Agency partners	UN	Coordination	coordination; policy; inter-agency; ongoing	EQ3
UNDP	UN Agency partners	UN	Crosscutting	policy; delivery; inter-agency; ongoing	EQ3, EQ5
UNICEF	UN Agency partners	UN	AY; SRHR	delivery; policy; inter-agency; ongoing	EQ2, EQ3
WHO	UN Agency partners	UN	SRHR; GBV/GEWE (standards)	technical; delivery; inter-agency; ongoing	EQ2, EQ3
Dhiraagu	Corporate partners	Priv	Digital enablement	delivery; non-partner; Malé; pilot	EQ2, EQ5
Youth group	Beneficiaries	RH	AY; SRHR	lived experience; atoll/Malé	EQ2
Elderly group	Beneficiaries	RH	Crosscutting (access, inclusion)	lived experience; Malé; Dhivehi	EQ2
EEBS programme beneficiaries	Beneficiaries	RH	SRHR (EEBS)	lived experience; Malé; pilot	EQ2
Population dynamics experts	National thematic experts	Acad	PD/Data	research; policy; ongoing	EQ1, EQ4
Policy experts	National thematic experts	Acad	Crosscutting	policy; research; ongoing	EQ1, EQ3

Data Universe

No.	Stakeholder Group/Sample	No of Personnel		Interviews	Gender Ratios		Method
		Approached	Participated		F%	M%	
1	UNFPA Country Office	5	5	Country Director, Head of Office, Programme Analyst GBV, Programme Analyst SRH&AYP, National Administrative and Finance Associate	75%	25%	KII: individual / group interviews
2	UNFPA Regional Office	15	7	Technical Advisor, Family Planning, Regional Programme and intergovernmental Affairs Specialist, SRHR Data Specialist, Gender and Human Rights Advisor, Technical Advisor on Population and Development, Population Development Specialist, GBV Technical Specialist	71%	29%	KII: individual / group interviews
3	Government Coordination Entity	1	1	Ministry of Foreign Affairs	100%	-	KII: individual / group interviews
4	Other National / State Government Entities	29	25	Ministry of Health, Ministry of Social and Family Planning, Ministry of Finance and Planning, Minister of Higher Education, Labour and Skills Development, Maldives Pension Office, Maldives Bureau of Statistics, Family Protection Agency, Health Protection Agency, Dharavandhoo Council, Kulhudhuffushi Hospital	68%	32%	KII: individual / group interviews & FGD

5	Representatives of national/international NGOs and women rights organizations	6	6	Society for Health Education, Soneva Namoonaa, Zero Waste Maldives, Women's Football Club	100%	-	KII: individual / group interviews
6	Representative of Academia	3	1	Maldives National University	100%	-	KII: individual / group interviews
7	UN Agency partners	8	8	United Nations Resident Coordinators Office (RCO), United Nations Development Programme (UNDP), United Nations International Children's Education Fund (UNICEF), World Health Organization (WHO)	87%	13%	KII: individual / group interviews
8	Corporate Partners	2	2	Dhiraagu	50%	50%	KII: individual / group interviews
9	Beneficiaries of UNFPA programmes	38	38	Youth Group, Elderly Group, Beneficiaries of EEBS Programme by the UNFPA	92%	08%	FGD
10	National Thematic Experts	6	4	Population Dynamics Experts, Policy Experts	50%	50%	FGD
Total		110	97		79%	21%	

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Annex 5. List of persons met and their organizational affiliations / institutions

<i>Position / Role</i>	<i>Organization</i>
Technical Advisor, Family Planning	UNFPA APRO
Regional Programme and intergovernmental Affairs Specialist	UNFPA APRO
SRHR Data Specialist	UNFPA APRO
Gender and Human Rights Advisor	UNFPA APRO
Technical Advisor on Population and Development	UNFPA APRO
Population Development Specialist	UNFPA APRO
GBV Technical Specialist	UNFPA APRO
Joint Secretary and Head of Multilateral Department,	Ministry of Foreign Affairs
Chief Executive Officer	Maldives Pension Office
Chairman	Maldives Pension Office
Minister of State for Finance and Planning	Ministry of Finance and Planning
Chief Project Executive	Ministry of Finance and Planning
Deputy Director General	Ministry of Finance and Planning
Senior Research Fellow at the Research Development Office	Maldives National University
Head of RCO & Strategic Planner	RCO
Associate Development Coordination Officer, Data Management & Results Monitoring / Reporting Officer	RCO
Country Director to Sri Lanka and Maldives	UNFPA
Head of Office, UNFPA Maldives	UNFPA
Minster of Higher Education / former Minster of Housing and Planning	Minister of Higher Education, Labour and Skills Development
Founder	Women's Football Club
National Professional Officer	WHO
Representative to the Maldives	WHO
Assistant Resident Representative, Governance and Peacebuilding Team Lead	UNDP
Programme Manager	UNDP
Minster of State for Health	MoH
Health Record Analyst	HMIS, MoH
Senior Public Health Officer	HMIS, MoH
Programme Analyst for gender equality and women's empowerment	UNFPA
Statistician	MBS
Deputy Chief Statistician	MBS
Chief Executive Director	SHE
Counsellor	SHE
Programme Specialist	UNICEF
Representative to the Maldives	UNICEF
Director General, Public Health	HPA

Inspire Manager	Soneva Namoonna
Founder	Zero Waste Maldives
CEO	Family Protection Agency
Administrative Officer	Family Protection Agency
Social Service Coordinator	MSFD
Director	MSFD
Administrative and Finance Associate	UNFPA
National Programme Officer, SRH	UNFPA
Dharavandhoo Council - Secretary	Dharavandhoo Council
Dharavandhoo Council - Vice President	Dharavandhoo Council
Former Gender Minister	Retired
Legal Counsel and Sustainability Manager	Dhiraagu
Head of Health, Safety & Engagement	Dhiraagu
Refuse Manager	Soneva Namoonna
Youth	UNICEF YRG
National Policy Expert	Maldives National University
National Policy Expert	Ryan Maldives Pvt Ltd
National Population Expert	Maldives Bureau of Statistics
National Policy Expert	Nexia Maldives Pvt Ltd

Note: Given the anonymous nature of the FGDs with beneficiaries from the elderly clubs and the Youth Women’s group in Dharavandhoo, complete participant details were not collected: 38 individuals participated in FGDs, being: 7 in the women’s group in Dharavandhoo, 5 online from Kulhulhufushi Regional hospital, 7 youth and 24 elderly.

Annex 6. Data collection tools

1. Questionnaire for UNFPA Staff

Questionnaire for UNFPA Staff

A. RELEVANCE & STRATEGY

- What was the core strategic thinking behind the design of the 7th Country Programme? What were the key priorities we aimed to address and why? [1.1]
- Looking back at the design phase, what trade-offs did we have to make? What would you have done differently? [1.1]
- How effectively did we adapt our programme strategy in response to the new administration's priorities post-2023 and to emerging trends like climate change or digitalization? What were the biggest internal challenges in making those adjustments? [1.2]

B. EFFECTIVENESS & IMPLEMENTATION

- From your programme area, what is the single most significant result or change we have contributed to? What is the strongest piece of evidence we have for this? [2.1-2.4]
- What has been our biggest implementation challenge? Was it related to partner capacity, funding, political context, or internal processes? [2.1-2.4]
- How effective have our partnerships with youth-led organizations (YLOs) and other civil society groups been in genuinely building their long-term institutional capacity, beyond just project implementation? [2.2 / 3.2 / 4.2]

C. COHERENCE & PARTNERSHIPS

- Internally, how well do the different programme areas (SRHR, Youth, Gender, Data) work together? Where are the strongest synergies, and where could we improve integration? [3.1]
- How would you assess our working relationship with our main government counterparts? What makes it work, and what are the primary obstacles to smoother collaboration? [3.2]
- Within the UN Country Team, where does UNFPA provide the clearest leadership and value-add? Where do we face challenges with overlap or lack of coordination with other UN agencies? [3.2]

D. SUSTAINABILITY

- Which of our capacity-building efforts do you believe has created the most durable change? What specific skills, systems, or policies are now in place within a partner institution that will last beyond our support? [4.1]
- How successful have we been in using evidence and advocacy to get the government to adopt and finance successful pilot interventions? [4.4]
- Has there been any specific evidence of how UNFPA has acted in a convening role, between Government and civil society? [4.3]

E. EFFICIENCY & RISK

- How adequate is our current Country Office structure, staffing, and skill mix to deliver on the CPD? Where are our biggest capacity gaps? [5.1]
- From an operational standpoint, what are the most significant bottlenecks in our processes (e.g., procurement, financial reporting, AWP development)? How do they impact programme delivery? [5.2]
- Do you think UNFPA Maldives has been successful in resource mobilization? If so, how – if not, why not? [5.3]

- How robust is our Enterprise Risk Management (ERM) process? Can you give an example of a significant risk we identified and how effectively we mitigated it, particularly concerning PSEA? [5.4, 5.5]

