The UN COVID-19 Response and Recovery Multi-Partner Trust Fund
(UN COVID-19 MPTF)

Proposal Template

Proposal Title: Strengthening resilience of the most vulnerable to future shocks in the Maldives

Amount: $300,000

I. Immediate Socio-Economic Response to COVID-19

Short Context – include hyperlinks to relevant reference material and analysis that frames the solution context firmly in the specific situation of the country in question. [1,000 word limit]

While the impact of the COVID-19 pandemic is global, Maldives is suffering particular and unique impacts due to its high exposure of the economy to external shocks. Even prior to the COVID-19 crisis International Monetary Fund (IMF) categorized the Maldives to be at a high risk of external debt distress and a high overall risk of debt distress, with shocks to tourism earnings as the key risks[1]. COVID-19 has done just that.[2] A recent ADB report shows that the Maldives is amongst the top three countries in the Asia region to be hardest hit by the global crisis in terms of impact on the GDP.[3] Furthermore, the World Bank's latest report[4] warns of a 'perfect storm' in South Asia with a gloomy forecast citing an unprecedented 40 year low and Maldives as the hardest hit.

As a Small Island Developing State (SIDS) that imports almost all food items, consumables, medicine, and other items, the restrictive measures placed an unprecedented financial burden on the Government. The shutting down of the tourism industry, which accounts for 24% of the Maldives' GDP, coupled with the cancellation of flights and similar restrictive measures in other countries had already ensured that all international flights to the Maldives have been cancelled, thus, pushing back the Maldives from an Upper-Middle Income country, to a "no-income country".

Maldives has a resident population of 557,426[5] sparsely distributed across 188 inhabited islands. The capital, Male' City, with approximately 150,000 inhabitants in an area of 9.27 square kilometres, is one of the most densely populated cities in the world. Therefore, the Government has quickly and aggressively responded to the COVID-19

[1] https://www.imf.org/en/Publications/CR/Issues/2019/06/07/Maldives-2019-Article-IV-Consultation-Press-Release-Staff-Report-and-Statement-by-the-46972
[2] World Bank (2020) South Asia Economic Focus Spring 2020: *The Economic Impact of COVID-19 on South Asia*, p-9
[3] Asian Development Bank. 2020. The Economic Impact of the COVID-19 Outbreak on Developing Asia.
[4] "World Bank. 2020. South Asia Economic Focus, Spring 2020: The Cursed Blessing of Public Banks. Washington, DC: World Bank. © World Bank. https://openknowledge.worldbank.org/handle/10986/33478 License: CC BY 3.0 IGO."
[5] National Bureau of Statistics: Maldives in Figures, Monthly statistics, March 2020

outbreak to reduce the risk of an outbreak in this highly populated island where many families share small apartments with up to two others, due to limited housing availability and the high cost of rent in the capital.

On 15 April 2020, the capital city of Male' and the Greater Male' Area was placed under a complete lockdown for a period of 14 days, following the first confirmed cases of community transmission of COVID-19. The lockdown was later extended to 28 May 2020, restricting gathering and movement of people to control the spread of the disease and to conduct contact tracing for further isolation. As of 17 May, there are 1094 confirmed positive cases, of which 157 are women and 937 are men, and including 79 children / adolescents (30 girls/ 49 boys) of which one was a newborn boy, not even one-month-old. Out of the confirmed cased over 60% were from migrant community. Four deaths have thus far confirmed as of May 17, 2020. There are ten patients currently receiving medical care. According to the latest statistics from the South Asia region (based on WHO reports), the Maldives has the highest number of cases per million inhabitants at 1,994 far beyond the second highest ranking country being Afghanistan with only 170 cases per million inhabitants.

The shock to the economy is being felt within each and every household in the country, with an increase in unemployment and decrease in household income. Beyond the direct health impacts, the COVID-19 pandemic and the resulting economic downturn have worsened the situation for vulnerable groups and has had a negative effect on their wellbeing, while creating new barriers for people already suffering mental illnesses in accessing services. The lockdown has created a high degree of fear, anxiety, and worry concerning the health and wellbeing of family individuals' relatives either in quarantine, isolation or in relocated temporary dwelling has further exacerbated the issue. The breakdown of normal routines, the difficulty in acquiring basic food necessities from retailers, and the deterioration of the general standard of living amongst the populace, considering the crowded living space in the congested Greater Male' area are adding to already existing problems.

The Government has formulated an economic relief package to support those businesses and individuals being affected by the pandemic, yet faces a revenue shortfall of US$907.9 million, while the immediate cash requirement for second quarter stands at US$220.5 million. The Government is also closely engaging with bilateral partners in accessing the needed medical supplies and Personal Protective Equipment (PPEs). The near complete closure of the economy and diminishing financial resources is reducing the Government's ability to maintain the same standard of social welfare nets that it had adhered to prior the pandemic. Given the dire financial situation, it is unlikely that any increased medical preparedness could be undertaken for state care institutions which caters to some of the most vulnerable groups in the country.

According to the Ministry of Gender, Family and Social Services (MoGFSS), there are 19,730 people aged 65 years or over in the Maldives. This group has been identified as the most vulnerable group to COVID-19 due to a higher fatality rate from the infection against the average. In addition, 7,771 PWDs are registered with the National Social Protection Agency (NSPA) and receive an allowance. The recently conducted Disability Study indicates that only 25% of the disabled population receives benefit. For PWDs with difficulties accessing public information (such as the blind, hearing impaired etc.), they may become socially isolated and their physical and mental health needs may be un-met, or they may be more at risk of contracting the virus by missing the information needed to reduce the risk of infection.

At present, the only state care facility catering to the most vulnerable population needing psychiatric and geriatric care are housed in the Home for Persons with Special Needs (HPSN), located on the island of Guraidhoo (Kaafu Atoll), approximately 32 kilometres from the capital. There are no provisions in the centre for specialist medical care if a patient becomes ill. During normal circumstances, patients are transported to the tertiary hospital in Male' for regular consultations with specialists. During the lockdown, this has been a particular challenge as there are no options for the patients to access specialist services in Guraidhoo and transportation to Male' remains a risk due to the community spread. There is an urgent need to focus on interventions designed to minimize the spread of the virus transmission in the HPSN. At present, there are 161 psychiatric and 31 geriatric patients living in the facility, out of whom many suffer from co-morbid chronic conditions which puts them at higher risk of COVID-19 complications.

