
**COVID-19 SOCIO-
ECONOMIC RESPONSE
AND RECOVERY
FRAMEWORK**

UNITED NATIONS IN MALDIVES

2020

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Acronyms

ADB	Asian Development Bank
AGO	Attorney General's Office
ARC	Agriculture Research Centre , Ministry of Fisheries Agriculture and Marine Research
BCC	Business Center Corporation
CSOs	Civil Society Organisations
DJA	Department of Judicial Administration
FAO	Food and Agricultural Organisation of the United Nations
FLC	Family Legal Clinic
HDC	Hulhumale' Development Corporation Ltd.
HPA	Health Protection Agency
HRCM	Human Rights Commission of the Maldives
IGMH	Indhira Gandhi Memorial Hospital
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
INFF	Integrated National Financing Framework
IOM	International Organization for Migration
JSC	Judicial Service Commission
LGA	Local Government Authority
MACI	Maldives Association of Construction Industry
MATATO	Maldives Association of Travel Agents & Tour Operators
MATI	Maldives Association of Tourism Industry
MBD	Maldivian Blood Donors
MCST	Ministry of Communication, Science and Technology
MCS	Maldives Correctional Service
MED	Ministry of Economic Development
MMS	Maldives Meteorological Service
MFDA	Maldives Food and Drug Authority
MFLC	Maldives Finance Leasing Company Pvt. Ltd.
MFMC	Maldives Fund Management Corporation
MHPSS	Mental Health and Psychosocial Support
MIRA	Maldives Inland Revenue Authority
MMA	Maldives Monetary Authority
MNDF	Maldives National Defence Force
MNU	The Maldives National University
MoD	Ministry of Defence
MoE	Ministry of Education
MoEnv	Ministry of Environment
MoF	Ministry of Finance
MoGFSS	Ministry of Gender, Family and Social Services
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoNPHI	Ministry of National Planning, Housing and Infrastructure
MoT	Ministry of Tourism
MoYSCE	Ministry of Youth, Sports and Community Empowerment
MPS	Maldives Police Service
MRC	Maldivian Red Crescent
MWSC	Male' Water and Sewerage Company
NEOC	National Emergency Operations Center
NBS	National Bureau of Statistics
NDA	National Drug Agency

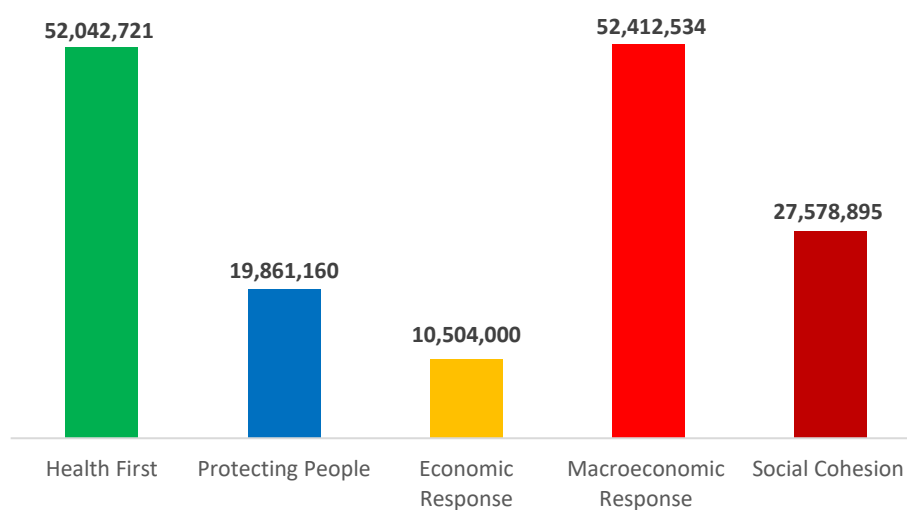
NDMA	National Disaster Management Authority
NSPA	National Social Protection Agency
PGO	Prosecutor General's Office
PO	President's Office
SDFC	SME Development Finance Corporation
SDG	Sustainable Development Goal
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNOPS	United Nations Office for Project Services
UNWTO	World Tourism Organization
WAMCO	Waste Management Corporation Ltd.
WB	World Bank
WHO	World Health Organization
WDCs	Women's Development Committees

Cover photo: Ashwa Faheem/UNDP Maldives

PLAN AT A GLANCE

Programmes	Requirement	Funding gap	Partners
56	\$162.39 million	\$ 31.09 million	57

Funding Requirement by Pillar



Number of SDGs Covered



I. Introduction

The COVID-19 pandemic and the subsequent global recession is creating an unprecedented health and socioeconomic impact on the Maldives. The number of infected cases has increased to [3809, with 16 deaths](#), as of 31 July 2020¹. The sudden halt of international tourism brought an unprecedented economic shock, severely weakening the fiscal and external position, threatening the economic and developmental gains in the Maldives², increasing food insecurity due to disruptions in the supply chain. Social and livelihoods costs to people are immense: children's learning are being severely affected, and people have lost incomes and require urgent protection.

As the crisis continues to prolong, it deepens the impact of social and economic aspects, and UN Maldives is at the forefront of supporting the government's efforts to recover better. This Socioeconomic Response and Recovery Framework (hereafter 'the Framework') is developed in parallel with the Government's National Resilience and Response Task Force, firmly anchored to the national recovery measures, and cognizant of the government's Strategic Action Plan. The Framework will be a living document, concurrently following the outcomes and recommendations from the ongoing sectoral and target group assessments and priorities defined by the government.

The Framework pays special attention to Maldives' unique vulnerabilities as a Small Island Developing State (SIDS); the impact on livelihoods; Micro, Small and Medium Enterprises (MSMEs); the tourism sector; and the vulnerable groups that are defined in the UN Maldives' report on '[Addressing the Socio-Economic Impact of COVID-19 on the Maldives](#)'; and ensures that recovery is sustainable and inclusive, green, resilient and cohesive.

Vulnerabilities as a SIDS. As a small island state, Maldives' unique physical, demographic, economic and social features have been laid bare by the pandemic. Insularity and smallness in terms of geographic area and population size, and a narrow revenue base, inhibit a high degree of openness which results in frequent exposure to external shocks.³ Geographical spread has led the concentration of development in the capital city of Malé, changing the rural and urban dynamics with the high rate of internal migration to greater Malé, resulting in major social dislocation and disparities in access to basic services. COVID-19 has highlighted the underlying vulnerabilities of the tourism-led economic model⁴, which has brought Maldives increased economic growth over past three decades, against the backdrop of a growing migrant population that filled the human resources gap, alongside widening inequalities and vulnerabilities, both in terms of income and access to basic services⁵. Climate vulnerability such as water insecurity has become an immediate health risk in the atolls, which depended on emergency water supplies. Accordingly, this Response and Recovery Framework takes a full consideration of the following vulnerabilities of Maldives as a SIDS:

¹ [Health Protection Agency Covid-19 Dashboard](#), retrieved on 8 July 2020.

² The brunt on tourism in Small Islands Developing States (SIDS) is of particular concern. Tourism is a pillar for SIDS, accounting for over 30 percent of total exports for the majority of SIDS and for as much as 80 percent for some.

³ Direct Export revenues from international tourism in Maldives represent 57 percent as a percentage of GDP in 2019, UNWTO Briefing Note – Tourism and Covid-19, Issue 2, June 2020.

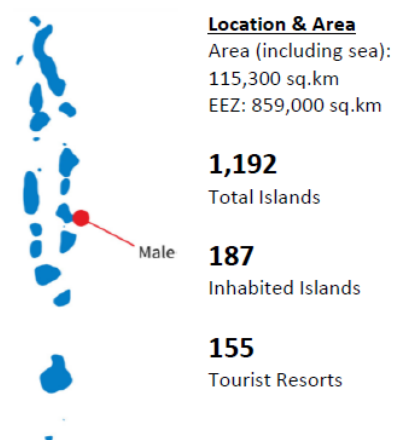
⁴ Defining vulnerabilities in Maldives' development model include lack of macro policy buffers and limited fiscal instruments to mitigate from global economic shocks, risks stemming from lack of inclusion of especially youth and women putting pressure on the labor market, environmental risks due to climate change and exposure to natural disasters, risks associated with water resource management, food security and waste management, [World Bank Systematic Country Diagnostic](#), 2016.

⁵ [Multidimensional Poverty Report](#) 2020.

- Narrow economic base with high dependency on tourism⁶
- Substantial reliance on food, medicine and health equipment⁷, and oil imports⁸; and limited local food production
- Limited fiscal space, reserves, and risk in debt sustainability
- Climate vulnerabilities, stress on natural resources; such as land, water and biodiversity
- Small national workforce, limited skill sets, and heavy reliance on migrant workforce
- Geographical dispersion and high cost of service delivery
- Space constraint, high population density, limited urban accommodations.

Box 1: Unique vulnerabilities of Maldives as a Small Island Developing State

As a Small Island Developing State, Maldives is small in terms of the size of its population and land area, with 533,941 persons dispersed across 187 inhabited islands, of whom 38 percent live in the capital city Malé (an island of roughly 2 square kilometers). The smallness is more pronounced in terms of land area, limiting available natural resources except fisheries. Acute smallness limits the resource base of the economy (both natural resource base and human capital), impedes economic diversification, and limits the export base. Tourism plays a vital role in the economy, providing 60 percent of the foreign currency earnings. However, the urban population and the tourism industry rely heavily on both imported oil for electricity generation and imported food. As a result, Maldives is highly exposed to global shocks and volatilities in global commodities markets and oil prices.



Direct and indirect contribution by major sectors to GDP (2018)⁹

- Tourism (direct + indirect)	66.40% ¹⁰
- Transport and Communication (direct)	12.3%
- Construction and real estate (direct)	13.4%

Imports as a percentage of GDP

Imports of food products (% of total import)	24.90%
Imports of fuel/oil (% of total import)	6.33%

Source: National Statistics Bureau and Knoema Atlas

Geographical spread increases the cost of providing basic services and infrastructure, which has resulted in high population density in the greater Malé area. Development and service provision to outer atolls is further held back by diseconomies of scale, high communication, transportation, and energy costs. The [Human Development Index](#) and [Multidimensional Poverty Index](#) reveals stark systemic inequalities across regions in the Maldives.

Inequalities in access to basic goods and services, including basic health and education, are further exacerbated during times of disasters and crisis. As a low-lying nation, climate change poses the greatest threat to the Maldives. Smallness and geographical dispersion exacerbate the exposure to natural disasters, as evidenced by the 2004 tsunami disaster. Rising sea levels, and more intense and frequent

⁶ Maldives is among the highest in the world in vulnerability of tourism dependency after Antigua and Barbuda. UNDP Human Development Dashboard, 2020.