2. Questionnaire for Donors & Other UN Agencies

Questionnaire for Donors & Other UN Agencies

A. RELEVANCE

- In your view, what is UNFPA's unique value proposition in the Maldives? What are they best at? [1.1]
- How relevant is UNFPA's programming to the overarching goals of the UN Sustainable Development Cooperation Framework (UNSDCF) and to the country's key development challenges? [1.1]

B. EFFECTIVENESS

- From your perspective, what do you consider to be UNFPA's most significant achievement or contribution to development results in the Maldives during this 2022-2026 cycle? [2.1-2.4]
- How effective is UNFPA in using evidence and data to advocate for policy change in its mandated areas? [2.4]

C. COHERENCE & PARTNERSHIPS

- From your viewpoint, how well does UNFPA's work coordinate with the activities of your agency/organization and others in the development community? Where do you see strong synergy, and where is there potential for overlap or duplication? [3.1]
- How would you describe your collaboration with UNFPA on joint programmes, advocacy, or coordination mechanisms like the UN Gender Theme Group? What works well and what could be improved? [3.2]
- Does UNFPA play an effective convening role, bringing different partners (government, CSOs, UN) together on key issues? [4.3]

D. SUSTAINABILITY

- To what extent do you see UNFPA's interventions contributing to lasting national capacity, as opposed to providing short-term project support? [4.1]

E. EFFICIENCY

- As an external partner, what is your perception of UNFPA's efficiency and effectiveness in using its resources to achieve its stated objectives? [5.1,5.2]
- Compared to other partners, how would you rate UNFPA in terms of operational efficiency? [5.1-5.4]
- How well do you think UNFPA manages common risks, such as specifically PSEA? [5.5]

3. Questionnaire for Government Partners

Questionnaire for Government Partners

A. RELEVANCE

- From your Ministry's perspective, how well has UNFPA's 7th Country Programme been aligned with the Government of Maldives' national development priorities, such as the Strategic Action Plan? [1.1]

- When the government's priorities shifted after 2023, how responsive and adaptable was UNFPA in adjusting its support to your Ministry? [1.2]
- Has UNFPA's technical advice been relevant, timely, and practical for the Maldivian context? [1.1]

B. EFFECTIVENESS

- Can you provide a specific example where UNFPA's partnership and technical support have directly contributed to strengthening a national policy, a legal framework, or a service delivery model in your sector? (e.g., the RMNCAH strategy, GBV legislation, CSE curriculum). [2.1-2.4]
- In what ways has UNFPA support improved the delivery of services to the public, particularly for vulnerable groups like youth, women in outer atolls, or persons with disabilities? [2.1-2.4]
- How has the data and analysis provided by UNFPA been used by your Ministry for planning, monitoring, or reporting on international commitments (like the SDGs or CEDAW)? [2.1-2.4]

C. COHERENCE & PARTNERSHIPS

- How would you describe your working relationship with UNFPA? What are the key strengths of this partnership? [3.1]
- How does UNFPA's support coordinate with assistance you may receive from other UN agencies or development partners? Is it well-aligned or are there overlaps? [3.1]

D. SUSTAINABILITY

- As a direct result of UNFPA's support during this programme cycle, what new skills, systems, or capacities does your ministry or department now possess? [4.1]
- Are the changes and improvements introduced with UNFPA's help likely to be sustained with national resources now or in the future? What is needed to ensure they are? [4.1]
- Has UNFPA been effective in its role of bringing government and civil society organizations together for dialogue or policy consultations? [4.3]

E. EFFICIENCY

- From your viewpoint, how efficiently has UNFPA managed the programmes and resources it dedicates to supporting your Ministry's work? [5.1]
- Are UNFPA's procedures for planning (e.g., developing annual workplans) and reporting straightforward and efficient from your side? [5.2]

4. Questionnaire for NGO & Civil Society Partners

Questionnaire for NGO & Civil Society Partners

A. RELEVANCE

- How well do the UNFPA-supported projects you implement align with the actual, most pressing needs you see in the communities you work with? [1.1]
- Are the project designs flexible enough to adapt to the specific realities of different atolls or islands? [1.2]

B. EFFECTIVENESS

- From your on-the-ground perspective, what are the most significant and tangible changes you have seen as a result of the project(s) you implement with UNFPA support? [2.1-2.4]

- Who in the community is benefiting most from these activities? Are we successfully reaching the most vulnerable and marginalized groups? What are the biggest barriers to reaching them? [2.1-2.4]
- What part of your UNFPA-supported project has been the most challenging to implement? Why? [2.1-2.4]

C. COHERENCE & PARTNERSHIPS

- How would you describe UNFPA as a partner? Are their expectations clear? Is their support (both financial and technical) adequate and provided in a timely manner? [3.2 and 5.2]
- What are the biggest challenges you face when partnering with UNFPA (e.g., reporting requirements, administrative procedures)? [5.2]
- Do you have opportunities to collaborate or coordinate with other partners (government or NGO) who are also supported by UNFPA? [3.2 and 4.3]

D. SUSTAINABILITY

- Has partnering with UNFPA strengthened your organization's own capacity? For example, in project management, financial management, or technical skills? Please provide an example. [4.2]
- Will your organization be able to continue any of the activities or approaches from this project after UNFPA funding ends? What would be needed to make that happen? [4.2]

E. EFFICIENCY

- Do you feel the resources (funds, materials, technical support) provided by UNFPA are used efficiently to achieve the maximum possible impact at the community level? [5.3]

5. Peer Interview Note Sheet

Peer Interview Note Sheet

Use one Note Sheet per interview. Fill in the “Interview Header” section first. During the discussion, jot bullet points or brief quotes in the lined space under each question. (Do not record names.)

INTERVIEW HEADER

Interviewer ID: _____ Interview #: _____ Date: _____

Location: _____ Start: _____ End: _____

Age: _____ Gender: _____

INTRODUCTION SCRIPT

“Hi, how are you? My name is [Your Name]. I'm helping with a youth project to learn about the experiences of young people in the Maldives. It's for a UN evaluation to help plan better programmes in the future.

I was hoping to ask you a few questions about your opinions. It should only take about 15–20 minutes. It's completely confidential – I won't write down your name, and no one will know it was you who said it. You also don't have to answer anything you don't want to.

Is it okay if I ask you a few questions?”

(Wait for them to agree before continuing)

1. Health & Relationships

“Thinking about young people today... where do you and your friends usually get information about health, growing up, and relationships? Is it easy to find good, trustworthy information? Why or why not?”

Notes:

2. Access to Services

“If a young person needed confidential help or advice about something personal, like contraception or a sexual health worry, would they know where to go? What makes it easy or hard for young people to get that kind of help?”

Notes:

3. Skills for the Future

“When you think about the future, what are the most important skills young people need to succeed in life (e.g., getting a job, having a healthy family)? Are you learning these skills in school or anywhere else?”

Notes:

4. Having a Say

“In your community, do you feel like adults and leaders really listen to the opinions and ideas of young people when they make decisions? Can you give an example?”

Notes:

5. One Big Idea

“If you had the power to change one thing to make life better for all young people in the Maldives, what would it be?”

Notes:

Annex 7. Overview of youth peer-to-peer methodology implemented / data collected

Introduction

This peer-to-peer exercise was planned and handled by youth. We asked five youth to interview at least two of their peers using the Youth Questionnaire – CPE. A total of 17 participants responded.

This document presents a snapshot and combined analysis first, followed by each individual sheet in a consistent format. For each sheet, the official question is shown before the answer, and the participant's wording is kept exactly as written.

Snapshot stats

Gender counts:

- 11 Female
- 6 Male

Ages (number of responses):

- 16 → 3
- 17 → 4
- 18 → 2
- 19 → 1
- 20 → 1
- 22 → 1
- 23 → 1
- 24 → 1
- 25 → 3

Combined analysis (across all 17 responses)

Q1 — Health & Relationships (sources; trust):

- Internet/social media and friends/peers are primary sources. [Strong]
- Trust/verification problems online; hard to tell what's true. [Strong]
- School provides some info; asking parents/adults can feel awkward or taboo. [Common]
- Youth want official, youth-friendly pages/apps in Dhivehi & English. [Common]
- A minority say it's easy to find trustworthy info online if you know where/how to look. [Minority]

Takeaway: Youth self-educate online and with peers, but verification is the main challenge; social taboo limits adult guidance.

Q2 — Access to confidential help/services:

- Many don't really know where to go; poor visibility; school counsellors often unapproachable. [Strong]
- Stigma/judgment/privacy fears (being recognised; confidentiality) deter help-seeking, esp. on small islands. [Strong]
- Malé vs islands access gap. [Common]
- Friends + the internet are default routes; a few say schools/NGOs make it easy. [Common/Minority]

Takeaway: Biggest blockers are social risk and unclear pathways; anonymous, youth-friendly options and better signposting are key.