There is a basic clinic in the HSPN. However, the clinic lacks trained manpower and logistics to manage COVID-19 case management. The island is difficult to access especially in the next 4 months when the sea will be rough and monsoon rains set in. It is therefore important to develop local capacity to manage COVID-19 infections locally. COVID-19 cases are already being reported from islands outside Male'. Should there be a nationwide outbreak, the central level support will be minimal to islands, and the degree of local preparedness will define the consequences for the vulnerable group in HPSN.

Furthermore, it is becoming increasingly clear that many of the measures deemed necessary to control the spread of the disease (e.g. restriction of movement, reduction in community interaction closure of schools, universities businesses and services, etc.) can exacerbate existing gender inequality and not only increase Gender Based Violence (GBV) related risks and violence against women and girls, but also limit survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support. The school closure has impacted approximately 86,000 students in general education. These children as well as their parents lost an important part of their daily routine that represented "a normal life". For some students, the free school breakfast was an important meal that their families were not able to secure for them. The loss of this regular nutritious meal may negatively impact their nutritional status. The lockdown in houses that are already overcrowded coupled with the inability to live a normal life, with some families already lost their livelihood, stress is likely to increase, translating in mental health concerns for many people. Due to the very limited capacity for psychosocial support in the whole country, the current pandemic could cause a mental health crisis in the country, if left unaddressed. This would undoubtedly increase the number of people who will need state care, and/or more long-term mental health care unless more is done in the short-term to alleviate anxiety and stress before problems might become more serious. This is particularly true for the already vulnerable groups including adolescents, women facing domestic violence, children already at risk of abuse and neglect, migrant workers, and elderly who have been isolated. Thus, it is expected, more people will require the services of HPSN in the future, which is already overwhelmed and would be unable to cater to the growing need for psychosocial and healthcare support for the vulnerable, if prevention and treatment services are not upgraded.

II. Solutions proposed

Please provide a summary of the proposal. [1,000-word limit]

The project seeks to mitigate the impact of COVID-19 on the mental health of the general population with special attention to the most vulnerable segments of the population, while ensuring a vital residential state care institution is well prepared to care for and protect its inhabitants who are at the high risk of the pandemic, especially in the context of a potential extended lockdown.

The project will be undertaken in the following two tracks:

1) **Improving the provision of community Mental Health and Psychosocial Support in a gender and age-sensitive manner**

Within the extremely limited resources available, the Government, Maldivian Red Crescent (MRC) and UN agencies aim to provide Mental Health and Psychosocial support (MHPSS) to the most vulnerable groups to cope with stress, maintain their mental wellbeing, and promote healing. The increased capacity of the mental health system will help older persons and migrant community deal better with stress, support the needs of people with disabilities, provide tailored support to children and young people on how to deal with stress and anxiety, attend to Gender based violence calls appropriately, expand MHPSS services for those living in isolation/quarantine, and provide specialised care for health and essential workers in a gender and age sensitive manner.

A. The Mental Health and Psychosocial Support (MHPSS) component of the project offers the following solutions:

i. Strengthen and Expand Prevention

Prevention of mental health problems targeting the most vulnerable groups including women, children, adolescents, migrants and the elderly will be the first strategy in the set of solutions. Prevention will take the form of intensifying well-designed messaging through all available channels of communication. The messages will:

i. Assure the public that everyone is going through an extraordinary time, and it is reasonable to feel different.
ii. Educate people on the common signs of stress, share simple techniques for stress-management, and promote coping strategies that are adapted and appropriate for various target groups including women, children, adolescents, migrants and the elderly.
iii. Inform people of the availability of a helpline for consultation with trained counselors for immediate support and referrals to more specialized services.

ii. Strengthen and Expand the First Line of Response

Currently a team of volunteers from the Maldives Red Crescent (MRC), are responding to calls from people seeking psychosocial support. The solutions proposed here aim to expand and better resource the helpline where individuals across the Maldives feeling anxious or need help can call. At present, an estimated 100 calls per day can be taken by the existing mental health hotline. The expansion of services as a result of this proposal will significantly increase the capacity for response to up to 300-400 calls/day, increase the "opening hours" of the tele-counseling to additional days and hours, and cater for an estimated 25,000 persons within the total project duration. The online psychosocial providers will provide the first line of response and provide psychological first aid or crisis intervention and determine if a referral to a counsellor or higher level of professional psychologists or psychiatrists is required. If additional help is needed, the helpline responders will facilitate and refer people to other relevant service providers. Any case with clinical mental health history, or showing signs of it, or indicating urgency or high risk, will be immediately referred to the national Center for Mental Health (CMH) at the IGMH central hospital where a triage system will be applied, and the person referred to the relevant specialized professionals for special care adapted to the individual's needs.

The referral mechanism will also include relevant authorities for cases of child abuse or domestic violence,[6] both which are expected to increase during the lockdown situation based on previous trends.[7] For calls from the outlying Atolls, referrals will also include linking up with a counsellor or social workers based in their local community where available. A digitalized system for simple tracking of cases, referrals and follow-up will be designed and used by all providers to ensure a streamlined and systematic information management system.

Under this component, the UN and partners will:

- Identify and train a minimum of additional 30-50 volunteers (50/50 women and men) to provide quality tele-psychosocial counselling. To reduce language barriers, volunteers who are fluent in multilanguage will be encouraged.
- Provide the required technology for help-line services at scale and audio-record all calls for quality control and regular audits, as well as support to develop simplified tools linked to documentation, referral and follow-up.

