



**Convention on the  
Rights of the Child**

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**COMMITTEE ON THE RIGHTS OF THE CHILD**

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES  
UNDER ARTICLE 44 OF THE CONVENTION**

**Second and third periodic reports of States parties due in 1998 and 2003**

**MALDIVES\* \*\***

[14 March 2006]

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\* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

\*\* This document contains the second and third, periodic reports of Maldives, due in 1998 and 2003 respectively, submitted in one document. For the initial report please see document CRC/C/8/Add.33 and summary records CRC/C/SR.468, 469, 470.

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## **Introduction**

1. In accordance with the provisions of article 44 of the Convention on the Rights of the Child, the Maldives has prepared a combined first and second periodic report on the measures implemented and progress made on realizing the rights encompassed within the Convention since the submission of the initial report in 1996 (CRC/C/8/Add.33).
2. This combined second and third periodic report covers the period since the initial report (1996-2006) and was prepared under the auspices of the Government of the Maldives by the Ministry of Gender and Family in cooperation with a high-level, multi-sectoral Steering Committee comprising of relevant line ministries and departments, Non-Governmental Organizations, and UNICEF.
3. The limited human resources as well as the inadequate mechanisms for monitoring and reporting to the UN Committee on the Rights of the Child have been the primary factors for the delay and the reason for combining the second and third periodic reports. In order to ensure that forthcoming reports on both the CRC and its optional protocols are submitted on time, a new section has been set up at the Ministry of Gender and Family for continued research, monitoring and reporting on children and women. There are also plans to increase the capacity of concerned Government agencies and the Civil Society Organizations that monitor the progress in the implementation of the Convention.
4. Recognizing the importance of wide participation in the development of this report, a range of actors were invited to take part in consultations feeding into this report. Suggestions have been included from the Steering Committee, a national level stakeholder consultation, as well as from meetings with Government officials, members of civil society organizations, the UN, other international agencies, parents and children. Additionally, individual meetings with Government and civil society officials have been held and desk reviews of the laws, policies, research reports, annual reports and magazines have been conducted.
5. As stipulated in Article 44, Section 3 of the Convention, this report does not repeat basic information provided in the initial report. However, it does attempt to provide a more comprehensive and detailed view of the initiatives undertaken by the Government of the Maldives to implement the Convention and difficulties encountered. It also addresses the concerns and recommendations raised in the concluding observations (CRC/C/15/Add.91) by the United Nations Committee on the Rights of the Child at its eighteenth session.
6. In its concluding observations, the Committee noted with appreciation the enactment of the Law on the Protection of the Rights of the Child (Law 9/91) and welcomed the establishment of the National Council for the Protection of the Rights of the Child, as well as, the Unit for the Rights of the Child (URC) within the Ministry of Women's Affairs and Social Welfare. The detailed suggestions made by the Committee are considered within this report and the responses to the areas of concern have been incorporated into the relevant areas.
7. The following section provides an overview of the situation in the Maldives in order to understand the current development context in which the Convention is being implemented and the overall challenges faced.

**A. Measures adopted to give effect to the rights set forth in the Convention, progress made on the enjoyment of those rights, and factors and difficulties affecting the degree of fulfilment of the obligations under the Convention**

8. The Government of the Maldives, in an effort to further the implementation of the rights of the child guaranteed in the Convention, has adopted several measures, including a National Plan of Action (2001-2010), towards enhancing the well-being of the Maldivian children. The Government is also undergoing revision of several laws relating to children. Already the definition of a child has been raised from under-16 to under-18 years and additional administrative and legislative changes to promote and protect the rights of the child are expected in the near future. Further details on the adopted measures are included within the relevant sections.

9. Notable progress has been made in the health and education sectors towards the enjoyment of the rights enshrined in the Convention. For example, the Maldives has made remarkable progress towards achieving the Millennium Development Goals (MDGs): net enrolment ratio in primary schools is near 100 per cent; literacy rates are above 98 per cent; Maldivian girls outnumbered boys in lower secondary education; infant mortality and under five mortality rates are showing exponential decline; maternal mortality is declining at a rapid pace; prevalence of HIV/AIDS is very low and malaria had been eradicated; use of solid fuels is declining and access to safe water is improving. Overall, the living standard has improved in the past few years and children without parental care have better institutional care facilities. The improvement of child protection system is currently underway.

10. However, a significant limitation to fulfilling the obligations under the Convention, is the limited capacity and human resources constraints faced by the Government. The lack of trained professionals working on children's issues, particularly on children's rights, poses a challenge when trying to translate the Convention to policies and programmes. Despite the constraints, some progress has been made in the period covered by this report with the assistance provided by UN agencies particularly UNICEF, UNFPA and WHO.

11. Legislation to protect and promote the rights of children is also an area which needs further attention as poor legislation or lack of legislation can be a major impediment in the fulfilment of the obligations under the Convention.

12. Additionally, the Maldives is now dealing with the effects of the worst natural disaster in its history. The Asian tsunami of December 2004 hit the shores of the low lying islands drastically altering the life in the whole nation. All but nine islands were flooded and a third of the population was severely affected. 108 people lost their lives, 54 of whom were children. The tsunami destroyed and damaged some 5,700 homes, leaving 15,000 people homeless, and also damaged health facilities, schools, transport and communication infrastructure, private businesses and livelihoods. The non-return of expatriate teachers and health workers put additional pressure on an already strained social delivery system. The tsunami disaster made every Maldivian aware of the country's extreme vulnerability to environmental threats and the implications of the disaster will be felt for many years ahead.

13. While the Government, with the assistance of the international community, moved swiftly to meet the immediate needs for shelter, food and water, and established camps around the country, the negative effects on the economy were significant. The economic losses were estimated to be US \$470 million or 62% of GDP, but when the full environmental and other implications became clearer, the overall cost was much higher. In addition to the direct losses, the loss of income from tourism is predicted to result in a budget deficit for the next two to three years. These negative effects on the economy may pose a challenge in terms of securing adequate resources to provide and expand services such as health, education and protection for children.

14. There are a growing number of social challenges facing the Maldives today which will need to be addressed in any measure taken to implement the Convention. Young Maldivians are growing up in a steadily more prosperous and developed country, but at the same time face rising youth unemployment and a rapidly growing drug addiction problem. Added to these challenges are ongoing concerns about access to health services in the more outlying islands, high malnutrition rates and environmental degradation, access to and quality of education available and lack of protection of children from abuse and violation of rights especially as traditional protection mechanisms are eroded in a rapidly modernizing society.

#### **B. Plans envisaged to improve further the realization of the rights of the child**

15. There is a common commitment to ensure that the Maldives not only recovers from the devastating effects of the tsunami, but uses the opportunity to make strategic investments in the future and to ‘build back better’. These commitments are reflected in the preparation of the Seventh National Development Plan which will encapsulate the tsunami recovery over the next three to five years, as well as, lay the foundation for achieving the Millennium Development Goals by 2015.

16. The Government, in its “Vision 2020” on health, commits itself to making good quality medical care available in all areas, and provide everyone access to health insurance to make health care affordable. The Government plans to strengthen national capacities in managing and developing an effective health system. High priority has been given to ensure the availability of essential health services at the Atoll and Island levels with the expansion of the health facilities and strengthening of the referral system. A wide, four-tiered network of health care facilities throughout the country is being established to make basic health services available and accessible to the entire population.

17. The Government of the Maldives in its “Vision 2020” has planned to establish a minimum standard of 10 years of formal schooling throughout the country. It also plans to establish good quality tertiary education. Plans include increasing the infrastructure and resource availability, further training of the faculty members, diversifying the academic programs, and utilizing information technology and emerging innovative modes of academic programs. Particular attention will be given to affordability, sustainability and management capacity. Highest priority will be placed on ensuring that all children in all locations enter school and complete a basic learning cycle of seven years.



18. Progressively taking up steps to reduce the gender inequities and to promote child rights will be another area of action. Plans include the establishment of a countrywide child protection system, reviewing and strengthening existing legislation relating to child rights, strengthening state care facilities and services and protecting the rights of children with special needs.

19. The cabinet has also recently recommended the reorganization of the administrative framework of the Ministry of Gender and Family, and has established the Family and Child Protection Authority. These administrative reforms have been made to increase efficiency in service delivery and to further decentralize the work of the Ministry to all parts of the country. The Family and Child Protection Authority will formulate necessary policies and enforcement regulations to further strengthen efforts to promote and protect the rights of children and women. The new Authority will replace the Unit for the Rights of the Child (URC) at the Ministry of Gender and Family. It will continue with and expand the services provided by the URC, such as counseling, while also establishing social protection services, which will be extended to include all Atolls and Malé.

20. The Government of the Maldives is enhancing commitment to ensure that adequate public financing is channeled to achieve all the MDG targets across all the Atolls of the Maldives. The seventh National Development Plan (7NDP), the Public Sector Investment Programs (PSIP) and the Medium Term Expenditure Frameworks (MTEF) will be directed at achieving the MDGs. Priority will be given to investments that are designed for economic empowerment of the people and consolidation of population and development.

## **I. GENERAL MEASURES OF IMPLEMENTATION (arts. 4, 42 and 44)**

### **A. Reservations**

21. The Committee noted the following observations and recommendations with regard to the Maldives' reservations on the Convention:

6. The Committee is concerned that the reservations made to articles 14 and 21 of the Convention by the State party may affect the implementation of the rights guaranteed in these articles.

25. In the light of the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights in June 1993, which encouraged States to withdraw reservations to the Convention on the Rights of the Child, the Committee recommends the State party to consider reviewing its reservations to the Convention with a view to withdrawing them.

22. Upon ratification of the Convention, the Maldives expressed its reservation on articles 14 and 21:

Since the Islamic Shariah is the fundamental basis of Maldivian Law and since Islamic Shariah does not include the system of adoption among the ways and means for the

protection and care of children contained in Shariah, the Government of the Republic of The Maldives expresses its reservation with respect to all the clauses and provisions relating to adoption in the said Convention on the Rights of the Child.

The Government of the Republic of The Maldives expresses its reservation to paragraph 1 of article 14 of the said Convention on the Rights of the Child, since the Constitution and the Laws of the Republic of The Maldives stipulate that all Maldivians should be Muslims.

23. The Maldivian Constitution states that the Maldives is an Islamic State and that all Maldivians should be Muslim. Reservations on Articles 14 and 21 remain unless the Constitution is changed or amended. However, it should be noted that a Constitutional Assembly is currently reviewing the Constitution and, if it is changed, it will be possible to withdraw the Maldives' reservations to the Convention.

24. The sections pertaining to relevant articles include detailed responses to the observations raised by the Committee.

#### **B. Measures taken to bring national legislation and practice into conformity with the principles and provisions of the Convention**

25. With regard to harmonizing the Maldives' national legislation with the Convention, the Committee expressed the following observations/recommendations:

7. The Committee expresses its concerns regarding the need to harmonize fully the Law for the Protection of the Rights of the Child (Law 9/91) and other domestic legislation with the principles and provisions of the Convention taking into account its holistic nature.

26. The Committee recommends the State Party to engage in a comprehensive reform of its legislation, with a view to ensure its full conformity with the principles and provisions of the Convention.

26. The Maldives has undertaken measures to ensure that its national legislation conforms to the principles and provisions of the Convention. Since the initial report, some national laws have been introduced and/or reviewed and amended. Below are some areas where national legislation has incorporated the principles of the Convention.

27. The Law on the Protection of the Rights of the Child (Law 9/91) was passed in November 1991. This law prescribes guiding principles for the Government, parents and community in order to ensure and enhance the rights of the child. The law was derived directly from the provisions stipulated in the CRC, providing a legal basis for the protection of children in the Maldives. However, the legislation may need to be revised in order to ensure that it is more inclusive and that it comprehensively promotes and protects the rights of children in the Maldives. This has partially taken place. For example, previously, under the Law 9/91, a child was defined as under-16 years but it has now been revised as under-18 years. Also refer to paragraph 8 and 9 of the initial report.

28. A detailed review of the application of national laws and Islamic Shariah within the framework of the implementation of the Convention was conducted in 2000. Subsequently, a report on “The Application of the CRC in the Republic of The Maldives from the Perspective of Islamic Law” was submitted to the Government. The report recommended that the Law for the Protection of the Rights of the Child, while being a valuable and significant step, needs to be taken further. A more comprehensive law, with mechanisms to execute these laws under specific circumstances will need to be put in place in order to fully protect children’s rights and ensure access to justice. The Government, with UNICEF support, is planning to undertake a project to address these concerns in 2006.

29. The Family Law (Law No.4/2000) was enacted in December 2000 and came into force in July 2001. It was a vital step forward for the rights of both women and children and particularly for those in situations of family conflict or breakdown. Special provisions include:

- Minimum age for marriage for men and women being raised to 18 years;
- Allowing prenuptial agreements that may restrict a man’s access to privileges with regard to divorce and polygamy;
- Allowing prenuptial agreements where men and women have equal access and control over property and finance;
- Restrictions on men’s freedom to divorce out of court;
- Legal obligations for men to pay child support and maintenance following a divorce.

30. Rules on Interrogation Adjudication and Sentencing (s289, 6) relating to juveniles initially came into force in 1998, with the establishment of a separate Juvenile Court. The regulation has since been amended in 2004, and very recently, new changes have been made, to facilitate and further the implementation of the Convention. For example, regulations in relation to juvenile justice are being amended to restrict proceedings against children in favor of rehabilitation, and to put in place sanctions that correspond with criminal culpability, where sanctions are necessary. These regulations will serve as an interim measure until the Juvenile Justice Act, proposed under a comprehensive juvenile justice model is implemented. The Juvenile Justice Act will seek to include different non-custodial punishments with detention as a last resort, in an attempt to align the domestic legislation with UN guidelines on juvenile justice. (Also see para 29-31 below). The Juvenile Justice Act will be drafted in 2006.

31. In line with Committee’s recommendation for legislative reform, the Attorney General fielded two missions with financial assistance from the UNDP. The first was a situation analysis of the criminal justice system and the second was a review of the juvenile justice system and the gender issues arising within the criminal justice system. Based on the findings and recommendations of these reviews, as well as, other reports and literature, the suggestions of stakeholders in the system and the experience of the Attorney General’s Office, policy recommendations have been made and a National Criminal Justice Action Plan 2004-2008 has been devised.

32. Some of the policy recommendations from the situation analysis of the criminal justice system include:

- Developing a comprehensive juvenile justice model that provides room for intervention at numerous points in the juvenile justice system, maximizing the opportunity for diversion from the system at the early stages of contact with the system;
- Establishing a system of sentence administration which provides for guided pathways out of the system, thereby enabling successful rehabilitation and re-integration into society;
- Restructuring the penal system to achieve the goals of sentencing with particular focus on the rehabilitation and re-integration of offenders.

33. Strategies and measures to implement the reforms to the criminal justice system include:

- Reviewing the penal system and introducing alternative forms of punishments;
- Introducing a graded framework to tailor sentences to match the offence;
- Establishing proper mechanism to administer non-custodial sentences;
- Establishing rehabilitation programs for juvenile offenders.

34. In addition to the rights provided under the Law on the Protection of the Rights of the Child (Law 9/91) and the Family Law Act 2000 (Law No. 4/2000), the provisions of the Convention are implemented by a wide range of legislation, policies and programs which affect children. This includes legislation, policies and programs in the areas of family law, social security, health and community services, education, sports and culture, employment, and juvenile justice.

35. Unfortunately, even with the numerous efforts to reform or establish new laws, there still remain some inconsistencies between domestic law and the Convention. This is particularly the case with laws which were enacted prior to the ratification of the Convention. Efforts are underway to identify such gaps and address them to ensure full harmonization. For example, a legal review of laws pertaining to matters related to children will be carried out this year (2006). Positive measures in order to make the Convention operative within the domestic legal system of The Maldives are also ongoing.

### **C. The status of Convention in domestic law**

36. While as much of the Convention is incorporated into existing and new legislation, the Convention cannot be directly enacted as domestic law. As the Maldives has a dualistic legal system, international instruments need to be incorporated into domestic law for them to be

enforceable in court. Therefore, the general approach taken in the Maldives to this and other Conventions is to ensure that domestic legislation, policies and practices comply with the Convention after ratification. In the case of any conflict between the Convention and domestic law, domestic legislation will be followed.

37. While there is a general practice of following High Court cases where there is a like case, the doctrine of stare decisis does not exist in the Maldives, nor does a system of law reporting. Hence any judicial decisions in support of principles and/or provisions of the Convention may not have the same weight and effect as it does in common law jurisdictions. However, it should be noted that establishing a system of law reporting is in the pipeline, and that this will contribute towards maintaining uniformity and consistency in law, including that relating to children.

#### **D. Remedies available in case of violation of the rights recognized by the Convention**

38. Along with the National Council for the Protection of the Rights of the Child there are other agencies and institutions that can provide remedies in case of any violations of the rights of the child. The juvenile or family courts, the Family and Child Protection Authority, the Ministry of Gender and Family and the Family and Child Protection Unit at Police Headquarters are some of the channels through which to seek remedies. The Human Rights Commission of the Maldives can also be an alternative mechanism from which to launch complaints in cases of violations of the rights of the children.

#### **E. National strategy for children**

39. The National Council for the Protection of the Rights of the Child continues to monitor the actions of the Government, Government agencies, parents and communities and their role in relation to the Law 9/91 and the protection of the rights of the child.

40. Currently, the council consists of members from: the Ministry of Information, Arts and Culture, the Ministry of Gender and Family, the Ministry of Planning and National Development, the Ministry of Defense and National Security, the Ministry of Education, the Ministry of Atolls Administration, the Ministry of Youth and Sports, the Supreme Council of Islamic Affairs, the Department of Public Health, the Attorney Generals Office, the Family Court, the Juvenile Court, the Indhira Gandhi Memorial Hospital (IGMH) and the People's Majlis.

41. The proposed Seventh National Development Plan has listed a number of areas of intervention defining the strategy for the Ministry of Gender and Family to enhance its work on protecting the rights of the child and implementing the Convention. This includes:

- Developing institutional frameworks and establishing a multi-disciplinary protection system for children and vulnerable women;
- Developing institutional framework and establishing support services for children and families in particularly difficult circumstances;

- Supporting the strengthening of the justice and legal system to protect the rights of children and women;
- Promoting the health and well being of families;
- Promoting policies for the social inclusion of the elderly and people with special needs and safeguarding their well being within the community;
- Developing mechanisms to increase economic and socio-political participation of women;
- Mainstreaming gender and child rights concerns.

**F. Existing or planned mechanisms at the national, regional and local levels for ensuring implementation of the Convention, for coordinating policies relevant to children and for monitoring progress achieved**

42. The Committee expressed in its concluding observations that:

9. The Committee is concerned at the lack of a specific mechanism to monitor progress in all areas covered by the Convention and in relation to all groups of children, especially the most vulnerable ones, in urban and rural areas.

43. Following the ratification of the Convention on the Rights of the Child, the Unit for the Rights of the Child (details initial report) was established within the Ministry of Gender and Family to promote the rights of the child and monitor the implementation of the Convention. The URC worked under the supervision of the National Council for the Protection of the Rights of the Child which served as a platform where central, regional, local authorities and other concerned agencies could be represented.

44. However, in January 2006, the Ministry of Gender and Family underwent restructuring and four departments were set-up to implement programmes: Planning, Monitoring and Research, Family and Child Protection Authority, Family and Child Protection Services, and Family and Community Development.

45. The Planning, Monitoring and Research will focus on:

- Developing an action plan based on international conventions including the CRC;
- Ensuring that national development plans and strategies are implemented and are in accordance to international conventions which the Maldives has ratified;
- Research and data collection;
- Monitoring and reporting on the implementation of international conventions including the CRC.

46. The Family and Community Development will focus on:
- Empowerment of women;
  - Advocacy and awareness raising including on the Convention;
  - Creating a protective environment for children;
  - Civic education.
47. The Family and Child Protection Services will focus on:
- Counseling and rehabilitation;
  - Legal services;
  - Social work with families;
  - Multi-sectoral networking for referral and services.
48. The Family and Child Protection Authority will look into all legislation related to family and child protection at the national level. It will also coordinate with the Family and Child Protection Unit at the Police Headquarters and the Indhira Gandhi Memorial Hospital. The Family and Child Protection Authority will also work in close coordination with the Family and Child Protection Units at the Atoll levels. The Authority will focus on:
- Developing policies, standards, procedures and guidelines for services;
  - Monitoring, evaluation and inspection of social service provisions;
  - Establish standards and mechanisms for delivering decentralized social services;
  - Multi-sectoral networking.
49. The Multi-Sectoral Working Group on Child Protection, comprising of concerned Government departments and services, NGOs and donors, has also been constituted to increase coordination among various stakeholders and services available.
50. The unique geographical configuration of the Maldives continues to present many challenges to the development of the Maldives and the implementation of the Convention. The current population of 289,480, out of whom 125,696 are children under 18 years of age, is distributed over 199 inhabited islands, with twenty seven percent of the population residing in the capital of Malé. The islands of the Maldives are dispersed over an area of 820 kilometers in length, with a breadth of 130 kilometers. The population growth rate has decreased from 2.7 in 1990-95 to 1.9 in 1995-2000.

51. The Maldives' infrastructure is strongly influenced by its dispersed geographic nature. At present a four tiered administrative system exists, at Central, Regional, Atoll and Island levels. However, services delivery to the Atolls is difficult and costly, often leading to the inequity in the provision of services. Given that three quarters of the population resides outside of Malé, it is imperative for increased awareness and implementation of CRC in the Atolls, not just at a central, national level. With regards to CRC implementation, the geography continues to present special challenges in terms of:

- The dissemination of material and information;
- Establishing appropriate mechanisms to support children and families in need;
- Provision of quality health care and education;
- Raising awareness of child's rights and meeting the needs of children in vulnerable circumstances.

52. The Government of the Maldives is committed to the process of de-centralization and the development of effective and efficient transport and communication systems, in order to connect the islands and populations. It is currently conducting situational reviews towards establishing the Child Protection Systems in the Atolls, training child rights workers in the Atolls, and the dissemination of advocacy materials, all targeted to island people.

#### **G. Independent body established to promote and protect the rights of the child**

53. The Committee recommended in its concluding observations that:

29. The Committee encourages the State party to consider the establishment of an independent mechanism to fully monitor the implementation of the Convention, especially for the most vulnerable groups of society.

54. While the establishment of an independent mechanism in the Maldives to monitor the national goals and the implementation of the Convention does not yet exist, two approaches can be taken: (i) an indicator-based approach can effectively monitor progress of children's conditions and rights, and the implementation of the Convention, with special attention to children in the most vulnerable circumstances and (ii) Non-Governmental Organizations and other independent bodies can become involved in monitoring the implementation of the Convention for example by producing shadow reports.

55. Additionally, a Human Rights Commission was established on December 10, 2003 through a Presidential Decree. In 2005 it was given independent status through an Act of Parliament under the Human Rights Commission Act 2005 (Law 01/2005). The legislation, after being approved by the President, came into force on August 18, 2005.



56. The mandate of the Human Rights Commission includes implementation and enforcement of the basic provisions of the Constitution and the relevant international human rights Conventions and Treaties, signed and ratified by the Maldives, including the Convention on the Rights of the Child. The three main areas of intervention are:

- Raising awareness of human and child rights;
- Promotion and protection of human and child rights;
- Investigation and monitoring of the human rights violations;
- Providing policy advice in the drafting of legislation, for example, while passing new laws, the Attorney General's office would send the draft to Human Rights Commission for advice.

57. While some amendments may be necessary to the Human Rights Commission Act 2005, to enable the Human Rights Commission to be more effective in the promotion and protection of human rights including child rights, efforts are underway to implement these changes within 2006. Amended version of this bill is submitted to the majlis and amendments were made as recommended by the UN Human Rights Commission.

**H. Measures taken to ensure the systematic gathering of data, to assess existing trends at the national, regional and local levels, as well as steps taken to develop mechanisms for the identification and gathering of appropriate indicators, statistics, relevant research and other relevant information for policy-making**

58. The Committee, in its concluding observations, encouraged the gathering of more comprehensive and disaggregated data. Specifically, the Committee pointed out that:

8. Although the Committee is aware of existing coordinating mechanisms, it is concerned at the insufficiently systematic and comprehensive, and also disaggregated, quantitative and qualitative data-collection, for all areas covered by the Convention, especially the most vulnerable groups of children, such as children living in institutional care, girl children and children living on isolated islands.

28. The Committee recommends that the State party strengthen and extend the activities of the Coordinating Committee on Children. It also recommends that the State party develop a comprehensive system of collecting disaggregated data, in order to gather all necessary information on the situation of children in the various areas covered by the Convention, including children belonging to vulnerable groups. The Committee encourages the State party to seek to this effect international cooperation from, inter alia, UNICEF.

59. Every year a statistical yearbook is published by the Ministry of Planning and National Development (MPND). This yearbook comprises of comprehensive disaggregated data on a variety of human development related fields - from budgetary allocations to per capita income from enrolment in schools to population growth rate (Annex I CD of the Statistical Year Book 2005). The yearbook also covers children related areas e.g. education, health, immunization, etc. Along with this statistical yearbook, a data collection system was established within the Ministry of Gender and Family specifically to gather information on children related issues.

60. There has been significant improvement in the quality and quantity of data in the Maldives, for all groups of children, with assistance from UNICEF. The central database collecting information on the situation of children at the Ministry of Gender and Family has been strengthened. This database collects nationwide information on the children referred to Ministry including the number of cases, the number of children and the type of issues involved. The cases referred to the island offices are forwarded to the Ministry via the Atoll offices and entered into the database on a regular basis. The Government has also planned to consolidate the information gathered in the URC database into the larger DEV INFO database.

61. This current data collection method of Ministry of Gender and Family focuses on information relating primarily to child protection. UNICEF is working on continued expansion of the database in order to increase the nation's monitoring capacity to all child related indicators in the Maldives. It is hoped that the database will be improved to include information that facilitates monitoring the progress of the implementation of the four general principles enshrined in the Convention.

62. A concerted effort has been made to more systematically collect data from other Atolls. A database was installed in Addu in conjunction with the Child Protection System (CPS) pilot project in 2000. This database is the central data collection point for child related referrals to the Atoll Office in Addu. The information gathered within this database is forwarded on to the central Ministry of Gender and Family database. Such databases are expected to be installed in every Atoll within the next three years.

63. It is recognized that additional effort needs to be made to ensure that specific data on the situation of vulnerable children, especially those in more remote islands, is captured. Qualitative data in the form of situation analysis and representative samples have been collected in 9 out of 20 Atolls with plans to complete them in the remaining 11. Studies on violence against children and on the psycho-social needs of children affected by the Tsunami have also been conducted.

64. Recommendations on setting up a more holistic monitoring approach to child rights have also been taken into consideration including:

- Expansion of the scope of the Ministry of Gender and Family's database from child protection to encompass:
  - Civil rights and freedoms;
  - Family environment and alternative care;

- Basic health and welfare;
  - Education, leisure, care and cultural activities;
  - Special protection measures;
  - General measures for implementation.
- Uploading data on child rights from the Atolls into the UN common database, DEV INFO. This would broaden the scope of child rights monitoring in the Maldives.

65. The Ministry of Gender and Family has also attempted to widen the dissemination of the data collected to raise awareness of the issues being brought to the attention of the Ministry. A quarterly report compiled by the Ministry is distributed to the media. The report communicates information on all cases referred to the Ministry within the quarter and highlights the main challenges facing children. A report on the number of cases referred to the Ministry is also compiled every three months for the President's Office.

66. UNICEF has provided assistance in setting up the means to collect data such as providing the hardware and software for the databases, as well as, funding for staff salary. With UNICEF's support, databases in Addu, at the Juvenile Court and police offices have also been set up. UNICEF will also support the Government in further categorizing and disaggregating the data collected within these databases and in conducting a vulnerability assessment in 2006.

67. Under the previous Master Plan of Operations 1999-2002, the Government of The Maldives worked in collaboration with UNICEF to strengthen and broaden data collection on public health and nutrition indicators in the five regional public health units. This expansion supported the monitoring of various indicators on child rights, including birth registration and those on early childhood development.

68. The goal of the current UNICEF Country Program of Cooperation 2003-2007 is to contribute to the achievements of children's rights to survival, development, protection and participation within the framework of the Government's Sixth National Development Plan and the strategic vision of the Maldives' future development ("Vision 2020"). The four main objectives of the Country Program are to:

- Help reach the most marginalized children and ensure they are physically and mentally healthy, socially alert and active;
- Support the provision of equitable access for all children to quality basic education;
- Increase awareness and application of all child rights to all children, reducing geographical and gender disparities, providing support for children in need of special protection, reducing discrimination and abuse;
- Improve the collection and management of disaggregated data for better decision making and monitoring of the impact of intervention.

**Child protection-related cases reported to URC during 1 January 1997 to 31 December 2005**

	1997			1998			1999			2000			2001			2002			2003			2004			2005		
Report category	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Behavior problems	17	3	20	2		2	3		3	3	1	4	20	2	22	42	22	64	17	17	34	35	11	46	31	10	41
Child abuse physical	15	5	20	12	3	15	5	3	8	8	7	15	13	2	15	14	15	29	7	5	12	10	2	12	7	6	13
Child abuse psychological	1		1	4	4	8		2	2		1	1				1		1	2	1	3	1	1	2	1	3	4
Child abuse sexual	10	48	58	1	17	18	4	23	27	15	46	61	4	33	37	10	13	41	7	12	19	8	31	39	6	29	35
Child custody	20	20	40	12	10	22	10	8	18	16	20	36	20	14	34	16	21	37	4	5	9	13	13	26	7	10	17
Child support	24	24	48	51	26	77	32	23	55	32	30	62	31	26	57	23	11	34	19	10	29	23	17	40	14	6	20
Children in alternative care	36		36	48	2	50	29		29				18		18	5		5	1		1	5		5	2	1	3
Children in conflict with the law	314	21	335	117	8	125	43	13	57	67	9	76	62		62	122	11	133	133	2	135	66	3	69	44	4	48
Emotional/psychological problems	3	5	8													1		1					1	1		1	1
Family problems	10	9	19	3	3	6	7		7	1	1	2	4	12	16	3	5	8	5	3	8	7	9	16	3	8	11
Mental illness	2	2	4	1		1							75		75							1		1	2	1	3
Miscellaneous	30	6	36	42	12	54	13	11	24	64	33	97		77	77	50	37	87	9	14	23	8	12	20	13	5	18
Negligence	4	1	5										4	7	11	12	6	18	2	3	5	11	14	25	16	17	33
Sexual misconduct	18	7	25	2	7	9	1	2	3	4	2	6	4	2	6	4	2	6	13	1	14	1	3	4	10	4	14
Social conseq. of broken families	9	11	20	5	5	10	2	2	4	2	5	7	2	1	3	16	8	24	2	2	4	13	8	21		1	1
Special needs and disability							1	3	4																1		1
Substance abuse	5	2	7							1		1				8		8	10		10	15	2	17	8	3	11
Welfare assistance	70	33	103	89	79	168	112	113	226	118	94	212							2	2	4	5		5			
Total	588	197	785	389	176	565	262	203	467	331	249	580	257	176	433	327	151	496	233	77	310	222	127	349	165	109	274

**I. Initiatives taken in cooperation with civil society and any mechanisms developed to evaluate progress achieved**

69. The concluding observations made by the Committee on the cooperation with civil society included:

*11.* The Committee is concerned regarding the lack of participation of civil society in designing and implementing policies and programmes for children.