Q3 — Skills needed for the future; where learned:

- Communication, problem-solving/critical thinking, and financial literacy top the list. [Strong]

- Digital/tech (incl. AI/data), teamwork/leadership, emotional intelligence/responsibility, practical life skills. [Common]
- Networking/'good connections' emphasised by a few (mostly from university/work). [Minority–Common]
- Schools seen as insufficient; most learning happens in work/home/online/extracurriculars. [Strong]

Takeaway: Youth want soft skills + practical literacies; real-world contexts do most of the heavy lifting compared with school.

Q4 — Do adults/leaders listen to youth?

- Perception: No/not really; consultations often tokenistic; ideas ignored. [Strong]
- Reasons: 'lack experience', personal agendas, tradition over new ideas. [Common]
- Some signs of slow improvement in certain settings. [Minority–Common]
- Desired: youth councils, online voting/platforms, structured participation with real influence. [Common]

Takeaway: Youth want input that changes outcomes, not just 'being heard'.

Q5 — One big idea to improve life for youth:

- Education reform (practical, inclusive, skills-focused; better guidance; reduce pressure/rote). [Strong]
- Youth-friendly centres/services in every atoll (confidential sexual/mental health + life-skills + activities + youth councils). [Strong]
- Mental health focus; platforms for youth voice; access/affordability (courses, training, housing, utilities, remote work). [Common]
- Safety, cultural exposure, international exchanges/internships. [Minority]

Takeaway: Top levers: modernised, life-ready education and integrated youth-friendly support hubs.

Terms of Reference

United Nations Population Fund (UNFPA) Maldives

7th Country Programme

Programme Period: 2022 - 2026

Country Programme Evaluation

[February 2025]

Acronym

AIDS	Acquired Immunodeficiency Syndrome
CCA	Common country assessment/analysis
CO	Country office
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information and communication technologies
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and reproductive rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
YEE	Young and emerging evaluator
APRO	Asia Pacific Regional Office
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy
SAP	Strategic Action Plan
HMP	Health Master Plan
GEAP	Gender Equality Action Plan

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this call to action, UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals”.³¹⁴

In pursuit of this goal, UNFPA works towards three transformative and people-centred results: (i) end preventable maternal deaths; (ii) end unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results contribute to the achievement of all the 17 Sustainable Development Goals (SDGs), but directly contribute to the following: (a) ensure healthy lives and promote well-being for all at ages (Goal 3); (b) achieve gender equality and empower all women and girls (Goal 5); (c) reduce inequality within and among countries (Goal 10); take urgent action to combat climate change and its impacts (Goal 13); promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (Goal 16); and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (Goal 17). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure increasing focus on “leaving no one behind”, and emphasizing “reaching those furthest behind first”.

UNFPA has been operating in Maldives since 1994. The support that the UNFPA Maldives Country Office (CO) provides to the Government of Maldives under the framework of the Seventh Country Programme (CP) (programme period: 2022-2026) builds on national development needs and priorities articulated in: The Common Country Analysis (CCA) updated October 2024, United Nations Sustainable Development Corporation Framework (UNSDCF) for the period 2022 - 2026, Government's five year Strategic Action Plan for 2019-2023 (SAP) along with the National Resilience and Recovery Plan 2020 -2022 in response to the impact of Covid -19.

The 2024 UNFPA Evaluation Policy encourages CO to carry out CPEs every programme cycle, and as a minimum every two cycles.³¹⁵ The country programme evaluation (CPE) will provide an independent assessment of the performance of the UNFPA Seventh Country programme (2022-2026) in the Maldives, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the [UNFPA Evaluation Handbook](#). The [Handbook](#) provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation.³¹⁶ It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The [Handbook](#) includes links to a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the CPE manager perform during the different evaluation phases. The evaluators, the CPE manager, CO staff and other engaged stakeholders are required to follow the full guidance of the [Handbook](#) throughout the evaluation process.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Maldives CO; (ii) the Government of Maldives; (iii) implementing partners of the UNFPA Maldives CO; (iv) rights-holders

³¹⁴ [UNFPA Strategic Plan 2022-2025](#)

³¹⁵ [UNFPA Evaluation Policy](#) 2024, p. 22.

³¹⁶ UNEG, Norms and Standards for Evaluation (2016). The document is available at <https://www.unevaluation.org/document/detail/1914>

involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) Asia Pacific Regional Office (APRO); and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the CPE manager within the UNFPA Maldives CO in close consultation with the Government of Maldives Ministry of Foreign Affairs that coordinates the country programme, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the APRO, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with these terms of reference and the detailed guidance in the Handbook.

2. Country Context

The Maldives is a small island developing state with only 300 square kilometres of total land that includes 26 low lying atolls widely dispersed over 90,000 square kilometres of ocean. Over the last four decades, significant socioeconomic progress established the Maldives as an upper-middle-income country. In the Census 2022 count, the Maldives reached a population of 515,132, which includes 132,479 foreigners with a growth rate of 1.5 for the Maldivian population and 26% increase of the foreign population. The Maldives has one of the highest population densities globally, at 1,340 people per square kilometre.

The total fertility rate has declined from 2.5 in 2009 to 1.7 in 2022. As the country's demographic profile evolves, with the impending closure of the demographic dividend with a window of opportunity lasting until 2042, the mean age has increased from xx to 33 in 2022. Rapid population ageing is projected. By 2050, the proportion of the population aged 65 and above is expected to increase from the current 5 per cent to 14 per cent.

Rapid internal and international migration has resulted in the majority of the population residing in the urban capital, Male' with close to 6,000 people migrating from other atolls annually. The population of the other 185 inhabited islands are comparatively sparse. An influx of male foreign workers, primarily within the construction and tourism industry, has resulted in gender imbalances, with a sex ratio of 780 (780 males for every 100 females) among the foreign population. Twenty-two per cent of young women and 15 per cent of young men are not actively engaged in education, employment or training. Meanwhile, the common country analysis highlights an increase in drug use and gang violence among young people, which leads to risky sexual behaviour. Providing young people with the skills and opportunities they need will enable them to become change-makers and advocates for youth development at national and local levels and promote social cohesion.

The gross domestic product is heavily reliant on tourism and therefore vulnerable to humanitarian crises. Poverty levels indicate increasing inequalities, with 28 per cent of the overall population and 87 per cent of those residing in atolls defined as multidimensionally poor.

Before the COVID-19 pandemic, the Maldives made solid progress towards achieving the three transformative results. With the expansion of sexual and reproductive health services, maternal deaths declined with only four maternal deaths recorded in 2018, zero deaths in 2019, and two deaths (32/100,000) in 2020. However, MMR increased to 51 per 100,000 live births in 2021. Although maternal mortality levels have remained low in absolute terms in the recent past, small changes in the number of maternal deaths may cause large fluctuations in the maternal mortality ratio estimation.

In 2016, the proportion of married couples using modern contraceptives decreased to 14.9 per cent from 27 per cent in 2009. Concurrently, the unmet need for contraception was high among married women aged 15 to 49 (31 per cent) and was highest (37.8 per cent) among young people aged 20 to

25 years. Factors limiting the use of contraceptives include fear of the long-term effects of hormonal methods, personal beliefs, the focus on curative care and meagre funding for public health services. In addition, contraceptives are provided to married couples through the public sector. The high unmet need for contraception, particularly among adolescent girls and young women, needs to be addressed.

The common country analysis points to the need to continue efforts towards achieving gender equality and the empowerment of women. One in three women in the Maldives reported violence in their lifetime, and one in four women reported intimate partner violence. At the same time, 26 per cent of women (aged 15 to 49) believe that, under certain circumstances, a partner is justified in beating their wife. The prevalence of female circumcision in the Maldives was first established through the national demographic and health survey (2016), which found that 13 per cent of women and girls aged 15 to 49 had undergone female circumcision. Most concerning is that 8 per cent of female survey respondents believe that female circumcision was a religious requirement, and they would like the practice to continue

The Maldives has faced several impacts of the COVID-19 pandemic. Most notable are the severe economic impacts and disrupted essential health and social protection services. Subsequently, UNFPA estimates that, in conjunction with high unmet need, 12 unplanned pregnancies may take place per day. Following the 2020 lockdown, reported gender-based violence cases per month in the capital Male rose from 40 in March to 113 in September.

Despite political will and investments in clinical health, the public health system requires stronger support. Presently, only 1.1 per cent of the state health budget is spent on public health. Quality and accessibility of sexual and reproductive health, including family planning services, suffer from structural and organizational challenges at different levels of delivery. These include vertical delivery of family planning services, the disconnect between maternal and child health, high staff turnover, and inadequate capacity for forecasting and logistic information management. Recent years, government reported stock outs. As the common country analysis highlights, a lack of adequate life-skills-based reproductive health education, coupled with the stigmatized local discourse around it, burdens many young people in the Maldives. These long-standing, multi sectoral issues pose challenges for the full realization of the International Conference on Population and Development (ICPD) Programme of Action in the Maldives.