⁷ Maldives relies largely on imported medicine and medical equipment, and the current increase in global demand is delaying the imports of essential medicine and health equipment, WHO Maldives.

⁸ The drop in global oil price from average US\$64 per barrel in 2019 to US\$23 in April 2020 reduced oil import bill, but in 2019 Maldives spent 8.3 percent of GDP on fuel import bill. In long-term, switch to renewable energy will be a triple win: GHG reduction; new jobs; fiscal space. World Bank, June 2020.

tropical storms, are increasing coastal erosion and polluting groundwater, which further affects the immediate health and agricultural sectors. As 80 percent of Maldivians living within 100m of the sea, the physical impact of these changes represents an existential threat to the country. The speed of biodiversity and marine nature loss due to water temperature rise, and the loss of coral reef with consequent implications for food security and the ecosystems on which livelihoods of many islanders depend, is a threat to both sustainable livelihoods of Maldives, as well as international tourism.

Over time, their cumulative effects – when compounded by pre-existing pressures such as overcrowding, unemployment, poor infrastructure, pollution, environmental fragility, etc. – may render islands uninhabitable. In this sense, climate change may provide a 'tipping point' for internal, as well as potentially cross-border, displacement.

For the Maldives, climate change risks are existential threats, and the pandemic is constraining the fiscal space and the ability of the government to effectively address this dual crisis. While the impact from COVID-19 is temporary, the impact from climate change on the people and the country's natural resources is permanent, and on the rise. Unless an alternative development model is pursued, the loss from the COVID-19 pandemic will be made permanent by climate change.

Renewed Multilateralism. Global and regional inequalities affected migrants themselves, as well as origin and host countries under pressure from COVID-19. Global interdependencies have been both negatively and positively felt. Maldives is active at the intersection of sustainable development and renewed multilateralism. Maldives has been at the forefront of the climate action agenda, gathering global attention to the looming displacement reality of SIDS nations. For the Maldives, building back better requires making deliberate decisions, which enables continued progress on achieving the SDGs; leading the Climate Promise; and mobilizing technical and financial resources from multilateral financial, human rights, climate, peace, and other multilateral platforms; and existing international conventions and systems. Maldives is currently part of the UNWTO's COVID-19 crisis team, a founding member of the Alliance of Small Island States (AOSIS), a member of UN Human Rights Council, and party to numerous international conventions on climate change.

Addressing the underlining inequalities and newly emerging COVID-19 inequalities. The recently launched [Multidimensional Poverty Index \(MPI\)](#) highlighted that almost one third (28 percent) of the Maldives' population experienced multidimensional poverty prior to the pandemic. The COVID-19 crisis has likely further exacerbated and exposed underlying systemic inequalities¹¹, and new inequalities particular to vulnerable groups, and potentially undermining social cohesion. The Framework will support effort to prevent those who fell into poverty from COVID-19 from becoming the **permanent poor**, through conscious decision making to support lifting the systemic inequalities for women, children, youth, elderly, migrants, and people with disabilities; and reinvest in human capabilities to build a more cohesive society. The COVID-19 impact also illuminated geographical gaps in services and risks of reversing devolution of power and social tensions. The Framework takes note of uneven resource allocation across key social sectors and critical attention is given to national and subnational coherence. The Framework will also

11 The inequality adjusted HDI is 20 percent lower than the unadjusted value 0.719 in 2018, indicating the high degree of inequalities in the Maldives (UNDP HDR 2019). In addition, the [Multidimensional Poverty Report 2020](#) reveals system inequalities across the regions.

prioritize re-investing on nature-based solutions that are climate resilient and energy efficient, building in circular economy and carbon neutrality as a means to **building back better**.

New normal, innovation, science, and digital technologies. The pandemic has shown the limited use and knowledge of innovation and technology by the public sector, and the limited financial investment in public goods, compared to abundance of innovation and technology used in the private sector. The disparity was evident in gaps in the quality and availability of lessons at public and private schools, disparities in public and private housing, water and off-grid energy technologies in inhabited islands and resorts, amongst others. To ensure innovation in technology is embedded in the Framework, UN Maldives will support the government in co-designing the ‘new normal’, by adopting innovation, embracing digital disruptions, and embedding new technologies to accelerate a new generation of public services and infrastructure that is people-centered, effective, efficient in cost, time and quality, and resilient.

The Framework sets out a consolidated response strategy to address the impact of the COVID-19 pandemic in the Maldives for a period of 18 months. It is guided primarily by the SDGs and aims to ensure progress towards SDG achievement in the Maldives, and takes into account the following:

- The National Task-Force on Resilience Building and Economic Recovery (under design by the [National Task-Force on Resilience Building and Socio-Economic Recovery](#))
- [Strategic Action Plan \(2019-2023\)](#) of the Government of Maldives
- COVID-19 Preparedness and Response Plan (CPRP) of Maldives
- [Joint UN Socioeconomic Impact Analysis of COVID-19 in the Maldives \(April 2020\)](#)

UN Maldives is working closely with the President’s National Task-Force on Resilience Building and Economic Recovery, designing the national recovery plan that is expected in August 2020.

II. Situation Analysis

Impact on health system

The pandemic has impacted the **health system’s** capacity to continue providing essential health services and has magnified the inequality between the access to health services in the capital, and other urban centers, versus the islands. The health system is already overburdened by the COVID-19 response, as the current focus is on containing the infection and saving lives. As a result, key ongoing public health programs were compromised in greater Malé, the epicenter of the COVID-19 outbreak in the Maldives¹². Regular health services must be prioritized for prevention, particularly regarding the management of non-communicable diseases, which are responsible for 81 percent of the mortality rate of the country. It is essential to recognize the devastating potential of communicable diseases, through prioritization and continuity during and beyond the COVID-19 pandemic. In addition, as health sector workers are repurposed for pandemic response, delivery of essential health services is being affected. Overall reduced staff and financial resources have negatively impacted the ability of the system to respond to routine health services, and non-COVID-19 related health emergencies, including ambulatory services¹³.

¹² WHO Maldives staff analysis, July 2020.

¹³ Ibid.

Although the national health insurance covers all Maldivians, availability and access to specialized medical services are limited in areas outside greater Malé. Furthermore, primary health services at the regional level is challenging, due to a variety of reasons, and is facing increased difficulties following COVID-19 crisis¹⁴. Limited staff and financial resources have negatively impacted the ability of the system to respond to routine health services, including antenatal care, newborn and child health services, reproductive health services, and non-COVID-19 related health emergencies. Resumption of routine health and nutrition services as quickly as possible will be key to ensuring health services for all.

The crisis is putting the health of **migrant workers** at risk, in terms of both the probability of infection, and limited access to health services. Migrant workers are required to be covered by private health insurance, and the mandatory basic insurance package (which the vast majority of migrants have) only covers inpatient care. In addition, health service costs for migrants are double to that of Maldivians at public sector health facilities. Currently, there are an estimated 60,000 irregular migrants in the Maldives who have little-to-no access to healthcare, due to lack of resources or required identity documents¹⁵. Migrants have also been disproportionately affected (64 percent of total cases), as a result of general poverty and poor accommodation conditions.

Disruption of essential services on an already overstretched health system, and the deviation of resources from essential health services, is expected to increase the risk of maternal and child morbidity and mortality¹⁶. **Interruption to sexual reproductive health (SRH)** and family planning services is expected to increase the number of unintended pregnancies, unsafe abortions, sexually transmitted infections, pregnancy-related complications, maternal and child morbidity and mortality, and associated mental health issues, as has been shown in the past crises, such as the 2004 tsunami¹⁷. The high population density in Malé with the impact of COVID-19 further compounds the stress on environment, resources, and individual health; as well as increasing outbreaks of dengue and seasonal influenzas.

Macroeconomic and fiscal impact

The Maldives is undoubtedly one of the hardest hit countries by the pandemic, given the heavy reliance on the tourism sector, coupled with the underlying vulnerabilities as a small economy that is highly susceptible to exogenous shocks¹⁸. The Government of Maldives has forecasted a drop of 50 percent of tourist arrivals in 2020, with a slow return of up to 1.1 million tourists in 2021 (a drop from 1.5 million in 2019)¹⁹. Globally, tourist arrivals decreased by 44 percent in the first four months of 2020, with numbers in April down by 97 percent. This translates into a loss of nearly US\$ 195 billion in exports from international tourism globally.²⁰ Forward-looking scenarios point to possible declines in arrivals and receipts from international tourism of 60- 80 percent for the entire year depending on the success of

¹⁴ Pre-COVID health care analysis retrieved from [Health Master Plan 2016-2025](#).

¹⁵ [Migration in Maldives – A Country Profile 2018](#).

¹⁶ Local news reported 2 infant deaths in the first three months of the lockdown, caused by complications untreated in island health facilities, [Mihaaru News Article, 30 May 2020](#).

¹⁷ [The impact of COVID-19 on Maternal Health and Family Planning in Maldives](#), UNFPA.

¹⁸ According to the World Bank, real GDP is expected to contract by 13.0 percent in 2020, 18.5 percentage points lower than the pre-COVID-19 baseline, [Maldives Development Update, World Bank, June 2020](#).

¹⁹ [Management of Public Finance Impact of COVID-19](#), Ministry of Finance, Press Release March 2020.

²⁰ World Tourism Organization (2020), UNWTO World Tourism Barometer, volume 18, issue 3, June 2020, UNWTO, Madrid, DOI: <https://doi.org/10.18111/wtobarometereng>

World Tourism Organization (2020), UNWTO World Tourism Barometer, volume 18, issue 2, May 2020, UNWTO, Madrid, DOI: <https://doi.org/10.18111/wtobarometereng>.

containment, the duration of travel restrictions, and the continuing gradual re-opening of borders that has now begun, but remains uncertain.²¹

The fisheries sector saw a decline in the value of fish exports by 46 percent in May 2020, mainly due to the fluctuations in international fish prices.²² Foreseeing the disruptions in the construction industry, which had major Public Sector Infrastructure Projects (PSIP) lined up for 2020, the government projects the real GDP to contract by 11.3 percent.

Following the impact, total government revenue is expected to see a 49 percent reduction in 2020, a drop by approximately US\$1 billion, reducing the revenue for 2020 to US\$990 million. With the increased spending to mitigate from COVID-19 impact, the budget deficit for 2020 is projected at US\$841 million²³. As the spending on health sector increases, the government is taking numerous measures to decrease the overall spending (refer to page 20 for all national responses). Some of these measures are welcomed, including delaying major public sector infrastructure projects, a freeze on new hires, and cutting the salary of political appointees and parliament members, all of which are helping to curb recurring expenses. These measures have allowed fiscal space to address the immediate health emergency and economic stimulation, pledging US\$97 million for health and US\$162 million for economic relief. However, the revised financial requirement for 2020 is US\$964 million, of which US\$296 million has been secured through external financing, thereby lowering the financing gap to US\$395 million. An additional US\$ 273 million is needed within the next two quarters from multilateral financing institutions to ease the immediate budgetary constraints²⁴.