*31.* In order to enhance the partnership with all components of the civil society in implementing the Convention, the Committee strongly encourages the State party to facilitate the establishment of non-governmental organizations dealing with children and to cooperate with them.

70. The Maldives' Sixth National Development Plan outlined an explicit policy on working with civil society to achieve development goals. The Seventh National Development Plan also stipulates specific areas of cooperation with NGOs and civil society.

71. While the Maldives only has a limited number of Civil Society Organizations working on the promotion and protection of the rights of the child, the Government has actively sought to involve them. The Government has encouraged participation from those even partially working on child rights related issues in the process of designing and implementing children related policies and programs.

72. The CARE Society and Society for Health Education (SHE) are currently the most active NGOs working with children. The Foundation for the Advancement of Self-Help and Needs (FASHAN) was another NGO looking to expand their mandate to include children's issues, however, it is currently inactive. At present there are no NGOs that have a mandate exclusively focused on child rights.

73. The December 2005 tsunami required NGOs to respond to an increased demand for emergency relief and rehabilitation services, often outside their mandates. In many cases, the needs have stretched their capacity so much that original programs and targets have adversely been affected.

74. The Government of The Maldives developed the National Plan of Action for the well-being of the Maldivian Child 2001-2010 with the involvement of the civil society. The NPA was developed in consultation with the community and with the active participation of various Civil Society Organizations. A consultative meeting held on December 24-25, 2002 was attended by 109 representatives of government offices, private associations, Civil Society Organizations and the representatives of the Atolls along with students from different schools in Malé. After detailed discussions and debate over the draft Action Plan during this meeting, the National Plan of Action was finalized. The three main components of the National Plan of Action were: education, health and the preservation of children's rights.

75. Many activities have been conducted in cooperation with civil society and the private sector including:

- The “Say Yes to Children” campaign launched in the Maldives in 2001 which provided communities and children the opportunity to actively participate in child rights campaigns. However, while the campaign was well received in Malé, participation in the Atolls was limited due to transport difficulties;
- Investing in Children - the international movement promoting cooperation between the Government and the corporate sector in the realization of child rights;
- Other children’s events to promote children’s rights such as National Children’s Day on the 10th of May annually, art exhibitions and a literacy festival.

76. The Government of The Maldives supports the initiatives of Non-Governmental Organizations in the arena of child rights. It also recognizes that to make these initiatives sustainable, it is necessary to mobilize and build the capacity of Civil Society Organizations in the Maldives. This can be achieved through efforts on the part of both the Government and Civil Society Organizations, with technical and financial assistance from the UN and other international development partners.

**J. Measures to ensure the implementation of the economic, social and cultural rights of children to the maximum extent of available resources**

77. The concluding observations on economic, social and cultural rights of children were included under a recommendation to accede to major international human rights treaties:

27. The Committee encourages the State party to accede to other major international human rights treaties, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which all bear an impact on the rights of the child.

78. The Maldives has not ratified the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. However the matter is under consideration.

79. The Human Rights Commission too has recommended to the Government in 2005, the ratification of the ICCPR and the ICESCR.

80. The Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment has been ratified recently.

81. The Maldives, has made substantial progress towards achieving the MDGs which includes several indicators on the economic and social situation in of the country, particularly on health and education of children. Due to the significant socio-economic progress and progressive socio-economic policies, the Maldives was in a position to graduate from its Least Developed Country (LDC) status. However, following the tsunami this has now been deferred.

82. The tsunami increased the vulnerability of affected children and women. In addition to dealing with the trauma, the challenges related to displacement and hosting of those internally displaced and the loss of livelihood augmented the pressure on the family, increasing the risks of violations of children's rights.

83. The Seventh National Development Plan also recognizes the need to provide support services for children in difficult situations. It seeks to provide trained social service providers to assist vulnerable children including in remote Atolls.

#### **K. Budgetary trends and analysis - resources from the national budget and from international aid and support**

84. The concluding observations express concern over securing adequate resources to further child rights:

*10.* With regard to article 4 of the Convention, the Committee is concerned that the financial and human resources available for the implementation of all the rights recognized by the Convention are insufficient to ensure adequate progress in improving the situation of children in the State party.

*30.* With regard to the implementation of article 4 of the Convention, the Committee encourages the State party to consider the possibility of seeking international cooperation for additional resources to implement all the rights enshrined by the Convention.

85. The table below highlights the budget trends from 1996-2005.

86. The Health Master Plan, 1996-2005, placed emphasis on human resource development. Through international and in-country training, it aimed to replace a large number of the expatriate workers with local staff.

87. The Ministry of Gender and Family recognizes the need to mobilize funds for both infrastructure development and human resource development in order to achieve its goals for children. Funds will be mobilized from both external sources and from the Government.

**Functional classification of central government expenditure  
(In million Rf)**

**1996-2001**

Particulars	1998			1999			2000			2001		
	1996	1997 (Prov.)	1998 (Budget Est.)	1997	1998 (Prov.)	1999 (Budget Est.)	1998	1999 (Prov.)	2000 (Budget Est.)	1999	2000 (Prov.)	2001 (Budget Est.)
Total expenditure and net lending	1 707.2	1 933.4	2 073.8	1 934.4	2 219.8	2 299.8	2 055.3	2 481.8	2 482.7	2 519.7	2 776.0	3 327.8
Total expenditure	1 694.8	1 937.1	2 072.3	1 938.1	2 218.3	2 298.8	2 115.9	2 468.3	2 562.9	2 508.2	2 819.9	3 373.3
Public services	606.8	804.4	812.7	766.2	904.2	849.1	799.1	1 141.1	939.5	1 074.7	1 139.3	1 279.9
General administration	362.4	408.3	461.6	429.2	482.1	466.0	428.8	564.1	548.6	547.6	665.0	844.7
Public order and internal security	244.4	396.1	351.1	337.0	422.7	383.1	370.3	577.0	390.9	527.1	474.3	435.2
Environmental protection												
Social services	575.7	745.5	938.8	750.0	937.6	952.6	993.7	1 002.6	1 200.0	1 022.9	1 143.2	1 275.3
Education	246.6	319.4	464.0	318.4	421.2	434.1	432.1	441.2	539.5	450.8	501.7	601.1
Health <sup>1</sup>	190.8	222.4	244.6	212.0	222.7	239.8	224.2	278.2	296.1	259.4	286.7	318.3
Social security and welfare	47.8	49.5	65.4	66.5	61.9	54.1	71.3	73.6	64.6	70.0	97.9	70.1
Community programmes	90.5	154.2	164.8	153.1	231.8	224.6	266.1	209.6	299.8	242.7	256.9	285.8
Economic services	431.3	300.3	225.6	334.8	280.7	396.5	241.5	223.0	322.9	311.9	436.9	702.1
Fisheries and agriculture	83.1	28.6	20.0	21.8	12.6	22.4	22.0	19.0	25.1	23.2	38.0	89.9
Transportation	140.8	177.8	132.8	217.2	208.1	218.7	159.1	152.8	147.0	215.6	251.3	447.5
Communication	41.9	42.1	2.1	34.7	1.9	6.0	2.3	4.3	5.4	22.3	5.0	45.5
Tourism	17.7	20.2	15.8	23.9	16.3	15.5	15.8	22.8	26.3	22.9	26.0	29.2
Trade and industries	9.9	10.3	5.1	8.1	6.4	7.1	6.3	5.4	7.3	7.0	5.6	6.2
Electricity	137.9	21.3	49.8	29.1	35.4	126.8	36.0	18.7	111.8	20.9	111.0	83.8
Interest on public debt	81.0	86.9	95.2	87.1	95.2	100.6	81.6	101.6	100.5	98.7	100.5	116.0
Net lending	12.4	-3.7	1.5	-3.7	1.5	1.0	-60.6	13.5	-80.2	11.5	-43.9	-45.5
Memorandum item:												
Foreign-loans disbursements	258.7	302.8	205.8	257.3	320.9	331.0	248.2	201.1	198.7	207.6	302.4	753.6

*Source:* Ministry of Finance and Treasury.

<sup>1</sup> Expenses for water and sanitation is included in the health sector.



**Functional classification of central government expenditure,  
(In million Rf)**

**2000-2005**

Particulars	2002			2003			2004			2005				
	2000	2001 (Prov.)	2002 (Budget Est.)	2001	2002 (Prov.)	2003 (Budget Est.)	2002	2003 (Prov.)	2004 (Budget Est.)	2003	2003 (% share)	2004 (Prov.)	2004 (% share)	2005 (Budget Est.)
Total expenditure and net lending														
Total expenditure	2 739.9	2 912.9	3 320.8	2 912.1	3 334.2	3 829.5	3 135.7	3 529.2	3 789.7	3 551.9	100.0	3 758.1	100.0	4 742.9
Public services	1 164.5	1 215.8	1 234.2	1 088.1	1 105.8	1 270.3	1 029.8	1 186.3	1 344.2	1 204.9	33.9	1 279.7	34.1	1 799.1
General administration	715.6	777.9	785.0	624.2	656.3	803.7	610.5	680.1	774.0	650.9	18.3	754.0	20.1	1 029.4
Public order and internal security	448.9	437.9	449.2	463.9	449.5	466.6	396.3	480.9	540.2	532.1	15.0	494.6	13.2	726.1
Environmental protection							23.0	25.3	30.0	21.9	0.6	31.1	0.8	43.6
Social services	1 140.5	1 147.5	1 492.0	1 198.3	1 570.0	1 778.8	1 532.8	1 648.7	1 715.5	1 667.6	46.9	1 746.8	46.5	1 985.3
Education	541.2	534.0	597.2	515.6	589.8	698.5	636.8	717.0	720.3	723.6	20.4	736.6	19.6	970.0
Health <sup>1</sup>	376.2	368.0	394.8	400.5	412.9	519.7	415.9	496.2	556.6	363.3	10.2	423.9	11.3	533.4
Social security and welfare										141.3	4.0	162.1	4.3	168.7
Community programmes	223.1	245.5	500.0	282.2	567.3	560.6	480.1	435.5	438.6	439.4	12.4	424.2	11.3	313.2
Economic services	328.5	435.7	467.7	509.2	516.5	645.6	436.6	559.4	583.2	544.2	15.3	596.8	15.9	818.5
Fisheries and agriculture	47.7	22.9	31.1	39.3	26.3	34.8	17.9	21.5	31.4	26.2	0.7	31.4	0.9	94.0
Transportation	166.2	224.6	327.0	305.9	368.4	503.3	306.3	419.6	410.9	430.1	12.1	412.4	11.0	421.3
Communication	4.5	33.2	12.5	33.2	6.8	14.3	8.1	14.1	41.9	17.2	0.5	41.5	1.1	105.0
Tourism	27.7	29.4	29.9	31.4	32.8	40.0	35.9	37.5	52.5	34.9	1.0	61.4	1.6	116.6
Trade and industries	6.1	5.2	5.6	4.7	4.6	8.6	5.0	21.8	27.8	5.8	0.2	40.3	1.1	49.9
Electricity	76.3	120.4	61.7	94.7	77.6	44.6	63.4	44.9	18.7	30.0	0.8	8.8	0.2	31.7
Interest on public debt	106.4	113.9	126.9	116.5	141.9	134.8	136.5	134.8	146.8	135.2	3.8	134.8	3.6	140.0
Net lending										-163.7		-192.8		-106.7
Memorandum item: Foreign-loans disbursements										594.1	16.7	609.5	16.2	640.8

*Source:* Ministry of Finance and Treasury.

<sup>1</sup> Expenses for water and sanitation is included in the health sector.

88. UNICEF is the major funding body for child related activities in the Maldives. Along with WHO and UNFPA, they have played a vital role in supporting child related projects by providing financial assistance, technical input and increasing human resource capacity. WHO has cooperated with the Government to train health workers and Traditional Birth Attendants (TBA) in order to strengthen child and maternal health delivery services. UNICEF has funded teacher training at the Institute of Teacher Education and on-site training in the islands.

89. UNICEF has had the strongest donor response of all UN agencies. The resources available for UNICEF programming expanded by a factor of 50, to US\$ 37 million by November 2005. Based on re-phasing of the remaining funds from 2005, and taking into account the adjusted structure of the remaining Country Program, there is a total of US\$ 24,189,350.75 for 2006-2007. This brings the total allocation of UNICEF resources for the overall five-year country revised program to approximately US\$ 48 million.

90. Other sources of external funding:

- Japan provides a significant amount of bi-lateral funding to The Maldives assisting with the construction of schools;
- The Government of India has also provided a large share of bilateral funding which contributed to the construction of the Indhira Gandhi Memorial Hospital (IGMH), technical staff for the hospital and scholarships to train health care workers;
- Pakistan has also provided scholarships to doctors to get education in Pakistan;
- Additional bilateral funding is received from the Governments of Australia, Sri Lanka, Thailand and Canada. The Canada Fund provides financial assistance for small initiatives and projects;
- The United Kingdom, Singapore and Malaysia have contributed funds towards human resource development;
- World Bank, Asian Development Bank and the Islamic Development Bank have provided funding for educational development programs and other child related initiatives;
- The Regional Development Project funded by the UNDP and several Government initiatives are geared towards reducing disparities between Malé and the Atolls.

91. Despite advances, the current human resource base is still insufficient to meet the needs of the country and fully implement the CRC.

**L. Measures to make the principles and provisions of  
the Convention widely known**

92. The Committee emphasized the importance of disseminating information about the Convention:

12. While recognizing the efforts of the State party to disseminate the Convention and to train professionals working for and with children on the provisions and principles of the Convention, as well as the translation of the Convention into the Maldivian language (Dhivehi), the Committee is of the view that these measures are still insufficient.

32. The Committee encourages the State party to pursue its efforts for the dissemination of the principles and provisions of the Convention and in providing training to all professional groups working with and for children. The Committee suggests that the State party seek assistance from, inter alia, the Office of the High Commissioner for Human Rights and UNICEF in this regard.

93. Consistent effort has been made to widely disseminate the principles of the Convention to the Maldivian community, especially professionals working with children.

- Information about the Convention has been distributed national wide both in audio-visual and in print formats;
- Modules on the Convention and its relevance when working with children are included in all workshops and trainings conducted by Ministry of Gender and Family both in Malé and the Atolls. These include the training of teachers, counselors, and salient people in the Atolls such as social workers;
- The Ministry of Gender and Family provides copies of the Convention to the general public;
- Information sheets based on the principles of the Convention have been designed for adults and children and are being disseminated in the Atolls;
- The Convention and other child related topics are frequently discussed on television and on radio.

94. Given that three-quarters of the population reside outside of Malé, it is imperative to increase awareness of the Convention in the Atolls, not just at a central, national level. With regards to the implementation of the Convention, the geography continues to present special challenges in terms of the dissemination of material and information. A further dissemination of the Convention is anticipated in order to increase public awareness on the rights of the child in Malé and the Atolls.

95. Special emphasis is needed in raising awareness of child's rights and meeting the needs of children in vulnerable circumstances. The Family and Community Development unit within the Ministry of Gender and Family will now have the responsibility of awareness raising and advocacy.

96. The Ministry of Gender and Family, in collaboration with Family and Child Protection Unit of the Police Headquarters, organized training on child rights and a workshop on Investigative Skills in Raa Atoll. The aim of the five day training and workshop was to create awareness about child rights and child protection issues and to build the capacity to enable every Atoll to deal with child rights and protection issues.

- Participants for the training included school teachers from the Atoll and island schools, health assistants from the Atoll regional hospitals and health centers, religious leaders, members from the women's committee and members from the island development committee;
- Participants of the workshop included Magistrates and staff from the Atoll offices, teachers from Atoll and Island schools and personnel from the health services.

97. In 2005, during the month of Ramadan, a quiz program on the Convention on the Rights of the Child was broadcast for twenty-nine continuous days. The purpose of the quiz was to raise public awareness on the Convention. Everyday a question was broadcast on both TV and radio and participants sent in responses to the Ministry of Gender and Family. Cash prizes were distributed among the winners by the Ministry of Gender and Family and private donors.

98. NGOs and UN agencies have also been involved in developing awareness programmes on the Convention. Various campaigns and activities have been carried out by UNICEF in collaboration with several ministries, departments and children's groups. However, due to the small number of NGOs in the Maldives, there is often only a limited scale of involvement. To date there is no NGO working specifically on child rights. Building the capacity of NGOs to carry out awareness raising and advocacy campaigns is a priority. Though the Ministry of Gender and Family includes NGOs as much as possible in its various activities, there is no formal mechanism supporting NGOs. However, the Ministry of Planning and National Development had a mechanism. Now the Community Organizations Development Council has this mandate and it needs to begin operation.

#### **M. Awareness and participation of children on the Convention and activities for its dissemination**

99. A survey was conducted in 2003 to assess what Maldivian children (aged 11 to 18) perceive as respecting and protecting their rights by adults and by themselves and also what they consider being violations of their rights. The results of the survey will be used to incorporate Child Rights in the National Educational Curriculum of the Maldives.

100. The survey solicited opinions of children on their idea of what is good for them, what they think are their rights and what they think are violations of their rights. It also asked them to provide suggestions on what adults can do to improve their wellbeing and list who they would turn to when they are in need. The survey also provides a glimpse of often unspoken issues such as the intimidation faced by children in cases of sexual abuse and parental separation.

101. The findings of the report on the perspectives of children was based on confidential self-administered questionnaires distributed among 1467 school children in 18 schools in Malé and Haa Alif and Dhaalu Atolls. Further materials in the report were based on focus group discussions conducted with students from 14 out of the 18 schools that participated in the survey.

102. The report also emphasized the importance of child participation as the survey was a significant success. The commitment of the children, particularly the child volunteers, on all aspects of the survey including visits to the schools (including Atoll schools), survey enumeration, distribution of questionnaires, data entering and analyzing and conducting focus groups with fellow children resulted in one of the first meaningful exercises in child participation attempted in the country.

103. Under the Child Protection Section of the Sixth National Development Plan, there is a policy to develop a multi-disciplinary Child Protection System based in the community and coordinated by and accountable to a children's department. One of the measures to implement this policy is developing "a system for children to be heard, especially when taking decisions that affect them" (6th NDP, 2001). This is a big step towards fuller participation of children in their community and in matters affecting their lives. This policy and strategy will make the newly established Family and Child Protection Authority responsible for promoting child participation in all the areas of social development and child protection. Given the recent developments in child participation, it is expected that children's participation will be strengthened further in the future.

104. The Ministry of Gender and Family has held various campaigns to create awareness among children about the Convention. It has involved the schools and media, including sponsoring a quiz program (mentioned above).

105. The Ministry of Gender and Family has also supported the establishment of the "Change Makers" Movement in the community school of Malé and has given technical support to make the movement happen. "Change Makers" was a UNICEF lead child participation initiative that sought the establishment of a support network consisting of children and young people as advocates of child rights. It focused on the more vulnerable lives of migrant children.

#### **N. Measures to make the reports widely available to the public at large**

106. In its concluding observations the Committee recommended the need to disseminate the initial report on the Convention:

46. Finally, in the light of article 44, paragraph 6, of the Convention, the Committee recommends that the initial report and written replies submitted by the State party be made widely available to the public at large and that the publication of the report be considered, along with the relevant summary records and concluding observations adopted thereon by the Committee. Such a wide distribution should generate debate and awareness of the Convention, its implementation and monitoring within the Government, the Parliament and civil society.

107. Though the Maldives' initial report, written replies, summary records and concluding observations of the Committee was not published, the Government is committed to publishing this report and the follow up documents. The Combined Second and Third Periodic Report is to be made widely available to the public in order to generate a national discussion, raise awareness about the Convention, as well as encourage its implementation and monitoring by the Government, civil society, the communities, the children themselves and the media.

108. The process of developing this report has also been a participatory one. Stakeholders with different backgrounds were invited to participate and provide input into its formulation. Information and data for the present report was gathered through a consultative process including:

- A Steering Committee comprised of high level Government and civil society representatives;
- National and Atoll level consultative meetings with different stakeholders including concerned Government officials, members of the Civil Society Organizations, UN agencies, other international organizations, parents and children;
- Individual meetings with Government and civil society officials;
- Desk reviews of the laws and policies;
- Follow up consultations and meetings.

109. Print and electronic media were briefed periodically on the progress of this report to encourage awareness of the process of writing the report, sources of the information used, as well as progress made during the years under consideration.

110. It is foreseen that The Maldives' report on the Convention on the Rights of the Child will be widely disseminated across the country among concerned Government officials and departments, members of the Civil Society Organizations, UN agencies and foreign embassies and consulates in Malé. The report will be shared with both print and electronic media and its wide dissemination will be encouraged among the public. A dissemination strategy has already been devised to ensure that this report is made available across the country.

111. The report will also be presented to the President's office and the People's Majlis. The concluding observations and recommendations of the Committee on the Rights of the Child in relation to this periodic report will be widely disseminated as well, through and with all the above mentioned channels.

## **II. DEFINITION OF THE CHILD (art. 1)**

112. The Committee's concluding observations expressed concern on the definition of the age of the child:

13. The Committee is concerned at the lack of clarity on the status of children aged between 16 and 18 years. In this regard, it is especially concerned by the low minimum ages for marriage and criminal responsibility.

33. The Committee recommends that the State party raise the legal age of definition of the child, which is currently set at 16 years. In this regard, the legal minimum ages for marriage and criminal responsibility should be reviewed.

113. In line with the recommendation of the Committee on the Rights of the Child the age of the Maldivian child has been raised to eighteen years.

114. With regard to marriage, significant progress has been made with the enactment of the Family Law (Law No.4/2000) and its amendments. The minimum legal age for marriage has been raised from sixteen years to eighteen.

115. Any persons under the age of eighteen wishing to marry must gain permission from the Registrar of Marriages. The Registrar of Marriages will assess a person's readiness for marriage on the basis of physical maturity, adequate finances and reasons for marrying. The jurisdiction of the island courts to register marriages under eighteen years has also been limited. All marriages below the age of eighteen years can only be solemnized by the Family Court in Malé. However, under the proposed procedural amendments even the Family Court would have to consult the Ministry of Gender and Family before registering such marriages.

116. The amendments to Rules on Interrogation Adjudication and Sentencing article 6, section 289, relating to juveniles raises the age of criminal responsibility from seven years to ten years. Children aged eleven to fifteen only have limited responsibility and that to specific offences classified as serious. Children age sixteen to eighteen years will have to bear criminal responsibility for their offenses, although the sentencing scheme will be different from that for an adult. Moreover, emphasis is placed on rehabilitation and reintegration of the juvenile back into the society. The amendments also contain specific provisions to place juveniles in conflict with the law in a juvenile detention center or rehabilitation center.

117. Please refer to paragraph 27 in the initial report. Information that may not have been covered or that may have changed can be found below.

### **A. The minimum legal age defined by the national legislation**

118. The age for legal and medical counseling without parental consent is 18 years.

119. The age for medical treatment or surgery without parental consent 18 years.

120. Under the new draft Education Act primary education will be made compulsory. Following this legislation, the end of the compulsory education will be twelve years.

121. Children under fourteen years are legally forbidden to be employed, according to the Law on the Protection of the Rights of the Children. Although the Maldives has not ratified the ILO Convention No. 182, concerning the worst forms of child labor, special regulations have been put in place.

122. The minimum legal age for marriage has been raised to eighteen years from sixteen years under the Law on the Protection of the Rights of the Children.

123. Sexual consent is forbidden outside of marriage.

124. Voluntary enlistment into the National Security Services can only be made by those over sixteen years old.

125. Age for conscription into the armed forces under the Maldivian law is sixteen years.

126. The age of criminal responsibility has been raised to ten years.

127. With regard to the deprivation of liberty, under the proposed changes to the penal code:

- Children aged eleven to fifteen would have limited responsibility and that only in crimes of a serious nature;
- Children aged sixteen to eighteen years will have to be treated under the proposed Juvenile Justice Act. Such children would be placed in the juvenile detention center or rehabilitation center for the shortest possible time and only as a measure of last resort. Currently, most juveniles are sentenced to house arrests, as there is no juvenile detention facility in the country;
- The Education and Training Centre for Children (ETCC) on Maafushi Island, which was established by the Ministry of Education, provides residential care for boys aged between nine and sixteen, who have been abandoned, neglected or abused;
- There is a children's home from birth to nine years for those who have been found to be at risk of significant harm e.g. orphaned children or children born to convicted mothers.

128. Children are not sentenced to capital punishment.

129. Children under 18 years are able to give testimony in court.

130. Children below the age of eighteen years can lodge complaints with the Ministry of Gender and Family without parental consent.

131. Children from the age seven can participate in administrative and judicial proceedings affecting the child, although the fact that they are children is considered.

132. Children can not change their name before the age of eighteen, however, parents can change their child's name after registration. Adoption is not allowed by law and family relations cannot be changed.



133. There are no specific legal provisions concerning access to information about the biological family, especially since Shariah presupposes lineage through marriage, unless it is challenged.

134. Children can inherit property, but until they reach the age of maturity, which is eighteen defined in law 9/91. The property is held in trust by a family member. They are allowed to contract only upon reaching maturity.

135. Formally registered associations can only be formed by adults. Children can join associations through their schools. Girl Guides and Boy Scouts are active throughout Maldives. Most schools will have literacy, environment and other social and academic clubs or associations where children actively participate.

136. Consumption of alcohol is forbidden in Islam. Use of alcohol and other controlled substances is illegal under Maldivian law.

#### **B. How minimum age for employment relates to age of compulsory schooling**

137. Minimum age for employment in the Maldives is fourteen. In the proposed Labour Law, minimum age for employment is suggested at sixteen. Children complete primary education by the age of twelve. Secondary education is also encouraged to make sure that a child completes basic secondary education before entering into employment.

#### **C. Discrimination in legislation on the basis of sex**

138. There is no discrimination on the basis of sex in legislation concerning marriage. The legal age for marriage is eighteen, for both boys and girls.

### **III. GENERAL PRINCIPLES (arts. 2, 3, 6 and 12)**

139. The Committee expressed an overall concern on the limited incorporation of the general principles into national policies and legislation:

14. The Committee is concerned that the State party does not appear to have fully taken into account the provisions of the Convention, especially its general principles as contained in its articles 2 (non-discrimination), 3 (best interests of the child), 6 (right to life, survival and development) and 12 (respect for the views of the child), in its legislation, its administrative and judicial decisions, and in its policies and programmes relevant to children.

34. It is the Committee's view that further efforts should be undertaken to ensure that the general principles of the Convention (arts. 2, 3, 6 and 12) not only guide policy discussions and decision-making, but are also appropriately reflected in any judicial and administrative proceedings and in the development and implementation of all projects, programmes and services which have an impact on children.

140. The sections below address each article specifically and measures taken to implement the general principles into policies and programmes impacting children.

### **A. Non-discrimination (art. 2)**

141. The concluding observations highlighted the concern for vulnerable children in the Maldives:

15. With regard to the implementation of article 2, the Committee is concerned at the insufficient measures adopted to ensure the full enjoyment by girl children and children with disabilities of the rights recognized in the Convention. The Committee is also concerned at the situation of children born out of wedlock, especially with regard to their right to inheritance. Furthermore, the Committee expresses its concern at the existing disparities between children living on the capital island of Malé and those living on remote islands.

35. The Committee recommends that the principle of non-discrimination, as provided under article 2 of the Convention, be fully implemented. A more proactive approach should be taken to eliminate discrimination against the girl child, children with disabilities, children living on remote islands, and children born out of wedlock. The Committee encourages the State party to enact and implement its National Policy on Women, which may bear a positive impact on the status of the girl child.

142. While the Maldives does not have any specific anti-discrimination laws in place, Article 13 of the Constitution of the Maldives asserts that all Maldivian citizens are equal before the law. Overt discriminatory practices are not evident in the Maldives.

#### **1. Elimination of discrimination against the girl child**

143. The Government of the Maldives ratified the Convention on the Elimination of Discrimination against Women (CEDAW) in 1993, and is committed to its implementation, including the elimination of discrimination against the girl child.

144. The SAARC Decade of the Girl Child (1991-2000), resulted in a ten year National Plan of Action for the Girl Child in the Maldives. Since 2000, national policy has focused on mainstreaming gender concerns and promoting the rights of girls and boys in accordance to CEDAW. In 1997, all laws were appraised for gender biases. In 2000, a Gender Equality Council was established to replace the National Women's Council.

145. Girl children have equal rights in relation to access to education and no significant gender differences exist in the proportion of students enrolled in primary, middle and lower secondary school levels. However, from upper secondary school onwards, gender differences become more apparent, especially in rural areas, with enrolment and completion rates for girls being much lower. The Ministry of Gender and Family is working to eliminate discrimination in the school system through the introduction of gender sensitive curriculum and gender sensitization programs for teachers.

146. In principle, girl children have an equal right to access healthcare, however, social and cultural factors restricting women's mobility may prevent them from accessing these services. Additionally, the government has made commitments to strengthen health facilities in the Islands and Atolls in 2006. Gender gaps in some areas of nutritional status continue to prevail.

147. Cultural and religious influences can also pose a challenge in addressing subtle biases against girls in the Maldives. The prevalence of traditional patriarchal attitudes and gender stereotyped socialization of children may result in limited choices and opportunities for the girl child, so restricting her full participation in society. The Ministry of Gender and Family plans to address these inherent biases through awareness and advocacy campaigns to sensitize the public on gender concerns including on the rights of the girl child.

148. The Government of the Maldives is committed to the principles of gender equality and has adopted a National Policy on Gender. The Maldives' Vision 2020 envisages that within the next two decades, women and men will participate in political, social and economic activities on an equal footing. This commitment on the part of the Government has resulted in considerable progress in achieving gender equity. It has led to the adoption of gender mainstreaming as a key strategy to eliminate gender disparities, attain gender equality and promote gender equity.