Despite the existence of legal systems promoting gender equality, the Maldives has taken a step backwards in recent years. Harmful social norms, cultural beliefs, conservative voices and the maintenance of patriarchal gender roles in society prevail, as evidenced by harmful practices such as female genital mutilation, early and unregistered marriages, and decreased demand and use of family planning services. While demographic and socioeconomic data is collected through the census and surveys, including household income and expenditure surveys, disaggregated data analysis and data utilization need to be improved for decision-making, evidence-based policies and Sustainable Development Goals monitoring. Many of the gender related legislation has gaps, overlaps and contradictions that hinder implementation of these progressive laws.

The Maldives faces serious environmental and climate change-related risks, with rising sea levels resulting in a potential loss of low-lying land, contamination of human and natural environments by pollution or waste, compounded by a weak response preparation to the increasingly severe impacts of climate extremes. The Maldives Notre Dame global adaptation index stands at 46.4, depicting current vulnerability and readiness to climate disruptions is high, with the Maldives ranking 103 out of 182 countries in 2021. Mitigating the impacts of climate change requires increased efforts to build resilience, strengthen inclusiveness, disaster response and preparedness.

3. UNFPA Country Programme

UNFPA has been working with the Government of Maldives since 1994 towards enhancing sexual and reproductive health and reproductive rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the Seventh country programme in the Maldives.

The Seventh country programme(2022-2026) is aligned with [Government’s five year Strategic Action Plan for 2019-2023 (SAP) along with the National Resilience and Recovery Plan 2020 -2022 in response to the impact of Covid -19; Health Masterplan (HMP) (2016-2025), Reproductive, Maternal, Newborn, Adolescent and Child Health Strategy (2020-2025), National Gender Equality Action Plan (GEAP) (2022-2026) and UNFPA Strategic Action Plan (2022 to 2025). It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia.

The UNFPA Maldives CO delivers its country programme through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination and South-South and triangular cooperation. Innovation and digitalization are applied, where relevant, to accelerate results. The **overall goal/vision** of the UNFPA Maldives Seventh country programme (2022-2026) is **to accelerate action towards the three transformative results, with a focus on reducing the unmet need for family planning and gender-based violence and harmful practices against women and girls**. The country programme contributes to the following national priorities, UNSDCF outcomes and UNFPA Strategic Plan 2022-2025 outcomes;

National Priorities

Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, Health Master Plan (HMP) strategic input areas 2.2 and 2.4)

Minimize sexual harassment, domestic violence and other forms of gender-based violence (Gender Equality Action Plan (GEAP))

Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, HMP strategic input areas 2.2 and 2.4); minimize sexual harassment, domestic violence and other forms of gender-based violence (GEAP policy 3).

UNSDCF Outcomes

By 2026, people in the Maldives, especially the most vulnerable and marginalized, benefit from increased access to and use of quality, equitable, inclusive and resilient social and protection services, and have enhanced relevant skills and live fulfilled lives with wellbeing and dignity.

By 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy and fully enjoy access to justice, public services, human rights, gender equality and women’s empowerment in a tolerant and peaceful society.

UNFPA Strategic Plan 2022-2025 Outcomes

By 2025, the reduction in the unmet need for family planning has accelerated.

By 2025, the reduction in gender-based violence and harmful practices has accelerated.

The UNFPA Maldives Seventh country programme (2022-2026) has four] thematic areas of programming with four interconnected **outputs**: (i) policy and accountability; (ii) gender and social norms; (iii) population change and data; and (iv) adolescents and youth]. All outputs contribute to the achievement of the Strategic Plan 2022-2025 outcomes, UNSDCF outcomes and national priorities; they have a multidimensional, ‘many-to-many’ relationship with these outcomes.

Output 1: [Policy and accountability]

Strengthened national capacity for planning, implementation and monitoring of evidence-based sexual and reproductive health information and services, including family planning, focusing on those furthest

behind.

This has been delivered through:

(a) strengthening the capacity of state and non-state actors, including the media, to foster awareness of international commitments and generate demand for sexual and reproductive health and rights, including family planning, using innovative technologies, according to the preference of individuals, focusing on youth, women with disabilities, and women outside the capital Male;

(b) supporting the Government in developing a monitoring and evaluation framework for the costed reproductive, maternal, newborn, child and adolescent health strategy, 2020-2025, with active participation and contribution by government partners, civil society organizations, private sector and women and youth-led organizations. UNFPA will provide technical support for integrating the health management information system. This framework will enhance government capacity to plan, implement and monitor high-quality, rights-based sexual and reproductive health services, including family planning, HIV and sexually transmitted infection prevention based on demand, and to reach the most vulnerable population groups, including women, adolescents, women with disabilities, and women outside Male.

(c) strengthening the capacity of national training institutions to deliver quality and rights-based family planning training for health service providers based on national and international standards, including the minimum initial service package for sexual and reproductive health in crises; and

(d) advocating for increased partnerships and financing for national family planning programmes, using evidence generated through research and analysis on accessibility and affordability of rights-based family planning services for the most vulnerable groups, including unmarried women, adolescents, migrant women, women with disabilities and women outside Male.

Output 2: [Adolescents and youth]

Strengthened institutional capacity to develop life-skills education and to create opportunities for adolescents and youth, including those with disabilities and residing in outer islands, to ensure their leadership and meaningful participation in decision-making for issues that affect their development and overall well-being.

This has been delivered through:

(a) supporting, in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), institutional capacity development to deliver life skills-based reproductive health education, including adolescent pregnancy prevention, HIV and sexually transmitted infections, gender-based violence prevention, and social norm change interventions through development and monitoring of life skills-based reproductive health education curricula that meet international standards for young people in-and-out of school;

(b) improving teacher training standards;

(c) expanding partnerships with youth-led organizations and the private sector to deliver life skills-based reproductive health education to the most marginalized adolescents and young people, using youth-led innovative solutions and digital technologies;

(d) providing technical support to establish and strengthen youth participation and leadership platforms that ensure meaningful participation of adolescents and youth, including those with disabilities and those residing in outer islands, in decision-making on issues that affect their development and overall well being; and

(e) contributing to United Nations reform by playing a convening role in joint programming and advocacy to harness the demographic dividend for youth development and participation in support of the implementation of the UNSDCF, 2022-2025, and the United Nations Youth Strategy 2030.

Output 3: [Gender and social norms]

Strengthened national capacity for a coordinated multisectoral approach to prevent and respond to gender-based violence and harmful practices, to change discriminatory social norms, and to promote gender equality across the development and humanitarian continuum.

This has been delivered through:

(a) strengthening the health sector and social protection systems within the multisectoral coordination mechanism; it will address gender-based violence through the development of comprehensive guidelines in line with the essential service package and establishment of functional referral mechanisms for a health response to gender-based violence, including in humanitarian situations;

(b) advocating for increased investments and capacity for gender equality, women's empowerment, and elimination of gender-based violence and harmful practices as per existing legislation, such as the National Gender Equality Act and Domestic Violence Prevention Act, through the generation of evidence and data, and development of a costed gender equality action plan and its monitoring framework; and (c) supporting community

based interventions to operationalize social and gender norm changes for gender-based violence prevention strategies.

Output 4: [Population changes and data]

Strengthened national capacity to generate, analyse and use evidence in the formulation of inclusive, gender-transformative, resilient and adaptive development policies that address the Maldives demographic transition and climate threats.

This has been delivered through:

(a) building the capacity of national institutions to generate disaggregated population data to monitor progress towards national development and the three transformative results and to implement recommendations of the Universal Periodic Review, CEDAW and CRPD reviews;

(b) providing technical advice to the National Statistics Office regarding the upcoming population census (2022);

(c) providing technical support to integrate population data at all levels, including by using the civil registration and vital statistics system, and innovative approaches such as big data;

(d) establishing partnerships with academic institutions and youth groups to advocate for: (i) the implications of population dynamics, including internal and international migration and urbanization, to harness the demographic dividend, (ii) women's economic empowerment, and (iii) climate resilience in national policies and strategic frameworks;

(e) strengthening national capacity to mainstream population and development issues, including the demographic transition and gender-transformative, approaches, in the design and implementation of national planning frameworks, policies and programmes, including use of national transfer accounts;

(f) providing, in collaboration with other United Nations organizations, technical support to the Government to incorporate sexual and reproductive health and rights, gender-based violence and disaggregated data for preparedness and response in the revision of the national disaster risk management plan in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030.

The UNFPA Maldives CO also engages in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs.

The central tenet of the CPE is the country programme **theory of change** and the analysis of its logic and internal coherence. The theory of change describes how and why the set of activities planned under the country programme are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology. The country programme theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth analysis of the country programme theory of change and its intervention logic. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection, analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change.