[6] https://www.apa.org/topics/covid-19/domestic-violence-child-abuse
[7] https://edition.mv/report/15837

- Provide an incentive package to the volunteers who will provide 24/7 service.
- Support the establishment of a high-quality information management system that will capture all incoming calls, support appropriate digitalized documentation, referrals and follow-up.

iii. Strengthen and Expand the Second Line of Professional Psychology and Psychiatry Response

Expand face-to-face and online psychological and psychiatrist services to improve mental health coverage in the Maldives. There has been a long-time gap in MHPSS services outside the capital Male', and the COVID-19 pandemic is accelerating innovative and e-approaches. Mental health professionals from different locations will be providing online counseling as one team coordinated by the Center of Mental Health at IGMH as part of this component. Cases requiring face-to-face assistance will be filtered and offered a referral free of charge as part of the national health insurance scheme (depending on lockdown measures). Particular attention will be paid to increasing awareness around migrant, gender and child-specific MHPSS needs to ensure appropriate assistance is provided.

B. Improving Medical Preparedness of State Care Institution for mitigating COVID-19 and beyond

A total of 161 psychiatric and 31 geriatric patients living in the state care *Home for People with Special Needs* (HPSN). These are one of the most vulnerable groups in the community and the group at highest risk, with many patients being in the high-risk category for serious complications from COVID-19 infection (aged 65 years+, respiratory or lung weakness, impaired physical conditions etc)

Detection, confirmation through testing, isolation and management of confirmed cases are four important steps in COVID-19 case management. The Ministry of Health has developed Standard Operating Procedures to guide through different steps of COVID-19 management. HPSN Doctors will be trained by the central team on appropriate management of critical cases, including on the use of ventilators. Infection prevention and control measures are minimally practiced as there are limited resources, but they are critical preventative measures for vulnerable populations. Investment in infection prevention is life-saving, and is critical to break disease transmission in closed settings such as the HSPN. Regular disinfection of the facility will be ensured. The inhabitants of the HPSN will be trained on cough etiquette and hand hygiene, which will further protect them against other transmissible diseases. Since the beginning of lock down there has been a shortage of some controlled drugs essential for the treatment of mental health patients and also some elderly patients. Staff will be trained to manage and update the stocks including essential drugs in the HPSN to ensure that the patients received appropriate care and there is no relapse of mental health conditions or any other health conditions due to unavailability of the required drugs. Provision of essential medical equipment to HSPN with trained and skilled manpower in prevention and management of COVID-19 will result in better survival rates in these highly vulnerable populations. Additionally, this support will build preparedness for any potential future health crisis within the institution.

In order to ensure that those in state care have access to necessary medical equipment, and maximise the preparedness of this critical state infrastructure that acts as a social net for the most vulnerable, UN agencies will support the government to procure the essential medical equipment to provide in-facility care for COVID-19 and other cases, provide training for the healthcare staff on COVID-19 prevention and management, and develop emergency Standard Operating Procedures. Given the additional vulnerabilities of these patients, this is a preferred health care approach to minimise the trauma of these patients being transferred to unfamiliar facilities and locations, and reduce the impact on other public health facilities for caring for these higher risk patients.

III. What is the specific need/problem the intervention seeks to address?

Summarize the problem. Apply a gender lens to the analysis and description of the problem. [1,500 word limit]

In the Maldives, as in many other societies, stigma is attached to mental illness. There are no recent studies carried out to investigate the prevalence of mental disorders in the Maldives, despite anecdotal evidence pointing towards its prevalence. A study[8] done on disability in the country found that people with mental health issues faced an increased risk of violence, health problems and were more food insecure. The most recent Women's Health and Life Experiences[9] showed that more than 1 in 3 women aged 15-49 reported experiencing physical or sexual violence at least once during their lifetime. It also showed that psychological distress for women who suffer violence are higher. The pandemic and the continued lockdown in the country is expected to increase the risks of all forms of violence, including that against women, and associated impact on mental wellbeing. In addition, Government plans to relocate the approximately 5000 migrant workers (who consists nearly one third of the Maldivian resident population) to control the community spread. This process is creating more fear, anxiety and depression among this vulnerable group who lacks any support system in the country. Due to the uncertainties related to the pandemic, and the unprecedented negative impacts on livelihoods, the number of people who could struggling with mental health issues in the Maldives is expect to increase.

At the same time, there is a serious capacity gap in the Maldives in terms of the availability of trained professionals able to support people with mental health issues. As such, should people seek support, they are not able to access good quality available support in a timely or meaningful manner. The MRC currently has 32 volunteers attending to the hotline and providing psychological first aid. The hotline receives calls from 12 pm to 5 pm, and from 8 pm to 12 am. The proposed project aims to support MRC with the recruitment and training of up to 50 additional volunteers to make the services of the hotline available 24/7. The Center for Mental Health (CMH) at IGMH has 13 professionals at the Male level (five psychiatrists, two psychologists, two social workers, and a family counsellor). Also, there are nine psychiatrists in the five Regional Hospital outside Male. This proposed project aims to expand the capacity of professional mental health care through by connecting the nine professionals in the Regional Hospitals with the 13 Male-based mental health professionals. This will create a larger virtual team that can share the increased workload. This will require the introduction of remote connectivity with the patients whose cases don't require face-to-face consultation. The CMH plans to train more than 100 medical professionals in providing primary mental health care, and will explore the possibility of referring some cases exceeding the capacity of the CMH to some private service providers when required.

The Home for People with Special Needs (HPSN) provides the institutional care for people with mental disorders who cannot be cared for by their families. The HSPN also provides care for people with a range of physical and intellectual disabilities and the elderly. These are one of the most vulnerable groups in the country. If an outbreak were to take place on the island that houses the HSPN it is very likely the HSPN will run short of supplies, and the patients in the HSPN would require urgent medical attention, with the majority having underlying medical complications. This is especially true for the 31 geriatric patients who fall into the high-risk category of COVID-19. Ensuring the HSPN's preparedness is improved, and well-equipped will ensure the most vulnerable in the country will receive appropriate medical care even during the worst times of the crisis.