## **2. Elimination of discrimination against children with disabilities**

149. The Maldives is working towards the elimination of discrimination against children with disabilities. Section 5 of Law No. 9/91 states that the best efforts possible should be made to facilitate the care and treatment of physically disabled children.

150. The CARE Society, an NGO formed in 1998, actively works to combat discrimination against children with disabilities. This NGO was actively sponsored by UNICEF since 2000. Disability awareness is a recent development in the Maldives. Traditionally, children with disabilities are kept within the family home and largely hidden from the wider community. Social stigma continues to influence the treatment of children with disabilities and limits their ability to participate in society. The Education Development Center's *First Steps Maldives*, multi-media campaign helped to highlight the disabled child as a joy to the family.

151. The government of Maldives plans to develop standards and guidelines, as well as monitoring and evaluation systems of services provided to people with special needs, including children with disabilities. It also plans to work with current service providers to expand services for people with special needs. A multi-sectoral team is working on the policy under the leadership of the Ministry of Higher Education, Employment and Social Security.

## **3. Reducing geographic disparities**

152. Government policies and programs are focused upon decreasing the gap between the quality of life of children in the Atolls to children living in Malé. Interventions in the area of education have seen significant improvements in the quality and quantity of education outside of Malé. Since 2000, a primary level of education up to grade seven is available to children in every island. Initiatives with the aim of establishing a national child protection system are underway with a view to increase protection of children's rights in the Atolls.

153. However, distinct disparities continue to exist between children living in Malé and those in the Atolls in relation to higher education opportunities, access to and availability of health care and ability to utilize and benefit from welfare and support services. Transport, communication and human resource issues are some challenges that the Government will continue to address in order to fulfill its duties of protecting and promoting the rights of all children.

#### **4. Elimination of discrimination against children born out of wedlock**

154. Maldivian children born out of wedlock continue to experience discrimination because of existing stigmas around this issue and inequity in access to welfare services. There is no explicit expression in respect of this within legislation of the Maldives, but based on the principles of Shariah law, a child born out of wedlock has no rights to inheritance from the father's side.

#### **5. Data collection about various groups of children e.g. non-nationals, refugees, and asylum seekers**

155. There are no mechanisms for collecting disaggregated data for the non-national children. The phenomenon of refugee and asylum seekers children is non-existent in The Maldives.

#### **6. Elimination of attitudes and prejudices against children contributing to social or ethnic tension, racism and xenophobia**

156. So far the Maldives has not experienced any social or ethnic tension, racism and xenophobia.

#### **7. Protection of children against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions or beliefs of the child's parents, legal guardians or family members**

157. There is no discrimination or punishment for children based on the activities, expressed opinions or beliefs of their parents.

### **B. Best interest of the child (art. 3)**

158. Following the ratification of the Convention, the best interest of the child is the key principle underpinning most of the legislation concerning children. The principle of the best interest of the child is also evident in the policies and reforms introduced in the period between the initial report to the Committee on the Rights of the Child and this periodic report.

159. The Law on the Protection of the Rights of the Child (Law 9/91) embodies the spirit of Article 3 of the Convention. It provides a platform for the introduction of a more comprehensive legislation that is currently under discussion. Sections 2-12 of Law No. 9/91 focus specifically on the Government's duties, obligations and responsibilities to children. These sections cover areas including the right to optimum health and education, rehabilitation for juvenile delinquents and support and inclusion into society for children with mental health issues and/or physical disabilities.

160. However, additional reforms need to be made to Law No. 9/91 to ensure that the rights of all children in the Maldives are met. Several legislative and policy reviews have been carried out and changes are expected in different laws, policies and the penal codes.

### **1. Best interest of the child and courts of law, administrative authorities or legislative authorities or legislative bodies**

161. Under the Family Law (Law No.4/2000), in cases of divorce of the parents, the courts make decisions according to the best interest of the child. The child's consent to the decision is also given priority. Several changes have been introduced to existing laws and new legislation is under consideration to ensure that the best interest of the child is safeguarded. The establishment of the Family and Child Protection Unit in the Police Department has been another step taken to serve the best interest of the child.

### **2. Best interest of the child and administration of juvenile justice**

162. Under the National Criminal Justice Action Plan 2004-2008, the best interest of the child in the administration of juvenile justice has been given primary consideration and different policies have been framed including:

- The development of a comprehensive juvenile justice model that provides for different levels of intervention at various points in the juvenile justice system, maximizing the opportunity for diversion from the system at the early stages of contact with the system;
- The establishment of a system of sentence administration which provides for guided pathways out of the system, thereby enabling successful rehabilitation and re-integration into society.

### **3. Best interest of the child and alternative care institutions for children**

163. The Maldives has two alternative care institutions for children: the Education and Training Centre for Children (ETCC) and the Vilingili Children's Home.

164. The Education and Training Centre for Children (ETCC) in Maafushi Island established by the Ministry of Education providing residential care for boys aged between 9 and 18, who have been abandoned, neglected or abused. The ETCC seeks to serve the best interest of the child and equip them with knowledge and skills. Decisions regarding the education of the child, sending them back home, to guardians or keeping them at the ETCC are made keeping in mind the best interest of the child. The ministry has acknowledged that there is a need to develop a rehabilitation process back into the community. This area is being addressed in 2006.

165. The Vilingili Children's Home established by the Ministry of Gender and Family houses children, girls and boys, aged 0-9, who have been found to be at risk of significant harm. Children at risk of significant harm are kept here and efforts are made to ensure a safe environment. Most of the children are referred to the Vilingili Children's Home by the Ministry of Gender and Family in the best interest of these children as these children are particularly vulnerable. Most are either born out of wedlock, are abused or neglected, have one or both parents in prison, or the parents are too poor to care for them.

166. At the present time, no alternative care facility exists for girl children above nine years. A separate portion was constructed at the ETCC for girls, but prior to its inauguration, the facility was badly damaged by the tsunami. Girl children in vulnerable circumstances may be temporarily placed at the Villingili Children's Home. Those in conflict with the law may be placed in the women's jail during the pretrial period. Both options are considered unacceptable. Additionally, due to the lack of appropriate care facilities and weak legal provisions, many children, particularly girls, are forced to continue living under the same roof as the perpetrators of abuses. However, the Ministry of Gender and Family, recognizing the precarious situation of vulnerable women and girls, is working to directly address gender based violence and provide support services to all the Atolls including providing temporary emergency shelter for women and girls.

#### **4. Best interest of the child and social security**

167. While there is no social security system set up to deal specifically with children, children do enjoy the assistance provided by the social security department. The assistance provided by the social security department includes:

- School assistance for the needy;
- Health assistance where family cannot afford;
- Assistance for people, including children, with disabilities.

#### **5. Legislative and administrative measures taken to ensure the consideration of the best interests of the child; the main problems remaining in this respect**

168. With a rise in adolescent crime, setting up mechanisms to address juvenile justice issues is crucial. Though the incarceration of children is generally avoided and they are usually sentenced to house arrest, there is a need to establish a separate detention facility or other non-custodial modes of punishment for children in order to protect their best interests.

#### **6. In what ways the principle of the "best interests of the child" is made part of the training of professionals dealing with children's rights**

169. While some workshops and trainings have been conducted on the rights of the child, additional targeted professional training is necessary. The Ministry of Gender and Family plans to develop training programs on gender and child protection and rights.

### **C. The right to life, survival and development (art. 6)**

170. Section 4 of the Law No. 9/91 Law on the Protection of the Rights of Children, specifies that causes of infant mortality must be identified and addressed. Also refer to the initial report paragraph 34. Refer to paragraphs 341 and 348 of this report for mortality rates.

171. Infanticide is considered murder and the sentence can be up to life imprisonment. Unlawful abortion is also considered infanticide and can be prosecuted.

172. Negligence cases can also be prosecuted under the Law on the Protection of the Rights of the Children (Law No. 9/91). Though physical abuse and neglect generally come under the penal code or the Law No. 9/91.

173. Much progress has been made concerning the children's health; contributing to an overall improvement in children's right life, survival and development. The universalisation of immunization and control of communicable diseases is reflected in the significant improvements in child health and survival patterns.

174. Additionally, all children have access to education. Child labor, child prostitution, trafficking in children and street children are not common in the Maldives. Yet, the Government recognizes that there are still several child rights and protection related issues that need to be addressed.

175. The sentencing guidelines (article 173) sentences perpetrators of child sexual abuse to three to six years imprisonment. Sex offenders are also prosecuted under Shariah Law which includes haddu<sup>1</sup> and imprisonment.

176. A comprehensive package of maternal and child health services is provided to mothers including family planning, antenatal and postnatal care, provision of iron and folic acid, immunization with Tetanus Toxoid, a clean and safe delivery, care of the newborn, encompassing early and exclusive breastfeeding.

177. Screening for complications as a means of prevention, treatment and referral of high-risk pregnancies to institutions which are equipped and staffed by trained personnel should provide care to the mother who faces risks and complications during pregnancy, delivery and after birth. Midwifery and obstetric guidelines are provided to the health personnel to ensure quality of care.

178. Remarkable progress was made in the control of communicable diseases. Malaria has been eliminated from the country for the last 15 years. Other diseases such as leprosy and filaria are now at the stage of zero transmission and case fatality rate of tuberculosis has been zero since 1996.

179. With the successful implementation of the immunization program, polio, diphtheria, whooping cough, childhood TB and neonatal tetanus are no longer priority health problems for the health sector. No indigenous polio cases have been reported since 1978. Similarly, there have been no recorded cases of pertussis and diphtheria, nor neonatal tetanus, since 1995.

- One hundred percent of the routine EPI vaccines is financed by the Government;
- Immunization 2004: one year old children immunized against: Tuberculosis (TB) (BCG) ninety-eight percent;
- Immunization 2004: one year old children immunized against: Diphtheria, pertussis and tetanus (DPT 1) ninety-eight percent;
- Immunization 2004: one year old children immunized against: Diphtheria, pertussis and tetanus (DPT 3) ninety-six percent;

- Immunization 2004: one year old children immunized against: Polio (polio3) ninety-six percent;
- Immunization 2004: one year old children immunized against: Measles (measles) ninety-seven percent;
- Immunization 2004: 1 year old children immunized against: Hepatitis B (hepB3) ninety-seven.

### Registration of the births and deaths of children

**Table 3.10**

#### Live births and infant deaths, 2003-2004

Particulars	2003			2004		
	Republic	Malé	Atolls	Republic	Malé	Atolls
Live births	5 140 <sup>1</sup>	1 965	3 175	5 198	2 145	3 053
Male	2 675	1 037	1 638	2 671	1 086	1 585
Female	2 465	928	1 537	2 527	1 059	1 468
Infant deaths	72	16	56	76	21	55
Male	41	13	28	42	15	27
Female	31	3	28	34	6	28
Infant mortality						
Rate ('000) live births	14	8	18	15	10	18
Male	15	13	17	16	14	17
Female	13	3	18	13	6	19

*Source:* Ministry of Health. Health Information and Research Section.

<sup>1</sup> Includes three sex unknown live births.

### D. Respect for the views of the child (art. 12)

180. The Family Law (Law No.4/2000) provides children the right to be heard at any proceeding which may impact his or her rights. Their views are also considered while deciding about custody issues.

#### 1. Family life

181. A survey entitled “Youth Voices” conducted by the UN Task Force on Adolescents and Youth and the Government of The Maldives provided a means through which opinions and solutions could be voiced by children. It showed that ninety-seven percent of the youth considered their parents/guardians as encouraging, eighty-seven percent considered people in their community respected their opinion and ninety-five percent felt generally treated with dignity by the society.



## **2. Juvenile justice**

182. Although no specific clause exists in the juvenile justice regulations for children to be heard in any stage of the administration of juvenile justice the need for the regulations to be brought in line with the provisions of the Convention to ensure children's participation is identified.

183. As a result, in 2001, the Juvenile Court introduced "family conferencing" as a pilot scheme in Male and one atoll. In the "family conference" all parties involved in the welfare of the child in conflict with the law are summoned by the court to discuss the case and arrive at a collective decision. The parties include: a judge from the Criminal Court, the Chief Judge at the Juvenile Court, a counselor, a representative from the school if the child is in school, parents, the child and the victim. If the victim happens to be a child then the child and his/her parents are involved in the discussion. In the "family conference", the child is given the opportunity to express himself/herself. These conferences are held in an informal setting with the intent to facilitate participation of all parties in the discussion. Children have benefited from the opportunity provided by these conferences for reconciliation and mitigation. At times, however, regardless of the outcome of the "family conference", schools are forced to expel juveniles from school as they need to comply with regulations set by the Ministry of Education.

## **3. Institutional and other forms of care**

184. Children's views are given importance in the ETCC. They are consulted about the different decisions affecting them. They take active part in discussions about going back to live with parents or guardians, the menu offered at the ETCC, etc. In case a child does not want to live in the ETCC, his parents or guardians are invited and the decision regarding the child's future is made through a consultative process with full respect for the views of the child.

## **4. Opportunities to be heard in judicial and administrative proceedings**

185. Children may lodge complaints to the Ministry of Gender and Family using a telephone helpline and/or by consulting a website that was established to facilitate the process. All the contact details including the helpline number, telephone numbers for the Ministry, the website address and the e-mail addresses have been widely disseminated as part of the Ministry's advocacy campaign. While there is no minimum legal age defined for lodging complaints, more outreach effort aimed directly at children needs to be undertaken in order to empower children to lodge complaints themselves.

## **5. Awareness and trainings about children's right to express their views**

186. With the Government's initiative and with support from different international agencies such as UNICEF, several judges have been trained so that they are aware of the Convention and of the need to encourage children to exercise their right to express their views during the court procedures:

- Two judges were sent to Child Friendly Court Procedures seminar to Sri Lanka;

- Judges have visited several countries to learn from other experiences in handling children-related issues;
- The idea of “family conferencing” was introduced after a study visit to Singapore.

187. However, there is still a need to increase the awareness level among judges, and juvenile court judges in particular, on child rights - especially the value of encouraging children to express their views and taking their thoughts and opinions into consideration.

188. Trainings for teachers and health workers on children’s rights takes place periodically. However, more trainings and awareness raising activities geared to impress the need to provide children with opportunities to express themselves and to respect the views is necessary.

#### **6. Inclusion of courses about the Convention in the curriculum**

189. The Maldives primarily has educational facilities up to the high secondary school level. Therefore, there are no schools or departments of social work, psychology or sociology. Consideration will be given to including courses into the curriculum of teachers’ training school and nursing school, and the Faculty of Shariah and Law.

#### **7. Taking into consideration in the legal provisions, policy or judicial decisions the views of the child obtained through public opinion, consultations and assessment of complaints**

190. The Ministry of Gender and Family is the key Government agency responsible for the monitoring of the implementations of the Convention, making child protection policies and implementing child protection measures. While the first National Plan of Action (NPA) 2001 was prepared as a follow up to the deliberations of the World Summit for Children (1990), children were not consulted in the process and were not involved the implementation, monitoring and evaluation of the NPA. Recognizing the need to include children in the process, a new NPA was formulated following the United Nations General Assembly Special Session on Children (2002) to implement the Plan of Action of the of the outcome document, “A World Fit for Children”. A group of Maldivian schoolchildren, including child representatives from the Atolls were given the opportunity to take part in all the discussions at a national level conference.

### **IV. CIVIL RIGHTS AND FREEDOMS**

**(arts. 7-8, 13-17 and 37 (a))**

#### **A. Name and nationality (art. 7)**

##### **1. Citizenship**

191. Children born to at least one Maldivian parent enjoy the inherent right to citizenship of The Maldives. Children born in The Maldives whose parents are not Maldivian, do not receive Maldivian citizenship by virtue of birth in the Maldives.

192. Children born out of the wedlock to a Maldivian mother also have rights to Maldivian citizenship.

193. Dual citizenship is allowed in the Maldives and children have the right to acquire the nationalities of both parents.

## **2. Registration of births**

194. Soon after the Maldives' ratification of the Convention, Law No. 7/92, Registration of Births and Deaths in the Maldives, was passed requiring application for birth registration be made within 7 days of the birth of the child. The responsibility of registering a child within the required time period lies with (in descending order): the father, the mother, the guardian, or the closest relative. Births can be registered in all the island office of the Maldives.

195. The Malé Municipality offices in Malé and Atoll offices and Island offices in the Atolls are the agencies responsible for maintaining these records.

- In the Atolls, the birth attendant completes a 'Birth Attendant Form', which is submitted to the Island office and a copy is provided to the parents of the child. Island offices record the birth and pass on the information to the Atoll offices for registration. This data is in turn forwarded on the fifth day of each month to the Ministry of Health where the National Vital Registration database is maintained;
- For children born in Malé, applications for birth registration are submitted to Malé Municipality. Hospitals forward this information to Ministry of Health to be included in the National Vital Registration database.

196. Records at the Malé Municipality offices show a birth registration rate of 99.5 percent for Malé. However data collected from the Multiple Indicator Cluster Survey (MICS) conducted in 2001, revealed that only 73 percent of births during the 5 years preceding the survey were registered.

197. A birth registration project, aimed at building the capacity of Government agencies and Island and Atoll administrations, is being pursued with the financial assistance of UNICEF. The objective of the project is to assist these offices in their effort to ensure a hundred per cent registration of births in the Maldives and meet their obligations under the Convention through a consistent and reliable birth registration database.

## **3. Elements of a child's identity**

198. Elements of child's identity included in the birth registration:

- Birth certificate ID and Number;
- First, Middle and Last Name;
- Sex;
- Address - Atoll, Island, District, Home;
- Date and Place of Birth;

- Father's First, Middle and Last Name;
- Father's Address;
- Father's Date and Place of Birth;
- Father's Nationality;
- Father's Occupation;
- Mother's First, Middle and Last Name;
- Mother's Address;
- Mother's Date and Place of Birth;
- Mother's Nationality;
- Grand Father's First, Middle and Last Name;
- Grand Father's Date and Place of Birth;
- Informer's Full Name;
- Informer's Address;
- Birth Certificate Issued Date and Place.

#### **4. Training for registry personnel**

199. Two key personnel from each of the twenty Atoll offices have been trained on registering births. 2,500 posters advocating for the prompt registration of children at birth were disseminated among the Atoll offices, hospitals, clinics, schools, and all government agencies.

#### **5. Sensitizing and mobilizing public opinion on the need for birth registration**

200. In order to sensitize and mobilize public opinion on the need for birth registrations, the Malé Municipality has carried out radio programs spanning several months and is in the process of distributing information leaflets nationwide.

201. The Department of National Registration, within the Ministry of Home Affairs, has been identified as the central agency responsible for the birth registration process.

202. A birth registration database was designed and data is being entered to support the backlog of birth registration records filed at Malé Municipality.

### **B. Preservation of identity (art. 8)**

203. A bill has been submitted to Parliament on citizenship rights and is currently pending approval. The bill, if passed, will clarify the situation regarding the rights to the preservation of identity.

### **C. Freedom of expression (art. 13)**

204. Though not explicitly mentioned in the regulations, everyone, including children, is entitled to their own views and opinions without interference by the State. While everyone has the right to freedom of expression and to seek, receive and impart information and ideas, freedom of expression is restricted to some extent by laws and practices. For example, under the Maldivian penal code, some qualifications on freedom of expression have been included in order to protect others from defamation.

205. Children are encouraged to express themselves in a variety of ways:

- Students take part in inter-school competitions, performances and exhibitions;
- Children have also been involved in radio programs;
- Youth have been given opportunities to make videos to be shown on national TV. 20 youth were provided an opportunity to make a one-minute video on the subject of their choice. The videos examined subjects such as drug abuse, children with disabilities or child sexual abuse. Due to the success of this program it will continue 2006;
- The Ministry of Gender and Family has released a book of stories and articles written by children;
- The situation analysis of Atolls also provided children an opportunity to express their concerns and desires for their community when they were interviewed;
- The Global Movement for Children and supported by the Ministry of Gender and Family with the financial assistance of UNICEF, the Change Makers program has been implemented in two community schools in Malé. Plans were initially in place to immediately diversify this programme to several schools throughout the islands. However, the progress got delayed and is suspended.

206. It should be noted, however, that often these opportunities are less accessible to the children living in the remote islands. Along with the Government, Non-Governmental Organizations and UN agencies are working with children in the more remote islands to encourage them to form their own ideas and provide a platform for them to share their own views and opinions.

207. Children's active involvement in the media has improved considerably in the past few years. Since 2005, UNICEF has been working with Ministry of Information, Arts and Culture on developing media for children and with children.

#### **D. Freedom of thought, conscience and religion (art. 14)**

208. As mentioned in Section I, paragraph 21, the Maldives has declared reservations on Article 14 of the Convention about which the Committee expressed concern in its concluding comments and recommended that the Maldives withdraw its reservation.

209. Please refer to paragraph 43 of the initial report. Until the Constitution of the Maldives is changed, the reservation will remain. However, the Maldives is currently undergoing a review of its Constitution. See also Section I, paragraph 23 in this report.

210. In 2000 the report on the Application of CRC in the Republic of Maldives from the Perspective of Islamic Law recommended that Kafalah be considered as alternative care for children in the Maldives unable to remain with their birth families.

#### **E. Freedom of association and of peaceful assembly (art. 15)**

211. Freedom to assemble without arms is a fundamental right entrenched in the Maldivian Constitution. In September 2004 a 'Youth Voices' survey was undertaken with young people aged 14 years upwards. According to the findings of the survey; facts, opinions and solutions', nine percent of youth are members of any association/organization/ civic body where they spend an average of half-hour per week.

212. While there is no specific legislation enacted to establish the conditions under which children are allowed to create or join associations, there are no restrictions on creating or joining associations. For example, children are often are part of the Boys Scouts Association and Girls Guide Association or the 'Change Makers' movement establishing support networks of children and young people as advocates of child rights and trying to make a difference in especially migrant children's lives. However, children are not allowed to become members of political parties or adult associations.

#### **F. Protection of privacy (art. 16)**

213. The Constitution (Article 20) provides legislation to guarantee the privacy of individuals, including that of children.

214. Under Section 12 of the Law on the Protection of the Rights of Children, identity and information relating to children who are victims of sexual abuse, of acts of exploitation or of acts detrimental to the integrity of a child shall not be disclosed to public.

215. An increasing challenge is the overcrowding of urban households with its lack of space for studying or indoor and outdoor recreational activities are posing constraints in children's development and their right to privacy. The government has begun to address this issue by providing recreational facilities for youth and further consideration is being given to the issue for younger children. Safe play areas for children have been developed to relieve some of the pressures experienced by the Internally Displaced Population after the Tsunami.

### **G. Access to appropriate information (art. 17)**

216. The Law on the Protection of the Rights of Children (Law 9/91) does not specifically include a provision on children's participation. However, the law takes into consideration the right to information, which is one of the prerequisites of participation.

217. Children have access to information through the media (mainly local TV and radio). To enable children to have access to information and material from diverse national sources, a section of the National Library specially caters for children with books, magazines, newspapers and access to the Internet. A separate multi-media library has also been established for young children.

#### **1. Guidelines for the protection of the child from information and material injurious to his or her well-being**

218. UNICEF's guidelines of reporting about children in the media has been translated into Dhivehi. The Ministry of Information, Arts and Culture seeks to introduce it as part of the media regulations.

### **H. The right not to be subjected to torture or other cruel or inhuman or degrading treatment or punishment (art. 37 (a))**

219. The Committee noted that additional progress needs to be made with regard to the prevention of ill treatment of children.

16. While aware of the efforts undertaken by the State party for the prevention of ill-treatment of children, the Committee expresses its concern at the insufficient awareness of and lack of information on ill-treatment and abuse, including sexual *abuse both within and outside the family, at the insufficient legal protection measures*, at the inappropriate resources, both financial and human, as well as at the lack of adequately trained personnel to prevent and combat such abuse. The insufficiency of rehabilitation measures for such children and their limited access to justice are also matters of concern.

220. Progress has been made in terms of prevention and rehabilitative efforts for abused and ill-treated children. The National Plan of Action towards the well-being of the Maldivian Child for the decade 2000-2010, provides a national framework to address these issues through the strengthening of laws against perpetrators, expansion of rehabilitative services, by addressing the underlying causes of abuse and raising awareness of its harmful consequences. However, additional capacity needs to be developed to support the Ministry of Gender and Family in its efforts to combat abuse and ill-treatment of children.

221. Physical punishment, as a disciplinary measure in schools, is not allowed in Maldivian schools. However, if there is an incident when physical punishment is used parents are encouraged to report it to the Ministry of Education and Ministry of Gender and Family where the matter will be investigated and addressed.

222. The Ministry of Gender and Family established a helpline that acted as the first point of contact for people in Malé and on the islands to receive support and advice on action to take with regards to child abuse cases. While the helpline has not been operational for the last few months

due to resource constraints, work is ongoing to re-establish this facility with the assistance of Helpline International. Similarly, a local NGO, Society for Health Education (SHE), also provides a telephone helpline where members of the community can receive confidential information and assistance on child abuse issues.

223. The Ministry of Gender and Family is the main body responsible for providing support and intervention to families and children who have experienced abuse.

224. Since 1997, the Ministry of Gender and Family has received a total of 4,259 cases concerning children related issues, 335 of these have been sexual abuse cases.

225. Prevention programs are conducted in schools in Malé for children aged fourteen to sixteen. These programs cover a variety of health and social issues including sex, relationships and sexual abuse awareness. Health festivals are held in the Atolls with the aim of distributing educational material, raising awareness and offering opportunities for personal counseling. The SHE continues to provide rehabilitation and counseling to child victims of sexual abuse.

226. Several initiatives have been pursued to increase awareness and establish rehabilitative programs in the Atolls. In 1999, the Ministry of Gender and Family completed an initial round of training for child protection workers to assist with child abuse cases in the Atolls. Each island in the Maldives has at least two child protection workers. These workers have participated in a five day training course which included topics on the Convention, Law 9/91, preventing child abuse, counseling skills and how to investigate children-related cases.

227. The Ministry of Gender and Family releases several publications each year entitled *Amaanaiy* that deal with child-related topics. So far eighteen issues of *Amaanaiy* have been published. Topics include: the Convention on the Rights of the Child, parenting skills, special needs, divorce and separation, tsunami and drug education for parents. Additionally, two books, *Musheeru*, have been distributed to provide information and support for the counselors in the Atolls.

228. Investigative skills workshops have been conducted alongside counseling and training workshops in the islands to educate key members of the community, such as police and khateeb<sup>2</sup>, in effective methods of investigation in child abuse cases. For example, a series of workshops were organized in 2005 on investigation techniques in handling child abuse. The aim of the workshops was to enhance the capacity of participants to investigate cases of sexual abuse and crimes against children. Participants included Assistant Atoll Chiefs, Island Chiefs, Assistant Island Chiefs, Magistrates and Health Workers. Objectives included:

- Competency in understanding the various modes of sexual crime against children and the possible courses of action;
- Understanding the importance of the scene of crime and analyzing physical evidence for use in investigation;
- Competency in confronting and interviewing witnesses in normal circumstances;



- Identifying with possible techniques used in questioning a child and using information gained to proceed with the investigation;
- Identifying possible symptoms of sexual, physical and psychological abuse of a child;
- Ability to plan the procedure in investigating child abuse;
- Identifying required evidence in cases of child abuse;
- Creating awareness on Convention on the Rights of the Child and existing laws on child protection within the Maldives;
- Methods on how to proceed with interviewing possible suspects and recognizing the need for improvement and the means of implementing reform of the current investigation procedure used in the Maldives.

229. Progress has also been made in the evidential process. For example, a medico-legal process has been setup that can be used as evidence in courts.

230. While the Government of the Maldives is committed to tackling abuse issues, the Maldives continues to suffer from a lack of adequately qualified and experienced staff to effectively deal with and combat child abuse. The team in the Ministry of Gender and Family is insufficient to meet the needs of the Maldivian community in terms of child abuse. While rehabilitative efforts are made in the Atolls by the volunteer counselors, more extensive training and experience is required to support victims of child abuse. There are plans to train social service managers and social service workers during 2006 and 2008. They will be based out in the Atolls to provide a more comprehensive service to children and families in the islands.

231. Additionally, the legal framework for protecting victims of sexual abuse and dispensing appropriate punishments for perpetrators needs to be strengthened. Often it is difficult to get adequate evidence on abuse cases and children may be forced to continue living under the same household as the perpetrator. Current systems and legislations need to be strengthened in order to provide effective legal protection for abuse victims and increase their access to justice.

## **V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE (arts. 5; 18, paras. 1-2; 9-11; 19-21; 25; 27, para. 4; and 39)**

### **A. Parental guidance (art. 5)**

232. For details please refer to para 48, 49, 50, 51, and 52 of the initial report.

233. The Committee expressed concern regarding the high divorce rate in the Maldives and the negative impact of family disruption.

17. The Committee is concerned at the high rate of divorce - considered among the highest in the world - in the State party and its possible negative impact on children. The Committee is also concerned at the lack of research and studies on the harmful consequences on children of divorces and early marriages as well as the insufficient measures to create public awareness on the detrimental effects of divorce.

37. The Committee recommends that the State party accelerate the enactment of its Family Law. The Committee also recommends that the State party undertake research and studies on the negative impact of family disruption on children as well as to continue with its awareness-raising campaign on this issue. Furthermore, the Committee recommends to the State party to improve counselling services for parents.

234. The Family Law was enacted in December 2000 and came into force in July 2001. The Ministry of Gender, Family Development and Social Security has initiated various programs in order to increase awareness about the detrimental effects of early marriages and disseminate information on how to strengthen the family unit. Additionally, they have been conducting workshops to ensure women are aware of the Family Law and the implications for them and their families.

235. Effort has been made in order to stabilize and reduce the number of divorces and offset the negative social consequences of the high divorce rate in the Maldives. The Family Law (Law 4/2000) has brought considerable changes to the laws governing marriage, families and divorce. The provisions specified in The Family Law such as the raised legal age for marriage and the restriction of men's unilateral right to divorce is expected to reduce the divorce rate.

236. Immediately after the introduction of the Family Law there was a significant decrease in the divorce figures. However, subsequently there has been an increase in the numbers of divorce again and this trend is not understood, so research is to be undertaken to obtain an understanding and inform provision of services.

237. The average age of marriage has now risen to twenty-two years in The Maldives. It is hoped that with an increase in the average age for marriage, the rate of divorce will also decrease. Also, the increased financial burden on fathers and strict regulations in case he fails to pay for the maintenance of children is expected reduce the number of divorce. However, there is still a need for more awareness about the negative impact of divorce on society in general and the children in particular.