The UNFPA Maldives Seventh country programme (2022-2026) is based on the following results framework presented below:

Maldives/UNFPA 7th Country Programme (2022-2026) Results Framework

CPD Goal/vision:	
National Priority (s): Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, Health Master Plan (HMP) strategic input areas 2.2 and 2.4)	National Priority (s): (i) Minimize sexual harassment, domestic violence and other forms of gender-based violence (Gender Equality Action Plan (GEAP)) (ii) Strengthen reproductive health policies and programmes to address adolescent sexual and reproductive health, reproductive health cancers, and better access to reproductive health commodities (Strategic Action Plan 1.5, HMP strategic input areas 2.2 and 2.4); minimize sexual harassment, domestic violence and other forms of gender-based violence (GEAP policy 3)
UNSDCF Outcome (s): By 2026, people in the Maldives, especially the most vulnerable and marginalized, benefit from increased access to and use of quality, equitable, inclusive and resilient social and protection services, and have enhanced relevant skills and live fulfilled lives with wellbeing and dignity.	UNSDCF Outcome (s): By 2026, Maldives has strengthened decentralized and accountable governance under the rule of law where people are empowered, meaningfully participate in transparent and transformative processes for public policy and fully enjoy access to justice, public services, human rights, gender equality and women’s empowerment in a tolerant and peaceful society.
Related UNFPA Strategic Plan Outcome(s): 1: By 2025, the reduction in the unmet need for family planning has accelerated;	Related UNFPA Strategic Plan Outcome(s): 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated
UNFPA Maldives 7th Country Programme Output: Strengthened national capacity for planning, implementation and monitoring of evidence-based sexual and reproductive health information and services, including family planning, focusing on those furthest behind	UNFPA Maldives 7th Country Programme Output: Strengthened national capacity for a coordinated multisectoral approach to prevent and respond to gender-based violence and harmful practices, to change discriminatory social norms, and to promote gender equality across the development and humanitarian continuum
UNFPA Maldives 7th Country Programme Intervention Areas: (a) strengthening the capacity of state and non-state actors, including the media, to foster awareness of international commitments and generate demand for sexual and reproductive health and rights, including family planning, using innovative technologies, according to the preference of individuals, focusing on youth, women with disabilities, and women outside the capital Male;	UNFPA Maldives 7th Country Programme Intervention Areas: (a) strengthening the health sector and social protection systems within the multisectoral coordination mechanism; it will address gender-based violence through the development of comprehensive guidelines in line with the essential service package and establishment of functional referral mechanisms for a health response to gender-based violence, including in humanitarian situations;

<p>(b) supporting the Government in developing a monitoring and evaluation framework for the costed reproductive, maternal, newborn, child and adolescent health strategy, 2020-2025, with active participation and contribution by government partners, civil society organizations, private sector and women and youth-led organizations.</p> <p>(c) strengthening the capacity of national training institutions to deliver quality and rights-based family planning training for health service providers based on national and international standards, including the minimum initial service package for sexual and reproductive health in crises;</p> <p>(d) advocating for increased partnerships and financing for national family planning programmes, using evidence generated through research and analysis on accessibility and affordability of rights-based family planning services for the most vulnerable groups, including unmarried women, adolescents, migrant women, women with disabilities and women outside Male.</p>	<p>(b) advocating for increased investments and capacity for gender equality, women’s empowerment, and elimination of gender-based violence and harmful practices as per existing legislation, such as the National Gender Equality Act and Domestic Violence Prevention Act, through the generation of evidence and data, and development of a costed gender equality action plan and its monitoring framework; and</p> <p>(c) supporting community-based interventions to operationalize social and gender norm changes for gender-based violence prevention strategies. These interventions will focus on identified social and gender norms to address gender-based violence and harmful practices, including female genital mutilation, against women and girls.</p>
<p>UNFPA Maldives 7th Country Programme Output: Strengthened institutional capacity to develop life skills education and to create opportunities for adolescents and youth, including those with disabilities and residing in outer islands, to ensure their leadership and meaningful participation in decision - making for issues that affect their development and overall well-being</p>	<p>UNFPA Maldives 7th Country Programme Output: Strengthened national capacity to generate, analyse and use evidence in the formulation of inclusive, gender-transformative, resilient and adaptive development policies that address the Maldives demographic transition and climate threats</p>
<p>UNFPA Maldives 7th Country Programme Intervention Areas:</p> <p>(a) supporting, in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), institutional capacity development to deliver life skills-based reproductive health education, including adolescent pregnancy prevention, HIV and sexually transmitted infections, gender-based violence prevention, and social norm change interventions through development and monitoring of life skills-based reproductive health education curricula that meet international standards for young people in-and-out of school;</p> <p>(b) improving teacher training standards;</p> <p>(c) expanding partnerships with youth-led organizations and the private sector to deliver life skills-based reproductive health education to the most marginalized adolescents and young people, using youth-led innovative solutions and digital technologies;</p>	<p>UNFPA Maldives 7th Country Programme Intervention Areas:</p> <p>(a) building the capacity of national institutions to generate disaggregated population data to monitor progress towards national development and the three transformative results and to implement recommendations of the Universal Periodic Review, CEDAW and CRPD reviews;</p> <p>(b) providing technical advice to the National Statistics Office regarding the upcoming population census (2022);</p> <p>(c) providing technical support to integrate population data at all levels, including by using the civil registration and vital statistics system, and innovative approaches such as big data;</p> <p>(d) establishing partnerships with academic institutions and youth groups to advocate for: (i) the implications of population dynamics, including internal and international migration and urbanization, to harness the demographic dividend, (ii) women’s economic empowerment, and (iii) climate resilience in national policies and strategic frameworks;</p>

<p>(d) providing technical support to establish and strengthen youth participation and leadership platforms that ensure meaningful participation of adolescents and youth, including those with disabilities and those residing in outer islands, in decision-making on issues that affect their development and overall wellbeing;</p> <p>(e) contributing to United Nations reform by playing a convening role in joint programming and advocacy to harness the demographic dividend for youth development and participation in support of the implementation of the UNSDCF, 2022-2025, and the United Nations Youth Strategy 2030.</p>	<p>(e) strengthening national capacity to mainstream population and development issues, including the demographic transition and gender-transformative, approaches, in the design and implementation of national planning frameworks, policies and programmes, including use of national transfer accounts;</p> <p>(f) providing, in collaboration with other United Nations organizations, technical support to the Government to incorporate sexual and reproductive health and rights, gender-based violence and disaggregated data for preparedness and response in the revision of the national disaster risk management plan in line with the Sendai Framework for Disaster Risk Reduction, 2015-2030.</p>
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[Delete/edit text as needed] *Nota Bene: "Country Programme Intervention Areas" boxes: In bold: Activities that were not initially planned, yet were implemented; in italics: Activities that were initially planned but were not implemented.*

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following four main purposes, as outlined in the 2024 UNFPA Evaluation Policy: (i) oversight and demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making to inform development, humanitarian response and peace-responsive programming; and (iii) aggregating and sharing good practices and credible evaluative evidence to support organizational learning on how to achieve the best results; and (iv) empower community, national and regional stakeholders.

4.2. Objectives

The **objectives** of this CPE are:

To provide the UNFPA Maldives CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Maldives Seventh country programme (2022-2026).

To broaden the evidence, base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

To provide an independent assessment of the relevance, coherence, effectiveness, efficiency and sustainability of UNFPA support.

To provide an assessment of the role played by the UNFPA Maldives CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.

To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover all interventions of the CP at both national and subnational levels - namely Kulhudufushi, Noonu, and Baa Atolls.

Thematic Scope

The evaluation will cover the following all thematic areas of the 7th CP: (i) policy and accountability; (ii) (iii) gender and social norms; (iv) population change and data; and (vi) adolescents and youth]. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability inclusion,, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilization; strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP, starting from January 2022 until the period of data collection - May/June 2025.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in section 6 (below) and in the [UNFPA Evaluation Handbook](#), the evaluation will examine the following five OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.³¹⁷

Criterion	Definition
Relevance	The extent to which the intervention objectives and design respond to rights-holders, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.
Coherence	The compatibility of the intervention with other interventions in the country, sector or institution. The search for coherence applies to other interventions under different thematic areas of the UNFPA mandate which the CO implements (e.g. linkages between SRHR and GBV programming) and to UNFPA projects and projects implemented by other UN agencies, NGOs and development partners in the country.
Effectiveness	The extent to which the intervention achieved, or is expected to achieve, its objectives and results, including any differential results across groups.
Efficiency	The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way. Could the same results have been achieved with fewer financial or technical resources, for instance?
Sustainability	The extent to which the net rights-holders of the intervention continue, or are likely to continue (even if, or when, the intervention ends).

