

# Morocco

## Country programme document 2012-2016

The draft country programme document for Morocco (E/ICEF/2011/P/L.10) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

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Basic data<sup>†</sup>

(2009 unless otherwise stated)

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Child population (millions, under 18 years)	11
U5MR (per 1,000 live births)	38
Underweight (% moderate and severe, 2003-2004)	9
(urban/rural, poorest/richest)	6/12 3/15
Maternal mortality ratio (per 100,000 live births)	130 <sup>a</sup>
Primary school enrolment (% net, male/female, 2008)	92/87
Survival rate to last primary grade (% , 2007)	76
Use of improved drinking water sources (% , 2008)	81
Use of improved sanitation facilities (% , 2008)	69
Adult HIV prevalence rate (%)	0.1
Child labour (% , children 5-14 years old)	8
Birth registration (% children under 5 years, 2000)	85
(urban/rural)	92/80
GNI per capita (US\$)	2 790
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	98

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<sup>†</sup> More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

<sup>a</sup> 110 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see [www.childinfo.org/maternal\\_mortality.html](http://www.childinfo.org/maternal_mortality.html).

### Summary of the situation of children and women

1. Morocco has a population of 31.6 million and is experiencing demographic changes which increase the proportion of adolescents and youth. Despite its estimated gross per-capita national income of \$2,790 per year, placing it in the middle-income category, it has failed to progress up the Human Development Index (HDI) because of structural problems with access to the most vulnerable members of the population. There are major challenges because of disparities, mainly between rural areas (home to 43 per cent of the population) and urban areas, but more particularly between the richest 20 per cent (with 30 per cent of national income) and the poorest 20 per cent (with 2 per cent of national income). As an example, illiteracy stands at 34 per cent in urban areas but 67 per cent in rural areas; preschool enrolment stands at 65 per cent in urban areas but under 36 per cent in rural areas; the poverty rate is 4.7 per cent in urban areas but 14.2 per cent in rural areas. Disparities are also seen in the enjoyment of the right to information, despite more diverse supply, including Arabic and Amazigh media. Significant disparities also remain between men and women. With a Human Development Index of **0.567** and a gender **inequality index** of **0.693** Morocco is a middle ranking country. In **2011**, women account for 15 per cent of the current Government positions, **9.5 per cent of elected members of the parliament**. In **2009** women account for 19.7 per cent of judges (compared to 17.3 per cent in 2003). In **2010**, according the High

**Commission of Planning**, the employment rate was **26.7** per cent for women and **73.3** per cent for **men**.

2. Morocco is on track to achieve the Millennium Development Goals, although inequalities remain. Health indicators are improving, but show wide disparities: the infant and child mortality rate is three times higher for the poorest lower quintile than for the richest upper quintile (79 deaths per thousand live births as against 26 deaths per thousand live births). The under-five mortality rate remains high (38 deaths per thousand live births), chiefly because of neonatal mortality, which accounts for two thirds of that figure. The proportion of under-fives who are underweight is 10 per cent. The main causes of child mortality are infections, diarrhoea, pregnancy-related complications, difficult access to treatment and lack of financial resources, failure to use health-care services and the low proportion of gross domestic product devoted to health care (5.8 per cent in 2008, compared to 5 per cent in 2001). Maternal mortality remains very high, at 130 per 100,000 live births, and is 43 per cent higher in rural areas than in urban areas.

3. The right to education has been furthered through major reforms in connection with the National Education and Training Charter (2000-2009) and the 2009-2012 Emergency Programme. However, challenges remain in terms of governance, quality and access to the education system for the most vulnerable children. As an example, 35 per cent of fourth-year primary pupils possess basic mathematics skills. In 2009, the proportion of pupils attending secondary school (ages 12-14) was 44 per cent. In rural areas, the figure is only 16 per cent for girls, compared with 22.5 per cent for boys. Primary and secondary schools suffer from weak internal effectiveness, with 340,000 pupils dropping out every year. The proportion of pupils who repeat at least one school year is 47 per cent at primary level and 68 per cent at secondary level. The proportion completing school is 76 per cent at primary level and 48 per cent at secondary level. Only 17 per cent of pupils in non-formal education progress to formal or vocational education.

4. While Moroccan legislation is now largely in line with the Convention on the Rights of the Child, weak implementation leaves children, particularly the most vulnerable, still exposed to various abuses and violations of their rights. More than 172,000 children aged 7 to 15 work, 70,000 live in institutions though they are often not orphaned, 6,500 are abandoned at birth each year, and 10,000 are identified as having suffered serious violence. Those in positions of responsibility find enforcing rights difficult, because of inadequate support structures, lack of public funds to protect children and limited monitoring and evaluation.

