

## **PROJECT PROFILES**

### **Health**

*Maldives Partnership Forum III  
23-24 March 2009*

## PROJECT SUMMARY

<b>Project Title:</b> Establishing a monitoring mechanism for chemical use	
<b>Implementing Agency:</b> Centre for Community Health and Disease Control / Ministry of Health and Family	
<b>Geographic Coverage:</b> All atolls	<b>Target Groups:</b> National
<p>Maldives imports a large quantity of chemicals for commercial and domestic use and chemical poisoning and exposure incidents are on the rise. The community is currently polluted with hundreds of industrial chemicals with little or no understanding of the consequences. Data on chemical poisoning in the country indicate that in the year 2007, 22 people have sought medical treatment at Indira Gandhi Memorial Hospital. This is a gross underestimate of the problem as nation wide data on this is not available.</p> <p>Due to introduction of new farming methods and large scale production of crops, pesticide use has increased in the Maldives. Once these pesticides are used they often have other side effects because the poisons enter the food chain. In addition chemical use in fibreglass boatbuilding has increased in usage with the growing industry.</p> <p>The use of dangerous chemicals without proper monitoring mechanism has presented a challenge. The short and long term implication of contamination of the food chain, water and air and implication for health needs establishment of monitoring mechanism. Furthermore with the increase use of different types of chemicals in the workplace it is also important to create greater awareness in the community in order to limit the use of chemicals.</p>	
<b>Objectives</b>	
<ol style="list-style-type: none"> <li>1. Establishment of national monitoring mechanism for safe use of chemicals</li> <li>2. Community education on the safe use of chemicals</li> </ol>	
<b>Estimated Budget</b>	
<b>Component Details</b>	<b>Est. Cost (US\$)</b>
1. Developing standards for chemical and pesticide use in the Maldives	10,000
2. Training of chemical safety inspectors in each atoll	100,000
3. Producing materials and launch community awareness campaign	20,000
4. Creation of a national chemical database regulation mechanism	10,000
5. Training of doctors familiarized with case management guidelines	100,000
6. Testing for pesticide residues at MFDA	100,000
<b>TOTAL</b>	<b>340,000</b>

## PROJECT SUMMARY

<b>Project Title:</b> Operationalisation of a Day Care Center		
<b>Implementing Agency:</b> The Department of Gender and Family Protection Services (DGFPS) / Ministry of Health and Family		
<b>Geographic Coverage:</b> Male' urban region	<b>Target Groups:</b> Children of working parents	
<b>Background</b> Day care center will be a place in which children are safe and happy and the development needs of the child would be met, while their parents are at work. Appropriate measures would be taken to make it a nurturing environment that will encourage development of the children cognitively and physically. The center will provide numerous opportunities for children to experience pleasure and delight & to deal with different kinds of group dynamics. This will be a place where parents feel confident to leave their children while they work. Few day care centers were established in Maldives by private parties in 2006 -2008, however, due to high running costs and high entry fee per child in relation to the salary scale of parents, these centers were not affordable for average working parents. A site to establish the day care center is yet to be identified.		
<b>Opening Hours</b>		
<b>Days</b>	<b>Time</b>	<b>Shift</b>
Working Days	10 hrs	Shift 1: 7.30 – 12:30pm Shift 2: 12:30pm – 5:30pm
Weekends(On Saturday)	10 hrs	Shift 1: 7.30 – 12:30pm Shift 2: 12:30pm – 5:30pm
<b>Objectives</b>		
<ul style="list-style-type: none"><li>• Since a large amount of the civil service consists of women, with the change in the official working hours, an effective child care mechanism needs to be established for parents to free themselves for work.</li><li>• It is the governments (the Department of Child and Family Protection's) responsibility to ensure the wellbeing of families and optimal child development. Hence, it is necessary for the government to take the necessary measures to ensure the wellbeing of the children &amp; families.</li></ul>		

- To ensure decent earning & living for working parents & their families, by providing quality childcare services for working parents and offering good jobs and benefits to qualified caregivers.