5.2. Preliminary Evaluation Questions

The evaluation of the country programme will provide answers to the evaluation questions (related to the above-mentioned criteria). Reflecting on the country programme theory of change, the country office has generated a set of preliminary evaluation questions that focus the CPE on the most relevant and meaningful aspects of the country programme. At the design phase (see [Handbook](#), Chapter 2), the evaluators are expected to further refine the evaluation questions (in consultation with the CPE manager at the UNFPA Maldives CO and the ERG). In particular, they will ensure that each evaluation question is accompanied by a number of “assumptions for verification”. Thus, for each evaluation question, and based upon their understanding of the theory of change (the different pathways in the results chain and the theory’s internal logic), the evaluators are expected to formulate assumptions that, in fact, constitute the hypotheses they will be testing through data collection and analysis in order to formulate their responses to the evaluation questions. As they document the assumptions, the evaluators will be able to explain why and the extent to which the interventions did (or did not) lead towards the expected outcomes, identify what are the critical elements to success, and pinpoint other external factors that have influenced the programme and contributed to change.

³¹⁷ The full set of OECD/DAC evaluation criteria, their definitions and principles of use are available at: <https://www.oecd.org/dac/evaluation/revise-evaluation-criteria-dec-2019.pdf>. Note that OECD/DAC criteria impact, but this is beyond the scope of the CPE.

Relevance

1. To what extent UNFPA's support was relevant and adaptable to the needs of the CP beneficiaries, especially of the most left behind population groups, to changes to national priorities and policies, and to emerging megatrends, such as population trends - ageing/low fertility and migration, digitalization and effects of climate change?

Effectiveness

2. How effective was UNFPA's support to government and non-government stakeholders in generating, coordinating, analyzing and using population data and evidence and engaging stakeholders for creating supportive policy environment and for development/revision, budgeting, implementation and/or monitoring of national policies, action plans and strategies, and international commitments (UPR, CEDAW, SDGs, ICPD PoA) in areas of UNFPA's mandate?

3. How effectively has UNFPA leveraged and developed strategic partnerships (government, NGOs working with both women/girls and men/boys, private sector, academia, community-based organizations, youth networks and others) to achieve the CP results and fulfil its normative role in areas of UNFPA's mandate?

4. To what extent has the Country Programme integrated the LNOB/RFB principle and supported inclusive (of PWDs, key populations - female drug users, vulnerable young people, older persons and other groups left behind), human rights-based, gender-transformative and inter-sectional approaches in the design, implementation and monitoring of the Country Programme?

5. To what extent has the Country Programme achieved its intended results and what factors did contribute to or hinder the progress?

Coherence

6. To what extent UNFPA's support is coherent with other stakeholders, including with UN and other development partners, government and non-government organizations and others?

Sustainability

7. To what extent has UNFPA strengthened capacities of duty bearers and rights holders (e.g. young people, community-based organizations and others), and established mechanisms and institutional frameworks and standards to ensure the sustainability of Country Programme results and scale-up of successful pilot/innovative interventions?

Efficiency

8. To what extent did UNFPA efficiently utilize and adapt its human, technical, logistical, administrative, and financial resources, tools, and internal processes to achieve the CP results and mitigate programmatic risks, including risk of sexual exploitation and abuse?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Maldives CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Maldives seventh country programme (2022-2026) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, coherent, effective, efficient and sustainable has the support provided by the UNFPA Maldives CO been during the period of the 7th country programme. Where applicable, the humanitarian context needs to be considered in analyzing the theory of change.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Maldives 7th country programme (2022-2026) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national level. The UNFPA Maldives CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the country programme, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, the private sector, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably women, adolescents and youth)]. They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the country programme. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable and marginalized groups (e.g., young people and women with disabilities, etc.).

The CPE manager in the UNFPA Maldives CO has established an ERG comprised of key stakeholders of the country programme, including: governmental and non-governmental counterparts at national level the regional M&E adviser in UNFPA APRO. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative

data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels. The use of innovative and context-adapted evaluation tools (including ICT) is encouraged.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation [Handbook](#). This will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is essential that, once contracted by the UNFPA Maldives] CO, the evaluators acquire a solid knowledge of the [UNFPA methodological framework](#), which includes, in particular, the [Evaluation Handbook](#) and the evaluation quality assurance and assessment principles.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,³¹⁸ *Ethical Guidelines for Evaluation*,³¹⁹ *Code of Conduct for Evaluation in the UN System*³²⁰, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations. and UNFPA's Guidance on Disability Inclusion in Evaluations*³²¹ When contracted by the UNFPA Maldives CO, the evaluators will be requested to sign the UNEG *Code of Conduct*³²³ prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Maldives. The methodological design of the evaluation shall include in particular: (i) a critical review of the country programme theory of change; (ii) an evaluation matrix; (iii) a strategy and tools for collecting and analyzing data; and (iv) a detailed evaluation work plan and fieldwork agenda.

The evaluation matrix

The evaluation matrix is the backbone of the methodological design of the evaluation. It contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions with assumptions for verification; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated assumptions. The evaluation matrix plays a crucial role before, during and after data collection. The design and use of the evaluation matrix is described in Chapter 2, section 2.2.2.2 of the [Handbook](#).

In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.

³¹⁸ Document available at: <http://www.unevaluation.org/document/detail/1914>.

³¹⁹ Document available at: <http://www.unevaluation.org/document/detail/102>.

³²⁰ Document available at: <http://www.unevaluation.org/document/detail/100>.

³²¹ Document available at: <https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations>

³²² Document available at: <http://www.unevaluation.org/document/detail/980>.

³²³ UNEG Code of conduct: <http://www.unevaluation.org/document/detail/100>.

During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The CPE manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.

In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the CPE manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner. The matrix will enable users of the report to access the supporting evidence for the evaluation results. Confidentiality of respondents must be assured in how their feedback is presented in the evaluation matrix.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the country programme (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix and shall be presented in the design report.

The evaluation questions must be complemented by a set of assumptions for verification that capture key aspects of how and why change is expected to occur, based on the theory of change of the country programme. This will allow the evaluators to assess whether the conditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions (and related assumptions for verification) will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Maldives CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Maldives CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national level who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see [Handbook](#), section 2.3). In the design report, the evaluators should also make explicit which groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Maldives CO will provide the evaluators with necessary information to access the selected locations, including logistical

requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the CPE manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see [Handbook](#), section 2.2.3.1.

Primary data will be collected through interviews with a wide range of key informants at national and sub-national levels (e.g., government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as focus and group discussions (e.g., with service providers and rights-holders, notably women, adolescents and youth) and direct observation during visits to selected sites. Secondary data will be collected through extensive document review, notably, but not limited to the resources assembled by the CO in a Document repository. The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of three weeks for data collection in the field. The data collection tools that the evaluation team will develop (e.g., interview guides for each stakeholder categories, themes for and composition of focus groups, survey questionnaires, checklists for on-site observation) shall be presented in the design report.

Data analysis

The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and related assumption for verification. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help them formulate evidence-based answers to the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see [Handbook](#), Chapter 4).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information as highlighted in the Handbook (chapter 3). Data validation is a continuous process throughout the different evaluation phases, and the proposed validation mechanisms will be presented in the design report. In particular, there must be systematic triangulation of data sources and data collection methods, internal evaluation team meetings to corroborate and analyze data, and regular exchanges with the CPE manager. During a debriefing meeting with the CO and the ERG, at the end of the field phase, the evaluation team will present the emerging findings.

Use of Artificial Intelligence (AI) in CPEs

AI technologies cannot be used in the management and conduct of the CPE unless a prior written agreement is obtained from the CPE manager. Upon this prior agreement, the consultant is obligated to disclose the utilization of AI tools in evaluation and commits to upholding ethical standards and accuracy in the application of AI tools.

Prior approval for utilization of AI tools: The use of AI tools must be explicitly agreed upon and approved in writing by the CPE manager

Declaration of the utilization of AI tools: If the use of AI tools in evaluation is agreed upon with the CPE manager, the evaluator must be transparent and declare the use of AI tools in evaluation work and other work-related tasks, specifying the nature of AI usage. The AI tools utilized in work-related tasks must include only those tools that are vetted by EO

Verification of accuracy: The evaluator commits to diligently checking the accuracy of AI-generated results and assumes full responsibility for its reliability and validity

Ethical and responsible use: The evaluator is obligated to uphold ethical principles in the use of AI in work-related tasks, as well as relevant regulations that govern the use of AI in the UN system. This includes the Digital and Technology Network Guidance on the Use of Generative AI Tools in the UN System, Principles for the Ethical Use of Artificial Intelligence in the United Nations System, and UNFPA Information Security Policy. The consultant commits to employing AI tools that adhere to principles of non-discrimination, fairness, transparency, and accountability. The consultant will adopt an approach that aligns with the principle of 'leaving no one behind', ensuring that AI tool usage avoids exclusion or disadvantage to any group.