Impact on employment and livelihoods

At the global level, the present crisis could cause the equivalent of 400 million job losses²⁵, many of which are in the tourism sector; 100 to 120 million direct tourism jobs²⁶ are at risk. The preliminary report of the Maldives [Rapid Livelihood Assessment](#) reveals that the halt in tourism due to the COVID-19 crisis has had a grave impact on the lives of tourism workers, and increased vulnerability across many dimensions. Many of these jobs are in micro-, small and medium sized (MSMEs) enterprises, which often employ young people and women. Informal workers are usually the most vulnerable.

The spillover effects of the impact on the **tourism** sector in the Maldives is visible in many of the country's other industries, including **construction**. **There are** disruptions to supply chains in the wholesale and retail businesses, which are having a pronounced impact on employment; and **micro-, small, and medium enterprises (MSMEs)**. Apart from the telecommunication and banking sectors, who have been able to successfully move online, businesses in all other sectors are facing loss of sales and revenue,

²¹ World Tourism Organization (2020), UNWTO World Tourism Barometer, volume 18, issue 3, June 2020, UNWTO, Madrid, DOI: <https://doi.org/10.18111/wtobarometereng>.

World Tourism Organization (2020), UNWTO World Tourism Barometer, volume 18, issue 2, May 2020, UNWTO, Madrid, DOI: <https://doi.org/10.18111/wtobarometereng>.

²² Monthly Statistics, May 2020, Maldives Monetary Authority.

²³ Official government figures from [Management of Public Finance Impact of COVID-19](#), Ministry of Finance, Press Release March 2020.

²⁴ Ibid.

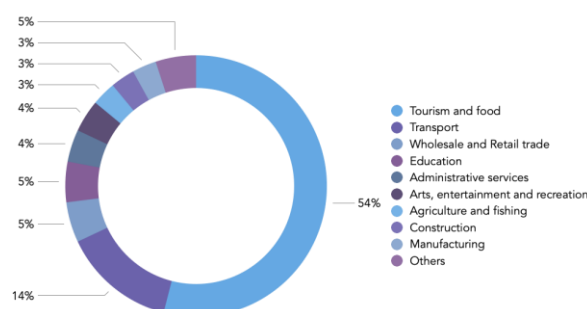
²⁵ [ILO Monitor: COVID-19 and the world of work. Fifth edition, 30 June 2020, Geneva](#)

²⁶ World Tourism Organization (2020), UNWTO World Tourism Barometer, Issue 2, May 2020, UNWTO, Madrid. DOI: <https://doi.org/10.18111/wtobarometereng>

loss/shortage of employees, reduction of operational hours or ceasing of operations, and decreased demand / supply disruptions. Companies are also facing cash flow issues, increased debt, and increased risk of bankruptcy.

As the largest employer in the Maldives, tourism sector workers have been the hardest hit, with 95 percent of the operations at a complete standstill since the borders closed in March 2020.²⁷ A total of 45,000 are employed by the resorts (of which 23,000 are migrant workers) and more than 85 percent work below managerial levels. Between April to June 2020, only 55 percent of the resorts retained all payroll employees at reduced salary packages²⁸. According to the data collected from **Jobcenter.mv**, 54 percent of the impacted employees were from tourism sector, followed by

Figure 1: Impact of COVID-19 on employment



14 percent in the transportation sector. Amongst

those terminated, most are **young people age 15-20**. The average income of all registered at Jobcenter.mv across all industries is approximately \$782 per month (of which women earned on average 24 percent lower than men, being \$198 less than the average income earned by men). While the average income is lower for women, the ratio of impacted women is higher amongst the reported cases in the Jobcentre.mv. The government's income support package provides \$333.33/per month for three months, indicating an average income loss of approximately \$398. Since not all workers who are impacted are registered at Jobcenter.mv, the total number is expected to be higher.

A bigger brunt is being felt by **women-led micro- and informal businesses**, and businesses which largely employ migrant workers. As one of the worst affected groups, both in terms of exposure to infection and income loss, migrant workers account for nearly 50 percent of those made redundant in the tourism sector, and represent 50 percent of COVID-19 infected cases²⁹. Missing on the existing platforms are the number of **informal sector workers** and casual labors who are not covered in the existing financial assistance schemes, who are more susceptible to increased food prices, rental distress, and lack of access to basic services in the absence of a social safety net.

The crisis has exposed and further deepened various labor market issues in the Maldives, including high unemployment, low participation of women in the labor force, and the exploitation of an underemployed migrant labor force of the country. Working women, who experienced increased unpaid domestic work during lockdown, are disproportionately affected under pressure of both care and outside work. Over 70 percent of health workers are women, who are also disproportionately under pressure. Women are largely in the informal sector, with only 3 percent of resort workers being Maldivian women. The impact on women workers has also been higher than men, as many women are engaged in informal or daily working arrangements, with no job security.

²⁷ Rapid Livelihood Assessment – Impact of the COVID-19 Crisis in the Maldives, Part II: Impact on Employment, Ministry of Economic Development and UNDP Maldives, July 2020.

²⁸ Ibid, Resort Management Survey.

²⁹ Ibid.

As the initial figures are coming in and trends are starting to be observed, undertaking rapid socioeconomic assessments will provide the data needed to understand the magnitude of the impact to better target the response plan and short-term financial support. Further, implementing immediate measures to reduce workers' exposure to COVID-19 in the workplace by relaxing regulations and introducing teleworking options, providing paid sick leave for those directly affected and in quarantine, and providing industry-specific stimulus packages to minimize the number of layoffs, are immediate measures that can curb the impact.

Prolonged closure of businesses means that further rounds of financial support will be needed for businesses, especially those that are in complete closure. Job creation in other sectors of the economy through digitalization and re-skilling is essential both for diversification and decreasing unemployment, especially among women and youth, and decreasing the reliance on migrant labor. Simultaneously, strengthening labor standards and improving the principles of human rights in business operations can provide a guideline for the government and companies to be able to prevent, address, and remedy human rights issues and misconduct. Taking a systems approach will help mitigate the impacts on low income workers, especially the migrant workers, and introducing a minimum wage that includes the migrant workers will help address the current practice of 'wage dumping' and the high youth unemployment rate.

Impact on geographical inequalities

Maldives' [Human Development Index \(HDI\)](#) for 2018 was at 0.719, placing Maldives in the high human development category, ranking 104 out of 189 countries³⁰. While the gap in basic standards is narrowing, a next generation of inequalities is opening in the Maldives, particularly around an urban-rural divide, technology, education, and the climate crisis³¹. The [Multi-Dimensional Poverty \(MPI\)](#) Index in the Maldives shows that 10 percent of the population in Malé was multidimensionally poor, compared to 40 percent in the Atolls³², and the largest contributors to overall poverty were years of schooling (19 percent), health and living standards (35 percent each). The MPI for the Maldives stands at 0.145.³³ Unsurprisingly, income-poverty ratios are 20 percent lower than multidimensional poverty headcount ratios across regions.

The HDI figure, when discounted for inequality, falls to 0.568, a loss of 21.0 percent due to inequality in the distribution of the HDI dimension indices³⁴. Steady economic development centered around the capital region has widened the disparities between regions, changing rural and urban dynamics and increasing internal migration to Malé. The high rate of development in the greater Malé area, as well as political and social change, has produced major social dislocation, increasing disparities in access to basic services, health, and education. These inequalities will only widen with loss of employment and volatility of prices, and disruptions in access to basic goods and services. At the same time, COVID-19 exposed the extreme vulnerability of the urban city in Malé, due to high density, limited space, and lack of decent accommodations, where over 750 high-risk temporary accommodations are being monitored by the

³⁰ [Human Development Report 2019, Maldives country notes](#).

³² MDPI figures across the country varied significantly. Highest multidimensional poverty was experienced in Central Region (K., AA, ADh, V Atolls had an MPI value of 0.239) while the figures were lowest for North Central Region (MPI value of 0.185).

³³ The MPI index ranges between 0 and 1 where values closer to 1 refer to higher levels of multidimensional poverty.

³⁴ [Human Development Report 2019, Maldives country notes](#).

health authority³⁵. Access to health services and most government administrative services were based on travel to Malé pre-COVID-19. However, with the lockdown and travel restrictions, several people living in the outer islands face challenges to travel within the atolls and to Malé.

Impact on education and learning

The impact on learning for children and adolescents has been detrimental. Schools were closed nationwide as a preventative measure from 9th March 2020 onwards. While the Ministry of Education initially launched tele-classes for a few weeks in April, reaching an estimated 70,000 students across 200 islands (around 82 percent), these were discontinued as soon as the lockdown was imposed on 15th April. Furthermore, while an estimated 72 percent of public-school students reportedly had access to broadband internet³⁶, online learning was not provided systematically to all children in public schools but was offered in private schools. Hence the gaps in learning may have widened further between children in public schools and private schools.

While schools in non-COVID-19 affected islands, and the higher grades in schools in the greater Malé area are due to reopen and resume learning as of 1st July 2020, it is not yet clear how quickly and to what extent all children will be able to return to schools, which could have a continued negative impact on both children's mental health, as well as their ability to finish the current academic year in a safe and organized manner. A consolidated effort to focus on the most disadvantaged and vulnerable children will be critical to avoid further gaps in opportunities and access to learning.

Impact on food security

Food security in Maldives has unique features as the country depends on imports for most of its food needs, including rice, which is the country's staple grain. Outside of Malé, fishing and subsistence agriculture are the main sources of food security and livelihoods. SMEs and smallholders in informal sectors are largely comprised of women and a larger number of migrants informally e.g. on fishing boats where roles are officially reserved for Maldivians. Absence of a supply chain and access to markets hinder the food supply chain. In addition, climate change is central to food security in the Maldives as it is adversely affecting crops and fish stocks, and reducing land area as the sea level rises.³⁷ The COVID-19 crisis poses an acute impact on the food security given the disruptions to food supply chain, both locally and internationally, and being susceptible to price volatilities. The government took positive measures in controlling the prices of essential food products for the month of Ramadan. However, disruptions to the supply chain continue the volatility in food prices, and imports of food increased by 24.9 percent from January - May 2020.³⁸ Food security will have a profound effect on the vulnerable population. Almost 60 percent of women of reproductive age face high levels of anemia in the Maldives³⁹, and the crisis could exacerbate the situation given the increase in food prices and shortages on imported food.

³⁵ [Health Protection Agency Dashboard](#), Maldives.

³⁶ Parliamentary committee meeting.

³⁷ [FAO Maldives country profile](#), retrieved on 26 June 2020.