The HSPN caters to a reasonably large resident vulnerable population, many of whom need medical attention on a regular basis, and at times on one to one basis. For this very reason, a medical team needs to be stationed at the HSPN to ensure 24X7 services. In the long term this medical team should be in a better position to manage other health needs of these patients. The Island Health Centre on which the patients must rely on for healthcare, has very basic healthcare services and very limited staff. There is

[8] https://www.researchgate.net/publication/339791889_No_One_Left_Behind_Comparing_Poverty_and_Deprivation_between_People_with_and_without_Disabilities_in_the_Maldives
[9] https://maldives.unfpa.org/sites/default/files/pub-pdf/WHLESurvey.pdf

no capacity to provide psychosocial support for the island population, and in case of any serious health issues or emergencies, patients must travel to the capital Male'. The primary health care level of services of the island health center is insufficient, with no admission capacity nor laboratory facilities for investigation and management of chronic conditions related to the psychiatric and the geriatric patients in the Centre. The aim of this project is to immediately improve the capacity of state care to treat patients in this facility who contact COVID-19, with a longer-term capacity for responding to other health needs of these patients in the future.

The specific needs of the **mental health components** of this proposal are:

1. *Overall Coordination*:
   Recruitment of a specialist project coordinator to work under the supervision of the Center for Mental Health (CMH) at IGMH. The coordinator will work in collaboration with the Mental Health Cluster at the National Emergency Operation Center (NEOC) to connect all the stakeholders, ensure timely and coordinated completion of planned actions, undertake regular quality controls and audits of the quality of counselling by listening into randomly selected calls, and guide the establishment of the digitalized information management system to ensure timely referrals from the MRC call centre to the team under the CMH at IGMH.
2. *Prevention:*
   - A technical team of psychosocial counsellors, guided by practicing psychologists and psychiatrists, to develop sets of messages that cover all the priority areas of prevention discussed under the "solutions" section with a particular attention to the needs of most at-risk groups such as women living in violent homes, children and adolescents at risk of abuse and neglect or self-harming, migrant workers in temporary relocation and the elderly.
   - A team of professional communication specialists to review the messages developed by the psychosocial counsellors and advise on how each message should be designed and delivered from a communication point of view. The messages will be making using of various media tools such as audio, video, drama, family comedy, etc. and transmitted and disseminated through the appropriate channels incl. radio, TV, social media, and community networks.
3. *Online Psychosocial Counselling:*
   - Recruitment and capacity building of 30-50 volunteers,
   - Establishment of protocols for handling calls,
   - Establish a supportive supervision mechanism to provide close support and assure quality of support,
   - IT equipment for audio recalling of all online calls,
   - technical assistance to set up an inter-agency information management system to ensure timely referrals to specialized services.
4. *The Centre for Mental Health (CMH) at IGMH:*
   Creation of a virtual specialized team of the professional psychologists and psychiatrists in the Maldives, covering Male' and all regions. In the case of significant increase in the number of patients requiring professional support, the CMH may consider hiring additional professional from abroad to expand the virtual team under the supervision of the CMH.

The specific needs of the **health care facility of the HPSN** component are:

The HPSN is located in the island of Guraidhoo, with a population of 1,580 according to Census 2014. The island has one Health Centre on which the entire island population must rely for healthcare. The Health Centre has very basic healthcare services, such as administering daily medications to patients, monitoring vital signs and administering oxygen, which cannot cater to the needs of a patient in critical care. It has only two Medical Officers and no specialist doctors. There are no diagnostic services available and

no capacity to provide physical therapy or psychosocial support for the island population. In case of any serious health issues or emergencies, patients must travel to the capital Male', at times in dangerous weather conditions for sea transport. If an outbreak were to occur in the island and spread within HPSN, individual patients would require critical care and would need to be transferred to Male' by sea. With the start of the monsoon, this is not feasible at all times, and may become further difficult if there is a local down across the country that requires attention. The capacity of Male hospitals are not adequate to cater to the demand of the city itself if the current outbreak escalate in the capital. Thus, the government is trying to establish decentralized management of severe cases outside Male. When established HSPN Center will offer support to other critical cases in the island community during such dire season.

The inhouse facility of the HSPN itself is not equipped to cater to any emergency, critical or intensive care. At present, its 192 patients are catered to by 1 Medical Officer, 1 Nurse (with 2 vacant posts) and 2 Physiotherapists. The post of 1 Psychiatric Doctor also remains vacant, as recruitment of professionals for small islands is a challenge. All the care workers, helpers and administrative staff are locally hired from the island. If proper prevention and management measures not in place, these front-line workers are put at higher risk of community transmission with in HPSN and the island.

Given this situation, the HPSN needs to improve its preparedness for the worst-case scenarios. As such under this component UN agencies together with Government is seeking to upgrade the health care facility within HPSN to provide emergency and critical care through acquisition of essential equipment and medicine supplies to develop ICU capacity within the facility. In addition, capacity building of the staff on COVID-19 prevention and management along with development of Standard Operating Procedures will be given importance in order to build resilience to address the chance of surviving a potential COVID-19 outbreak, and any potential future health crises, within the institution.

IV. How does this collaborative programme solve the challenge? Please describe your theory of change.

Describe programme approaches, methods, and theory of change, and explain why they are the appropriate response to the problem. State results and interim solution(s) you are proposing. Please highlight how the solution(s) is data driven; if it employs any innovative approaches; if it applies a human rights-based approach[10] and how is it based on the principle of "build back better". [1,500 word limit]

The programme's overall goal is to reduce the negative impact of COVID-19 on mental and physical wellbeing of the most vulnerable in the country. The programme has identified two major gaps in the system, because of which the most vulnerable groups in the community may be negatively impacted. These two gaps are the:

- limited human resource capacity to address mental health and psychosocial support (MHPSS) as well as logistical challenges in reaching decentral levels due to wide geographical spread of the islands,
- limited preparedness of the HPSN which is vital state care institution to respond to medical emergencies if an outbreak occurs.

The pathways of change to achieve the overall goal is to focus on increasing access to MHPSS services by improving human resource capacity and expanding the services and increasing the supply of essential medical resources for the strengthening preparedness of vital state institution in the event of an outbreak. In both tracks, future resilience

[10] Please refer to OHCHR COVID19 Guidance

is being built to support the community to deal with both the impact from the COVID-19 outbreak, and any future shocks faced by the country. The degree of adjustment and change which will be needed to build back better from the impacts of the pandemic will require strengthened resilience and capacity for adaptation by the community.