**Expected Outputs:**

- To provide an effective day care mechanism for working parents.

## PROJECT SUMMARY

<b>Project Title:</b> Privatising Drug Rehabilitation Services (treatment centres) of Maldives	
<b>Implementing Agency:</b> Department of Medical Services	
<b>Geographic Coverage:</b> Maldives	<b>Target Groups:</b> Drug addicts in the Maldives
<p>Drug abuse has emerged as one of the biggest challenges that threaten the social, political and economic health by depriving us of the most productive age group of our population. (Thus increasing the crime rates and social problems to the extent where if any immediate action is not taken, it might be a difficult crisis to control. As this has been a national concern the government has taken initiatives to assist those who are its victims in their reintegration into mainstream society by accessing drug users to treatments and rehabilitation facilities.</p> <p>Under the current administration's pledge on "closing the doors for drug abuse" 7 regions have been identified and therefore, there is a plan to establish 7 Regional Drug Rehabilitation Service Centres in each of these provincial administration centres. Hence, privatisation and provision of good quality treatment facilities for drug addicts, would address the escalated drug abuse situation among children and youth in the Maldives</p>	
<b>Objectives</b> <ul style="list-style-type: none"><li>• Providing regional and atoll level treatments to addicts</li><li>• Providing easy services and information to the families &amp; well wishers of the addict</li></ul>	

## PROJECT SUMMARY

<b>Project Title:</b> Development of a Drug Rehabilitation Facility in the Maldives	
<b>Implementing Agency:</b> Health and Family Directorate, Upper North Province in collaboration with Drug Rehabilitation Services, Department of Medical Services/Ministry of Health and Family	
<b>Geographic Coverage:</b> Upper Northern Province, Maldives	<b>Target Groups:</b> Drug addicts
<b>Background</b> <p>Drug abuse is a complex and multifaceted problem facing the whole nation, cutting across all age groups and social strata. In the Maldivian context, hardly a community or a family is free from its harmful effects. In 2003, a Rapid Situation Assessment (RSA) of the drug abuse situation in the Maldives revealed the seriousness of the situation and highlighted the need for coordinated action for drug control.</p> <p>At present, the age group of drug users in Maldives ranges from as young as 9 years to as old as 60 years. It is estimated that about 30% of all Maldivians use drugs at some point in their lifetime. Among them, 8 % get addicted to some form of drugs (NNCB, 2008).</p> <p>Drug abuse is also closely linked to the rising rate of thefts and robberies in the capital and other large islands. Jail authorities unofficially estimate an 80% prevalence of drug addiction among inmates.</p> <p>And for these reasons the current government of Maldives has pledged the nation ‘to close all doors for drug abuse’ and it remains a high priority inclusive in the 5 pledges of the current administration.</p>	
<b>Objectives</b> <p>The project objectives include:</p> <ul style="list-style-type: none"><li>• Establish a new Regional Drug Rehabilitation Centre (RDRC) to strengthen drug rehabilitation services in the country</li><li>• Improve access to drug rehabilitation services at the Upper Northern Province</li><li>• Build technical capacity of locals in providing quality drug rehabilitation services</li></ul>	

### Estimated budget

Due to the scope and size of the project the financing requirements are divided into 2 phases. As such phase 1 involves estimated cost for the construction of the Regional Drug Rehabilitation Centre /RDRC and estimated cost for utilities and other essential service provision and Phase 2 involves the estimated cost for the construction of the vocational and educational training center, cost of furniture, capacity building for service provision, and the cost for operationalising the vocational and educational training center.