³⁸ Maldives Customs Service, Monthly Statistics January – May 2020.

³⁹ The Maldives have a high concentration of Thalassemia carriers (16–18 percent of the population), Ministry of Health, 2018.

Impact on water security

Many of the outer islands of the Maldives depend on harvested rainwater for potable use. Due to the increased water demand, as well as dry periods (which have become increasingly prolonged due to climate change), harvested rainwater supplies run out before they can be replenished, and the islands must rely on emergency water supplies provided by the government. During the COVID-19 crisis (until May 14th 2020), 47 islands had requested emergency water and had been supplied with 1,600 tons of water. While the government has been able to respond to the requests amidst the pandemic, the logistical challenges of these supplies are greatly amplified due to the lockdowns and travel restrictions. Major challenges to water security include operationalizing a water quality testing (particularly bacteriological) mechanism on harvested rainwater and supplied water stored in communal tanks. Islands themselves are limited in this ability and have to rely on central and regional laboratories, which becomes a challenge during the lockdown. Secondly, developing rapid and cost-effective emergency water supply systems (e.g. mobile desalination plants) and establishing decentralized means of emergency water supply, and improving the efficiency of emergency water supply through digitalization, are immediate requirements. The government policy is to supply water pipe systems for all inhabited islands. The pandemic's macroeconomic impacts may deprioritize these plans, therefore a system of water supply through integrated renewable energy and a mix of water sources are crucial.

Impact on government services, democratic governance, human rights

COVID-19 has impacted the ability of people to enjoy their human rights, and Maldives is no exception. Pre-existing and underlying human rights concerns, such as inequality, including gender inequality, exclusion, and marginalization, have exacerbated the impact on vulnerable groups.

The socio-economic impact of COVID-19 crisis has, in particular, highlighted the importance of further investing in the protection of economic and social rights in the recovery phase to mitigate impact and build resilience for future crises. Human rights have been impacted by COVID-19 responses, including the right to freedom of movement, the right to education, the right to equality and non-discrimination, and the right to privacy.

The Public Health Emergency Act provided the health authorities with the basis to legitimately restrict rights to freedom of movement and freedom of assembly based on the principles of legality, necessity, and proportionality. Maldives Police Service (MPS) has discouraged large gatherings and restricted movement of protesters citing the Health Protection Agency (HPA) COVID-19 regulations. The UN has urged authorities worldwide to respect the right to hold peaceful assemblies and protests in a safe manner, and any restrictions to this right should be necessary, proportionate, and based on existing laws.

MPS' capacity to respond to the crisis was stretched to the limit as front line officers were directly impacted by COVID-19. Remaining front line commanders were severely overworked, and in addition to regular law and order/community policing functions, were confronted by increasing challenges, such as homelessness, drug abuse, and poor conditions for migrant workers.

Following the lockdown on 15 April 2020, most services, apart from essential health services and public services, were disrupted. As attention and resources were diverted to emergency health and frontline workers, other services to vulnerable groups, including women and girls, were impacted, such as emergency security and safety, social protection and state services. Delays in courts, prosecutions, and proceedings, can further impact the vulnerable groups. The Prosecutor General's office initiated the possibility of virtual court hearings with the agreement of the defendants, in order to ensure that the justice system continued during the pandemic. A total of 46 cases on sexual assault were submitted during the first three months of the lockdown; nevertheless, delays in court proceedings have impacted access to justice. Parliament, including its committees, as well as the justice sector institutions and courts, have all been operational, introducing the virtual modalities such as videos and virtual hearings, except during a closure from 19-23 March.

The local government election was delayed for a period of one year, and current council members have been extended until the election takes place, which is expected after January 2021. The delayed implementation of devolution of power based on the amended decentralization act, particularly the implementation of 33 percent seats reserved for women at local level, centralized decisions on COVID-19 response, and reduced local budget allocation can create a risk of disempowering local government. On the positive side, the restrictions of movement between the capital, Malé, and islands has witnessed an increase in decentralized working of local councils. As a result, capacity gaps were highlighted throughout this period, for which digitalization and strengthened e-governance measures could, in part, support the closing of these gaps.

Disruptions to public services have created an avenue for increased decentralization, as councils were forced to take emergency measures to provide essential services, showing the importance of digitalization, empowering councils, and strengthening decentralized public service provision.

On the other side, the lockdown has created an avenue for radicalized groups and violent extremism to rise, similar to the events unfolding after the tsunami disaster of 2004⁴⁰. This was notably marked by the first official confirmed case of terrorism by the Islamic State in the Maldives. As of May 2020, Maldives Police Service reported 200 percent increase in suspected cases of violent extremism, compared to the same period in the previous year; and 42 percent increase in the number of confirmed cases of violent extremism from January to May 2020⁴¹. The crisis is placing considerable strains on social cohesion, magnifying existing fault lines, and creating new divisions that may create challenges for the country in building back better.

III. Attention to the Vulnerable Population

The scale and magnitude of the crisis has a higher impact on the vulnerable populations, and those marginally above the poverty line. The following groups are particularly at risk: the elderly, people with disabilities, female-headed households, children, women and girls, migrant workers, youth, people with substance abuse disorder, and people deprived of liberty.

⁴⁰ Reference is made to the findings of the [Youth Vulnerability Report 2018](#).

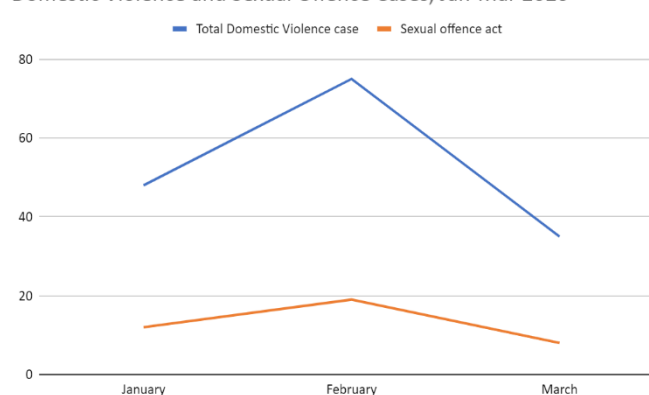
⁴¹ Maldives Police Service Statistics, retrieved in June 2020.

Children and adolescents: significantly impacted will be those confined in crowded dwellings in urban quarters and located in remote islands with limited education services. Since the school closures in early March 2020, students across the Maldives from pre-KG to 12th grade have lost an estimated 13.2 million learning hours every month⁴². Further, with limited access to recreational or social interactions, their physical development and psychological health and wellbeing have been negatively affected. With the increase in time spent on the internet and phones, there is a likely risk of increased cyber bullying and potential grooming of children. Furthermore, those children and adolescents at risk or already experiencing violence and abuse in their homes have been confined with their potential abusers indoors, without the possibility to remove themselves from the situation. With the already very limited child protection and domestic violence services available prior to the pandemic, and challenges with reporting, it is to be anticipated that children have suffered in silence.

Women: the increasing number of women subjected to gender-based violence in the Maldives are being pushed into a precarious position of increased fear, tension, and stress-related confinement with the perpetrators, as well as stress due to loss of household incomes. The disruptions to state hotlines result in low records of cases against children and women. This shows a stretch in the social protection system.

Women are also more vulnerable to economic fragility during confinement and movement restrictions, for reasons that include their high proportional representation in the informal sector. This vulnerability, in turn, affects family income and food availability and leads to malnutrition, especially for children, pregnant, and breastfeeding women. According to UN Women's survey in Maldives⁴³, more than half of the people surveyed have reported they spent more time on unpaid care and domestic work. While some of the new burdens were shared, women were doing more of the additional unpaid domestic work, and the gender difference was large (13 percent men, 22 percent women). The survey also revealed that women who needed help the most received it the least, such as women of reproductive age living in households with children, as well as older women without children. This is concerning, as working mothers may need to abandon paid jobs due to increased domestic work burdens.⁴⁴ Women work disproportionately in the social, health, and education sectors, and are more exposed as frontline workers. According to UNFPA report, in the worst-case scenario, there will be a total of 8,975 unintended pregnancies over two years, of which 1,533 are additional due to COVID-19 and the reduction in contraceptive access.⁴⁵

Domestic Violence and Sexual Offence Cases, Jan-Mar 2020



Note: Data extracted from STAT2020 file

⁴² Calculated according to the number of children enrolled for schooling in 2020.

⁴³ [Gender-Differentiated Consequences of COVID-19 on women and men's economic empowerment in the Maldives](#).

⁴⁴ UN Women, 8 May 2020.

⁴⁵ UNFPA, The Impact of COVID-19 on Maternal Health and Family Planning in Maldives, June 2020.

Elderly: The crisis has worsened both delivery of health and social services, and access to these services, especially for the elderly. There are currently 18,598 elderly people registered by the pension office, of whom 1,220 are bedridden across the country, who are among most vulnerable to health risk of the pandemic, and are unable to travel to the Malé due to lockdown.⁴⁶

Persons with disabilities: There are 7,771 people with disabilities who are registered with the National Social Protection Agency (NSPA) and receive allowance. The recently conducted Disability Survey indicates only 25 percent of persons with disabilities receive benefits. Households having a member with disability are more likely to be multidimensionally poor. Increased access to basic social services is essential to ensure their basic needs. Due to unavailability of brailled materials, visually impaired persons had significant challenges in accessing health risk information, as well as educational materials that shifted to online space due to lockdowns.

Migrants. There are an estimated 250,000 migrants in the Maldives, the majority of whom are employed in construction, hospitality, and agriculture and fisheries sectors. Of these, an estimated 60,000 migrants are irregular, having been trafficked or lost their immigration status, and lacking formal employment. Due to lack of monitoring, oversight, and advocacy, these migrants have become vulnerable to labor exploitation, including debt bondage, document, and wage confiscation, etc.; and, resultantly, have been stranded in the Maldives, accommodated communally in congested, unhygienic guesthouses.

The pre-existing vulnerabilities of the migrant population in terms of health and socio-economic well-being, including the lack of equal access to basic rights to social protection and health services, as well as lack of access to adequate housing, have worsened in the COVID context, particularly due to the border closures and lockdown in the greater Malé area. Migrants have been impacted by worsening living conditions, being further crammed into congested guesthouses, evicted by negligent employers, or housed in temporary Government shelters. As migrants are employed in the hardest hit sectors – hospitality, construction – they have faced income reductions, terminations, and furloughs, e.g. over 50 percent of resort workforce. Informal migrants have largely been excluded from government social assistance relief measures. The conditions have been quite stark for irregular migrants who are employed informally, with their only option seemingly to seek assisted return – over 2,900 Bangladeshi migrants have been repatriated. Similarly, in health terms, migrant workers have been disproportionately affected – comprising over 50 percent of total infected in the Maldives, with number of cases still rising. Migrant workers are also confined in relocation sites under police monitoring, and without being given a specific timeframe for confinement, nor having recourse to a complaints mechanism or legal counsel, thus raising concerns that migrants are essentially confined in situations that may amount to arbitrary detention.