238. In collaboration with SHE, the local radio station broadcasts awareness programs on divorce and its harmful consequences on families and children. These programs are broadcast in both Malé and the Atolls. The Ministry of Gender and Family has also released publications providing information on divorce to support families and children affected by it.

239. The high rate of marriage, divorce and re-marriage has many implications for the children. Some of these include familial and economic instability preventing effective parenting of children. It can also lead to behavior problems among children and an increased risk of abuse as children become exposed to a number of different households.

240. While efforts have been made to gather data about the impact of the Family Law on marriage and divorce rates, no empirical study has been conducted on the harmful consequences of divorce, the ensuing family disruption, and its impact on the children. However, this area is addressed in research undertaken in respect of other related issues. Additional research needs to be undertaken, and the results widely disseminated, in order to raise awareness on the harmful effects of divorce.

### **B. Parental responsibilities (art. 18, paras. 1-2)**

241. The Law on the Protection of the Rights of Children specifies that parents shall, to the best of their ability, and within the means available to them, take appropriate measures to ensure the proper upbringing and well being of their children. They also have the responsibility to facilitate the education of their children to a reasonable standard, as well as ensure the requisite religious education.

242. Under the Family Law, when determining and entrusting the custody of the child, the interest of the child must be the paramount consideration. If the courts determine that the father is financially incapable of looking after the interests of his children (if they are under the age of 18), then the court may assign the responsibility of caring for the children to a relative who agrees to undertake the financial responsibility of their upbringing. There are also amendments in the Family Law under consideration that would allow the State to take custody of child in difficult circumstances. Similarly, the social security department is also assisting poor parents in providing health and education for their children.

243. In 2004, the Ministry of Gender and Family established the Vilingili Children's Home, for children deemed to be at risk, children subjected to abuse and children whose parents are in prison. Presently there are twenty-five (at the time of writing this report) children in this accommodation. Children up to nine years are kept in the home with all facilities provided to them under the supervision of trained caregivers. Similarly, the Ministry of Education runs Education and Training Center for Children in Maafushi Island.

#### **Resources allocation for the Vilingili Children's Home (in Male' Rufiyaa)**

Budget	2004	2005	2006
Recurrent expenses	606 137	3 052 406	3 519 816
Capital expenses	85 072	47 245	108 787
Total	691 209	3 099 651	3 628 603

244. Efforts to promote greater awareness and understanding of the rights of the children and to improve parenting skills have been carried out. There have been campaigns to modify attitudes, customs and practices that hinder the promotion of the children's rights. There has also been efforts by a number of ministries and departments to improve understanding of child rights.

245. The Child and Family Protection Services, Society for Health Education (SHE) and the Youth Centre provides counseling services for parents. These services are situated in Malé, and counseling services are not readily available in the Atolls. The Ministry of Gender and Family recognizes the need to enhance the quantity and quality of psycho-social support offered to both children and parents in the more remote islands and is planning to expand services to the Atolls.

### **C. Separation from parents (art. 9)**

246. According to the Family Law, and keeping the best interest of the child in mind, divorce is only allowed after exhaustive efforts are made to reconcile the marriage and a decision is made by the Court to approve the divorce. Both parties of the divorce are required to go through this procedure so that they are aware of the consequences of the divorce and how it may impact the future of their children.

247. In case of divorce, the law allows courts to grant custody of all children under-seven years to the mother, unless she is declared an unfit mother by the court or if she remarries someone else. If the mother is declared unfit or marries someone else, the court can grant custody of the child to the maternal grandmother, or if not, the paternal grandmother and so on, following the patrilineal or matrilineal lines.

248. If the child is over seven years old, either parent can file for custody of the child. After filing for custody, the couple is summoned for the first hearing within a week. If the magistrate finds both parents fit to take care of the child, the couple is called for a second hearing with the child. The child is then asked to choose which parent he/she wants to live with. Apart from the mother, father, the child and the magistrate nobody else is allowed into the hearing. The magistrate decides on who receives custody of the child based on the child's opinion.

249. The parent who does not receive custody of the child is often granted visitation rights. If the custodial parent refuses the visitation rights after the court has declared it, the contesting parent can bring the matter before the court. This refusal to allow visitation rights by the custodial parent is considered as refusing to follow a judgment of the court. It should be noted that no instances have risen where the custodial parent has been made to hand over the child to the contesting parent due to an issue relating to visitation rights.

250. If a child at risk of significant harm is taken into State care, the child and the family are informed of the child's alternative care arrangement and visits by the family are facilitated by the child care institution upon request from the parents or the family. In instances where the parents are disabled, the State care institutions arrange for the children to make family visits in the presence of child care workers.

### **D. Family reunification (art. 10)**

251. The immigration rules include provisions for entry visas to facilitate the entry to the Maldives of all nationalities including:

- Dependent child for the purpose of reunification with a Maldivian citizen or a permanent resident parent;
- Persons wishing to visit a close family member such as a parent or child who is a Maldivian citizen or resident.

**E. Illicit transfer and non-return (art. 11)**

252. Under Section 46 of the Family Law, upon applying for custody of the child by either father or the mother, the court has the power and discretion to prevent/forbid the person with custody of the child from taking the child out of the Maldives when there are any ongoing proceedings involving the person with custody of the child.

253. In January 2002, The Maldives signed the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution. Additionally, the optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography and the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict were ratified in May 2002.

**F. Recovery of maintenance for the child (art. 27, para. 4)**

254. Under the Family Law, in cases of separation or divorce, if the father of the child refuses to provide basic provisions for the child, the wife can file for child support using the “Request for Child Support” form available at the Family Court. The first hearing on child support can be held within 5 days to a month after the submission of the “Request for Child Support” form. Until the court decides with any issue of maintenance, the court has the discretion to determine ways for paying maintenance on a temporary basis during this interim period.

255. Child support includes provision of a specific amount of money to the custodial parent each month as well as providing the child’s clothing, and meeting educational and medical needs. The father is ordered to pay child support until the child is 16 years old or 18 if the child is not working. However, it is customary to provide for education, medication and clothing even after the child turns 18. Where the child has a disability the father has to provide for the child for as long as the child has a disability.

256. If a second complaint about child support comes forth to the court by the custodial parent; the court informs the non custodial parent’s employer to deduct the money from their salary and have the money delivered to the court. If after several attempts the non custodial parent fails to provide financial support, then the court can order the use of their assets as income for the child, and if needed can prevent them from leaving the country and freeze their bank accounts.

**G. Children deprived of family environment (art. 20)**

257. The concluding observations recommended that the Maldives give consideration to other forms of alternative care for children deprived of a family environment.

18. The Committee expresses its concern at the insufficient alternative care measures for children deprived of a family environment.

38. In view of article 20 (3) of the Convention, the Committee recommends that the State party give consideration to the establishment of alternative care measures, such as kafalah, for children deprived of a family environment.

258. Traditionally in the Maldives, the need for alternative care options has been less pressing than other countries because of the cultural norm of extended families. In times of crisis or need, children are generally cared for by relatives and difficulties are absorbed by the support of the extended family. Statistics demonstrate that 78 percent of children aged 0 to 14 live with both parents (Multiple Indicator Cluster Survey, 2001). However, about 5 percent of children in the Maldives live without either of their natural parents. With the rapidly changing social structure of the Maldives, including factors such as the high rate of divorce and the erosion of traditional cultural practices, the critical need for more alternative and flexible care options for children is increasing.

259. Currently, the Maldives has two alternative care institutions for children - The Education and Training Centre for Children (ETCC) on Maafushi Island which was established in 1979 by the Home Ministry and the Vilingili Children's Home established in 2004.

260. The Education and Training Center for Children is now under the Ministry of Education and provides residential care for boys aged between 9 and 18, who have been abandoned, orphaned, neglected or abused. Children from poor families, where parents can't afford their education and other expenses and children with behavior problems are also placed here. A facility was constructed within this centre for girl children. However, due to destruction caused by the Tsunami, at the time of writing this report there is no facility for girl children. The Ministry of Gender and Family also refer children to ETCC.

261. In the ETCC, children are provided with formal education up to grade 7 and after that they go to the Maafushi School for further education as regular students. Children are also taught vocational skills after school hours. The Skill Development Program was started in 1996. Although the tsunami destroyed major parts of the workshop and the machinery for the vocational skills, the program still continues and reconstruction of the affected parts of the workshop is taking place.

262. Presently there are 52 children at the ETCC. There are 49 staff members, both male and female, in the ETCC including 10 teachers. All these teachers perform two roles as teachers and caregivers. There are no full-time counselors or psychologists and additional human and financial resources need to be allocated in order to fulfill this need. No health standard assessment of the ETTC has been done.

263. There are many success stories with the ETCC. Children, after leaving the ETTC, have received employment and have been reunited with their families. Those who have parents or guardians are allowed to stay with them in the month of Ramadan and visits by the parents are also encouraged. Children are also allowed to make telephone calls to their parents or guardians once a month.

264. However, most parents do not visit their children. They also often send their children back to the ETCC even during Ramadan since they are not able to control their children. This raises the issue of negligence on the part of the parents as well as weakness in the legislation with regard to parental responsible for children in the ETCC.

265. The Vilingili Children's Home was established for children 0-9 who have been found to be at risk of significant harm. Presently there 23 children who are provided with care facilities by the staff including 16 child care workers, 3 supervisors, 1 counselor and 2 trainee counsellors along with a few support staff. There are no health care assessment facilities at the Vilingili Children's Home and in case of sickness children are brought to Island Health Center, which is 5 minutes away.

266. Parents and guardians can visit children every Saturday. Children of school going age have been enrolled in the local primary school.

267. Constraints and difficulties with regard to alternative care for children include:

- No specific law to look into the issues related to such children;
- Shortage of trained staff;
- No facility for girl child above 9 years of age;
- No proper guidelines for such institutions although the Ministry of Gender and Family is about to take on technical assistance to draft guidelines for children in institutional care.

268. For children in conflict with the law, the Himmafushi Children's Social Centre was set up and managed by the National Security Service until 2003. It served as a rehabilitative care centre for boys in conflict with the law. This facility has not been available since 2003 and during this period of transition alternative sentencing of house arrest has been in place.

269. At the present time, no alternative facility exists for girl children in conflict with the law.

#### **H. Adoption (art. 21)**

270. Please refer to para 59 of the initial report.

271. The western model of adoption is not recognized in Islam and, as the Maldives is a Muslim country, there is no formalized system of adoption. However, there is an alternative model within Islam, called Kafalah. A feasibility study is currently being undertaken in the Maldives that will be used as an advocacy tool to explore the possibility of the introduction of the Kafalah system.

272. The Committee has thus recommended that the Maldives consider Kafalah as a form of alternative care. Noting this recommendation, the Government of the Maldives is exploring ways with UNICEF in setting up a formal system of Kafalah.

#### **I. Periodic review of placement (art. 25)**

273. With regard to review of the placement at the ETCC please refer to para 63 of the initial report.

274. The Ministry of Gender and Family is responsible for carrying out reviews of the placements at the Vilingili Children's Home. Regular visits are carried out by staff to the children's home and decisions about the future of the children are made keeping in mind the best interest of the child.

**J. Abuse and neglect (art. 19), including physical recovery and psychological recovery and social reintegration (art. 39)**

275. The Committee recommends appropriate measures should be taken to combat ill-treatment and sexual abuse.

36. In the light of article 19 of the Convention, the Committee recommends that the State party take all appropriate measures to prevent and combat ill-treatment within the family and sexual abuse of children. It suggests, *inter alia*, that the authorities set up social programmes to prevent all types of child abuse as well as to rehabilitate the child victims. Law enforcement should be strengthened with respect to such crimes; adequate procedures and mechanisms to deal with complaints of child abuse should be developed, such as special rules of evidence, and special investigators or community focal points.

**1. Legal provisions on child abuse and ill-treatment**

276. Under Article 16 of the Law for the Protection of the Rights of the Children, "Particular attention shall be given to prevent acts detrimental to the integrity of children and acts of sexual abuse, exploitation and oppression against children. Knowledge of the commission of such an act or suspicion thereof shall promptly be reported to the concerned authority."

277. Article 18 states that "No child shall, even as a measure of discipline be subjected to punishment which may cause physical injury or which may be detrimental to the health of the child."

278. Article 21 stipulates that "Parents shall pay particular attention to prevent children from marrying before they attain 18 years of age, considering the adverse physical and psychological effects on the children of those who marry before attaining the necessary physical and mental maturity or the necessary maturity for bearing the responsibilities of a parent. Further, parents shall, when warranted, advise their children on the adverse effects of marriage before attaining 18 years of age and shall discourage such marriages."

279. Article 25 states that "No person shall commit an act that is detrimental to the integrity of children, nor shall any person commit an act of sexual abuse, exploitation or oppression against a child. Knowledge of the commission of such an act or suspicion thereof shall promptly be reported to the concerned Government authority."

280. Under the Disobedience Law, with regard to sexual abuse of one's own pubescent child, "If a person performs such an act, according to the level of misconduct he/she should be lashed between 19-39 times and if it is a man he should be either banished or jailed for 3-5 years and if it is a woman she should be put under house arrest for the same duration (173 (vi) (a))."



281. Sentence for a person charged sexually abusing a pre-pubescent child includes 19 to 35 lashes after which he/she should be jailed for 4 to 6 years. This has been in place since July 2003.

## **2. Complaints procedures**

282. Children can lodge complaints to the Ministry of Gender and Family regarding abuse cases. A helpline and a website has been established to facilitate them to do so. All the necessary information including the helpline number, telephone numbers for the Ministry, the website address and e-mail addresses have been widely disseminated. There is no minimum legal age defined by national legislations or regulations of the Ministry for lodging complaints. However, additional outreach needs to be made to children informing them how and when to make complaints so that they are not dependent on adults to lodge the complaint for them.

283. Despite effort on the part of the Ministry of Gender and Family to maintain confidentiality and anonymity of victims, the smallness of the community and the fear of being shamed and exposed often prevents both children and parents from reporting incidences of abuse. Victims of abuse and affected families also shy away from providing support to other victims and often choose not to work with the Ministry in providing assistance to other victims to reintegrate into society for fear of being identified.

## **3. The National Child Protection System**

284. The Ministry of Gender and Family has conducted a multi-faceted situation analysis to identify the structural causes of violations of children's rights in order to develop a holistic response to the problems facing children. Semi-structured interviews were conducted with children from all the inhabited islands in each of the Atolls that were under analysis. The responses from the interviews served as the basis for the recommendations and the data has been used to create a National Child Protection System.

285. In July 2000, a pilot Child Protection System was established in Addu Atoll. Systematic procedures and mechanisms were devised in order to create an efficient and well-regulated system through which child protection concerns could be reported and investigated. A Child Care Coordinator was appointed to act as a focal point for child related cases and to work in conjunction with the Island office, community counselors and general public in assisting abused or ill-treated children.

286. With the establishment of the pilot Child Protection System in Addu, it is anticipated that similar systems will be established in all the Atolls in the Maldives. The current system for processing child-related complaints in the other Atolls is ad hoc, inefficient and inconsistent. At present, the situation is such that many crucial decisions are made at Island level without accountability to other agencies such as the police or Ministry of Gender and Family.

287. Given that a formalized Child Protection System is a recent development for the Maldives, the pilot project experienced significant challenges. The challenges included inefficient administration at Island Office level, issues of confidentiality, inexperience of

community counselors and unwillingness of community to refer cases. There is a need for intensive follow up, monitoring and support of the system. Additionally, there is the need to assess the current level to which the system is meeting community needs in supporting the rights and well-being of children and to identify the changes needed to improve the system.

288. Due to the changes in both the geography and demography after the Tsunami, another situation analysis to assess the needs of the Islands is necessary.

289. Challenges and constraints in implementing a formalized National Child Protection System continue to be significant. Human and financial resources are insufficient and current capacity of the child protection system cannot provide therapeutic assistance to child victims. Adequately trained staff with specialist knowledge and skills to work to rehabilitate child victims of abuse is limited. Counselors at the island level, although playing a vital role, receive minimal training and thus have limited power to exact meaningful change.

290. At the community level, although improving, the general level of community awareness is low. In many communities there is a pervasive mistrust of the Island Office, and many members of the community do not see a need to establish a Child Protection System. Socio-cultural barriers also exist which prevent individuals from seeking assistance on behalf of children.

291. Additionally, at present, no effective system exists to protect victims of child abuse and to incriminate the perpetrator. Absence of a comprehensive Code of Criminal Procedures presents problems enforcing justice. It is very difficult to get adequate proof of crimes against children such as rape, assault and ill-treatment.

#### **4. Children in vulnerable situations**

292. After the tsunami, many families were placed in Internally Displaced People's (IDP) communities. IDP children are particularly vulnerable to as they have been uprooted from their homes and are living in new areas with people they do not know. It has been recognized that there is a need to for a protection system and work is being undertaken to put this in place.

#### **5. Child abuse and the criminal justice system**

293. Research conducted on the criminal justice system has highlighted the high incidence of child abuse, domestic violence and other such offences against women and children. Further, it has also indicated that a considerable number of such cases are not reported for fear of being further victimized, preventing victims from taking legal action against the perpetrators. The fear of victimization is further compounded by the absence of support services available for victims. Additionally, the staff employed by the various agencies within the criminal justice system are mostly untrained. They are unable to address the specific issues that concern victims of such crimes and usually are not informed of the services to which they can refer victims.

294. The Government of the Maldives is seeking to establish a process whereby the victims will be able to stand up for their rights and obtain justice against perpetrators.

295. The Family and Child Protection Unit of the police has trained more than 125 police personnel in 5 different Atolls. The trainings aim to educate them and build the capacity of the police in the Atolls to investigate cases of child sexual abuse and crimes against children. Besides training the police in technical skills on interviewing and investigating cases related to children, they are also provided information on the UN Convention on the Rights of the Child and laws on child protection in the Maldives.

**6. Procedures for the establishment of social programs to provide necessary support for the child and those who have the care of the child**

296. The Multi Sectoral Working Group on Child Protection was established in April 2005 to develop procedures and identify areas for programs in child protection. The Multi Sectoral Group on Child Protection is working and in 2006 it is expected that such procedures will be developed and finalized.

**7. The existence of any system of mandatory reporting professional groups working with children (e.g. teachers, medical doctors)**

297. There are no mandatory reporting procedures in place for professional groups working with children e.g. teachers, medical doctors, etc. However, this is being addressed in the Multi Sectoral Working Group on Child Protection and procedures are being developed.

**8. Ensuring the physical and psychological recovery and social reintegration of the child victim of any form of neglect, exploitation or abuse**

298. Psychological counseling is provided and efforts are made to re-integrate children who have been victims of abuse back into the communities. Parents are encouraged to support their children in the re-integration process. However, psychological counseling services is not provided in the outer Atolls. The Ministry of Gender and Family under the decentralization of the services plan seeks address this gap by expanding counseling services to all the Atolls by the year 2010.

**9. Progress achieved, difficulties encountered and benchmarks set for the future**

299. Increased awareness resulting in increased reporting and increased outreach to more vulnerable children is one of the major achievements in preventing and addressing child abuse cases. The Ministry of Gender and Family has been involved in cases where they have stopped ongoing abuse in families, removed children from unsafe environments and put them under the care of the extended family or into State care.

300. Lack of trained staff along with transportation difficulties are some of the major constraints as transport is costly and unpredictable.

301. The decentralization plan hopes to address the difficulties encountered under the arena of child sexual abuse and the rehabilitation and reintegration services.

**VI. BASIC HEALTH AND WELFARE (arts. 6 para. 2, 23,  
24, 26 and 18 para. 3 and 27 paras. 1-3)**

**A. Disabled children (art. 23)**

302. The Committee noted that additional steps need to be taken to with regard to children with disabilities.

20. With regard to the situation of children with disabilities, the Committee expresses its concern at the insufficient measures taken by the State party to ensure effective access of these children to health, education and social services, and to facilitate their full inclusion into society. The Committee is also concerned about the small number of well-trained professionals working with and for children with disabilities.

40. In the light of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96), the Committee recommends that the State party develop early identification programs to prevent disabilities, implement alternative measures to the institutionalization of children with disabilities, envisage awareness-raising campaigns to reduce their discrimination, establish special education programs and centers, and encourage their inclusion in society. The Committee also recommends to the State party to undertake research on the causes of disabilities. The Committee further recommends to the State party to seek technical cooperation for the training of professional staff working with and for children with disabilities.

International cooperation from, inter alia, UNICEF and the World Health Organization (WHO) can be sought to this effect.

303. Although disability awareness is a relatively new concept in the Maldives, a number of initiatives have been implemented in the past few years which has significantly improved the conditions and status of children with disabilities. For example, International Disability Day is celebrated annually on December 3rd. Also, CARE Society, an NGO, with UNICEF support, developed a community-based rehabilitation service model for disabled children. However, there remains much more work to be done - there is still a scarcity of well-trained professionals and the NGO sector and the Government still have to improve coordination in the arena of health, education, and social services for children with disabilities in order to ensure the fullest inclusion of the children with disabilities into society.

304. Health and rehabilitation issues received nationwide attention with the proclamation of 1981 as the International Year of Disabled. Following this, the Maldives declared 1982 as the National Year of the Disabled and marked October 13th as the day of the disabled. The Government initiated new measures to address the needs of the lesser advantaged segments of the Maldivian population. The National Committee for the welfare of the disabled was established to formulate strategies to address the needs of the disabled.

305. The Government has taken several measures to help the disabled. The Citizens Majilis has passed a special law to protect the mentally disabled and epileptics by making their care the responsibility of the Government. The Center at Guraidhoo was established to take care of them and others with special needs. At present this home for the aged and the disabled caters to persons without family support. A permanent medical officer has been posted in the Center

along with nurses. Arrangements have also been made for regular visits by psychiatrists from the Indhira Gandhi Memorial Hospital. Following the realignment of the Government Ministries, the Center is run by the Ministry of Higher Education, Employment and Social Security.

306. Disability care was mandated with the Ministry of Gender and Family until 2005. Now some administrative changes have been made and Social Security has been transferred to Ministry of Employment and Labor. This Ministry is currently facilitating the process of formulating a National Disability Policy with a range of stakeholders. However, though programs on the rehabilitation of physically disabled children are run by various ministries, it is the Ministry of Gender and Family which has to develop a policy with regard to children with disabilities. The current policy on the health is focused on prevention of disabilities as well as providing rehabilitation services to the disabled in order to enable them to live a productive life (Health Master Plan 1996-2005). The Government will work to ensure that disabled people are free from discrimination and have access to public services and employment.

307. The Jamaaludeen School, in Malé, continues to run classes for children with disabilities. Children with hearing impairments, mental disabilities, cerebral palsy, Down syndrome are catered for in special classes. Currently, 60 children are enrolled in special needs classes in Malé. Similarly, the Giyasudeen School has classes for blind children and the Imadudeen School runs classes for children with mental and physical disabilities. All these classes have specially trained teachers.

308. Access to health services to the disabled is provided through the healthcare delivery system, giving special emphasis to the specific needs of the child, which include curative and preventive care and referral services. However, due to shortage of trained staff, cases are also referred to Care Society, an NGO focusing on providing support for the disabled.

309. The national program for mental health and rehabilitation includes the following:

- Provision of curative care and rehabilitation to the disabled;
- Prevention of disabilities by early recognition and treatment;
- Creation of awareness among the general public with respects to disability prevention and the rights of the disabled;
- Creating opportunities for the disabled to become useful citizens by teaching them vocational and occupational skills;
- Providing educational opportunities to the disabled.

310. Children with disabilities who are at risk of harm or who are neglected may be placed in the Vilingili Children's Home under the Ministry of Gender and Family. Similarly children with disabilities may also be placed at the ETTC. Children with disabilities may also enroll in schools together with children without disabilities.

311. The Social Security Department has different assistance programs supporting parents with limited financial resources. Support is provided for those with disabled children and as well general support for children of poor parents.

312. Unfortunately, no specific measures have been adopted by the Government with regard to an effective evaluation of disabled children. There is no proper system of identification and tracking nor do any appropriate monitoring mechanisms exist. This can mainly be attributed to the much reduced numbers of children with disabilities and the lack of awareness and sensitization among the policy makers about children with disabilities.

313. In order to prevent childhood disabilities, Rubella Vaccination was introduced in December 2005 and MR Vaccine (Measles Rubella) has been given free nation wide and has achieved above 80% coverage. And MMR (Mumps, Measles, and Rubella Vaccine) is planned to be introduced to the regular EPI Program from 2007.

314. In order to recognize and reduce disabilities, early childhood development programs will be incorporated into the Integrated Management of Childhood Illnesses (IMCI) Program from 2006. 320. Health personnel will be trained on early detection and management of disabilities. Screening for disabilities related hearing, sight and ENT services are provided through IGMH, Regional and Atoll hospitals during regular OPD clinics as well as the periodic mobile teams.

315. Physically disabled children are being rehabilitated through the Physiotherapy Department at the Indhira Gandhi Memorial Hospital (IGMH). Children with special needs are also referred to the IGMH for specialized care. However, due to the lack of trained staff and other resources, this facility is not fully operational.

316. In the Maldives, physiotherapy service was established in 1980 in the Central Hospital Malé. It was transferred to IGMH Malé in 1994. The service started with only one physiotherapist, but has now expanded to include 10 physiotherapists. Physiotherapists have also been recruited in Regional Hospitals.

317. Children with physical disabilities who are referred to the physiotherapy department are treated with individualized and appropriate treatment. Physiotherapy services are also provided to in-patients admitted in the nursery, from the neonatal period, and in the pediatric ward as well. These patients receive outpatient physiotherapy services following discharge. Children who require long term physiotherapy are also catered for. The range of patients includes children with metabolic disorders, birth injuries, congenital anomalies, congenital torticollis, congenital deformities - CTEV, CDH, etc.

318. In July 2002, a special seating unit was launched in IGMH Malé. The key objectives of this unit are to provide support for the children with physical disabilities and mobility impairments in the Maldives, so as to enable them to access education and interact socially by:

- Training them in life skills development therapy;
- Providing supportive seating and assistive devices.

319. To date, 88 children have attended the special seating unit for the life skills therapy, of which 14 have received special seats after a thorough screening. At present, providing special seats is at a standstill due to lack of trained staff. However, life skills development therapy is being continued.

320. The expanded department of physiotherapy at IGMH provides rehabilitative services for cerebro-vascular and other neurological disorders and a large range of orthopedic conditions. The most significant change in the mental health and rehabilitation situation has been shift from institution based care to community based care.

321. There is very little quantitative data regarding the mental health and disability situation. According to the psychiatrists, complaints are fairly common among those who seek the services of the hospital OPD.

322. Despite significant progress in all areas for children with disabilities, current measures are still insufficient. Barriers to progress in this area continue to be the lack of specialist staff, and financial resources, as well as the lack of awareness and commitment at the policy level. Proportionally, there is very little state provision for children with disabilities and very few rehabilitative options for children with severe disabilities. The majority of children with disabilities, both in Malé and the Atolls are cared for at home, often by families with limited income, access to resources and little knowledge on how to care for the disabled. Well-trained staff is difficult to find and insufficient to meet the needs of disabled people.

323. CARE Society was established in 1998 in order to help address disability issues within the Maldivian community. It aims for the increased integration of people with disabilities into the community, encourages early intervention for children with disabilities, provides training and counseling, vocational skills, socialization and to enable disabled people to participate to the best of their ability in society. Achievements of CARE Society include:

- A series of public awareness raising campaigns and workshops to bring disability issues to the attention of the general population;
- Opening of the CARE Development Centre on 1st August 2001, which provides children with disabilities with rehabilitative education and programs;
- The development of Community Rehabilitation Program (CBR) in order to assist the island communities to establish their own rehabilitation programs. A pilot project was conducted in Addu Atoll in late 2002. According to an evaluation conducted by Handicap International, the project's strength was that there was significant community involvement in the project. However, the number of children affected by the project was minimal (23 children) especially given the amount invested in the initial training which absorbed much of the project's resources.

324. There have been some moves towards the integration of children and adults with disabilities into society by the Care Society. Care Society acts as their advocate and representative, taking their concerns to policy-making forums. They work towards empowering

people with disabilities to voice their concerns and for encourage people at the policy making level to listen. Children capable of forming their own views are given the opportunity to express themselves in weekly newsletters and play sessions.

325. The Care Society has also begun work on creating public awareness on the integration of children with disabilities into the community. As part of their media campaign on Early Childhood Care and Development, Care Society has included information on early intervention and inclusion of children with special needs within the family and society. This campaign was well received by the community.

326. Recently the Maldivian Scout Association and the Badminton Association of the Maldives have approached the Care Society with a proposal to include children with disabilities in their activities and programs. Many people, especially in the Atolls have little information about disabilities and therefore, awareness-raising campaigns are needed at all levels to eradicate misconceptions about disabilities. Such programs would reduce fear, insecurity and make the integration process easier and it would also promote the prevention of disabilities, by encouraging early intervention and prevention of accidents at home and community. The changing of actions and attitudes, however, may take some time.

327. A research and pilot study was carried out in Malé schools and a report, “Framework for Action” was prepared by the Ministry of Gender and Family. The WHO handbook on community based rehabilitation was translated. An Occupational Therapist has started work at the Ministry of Gender and Family and a seating specialist was brought in to advise on interventions for children who need special wheelchairs and seating, especially those with cerebral palsy.

328. The lack of adequate or appropriate services and trained persons continues to be significant obstacle with respect to action for children with special needs Regular schools continue to be inadequately equipped to enroll and educate children with disabilities.

329. Besides the children with disabilities’ access to educational institutions of the Government in Malé, Care Society has also established the Care Development Center in 2001. The CDC provides academic, social, independent living skills and rehabilitative programs. Before enrolling the registered target members to the CDC, each member is assessed by the assessment team in their home environment and in the Center. The CDC also carries out home visits to cater to the needs of severely disabled children who are unable to attend the CDC. There is also the Care Vocational Training Center (CVTC) provides vocational training skills and employment opportunities to young disabled people.

330. The UNICEF Child Protection Program was initiated with the overall goal to increase awareness and application of all child rights to all children, reduce geographical and gender disparities, provide support to children in need of special protection, and reduce discrimination and abuse. With the limited resources available, the Child Protection Program aims to use advocacy, community mobilization, expanding partnerships and strengthening institutional capacity as key strategies to achieve its target. The main focus areas for this program is the protection children from abuse and exploitation, juvenile justice reform and addressing childhood disabilities.