<b>Budget Components for phase 1: Establishing RDRC</b>	<b>Est. Cost (US\$)</b>
RDRC infrastructure development cost	1,835,706.70
Cost of utilities & other essential facilities at RDRC	1,301,200.00
<b>Budget Components for phase 2: Establishing Vocational &amp; educational centre</b>	
Infrastructure development cost for vocational & training centre	615,629.8
Expenses for technical capacity building	641,069.38
Cost for operationalising vocational & training centre	50,380.63
Contingency	222199
<b>TOTAL</b>	<b>4,666,185.84</b>

### Expected Outputs:

- Urgent need to establish a Drug Rehabilitation Services (DRS) center in the Northern Province of the country. The center should provide adequate space for vocational and educational training.
- Technical Capacity building for service provision at DRS
- In collaboration with NGO's, formulate and Implement awareness programs to clients, their relatives and the general public.

## PROJECT SUMMARY

<b>Project Title:</b> Establishment of International Trauma Treatment Centre at South Province and Cardiac Treatment Center at Upper Northern Province.		
<b>Implementing Agency</b> Ministry of Health and Family		
<b>Geographic Coverage:</b> South Province and Upper Northern Province	<b>Start Date:</b> Immediate	<b>Business Model:</b> Private Public Partnership
<b>Background:</b> <p>The Maldives islands are spread over an area of the Indian ocean measuring 850km N-S and 120km E-W. Some 313,968 people (2007 census ) live on about 200 islands out of a total number of 1,190. At current rates of growth the natural increase of the present population will add 18000 new inhabitants to the island's population within the next five years, a figure that excludes the additional growth that will result from capable of meeting around 50% of the hose needs. In additional to this, there is an increasing number of expatriate workforce &amp; tourist population in the country.</p> <p>Hospitals in capital &amp; peripheral levels (atoll levels) provide general health care services to this population. Currently, due to the inadequacy of specialized health services available locally for trauma &amp; heart conditions, Maldivians travel abroad for these two specialized health care treatments. The government of Maldives subsidizes the cost of the health care treatment taken abroad by Maldivians health care services that are not available locally. However, due to the expensive nature of these treatments &amp; additional costs associated with travelling abroad, heart &amp; trauma patients and their families still bear a huge amount of out-of-pocket medical expenses when they go abroad for these specialized health services. Hence, for ensuring affordability &amp; accessibility to crucial and life saving health services like Cardiac &amp; Trauma health treatment, it is imperative to establish such specialized health treatment centers in different regions in the country.</p>		
<b>Objectives:</b> <ul style="list-style-type: none"><li>• Meet the existing and forecast demand for residents &amp; tourists in Maldives for specialized cardiac &amp; trauma treatment</li><li>• Supplement the existing secondary and tertiary medical services</li></ul>		



available in both the Southern and Upper Northern Province (in capacity and medical specializations).

- Provide employment opportunities and economic growth to Southern and Upper Northern Province
- Retention of foreign currency in Maldives
- Introduce avenue for Medical tourism

**Beneficiaries:**

- Whole Population (Maldivians, expatriate employees & tourists) in Maldives
- Health care practitioners
- Tourists

**Expected Outputs:**

- Establishment of International Trauma Treatment Centre at South Province and Cardiac Treatment Center at Upper Northern Province