These issues have been further compounded due to lack of information, and lack of mechanisms for monitoring or anonymous reporting (especially for irregular migrants), and lack of access to redress mechanisms including legal services.⁴⁷

Youth. Maldives has high levels of youth unemployment. Youth who are not engaged with education nor employment are 23.5 percent.⁴⁸ The situation is exacerbated by loss of income, confinement, and

⁴⁶ Island councils, September 2020.

⁴⁷ [Rapid Livelihood Assessment: Impact of the COVID-19 crisis in the Maldives.](#)

⁴⁸ UN Women, June 2020.

disruptions to their education. More significantly, 41 percent of those reported on the government's Jobcenter.mv website for income support following the COVID-19 lockdown are youths between the ages of 21 to 30. In addition, young people have not been engaged in making decisions about the restrictions, therefore making them one of the cohorts most largely ignored.

People in need of mental health and psychological support. The COVID-19 pandemic crisis increases fear of being infected by the virus, distress following loss of income due to economic inactivity, and challenges of confinement due to government lockdowns; this reflects disproportionately higher on vulnerable populations, leaving them exposed to violence abuse, exploitation, and neglect. Mental health and psychological support services are very limited in the Maldives, which can worsen the situation for the vulnerable groups. The Maldivian Red Crescent reported in June 2020 that they received 3,198 calls for psychosocial support (PSS). The extended period of the pandemic, and the long-term impact of the crisis on people's mental health, and in turn the mental health impact on society, is expected to be a significant financial and health challenge on the country. As the economic burden of COVID-19 rises, a toll on the mental health of the vulnerable population can be anticipated.

People with substance abuse disorder. The estimated prevalence of drug use in Malé is 6.64 percent, and in the atolls 2.02 percent; with cannabinoids, opioids, and alcohol being the most common forms being abused. COVID-19 presents unique risks to this group of people, who often have reduced pulmonary and respiratory health due to their drug use and given that the virus attacks the lungs. COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana, or who vape. For those using opioids, there is an increased risk of overdose due to respiratory disease and diminished lung capacity from COVID-19 infection. A temporary treatment facility was established at the Maldives National Stadium premises, under the National Drug Authority, for in-patient and out-patient treatment for people with substance use disorders, with a total of 214 patients seeking treatment since lockdown began; the lengthiest in-patient treatment there being 1-month duration. Restricted movement and border controls reduces access to critical controlled drugs, test kits, and significantly impacts the health service delivery for drug users. This is further challenged outside of the Greater Malé Region as hospitals and clinics on islands are reluctant to treat people with substance use disorder within their facilities. As lockdown forced many families to remain within congested spaces in their homes, a number of drug users risked homelessness, and thereby breaking curfew rules, who were then detained in custodial centers, resulting in overburdened detention facilities and lack of access to treatment facilities for drug users, once detained. Maldives Police Services statistics shows a 36 percent drug prevalence in 16-24 age group, and a 49 percent drug prevalence in the 25-39 age groups. Between 16th May 2020 to 13th June 2020, Journey NGO reported 12 crisis interventions for people with substance abuse disorders, with a total of 616 referrals (assisted and non-assisted) since April.

People in detention or deprived of their liberty: Crises such as the COVID-19 pandemic heightens the vulnerability of prisoners and people deprived of liberty, and require urgent and appropriate public health measures, and a public health response, that recognizes prison health as part of public health. Drug-related offenders comprise of 60 percent of prison population, with 4 percent of mentally ill incarcerated persons, and 0.25 percent of young offenders. Prisons and other places of detention in the Maldives, including pre-trial detention facilities and police custodial facilities, are significantly overcrowded in all places of deprivation of liberty, with occupancy of 150-190 percent of capacity.⁴⁹

⁴⁹ Preliminary observations and recommendations of the United Nations Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Mr. Niel Melzer, on his official visit to Maldives, 17-24 November 2019, <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25351&LangID=E>

Overcrowding constitutes an insurmountable obstacle for preventing, preparing for, or responding to COVID-19. Efforts to reduce the prison population were made by the Maldives Correctional Services (MCS), through pardon by the President; early release for older people, people with pre-existing health conditions, and people who could be released without compromising public safety. Despite efforts to reduce the prison population during COVID-19, pre-trial detention facilities remain ‘a revolving door’, with more people entering the system than leaving it. Around 500 individuals have been arrested for violating the lockdown rules and they spent up to 14 days in detention.

MCS was successful in preventing the virus from entering prisons due to a combination of health screening, hygiene activities, and restrictions on movement of staff as well as visitors. However, a prison official has tested positive since the ease of restriction measures in July, adding risk to the health of prison population as well as the public.

Prisons are breeding grounds for extremism; dissatisfaction within prison conditions creates an opportunity for opportunistic groups to recruit amongst the prison population, presenting long-term risks of organized crime and a danger to national security.

There are currently a total of 5 adolescents (all boys) under the age of 18 who continue to be in detention. The conditions in the juvenile detention center are sub-standard, and the challenges related to this have been known for some time. While efforts were made to improve the hygiene and sanitation conditions as an immediate infection prevention measure, other basic services, including access to health care (including mental health), learning, and recreational activities, have not yet seen any favorable changes.

Impact on social protection and social service systems – need for data strengthening and benefit of digital systems

While the Maldives social protection system has longstanding cash benefits for targeted vulnerable groups in society, it is not shock responsive in an emergency situation, and thus has not been able to provide additional relief to the most vulnerable families affected by the pandemic. UN Maldives is working closely with the National Social Protection Agency (NSPA) to provide a timebound child benefit for children of parents who have lost their job, with the medium-term goal of providing a universal child benefit to all children under age 5.

Social workers within the Ministry of Gender, Family, and Social Services (MoGFSS) have continued to work during the pandemic, and UN agencies have supported the strengthening of various helplines, including one for reporting of child abuse and one for reporting of domestic violence. Unfortunately, due to weak monitoring systems, data on the number of cases attended to through these hotlines is not readily available. Due to the lockdown, none of the social workers have been able to conduct home visits where they usually would be required to do so.

Continuing social protection, social services, and equal access to these services in all parts of the country, is essential to keep the vulnerable populations from falling deeper into poverty. The current social protection system would benefit from becoming more shock responsive, and more universal, to avoid targeting inefficiencies. In the current environment, and as the crisis prolongs and evolves, a rapid social sector needs assessment focused on vulnerable groups is needed to better understand the depth and the scope of the issues people are facing, and in order to address them timely and effectively.

Further, to ensure basic services of women and girls are met, an immediate need is to improve gender-responsive communication on COVID-19 protections; ensure availability of information and services on family planning, counselling, and maternal health services; and establish immediate counselling and helplines for GBV victims; as well as enhanced child protection services. To resume education, what is needed is revised education plans that include the new priorities of improving capacities of teachers to deliver distance learning; designing tele-classing and e-learning materials; and, accelerate the roll-out of the new Inclusive Education Action Plan to minimize the disruptions in education. In addition, it is necessary to provide individualized learning programs for children with special needs, sensitizing care givers, and strengthening the psychosocial support mechanism for the children and care givers. It is also essential to revise the existing social protection schemes to make them more inclusive and universal in nature by introducing a universal child benefit, with possible top-ups to meet specific vulnerabilities.

The government has put in place a number of social protection measures, including expanding social insurance, legal protections for paid leave, short term unemployment benefits, deferring loan payments, and support to businesses. However, given the lack of data on the vulnerable groups, coupled with the geographical fragmentation and restricted movements following the lockdown, critical groups in need of support are currently not being reached⁵⁰. It is, therefore, critical to systematize data at national and subnational levels, disaggregated by gender and target population; and digitalize relief, welfare, and stimulus support provisions; and, accelerate digital financial inclusion of those who are outside the benefits of digital world.

IV. Assessments, Data and M&E

There is an immense data gap in Maldives. Limited gender disaggregated data hinders targeted gender equality response.⁵¹ UN and development partners are conducting thematic assessments to deepen understanding of impacts in specific areas. Efforts will be made to establish systematic data collection to monitor impacts of policy responses and recovery programmes in support of the National Bureau of Statistics. Completed and ongoing assessments to date include:

- [Rapid Livelihoods Assessments](#) by UNDP and Ministry of Economic Development
- Rapid assessment of essential health services by WHO Mapping of CCS/SAP/Biennial workplan by WHO
- Assessment of safe practices, livelihoods, and coping strategies by World Bank
- [Assessment of the impact of COVID 19 on Fishery & Agriculture, and Food systems](#) by FAO
- Rapid Impact Assessment of the consequences of COVID-19 on women's and men's economic empowerment by UN Women
- Gendered impact of COVID-19: Study on Maldives relief/stimulus packages and inclusion of women in the informal sector by OHCHR and UN Maldives
- Socioeconomic Assessment by MNU

⁵⁰ [Joint UN Socioeconomic Impact Analysis of COVID-19 in the Maldives \(April 2020\)](#)

⁵¹ Out of 62 gender specific SDG indicators, Maldives lacks data in over 70 percent indicators. UN Women, June 2020.

- [Leveraging Big Data Sources to Estimate the demographic and Economic Impacts and Implications of the COVID-19 Epidemic in Maldives by UNFPA and NBS](#)
- Social Cohesion Assessment by UN Maldives
- Survey on knowledge and awareness on how to protect oneself from COVID-19 by UNICEF
- [UNWTO Tourism barometer and Dashboard](#)

V. UN Maldives Response and Recovery Framework

This Framework is aligned to the SDGs and outlines an integrated support package to protect the needs and rights of people most affected by the pandemic, with particular focus on the most vulnerable groups in the Maldives. The immediate and medium-term strategies are human rights compliant, inclusive, transparent, and accountable; with a focus on building back better. The framework takes into full consideration the Strategic Action Plan priorities of the government, and complements the national response efforts in containing and mitigating the socioeconomic impact of the crisis. It should be noted that vulnerable groups have not been directly consulted in the preparation of the Framework.