Critically, the expertise and accessibility of mental health services will be sustainably enhanced from the intervention which increases opportunities for the broader population to engage productively in the community without discrimination, and ensuring that no one is left behind. Services will be targeted to the means most relevant for various groups. For example, in order to reach young people through their preferred means of communication and engagement, the project will draw on existing experience and outreach through local CSOs using phone apps and online chat rooms to support and assist young people in need of psychosocial support.

The two proposed components of this project will deliver their services in highly gender and age-sensitive approaches. First, the recruitment of new staff and volunteers will follow strict gender balance. Second, the training of staff and volunteers will include explicit, gender, and age-sensitive guidelines. The project managers and trainers will sensitize and guide the staff and volunteers to understand and distinguish between the needs of young and aging females versus those of young and aging males. Since the clients of the HPSN are mostly older adults, staff training and new guidelines will focus on gender-sensitive approaches to the clients. For the MHPSS, the volunteers will receive guidance on how to vary their tone and language once they obtain the basic information about the gender and age of the caller. Since it is expected that many of the callers will be from adolescent girls and boys as well as mid-age women victims of domestic violence, the volunteers will be trained in understanding and handle to the interplay of age and gender together with the home situation. Third, the project managers will be required to disaggregate reported data on clients by age and gender, along with other vital dimensions such as location, marital status, etc.

Recently, the Family Support Unit (FSU) at the IGMH has been brought under the CMH. This is a positive move that will allow the CMH to provide psychosocial counselling and support to the victims. Presently, the family counsellor from the FSU offers an initial assessment of the situation of the victim of domestic violence to determine immediate needs such as the need for safe accommodation, and assistance to complete official forms. The implementation of the current project proposal will emphasize the provision of psychosocial assessment of the victim of domestic violence followed with the required professional psychological and or psychiatrist support.

UNICEF and WHO through global experiences and long-term engagement bring value addition to the ongoing response of the government in this area. Through these interventions, the UN will be supporting both immediate response, as well as improving the national capacity of the MHPSS, and the HPSN. These interventions would constitute the beginning of policy changes that will enable sustainable cumulative improvement in the wellbeing of vulnerable groups.

There are two underlying theory of change of this programme is as follow:

1. If immediate investments are made to strengthen the human resource capacity for MHPSS and quality of care in the Maldives, then an increasing number of vulnerable people will improve their resilience to stress and shocks which will have a direct positive impact on future economic and human capital recovery, and contribute positively towards efforts to strengthen the national mental health system and reduce stigma related to mental health issues overall.
2. If essential medical equipment are made available to HPSN, and after training of the health staff on COVID-19 prevention and management, and emergency standard operating procedures are developed and utilized, then, the likelihood of some of the most vulnerable people in society including geriatric patients, those suffering from severe mental illness, will have a better chance of surviving a potential COVID-19 outbreak, and any potential future health crises, within the institution

V. Documentation

Attach/provide hyperlinks to documents/analysis prepared at the UNCT level with government counterparts to assess the potential cumulative impacts of COVID-19. Please

indicate if the UNCT has completed and posted the National Plan for Combating COVID-19 on the WHO partner portal. [1,500 word limit]
The UN, through the Resident Coordinator (RC), is working closely with the Government of Maldives to ensure that response mechanisms developed are well coordinated, respond to Government priorities, and contain specific and tangible policy actions in response to the pandemic's social and economic impact. The UN's response is guided by the UN Secretary-General's report on "Shared Responsibility, Global Solidarity: Responding to the socio-economic impact of COVID-19" launched on 31 March 2020.

The UNCT has convened two working groups in order to identify and propose measures for mitigating the impact of COVID-19 in the Maldives, and adjust UN programming accordingly:

1. The first outcome of the ***Health & WASH Working Group*** is the CPRP, which has been uploaded to the Partner's Platform. The CPRP continues to evolve as the crisis has changed. The Government and national health authorities are finalizing the financial cost of the CPRP which is still under development. Additional information that may be required beyond that on the Platform can be readily sourced from health authorities as needed.

2. The first outcome of the ***Socio-Economic Working Group*** is a joint assessment of the socio-economic impact of COVID-19 from available data. It is presented in the format of the *UNSDG framework for a Socio-Economic Response to COVID-19* (due for launch 28 April). The paper is designed to influence Government policy actions in the socioeconomic spheres to ensure a human rights approach, that no one is left behind, and that immediate measures taken by the Government to address the health crisis do not impact on the recovery of the Maldives and its ability to build back better. The paper "*Addressing the Socio-Economic Impact of COVID-19 on the Maldives: Measures to reduce the impact of the health crisis on the most vulnerable and sustain progress towards the 2030 Agenda"* is expected to be published on 28 April. Draft is available as requested.

3. A number of assessments have been launched to identify data in a range of areas considered to be most vulnerable. The first results of these assessments are expected to flow by end May 2020. Wherever possible, the UN system will conduct assessments jointly, to maximize the outcome of the findings and coverage of the assessed populations, and minimizing the impact on Government partners (such as line Ministries and the National Bureau of Statistics) for launching the surveys. Where assessments are not consolidated, such as the case for specific sectors or thematic areas as part of a broader regional analysis, the RC is working closely with the UN system actors to ensure that the assessments are complementary, add value, and do not duplicate other proposed activities or results.

The current UN interventions are phased according to the results expected, as illustrated below.