7. Evaluation Process

The CPE process is broken down into five different phases that include different stages and lead to different deliverables: preparation phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The CPE manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase (*Handbook, Chapter 1*)

The CPE manager at the UNFPA Maldives CO leads the preparation phase of the CPE. This includes:

CPE launch and orientation meeting for CO staff

Recruitment of a young and emerging evaluator (YEE) [optional]

Evaluation questions workshop

Establishing the evaluation reference group

Drafting the terms of reference

Assembling and maintaining background information

Mapping the CPE stakeholders

Recruiting the evaluation team. If the YEE was not recruited at the beginning of the preparation phase, the YEE can be hired during the recruitment of the entire evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase (*Handbook, Chapter 2*)

The design phase sets the overall framework for the CPE. This phase includes:

Induction meeting(s) between CPE manager and evaluation team

Orientation meeting with CO Representative and relevant UNFPA staff with evaluation team

Desk review by the evaluation team and preliminary interviews, mainly with CO staff

Developing the evaluation approach i.e., critical analysis of the theory of change using contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method

Stakeholder sampling and site selection

Developing the field work agenda

Developing the initial communications plan

Drafting the design report version 1

Quality assurance of design report version 1

ERG meeting to present the design report

Drafting the design report version 2

Quality assurance of design report version 2

The **design report** presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the CPE manager and the ERG; it will be submitted to the regional M&E adviser in UNFPA APRO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase (*Handbook, Chapter 3*)

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of 3 weeks for data collection is planned for this evaluation. However, the CPE manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

Preparing all logistical and practical arrangements for data collection

Launching the field phase

Collecting primary data at national and sub-national level

Supplementing with secondary data

Collecting photographic material

Filling in the evaluation matrix

Conducting a data analysis workshop

Debriefing meeting and consolidation of the feedback

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The debriefing meeting presents an invaluable opportunity for the evaluation team to expand, qualify and verify information as well as to obtain feedback and correct misperceptions or misinterpretations.

The detailed activities of the field phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 3.

7.4. Reporting Phase (*Handbook, Chapter 4*)

One of the most important tasks in drafting the CPE report is to organize it into three interrelated, yet distinct, components: findings, conclusions, and recommendations. Together they represent the core of the CPE report. The reporting phase includes:

Brainstorming on feedback received during the debriefing meeting

Additional data collection (if required)

Consolidating the evaluation matrix

Drafting the findings and conclusions

Identifying tentative recommendations using the recommendations worksheet

Drafting CPE report version 1 (incl. quality assurance by team leader)

Quality assurance of CPE report version 1 and recommendations worksheet by the CPE manager and RO M&E Adviser

ERG meeting on CPE report version 1

Recommendations workshop with ERG to finalize recommendations

Drafting CPE report version 2 (incl. quality assurance by team leader)

Quality assurance of CPE report version 2 by the CPE manager and RO M&E Adviser

Final CPE report with compulsory set of annexes (incl completed evaluation matrix)

The [Handbook](#), Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for a good quality report. The final report should clearly account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to clearly build on the findings of the evaluation. Each conclusion shall make reference to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the CPE manager in the UNFPA Maldives CO.

At the end of the reporting phase, the CPE manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase (*Handbook, Chapter 5*)

This phase focuses on strategically communicating the CPE results to targeted audiences and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement. It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the evaluation results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manager, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

Taking photographs during primary data collection and during the evaluation process

Adhering to the [editorial guidelines of the United Nations](#) and the [UNFPA editorial and style guide](#) to ensure high editorial standards

Contribute to the CPE communications plan

The detailed guidance on the dissemination and facilitation of use phase is provided in the [Handbook](#), Chapter 5.

Expected Deliverables

The evaluation team is expected to produce the following deliverables:

Design report. The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. In addition to presenting the evaluation matrix, the design report also provides information on the country situation and the UN and UNFPA response. The Handbook section 2.4 provides the required structure of the design report and guidance on how to draft it.

PowerPoint presentation of the design report. The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the CPE manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.

PowerPoint presentation for debriefing meeting with the CO and the ERG. The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Maldives CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.

Version 1 evaluation report. The version 1 evaluation report will present the findings and conclusions, based on the evidence that data collection yielded. It will undergo review by the CPE manager, the CO, the ERG and the regional M&E adviser, and the evaluation team will undertake revisions accordingly.

Recommendations worksheet. The process of co-creating the CPE recommendations begins with a set of tentative recommendations proposed by the evaluation team (see [Handbook](#), section 4.3).

Final evaluation report. The final evaluation report (*maximum 80 pages, excluding opening pages and annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. The Handbook (section 4.5) provides the structure and guidance on developing the report. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information and their source).

PowerPoint presentation of the evaluation results. The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the CPE manager, in collaboration with the communication officer in the UNFPA Maldives CO will develop an:

Evaluation brief. The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Independent Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in English.

Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process and involves a proactive approach which aims to prevent the production of an evaluation report that would not comply with the ToR. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report with a view to assessing compliance with specific criteria.

The EQAA of this CPE will be undertaken in accordance with the IEO [guidance and tools](#). An essential component of the EQAA system is the EQA grid, which sets the criteria against which the versions 1 and 2 of the CPE report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation team leader plays an instrumental quality assurance role. S/he must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in

particular, that the versions 1 and 2 of the CPE report comply with the quality assessment criteria outlined in the EQA grid³²⁴ before submission to the CPE manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the version 1 and version 2 of the evaluation report must meet.

Executive summary: Provide an overview of the evaluation. It is written as a stand-alone section and includes the following key elements of the evaluation: overview of the context and country programme; evaluation purpose, objectives and intended users; scope and evaluation methodology; summary of most significant findings; main conclusions; and key recommendations. The executive summary can inform decision-making.

Background: The evaluand (i.e. interventions under the country programme) and context of the evaluation are clearly described. The key stakeholders are clearly identified and presented.

Purpose, Objectives and Scope: The purpose of the country programme evaluation is clearly described. The objectives and scope of the evaluation are clear and realistic. The evaluation questions are appropriate for meeting the objectives and purpose of the evaluation.

Design and Methodology: The analysis of the country programme theory of change, results chain or logical framework should be well-articulated. The report should provide the rationale for the methodological approach and the appropriateness of the methods and tools selected, as well as sampling with a clear description of ethical issues and considerations. Constraints and limitations are explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc).

Findings: They are evidence-based and systematically address all of the evaluation's questions. Findings are built upon multiple and credible data sources and result from a rigorous data analysis.

Conclusions: They are based on credible findings and convey the evaluators' unbiased judgment. Conclusions are well substantiated and derived from findings and add deeper insight beyond the findings themselves.

Recommendations: They are clearly formulated and logically derived from the conclusions. They are prioritized based on their importance, urgency, and potential impact.

Structure and presentation: The report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with the outline presented in the [Handbook](#), section 4.5.

Evaluation Principles/cross-cutting issues: Cross cutting issues, in particular, human rights-based approach, gender equality, disability inclusion, LNOB are integrated in the core elements of the evaluation (evaluation design, methodology, findings, conclusions and recommendations).

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE manager in the UNFPA Maldives CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

9. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase.

³²⁴ The evaluators are also invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://www.unfpa.org/evaluation/database>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

The Handbook contains full details on all the CPE activities and must be used by the evaluators throughout the evaluation process.

Tentative timelines for main tasks and deliverables in the design, field and reporting phases of the CPE³²⁵

Main tasks	Responsible entity	Deliverables	Estimated Duration
Design phase			
Induction meeting with the evaluation team	CPE Manager and evaluation team		4 to 5 weeks
Orientation meeting with CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser		
Desk review and preliminary interviews, mainly with CO staff	Evaluation team		
Developing the evaluation approach	Evaluation team		
Stakeholder sampling and site selection	Evaluation team, CPE Manager	Stakeholder map	
Developing the field work agenda	Evaluation team, CPE Manager	Field work agenda	
Developing the initial communications plan	CPE Manager and CO communications officer	<i>Communication plan (see Evaluation Handbook, Chapter 5)</i>	
Drafting the design report version 1	Evaluation team	Design report- version 1	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser		
ERG meeting to present the design report	Evaluation team, CPE manager	PowerPoint presentation on design report version 1	
Drafting the design report version 2	Evaluation team	Design report - version 2	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser		
Final design report	Evaluation Team	Final design report (see Evaluation Handbook, section 2.4.4)	
Field phase			

³²⁵ For full information on all tasks and responsible entities, see the relevant chapters of the [Handbook](#)

Preparing all logistical and practical arrangements for data collection	CPE Manager		3 to 4 weeks
Collecting primary data at national and sub-national level	Evaluation team		
Supplementing with secondary data	Evaluation team		
Collecting photographic material	Evaluation team	Photos (<i>see Evaluation Handbook, Section 3.2.5</i>)	
Filling in the evaluation matrix	Evaluation team	Evaluation matrix	
Conducting a data analysis workshop	Evaluation team		
Debriefing meeting with CO and ERG	Evaluation team and CPE manager	PowerPoint presentation	
Reporting phase			
Consolidating the evaluation matrix	Evaluation team	Evaluation matrix	Approximately 12 weeks
Drafting CPE report version 1	Evaluation team	Evaluation report - version 1	
Quality assurance of CPE report version 1	CPE Manager and RO M&E Adviser		
ERG meeting on CPE report version 1	Evaluation team and CPE Manager	PowerPoint presentation	
Recommendations workshop	Evaluation team, CPE manager, ERG members	Recommendations worksheet	
Drafting CPE version 2	Evaluation team	Evaluation report - version 2	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser		
Final CPE report	Evaluation team	Final CPE report (<i>see Evaluation Handbook, section 4.5</i>) with powerpoint presentation and audit trail	

Nota Bene: Column "Deliverables": In italics: The deliverables are the responsibility of the CO/CPE Manager; in bold: The deliverables are the responsibility of the evaluation team.