The Framework will support the Maldives in achieving the SDGs by maximizing the UN's value additions based on the building back better principle, with focuses including:

- Taking a whole-of-government and whole-of-society approach and using UN's **convening** role to consolidate recovery efforts the government, bilateral and multilateral development partners, CSOs, private sector, academic, and media actors.
- Ensure a **human rights-based and gender sensitive** recovery to improve equality, non-discrimination, and justice, while addressing capacity gaps of rights-holders and duty bearers. This will be based on international human rights standards and principles, and guided by recommendations from UN human rights treaty bodies, special procedures, and the Universal Periodic Review.
- De-couple growth from carbon emissions and unsustainable consumption. Accelerate commitment to environmental sustainability. **Nature-based solutions, climate action**, and low carbon development; by utilizing international UN mechanisms and climate financing through multilateral platforms such as the Paris Agreement, COP, Rio Conventions, and Samoa Pathways; by advocating for SIDS positions.
- Support **adapting and creating a new normal** by digital disruption; by creating new social contracts, values and cultures, citizen-state relations, peace and social cohesion; creating more inclusive and sustainable social and economic ecosystems.
- Assisting the overall national level planning, prioritizing, and monitoring the impact and progress of recovery measures through horizontal and vertical coordination with national and local governments; and strengthening the long term national development planning by embedding UN SDG mechanisms and **aligning SDGs**.

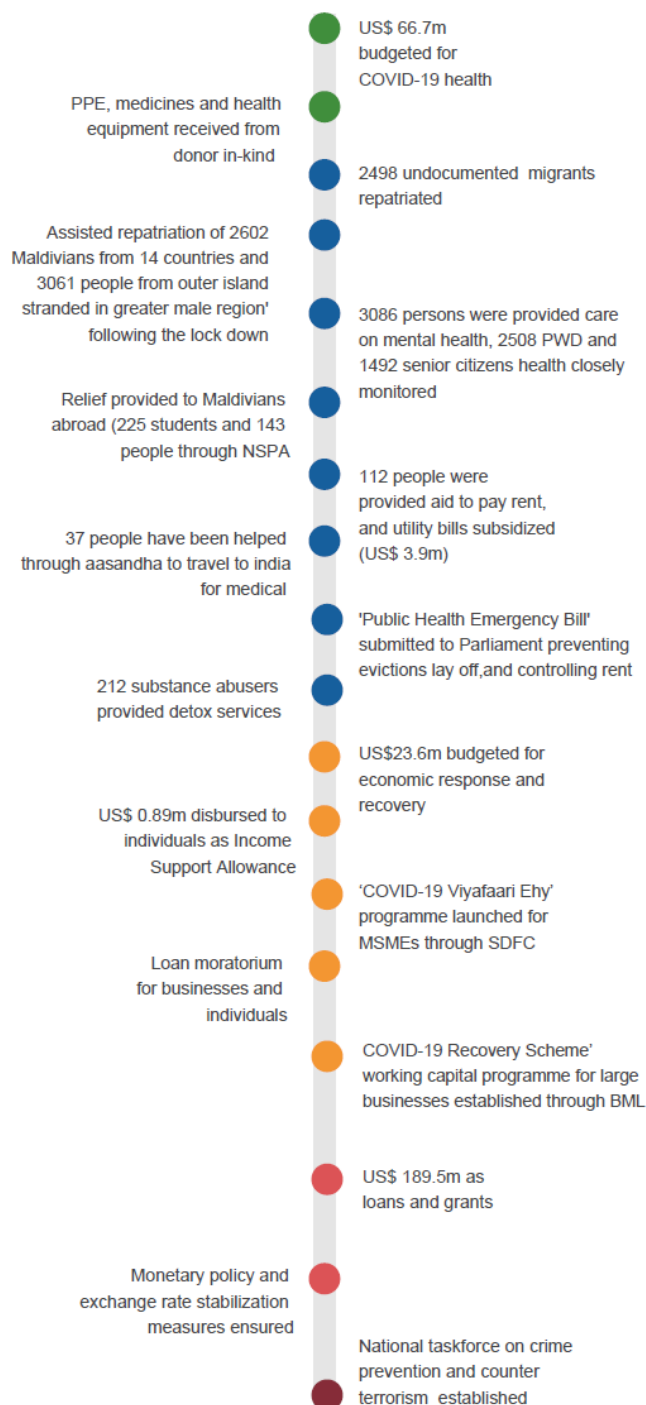
- Delivering as One UN, ensuring resource efficiency and maximizing interventions to support Maldives' achievement of SDGs.

UN Maldives' framework is aligned to the five pillars of the Secretary-General's global UN framework for the immediate socioeconomic response to COVID-19⁵². **Protecting health systems** and immediate containment of the virus remain as the first priority. Second, and equally urgent, are **protecting people through social protection and basic services; protecting jobs, MSMEs, and the most vulnerable informal actors** through economic recovery while adopting low carbon growth models; and, helping guide the necessary **surge in fiscal and financial stimulus** to make the **macroeconomic** framework work for the most vulnerable, and strengthening multilateral and regional responses; and, finally, promoting social cohesion and building trust through social dialogue and political engagement, and investing in community-led resilience and response systems. Throughout the framework, special attention is paid to Maldives' vulnerabilities as a SIDS, pre-existing inequalities, and underlying human rights concerns.

The coordination structure for COVID-19 response by UN Maldives comprises of two working groups, namely: the Health – WASH Working Group, and the Socioeconomic Working Group, are in line with the Government's [National Task-Force on Resilience Building and Socio-Economic Recovery](#) Working Groups.

⁵² [A UN Framework for immediate socioeconomic response to COVID-19](#).

National Responses



Joint UN Maldives Response and Recovery Framework

1. Health First : Protecting health services and systems during the crisis

Strategic Outcome: Holistic health support system is established focusing on the health needs of the vulnerable groups.

Partners : WHO, UNFPA, UNICEF, UNDP, WB, ADB, UNOPS, UNODC, IOM

Required: US\$52.04m
Gap : US\$21.52m

2. Protecting People : Social protection and basic services

Strategic Outcome: Radical inclusion achieved by protecting and empowering vulnerable groups.

Partners : UNFPA, UNICEF, FAO, UNODC, ILO, IOM, UNDP, WB, ADB, WHO

Required: US\$19.86m
Gap: US\$4.31m

3. Economic Response and Recovery : Protecting jobs, small and medium-sized enterprises, and the informal sector workers

Strategic Outcome: Recovery to build back better ensured through economic diversification, inclusive access to digital financing and green technologies, achieving increased food security and nature based livelihoods.

Partners : UNDP, IFAD, ILO, FAO, UNICEF, WB, ADB

Required: US\$10.50m
Gap: US\$4.23m

4. Economic Response and Recovery And Multilateral Collaboration

Strategic Outcome: Improved system of fiscal and monetary coordination established with new revenues sources.

Partners : WB, ADB, UNDP, WHO, UNICEF, UNFPA

Required: US\$52.41m
Gap: US\$40k

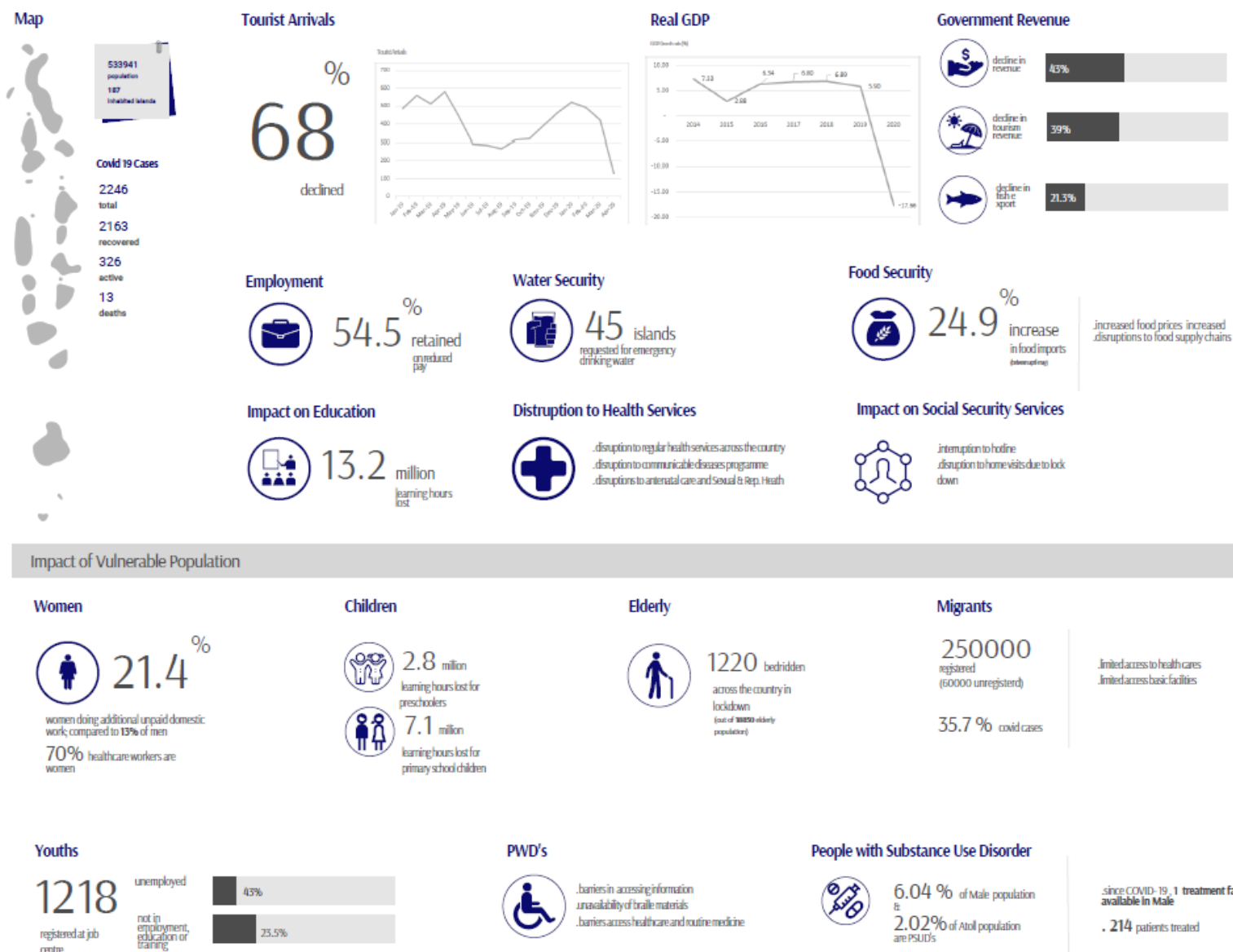
5. Social Cohesion and Community Resilience

Strategic Outcome: Improved social cohesion established through inclusive and resilient communities.