## PROJECT SUMMARY

<b>Project Title:</b> Implementation of International Health Regulations (IHR, 2005) in Maldives	
<b>Implementing Agency:</b> Centre for Community Health and Disease Control / Ministry of Health and Family	
<b>Geographic Coverage:</b> Male' Urban Area	
<p>Maldives is obliged to comply with the IHR that went into force in June 2007. All member states of the World Health Organisation adopted the revised IHR in 2005 with the purpose of preventing, protecting, controlling and providing a public health response to the international spread of diseases in ways that are commensurate with and restricted to public health risks, while avoiding unnecessary measures against international traffic and trade. According to the regulations, member states need to make necessary preparations for implementation of IHR (2005) within two years of its entry into force.</p> <p>Maldives has conducted the port assessment in December 2008 as part of the preparedness for the implementation of IHR. There is a need to train front line health care workers including health workers, laboratory personnel, port health workers, medical staff and public health officers on field epidemiology, outbreak investigation and response, and infection control. Upgrading of laboratories and stocking of laboratory equipments in the atolls for timely specimen collection and transport for investigation are required. Establishing of quarantine and medical screening facilities in the ports is a necessity in addition to maintaining antiviral and Personal Protective Equipments (PPE) stocks in the atolls. Also, appropriate legislations for IHR implementation including port health act, quarantine act and relevant regulations are required.</p>	
<b>Objectives</b>	
<ul style="list-style-type: none"> <li>• To comply with the IHR 2005 within the time frame provided, in order to fulfil the national and international obligation</li> <li>• To strengthen country capacity for early detection, reporting, verification, notification, response and containment of risks or Public Health Emergencies of International Concern (PHEIC)</li> </ul>	
<b>Estimated Budget</b>	
<b>Component Details</b>	<b>Est. Cost (US\$ mil)</b>
Establishment of a quarantine facility in Male' International Airport	0.35
Upgrade of IGMH laboratory for PCR testing	0.04
Procurement of laboratory equipments for 5 Regional Hospital labs	0.02
Postgraduate level training on epidemiology	0.02
Training of 10 HCWs from atolls	0.13
Port health training for 10 port health workers	0.045
Recruit a consultant for development of legislations for 3mths	0.006
<b>TOTAL</b>	<b>0.611</b>

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## PROJECT SUMMARY

<b>Project Title:</b> Health and Social Insurance	
<b>Implementing Agency:</b> Ministry of Health and Family	
<b>Geographic Coverage:</b> All atolls	<b>Target Groups:</b> National
<b>Background:</b> <p>Health care in Maldives has been much centralised with only two major hospitals, both of which are located on the capital island of Male'. The resulting transport costs and rural living standards have meant that dependence on government welfare assistance is extensive and is poorly targeted and tedious for the clients. As a result, and with the government's pledge to provide affordable health care, the need for a universal health insurance system has become a priority. However, there is a lack of insurance providers who can cater to the unique context of the national health care system and with the capacity to serve the adequate client base.</p> <p>Additionally, the national Pensions System (a defined contributions scheme) being in the pipeline has created the need for other insurance plans including pensions annuities and disability insurance.</p>	
<b>Objectives</b> <ul style="list-style-type: none"><li>• Provide a system of social protection which is affordable, convenient and sustainable.</li><li>• Increase the financial sustainability of the Social Protection system by recovering appropriate user fees from beneficiaries.</li><li>• Provide Health insurance for an estimated population of 300,000 across 200 islands.</li><li>• Provide pensions/annuities, disability insurance for an estimated working population of 130,000.</li></ul>	

## PROJECT SUMMARY

**Project Title:**

Community based Intervention on Non-communicable Disease Risk Factors

**Implementing Agency:**

Center for Community Health and Disease Control (CCHDC)

Justification

With the ongoing societal transition non-communicable diseases (NCD) are becoming a major cause of morbidity, disability and mortality in Maldives. This societal transition is manifested by urbanization, physical inactivity, changes in diet and substance use including tobacco. This high prevalence of risk factors is evident from the NCD risk factor survey conducted in Maldives in 2004.

As NCDs constitute the burden of mortality and morbidity in the Maldives it is important to address effectively their risk factors and determinants. Experience from other countries show that population-based approaches aimed at reducing the level of risk factors in population, are effective in preventing NCDs. When considering sustainability similar demonstration projects in Indonesia and India has shown substantial reductions in risk factors in the community and corresponding cost of morbidity/mortality averted. Also they have shown that it is feasible with in medium resource settings. As the interventions are community centered it has the potential for positive externalities that can impact overall community health. Because the intervention levels are structured to be thematic it lends to ease of implementation and greater focus.

In the context of Maldives this project can be easily replicated in future target islands with any lessons learnt. The project also can bring visibility to health promotion efforts. There are also options for further development by including other risk areas other than NCD with in a community intervention perspective.

Target population area

6 major islands with a population above 4000 will be chosen for implementation. A baseline risk factor survey shall be conducted for a randomly selected population and a post intervention risk factor assessment will be conducted to determine impact of community-based interventions. Following are candidate islands for the intervention project.