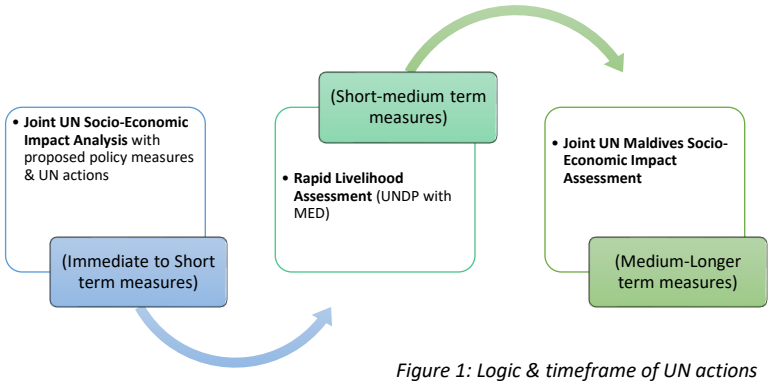

Figure 1: Logic & timeframe of UN actions

1. **Rapid Livelihood Assessment**

This assessment will determine the level and nature of impact of the crisis on employment and Micro-Small and Medium Enterprises (MSMEs) in order to develop a timely response plan to those directly affected. Led by UNDP, this assessment is in conjunction with the Ministry of Economic Development and is expected to be complete by mid-May 2020.

2. **Joint UNCT Socio-Economic Impact Assessment**

The assessment will support the Government of Maldives to assess the impact of COVID-19 and support the recovery efforts in a systematic and holistic manner. The assessment will cover a broad range of issues, including impact on livelihoods, employment, physical and psychological health impact and access to goods and services. The focus will be on the marginalized and vulnerable populations to assess the COVID-19 impact on their lives. It will propose restoration interventions to help reduce inequalities across different groups thereby contributing to the "leaving no one behind" objective of the SDGs. Expected to be completed by end June 2020.

3. **Assessment of safe practices, livelihoods and coping strategies**

This assessment will survey 1000 households to identify safe practices, livelihoods and coping strategies in response to the COVID-19 pandemic. More information will be available when the final TORs are issued**.** The World Bank is leading this assessment based on a standardized model used in a number of countries, and will be available in late 2020.

4. **Assessment of the impact of COVID 19 on Fishery & Agriculture, and Food systems**

This assessment will review the impact of the pandemic on fishery, agriculture and food systems in the region. The methodology is under development and will provide both country level and sub-region data to analyse how COVID-19 has impacted food security in the region. The results will be used to strengthen national capacity in Agriculture extension services to expand production and Support GoM to introduce new high yielding varieties of traditional crops such as cassava, sweet potato and other vegetables to the farmers. The methodology is part of a two year FAO Technical Assistance Project. FAO is conducting this assessment in countries in the sub-region, in cooperation with the Ministry of Fisheries, Marine Resources and Agriculture for the Maldives. The results are expected in 2021.

5. **Rapid Impact Assessment of the consequences of COVID-19 on women's and men's economic empowerment**

A rapid impact assessment survey focusing on economic empowerment issues – from changes in employment status, to changes in income and remuneration, to changes in the use of time within the household. It was designed for deployment in Asia-Pacific countries but will now be deployed globally for international comparability. The assessment is conducted by UN WOMEN, and will be rolled out globally.

VI. Target population

Describe and estimate the direct users of the solution and potential impact on beneficiaries. Be explicit on who has established the need (plans, national authorities, civil society, UN own analysis, or citizens). [1,500 word limit]

The following are conservative estimations of the target population and direct beneficiaries. The UN and national partners will further refine the estimates once the proposed

services are in place. The Government, through a coordinated consultation across all line ministries and the President's Office, has identified this area of need as the most significant in the social sector at the given time, and requested support from the UN through the funds allocated to the Maldives from the MPTF Response and Recovery Fund. The need is identified as a policy in the Government's Strategic Action Plan[11], namely to *Ensure mental health is socially accepted, promoted and protected, and people with mental disorders have access to high-quality care, and are free from stigmatization and discrimination.*

UN agencies have identified the need for improved MHPSS through its broader analysis of the sustainable development agenda in the Maldives. In the Common Country Assessment published on 9 March 2020, despite the universal financial cover for health care cost of the Maldivians, access to health care, particularly for those with disabilities, mental health and long-term condition remain a significant challenge in the country, particularly for those living in the Atolls. The women, elderly, children, migrants and PWDs were identified as being at high risk of being left behind in the Maldives, with persons with disabilities being more likely to live in poverty than those without. Their right to a dignified life, non-discrimination and inclusion is severely affected with the lack of services and enabling social and physical environment. Further, mental health issues and disabilities were identified as public health risks. The recruitment, training and placing of specialised and skilled health workers were identified as critical to addressing these challenges.

Furthermore, the UNICEF-supported multidimensional poverty index (MPI), finalized in late 2019, showed that around 28 percent of the overall population lives in multidimensional poverty in the Maldives as per the DHS 2016-17. More than 90 percent of these people live in the Atolls and islands outside the capital Male', therefore making them more vulnerable to the current social distancing measures, sudden drop in income (which for women is mostly of informal nature), and general anxiety and uncertainty of the spread of the Coronavirus in the Maldives.

The prevention component of MHPSS, through well-designed and effectively delivered messages, will target all the population in the age group from 15 years and above (estimated 447,487). The online counselling will be accessible to everyone from 18 years and above (estimated 423,820). UNICEF estimates that around 25,000 people (roughly 5% of the population) will directly benefit from the expanded MHPSS through the tele- and online counselling and the professional psychological and psychiatrist counselling, particularly those in remote islands and Atolls who have thus far not benefitted from equitable access to quality mental health care services will be able to finally access services, an important step in ensuring no one is left behind.

The Home for People with Special Needs (HPSN) is currently caring for a total of 192 (161 psychiatric patients and 31 geriatric patients). All 192 are targeted to benefit from quality improvement in the services. Furthermore, the improvement of this residential care facility will create an ICU capacity in the facility to cater for patients at a time in need of critical care when transfer to facilities in Male' may not be feasible. With adequate training, HPSN staff will be in a better position to mitigate the spread of the virus in the Centre and in the island.

Given the disproportionate burden of the lockdown, school and workplace closures, and the current stress created by COVID-19 on women, children, and young people, the UN and national partners will make special efforts to remove gender and age barriers to accessing the services under this project proposal. Close monitoring of the information generated by the project will guide the UN and national partners in ensuring no gender or other inhibition of access.