331. Care Society has imparted various trainings to different people involved in care of disabled children in Malé and the Atolls:

- Management training programs were held for parents and social workers;
- Vocational training for professionals working with disabled children;
- Series of parents' education programs was organized to create awareness and educate parents on special care and attention to be given in bringing up disabled children;
- 9 participants were sent to a one-year Diploma Training Program offered by the International Human Resource Development Center for the Disabled in Coimbatore, India. Four people took part in the Diploma Course in Sign Language and five people completed the Diploma in Community Based Rehabilitation. Two of the course participants were selected from Care Society, two from the Community Based Rehabilitation Core Groups in Addu Atoll and rest from the community who were interested to work with disabled people;
- 13 teachers including teachers from the Government schools and Care Society teachers were sent to Sri Lanka to complete the course on "Certificate III in Special Education".

332. Care Society is conducting most of its activities with financial assistance from the UNICEF, however, individual donations and some other donor agencies are also supporting including the IDB, German and Canadian Embassies. Islamic Development Bank also funded Care Society for its project "Public Awareness Campaign on Children with Disabilities".

333. With the over crowding of Malé and the exposure of the new generation to varying influences the incidence of violence is increasing. Family violence and sexual abuse are emerging problems. The high rate of family break-ups in the Maldives, reportedly the highest in the world, further exacerbates the situation. This situation contributes negatively to the development of self esteem and self confidence in children, thus hindering the mental development and social wellbeing of Maldivian children.

## **B. Health and health services (art. 24)**

334. The concluding observation noted the following on health issues for children:

19. Despite the State party's efforts in reducing the infant mortality rate and increasing child immunization, the Committee is concerned at the prevalence of malnutrition (stunting and iron deficiency) and high maternal mortality rate, as well as the limited access to safe water and adequate sanitation. The Committee is also concerned regarding problems of adolescent health, in particular the high and increasing rate of early pregnancies, the lack of access by teenagers to reproductive-health education and services, and the insufficient preventive measures against HIV/AIDS. Furthermore, the Committee expresses its concern at the insufficient measures to promote breast-feeding of children, especially in health facilities.

39. The Committee recommends that the State party promote adolescent health policies and programs by, *inter alia*, strengthening reproductive-health education and counseling services as well as improving preventive measures to combat HIV/AIDS. The Committee further suggests that a comprehensive and multidisciplinary study be undertaken to understand the scope of the phenomenon of adolescent health problems, including the negative impact of early marriages. The Committee also recommends that further efforts, both financial and human, such as the development of counseling services for both young people and their families, be undertaken for the prevention and care of adolescents' health problems and for the rehabilitation of victims.

335. Under the National Plan of Action towards the Well-being of Maldivian Child 2001-2010 following targets have been identified in the health sector:

- Reduce infant mortality rate by at least one third;
- Reduce deaths due to measles by half by 2005;
- Reduce by one third deaths due to acute respiratory infections by 2010;
- Routine childhood immunization of children under one year of age at 90 percent nationally, with at least 80 percent in every Atoll;
- Reduce by one half deaths due to diarrhea among children under the age of five by 2010;
- Reduce by one half tuberculosis deaths and prevalence;
- Eradicate guinea worm disease;
- Certify by 2005 the global eradication of poliomyelitis;
- Reduce the incidence of intestinal parasites, sexually transmitted infections and HIV/AIDS;
- Reduce maternal mortality ratio by at least one third;
- Achieve sustainable elimination of iodine deficiency disorders by 2005;
- Reduce child malnutrition among children under five years of age by at least one third of the of 2000;
- Eliminate Vitamin A deficiency by 2010;
- Reduce by one third the prevalence of anemia, including iron deficiency by 2010;

- Reduce the rate of low birth weight by at least one third of the current rate;
- Reduce the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third;
- By 2003, establish time bound national targets to achieve the internationally agreed global prevention goal;
- By 2010, ensure that at least 95 percent of young men and women aged 15 to 24 have access to information, education; including peer and youth specific HIV information;
- Ensure that 80 percent of pregnant women accessing antenatal care have information, counseling and other HIV prevention services available to them;
- Reduce the proportion of infants infected with HIV; 2005 by 20 percent and 2010 by 50 percent;
- By 2003, develop, and by 2005 implement national policies and strategies to build and strengthen Governmental, family and community capacities to provide a supportive environment for orphans, girls and boys infected and affected by HIV/AIDS;
- By 2005, implement measures to increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through health care services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally sensitive framework;
- By 2003, develop and strengthen policies and programs that recognize the importance of the family in reducing vulnerability and inter alia, in educating and guiding children;
- To take account of cultural, religious and ethical factors to reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents.

336. Since the number of health facilities have increased in the past few years almost all children living in different parts of the country have access to and benefiting from medical assistance and health care. However, the Government of the Maldives is committed to make sure that children on the remote islands also get equal access to health facilities.

337. Number of health facilities in the Maldives:

Central level (Malé)	02
Regional level	06
Atoll level	10
Health Centers	68
Health Posts	48
Family Health Section	61

338. The Maldives has 1 doctor for every less than 1000 population but most of the doctors are expatriates.

339. A surveillance system is in place to make sure a proper check is kept on children related diseases. Daily reports are prepared of different diseases that helped in controlling diseases and no disease can go into epidemic situation. There is over 90 percent coverage of children below 36 months of age. A growth monitoring program has also been established for children.

### **1. Infant mortality**

340. Section 4 of the Law on the Protection of the Rights of Children states that causes of infant mortality must be identified and every effort must be made to eliminate the causes of infant mortality.

341. Infant mortality forms a significant part of the overall mortality, and therefore crude and age specific death rates follow similar trends. Within the last decade, infant mortality rate has fallen steadily but not at a rate as fast as that in the previous decade. In 1992, infant mortality stood at 30/1000 live births where as by 2002 the rate declined to 18/1000 live births and by 2003 it further declined to 14/1000 live births. However, there are some urban and rural differences in infant mortality.

342. During the 1990s there was a marked difference between the infant mortality rate in the Atolls and in Malé. The difference has been reduced to just a few percentage points by 2004 due to improved services in the Atolls. In the Atolls, the infant mortality rate stands at 19/1000 and 18/1000 live births in year 2002 and 2003 respectively where as in Malé the figure stands at 15/1000 live births and 8/1000 live births.

343. Despite this, it can be said that urban and rural differences in infant mortality has virtually disappeared although some barriers to accessing health care services such as lack of regular and proper transportation are still a reality. Comprehensive reproductive health services universal immunization coverage can be regarded the key to narrowing these differences.

344. The continued improvement in health services delivery has led to continued reduction in infant mortality. A high coverage of over 95 percent for individual antigens was achieved in respect of expanded program of immunization (EPI). The cold chain is well maintained at central and regional levels. The central level mobile team approach was successfully replaced by a decentralized outreach approach with the health centers playing major role in providing immunization rounds. There are an ongoing awareness raising campaigns about the importance of immunization. SHE is also running awareness raising programs about the immunization.

345. In the Maldives, the female Infant Mortality Rate is lower than the male Infant Mortality Rate.

Table 3: Infant mortality rate per thousand live births, 1992 - 2003

	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03
Republic	31	34	30	32	30	27	20	20	21	17	18	14
Male	34	35	31	32	34	27	20	21	22	17	19	15
Female	27	33	28	31	25	27	21	19	20	18	16	13
Atolls	29	34	28	31	32	31	20	23	23	19	19	18
Male	33	36	30	31	37	32	21	23	23	19	18	17
Female	25	33	27	30	27	31	19	23	23	20	21	18
Malé	38	33	36	36	21	15	21	13	17	13	15	8
Male	39	33	40	37	24	13	18	16	19	13	21	13
Female	36	34	32	36	17	17	25	10	15	14	9	3

346. Infant deaths contributed to about 7% of all deaths in the country in 2003. Of these infant deaths, some 61% occurred during the early neonatal period (0-6 days after birth). This high proportion of early neonatal deaths reflects the need for improved newborn care. High prevalence of anemia among pregnant women and other morbid conditions during pregnancy contribute to mortality of both mothers and infants.

347. Also, the situation of low birth weight has improved considerably. The percentage of infants with low birth weight is 22 percent currently.

## 2. Under-five mortality

348. The under-five mortality rate has also declined substantially during the last decade from 45 per thousand live births in 1992 to 23/1000 in 2002 and to 18/1000 by 2003. The male and female under-five mortality has also decreased to 22/1000 and 15/1000 live births respectively. This shows great achievements in the management of childhood diseases such as acute respiratory infections and diarrhea and also reflects once again on the achievement of universal immunization. However, the under five mortality for the Atolls is higher than that of Malé, with 26/1000 and 24/1000 live births for Atolls in 2002 and 2003 and 18/1000 and 10/1000 live births for Malé. Further awareness and improvements in water and sanitation would yield even better results.

Table 4: Under-five mortality rate per thousand live births, 1992 - 2003

	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03
Republic	45	50	43	47	39	39	27	28	30	26	23	18
Male	53	50	45	51	42	37	28	30	31	27	22	22
Female	37	50	41	43	37	43	26	26	29	25	23	15
Atolls	45	51	43	48	43	46	29	33	34	30	26	24
Male	54	52	46	52	44	43	31	33	33	32	21	27
Female	36	50	41	44	41	49	26	32	34	29	31	21
Malé	47	45	42	41	26	21	24	16	20	17	18	10
Male	50	42	43	44	32	17	21	20	26	18	24	14
Female	44	48	40	39	20	25	27	12	15	16	11	4

349. Acute respiratory infection (ARI) is by far the most constantly and extensively reported condition in the Maldives. The less than five year old population was more affected than the above 5 years old, as seen in year 2000. Incidence rate for < 5 years was 414/1000 while incidence rate for above 5 was 197/1000 population in that age group. In the same way the incidence of ARI in Malé was higher than in Atolls, 285/1000 and 132/1000 respectively.

350. In the recent past viral fever is becoming more prevalent. Similar to ARI, viral fever is also highest during the mid portion of the year and under 5 were at high risk then the above 5 population. For example, dengue hemorrhagic fever is endemic in the country. There is a consistency seen in the incidence of DF/DHF where the highest incidence rates are seen during the monsoon months of June and July. On average 17 cases of DF/DHF were reported during 2000-2003.

351. The rate of child immunization against different diseases has also improved considerably in the past few years:

- 100 percent of routine EPI vaccines financed by the Government;
- Immunization 2004: 1 year old children immunized against: Tuberculosis (TB) (BCG) 98 percent;
- Immunization 2004: 1 year old children immunized against: Diphtheria, pertussis and tetanus (DPT 1) 98 percent;
- Immunization 2004: 1 year old children immunized against: Diphtheria, pertussis and tetanus (DPT 3) 96 percent;
- Immunization 2004: 1 year old children immunized against: Polio (polio3) 96 percent;
- Immunization 2004: 1 year old children immunized against: Measles (measles) 97 percent;
- Immunization 2004: 1 year old children immunized against: Hepatitis B (hepB3) 97.

Vaccine coverage 1992 - 2003												
	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03
BCG	99%	99%	98%	99%	98%	98%	99%	99%	99.5%	98%	98.5%	98.0%
DPT 3	96%	90%	96%	99%	96%	97%	97%	97%	98%	98%	97.5%	97.5%
Polio 3	98%	98%	97%	94%	95%	96%	95%	97%	98%	97%	97.5%	97.0%
Measles	98%	86%	96%	94%	95%	96%	98%	99%	99%	98%	98.9%	98.0%
Tetanus	95%	94%	94%	96%	97%	98%	94%	97%	97%	97%	94.0%	95.0%
Hepatitis B	-	21%	83%	-	-	50%	45%	90%	96%	98%	97.5%	97.5%

352. The data on the current health status of children in the Maldives indicates that infant mortality rate in children under 5 years of age has been significantly reduced in the past few years. All vaccinations for children under the age of 1 year has primarily been completed. Currently, arrangements are made to carry on and improve the vaccination system in a decentralized manner. Every child is checked to ensure that he/she has completed all required vaccination before being enrolled at school. In addition to this, all Government hospitals in the country have been made into “baby friendly” hospitals.

353. Several surveys and studies show that in recent years, mortality due to diarrhea has not been a great problem in the country, though diarrhea related morbidity continues to be a major South Asian concern. The incidence rate of diarrhea stood at 30/1000 in 2000. However, due to improved surveillance and case management the number of diarrhea deaths declined steadily and case fatality rate remained at below 1 since the year 1992. There is almost 90 per cent awareness nationwide of the use Oral Re-hydration Salts. This has been identified as one of the factors responsible for the reduction of deaths due to diarrhea.

### **3. Maternal mortality and maternal health**

354. While there has been a significant decline in the maternal mortality rate, the health department is still trying to further reduce the maternal mortality rate. The maternal mortality rate was reduced by 50 percent during the years 1990 to 2000. All the deaths that occurred since 1998 were investigated within 24 hours. Expanded health facilities, including blood transfusion, are available in most of the health facilities.

355. The Maldives have made significant gains during the past decade in protecting and promoting the reproductive rights of the people through expansion of services, quality improvement and policy development. There are no marked differences in the health status of the girls and boys, and no substantial differences in growth and infant mortality rate. Reproductive health program is geared to address multiple links that exist between social status of women and their health through life cycle approach.

356. Several programs crosscut child rights such as integrated management of childhood illnesses (IMCI), Early Child Development (ECD), infant and young child feeding (IYCF), Safe Motherhood, nutrition education and HIV/AIDS/STD. As a result infant mortality decreased 14/1000 live births, Maternal mortality decreased to less than 1/ 1000 live births and life expectancy at birth increased for males 70.7, for females 72.2 years. Reproductive health care in the context of primary health care includes: family planning, counseling, information, education and communication and services; education and services for pre-natal care, safe delivery, post natal care; prevention and appropriate treatment of infertility: abortion including prevention of abortion and the management of consequences of abortion; treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions; and information, education and counseling for adolescents as appropriate, on human sexuality, reproductive health and responsible parenthood.

357. Care during pregnancy has improved. According to recent reproductive health survey indicates that 100% of pregnant mothers use antenatal care. And 85% of all deliveries are being attended by skilled attendants. Due to the improvement in the antenatal care during pregnancy, delivery and postnatal care and emergency obstetric care facilities at sub-Atoll levels with improved diagnostic and treatment facilities at regional levels. Maternal mortality is on the decline from 500 per 100000 live births in 1990 to 85 per 100000 live births in 2003.

358. Proportion of women having access to pre and postnatal care is about 91% and 85% respectively. Efforts have been made to ensure that 100 percent pregnant women receive antenatal services. 100 percent have access to safe delivery practices.

359. Procedures are developed and maternal audit is being carried out since 1997 and improvements are seen in the area of reduction of maternal deaths due to direct obstetric causes. There is an overall reduction of MMR from 5/1000 live births in 1990 to less than 1/1000 live births in 2004.

#### **4. Infant feeding**

360. The infant feeding policy of the Government emphasizes the need for promotion of exclusive breastfeeding and complementary feeding practices and Baby Friendly Hospitals Initiative to protect the nutritional status of the child.

361. Most mothers in the Maldives do breastfeed their infants (96.5%), however only 10% of mothers exclusively breastfeed for the first 6 months (MICS, 2001). The mean duration of exclusive breastfeeding is 4 months. Steps are being taken to early initiation of breastfeeding and feeding of colostrums for the baby, and helping the mother for establishing successful breastfeeding.

362. There are individual and external factors that interdependently influence a mother's choice to stop breastfeeding. The individual factors are both psychological and physical problems that hinder the successful practice of breastfeeding. These factors are a mother's low confidence or anxiety of her inability to breastfeed, pain and discomfort while breastfeeding, and several misconceptions of breastfeeding. A few of the external factors are health systems lack the quality of proper breastfeeding education, inflexibility of working hours to return home and breastfeed her infant, follow advice of health professional, relative, storekeeper, or promotional public advertisements to use breast-milk substitutes.

363. Abiding by the international code for breast milk substitutes, the Maldives prohibits promotion of any infant formula under the national food safety regulation. Code for Marketing of breast milk substitutes is promoted and is being enforced through a food safety regulation. All food products including milk and milk products are being screened by Department of Public health for its compliance with food safety regulations to provide consumer protections and to remove misinformation. All milk products advertised for commercial purposes have to indicate that breast milk is best for the child by a written caption in local language or announced before or after the advertisement.



364. Exclusive breastfeeding is promoted in all hospitals/health centers, and health posts, and awareness created on timely weaning and feeding practices, and preparation of nutritious meals for infants using food that are locally available.

365. In the Maldives, the Baby-Friendly hospital Initiative (BFHI) was launched in 1995 to ensure that health care facility provides an environment where breastfeeding is supported as the norm. The main component of the BFHI is to equip health workers with appropriate knowledge on breastfeeding and implementation of “Ten steps to Successful Breastfeeding”. Baby friendly Hospital is monitored annually using WHO/UNICEF self-assessment tool. Mother support groups are established to work in the community in cooperation with the hospitals.

12 Government hospitals have been declared Baby Friendly by the end of 2005. The Baby Friendly Initiative is to promote and strengthen exclusive breastfeeding. Nurses and relevant staff at various maternity care hospitals/health centers have been given training in breastfeeding counseling.

366. Additional improvements are necessary in the nutritional status of pregnant and lactating mothers. This includes the provision of iron with folic acid supplements to all pregnant mothers and women in the reproductive age of 15-45 years, and providing information, education and communication on the importance of a sensible and nutritious diet during pregnancy and lactation. This strategy also includes the provision of adequate antenatal, intra- natal and postnatal care.

367. Working mothers are allowed maternity leave for a minimum of 60 days after delivery, with full pay. Out of these 60 days 2 weeks can be given prior to her confinement. A one-hour nursing break is allowed when the mother returns to work until the child reaches 12 months. Working fathers are allowed paternity leave for a minimum one week (with full pay). Fathers are also encouraged to take equal responsibilities towards ensuring the well being of their child and in providing support to the mothers at this time. Breast-feeding week is celebrated every year, by all health institutes, and media is used extensively to create public awareness.

368. The timing and type of complementary foods introduce to an infants diet have a significant effect on the child’s nutritional status. The Government advocates exclusive breastfeeding for 6 months and complementary feeding with foods that provide for optimal growth to be introduced to the infant after 6 months and continue breastfeeding for up to 2 years.

369. SHE is working for the promotion of breastfeeding through different awareness raising and counseling activities. Previously there no counseling facilities for young mothers to tackle the problems they faced however, now SHE has started counseling facilities for young mothers.

370. The Reproductive Health Center of IGMH is also playing an important role in this regard. There is a need to establish more centers where counseling and awareness could be provided to new mothers about the importance of breastfeeding.

371. Other initiatives include:

- Radio campaigns were organized by the Ministry of Health with messages saying breast milk is best for children;

- National breastfeeding policy posters and WHO/UNICEF “Ten Steps” of breastfeeding posters were developed and disseminated to all levels of health institution through out the country;
- Infant and young child feeding training courses are conducted and trainers have been trained;
- Public awareness events have been held such as Nutrition Sports Exhibition, World Breastfeeding Week, World health day, world population day;
- Information, Education and Communication materials like, video songs, booklets on nutritional values, and commonly used infant food recipes are developed and disseminated to the public;
- National Infant & Young Child Feeding Policy, in line with Global Infant and Child Feeding (IYCF) Policy has been developed and is being printing;
- National Code on Marketing of Breast milk substitutes is being developed and disseminated for concerned authorities for comments, and finalization;
- Community nutrition education package is being developed to integrate infant and young child feeding (IYCF), to Integrated Management of Childhood Illnesses; (IMCI) and Early Child Development (ECD) to educate mothers and community on early childhood care and feeding practices.

## **5. Malnutrition and food security**

372. Following the International Conference on Nutrition in December 1992, the Maldives developed its first comprehensive national nutrition plan of action 1997-2000 and nutrition promotion has been given a priority focus in the national development agenda. During 2001 and 2002, the second national nutrition strategic plan for 2002-2006 was developed. The plan, developed with assistance of UNICEF, gives priority focus to the reduction of malnutrition and micronutrient deficiencies, increasing accessibility to essential food, improved food quality and safety for consumer protection, promotion of exclusive breastfeeding up to 6 months of age, and reduction of low birth weight.

373. Malnutrition rates persist with a quarter of the child population experiencing stunted growth (low height-for-age), 13% experiencing wasting (low weight-for-height) and a third of the population underweight (low weight-for-age). Micronutrient deficiencies also prevail. This can be attributed to a basic diet consisting mainly of rice and fish combined with poor feeding practices.

374. Furthermore, according to the Multiple Indicator Cluster Survey II (2001), anemia was also identified as a major problem among women. The results showed that 50% of women in the reproductive age (15-49) and 56% of the pregnant women were anemic.

375. The national goals on nutrition include access to food security, development of a comprehensive nutritional package, prevention and control of micronutrient deficiencies, promotion of exclusive breastfeeding, promotion of healthy weaning practices, and improvement of the health and nutrition status of mothers (Health Master Plan 1996-2005).

376. The main thrust of the nutrition program will be to sustain food security and to ensure that people are made aware of the value and importance of a balanced diet. The program will also focus on the needs of people with specific nutrition related problems, such as diabetes and obesity, and provide them with the necessary information and guidance. The program aims at improving the quality of life of the people by freeing them from all forms of nutritional deficiencies through greater awareness on food values, food preparation and food consumption. Essential food items like rice, flour and sugar will be made available to all people at affordable prices. Consumer protection through food analysis and implementation of food policies and regulations regarding the import of food and food advertisements will be ensured.

377. The broad goals of the program are to improve the nutritional status of children, women and other groups of the population. It aims to increase the survival of children and to promote nutritional support and close co-ordination between MOH and other ministries and agencies. Specific objectives are as follows:

- Eliminating severe and moderate malnutrition;
- Providing consumers protection through improved food quality and safety;
- Giving 100% of the population access to essential food items, in quantities that are needed to ensure good health;
- Enacting and enforcing the Food Act;
- Reducing transmission of intestinal parasitic infections by 50%;
- Making available iodized salt to all those who want to use it;
- And, ensure that at least 90% of mothers will exclusively breastfeed their babies till four months.

378. The Government is also committed to promoting exclusive breastfeeding practices and establishing baby friendly hospitals to protect the nutritional status of the mother and child. In this respect, the international code for marketing of breast milk substitutes will be made available to all importers of such foods and steps will be taken to ensure the code is enforced.

379. A National Nutrition Plan of Action (NNPA) has been formulated. This Plan will be finalized and implemented during the Health Master Plan period. The active participation of NGOs and the private sector will be encouraged and the Government will facilitate their participation in implementing the NNPA.

380. The NNPA includes the holding of regional seminars to promote and monitor program implementation, dissemination of information on the nutritional status of various population

groups of the country, assessing the status of the implementation, and the holding of sensitization meetings at different levels of the Government structure, as well as analysis of the determinants and how they contribute to the nutritional status of different population groups.

381. A National Advisory Committee (NAC) on nutrition will be set-up and each sector involved in the NPA will develop and implement their own strategies. The NAC will also monitor the progress of the NPA.

382. The Department of Public Health is now implementing a new program for combating growth stunting among children. A comprehensive nutrition program (CNP) is being implemented in several Atolls by DPH. It proposes to assess the food, health and care aspects of child rearing.

383. Several local seminars and workshops have been organized with community leaders to identify interventions required at community, island and national levels for combating malnutrition.

384. Promotion of food security is also done through the encouragement of production of domestic agricultural produce and horticultural produce by introducing extensive backyard gardening and also augmenting fish catch for domestic use.

385. Maintenance of the quality and safety of foods includes the development of food legislation. It is necessary to set of national food standards and specifications, enforce them and set-up the Central Food Testing Laboratory with adequate human resources, equipment and other facilities.

386. Lack of awareness is one of the main causes of malnutrition and SHE has carried out an extensive awareness raising campaign through distribution of its publication in local language and organizing radio programs.

387. A comprehensive package of information, education and communication materials (IEC) was produced. It focused on several area of nutritional promotion. The evaluation on the use and impact of IEC materials indicate that a fairly high proportion of people are aware of nutritious food and food sources for the prevention of micronutrient deficiencies.

388. Nutrition education is also continued in schools, both as curricular and co-curricular activities. Services such as diet counseling especially for those with special nutritional needs such as obese or diabetic people are included. Active participation of NGOs and the private sector is encouraged in implementing this strategy.

389. An important objective in the Maldives National Nutrition Strategic Plan 2002-2006 is to increase the prevalence and duration of exclusive breastfeeding of infants under the age of six months. Breast-milk is the best food for the physical and mental development of an infant.

390. Efforts to improve the nutritional status of infants and children include growth monitoring of children less than 3 years old and following up on those who falter in growth. It also includes educating mothers on the importance of appropriate weaning practices and the hygienic preparation of food, as well as, observation of general hygiene and sanitation, and the encouragement of exclusive breastfeeding.

391. With strong collaboration from the Ministry of Education, the nutrition programmes continue to provide Vitamin A supplementation and de-worming to school children. Since its launching in 2000, two doses of vitamin A have been given at six month intervals every year to pre-and primary school children. De-worming tablets also have been given to primary school children every year at six month intervals. Vitamin A supplementation and de- worming is also given to children through the immunization programme which covers children of the eligible age who are not in school.

392. To reduce the transmission of intestinal parasites, mass de-worming has been carried out in selected islands. The Government has also used this opportunity to set up adequate sanitation facilities and educate the general public on personal hygiene and sanitation.

393. Iodized salt will be promoted through health awareness programs and marketing of iodized salt will be secured in collaboration with concerned Government and private sector agencies to prevent micronutrient deficiencies.

394. Diet planning advice and special diets are provided to patients, at their own cost, at IGMH. The hospital nutritionist will plan the diet and provide information on healthy eating practices and the dangers of obesity.

395. Consumer protection will be ensured by implementing activities to ensure the safety of food and beverages, providing people with the necessary information and skills so that they know what they are buying, regulating advertising to ensure no false information will be provided and by enforcing legislative measures that are needed to ensure consumer protection.

396. Monitoring and evaluation of the nutritional status of the vulnerable population involves the setting-up of baseline data by assessing the nutritional status of children, pregnant and lactating women, and adolescents, using scientifically proven methods. A simple tool for monitoring and evaluating the nutritional status of these groups and also the situation with respect to all types of micronutrient deficiencies and other dietary disorders will be set-up and implemented. In order to assess the current situation a KAP survey has been conducted and the results will be published soon.

397. Although the Maldives is on track with regard to the MDGs in reducing child malnutrition, the prevalence of underweight, stunting and wasting is still very high in the Atolls. In 1997 VPA1 raised the alarm over the fact that the nutritional situation in the country then was worse than that of Sub-Saharan Africa. The present estimates indicate that 1 in 4 children may be underweight by 2015. Improving the nutrition status of children is a highly significant challenge.

## **6. Preventive measures against HIV and adolescent reproductive health**

398. While HIV prevalence is low in the Maldives, it is clear that high-risk behaviors are present in the country. Recognizing the potential for an increase in the prevalence of HIV/AIDS, the Government is pursuing a continuous awareness raising campaign as a preventative measure. This campaign has succeeded in increasing the awareness level of HIV/AIDS to about 97 percent among the general public. However, awareness among adolescents is less than that of adults.

The Government, in collaboration with UNFPA, has developed some life skills education programs for increasing the level of awareness among adolescents around different subjects including HIV/AIDS.

399. The National Narcotics Control Bureau with support from UNODC is implementing a small-scale peer education project for injection drug users around HIV prevention.

400. Population Education has been incorporated into the Secondary School Curriculum to ensure that all adolescents are informed about sexual and reproductive health. Adolescent health issues are being addressed with the framework of Maternal and Child Health, Adolescent Health and Development, Life Skills Education Program, and within the broad framework of control of Communicable and Non-Communicable Diseases.

401. A comprehensive National AIDS Control Program was launched in 1987, well before the first HIV positive case was detected in 1991. Since then only thirteen HIV positive cases have been reported by end of 2005. There has been no mother to child transmission of HIV and no infected child, so far. The National AIDS Program works under the guidance of the National AIDS Council chaired by the Minister of Health. Periodic review is undertaken by WHO consultants and advice is provided on treatment, care and counseling services.

402. The main aim of the program will be to limit transmission of HIV/AIDS in the country. In this respect the program focuses on information, education and communication for the prevention and control of HIV/AIDS, while taking measures to maintain confidentiality and to eliminate discrimination. The program will be guided by the following policies:

- Clear guidelines will be laid down to ensure that no person would be discriminated against on the basis of his/her HIV status and that he or she will have equitable access to health, education, other social services and full liberty of movement;
- As far as possible, all testing will be voluntary and informed consent will be obtained prior to testing. No person will be tested against his or her own wishes except when there is a sufficient ground to believe that such testing is essential to protect the health of others. For surveillance purposes unlinked anonymous testing will be done;
- All efforts will be taken to ensure the confidentiality of HIV positive cases. The identity of an HIV positive person will only be revealed to a person who is at significant risk of contracting the disease, such as the spouse or member of the operation team, or a patient who is going to undergo an invasive health care procedure, such as a surgery, by an HIV infected health care provider. However, if there is evidence that an HIV positive person is endangering others by irresponsible behavior, his or her identity could be revealed. All HIV cases will be notified *confidentially* to the National Authority responsible for AIDS prevention and control;
- Information on AIDS and STDs will be made available to all citizens, according to their developmental age;

- STD diagnosis and treatment facilities will be available at the Atoll level. The identity of STD patients will not be revealed to any party. However, for statistical purposes, non-identifying epidemiological information will be reported;
- While stressing the importance of Islamic values in the prevention of AIDS and STDs, information on various methods of prevention such as condom use safe sex will be encouraged.

403. Over the years, the Maldives HIV/AIDS program has been supported by the Supreme Council of Islamic Affairs. The Department of Public Health had made several radio and TV programs about HIV/AIDS with the leaders from Islamic Affairs. One of the aims of the Supreme Council is to save Maldivian youth from drug abuse, encourage them with religious spirit and endeavor to maintain religious behavior. The Supreme Council for Islamic Affairs is ready to widen their role in the activities relating to HIV/AIDS. They agree that HIV/AIDS is a problem of national concern.