Partners : ADB, UNICEF, UNDP, UNODC, IOM




Required: US\$27.58m
Gap: US\$995k



Covid-19 impact at a glance



UN Maldives Joint Programme Summary

Outcome: The Government of Maldives and its people successfully overcome the immediate and medium-term adverse health, social, and economic consequences of the COVID-19 pandemic

Pillar	Outputs by Outcome	Contributing UN Agencies
1  HEALTH FIRST: Protecting health services and systems during the crisis	<p>Holistic health support system is strengthened through continued and coordinated technical support, capacity building including procurement of essential medicines and medical equipment supplies for COVID-19 and non-COVID health issues, focusing on the health needs and rights of the vulnerable groups.</p> <ol style="list-style-type: none"> 1. CPRP (all agencies) 	WHO, UNFPA, UNICEF, UNDP, ADB, UNOPS, UNODC, IOM
2  PROTECTING PEOPLE: Social protection and basic services	<p>Radical inclusion achieved by protecting and empowering vulnerable groups.</p> <ol style="list-style-type: none"> 1. Mental health and Psychosocial Support Service enhanced for all, especially vulnerable groups 2. Protection of Migrants in all areas of life (equal and non-discriminatory access to health services, livelihoods, legal, labor rights, security, anti-trafficking) 3. Gender equality enhanced by effective protection, prevention of Gender Based Violence, and women's political and economic empowerment 	UNFPA, UNICEF, UNDP, WHO, UNODC, IOM, WB
3  ECONOMIC RESPONSE & RECOVERY: Protecting jobs, small and medium-sized enterprises, and the informal sector workers	<p>Economic recovery to build back better ensured by avoiding permanent poverty traps, and by establishing a new normal towards diversified and stronger MSMEs, rebound on tourism including use of digital and innovative tools, and circularity for sustainable consumption and production, improved access to digital financing and green technologies, for improving livelihoods choices for youth and women. Food security and nature-based livelihoods, that are climate resilient and just, are improved.</p> <ol style="list-style-type: none"> 1. Accelerate labor governance for decent work for women, youth, PWD and migrants; 2. Diversify, green and blue livelihoods and economy, including tourism sector, agri-business, and other sectors, focusing on SMEs strengthening and inclusion of youth and women economic empowerment 	UNDP, UNICEF, UNFPA, IFAD, FAO, UNOPS, ILO, IOM, UNWTO, WHO

<div data-bbox="96 298 443 389"> <div>4</div>  <div>MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION</div> </div> <div data-bbox="96 568 443 664"> <div>5</div>  <div>SOCIAL COHESION AND COMMUNITY RESILIENCE</div> </div>	<p>Improved system of fiscal and monetary coordination established, post-Covid-19 SDG financing gap estimated, fiscal and monetary risks, and avenues for new revenues sources identified and improved; and, collaboration with multilateral development cooperation established.</p> <ol style="list-style-type: none"> 1. Financing for SDGs and SAP with prioritized allocation to protecting and empowering the vulnerable population <p>Improved social cohesion by the promotion of safe, inclusive, and resilient communities that are disaster-prepared, promote blue economy, and low-carbon development.</p> <ol style="list-style-type: none"> 1. Prevention of Violent Extremism for improved social cohesion and justice for all 2. Decentralized and resilient communities empowerment and democratic governance 	<p>ADB, UNDP, WHO, UNICEF, UNFPA</p> <p>UNICEF, UNDP, UNODC, ADB, UNFPA</p>
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Pillar 1: Protecting Health Services and Systems during the crisis

Outcome: Strengthened and resilient universal health care through continued and coordinated technical support, capacity building including procurement of essential medicines, equipment and supplies, focusing on the health needs of the vulnerable groups.

Strategic Action Plan contributions: 2.1 Health: Policies, 1, 2, 4, 5, 6, 7, 8.

UNDAF Maldives 2016 – 2020 contributions: Outcome 1: Youth and Children access equitable, inclusive and quality social services & have increased opportunities for skills development

SDG contributions:
SDG 3, SDG 5, SDG 7 and SDG 10.

Deliverables	Timeframe	National Partners	Partner agencies	Financing required (USD)	Finance secured (USD)	Finance gap (USD)
Coordination and operation support Technical support for preparedness and response, IT capacity support	Short term <6 months	NEOC, MoH, HPA	WHO, UNICEF	3,500,000	2,723,500	776,500
Risk communication and Awareness Community Engagement Plan	Short term <6 months	NEOC, President's Office, MoH, HPA	WHO, UNICEF	1,000,000	400,000	600,000
Surveillance and rapid response and enhancing capacity on contact tracing through GoData	Short term <6 months	MoH, HPA, NOEC, MRC	WHO UNICEF, UNDP	5,000,000	3,350,000	1,650,000
Supply of essential health equipment support to national laboratories in the capital, regional health centers, and isolation facilities	Short term <6 months	NEOC, MoH, HPA	WHO, UNICEF, UNDP	2,400,000	700,000	1,700,000
Infection prevention and control Procurement of PPE, Support for health care waste management, enhancing capacities on infection prevention, and control in all facilities (including al regional health facilities)	Short term <6 months	NEOC, HPA	WHO, UNICEF, UNDP, ADB, UNOPS, UNFPA, UNODC	10,691,000	9,748,000	943,000
Case Management through capacity building of health workforce through trainings (critical care and case management, diagnostics, infection prevention control, surveillance, early detection, and contact tracing)	Short term C months	NEOC, HPA, MoH	WHO, UNICEF	13,474,172	10,000,000	3,474,172
WASH Support for risk groups and support to testing water safety (Linked to Pillar 2)	Medium Term (1 year)	MoGFSS, NDA, MoH, HPA, IGMH, MoEnv, Dhamanaveshi, MRC, MBD, MFDA	UNICEF, UNDP UNFPA, IOM, WHO	500,000	250,000	250,000
Support to continued COVID-19 testing and care	Medium Term (1 year)	NEOC, MoH, HPA	WHO, UNICEF	3,000,000	2,500,000	500,000
Pilot establishment of an SRH Centre in 2 regions as part of the Public Health Structures created under the umbrella of Dhamanaveshi, including to reinvigorate the family planning program	Short term <6 months to Medium Term (1 year)	HPA	UNFPA	1,000,000	75,000	925,000
Strengthening the capacity of Health systems , including Training (on essential health services and DHIS, support WASH in health facility, and drinking water quality testing, training on data and decision making, and establishing an e-platform and e-content for health system training	Medium Term (1 year)	MoH, HPA MoEnv, MoF	WHO, UNDP	2,300,000	224,080	2,075,920

Establishing an e-platform and e-content for Procurement of Essential Drugs and Medicines and facilitate the Institutionalization of telemedicine to ensure equal access and health service delivery	Medium Term (1 year)	Central Procurement Division of Ministry of Health, MFDA, MoF	WHO	2,527,549	77,549	2,450,000
Sustainable health system, waste management and education through low carbon energy	Long term (18 months)	MoH, HPA	WHO, UNICEF	4,000,000	200,000	3,800,000
Universal Health Coverage reducing barriers to increase access to public health systems for migrants	Long term (18 months)	MoH, HPA, MRC, MED & Maldives Immigration	IOM, WHO	2,550,000	200,000	2,350,000
Costing of Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy including identifying human capital needs to implement the strategy	Medium 1 year) to Long term (18 months)	MoH, HPA, MNU	UNFPA	100,000	70,000	30,000
Total				52,042,721	30,518,129	21,524,592

* The National Emergency Operations Center (NEOC) was dissolved on July 1, shifting the responsibilities of NEOC to the Ministry of Health.



Pillar 2: Protecting People: Social Protection and basic services

Outcome: Vulnerable groups are identified and included in the social protection schemes, access to education and health care is ensured, and access to legal assistance is provided for all people.


Strategic Action Plan contributions: Policies 2.1 (health), 2.2 (Education), 2.4 (social protection), 2.5 (Prevention of narcotics abuse), 3.1 (Family), 3.3 (Youth)

UNDAF Maldives 2016 – 2020 contributions: Outcome 1: Youth and Children access equitable, inclusive and quality social services & have increased opportunities for skills development, Outcome 2 : Gender equality advanced and women empowered to enjoy equal rights and opportunities in access to social, economic and political opportunities, Outcome 4: By 2020, growth and development are inclusive, sustainable, increase resilience to climate change and disasters, and contribute to enhanced food, energy and water security and natural resource management


SDG contributions: SDG 1, SDG 2, SDG3, SDG4, SDG 5, SSG6, SDG7, SDG 8, DG 10, SDG 16

Deliverables	Timeframe	National Partners	Partner agencies	Financing required (USD)	Finance secured (USD)	Finance gap (USD)
Immediate livelihood support through cash transfers	Short term <6 months	MHPSS cluster, MED	WB	12,800,000	12,800,000	0
Promote mental health and psychosocial wellbeing among frontline workers and vulnerable groups	Short term <6 months	MHPSS cluster, MRC, CSOs	WHO, UNICEF, UNDP, UNFPA	2,000,000	100,000	1,900,000
Strengthening resilience of the most vulnerable to future shocks in the Maldives	Short term <6 months	MoH, MoGFSS, MRC, Center for Mental Health, IGMH	UNICEF, WHO	300,000	300,000	
Ensuring continuity and quality of water and sanitation services for vulnerable population (Link to Pillar 1)	Short term <6 months	MWSC, MoEnv, CSOs	UNICEF, UNDP	474,080	474,080	0
Continuation of learning through online learning / and access to online platforms, including access to education by children with disabilities, and preparing schools for re-opening	Short term <6 months – long term	MoE/National Institute of Education/MoGFSS	UNICEF	500,000	180,762	319,238
Access to Justice and legal aid for women GBV, Domestic Violence and, (and support the justice sector for improved and uninterrupted access to justice – linked to pillar 5)	Short term <6 months to long term	Courts, JSC, DJA, AGO, CSOs	UNDP	0	0	0
Legal aid protection for workers including migrant workers	Short term <6 months	MED, MPS, CSOs	UNDP	25,000	25,000	0
Establishing a referral mechanism including strengthening of selected FCSCs to respond to gender based violence including domestic violence survivors	Short term <6 months – Medium Term (1 year)	MOGFSS	UNFPA	400,000	75,000	325,000
Support to strengthening the existing social protection schemes through rapid assessment of social sector analysis, building capacities in social service providers, and ensuring inclusivity in social services in community social groups (CSG) at atoll level	Medium Term (1 year)	MoGFSS, MoH, People's Majlis of Maldives, MoE, NBS, SDG Unit, MoNPHI, MoF, Police, LGA, SDG Unit, MOHE, MoF, CSOs	UNICEF, UNFPA, UNODC	817,080	817,080	0
Protecting PWD HR and implementing PWD Action Plan	Medium Term (1 year)	MoGFSS,	UNDP	25,000	0	25,000
Protecting women: digitalization of social from GBV support, streamlining the social welfare system and creating a unified platform of National Care System	Medium Term (1 year)	MCST, NSPA, MoGFSS, CSOs	UNDP, UNFPA	520,000	0	520,000

Strengthening prevention, protection, and prosecution, providing legal aid for trafficking in persons and migrants.	Medium Term (1 year)	Anti-Human Trafficking Steering Committee (Maldives Immigration and MoD) MED, Bar Council of Maldives, and CSOs	IOM, UNDP, UNODC	2,000,000	780,000	1,220,000
Total				19,861,160	15,551,922	4,309,238