1. Thinadhoo- Gaaf Dhaal atoll
2. Hithadhoo- Seenu atoll
3. Kuludhufushi- Haa Dhaal atoll
4. Gan- Laam atoll
5. Fuamulaku- Gnaviani atoll
6. Hulhumale- Male atoll

### Time frame

The proposal is aimed at initiating long-term community-based intervention and covers its initial period aimed at community mobilization, and involvement in planning, implementation and monitoring of the integrated NCD prevention activities. Subsequently community is supposed to identify other/ generate own resources to sustain the project. Therefore a time frame of three years is envisaged.

### Process of Implementation

Given the limited resources available at CCHDC to conduct actual implementation of this activity it is proposed to announce locally for suitable NGOs to conduct implementation. The NGO will be selected based on the level of expertise in this area as well as experience. Community leaders who are knowledgeable with basic nutrition, physical activity and NCD self care will be trained to lead community advocacy, nutrition and physical activity sessions.

### Expected outcomes

- 1) Commitment of the community, stakeholders, health providers and other partners to strengthen action aimed at integrated prevention of major NCD risk factors
- 2) Knowledge, attitudes and skills of community to prevent major NCD improved;
- 3) Community-based action aimed at integrated prevention of major NCD strengthened.
- 4) Community empowered to develop and sustain the project with some assistance of CCHDC

### Monitoring and evaluation of project

1. Baseline NCD risk factor assessment
2. Documentation of the success and failures
3. Assessment of involvement of different stakeholders
4. Community resources generated (e.g. people trained)
5. NCD risk factor assessment post intervention period to ascertain reduction.

### **Objectives**

To launch a medium- term integrated community- based intervention program for the prevention of major NCD in selected target population area of Maldives.

**TOTAL ESTIMATED COST (US\$)**

**593, 000**

## PROJECT SUMMARY

<b>Project Title:</b> Operationalisation of Child & Family Drop-In Centres in Maldives	
<b>Implementing Agency:</b> The Department of Gender and Family Protection Services (DGFPS) / Ministry of Health and Family	
<b>Geographic Coverage:</b> National	<b>Target Groups:</b> Children at risk and vulnerable youth
<b>Background</b>  <p>Gender-Based violence is one of the most pervasive human rights violations and public health problems in the world. In 1993, the Republic of Maldives signed the convention on the elimination of all forms of discrimination against women (CEDAW). In 2007 the former Ministry of Gender and Family with UNICEF, UNFPA and WHO, conducted the first ever nationally representative, quantitative research on domestic violence in the Maldives</p> <p>Child and Adolescent Drop - In Centers (CADIC) Aims to create a safe place where children of various ages can take part in activities that are fun, encourage positive development and social integration. When there is a CADIC which provide services that fill the spare time of children, the parents will have confidence that their children are protected and supervised when they are participating in the CADIC activities.</p> <b>Project Justification and Benefits</b>  <p>Given the increasing rate of child abuse and crime rates in the Maldives, CADIC will provide a safer environment for children and parents to engage in positive development and social integrational activities. The centre will concentrate on vulnerable and at risk children and adolescence, and provide the opportunity to address their problems and overcome them in an effective manner.</p> <b>Project Description</b>  <p>The project would help to provide therapeutic &amp; life skill activities that will help those children &amp; adolescents who are living on street and without parental care to spend their time in an effective way. The project would target 20 children and youth, aged 5-18 years of age.</p>	

## Activities

Several structured & unstructured activities will be organized at the centre including:

- Unstructured:
  - Passive- supervised space for socializing, Listening to music, etc
  - Active - art, sports, participation in other CADIC activities.
  