404. Day to day activities relating to HIV/AIDS are carried out by the Department of Public Health. They have carried out a considerable number of awareness raising activities among sea men, tourists, resort workers, secondary school students, health workers, school teachers, religious leaders and many others. In addition to the health education activities carried out by the department, Society for Health Education popularly known as SHE is also active in this field. Members from SHE visit secondary schools in Malé frequently and hold group education activities. The students are divided into small groups and issues like HIV/AIDS, Thalassemia, Smoking, Reproductive Health, Drug Abuse and so on are discussed.

405. The main aim of the AIDS and STD program will be to limit transmission of HIV/AIDS in the country. In this respect, the program focuses on information, education and communication for the prevention and control of HIV/AIDS, while taking measures to maintain confidentiality and to eliminate discrimination.

406. So far, there are no children infected with HIV/AIDS. The child protection law does address the issue of ensuring the health of the mother and child.

407. SHE also runs reproductive health education and family planning programs. Free contraceptives are provided to married couples.

408. Premarital counseling facilities are provided by SHE. Some of SHE's projects are locally funded or are funded by UNFPA. The Government of the Maldives is also funding SHE, particularly Thalassemia related projects.

409. The main challenge will be to ensure sustained low prevalence of HIV/AIDS in the country. Efforts are required to further strengthen the awareness programs and to continuously measure the impact of these programs. Timely intervention would be required for any adverse findings of the continuous assessments. Over all, the program can be regarded as performing reasonably well. There is a scarcity of evidence on sexual behavior of high-risk groups such as resort workers, sailors and adolescents. Hence, planning and implementing targeted interventions remain a major challenge for the sustenance of low HIV/AIDS prevalence in the country.

## 7. Thalassemia

410. Thalassemia is an inherited hematological disorder. Originally thought to be endemic to the Mediterranean region, the disease was later found to be widespread in South and Southeast Asia. The Maldives has one of the highest known incidences of Thalassemia anywhere in the world. It is estimated that one out of every six Maldivian is a Thalassemia carrier. About 60-70 children are diagnosed every year with the disease.

411. In order to stay alive, a Thalassemia child requires monthly blood transfusions and treatment with the drug Desferrioxamine which has to be injected five times a week with each session of treatment lasting up to 10 hours. The annual cost for the treatment adds up to a hefty US\$ 6,000 per child. The special pump which is required to administer the drug costs a further US\$ 700.

412. In 1988 there were 55 children with Thalassemia major undergoing treatment at the Central Hospital in Malé. By the end of 2002, a total of 501 Thalassemics were registered and by the end of 2003 the number rose to 525. At the end of 2003, 373 Thalassemics were living with 42 of them over the age of 16. The National Thalassemia Centre was opened in 1994 to coordinate Thalassemia control efforts and streamline case management. The NTC works as a day-care centre and provides free treatment. It has facilities for safe blood transfusion, Thalassemia screening and Desferral infusion.

413. Studies undertaken by SHE indicate that Thalassemia carriers makes up 18.1 percent of the population. Therefore, one in every 120 births produces a child suffering from the disorder. In an effort to control Thalassemia, the Government has approved prenatal diagnosis and the medical termination of pregnancy of affected fetuses.

414. At present, Bone-Marrow Transplantation (BMT), the only established permanent cure for the disorder, costs between US\$ 30,000 and US\$ 50,000, a figure beyond the means of most families in the Maldives. The program for the prevention of Thalassemia is itself costly. With each test costing USA\$ 10 for reagents alone, it is estimated that to achieve SHE's program target of 15,000 tests per year, the organization requires around US\$ 3,000 per week exclusively for reagents.

415. SHE, a non-Governmental organization, has been instrumental in highlighting the issue as a crucial health concern on the development agenda. SHE's various efforts have contributed to the public recognition of Thalassemia as a matter of critical importance. Thalassemia screening services are provided at the Thalassemia Laboratory and by means of mobile health teams.

Table 18: Thalassaemia situation 1999-2003

	1999	2000	2001	2002	2003
Total no. of registered cases	387	431	469	501	525
Total Deaths	10	9	10	9	3
Malé	1	4	2	4	1
Islands	9	5	8	5	2
Total New Cases	43	44	38	32	24
Malé	7	7	4	5	5
Islands	36	37	34	27	19

Source: NTC 2004



## **8. Water and sanitation**

416. According to the MICS II (2001), 80.5% households have access to sanitary means of excreta disposal. The use of pit latrines or Gifili as a mean of excreta disposal has declined from 18% in 1995 to 3.2% in 2001 (MICS I, 1995; MICS II 2001). The pit latrines can be hazardous as they are often close to household wells and contaminate the water with fecal matter.

According to MICS II, a large proportion of households in the country today use toilets that flush pit, which is also risk to the ground water. Only 22% of households in the country use toilets which flush to sewage systems or septic tank. In the Atolls, this proportion ranges from 3.3% to 11.4% while in Malé the facility is available for over 99% of households. Use of the beach as a toilet facility is seen to have declined from 24% in 1995 to 18% in 2001. 58 percent of the population had using adequate sanitation facilities in the country. 100 percent sanitation has been achieved in urban areas while 42 per cent in rural areas (2000).

417. The MICS II (2001) shows that 76.5% of the households in the country have access to safe drinking water including rain water. Safe drinking water has been provided to 100% of households in Malé and Vilingili. Large variations are seen in the accessibility of safe water in the different regions with the lowest in the North region. The use of well water for drinking fell from 19% in 1995 to 16% in 2001. Well water is unsuitable for drinking in most parts of the country due to increased salinity and unhealthy state of ground water.

418. To provide rain water storage facility in the islands, the Government built ferrous cement community tanks. However, due to difficulties in the maintenance of these water tanks, they were later phased out and replaced by HDPE tanks. A project which began in the 1994, HDPE tanks provide the island community both community tanks and individually owned tanks. These tanks are sold to individual applicants on the basis of installment payments. To date the HDPE tanks provided to the Atolls give a total storage capacity of over 18.5 million liters.

419. The environmental situation of the Maldives remains extremely fragile. Virtually all islands need to upgrade or change their sanitation systems since those presently used are cracked or are leaking, leading to widespread contamination of groundwater. Agro-chemicals and solid waste is also increasing the contamination of soil and water and also presents a serious safety hazard to the population. Solid waste disposal problem existed before the tsunami, but its importance and scale has been exacerbated by the disaster. Environmental awareness among children is still quite limited though there is evidence of a renewed commitment to the advancement of environmental education by both the education and the environmental ministries.

## **9. Awareness campaigns, programs, services**

420. A health promotion network was established in 2002. This network consists of members from Governmental agencies, UN agencies, NGOs and individuals who are interested in health promotion activities. Group emails and informative and participatory meetings on specific modes of promoting awareness on health. The Department of Public Health takes the major responsibility in carrying out promotive, preventive and rehabilitative health care services in the country. The main preventive health services focus on disease control and immunization, reproductive health and family planning, maternal and child health, nutrition and food safety as well as primary health care in remote areas.

421. Information, Education and Communication (IEC) represents an important component of all health promotion projects. Various IEC activities have been implemented for creation of awareness among the general public on priority health issues. Health awareness is provided through collaborative action by Government agencies, NGOs, the private sector and community groups. National TV and radio play a vital role in the creation of health awareness. The Health Education Unit at the Department of Public Health acts as the main focal point for awareness creation.

422. Intensive Health Awareness Programs on Reproductive Health and Family Planning in the 1990s have led to a significant decline in birth rates. Mortality rates continued to decline with the development of better health services. Birth rates reduced from 3.4% to 2.8% during the period 1990-1995. The population growth rate further declined from the year 1995-2000 and is currently sustained at 1.9% per annum.

423. Society for Health Education (SHE) carried out various awareness raising campaigns with a focus on women and adolescents. Different types of brochures and posters have been published in local languages about various health related issues e.g. vaccination, girl child, family planning, Thalassaemia and HIV/AIDS. SHE also has antenatal program.

424. SHE carried out different successful advocacy campaigns in relation to children's right to health. SHE has organized workshops for parents and health officials about different child health related issues in Malé and at the Atolls level. One of the main outcomes of these campaigns was the establishment of 60 Blood Transfusion Centers in various parts of the country. Successful awareness raising program about the importance of Thalassaemia screening and more than 100,000 people (1/3 of the total population) were screened. Screening is also carried out before marriage and genetic counseling is provided.

## **10. Food production**

425. The Maldives produces little of what it consumes, with food production being very limited. Traditionally, the staple diet comprised of fish and coconuts. However, fish catch and other food production failed to keep pace with the demands of growing population. During the middle of last century rice and wheat were introduced to complement the local staples. With the expansion of housing less land is available for agricultural activities, leading to continuing decline in per capita production and constantly the availability of locally produced agricultural products.

426. Home gardening is limited due to poor sandy soil; households in the islands do supplement their diet with some produce from their land. Training courses have been conducted for localized women's committees to improve home gardening. Tools, fertilizers, pesticides, seeds and seedlings, as well as small financial contributions are part of training component. Past experience suggests that promoting home gardening does not increase consumption. Most locally produced items such as banana and papaya are sold to resort islands for cash income.

427. With the low local food production the country can only satisfy all the conditions for food security by means of regular importing. Vegetables, fruit and red meat and poultry are not widely available in many parts of the country.

428. Food security is not considered a pressing concern in The Maldives. Food insecurity is acknowledged only mild and transitory with regional variations due to the difficulties in transportation of essential food to the islands.

429. There is some food insecurity due to problems of family separation which can create a situation of inadequate household income.

### **11. Improvements in the system of education and training of health personnel**

430. There is no medical college in the country so doctors are still trained abroad. However, there is a Faculty of Health Sciences where five different programs are run for nursing training etc.

431. The Maldives has seen a rapid increase in medical personnel in the last 10 years. The establishment of IGMH in 1995, expansion of regional hospitals and the recruitment of doctors to health centers saw an influx of medical personnel rising by almost 56% between 1994 and 1999. In 2003 there were 315 doctors including specialists of whom 87.9% are employed by the Government 79.4% of them are expatriates. This represents a patient to doctor ratio of 100:9. At the end of 2003, the bed capacity in the country is 643 representing 443 people per hospital bed. Other health professionals include 785 nurses, 454 paramedics, 119 community health workers, 333 female health workers and 433 traditional birth attendants. Training of health personnel is given major emphasis by the health sector.

432. In 2003, 30 people were sent abroad for training in different areas of health. A large percentage of the training is in the area of medicine to which a lot of emphasis is given. In year 2002 and 2003, 31 MBBS doctors returned to the country after graduation and 16 new students were sent for medical training. During this same period, 12 specialist doctors also returned from training and joined the workforce. It is now felt that the area of health management should be given more attention in future.

433. Neonatal care specialists are coming to undertake trainings with the help of UNICEF and WHO. The scope of the training has been extended from doctors to health workers.

### **12. International cooperation the financial assistance provided and/or received and the involvement of UN agencies and specialized agencies, NGOs and the private sector**

434. The private sector has grown rapidly in the past decade. At present there is one major tertiary hospital and 50 different clinics throughout the country. The private clinics provide services ranging from in-patient care to sports medicine and even traditional and alternative forms of medicine. These clinics are either one doctor practices or group practices and many of them have their own laboratories capable of performing simple investigations. Many of these clinics are owned and run by public sector doctors on a part time basis. Only 13 of the 50 clinics operate in rural areas. A number of independent laboratory services also exist. Currently there are 18 such laboratories and 4 of them operate in rural areas. The pharmacies in the Maldives operate as a complete market.

435. However, since no products are manufactured in the country, all products have to be imported and hence is quite costly. Some pharmacies operate at a large scale with a number of outlets of the same chain. The State Trading Organization (STO) Public Limited Company has a single pharmacy and one wholesale unit. These pharmacies operate in full competition with the private sector and hence do not provide any subsidies. However, all pharmacy outlets have to be registered separately in order to operate. There are 182 pharmacy outlets of which 117 serves the rural population.

436. Apart from the clinics and pharmacies, a significant number of traditional healers also practice in the country. There is only one recognized traditional medicine clinic in the country. A large number of NGOs and community actions groups such as youth clubs also operate in the country and quite a number of these groups have health promotion in their mandates.

437. There are some prominent NGOs such as SHE, FASHAN, Care Society, The Maldives Eye Society, The Maldives Association for the Handicapped and Cancer and Diabetic Society who are formed exclusively for health promotion purposes.

- SHE's services include reproductive health services and Thalassemia prevention and treatment;
- FASHAN has its programs based on adolescent health issues including HIV/AIDS prevention;
- Care Society addresses issues of disabilities and mental health and the other two associations' mandates are self-explanatory.

438. Most of the health related projects are funded by the Government of The Maldives, UNICEF, UNFPA, WHO and other international donor agencies. The Government's support is very important in the implementation of the programs and additional effort needs to be made to improve involvement of NGOs in health related activities.

439. Despite various steps taken by the Governmental and non-Governmental organizations in the health sector the access to health facilities for children particularly at the Atolls' level still needs to be improved. The unique and difficult geographical location, disperse population, under developed human resources, difficult transportation and communication and poor community mobilization are some of the difficulties encountered to the State Party in the promotion of children's right to health.

### **13. Impact of tsunami on health and the health sector**

440. According to the findings of a Post Tsunami Psychological Needs Assessment conducted by UNICEF, the disaster has had, and continues to have, a significant impact on children and young people, particularly on those who were directly affected by the tsunami. The most common emotional effects of the tsunami include:

- Fear of another tsunami;
- Anxiety;

- Guilt for not being able to save people;
- Grief at the loss of their home-island and island community;
- Loss of identity associated with loss of their island and island community;
- Frustration regarding the over-crowded living conditions;
- Concern for their personal safety in their new environment;
- Fear about water and food shortages and the spread of disease;
- Concern about the negative impact the living conditions on their education.

441. Common behavioral effects amongst the children and young people included:

- Anxiety symptoms;
- Panic attacks;
- Intrusive thoughts about the tsunami;
- Flashbacks;
- Fear of falling asleep;
- Fear of loud noises;
- Nightmares;
- Loss of appetite;
- Inability to concentrate on studies;
- Somatic symptoms such as stomach and/or headaches.

442. A project funded by UNICEF and executed by UNOPS, for restoration of damaged health posts and health centers has been initiated. In this project, health posts in two locations, health centers in four locations will be rehabilitated / repaired and fully equipped and two hospitals will be repaired. This, together with other rehabilitation efforts, has supported the health system to resuming regular services.

443. The tsunami disaster accentuated the difficulties in ensuring good quality health services to the dispersed islands. Heavy reliance on expatriate health workers and high transportation costs complicated the relief efforts. However, effective replacements of destroyed/damaged cold chain equipment and EPI vaccines resulted in immunisation of all eligible children and there have been no major outbreak of communicable diseases.

**C. Social security and childcare services and facilities  
(arts. 26 and 18, para. 3)**

444. No social security system has been set up to deal specifically with children, nor is there any law specifically dealing with the subject of social security. However, children do enjoy some assistance provided by the social security department including:

- School assistance;
- Health assistance;
- Assistance for people, including children, with disabilities.

445. School assistance is provided for children from lower income groups and for children in difficult situations, e.g. children whose fathers are in prison for long sentences, orphan children, etc. Children born out of the wedlock or children of single parents are given high priority in school assistance and other programs. The Statistical Year Book 2005 (Annex I) includes data on social security. There are tables on welfare assistance to seek medical assistance, to obtain assistive devices for the disabled and on school assistance under sections on health and education.

446. At the end of every school year, children or their parents or guardians can apply for school assistance. These applications are usually dealt with within a month, vouchers are issued which can be used for buying books, uniforms, shoes, socks and other education- related requirements from designated shops.

447. Though not specified, children have equal access to assistance for medical treatment and they or their guardian may apply for assistance on their behalf. Similarly children with disabilities can also apply for assistance from the program for people with disabilities. Children with disabilities are provided with necessary equipment such as wheelchairs, crutches, hearing aids, etc.

448. Children living in other islands also can apply for the assistance at the department of social security. However, this is often more difficult as they or one of their representatives has to apply at the department of social security in Malé as it does not have regional offices.

449. In addition to social security provisions discussed earlier, there is an absolute poverty scheme initiated in 2003 under which a monthly payment of Rf. 500 (approximately US\$ 40) is paid to vulnerable individuals who are extremely poor. At present 5 percent of those who receive this benefit are children under 18 years of age.

450. While there is no specific program for child care for children of working parents, there are private child care facilities available.

451. Due to limited funds, not everyone who applies is provided with assistance. Sometimes parents who apply for more than one child receive assistance for only one or two children rather than all of them.

452. In some cases, there is duplication of services provided by the Government. For example, the Education Ministry also provides school assistance and at times people apply to both places. Similarly, the President's Palace also provides funds for medical assistance.

453. Pensions and Social Safety Nets Reforms are currently under consideration, with assistance from the World Bank. These reforms include provisions on child allowance, school assistance, etc. Similarly, a Health Insurance Program is also under consideration. This program would initially only cover Government employees and would eventually be expanded to the general population.

#### **D. Standard of living (art. 27, paras. 1, 2, 3)**

454. Under Section 14 of the Law on the Protection of the Rights of the Child, parents shall, to the best of their ability and within the means available to them, provide the child with food, clothing, shelter and medical care and such other requirements.

455. For details please refer to paragraphs 81 to 90 of the initial report.

456. Given the unique geographical location and the available land, the living standard could not be improved to the desired level. The average household size is 7 and people live in joint families within the small area available due to the limited housing and space in the country.

457. Some of the goals and strategies of the population policy of the Maldives are directly or indirectly related to ensuring every child the right to adequate living, for example:

- Make nutritious food affordable and accessible to all;
- Reduce import duty on essential food items required for a balanced diet including fruits, vegetables, milk and milk products, poultry and meat;
- Make all public facilities accessible for persons with physical disabilities;
- Establish a social security system to ensure the adequate care and welfare of the elderly and the disadvantaged;
- Ensure that children with special needs do not get marginalized from the school system;
- Facilitate good housing through provision of land or housing schemes;
- Enforce building regulation that guarantees safe buildings;
- Promote cleanliness in and around the house through public awareness;
- Increase opportunities for improving existing housing conditions;
- Increase open space and facilities for recreation.

458. The Maldives has also performed well in achieving the MDGs which will have an overall positive impact on living standard in the country. The spectrum of all reasonable poverty lines begins with Rf 4.34 (the equivalent of a dollar a day in 1993 purchasing power parity (PPP) terms) at the low end. At the high end is Rf 15 - the median per capita household income of the Atoll population in 1997. Target 1 has not only been achieved at the national level but also in Malé and the Atolls.

459. 8 percent of population lives below PPP\$ 0.77 a day (VPA 2004) while 22 percent of population lives below PPP\$ 1.16 a day (VPA 2004).

**Poverty gap ratios according to various poverty lines,  
The Maldives, Malé and Atolls 1997 and 2004**

Poverty line		The Maldives		Malé		Atolls	
Rufiyaa	PPP\$	1997	2004	1997	2004	1997	2004
4.34	1	1%	0%	0%	0%	1%	0%
7.5	1.7	4%	1%	1%	0%	5%	1%
10	2.3	7%	2%	2%	0%	9%	3%
15	3.5	16%	6%	6%	1%	19%	8%

*Sources:* Primary data of the Vulnerability and Poverty Assessments 1997 and 2004.

460. The tsunami also significantly affected the living standard of the population in the Maldives. Over the total of 200,000 persons living on the islands, 29,000 persons were displaced the day following the event, 6,681 people were homeless in their own islands and 5,801 were displaced to other islands. In addition to these displacements, other families whose houses have suffered extensive damage have had to seek shelter at friends' or relatives' houses.

**VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES  
(arts. 28, 29 and 31)**

**A. Education, including vocational training and guidance (art. 28)**

461. The Committee expressed some concern regarding the Maldives' laws on education and included some recommendations in the concluding observations.

21. Although the Committee is aware of the State party's achievements in the area of primary school enrolment, it remains concerned at the fact that education is not compulsory by law, at the high drop-out rate between primary and secondary school, at the shortage of trained teachers, at the existing gender disparities in secondary school enrolments and at disparities in the access to education between the capital and the Atolls.

41. With regard to article 28 of the Convention, the Committee recommends the State party to make primary education compulsory and available free to all, to improve the training of school teachers and the access to education of the most vulnerable groups of children, including girl children and children living on remote islands. The Committee recommends the State party to consider seeking international assistance from, *inter alia*, UNICEF and UNESCO.



462. The Government of the Maldives has a strong commitment to ensuring that quality education is available to all children. Although education in the Maldives is not compulsory by law, attendance for children under 16 is strongly encouraged.

### **1. Primary education**

463. Primary education is free in the Maldives and consultations are under way on the draft Education Act that would make primary education compulsory in the country. The law is expected to be passed in 2006.

464. Under Section 5 of the Law on the Protection of the Rights of the Children, education and upbringing of children shall be facilitated and provided for in every inhabited island of the Maldives, as may be appropriate, subject to the economic situation and availability of resources to the Government. In particular, provision must be made to enable every child to learn the essential requirements of the religion. Further, facilities of leisure, sports and recreational activities for children shall also be provided subject to the availability of resources at the time.

465. Over the past five years, the Maldives has seen significant gains in education provision. Universal access to basic education (grades 1-7) was achieved in 2000. Primary education up to grade 7 is available on every island providing all children with the opportunity for a primary level education. The 22 Schools Program (now 90 schools) was an initiative to address the needs of children at the least served schools of the least served islands. The total Government expenditure allocated for education was 18 percent in 2004.

466. Primary education in the Maldives begins at the age of 6; the age at which children enter a 7-year cycle starting in Grade 1 and ending in Grade 7. The Maldives has successfully achieved universal seven years of primary education. The net enrolment ratio for the primary level stands at over 99 percent.

467. Even though the goal for universal primary education was achieved in the year 2000 and there is at least one primary school in each of the 199 inhabited islands, the challenges of providing quality education in the context of the geographical isolation and remoteness of most inhabited islands of the Maldives still remains.

468. The other challenge is to provide inclusive education especially for children with special needs. Currently there are three different special needs programs in three primary schools in Malé. The three programs are: special needs education for mentally challenged children, special needs education for hearing impaired and special needs education for visually impaired. Programs need to be established for special needs children in the Atolls as well.

### **2. Secondary education**

469. The number of secondary schools in the Maldives has vastly expanded over the past five years. Currently 64 islands out of a total of 199 have secondary education compared with only 25 in 1997 (Educational Statistics 1997-2000). The Maldives still faces significant challenges in providing universal secondary education and ensuring that it is accessible by all children. The Net Enrollment Ratio (NET) in 2000 was 36 percent. It has increased to 48 percent for boys and 55 percent for girls in 2004.

470. Secondary school provision is being expanded at a very fast rate in the Atolls. In 2005, 25 new schools introduced grade 8 and in 2006, 24 new schools had secondary school facilities. As of 2006, 42 islands still do not have secondary school access and total school enrolment is below 100 students. The target is to provide access to secondary schools to all children by the year 2010.

471. Students participating in secondary education do not have to pay fees in Government schools however, the students have to pay for examination fees. Those students who can not afford books, uniforms and examination's fees are provided with support if they apply for such support. The facility of support is also available at the island level.

472. Parents Teachers Association also provide funding of students for extra curricular activities. PTAs can also support students who can not afford different expenditures associated with studies or other extra curricular activities.

473. Though effort has been made to ensure that secondary education is available in all islands, it has not been possible due to the fact that in some islands there are only a few students. In some schools total enrolment is less than 10 students. However, if a lower secondary school is not available on an island, the Government plans to provide assistance to students from that island to go to another island for their education.

474. Sometimes parents are reluctant to send their children for education to other islands as most islands do not have boarding facilities. Parents have to look for a family who can host the child for the study period. Strong community support is available for such children and PTAs in some islands support students to study.

475. Residential learning centers will also be established under the IHDP World Bank project in the four islands to cater for students from islands (small schools) without secondary school access.

476. The 'Sponsor a Child Program' has been set up to support children who cannot afford secondary education. Funding had been secured for many children, however, the program couldn't be continued due to absence of a proper administration mechanism.

477. The Government of the Maldives encourages students to seek higher education. Various projects have been started that support students to go abroad for higher education. Paid study leave is also provided to those Government employees who are interested in continuing their studies.

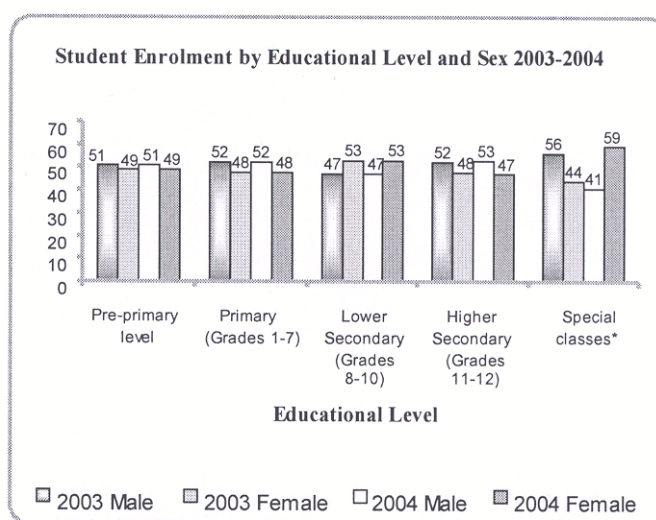
### **3. Gender disparities in education**

478. In 2004, a total of 13,896 girl children were enrolled at the lower secondary level as compare to a total of 11,368 in 2001 and only 5,012 in 1997. The Maldives aimed to eliminate gender inequity in primary and secondary education by the year 2005 by promoting school attendance for the girl child and eliminating stereotypes in education systems, curricula and materials. It can be considered as a successful initiative as presently gender disparities are insignificant in school enrolment (National Plan of Action towards the Wellbeing of "The Maldivian Child" 2000-2010).

479. The Maldives have reached gender parity in both primary and secondary education. Girls accounted for more than 49% of the total enrolment in both primary and secondary education in 2004. The proportion of girls in lower secondary was slightly higher than boys accounting for 53.2% in 2004. The percentage of girls in primary education was at 48%.

480. Almost as many girls as boys are admitted to secondary schools after completing their primary education. However, there is a slightly higher proportion of boys enrolled at the higher secondary level. Girls account for 47.2% of the enrolment at this level.

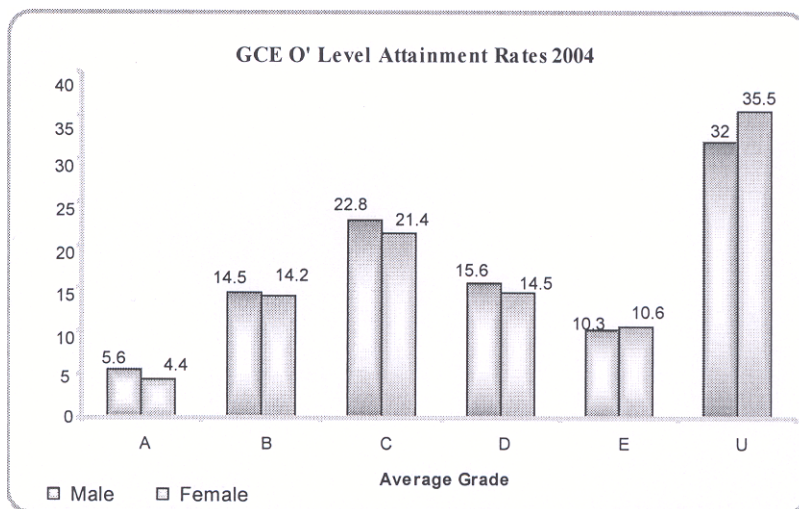
481a. The available statistical background of education in Maldives shows that there is a small gender difference in the enrolment rates. When 2003 and 2004 are compared this difference remains the same as the previous years. However, there is a dramatic increase in the number of girls attending the special classes.



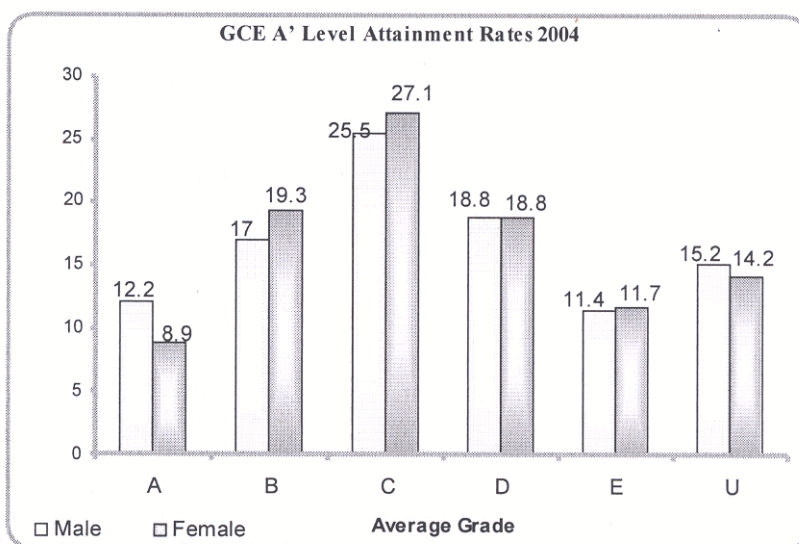
*Source:* Statistical Year Book 2004, 2005.

\* Special Classes: Special Needs Students.

481b. When we consider the GCE O' level and GCE A' level results the difference is still visible. However the differences becomes less visible in the A' level attainment rates. This is good evidence that girls are also capable of doing better when they are given the opportunities. The explanation for this is that the chance for doing A' level in the government schools are given to the best scoring students of the GCE O' level. In other words, "the cream of the country" receives this opportunity. Therefore girls also get equal chance and hence they are able to show their talent just as the boys though as the level goes higher up it becomes more competitive.

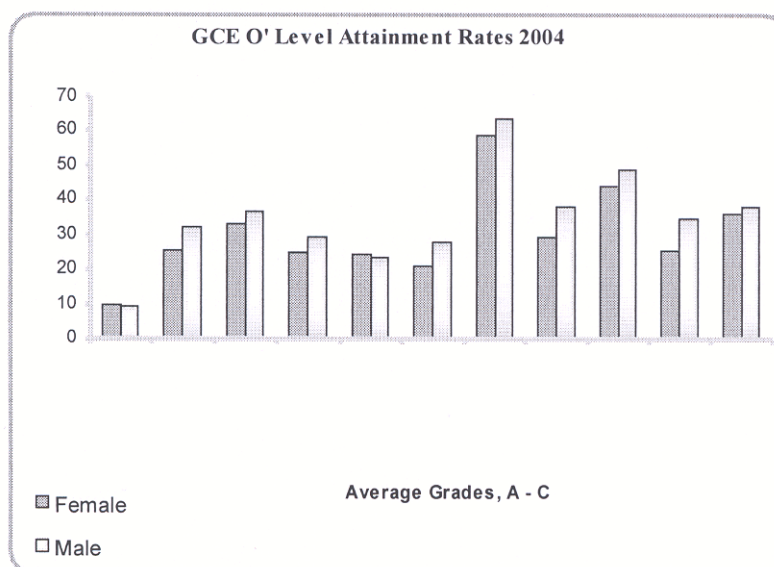


*Source:* Department of Public Examinations.