<div> <div>3</div> <div>  </div> </div> Protecting Jobs, Small and Medium Enterprises and informal sector workers						
Outcome: Recovery to build back better ensured through economic diversification, inclusive access to digital finance and green technologies, achieving increased food security and nature-based livelihoods. Strategic Action Plan contributions: Policies 1.1 (Fisheries and marine resource), 1.2 (Agriculture), 1.4 (MSMEs), 1.5, (Labor and migration), 1.6 (Economic diversification), 4.4 (Clean Energy), 4.8 (Information, Communication and technology). UNDAF Maldives 2016 – 2020 contributions: <u>Outcome 1:</u> Youth and Children access equitable, inclusive and quality social services & have increased opportunities for skills development,, <u>Outcome 2</u> : Gender equality advanced and women empowered to enjoy equal rights and opportunities in access to social, economic and political opportunities, <u>Outcome 4:</u> By 2020, growth and development are inclusive, sustainable, increase resilience to climate change and disasters, and contribute to enhanced food, energy and water security and natural resource management					SDG contributions: SDG 1, SDG 2, SDG 4, SDG5, SDG 7, SDG 8, SDG 9, SDG 10, SDG 11, SDG 12, SDG 13, SDG14, SDG 15	
Deliverables	Timeframe	National Partners	Partner agencies	Financing required (USD)	Finance secured (USD)	Finance gap (USD)
Rapid Livelihoods Assessments on labor market, SMEs and informal sectors	Short term <6 months	MED, MNU, MoT, NBS, private sector	UNDP	50,000	50,000	0
Strengthening labor governance and workplace/ occupational safety Provide technical support in skilling for the new normal	Medium Term (1 year)	MED, MNU, Ministry of Tourism, NSB, MoE	ILO, UNDP, UNFPA, UNICEF, IOM	2,000,000	0	2,000,000
Livelihoods and job creation for women, youth and PWD by SME development, economic diversification in agri-business, tourism, and manufacturing. (food security linked to pillar 2)	Medium Term (1 year)	MOFMRA, MED, ARC, SDFC, MFLC, BCC, HDC, MoT, BCC, MFMC, MoH	IFAD/UNOPS, UNDP, FAO, UNWTO	6,440,000	5,240,000	1,200,000
(Ocean Challenge) Accelerate to environment sustainability. Nature-based solutions, climate action and low carbon development and circular economy including systems design in waste management	Medium Term (1 year)	MoNPHI, MoEnv, MED, MoF, MoT, local councils,	UNDP	200,000	200,000	0
Mainstreaming low carbon development into long term COVID recovery – Climate Promise, increase NDC target and establishing regulations to foster nature-based island economies	Long term (18 months)	MoEnv, People's Majlis of Maldives, MED Local Councils, MoNPHI, LGA	UNDP	300,000	200,000	100,000
Accelerator lab to innovate for future of work, including digital technologies	Long term (18 months)	PO, MCST	UNDP	194,000	194,000	0

Support in convening dialogue on Business and Human Rights and labor management, education	Long term (18 months)	MED	ILO, UNDP, IOM	500,000	0	500,000
Developing a comprehensive population and migration policy to plan out population dynamics and support management of migrant workers, decentralize business and services functions	Long term (18 months)	MED, MoNPHI, NSB, local councils, LRA	IOM, ILO, UNFPA, UNDP, WHO	700,000	370,000	330,000
Support in establishment of ethical recruitment corridors for migrant workers	Long term (18 months)	MED	IOM			
Improving financial literacy, financial inclusion of vulnerable groups, access to credit and digital platforms	Long term (18 months)	MMA, private sector	UNDP	100,000	0	100,000
Gendered impact of COVID-19: Study on Maldives relief/stimulus packages and inclusion of women in the informal sector	Short term (6 months)	NBS, local councils, MED, MoF, FLC	UN Maldives, OHCHR	20,000	20,000	0
Total				10,504,000	6,274,000	4,230,000

<div> <div>4</div> <div>  </div> </div> Macroeconomic response and multilateral collaboration						
Outcome: improved system of fiscal and monetary coordination established with new revenue sources Strategic Action Plan contributions: Elimination of corruption (Policy 5.3), Accountable state (Policy 5.4), Independent institutions and public service reform (Policy 5.5). UNDAF Maldives 2016 – 2020 contributions: <u>Outcome 4:</u> By 2020, growth and development are inclusive, sustainable, increase resilience to climate change and disasters, and contribute to enhanced food, energy and water security and natural resource management					SDG contributions: SDG 8, SDG 16, SDG 17	
Deliverables	Timeframe	National Partners	Partner agencies	Financing required (USD)	Finance secured (USD)	Finance gap (USD)
Integration of National Financing Framework to: (a) strengthen the core system of governance of planning and financing and (b) to mobilize and improve the targeting of financing towards two long term development priorities (i) climate action and (ii) reforms required to deliver quality, equitable, gender responsive and sustainable social services	Short term <6 months	INFF oversight committee, + MoF, MED, MFA, MMA, Private Sector, CSOs (MATI, MATATO MACI) MoFGSS, MoH, MoE	UNDP, UNICEF, WHO, UNFPA	1,472,534	1,472,534	0
Budget support for the implementation of the government's health, social and economic packages for COVID-19 response	Short term <6 months	MOF, MOH	ADB	50,000,000	50,000,000	0
Improving tax administration through technical assistance	Medium Term (1 year)	MIRA	ADB	400,000	400,000	0

Supporting the government in effective monitoring and evaluation , and targeting of the government's COVID-19 response package, and identify areas for further PFM reforms	Medium Term (1 year)	MoF, MoH, MoGFSS, MED	ADB	500,000	500,000	0
Integrating Climate Finance and new innovative financing schemes into the INFF, promoting private sector investment for climate resilient infrastructure, and renewable energy and green fiscal incentives	Long term (18 months)	MoF, MMA, MoFA, MoEnv, MoNPHI, INFF oversight committee, line ministries	UNDP	20,000	0	20,000
SDG Mapping and monitoring	Long term (18 months)	MoF, MoPI, PO	UNDP	20,000	0	20,000
Total				52,412,534	52,372,534	40,000



Social Cohesion and community resilience

Outcome: Improved social cohesion by the promotion of safe, inclusive and resilient communities that are disaster prepared, promote blue economy, and low carbon development.

Strategic Action Plan contributions: Dignified family (Policy 1, 2, 4, 5), Community empowerment (Policies 1, 2, 3), decentralization (policies 2, 3, 4, 5), Environment protection (Policies 1, 2, 5, 6), Clean Energy (Policies 2, 3), waste to energy (policies 1, 2), Water and sanitation (policies 1, 5), resilient communities (policies 1, 2, 3, 4, 5, 6), Rule of Law (policies 4, 6), and National Security and Public Safety (Policy 2).

UNDAF Maldives 2016 – 2020 contributions: Outcome 1: Youth and Children access equitable, inclusive, and quality social services & have increased opportunities for skills development, Outcome 2 : Gender equality advanced and women empowered to enjoy equal rights and opportunities in access to social, economic, and political opportunities, Outcome 3: Citizen expectations for voice, sustainable development, the rule of law and accountability are met by stronger systems of democratic governance, Outcome 4: By 2020, growth and development are inclusive, sustainable, increase resilience to climate change and disasters, and contribute to enhanced food, energy and water security and natural resource management.

SDG contributions: SSDG 4, SDG 5, DG 6, SDG 7, SDG 11, SDG 12, SDG 13, SDG 14, SDG 15, SDG 16

Deliverables	Timeframe	National Partners	Delivering agency	Financing required (USD)	Finance secured (USD)	Finance gap (USD)
Promoting cohesion in COVID-19 immediate response through messaging around 'leaving no one behind'	Short term <6 months	MoH, MNDF, MED, MoGFSS	All UN agencies	0	0	0
Disaster risk reduction, waste to energy and renewable energy	Short term <6 months	MoEnv	ADB	12,560,000	12,560,000	0
Integrated resilient water resource management at island level	Short term <6 months – long term (18 months)	MoEnv, Local Councils, LGA	UNDP	6,900,000	6,900,000	0
Local women political participation, youth empowerment and strengthened civic education and engagement (Link to Pillar 4)	Medium Term (1 year)	MoGFSS, MoYSCE, MoH, NSPA, CSOs, LGA, political parties, WDCs, CSOs	UNFPA, UNICEF, UNDP	550,000	550,000	0
Justice sector reform, improved and uninterrupted access to justice including Digitalizing the justice sector	Medium Term (1 year)	Courts, JSC, DJA, AGO	UNDP	500,000	500,000	0
Decentralizing COVID-19 response and services and improving risk sharing for crisis management, local council empowerment including training package for local councils	Medium Term (1 year)	LGA, Local Councils, NDMA, MoE, WDCs	UNDP	300,000	300,000	0
Ensuring community-based circularity through improved waste management	Medium Term (1 year)	MoE, WAMCO, HDC, Local councils, CSOs	UNDP	300,000	0	300,000
Strengthening Democratic Governance, Rule of Law and Human Rights	Long term (18 months)	AGO, MoHA, MoGFSS, MOYSCE, DJA, JSC, Bar Council of Maldives, Parliament Committee, HRCM, CSOs	UNDP, UNODC	1,115,895	1,115,895	0

Countering terrorism and transnational organized crime	Long term (18 months)	MNDF, Maldives Coast Guard, MPS, MCS, NCTC, AGO, PGO, Judiciary, MoHA, MPS, MCS, HRCM, DJA, Immigration, Customs, Maritime Security Authorities, MoIA, MoFA, MoT, MoYSCE, MoGFSS, MoE, LGA, CSOs	UNODC	2,600,000	2,600,000	0
Preventing Violent Extremism	Long term (18 months)	AGO, PGO, Judiciary, MoHA, MPS, MCS, HRCM, MoLJ, DJA, MoIA, MoFA, MoYSCE, MoGFSS, MoE, LGA, WDCs and Youth Councils, CSOs	UNODC, UNDP, UNFPA	2,100,000	2,020,000	80,000
Strengthening community based climate resilience and environment sustainability	Medium term (18 months)	MoE, Local Councils, CSOs, WDCs, Youth Councils	UNDP (GEF small grant)	118,000	18,000	100,000
Enhance water, energy and natural resource management in atolls which are climate resilient, including EIA and SEAs	Long term (18 months)	NDMA, MoE, MMS, MoNPHI	UNDP	500,000	0	500,000
Social Cohesion Assessment	Short term <6 months	GoM, academia, CSOs	UN Maldives	35,000	20,000	15,000
Total				27,578,895	26,583,895	995,000



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