

Maldives

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	0.34 M
Urban population (2012)^a	0.14 M
Rural population (2012)^a	0.20 M
Population growth rate (2012)^a	1.93%
Gross domestic product USD (2012)^b	2.22 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	9
Under 5 mortality / 1,000 live births (2012)^c	10.5
Life expectancy at birth (2012)^d	77 yrs
Diarrhoea deaths attributable to WASH (2012)^e	NA

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	99%
Use of drinking-water from improved sources (2012)^f	99%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview^{*}

The Maldives are composed of over one thousand low-lying islands—less than 200 of them inhabited. About one third of the population lives in Male', which has the highest concentration of the population, while the remaining live on other islands. Being an island country, Maldives has a very limited availability of fresh water. Most of the population is served with desalinated water and some rural areas use rainwater. Access to water and sanitation services is high, however, water degradation due to high salinity and/or polluted water are serious challenges for the water sector in the Maldives. The country is highly vulnerable to climate related hazards such as flooding, heavy precipitation, sea level rise, drought etc. Reports indicate contamination of its water sources by salt water and by poor sewage systems. Despite achieving more than 90% water and sanitation coverage, the country faces huge challenges of ensuring sustainability and resilience of these facilities.

Governance

The The Ministry of Environment and Energy hosts the Environmental Protection Agency (EPA). The EPA operates as a regulatory authority administered under a governing board. The Ministry of Health leads hygiene initiatives. The Male' Water and Sewerage Company (MWSC) is responsible for the operation and management of water supply and sewerage services in Male' and the surrounding islands Villingili, Thilafushi, Kulhudufushi and Hulhumale'.

The country has set targets for achieving universal coverage for water and sanitation, which are backed by the constitution wherein water supply and sanitation is included as a basic right.

Monitoring

There are data available for resource allocation, and water related disease data are collected for responding when an outbreak occurs. However, there are few data reported for creating policy and strategy.

Human Resources

There is no national human resource strategy for WASH services in the Maldives. The water service providers are responsible for service provision and with this the human resources to provide services.

Financing

There is a reported financing plan for WASH services, however, there is a significant lack of funds to provide and sustain WASH services in the Maldives.

^{*} Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

One ministry has lead responsibilities for sanitation and drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Environment and Energy	✓	✓	
Ministry of Health			✓

Number of ministries and national institutions with responsibilities in WASH: **5**

There is no formal coordination mechanism between WASH actors.

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✗	100	2013
Rural sanitation	✗	100	
Sanitation in schools	✗		
Sanitation in health facilities		100	
Urban drinking-water supply	✗	100	
Rural drinking-water supply	✗	100	
Drinking-water in schools	✗	90	
Drinking-water in health facilities		100	
Hygiene promotion		100	
Hygiene promotion in schools	✗	100	
Hygiene promotion in health facilities		100	

There are specific plans implemented addressing the issues of reliability/continuity of urban and rural water supply, ensuring drinking-water quality meets national standards and measures to address resilience to climate change.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES ^a	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES	
	Low	High
Keep rural water supply functioning over long-term		
Improve reliability/continuity of urban water supply		
To rehabilitate broken public latrines		
Safely empty or replace latrines when full		
Reuse of wastewater or septage		
Ensure DWQ meets national standards		
Address resilience to climate change		

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for resource allocation and response to WASH related disease outbreak.

MONITORING

	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	February 2013		February 2013		2009
Use of performance indicators^a	●		●		✗
Data availability for decision-making^a					Health sector
Policy and strategy making	✗		✗		✓
Resource allocation	✓		✓		NA
National standards	NA		✗		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✗	
Independent auditing management procedures with verification	NA	NA			
Internal monitoring of formal service providers	✓	●	✓	●	
Communication^a					
Performance reviews made public					
Customer satisfaction reviews made public					

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies have not been developed for sanitation and drinking-water or hygiene.

HUMAN RESOURCES

	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed^a	✗		
Strategy defines gaps and actions needed to improve^a	✗	✗	✗
Human resource constraints for WASH^b			
Availability of financial resources for staff costs			
Availability of education/training organisations			
Skilled graduates			
Preference by skilled graduates to work in other sectors			
Emigration of skilled workers abroad			
Skilled workers do not want to live and work in rural areas			
Recruitment practices			
Other			

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for some decisions for WASH, however, an insufficiency of funds to meet MDG targets is also reported.

FINANCING

Financing plan for WASH	SANITATION		DRINKING-WATER	
Assessment of financing sources and strategies ^a	Urban	Rural	Urban	Rural
	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b				
Estimated % of donor commitments used ^b				
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	✗	✗	✗	✗

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure ¹	NA
Expenditure as a % GDP	
Education ²	6.8
Health ²	7.5
WASH ³	NA

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.

NA: Not available.

V. Equity

As a step towards addressing equality in access to WASH, drinking-water and sanitation are recognised as a human right in legislation.

EQUITY IN GOVERNANCE

Laws	SANITATION		DRINKING-WATER	
Recognize human right in legislation		✓		✓
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✗	✗	✗	✗
Extent to which users participate in planning				
Effective complaint mechanisms	✓			✗

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN
NA

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

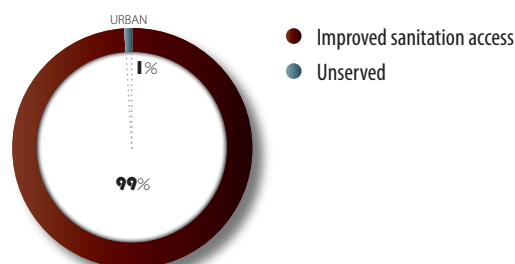
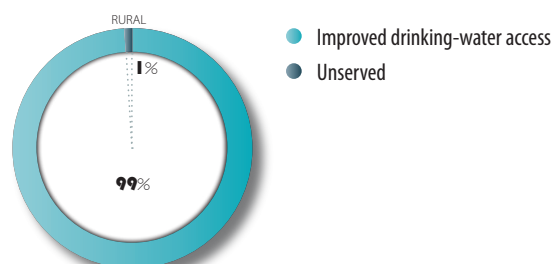


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.