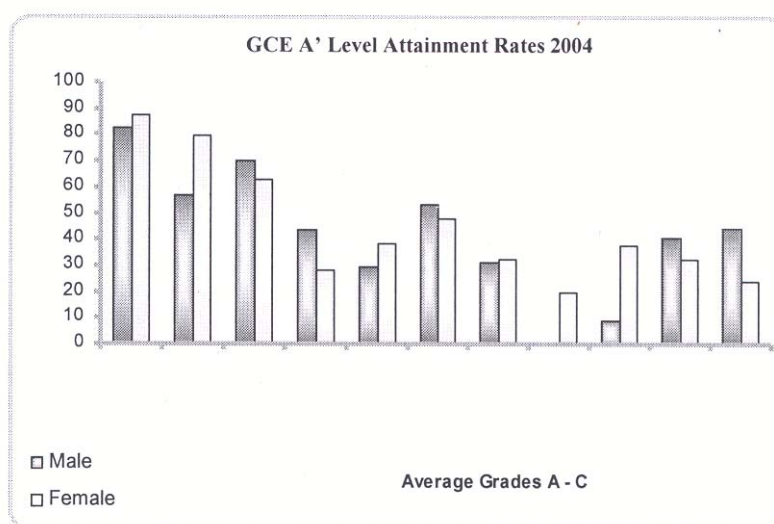


*Source:* Department of Public Examinations.

482. Generally, the subjects undertaken by the students will decide the fields in which they will go into in the future. For that reason, it is essential to compare any difference visible on the subjects studied by the two sexes. When this is compared at the O'level and the A' level, a significant difference is visible. Girls seem to have more interest in Art and Business subjects whereas boys seem to be more interested in Science subjects. One of the reasons for this difference could be that most girls are unable to get their first choice of stream or they are not provided with enough information to make a more informed decision.



*Source:* Department of Public Examinations.



#### 4. Challenges facing the education system

483. Currently, the most significant challenge in terms of education in the Maldives is the shortage of trained teachers. The quality of education is significantly affected as 40 percent of the teachers are untrained and the education system relies heavily on expatriate teachers (73 percent of 2000; 6th National Development Plan 2001-2005). Most of the expatriate teachers left soon after the tsunami and have not returned compounding the problem of the shortage of trained teachers. However, concerted efforts are being made to improve the quantity and quality of local teachers. The Institute for Teacher Education (presently Faculty of Education) began a secondary teacher training program in 1997. The Faculty now offers a Bachelor of Education, which was introduced in 2001.

484. The student teacher ratio of 21:1 (at the primary level in the year 2000) in other contexts would be considered extremely favorable. In the context of the Maldives, this ratio barely meets the need because of the nature of the population distribution. Resources have to be provided to each island regardless of the small numbers residing on most islands.

485. There are presently 2221 teachers teaching Grades 1-5 and 914 teaching Grades 6-7. A little over 11 per cent of permanent teachers at both the respective levels are untrained. Most local primary teachers in the Atolls have obtained a one year teaching certificate after having reached Grade 7. The high percentage of untrained teachers in service and the logistical difficulties for teachers to travel to Malé to seek professional development opportunities has required innovative strategies such as on-site training programs.

486. The education system faces significant administrative challenges given that a total of 337 schools are dispersed widely over 199 island communities. Supervision, distribution of education materials and professional development opportunities are constrained by the physical geography. An increase in human resource capacity and administrative reform is essential to bring about the changes required in order to increase access to and quality of education.

## **5. Priorities in education**

487. The Maldives is proud to have the goal of universal primary education achieved. However the government is aware of concerns in delivering quality education. At present the priorities in education include the need for the expansion of secondary education, quality enhancement of education at all levels and reduction in the barriers that prevent many children accessing educational services. The 6th National Development Plan (2001-2005) and National Plan of Action towards the Wellbeing of “The Maldivian Child” (2000-2010) provide the framework for achieving these aims.

- Primary school enrolment ratio (2000-2004), gross, male 119
- Primary school enrolment ratio (2000-2004), gross, female 117
- Primary school enrolment ratio (2000-2004), net, male 92
- Primary school enrolment ratio (2000-2004), net, female 93
- % of primary school entrants reaching grade 5, Admin. Data, 2000-2004 99
- % of primary school entrants reaching grade 5, Survey Data, 2000-2004
- Secondary school enrolment ratio (2000-2004), gross, male 62
- Secondary school enrolment ratio (2000-2004), gross, female 71
- Secondary school enrolment ratio (2000-2004), net, male 48
- Secondary school enrolment ratio (2000-2004), net, female 55

## 6. Legal provisions for education

488. The provision of education for all children of school going age is a basic right. This right is stated within the Law on the Protection of the Rights of the Children. Under the draft Education Act, primary education will be made compulsory and free for all.

## 7. Budget allocations

489. The education budget has been increased considerably in the last one decade and the increase in the budget could be assessed from the amount allocated for Education Sector Budget from 1994 to 2005. (The figures are given in Maldivian Rufiyaa. 1.00 US\$ is equivalent to 12.85 Rf).

Year	National budget* Rf	Education sector budget Rf	% of National budget
1994	1 303 313 358.00	240 578 241.00	18.46
1995	1 355 664 520.00	237 355 507.00	17.51
1996	1 471 901 386.00	202 075 400.00	13.73
1997	1 756 273 118.00	249 861 416.00	14.23
1998	2 002 497 291.00	315 255 058.00	15.74
1999	2 262 223 231.00	352 155 431.00	15.57
2000	2 603 896 999.00	428 461 716.00	16.45
2001	2 586 616 750.00	412 885 819.00	15.96
2002	2 690 307 877.00	449 582 772.00	16.71
2003	2 986 289 620.00	461 082 296.00	15.44
2004	3 270 741 691.00	513 936 877.00	15.71
2005	4 979 941 361.00	747 058 611.00	15.00

\* Excluding: Foreign Aids, Fund Accounts, Donations and Loan aids acquired to development projects.

## 8. Language

490. In general the medium of instruction in all the schools in the Maldives is English language. Islamic studies and the local language, Dhivehi are taught in Dhivehi. However, in some of the island schools, teachers have the flexibility to teach using both English and Dhivehi language. All Maldivian children learn to read and write Arabic to recite the Qur'an.

## 9. Continuing, non-formal and traditional education

491. The Maldives has a literacy rate of 99.3. The Center for Continuing Education has the mandate to maintain the literacy status of adults. Through a program of Adult Education the centre provides assistance for those who have not completed their secondary school education.

492. Non-formal education for children does not take place in the Maldives as all children of school going age have access to formal schooling.

493. The traditional systems of education still exist in the Maldives. Edhuruge is still used as a place to teach Qur'an. In addition, Edhuruges are used as non-formal pre-schools on some islands.

494. The need for vocational training has been identified as a national priority and will be introduced starting from 2006 in secondary schools as an option.

### **10. Pre-schools and early childhood development**

495. Currently there are 162 pre-primary schools in the country, with an enrolment of 13,015 children. Some 549 teachers serve at the pre-primary level. The Fifth National Development Plan of the Government of the Maldives contains a section on Early Childhood Care and Education (ECCE). Its objective is to promote, expand, strengthen and further develop provision of early childhood care and education. ECCE training and development activities, according to the Plan, should primarily be home and community-based and should emphasize training and the distribution of teaching and learning materials, including children's stories and songs. The Atolls, the Plan states, should receive particular attention, under the supervision of the Non-Formal Education Center (NFEC). NFEC has now been renamed as the Centre for Continuing Education.

496. The Early Childhood Development program of UNICEF was the biggest programme prior to the tsunami disaster. It focused on ensuring that children have a good start in life and develop in a nurturing, caring and protected environment.

497. The 2003 evaluation of the "First Steps...Maldives" media campaign (2001/2002) reported care givers of children 0-5 years, showed significant improvements in their knowledge and skills in the practices of caring for infant and young children. The expansion of the campaign, together with the commitment of the Early Childhood Development team, has been key factors leading to the increased attention to early childhood that now exists across the country.

498. Disparities between preschools in Malé and the rest of the country still exist as preschool education is not part of the formal education system. One of the key constraints to improved quality in preschools is the lack of trained teachers as well as the high turnover rate. However, UNICEF supported five pilot integrated child development centers have shown remarkable results and have set a new precedent for the quality of pre-schools in the country. The achievements of these centers have resulted in several preschools introducing play-based learning on their own initiative. Another opportunity is the increased interest of parents wanting to send their children to preschool.

499. The tsunami interrupted and delayed several components of the Early Childhood Development program and the focus shifted to re-starting severely affected preschools. Recognizing the significance of addressing psycho-social needs, the original plan of expansion of the model centers to other preschools has now changed to transforming tsunami-affected preschools.



## **11. Education for children with disabilities**

500. There are no facilities for children with disabilities at the islands level. However, in Malé, these children have access to Government schools. The studies of these children are fully financed by the Government. An NGO, Care Society provides training for teachers as well as running a special education program for children with disabilities.

501. The Ministry of Education has a proposal for installing lifts in the three main secondary schools in Male' to cater to wheelchair bound students.

502. Please refer to section VI, A in this report.

## **12. Corporal punishment**

503. Under Section 10 of the Law on the Protection of the Rights of the Child, punishment given in schools must be appropriate to the age of the child and should not be physically or psychologically harmful to the child. There are specific policies and guidelines prohibiting all forms of violence, including corporal punishment and how to deal with children with behavioral issues in ways that respect the child's rights and dignity. Various techniques are used including summoning parents'. Students could be expelled as a final resort but only after exhausting all other avenues and with the permission of the Ministry of Education. Children are also referred to Ministry of Gender and Family by schools in cases where there are serious behavioral problems.

## **13. Monitoring systems**

504. There is a monitoring system of the Ministry of Education both for public and private schools. All private schools have to be registered under the Ministry of Education. Fees, in the private schools, are also regulated by the Ministry of Education. All education related issues are monitored by the Ministry of Education. Parents can lodge complaints directly with the Ministry. Additionally, regular meetings are held with students, parents and teachers.

505. The School Supervision and Quality Improvement Section of the Ministry of Education is dedicated to supervising, monitoring and ensuring quality improvement of schools. In depth school supervision is conducted in a selected number of schools every year. Additionally, "tele-supervision" (via phone) and school visits are also made to a number of schools every year.

506. The School Supervision and Quality Improvement Section of the Ministry of Education also assesses the literacy status of school children. Annual surveys are conducted and feedback will be given to all the schools.

507. In addition to monitoring and supervision, the School Supervision and Quality Improvement Section also plans and implements a number of programs for improving the quality of education.

#### **14. Tsunami impact on education**

508. Nearly all schools in the Maldives were severely affected by the tsunami disaster creating a severe setback in the development of education. One in three schools were left damaged by the tsunami, impacting more than 30,000 children, or one in three of the Maldives islands' students. Some schools suffered extensive structural damage and loss of materials and equipment. School furniture, equipments and books were completely washed away.

509. The Government, UN partners, NGOs and the communities worked together to repair the damages. UNICEF procured and delivered supplies to the 47 schools affected by the tsunami. Over US \$ 1 million of UNICEF procured supplies delivered to equip tsunami damaged schools.

510. In addition, almost a year after the disaster, only 25 per cent of the expatriate teachers have returned. Due to the urgent need to bring back some sense of normality for children and communities UNICEF and other organisations responded to the disaster with the following actions:

- All children who are displaced from their homes due to the disaster are able to continue with basic education within a period of one month;
- All children who are in temporary shelters attend the host island schools. Additional classrooms were provided by UNICEF where needed;
- Expansion of play-based learning centers and the child-friendly schools;
- Teachers are available and ready to teach.

511. In the days and months since the tsunami many of the children were displaced and staying in temporary accommodation attending different schools. Inevitably they experienced a wide range of emotions. UNICEF and its partners organised psychosocial programs to help children deal with the initial impact and immediate trauma of the tsunami. The American Red Cross are addressing the longer term effects psychosocial effects on the children within the displaced population.

512. During this crisis the Government and UNICEF have also found an opportunity to strengthen child centered teaching techniques which was slowly being introduced before the tsunami. The teachers and school management are being supported in its implementation by international NGO's.

#### **15. Other challenges**

513. A key challenge for the young Maldivian population is coping with the rapid transition that is taking place in the social and political environment.

514. Although the Maldives has achieved impressive results in the education sector with 99.3% literacy and universal access to primary schooling across the country, there is a growing concern regarding the quality of education that is being delivered.

515. While the two programs set up by UNICEF to address issues of quality of education have made progress towards disparity reduction, access to quality education in the peripheral islands is significantly lower than in Malé schools.

516. As preschools do not form a part of the formal education system, providing salaries that match government salaries is a formidable task for communities. This contributes to teacher shortage and high turnover. Disparities between Government and community-based primary schools still prevail. However, the recent undertaking by the Ministry of Education to change community schools to Government schools and the plan to scale up child-friendly schools is indicative of the commitment of the Government towards improving the quality of education.

517. Additionally, the 22 Under Served Schools Project emerged in 2000. The aim of the project is to improve the quality of some of the least served schools in the Maldives, contributing to the Government's effort to reduce educational disparities and inequalities in the islands. Student achievement in these schools is well below the average performance level in other schools in the Maldives. Alternative teaching and learning methods were explored in order to develop a method that is more appropriate for the needs of the children in the selected schools.

518. The project team investigated two models from the SAARC region and selected one that is used in Bangladesh. The project has been funded by UNICEF and implemented by the Ministry of Education. Phase I of the project began in 2002 with five pilot schools trialing the new methodology. Phase 2 in 2003 saw the establishment of a training school in Malé.

## **16. International support and cooperation in education**

519. UNICEF has been a very active partner of the Ministry of Education in providing educational access at all levels, especially at the pre-primary and primary level and creating a quality learning environment in schools across the country. The Early Childhood Development (ECD) and the Quality Education (QE) programmes were the biggest programmes undertaken in the country with UNICEF's assistance prior to the tsunami of 26 December 2004. The QE program seeks to contribute to the increased educational achievement of girls and boys aged 6 to 13 years in the most disadvantaged primary schools in the Maldives, through the two projects Quality Learning Environment in Priority Schools and Promotion of Quality Education. The project which initially targeted 22 disadvantaged schools has now been upgraded to 105 priority schools, to include those affected by the tsunami. Under the same project 20 Teacher Resource Centres will be established, one in each atoll with the main focus on in-service teacher training to support the quality education initiative. Three projects are supported by UNICEF under the ECD programme, namely the National Movement for ECD, Family/community based ECD and the Integrated Child Development Centres project. The overall objective of the programme is to provide a good start in life and create a nurturing, caring and protective environment for all children. UNICEF has responded immediately and very generously to the tsunami disaster by providing books, uniforms and other necessary materials to students; schools furniture and equipment were replaced, temporary classrooms, toilets and teacher quarters were constructed in all damaged schools, supported the deployment of teacher trainees to overcome the immediate teacher shortage, provided psycho social support to teachers and students and IHDC and QLE projects were scaled up to include schools affected

by the tsunami. In addition UNICEF is also supporting the reconstruction of schools under the School reconstruction and Rehabilitation Project. In addition UNICEF is also supporting Ministry of Education and its departments to development of educational policies in support of quality, all inclusive education.

520. The three education and training projects supported by the world bank has contributed to the development of the Maldivian education system and the quality of education provided, especially in the development of the man power needed for the sector. The Third Education and training project which was completed in 2005 has focused on the development of the secondary education in the country, teacher training both in-service and pre-service and training required for other fields, development of a national assessment system, strengthening of the national curriculum and the development of an Educational Management Information System. The current World Bank funded project, Integrated Human Development Project (IHDP) targets four focus islands in the central region of the Maldives. Under the project existing school facilities will be further upgraded, Residential Learning Centres will be established for students from nearby islands with no access to secondary education, and support further training.

521. Asian Development Bank has contributed formulating the first education Master Plan 1985-200. The Bank's most recent projects are in supporting the Employment skills development project and in upgrading the Maldives college of Higher Education. The project, strengthening the framework of education towards vision 2020 supported by ADB focuses on formulation of an Educational Legislation, revising the curriculum and development of a student financing scheme.

522. Islamic Development Bank supported the establishment of new primary schools at the Atolls level.

523. United Nations Development Program and UNOPS support reconstruction after the tsunami. UNFPA has supported the life skills programmes upper primary and secondary schools and for the youth.

524. British Council supported the Atoll Hubs Resource Centers, training of the untrained teachers, development of English language programs for under training and on job teachers. Linking Malé Schools with British Schools; Partner schools would provide technical assistance. In addition British Council provides financial assistance to conduct several quality improvement programs.

525. Voluntary Services Overseas is providing technical assistance at the central level; curriculum and special education. VSO's volunteers are stationed at different schools and is involved actively in-service teacher training and in also providing support and training to school heads. Their support is also given to MoE.

526. Japanese Overseas Volunteers are assisting in physical education and teaching music. The volunteers are stationed in the outer islands.

527. UNESCO is supporting in achieving in Universal Primary Education. Technical assistance is provided by UNESCO is educational planning and policy formulation through short workshops, seminars and through their publications. UNESCO is also supporting a project on Special Education Needs.

528. Japanese government has built several schools in Male and in the atolls under their grant Aid.

529. Projects are prepared through a consultative process and areas are prioritized where we need more assistance.

### **B. Aims of education (art. 29)**

530. The draft Education Act will bring in line most of the education related obligations of the State Party under the article 28 and article 29 of the Convention.

531. The Maldivian education system seeks to promote peace and tolerance, and equal rights between the sexes. It seeks to develop a child to participate in a society where there are no enmities, where full cultural and religious harmony exists and where people from all the islands enjoy equal rights.

532. Children are taught environmental studies at the primary level. Children actively participate in various environmental clubs and societies.

533. A Civic Education Program is underway in the schools with the financial and technical assistance of UNICEF.

534. Since 2001, UNICEF has supported a pilot project on 'child friendly schools' in 22 most undeserved islands. Since the Tsunami this model has been extended to 90 schools including all the tsunami affected islands. UNICEF is establishing Teacher Resource Centers (TRCs) in every atoll, to support the child friendly schools. This will support to increase teacher capacity, availability and enhance active teaching and learning. The 20 TRCs will act as centers of excellence in training and material development for both pre- and primary level. Effective functioning of the TRCs will be ensured through adequate monitoring and evaluation. Furthermore, the Education Programme will work in close coordination with the Communication, Advocacy and Planning Programme and Child Protection and Adolescent Livelihood Programme on developing a community-based radio initiative.

535. 20 TRCs will be built and will sustain child centered activity-based teaching through material development, teacher training and resource/information exchange established in every Atoll. The program aims to accomplish the following:

- Teacher Resource Centers established in 20 Atolls providing support to the Child Development Centers and project schools;
- All teachers in participating schools have skills to create child-friendly learning environments and conduct play-based teaching;

- Appropriate learning materials developed to allow full implementation of child friendly methods in participating schools;
- E-links with broadband internet access established between EDC and TRCs for improved communication, materials exchange and sharing best practices and lessons learned;
- Communication strategy for promotion of TRCs as centers of excellence;
- Piloting community-based radio initiatives to provide education support over local radio.

536. Although 80 percent of teachers are expatriates, they still undergo training at the Faculty of Education on child rights and child development. Orientation programs on Maldivian cultural values and beliefs are also held for the expatriate teachers.

537. Active child participation and child friendly schools initiatives are in line with the Article 29.

538. Various materials have been produced by the Ministry of Gender and Family on children's rights and child participation. However, additional work is necessary in this area including changes in the curriculum. Curricula are in the process of reform and will be outcome based with the competencies for the different levels written out. A workshop on establishing the competencies will be held in the second week of February 2006 by the Schools Supervision and Quality Improvement Section of the Ministry of Education in collaboration with the Educational Development Center.

539. While there is no specific legislation providing the opportunity for the children to participate in all decisions affecting their education and wellbeing, the draft Education Act encourages student's participation and whenever there are issues relating to students.

540. There is a guideline on the establishment of all educational institutions. The guideline has specifications about the classroom, the number of students that could be admitted, number of hours that classes could be conducted, the length of the period, admission and expulsion of students, fee that could be charged, uniform, badge, school song, and how statistics and other records should be maintained. In addition all educational establishments should follow the rules and regulations of the ministry of education.

### **C. Leisure, recreation and cultural activities (art. 31)**

541. Despite the unique geographical location, the Maldives faces challenges in terms of limited land availability especially with the increasing population. This limits the ability of children to play outdoors. However, the Government of the Maldives is committed to ensuring that children are fully involved in extra curricular activities, play and recreation.

542. Malé has more sports and sports and recreational facilities for children as compare to other islands. Although the Government of the Maldives is committed to making sure that all children have equal access to this right, there are some difficulties in extending these facilities to all islands due to geographical constraints such as the dispersed nature of the population across the islands and transportation costs.

543. The Ministry of Youth and Sports is working actively for the promotion of sports in the country. UNICEF is also working in close collaboration with the Ministry of Youth and Sports to promote sports and cultural activities in the country.

544. Promotion of leisure, recreation and cultural activities among girl children and children living in the Islands and Atolls is also given priority to make sure that all children have access to positive leisure and recreation.

545. The Ministry of Youth and Sports, the Football Association of the Maldives and UNICEF are in the process of organizing a football tournament in all Atolls. It was inaugurated by the famous Italian football player, Paolo Maldini of AC Milan, as part of the drug abuse prevention program. The objective is also to promote sports as an alternative to drugs and as a means of pursuing a healthy lifestyle. Football and other sports are being promoted at the Island and Atolls level and teams are organized at the Atoll level to compete at the national level.

546. The National Association of Youth NGOs (NAYN) registered with the Ministry of Youth and Sports since 2001. They have gathered more than 240 membership throughout the country. NAYN works for the promotion of sports activities for youth at the Island level with the financial assistance of UNFPA and the Ministry of Youth and Sports. Although the focus of the NAYN's activities is on youth, it is has had a positive impact encouraging children in the 15-18 age group to participate in sports.

547. The Ministry of Youth and Sports has also established Youth Centers in different Atolls. However, a few Atolls are still without such centers. Children and youth come to these Youth Centers in the afternoon where they have access to TV games, projector screens, internet facilities, a library, music and singing facilities. Counseling is also available at the centers.

548. According to the 'Youth Voices' survey, 75 percent youth have hobbies to which they spend an average of 4 hours/week. 56 percent of youth are involved in extra curricular activities in school apart from studies. Of the 56 percent, 23 percent are involved in sports, 12 percent are part of associations, 9 percent are in boy scouts/girl scouts/cadets/band and another 12 percent take part in other activities.

549. Enough time is spared for children related programs on Maldives TV, though good quality programs involving children or those produced by children are minimal.

550. A number of extra curricular activities are conducted in the schools. These include sports, cadet, band, scout, club, and little maid. In addition clubs and associations such as environmental club, English and Dhivehi literary associations, math club, commerce club, science club, Islam, club etc. A math competition is held every year by the Ministry of Education and a Shakespeare award is also given in the schools.

551. Activities on religious awareness and values are conducted from the primary school level. Activities include learning the prayer recitals campaign, monitoring students' regularity in praying for a given period and also different religious awakening sessions held in school by religious scholars. The students are awarded a certificate if they know the prayers and also if they pray regularly.

552. The Law on the Protection of the Rights of Children under Section 5 states that the education and upbringing of children shall be facilitated and provided for every inhabitant island of the Maldives, as may be appropriate, subject to the economic situation and the availability of resources to the Government. In particular, provision must be made to enable every child to learn the essential requirements of Islam. Further facilities of leisure, sports and recreational activities for children shall also be provided subject to the availability of resources at the time.

553. Leisure time is used in the following way:

- Games and Sports: 54 percent of stadiums/grounds/courts; 11 percent TV; 6 percent all resources available; 5 percent computer-internet-games;
- Cultural Activities: 29 percent none; 15 percent Boduberu Jehun; 8 percent don't know; 5 percent dance stick dance; 5 percent Eid games;
- Youth Activities: 32 percent sports, 10 percent none; 8 percent don't know; 8 percent carnival/music show; 2 percent youth center.

## **VIII. SPECIAL PROTECTION MEASURES (arts. 22, 38, 39, 40, 37 (b)-(d), 32-36))**

### **A. Children in situations of emergency**

#### **1. Refugee children (art. 22)**

554. Please refer to para 101 of the Initial Report.

555. Although the Maldives has never experienced the phenomenon of refugee children, following the tsunami there were a large number internally displaced people (IDPs) including a large proportion of children. Sixty nine of the country's 199 low-lying, inhabited islands had been damaged, 53 of them severely. Twenty were largely devastated, and 14 had to be evacuated. 29,577 residents were displaced by the tsunami and approximately 12,000 remain homeless, living in temporary shelters or with friends and relatives on their own or other islands.

556. In March 2005, the Government of the Maldives formally issued its National Recovery and Reconstruction Plan (NRRP), outlining the objectives and strategies to meet the urgent and immediate needs in housing and infrastructure development, reviving livelihoods, and creating the conditions for sustained economic recovery. A year after the tsunami, about 11,000 people still live in temporary shelters and tents. These are mostly the people from the islands of R. Kandholhudhoo, M. Madifushi, Th. Vilifushi, Th. Gaadhifushi, L. Kalhaidhoo and L. Mundoo.



557. Following the tsunami, UNICEF placed emphasis on creating an environment that supports psycho-social wellbeing and overcoming the trauma suffered by children and adolescents following the tsunami. These interventions were targeted towards all children but specifically to the children and adolescents directly affected by the tsunami disaster. UNICEF in collaboration with the Psycho-Social Support and Counseling Services Unit at the National Disaster Management Centre achieved the following:

- Recreational, art and craft materials used by the counselors in their interventions were provided at the very early relief stage to the four IDP camps in Malé;
- Similar items were provided to the Psychosocial Support and Counseling Services Unit at the National Disaster Management Centre which was used in the psychosocial interventions in 66 tsunami affected islands by the counselors;
- Psychosocial First Aid training provided for 321 teachers, covering all inhabited islands, so the teachers are equipped with the skills to support the children when they return to school after the tsunami;
- A psychosocial situation and needs assessment was conducted to identify the areas for intervention and the kind of support needed by the victims of the disaster;
- The program reached 1,031 participants, including children, parents, teachers and health care workers, through educational workshops, to equip them with information to deal with the after effects of the disaster;
- Assessments were carried out in the five islands identified for the development of safe play areas.

## **2. Children in armed conflicts (art. 38), including physical and psychological recovery and social reintegration (art. 39)**

558. Children were being coerced into political conflicts which has resulted in their involvement in violent confrontations. However, strategies are being developed to reduce the likelihood of children becoming involved in these situations.

559. Please refer to para 101 of the Initial Report.

560. The Maldives is signatory to the Geneva Conventions.

561. The rules governing Government employment stipulate that a person who is below the age of 16 should not be recruited into the civil service. Moreover, where the child is 16, the child can be employed only to non-hazardous jobs. Minimum age for recruitment into the armed forces is 16. Please refer to para 124 in this report.

## **B. Children involved with the system of administration of juvenile justice**

### **1. The administration of juvenile justice (art. 40)**

562. The Committee in its concluding observations of made note of the juvenile justice system in the Maldives and recommended reform to the system.

24. While the Committee takes note that the administration of juvenile justice is regulated by the Penal Code and the Law on the Protection of the Rights of the Child, it is concerned about the full compatibility of such legislation with articles 37, 40 and 39 of the Convention as well as other relevant standards, such as the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines) and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty. Although the Committee is aware that juvenile offenders aged up to 16 enjoy a special judicial procedure, it is particularly concerned regarding the situation of those between 16 and 18 years, who are considered as adults.

45. With regard to the administration of juvenile justice, the Committee recommends that the State party accelerate the adoption of special procedures for children to fully integrate the provisions of the Convention, in particular articles 37, 40 and 39 as well as other relevant international standards in this area, such as the Beijing Rules, the Riyadh Guidelines and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty in its legislation, laws, policies, programs and practices. In particular, the Committee recommends special procedures for children aged between 16 and 18, who are currently considered adults, to establish special courts for children and to review the provision of legal counseling for children in care centers. Furthermore, the Committee recommends to the State party to consider seeking international assistance from, inter alia, the Office of the United Nations High Commissioner for Human Rights, the Centre for International Crime Prevention, the International Network on Juvenile Justice and UNICEF through the Coordination Panel on Juvenile Justice.

563. Juvenile delinquency is a growing problem in the Maldives. Its rising incidence and increasing seriousness, particularly in Malé, is a major concern in Maldivian society. The Government of the Maldives believes that juvenile delinquency needs to be addressed with a view to engage youth and delinquents, to guide and encourage them to be productive members of society.

564. Existing laws, rules and regulations do not confer adequate discretion on investigators, prosecutors and judges to divert delinquents into rehabilitative pathways. The judges for instance, have no alternative but to acquit or convict the accused. Even where a conviction results, the sentencing options are confined to fines or house arrest unless the offence is serious such as murder then imprisonment can be given. Even where limited discretion exists, there are no guidelines that govern the exercise of such discretion the development of proper mechanisms and laws pertaining to the arrest and detention of the juveniles who commit serious offences is vital as present provisions do not deal with arrest and detention of juveniles in conflict with the law.

**(a) Infrastructure and procedures**

565. About 80 percent of the jail population were convicted of offences relating to drugs and that over 75 percent of them were below the age of 30 years (August 2003). The average age of the first time users of drugs has dropped from 21 years to 14 years over the past decade.

566. A Juvenile Court to hear cases of children in conflict with the law was established in August 1997. However, this court exists only in Malé, and cases of children in outer islands are mostly heard in the local magistrates' or island courts.

- All cases in Malé, involving children in conflict with the law are heard at the Juvenile Court by a special judge. Cases are conducted in the presence of parent/guardian of the child, and child protection worker from the Ministry of Gender and Family;
- In the Island Magistrates Courts, the Magistrate presides in such hearings and the parent/guardian as well as a representative of the Ministry of Gender and Family is required at the hearings. Magistrates have been trained on the special laws and regulations that govern juvenile justice and investigative skills.