[11] 2018 Govenrment of Maldives, Strategic Action Plan, 2019-2023

VII. Who will deliver this solution?

List what Recipient UN Organizations (RUNOs) and partners will implement this project and describe their capacities to do so. Include expertise, staff deployed, as well as oversight mechanisms that determine the monitoring and evaluation (M&E) arrangements and responsibilities. Use hyperlinks to relevant sites and the current portfolios of RUNOs so the text is short and to the point. [1,500 word limit]

UNICEF will provide overall coordination of the mental health component of the proposal. The Mental Health Cluster (MHC) of the National Emergency Operations (NEOC) is a temporary setup to address COVID-19 mental health issues. Although, MHC is not reflected in the below table, UNICEF will work in collaboration with MHC to ensure the project is well coordinated with in all stakeholders

Solution	RUNO	Lead agency	Responsibilities	Partners
Overall Coordination	UNICEF	Centre for Mental Health (CMH), IGMH	Recruit and supervise a project coordinator	
Developing Prevention Messages.	UNICEF	MRC	Develop sets of messages covering all priority areas of prevention.	CMH, WHO
Communication design, production, and dissemination of prevention messages	UNICEF	MRC	Transform the technical messages from the psychosocial counsellors into audios, videos, drama, family comedy, etc. and disseminate using all types of media.	CMH, WHO
Recruitment of 30-50 volunteers	UNICEF	MRC	Provide and supervise manpower required for online counselling	CMH
Establishment of protocols for handling calls	UNICEF	MRC	Ensure the existence of the technical and operation SOPs.	WHO, CMH
Online training of the volunteers	UNICEF	MRC	Build the capacity of the volunteers attending to the online calls.	UNICEF, WHO
Provision of IT equipment for audio recalling of all online calls	UNICEF	UNICEF	Provide the required hardware for recording online conversations.	
Creation of a specialized virtual team of professional psychologists and psychiatrists in the Maldives, covering Male and all regions	UNICEF	CMH	Build an expanded real as well as a virtual team of psychologists and psychiatrists to provide quality care.	
Technical assistance to establish an inter-agency information management system to adequately track and follow up on cases	UNICEF	UNICEF	Create a simple yet effective system to register and track any cases that might need further assistance or referrals to other service providers	CMH, MoH, MRC, WHO

WHO will lead the component on strengthening the preparedness of HPSN and support in procuring the equipment and supplies.

Provision of Medical Equipment for setting up ICU capability in HPSN	WHO	WHO	Undertake assessment of required medical equipment to establish HDU/ICU beds, and procure medical equipment	Ministry of Health, Ministry of Gender, Family and Social Services
Provisions of medical essentials/other supplies	WHO	Ministry of Health	Identify stock gaps for essential needs in HPSN, procure medical essentials and supplies	Ministry of Gender, Family and Social Services
Technical assistance for capacity development of key staff in HPSN	WHO	Ministry of Health, Ministry of Gender, Family and Social Services	Providing the required trainings for staff and medical officers in HPSN and development of SOPs	IGMH

References: COVID-19 SOP of Ministry of Health: http://www.health.gov.mv/Uploads/Downloads//Informations/Informations(292).pdf

Cover Page

Contacts	**Resident Coordinator or Focal Point in his/her Office** **Name: Ms. Catherine Haswell** **Email: catherine.haswell@un.org** **Other Email: catherine.haswell@usa.net** **Position: Resident Coordinator** **Telephone: +960 778 7115** **Skype: catherine.haswell**	
Description	*The Programme seeks to improve the national response towards vulnerable groups by expanding the Mental Health and Psychosocial Support Services and increasing the preparedness of one of the vital state care facility that houses at-risk communities.*	
Universal Markers	Gender Marker**:** *(bold the selected; pls select one only)* a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) **Make a significant contribution to gender equality and/or the empowerment of women and girls;** c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.	
Fund Specific Markers	**Human Rights Based Approach to COVID19 Response** *(bold the selected)***: Yes**/No Considered OHCHR guidance in proposal development UN OHCHR COVID19 Guidance	
	Fund Windows *(bold the selected; pls select one only)* Window 1: Enable Governments and Communities to Tackle the Emergency **Window 2: Reduce Social Impact and Promote Economic Response**	
Geographical Scope	**Regions: South Asia** **Country: Maldives**	
Recipient UN Organizations	WHO Focal Point Name: Dr. Arvind Mathur Designation: WHO Representative Email address: mathura@who.int	UNICEF Focal point: Name: Munir Safieldin, PhD Designation: UNICEF Representative Email address: msafieldin@unicef.org

Implementing Partners	Maldivian Red Cross, IGMH, Centre for Mental Health, Ministry of Health, Ministry of Gender, Family and Social Services
Programme and Project Cost	
Comments	
Programme Duration	**Start Date: 4 June 2020**
	Duration (In months): 5 months
	End Date: 3 October 2020

Budget	**WHO**	**UNICEF**	**Amount**	**Comments**
Budget Requested	**192,465**	**107,535**	300,000	7% OSH 21,000
In-kind Contributions	50,000	10,000	60,000	To be fundraised
Total	**242,465**	**117,535**	**360,000**	

Results Framework

INSTRUCTIONS: Each proposal will pick a window. As part of the proposal the agencies, funds and programme will develop an outcome, outcome indicators, outputs and output indicators that will contribute to the achievement of the selected proposal outcome.