11. Management of the Evaluation

The **CPE manager** in the UNFPA Maldives CO, in close consultation with the Ministry of Foreign Affairs that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the [UNFPA Evaluation Handbook](#). The CPE manager will oversee the entire process of the evaluation, from the preparation to the dissemination and facilitation of use of the evaluation results. It is the prime responsibility of the CPE manager to ensure the quality, independence and impartiality of the evaluation in line with UNFPA IEO methodological framework, as well as the UNEG norms and standards and ethical guidelines for evaluation. The tasks assigned to the CPE manager, for each phase of the CPE, are detailed in the [Handbook](#).

At all stages of the evaluation process, the CPE manager will require support from staff of the UNFPA Maldives CO. In particular, the **country office staff** contribute to the identification of the evaluation questions and the preparation of the ToR (and annexes). They contribute to the compilation of background information and documentation related to the country programme. They make time to meet with the evaluation team at the design phase and during data collection. They also provide support to the CPE manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national level. Finally, they provide inputs to the management response and contribute to the dissemination of evaluation results.

The progress of the evaluation will be closely followed by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Maldives CO, APRO, representatives of the national Government of Maldives, implementing partners, as well as other relevant key stakeholders, including organizations representing vulnerable and marginalized groups (see [Handbook](#), section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides input on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the CPE manager in the development of the ToR, including the selection of preliminary evaluation questions

- Provide feedback and comments on the design report

- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation

- Provide comments and substantive feedback from a technical perspective on the version 1 evaluation report

- Participate in meetings with the evaluation team

- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response

In compliance with UNFPA evaluation policy (2024), the **regional M&E adviser** in UNFPA APRO will provide guidance and backstopping support to the CPE manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the quality assurance of the CPE deliverables. This includes quality assurance and approval of the ToR, pre-qualification of consultants, quality assurance and assessment of the design and evaluation reports. S/he also assists with dissemination and use of the evaluation results. The role and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook.

The UNFPA **Independent Evaluation Office (IEO)** commissions an independent quality assessment of the final evaluation report. The IEO also publishes the final evaluation report, independent quality assessment (EQA) and management response in the [UNFPA evaluation database](#).

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) two team members, who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics), and (iii) one Young and Emerging Evaluator.

In addition to her/his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 7th UNFPA country programme in Maldives.

The evaluation team leader will be recruited internationally, while the evaluation team members will be recruited locally to ensure adequate knowledge of the country's context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The CPE manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the CPE manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve **as technical expert for one or more thematic areas** of the country programme described below.

Evaluation team member: SRHR expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, including youth-friendly SRH services, HIV and other sexually transmitted infections, maternal health, and family planning and health sector response to GBV. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Maldives CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, prevention and response to GBV and harmful practices, comprehensive sexuality education and multi-sectoral youth programming, and social norm change. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Maldives CO staff and the ERG. S/he will undertake a document

review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the CPE manager, UNFPA Maldives CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

The modalities for the participation of the evaluation team members in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

Evaluation team member: Young and emerging evaluator. The young and emerging evaluator (YEE) will contribute to all phases of the CPE, including the preparation phase. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will participate in data collection (site visits, interviews, group discussions and document review) and support data analysis, as agreed with the evaluation team leader and the CPE manager. The YEE will also support the dissemination and facilitation of use of the evaluation results. Finally, S/he will provide administrative support throughout the evaluation process and participate in meetings with the CPE manager, UNFPA [name of country] CO staff and the ERG, and support the Evaluation Manager with necessary preparations for the CPE.

The modalities for the participation of the evaluation team members [optional: (*in case of participation of a young and emerging evaluator*): (incl. the young and emerging evaluator)] in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the version 1 and version 2 evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.

10 years of experience in conducting or managing evaluations in the field of international development.

Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.

Demonstrated expertise in one of the thematic areas of the country programme covered by the evaluation (see expert profiles below).

In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.

Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.

Experience working with a multidisciplinary team of experts.

Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.

Excellent interpersonal and communication skills (written and spoken).

Work experience in/good knowledge of the region and the national development context of Maldives.

Fluent in written and spoken English.

SRHR expert

The competencies, skills and experience of the SRHR expert should include:

Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.

5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.

Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, and family planning, adolescents and youth SRHR.

Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.

Excellent analytical and problem-solving skills.

Experience working with a multidisciplinary team of experts.

Excellent interpersonal and communication skills (written and spoken).

Work experience in/good knowledge of the national development context of Maldives.

Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.

Fluent in written and spoken English and knowledge of Dhivehi will be an added advantage.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.

5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.

Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, social norm change, and youth empowerment, including CSE and multi-sectoral youth programming.

Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.

Excellent analytical and problem-solving skills.

Experience working with a multidisciplinary team of experts.

Excellent interpersonal and communication skills (written and spoken).

Work experience in/good knowledge of the national development context of Maldives.

Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.

Fluent in written and spoken English and knowledge of Dhivehi will be an added advantage.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.

5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development

Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.

Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.

Excellent analytical and problem-solving skills.

Experience working with a multidisciplinary team of experts.

Excellent interpersonal and communication skills (written and spoken).

Work experience in/good knowledge of the national development context of Maldives.

Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.

Fluent in written and spoken English and knowledge of Dhivehi will be an added advantage

Young and Emerging Evaluator

The competencies, skills and experience of the young and emerging evaluator should include:

under 35 years of age

Bachelor’s degree in development studies, population studies, economics, monitoring and evaluation, social sciences, public health, or any other relevant discipline;

Certificate in evaluation or equivalent qualification;

Less than 5 years of work experience in monitoring and evaluation, research or social studies in the field of international development;

Excellent analytical and problem-solving skills;

Demonstrated ability to work in a team;

Strong organizational skills, communication skills and writing skills;

Good command of information and communication technology and data visualization tools;

Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage;

Keen interest to improve as a professionally competent evaluator within the framework of the national evaluation capacity of the country.

Fluent in written and spoken English and knowledge of Dhivehi will be an added advantage

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	2 Thematic experts	YEE
Preparation phase	-	-	10
Design phase	10	5	10
Field phase	15	12	15
Reporting phase	10	7	15
Dissemination and facilitation of use phase	2	1	15
TOTAL (days)	37	25	65

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the CPE manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

UNFPA Strategic Plan (2018-2021) (incl. annexes)

<https://www.unfpa.org/strategic-plan-2018-2021>

UNFPA Strategic Plan (2022-2025) (incl. annexes)

<https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218>

[UNFPA Evaluation Policy \(2024\)](#)

[UNFPA Evaluation Handbook](#)

Relevant centralized evaluations conducted by the UNFPA Independent Evaluation Office:

[Independent evaluation of the UNFPA Strategic Plan 2022-2025](#)

[Final evaluation of the Spotlight Initiative \(2017-2023\)](#)

The evaluation reports are available at: <https://www.unfpa.org/evaluation>

Maldives national strategies, policies and action plans

Strategic Action Plan (2018-2024)

National Resilience and Recovery Plan (2020 -2022)

United Nations Sustainable Development Cooperation Framework (UNSDCF) (2022-2026)

National Health Masterplan (2016-2025)

Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (2020-2025)

National Gender Equality Action Plan (2022-2026)

UNFPA Maldives CO programming documents

Government of Maldives/UNFPA 7th Country Programme Document (2022-2026)

United Nations Common Country Analysis/Assessment (CCA)

Situation analysis for the Government of Maldives/UNFPA 7th Country Programme (2022-2026)

CO annual work plans

Joint programme documents

Mid-term reviews of interventions/programmes in different thematic areas of the CP

Reports on core and non-core resources

CO resource mobilization strategy

UNFPA Maldives CO M&E documents

Government of Maldives/UNFPA 7th Country Programme M&E Plan (2022-2026)

CO annual results plans and reports (SIS/MyResults)

CO quarterly monitoring reports (SIS/MyResults)

Previous evaluation of the Government of Maldives/UNFPA 6]th Country Programme (2016-2020), available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>

Other documents

Implementing partner annual work plans and quarterly progress reports

Implementing partner assessments

Audit reports and spot check reports

Meeting agendas and minutes of joint United Nations working groups

Donor reports of projects of the UNFPA Maldives CO

Evaluations conducted by other UN agencies

IAHE- Inter-Agency Humanitarian evaluations <https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations>



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Maldives**

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