- Structured:
  - Passive – presentations and professional assessments on range of topics, etc
  - Active – life skill training, homework support, personal development, targeted social events, etc

## Opening Hours

Days	Time	Shift
Working Days	4 hrs	Morning 10:00am – 12:00pm Afternoon 2:00pm – 4:00pm
Weekends(On Saturday)	4hrs	Afternoon 2:00pm – 6:00pm

## Objectives

The main objectives of this project include:

- Providing a safer place for children & adolescents to spend their spare time with meaningful activities.
- Helping the target children & adolescents to study and provide chances to develop their skills.

**TOTAL ESTIMATED COST (US\$)**

**33, 002**



## PROJECT SUMMARY

<b>Project Title:</b> Strengthen capacity for health services		
<b>Executing Agency:</b> Ministry of Health and Family		
<b>Geographic Coverage:</b> National	<b>Start Date:</b> Immediate	<b>Target Groups:</b> National
<b>Goal:</b> Protect human health from climate change-related vector-borne diseases.		
<b>Objectives</b>  1: <i>Undertake integrated vector management (IVM) to prevent climate change related vector-borne diseases.</i>  2: <i>Develop the capacity for early diagnosis and establish effective disease and vector surveillance system for planning and response.</i>	<b>Activities</b>  1. Conduct inter-sectoral consultations and agree on roles and responsibilities of government agencies and island/atoll councils in IVM. 2. Educate public on elimination of vector breeding grounds and other vector control measures. 3. Assess the economic implications of current and emerging climate-related vector-borne diseases and cost to society. 4. Strengthen capacity of island, atoll, regional and national healthcare services on their respective roles in oversight, management, implementation and/or monitoring of the IVM program.  1. Develop and orient service providers on case definitions, detection, reporting and standard operating procedures on vector-borne diseases. 2. Improve tracking and reporting of vector-borne diseases cases to facilitate timely response to outbreaks and mitigate their impact. 3. Strengthen laboratory capacity for early diagnosis. 4. Train atoll level health care worker/community on vector surveillance. 5. Strengthen monitoring and evaluation and, operational research capacity to assess effectiveness of innovative strategies and interventions.	
<b>Financial Resources:</b> US\$ 950,000		

## PROJECT SUMMARY

**Project Title:**

Technical capacity building for Decentralizing health and family protection services, including NGO's

**Implementing Agency:**

Ministry of Health & Family

**Geographic Coverage:**

Maldives

Decentralization is one of the most common health sector reforms initiated in developing countries. It significantly improves health sector performances, also improves health services delivery with particular attention to the poor and vulnerable groups. Decentralizing health care includes, increasing local ownership and accountability, improving community participation and responsiveness to local needs, strengthening integration of services at a local level, enhancing the stream lining of services and promoting innovation and experimentation.

To date, for tertiary health care services, the county is depending on IGMH, which is the government hospital located in the central level in Maldives. Due to the lack of transport and expenses the poor and vulnerable groups from the islands are facing problems accessing care at IGMH in a timely manner. Even in the family protection side, crucial services like the main rehabilitation services are focused in the central region (eg: methadone clinic, drug community services etc)

The new government has decided to decentralize and form seven provinces. One of the main obstacles to successful completion of the regionalization policy is adequate technical expertise at regions. Also, as it is not possible to train locally in most of the required technical fields in the sector. It is imperative to urgently address the need to build technical expertise, at regional levels by collaboration/partnership agreements with donors in health and family protection services.

These areas includes:

- Health services/Hospital management & Professional Managerial Skills
- Information & communication Technology
- Biomedical Engineering
- Strategic Planning & Policy formulation planning
- Health information Management (Statistic, Epidemiology, Surveillance)
- Social work and psychosocial rehabilitation
- Social services management
- Social Protection systems development
- Institutional care management
- Community based rehabilitation for people with special needs

**Objectives**

- Ensure successful regionalisation of Health and Family services.
- Build human resources capacity at regional levels such that quality, efficient and effective health and family protection services are provided at regional levels
- Promoting innovation and experimentation in this sector at regional levels

**Expected Outputs**

- Technical capacity of health and family protection services at regional levels improved and strengthened to provide quality effective and already available services to public