567. As per the regulations governing juvenile justice issues, a representative of the Ministry of Gender and Family sits in at the proceedings of any juveniles.

568. Children-related crimes which occur in the Atolls/Islands are reported to the Atoll Police Stations. The police officers at the Atoll Police Stations take the statements and forward to Family and Child Protection Unit in Malé.

**(b) Legal and constitutional provisions**

569. Constitutional Provisions:

- Section 16 (1) Every person shall be presumed innocent until proven guilty.
- Section 16 (2) Every person who is charged with an offence shall have the right to defend himself in accordance with Shariah to this effect, such a person shall be allowed to obtain the assistance of a lawyer whenever such assistance is required.
- Section 17 (1) No law shall authorize the punishment of for an act or omission that did not constitute offence at the time of the act or omission.
- Section 17 (2) No law shall authorize the punishment of a person for an offence by a penalty greater than, or of a kind different from the penalty prescribed by law for that offence at the time that offence was committed.
- Section 17 (3) No person shall be punished for the same offence more than once.

570. Pursuant to ratifying the Convention on the Rights of the Child, the Government of the Maldives has taken steps such as enacting the Law on the Protection of the Rights of Children (Law No. 9/91) which was designed to closely follow the CRC.

- Article 8 of Law 9/91 specifically provides that efforts must be made to discourage children from misbehaving and violating rules and regulation and that the Government should support the rehabilitation and upbringing of children who are in conflict with the law;
- Article 9 provides for the establishment of a special procedure to deal with juvenile delinquents that gives preference to rehabilitation without punishment;
- A national council for the protection of the rights of children has been established;
- The Family and Child Protection Authority has been established in the Ministry of Gender and Family to play a central role in the provision of services for juvenile offenders;
- Guidelines have been established that provide special procedures with regard to investigations, court proceedings and sentencing of juvenile offenders;
- The guidelines recognize that the use of detention institutions will be treated as a last resort, and that priority will be given to alternative measures which provide for community based rehabilitation and reintegration;
- A Family and Child Protection Unit has also been established in the police department that deals with the cases of juvenile offenders. Since the investigation officers in this Unit mainly deal with children they receive special additional training to deal with cases relating to sexual abuse, interrogating and questioning children and dealing with child victims and perpetrators.

**(c) Age of legal responsibilities**

571. Under the amendments to rules on Investigation, Adjudication and Sentencing of Juveniles, a juvenile and his/her parent should be notified of arrest and the reasons of arrest within 24 hours. Where there is no identified parent/guardian, or where such a person cannot be located, the Minister of Gender and Family is notified and a child protection worker will attend.

572. Under the amendments to rules on Investigation, Adjudication and Sentencing of Juveniles, the age of criminal responsibility is being raised from 7 years to 10 years. Children within this age shall not be held criminally liable with respect to any offences, other than some haddu offences. The civil liability with respect to offences committed by children less than 10 years of age shall be borne by their parents or lawful guardians.

573. Children from 10 years and under 15 years are not to be held criminally liable for any offence committed by them except offences stipulated as serious crimes in the regulations. These children are to be treated as minors in accordance with the relevant rules for minors.

Where an offence committed by any such person is considered a serious offence, the Juvenile Court may order the person to the rehabilitation center. The civil liability with respect to offences committed by children less than 15 years of age shall be borne by their parents or lawful guardians.

574. Children between 15 and under 18 years shall bear criminal liability with respect to offences committed by them, however they should be sentenced under a special scheme for juveniles. Greater emphasis is placed on rehabilitation and reintegration of juveniles, and community-based measures and institutionalization in cases where detention or rehabilitation is required is promoted. This regulation is to serve as an interim measure until the proposed Juvenile Justice Act is drafted and implemented.

**(d) Proposed reforms of the juvenile justice system**

575. As part of the reforms in the criminal justice system, a thorough analysis and recommendation was also made with regard to the juvenile justice system. It is recognized that a juvenile justice system based on restorative justice needs to be developed. The areas that need to be reviewed include the establishment of the Juvenile Justice Act, juvenile justice referral system, non-custodial sentencing, juvenile detention, juvenile parole, police cautioning, compliance to international instruments such as the UN CRC, CEDAW and other international instruments such as the JDL, Beijing Rules, and Riyadh Guidelines, etc., and the creation of a Juvenile Justice Unit.

576. Specifically, the report commissioned by the Attorney General's office in September 2004 on a strategic plan for reform of the juvenile justice system recommended the following:

- Guiding principles need to be developed for a juvenile justice system and that this set of principles be included in the legislation that establishes the juvenile justice system;
- A comprehensive juvenile justice model should be developed, based on the guiding principles, that provides for different levels of intervention at various points in the juvenile justice system, and which maximizes the opportunity for diversion from the system at the early stages of contact with the system;
- A review of the secure detainment of the young people should be conducted. The review should consider the process of detainment, the circumstances of their detainment, and the compliance of that detainment with the relevant UN documents including the Convention on the Rights of the Child, the United Nations Rules for the Protection of Juveniles Deprived of their Liberty and the Convention on the Elimination of Discrimination against Women;
- A new Juvenile Justice Act should be written that provides the necessary legal basis for the various steps of the new juvenile justice system including police cautioning, establishing a Juvenile Justice Unit, family and community conferences

and sentencing, a sentencing hierarchy that provides for more extensive community-based options, and a youth parole board. The Act should establish that all young people under the age of 18 years (present exceptions are to be lifted) will come under the jurisdiction of the Juvenile Court;

- A Juvenile Justice Unit should be created in a Ministry that has responsibilities in relation to the welfare of young people.

577. With the proposed reforms, cases of children in conflict with the law will be treated as urgent and confidential. There will be capped periods and controlled types of sentences that can be issued to a child. Judges will have the discretion of suspending sentences and can allow for children in conflict with the law to attend school or employment, or participate in specified programs/activities.

**(e) Restorative justice**

578. The proposed amendments also give wider options for community rehabilitation and reintegration, revised types and sentencing options and community conferencing. However, sometimes schools do suspend children in conflict with the law despite the court decision that the child can continue with school.

579. One way that the Courts are approaching juveniles in conflict with the law is by providing them an opportunity to participate in family conferences. This provides a chance for the offender to understand the grievance caused by his act. It also gives the parties involved in his/her life a chance to understand him/her better and a chance for the juvenile to re-integrate into the community. Because of the family conferencing schools are making allowances for children to go back to school, even if they are found guilty. It is a major change to the juvenile justice system.

580. However, not all young offenders have access to family conferencing options. The program is currently unavailable in most of the outer Atolls, where about three quarters of the population live. Only children whose parents are in Malé and Addu qualify as the costs of bringing the juveniles and their family to Male would be prohibitive. It could cost up to USD 400 for an offender and his/her family from an outer Atoll to be brought to Malé for family conferencing.

581. Along with financial resource constraints, there is also a lack properly trained human resources. However, the Juvenile Court has conducted several family conferencing trainings in the Atolls and will do continue to do so in 2006. With the assistance of UNICEF, the Juvenile Court has drawn up detailed procedures and guidelines to conduct family or community conferencing based on the restorative justice model. There have been 2 Training of Trainers and community conferencing programs. Facilitators from 3 Atolls (one from each island) have been trained but the extent that they are able to implement their training and their understanding of the restorative approach to justice still needs to be evaluated. The annual plan for 2006 will take these factors into consideration and seek to address the challenges and constraints.

582. The need for training is acutely felt throughout the child protection system and has been identified as a high priority area by UNICEF, which is working with the Maldivian Government to create a child-friendly juvenile justice system that promotes rehabilitation.

**(f) Legal aid and awareness**

583. While the Constitution provides the right to legal representation, the defendant has to find such representation themselves. Currently, there are no legal aid or community legal services available. The fact, that there are very few Non-Governmental Organizations in the country and none working in the arena of legal aid, advocacy and awareness for juveniles is an additional challenge.

584. However, the Ministry of Justice is seeking to provide legal advice to disadvantaged groups, including children in conflict with the law. The plans include establishing such legal aid services in Malé initially, and to develop a strategy through which such assistance could be provided to those living outside of Malé by the end of 2006.

585. To raise legal awareness among young people, the Juvenile Court, with UNICEF assistance, held a workshop for secondary school students in Malé schools. It was very well attended with 19 students, representing almost all schools of Malé. Similarly the Attorney General's office, with UNICEF support, organized "Legal Awareness" activities and covered not only schools in Malé but from other Atolls as well. Approximately 1400 students attended these sessions. More such workshops are planned in future. There is also a growing need to generate awareness on child rights and protection issues.

586. The issue of legal assistance for children who have been victims of crimes is more complex especially since usually they cannot afford legal assistance.

**(g) Minimum guarantees for children in conflict with the law**

587. Unless it is considered not to be in the best interests of the child, in particular taking into account his or her age or situation, the presence of his or her parents or legal guardians is required at hearings.

588. Children are not compelled into giving testimonies or confessions.

589. Children have a right to appeal if the decision is considered to have infringed the penal law. An appeal of the decision and any measures imposed as a consequence thereof can be made to the High Court.

590. There is the facility of interpreter available if the child cannot understand or speak the language used. However, according to court proceedings guidelines clause 33, all court procedures take place in Dhivehi, the national language.

591. Generally, in cases where children have committed minor offences, judicial proceedings are not resorted to immediately. Instead, formal and informal cautioning for children and parents is used by the Family and Child Protection Unit of the police. The Family or Community Conferencing model can also serve as a diversionary route.

592. While children in conflict with the law do not have a variety of options available to them (e.g. care, guidance and supervision orders, counseling, probation, fosters care, education and vocational training programs and other alternatives to institutional care), the Government of the Maldives recognizes that it is necessary to put these dispositions in place to ensure that children are dealt with in a manner that promotes their well-being and is proportionate to both their circumstances and the offence. The proposed juvenile justice model does include a variety of dispositions which have been made available.

**(h) Trainings and human resources capacity building**

593. There is a general lack of awareness about juvenile justice in society including among the concerned professionals working with children and the Judiciary. The Government of the Maldives with the assistance of the Ministry of Justice, the Attorney General's office, Ministry of Gender and Family and the Child Protection Unit of the Police, have organized various trainings, workshops, seminars and other awareness raising activities for the concerned officials who usually deal with children.

- Some people, including judges and child protection workers have also been sent abroad to expose them to the practices in other jurisdictions and so that they learn about the administration of juvenile justice in other countries;
- Brochures about child rights have been displayed for general public's awareness in the juvenile court;
- Workshops have been held to train police officers, child protection workers, magistrates, lawyers, health and education workers on interviewing and investigating techniques when working with children and witnesses;
- In the Child and Family Protection Unit of the Police, in addition to the standard investigations, a special training is provided to the officers working with children's cases on the CRC/CEDAW and investigating child related crimes and crimes against children and women;
- Additionally, the judiciary has been provided with refresher training on child rights and trainings on family/community conferencing.

594. Trainings and workshops are also organized at the Atolls level to increase the awareness level among concerned Government officials nevertheless; there is still lack of trained officials at the Atolls' level as compare to Malé.

**(i) Difficulties encountered and benchmarks**

595. Lack of institution, human resources, commitment and funds are some of the difficulties encountered in the administration of juvenile justice in the Maldives. The Maldives still has much work to do in order to establish a comprehensive juvenile justice system. However, there are several policies, legislations and legislative changes in the pipeline and it is expected that these changes will lead to significant progress in terms of the juvenile justice system in the country.



596. Establishment of the proposed juvenile justice system, including the Juvenile Justice Act and mechanisms such as non-custodial measures for punishment are some of the benchmarks that the Maldives aspires to achieve in the coming years.

597. One of the main recommendations in the plan to overhaul the juvenile justice system would be the establishment of a Juvenile Justice Unit. The proposed Juvenile Justice Unit may contain the following elements:

- A **legal section** that would be responsible for drafting the new Juvenile Justice Act, and addressing the legal issues that emerge with the implementation of that Act and the new programs;
- A **program section** that would have sub-sections with responsibilities for carrying out functions that include community conferences, sentencing conferences, and community supervision that would include community-based orders such as probation, community service, and house arrest. The program section would take over responsibility for the administration of all facilities and programs concerned with juvenile detention. The program section would draw extensively on already existing community support and agencies working with young people and facilitate as well as monitor community based services being utilized by young people. The section would also be responsible for ensuring that all programs and services are accessible and meet the need of female juveniles as well;
- A **data management and research section** that would develop a system for the collation, management, analysis and utilization of both quantitative and qualitative information and data regarding children who come into conflict with the law, and more specifically those juveniles who become engaged in one or another of the programs of the Juvenile Justice Unit;
- A **community education and training section** that would carry out activities including increasing community awareness about, and involvement in, juvenile justice programs, training staff at the Juvenile Justice Unit, and encouraging the professional development of community leaders and key government personnel regarding issues related to juvenile delinquency and approaches to its prevention and control. The education and training programs would also be developed in consultation with the Ministry of Gender and Family and the Department of Social Security to ensure that they are sensitive to gender issues and that the training incorporates the gender dimension of juvenile justice;
- Establish a **helpline**.

**2. Children deprived of their liberty, including any form of detention, imprisonment or placement in custodial settings (art. 37 (b), (c), (d))**

**(a) The arrest, detention or imprisonment of a child only as a measure of last resort**

598. Refer to section G, para. 268.

599. Absence of a juvenile detention facility is cause of much concern. As there are no separate detention facilities for juveniles, juvenile offenders who commit serious crimes such as assault, battery, arson are placed under house arrest. There are children who are brought to Family and Child Protection Unit at least twice a week and due to a lack of rehabilitation or detention facilities they are often sent back home. The likelihood of these children to commit another offence is quite high and they are also vulnerable to drug abuse and/or become victims of crimes.

600. As discussed earlier, the proposed juvenile justice model examines issues of juvenile sentencing, detention and rehabilitation and seeks ways in which to successfully rehabilitate juvenile offenders who are involved in serious crimes.

**(b) Alternatives to deprivation of liberty**

601. No specific alternative facilities exist for juveniles. The current parole system is limited to adults.

602. The family/community conferencing model is based on the restorative model of juvenile justice, which gives greater emphasis to community based rehabilitation and will serve as a diversion from juvenile detention. Moreover, the juvenile justice model proposed will provide for more alternatives, with detention being the last resort. It is anticipated that the system will be set up by the end of 2008.

**(c) The child deprived of liberty shall be separated from adults**

603. Currently, there is no separate juvenile detention or rehabilitation facility available. Consequently juveniles are not kept in prison unless under extraordinary circumstances. Instead, juveniles are usually placed in detention at home.

**(d) The right to maintain contact with the family through correspondence and visits**

604. A child placed under detention is allowed visitation under the same rules applied to other persons at the detention location. However, this is usually not applicable as children are usually put under house arrest.

**(e) Monitoring of the conditions in institutions in which children are placed**

605. The only mechanisms in place to monitor conditions of detention facilities is the Human Rights Commission and the committee assigned to inspect detention facilities.

**(f) Education and health services are provided to the child**

606. As discussed above, there are currently no detention facilities for juvenile detainees but re-opening of the Himmafushi Children's Social Center is planned which will provide education, vocational training, health and recreational facilities to the detainees.

**(g) Benchmarks set for the future**

607. Renovation of the former Himmafushi Children's Social Center is underway. It is hoped that the facility will be fully functional by the first week of 2006. The Family and Child Protection Unit of the Police will be responsible for managing the facility. All basic facilities including educational and skills development activities will be provided.

**3. Sentencing of children, in particular the prohibition of capital punishment and life imprisonment (art. 37 (a))**

608. Pursuant to article 37 (a) of the Convention, neither capital punishment nor life imprisonment without possibility of release is imposed for offences committed by persons below 18 years of age in the Maldives.

**4. Physical and psychological recovery and social reintegration of the child (art. 39)**

609. Currently, there is no system of reintegration and rehabilitation set up, for children abusing drugs and other offences. However, the amendments to regulation s289 place greater emphasis on rehabilitation and reintegration aspects of juvenile justice rather than on punishment and detention. Additional consideration will need to be given to physical and psychological recovery and social reintegration and the system which will address these will need to be strengthened and developed further.

**C. Children in situations or exploitation, including physical and psychological recovery and social reintegration**

**1. Economic exploitation of children, including child labor (art. 32)**

610. The concluding comments recommended that legal reform be undertaken with regard to child labor.

42. The Committee recommends that preventive measures, including legal reform, be taken to fully implement the provisions of article 32 of the Convention and other related international instruments.

611. Chapter III, section 26, duties of the General Public of the Law on the Protection of the Rights of the Children, states that no child shall be required to perform any work which is incompatible with age, health and physical strength of the child. Further, no child shall be required to perform any work that may interfere with the child's education or may adversely influence the morals or behavior of the child.

612. Section 27 of the same law states that no child below the age of 14 shall be employed for remuneration. Where a child who has attained the age of 14 years is employed for remuneration, such child shall be assigned work compatible with the child's age and health, and shall be paid reasonable remuneration for the work performed and shall be provided medical care for injuries caused in the course of such employment.

613. Despite the fact that Law 9/91 generally prohibits the employment of children under the age of 14 years; there are no specific rules and regulation to monitor the violation of these sections of the law. These sections are vague and do not identify banned occupations, working hours, minimum remuneration and support mechanisms.

614. There are many children, coming from different islands in search of jobs to Malé, working as domestic helpers. There are no regulations about their working hours, education, living conditions, minimum remuneration, etc. These children have no employment contract and at times, especially girl children, have to live and work in abusive and exploitative situations.

615. Children continue to come from the islands to Male in order to access secondary education. These children often reside with families in Malé and in return for room and board, they are expected to perform household duties. The extent of this cannot be verified due to the lack of research in this area. At present there are no guidelines monitoring the treatment of these children, This is an area that the Ministry of Gender and Family will be addressing.

616. It is acknowledged that the Law 9/91 is not sufficient to prevent the emergence of child exploitation through labor and trafficking. Clearer guidelines surrounding the exploitation of children in these areas are essential in order to fully protect children's rights. Discussions about legislation review and strengthening are currently underway as the government plans ways of implementing the optional protocols related to CRC.

617. The newly drafted labour law submitted to parliament in February 2006 addresses the concerns related to protecting children from economic exploitation.

618. Although there is no specific legislation dealing with child labor, a regulation by the presidents office lays out guidelines regarding hazardous or harmful work, and/or the activities considered to be hazardous, harmful to the child's health or development or interfering with the child's education.

619. The proposed Education Act, making primary education compulsory, could prove to be a major means of preventing young children from engaging in employment. However, economically active children are mostly of the secondary school going age and efforts need to concentrate on ensuring that the employment that they are engaged in is not exploitative. Promotion of the secondary school education and technical education can be a way to ensure that these children stay in school. Additional awareness raising campaigns on child labor as well as the benefits of staying in school can be launched with technical and financial assistance from international donor agencies.

## **2. Drug abuse (art. 33)**

620. With regard to drug abuse and rehabilitation, the Committee expressed concern regarding measures taken in preventing and combating drug abuse.

22. While the Committee is aware of the plans to establish a drug rehabilitation unit, it expresses its concern at the insufficient measures undertaken to address issues of drug abuse which are increasingly affecting children in the State party.

44. In the light of articles 24, 33 and 39 of the Convention, the Committee recommends to the State party to strengthen its efforts to prevent and combat drug and substance abuse among children, and to take all appropriate measures, including public information campaigns in and outside the schools. It also encourages the State party to support rehabilitation programs for child victims of drug and substance abuse.

In this regard, the Committee encourages the State party to consider seeking technical assistance from, *inter alia*, UNICEF and the World Health Organization.

**(a) Drug control legislation and legal framework**

621. The principal legislative act of the Maldives dealing with narcotic drugs and psychotropic substances is law number 17/77. The amended law of 1995 (Section 2 of the law) awards life imprisonment, and 25 years is given for offences of trafficking of prohibited drugs by either, cultivation, manufacture, exportation, importation, selling, buying, giving or possession for sale of one gram or more. For the offence of consumption of prohibited drugs under section 4 of the law, using or possession for personal use of less than one gram the penalty is imprisonment, banishment or house arrest for a period between 5 and 12 years, or referral to rehabilitation with the possibility of a suspended legal sentence.

622. For a first-time drug offender below 16 years of age, under section 4 of the law, the sentence can be suspended for three years and the person can be handed over to the National Narcotics Control Bureau (NNCB), and based on the recommendation of the Advisory Board of the NNCB, referred for rehabilitation. After the person completes the period of rehabilitation to the satisfaction of the Advisory Committee of NNCB, as long as the person does not commit any further offence within these three years, the person's sentence can be deemed to be fully served and he/she 'released' from the treatment and rehabilitation of NNCB. However, if the person for any reason is unable to complete this period of rehabilitation successfully, he/she is handed over to the Department of Corrections, and the previous sentence enforced. Also, under the law on drugs, the person who uses drugs can make a self-submission to the rehabilitation assessment committee of NNCB and request treatment. The committee decides on treatment and checks whether the person has other pending legal sentences for banishment, house arrest or jail. Presence of a legal sentence prevents the person from opting for voluntary treatment.

623. Further amendments to the law on drugs were made in 2001, facilitating confidential interviewing with drug users for the purpose of research for Government. Alcohol is not included in the law on drugs. It is controlled under the law of Islamic Shariah.

**(b) The National Narcotics Control Bureau**

624. The Narcotics Control Board (NCB) was established on 16 November 1997, directly under the President's Office to bring about a reduction in the demand for and supply of illicit drugs. The primary responsibilities of NCB were demand reduction, awareness building, rehabilitation and liaison with international agencies. In October 2004 the NCB was changed into NNCB (National Narcotics Control Bureau) to broaden its scope. NNCB works closely

with both individuals and organizations in order to combat drug use in the Maldives through prevention and rehabilitation. It collects data regarding drug use which is disaggregated by age, sex and region.

625. NNCB runs a number of prevention and awareness campaigns targeting both Malé and the Atolls. Preventative programs are conducted in schools for children aged between 13 and 16 and for parents of primary school aged children. In addition, awareness programs are designed to target teachers, parents, NGOs, courts and senior administrative staff such as Island and Atoll khateeb.

626. However, it is a source of concern that NNCB does not currently have a mandate addressing the drug abuse issues specifically involving children below the age of 16. Drug use in the Maldives is rapidly rising particularly for the 12-20 year old age bracket (Situational Analysis of Children and Women in the Maldives, UNICEF, 2000). While significant progress in terms of rehabilitation has been achieved with the establishment of a rehabilitation centre for drug users situated on the island of Himmafushi, no separate rehabilitation centre for children exists. As a result, rehabilitation options for children are limited to counseling from either NNCB or the Ministry of Gender and Family, situated in Malé. Some children have received services from the rehabilitation centre, although it is an undesirable situation to have children residing at the predominantly adult focused centre. At present there are special plans to establish a rehabilitation program for child drug users and to strengthen other child focused rehabilitation services.

### **(c) Strategies for prevention**

627. Drug prevention education activities fall under the mandate of the NNCB. The NNCB carries out comprehensive and specialized drug awareness programs for the community on inhabited islands. School based awareness programs target students, teachers and parents, while the Atoll awareness programs target Atoll chiefs, Island chiefs, health care workers, teachers and island community persons. The NNCB collaborates with other governmental organizations such as the Ministries of Education, Gender and Family, Youth and Sports, Atolls Administration, Information, Arts and Culture, the Maldives Customs Service, the Family and Child Protection Unit Police Headquarters, and NGOs for awareness generation and prevention.

628. Sensitization workshops are organized for police at the Atoll level. Peer education programs are underway for youth. A full page of newspaper ads are used for public awareness raising on drug abuse. Radio and Television are utilized as mediums for awareness raising.

629. SHE is running a project on drug abuse on the preventive aspect of the issue. Awareness raising campaigns have been launched with the financial assistance of UNODC. A few other small groups/NGOs are also active in the arena of creating awareness against drug abuse.

### **3. Sexual exploitation and sexual abuse (art. 34)**

630. The Committee in its concluding observations pointed out that additional measures need to be taken to prevent sexual abuse and exploitation.

23. The Committee expresses its concern at the insufficient preventive measures, including legal ones, to avoid the emergence of child labor and economic exploitation, including sexual exploitation. The Committee is also concerned at the lack of preventive measures, including legal ones, concerning child prostitution, child pornography, trafficking and sale of children.

43. In light of article 34 of the Convention, the Committee recommends that preventive measures, including legal reform, be taken to prevent and combat the sexual exploitation of children, including through pornography, prostitution, trafficking and sale.

631. The Maldives' continuing involvement in the international arenas demonstrates its firm commitment to preventing and combating problems of sexual exploitation and abuse.

- The Maldives participated in the Second World Congress against the Sexual Exploitation of Children, held in December 2000;
- In January 2002, The Maldives signed the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution;
- The Optional Protocol to the Convention on the Rights of the Child on the Sale of Child Prostitution and Child Pornography was signed in May 2002.

632. Pornography is strictly prohibited and Shariah Law prohibits any sexual activity outside of marriage for all persons. The Maldives is actively working to combat potential problems that may arise by introducing preventative measures such as increasing health and education and strengthening the role of families in child protection at the Island and Atoll levels.

633. It is generally perceived that commercial sexual exploitation is not an issue in the Maldives. Laws specifically dealing with the issue of sexual exploitation, commercial sexual exploitation and/or child pornography needs to be formulated in line with optional protocols.

634. Currently convictions on people who commit crimes related to sexual abuse against children are very low. The main reason for this is because evidence given to courts is based on confessions and witness statements rather than forensic evidence.

**(a) The role of the Family and Child Protection Unit**

635. The Family and Child Protection Unit (FCPU) of the Police deals with all cases relating to juvenile offenders, child abuse, gender-based violence/domestic violence and sexual offences. In accordance with Law 9/91, the FCPU is situated separate from the main Police Headquarters, and police officers in this unit have to be dressed in plain clothes.

636. Since the investigation officers at FCPU mainly deal with children they receive special additional training on dealing with cases relating to sexual abuse, interrogating and questioning children and dealing with child victims and perpetrators.

637. Currently, the presence of the FCPU is limited to Malé. However, due to the need demonstrated outside Malé, a project of extending FCPU's services to the Atolls level is under consideration. Child related crimes which occur in the Atolls/Islands are reported to the Atoll Police Stations. The police officers at the Atoll Police Stations will take the statements and forward to FCPU.

638. The Atoll police officers are 'general' police officers. Most of them do not have special training in dealing with these types of cases and they work in uniform even when dealing with children. In some situations, the Atoll Police have not received training to deal with serious child abuse cases and so FCPU officers along with Child Protection Worker are sent out to the islands to investigate cases.

**(b) Information, awareness and education campaigns to prevent any form of sexual exploitation or abuse of the child**

639. There is clearly a need to expand community awareness raising campaigns in relation to child sexual abuse, in particular to sensitize the community to the many detrimental effects of child sexual abuse on the individual victims, families and the entire community. Such a community education strategy would ideally be implemented using a multi-media approach including television community advertisements, radio advertisements, and community posters, amongst other things. Topics should include general information as to what child sexual abuse is (all forms), and that both boys and girls are potential victims. Early warning signs/indicators of child sexual abuse, the effects of sexual abuse on children, families and the community, appropriate responses to children's disclosures, community resources and sources of help for victims, victim's families and offenders need to be included.

640. Non-Governmental Organizations can play an important role in creating awareness in the community about child sexual abuse and the prevention mechanisms. Existing or new NGOs need to explore ways in which to combat child sexual abuse.

**(c) Multidisciplinary strategy to ensure protection of children against of all form sexual exploitation and abuse, including within the family**

641. A Multi Sectoral Group on Child Protection was established in April 2005 with a vision to assist in creating a protective environment for the children of the Maldives.

642. Aims of the group include production of clear written policies, procedures and guidelines to enable people to work consistently with the child protection system, strengthening institutional mechanisms by establishing procedures within and among agencies, changing attitudes, customs, behaviors and practices that are harmful to children through prevention and education based initiatives, demonstrating Government's commitment to child protection through support and allocation of required resources, developing children's life skills, knowledge and participation towards their own protection, facilitating open discussion of child protection (including the media and civil society), strengthening legislation and its enforcement, building capacity of people working with children, diversifying services for victims of abuse and increasing monitoring and reporting.



**(d) Coordinating and monitoring mechanisms**

643. Meetings and consultations are under progress to develop a coordination and monitoring mechanism for the purpose of child protection including child sexual abuse.

644. The Ministry of Gender and Family has the mandate to look into the cases of child sexual abuse and provide services to children who have been abused or who are in an exploitative situation.

**(e) Legislation for the effective protection of child victims**

645. There is a need to strengthen the legislation in child protection and develop regulations and procedures to ensure that forensic evidence is considered in prosecution of perpetrators of child sexual abuse.

**(f) Technical cooperation and international assistance**

646. The Ministry of Gender and Family is working closely with UNICEF and other UN Agencies and some international agencies to develop a child protection system. Voluntary Service Overseas also provides technical assistance to the Ministry of Gender and Family in this regard.

647. The police is also working closely with the INTERPOL. Following the tsunami, the International Federation of the Red Cross and Red Crescent Societies, Handicap International and various other international Governmental and non-Governmental organizations are working closely with the Government of the Republic of Maldives.

**(g) The progress achieved in the implementation of this article, benchmarks set up as well as difficulties encountered**

648. The Government of the Maldives is working towards introducing forensic sciences in cases related to sexual abuse. Revision of the law to accommodate forensic sciences in the evidence procedures is another important area that needs to be looked into in the near future.

649. Lack of highly skilled professionals is a significant hurdle. Training of law enforcement agencies and the judiciary is another task to be looked into.

**4. Sale, trafficking and abduction (art. 35)**

650. Please refer to paragraph 117 of the initial report.

651. Please refer to paragraph 631 of this report.

**5. Other forms of exploitation (art. 36)**

652. As discussed earlier, due to the unique geographical formation of the Maldives some children come to Malé and stay with host families. These children are more vulnerable to other forms of exploitation.

**D. Children belonging to a minority or indigenous group (art. 30)**

653. Please refer to paragraph 119 of the initial report.

**Notes**

<sup>1</sup> **Haddu** punishments are found in verses of the Qur'an. Hence, these are pre-established and cannot be changed by anyone. These punishments are applicable to any person even under the age of 18 years if they have reached puberty. Haddu in the Maldives crimes include: Murder, Apostasy, Adultery, Defamation, and Rebellion.

<sup>2</sup> Island Chiefs.

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