Window 2: Proposal outcome					**Outcome Total Budget**
	2.1 **The resilience of most at-risk persons affected by the collateral impact of the COVID-19 pandemic in the Maldives is improved as a result of the expanded capacity of service providers to deliver timely and quality mental health and psychosocial support services.**				**$ 107,535**
		Baseline	**Target**	**Means of verification**	**Responsible organisation**
Outcome Indicator [Max 2500 characters]	2.1a # of trained MHPSS volunteers and counsellors on PSS including Gender and GBV per 10,000 persons	Trained personnel: to be established	Trained personnel: 30-50 new MHPSS counsellors	Records from MRC, IGMH, training report	**UNICEF**
	2.1b % of persons calling in to seek MHPSS services who receive timely and quality assistance from a trained PSS worker or counsellor within 24h	Baseline to be established	100 %	Monthly reports collected from service providers; hotline data; feedback from beneficiaries' supervision reports	
Proposal Outputs	2.1b.1 **At-risk women, elderly persons, children and young people, migrant community, persons with disabilities and persons at risk receive tailored mental health and psychosocial care messages and have adequate avenues to give feedback on received services**				
	2.1a.1				

	At-risk women, elderly persons, children (girls/boys) and young people (girls/boys), migrant community, persons with disabilities and persons at risk access quality community-based mental health and psychosocial support services in a gender and age sensitive manner				
Proposal Output Indicators	2.1a.1a Output indicator 1 **# of people reached by MHPSS related messages, disaggregated for men, women, age groups and nationality**	Zero	447,487	Social media tracking, TV, radio watching/listener data	
	2.1b.1a **# at-risk women, elderly persons, children and young people, migrants, persons with disabilities and persons at risk provided with community-based mental health and psychosocial support services**	estimated 400 persons per month (mainly those in quarantine/ isolation)	25,000 over six months	Monthly reports collected from service providers; hotline data; IM system	
	2.1b.1b **Inter-agency information management system supporting and tracking the mental health services established, disaggregated by sex, nationality and age groups**	No formal mechanism exists	Information management system on referral and cases updated daily	Regular reports generated for analyzing progress	
	2.2 Critical care capability increased within HPSN during a potential COVID-19 outbreak, and any potential future health crises, to cater for Vulnerable people in society including geriatric patients				**Outcome Total Budget** **$ 192,465**
		Baseline	**Target**	**Means of verification**	**Responsible organisation**
Outcome Indicator [Max 2500 characters]	2.2a Low mortality from COVID-19 at the HPSN Add outcome indicator (it may be a relevant SDG indicator)	0	<4%	Data from the health centre	**WHO**
Proposal Outputs	2.2a.1 COVID-19 prevention and management services established in HPSN				
Proposal Output Indicators	2.2a.1a Number of people in the HPSN visiting the health care clinic in the center Add New Output Indicator	**0**	194	Project/ monitoring report	**WHO**

SDG Targets and Indicators

Please consult Annex: SDG List
Please select no more than three Goals and five SDG targets relevant to your programme.
(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
☐	SDG 1 (No poverty)	☐	SDG 9 (Industry, Innovation and Infrastructure)
☐	SDG 2 (Zero hunger)	☐	SDG 10 (Reduced Inequalities)
☒	SDG 3 (Good health & well-being)	☐	SDG 11 (Sustainable Cities & Communities)
☐	SDG 4 (Quality education)	☐	SDG 12 (Responsible Consumption & Production)
☒	SDG 5 (Gender equality)	☐	SDG 13 (Climate action)
☐	SDG 6 (Clean water and sanitation)	☐	SDG 14 (Life below water)
☐	SDG 7 (Sustainable energy)	☐	SDG 15 (Life on land)
☐	SDG 8 (Decent work & Economic Growth)	☐	SDG 16 (Peace, justice & strong institutions)
☐	SDG 17 (Partnerships for the Goals)		

Relevant SDG Targets and Indicators
[Depending on the selected SDG please indicate the relevant target and indicators.]

Target	**Indicator # and Description**	**Estimated % Budget allocated**
Target 3.4	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	**65%**
Target 5.2	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	**35%**

Risk

What risks and challenges will complicate this solution, and how they will be managed and overcome?
(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) **Please enter no more than 3.**

Event	**Categories** Financial Operational Organizational Political (regulatory and/or strategic)	**Level** 3 – Very High 2 – Medium High 1 - Low	**Likelihood** 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low 1- Not Likely 0 – Not Applicable	**Impact** 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	**Mitigating Measures** (List the specific mitigation measures)	**Risk Owner**
Risk1 Issues with Supply Chain, medical equipment delivery delayed	*Operational*	*3*	*5*	*4*	- Identify products that can be locally sourced - Use WHO supply links	WHO
Risk 2 Limited number of volunteers and organizations participate in trainings	*Operational*	*2*	*4*	*5*	- Undertake quick assessment of potential trainees - Introduce flexible working arrangement to attract female volunteers - Provide Incentive packages to attract and retain volunteers	UNICEF
Risk 3 Online counsellors might not have adequate skills to support vulnerable populations	*Organizational*	*2*	*4*	*4*	- Close follow-up by the technical supervisor, more frequent audits of calls. - Peer-support system among support providers - Have a pre-requisite criterion, and close scrutiny of volunteers against established criteria.	UNICEF

Budget by UNDG Categories

Budget Lines	Fiscal Year	Description [OPTIONAL]	UNICEF	WHO	Total USD
1. Staff and other personnel	2020	• Staff time for expert training of counsellors • Staff time for training of health care providers at HPSN in IPC, critical care and refresher for bedridden elderly care etc.	10,000	10,000	20,000
2. Supplies, Commodities, Materials	2020	Medicines and consumables required for the ICU facility in HSPN		10,874	10,874
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020	• Equipment for the call online services; audio-recording of calls, and other IT equipment • ICU equipment for HSPN - ICU Ventilator ($56,667 x 2), oxygen Concentrators, steam sterilizers, suction machines, defibrillator, ABG machine, pulse oximeter, patient monitors, air mattresses	10,500	159,000	169,500
4. Contractual services	2020	1 coordinator; 1 supervisor; 50 volunteers; 5 resource people for training (national and international); professional communication consultants, IM system development	80,000		80,000
5. Travel	2020		0	0	
6. Transfers and Grants to Counterparts	2020		0	0	
7. General Operating and other Direct Costs	2020		0	0	
Sub Total Programme Costs			**100,500**	**179,874**	**280,374**
8. Indirect Support Costs * 7%			7,035	12,591	19,626
Total			**107,535**	**192,465**	**300,000**

** The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient*

organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.

Signatures

E-Signature/validation through the system or email from the RC confirming submission