5. In consolidating the social policy reform begun a decade ago in Morocco, particularly against the background of the world economic crisis, it has become regularly apparent that efforts must focus urgently on the poorest if social indicators are to improve. However, current methods of measurement only provide a gauge of poverty and vulnerability in financial terms; they ignore social factors and therefore stand in the way of accurate targeting of efforts. Work is under way to analyze budget resources, diversify human development measures and harmonize social policies. Morocco has achieved significant progress in decentralization in fields including local issues. The new community charter adopted in 2009 increased communities' responsibility for incorporation of children's rights into planning and managing local development. What is still needed is capacity building for elected officials and a transfer of responsibilities backed by sufficient community income.

Paralleling these measures is the major step in local governance brought by the regionalization project launched by the King on 3 January 2010. Morocco is demonstrating great political will and is working to improve handling of emergencies. The current greatest threats are flooding **and earthquakes**.

## **Key results and lessons learned from previous cooperation, 2007-2011**

### **Key results achieved**

6. Four of the key results of the 2007-2001 cooperation programme deserve to be singled out, as they open the way to strategy changes with direct effects on the lives of children, particularly the most vulnerable. Following concerted advocacy by UNICEF, and efforts to improve basic staples, nutrition was recognized as a public health issue, leading to a national nutrition strategy including the promotion of breast feeding. This achievement was backed by UNICEF technical support, which helped in the development of a strategy to reduce neonatal mortality and mother-to-child transmission of HIV.

7. The second result relates to the right to education. The strategic framework for education reform included many innovative steps supported by UNICEF: quality initiatives (in preschool, primary, secondary and non-formal education); training evaluation, regional and local curriculums; regional and local modules for teaching integration; evaluation and certification methods; a psycho-social competency framework, and arrangements for teaching life skills development (primary, secondary and on-formal education), providing Morocco with an innovative framework of “Schools of Respect”, a concept extended regionally with the support of the UNICEF regional office.

8. To further the pursuit of a protective environment for children, the first national forum on social policies and the rights of the child, held in May 2009, consolidated the achievements of the child protection programme and resulted in the conclusion of an agreement with the High Commission for Planning and the National Observatory of Child Rights to improve the production, analysis and dissemination of strategic data on childhood as key components of the future development of social policies sensitive to the rights of the child, as recommended in the recent report on Morocco of the Committee on the Rights of the Child.

9. In connection with local development, the pilot experiment for participatory planning strategy at community level supported by UNICEF was institutionalized by the Government through the new Charter adopted in 2009. Communities must establish community development plans using the tools and methods developed as part of the UNICEF-Morocco cooperation programme, for example, the community information system. The Ministry of Internal Affairs uses other development agencies to help communities throughout the country to establish development plans.

### **Lessons learned**

10. The significant legislative reforms adopted continue to have a limited effect on the lives of the population because of inconsistent implementation. Particular effort

should be devoted to building the capacity of those in a position of responsibility to be aware of the laws adopted and to implement them.

11. Pilot experiments for participatory planning strategy at community level and models for improving the quality of education were institutionalized and extended in coverage through mechanisms operating at central, regional, provincial and local levels and local capacity building based on training and action. This process were time-consuming, and stretched over two cooperation cycles.

## **The country programme, 2012-2016**

### **Summary budget table**

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	890	5 200	6 090
Basic education and adolescent development	1 159	5 200	6 359
Child protection	967	4 366	5 333
Local development and child and youth rights	1 199	5 200	6 399
Social policy, monitoring and evaluation	1 301	2 600	3 901
Cross-sectoral costs	529	3 434	3 963
<b>Total</b>	<b>6 045</b>	<b>26 000</b>	<b>32 045</b>

**Approximately 60 per cent of the total budget will be used for upstream work (see paragraph 15). 40 per cent of the budget will be used to support implementation of national policies in the field of which 50 per cent of the Oriental region, 25 per cent for Sous Massa Draa, 25% for Marrakech Tensift Al Haouz region.**

### **Preparation process**

12. Following the mid-term review of the UNICEF-Morocco cooperation programme and the United Nations system-Morocco cooperation programme (United Nations Development Assistance Framework, UNDAF), the Ministry of Foreign Affairs and the United Nations Resident Coordinator led a joint analysis of the comparative advantages of the system and of the common country assessment (CCA). That analysis served as the basis for a number of consultations between United Nations system representatives in Morocco and national partners, followed by preparation of the UNDAF. The CCA and UNDAF were used by UNDP, UNFPA and UNICEF to prepare their country programme documents, which were presented jointly for approval to the national authorities.

### **Programme and component results and strategies**

13. The aim of the programme is to speed progress towards the Millennium Development Goals and the establishment of a protective and fair environment for all children in Morocco, particularly the most vulnerable. The guiding principles behind the action taken will be a human rights focus, integration of gender equality

and a sustainable environment. Implementation strategies will include capacity building at all levels; communication for development; the development of new strategic partnerships; knowledge management, including risks and their determining factors; advocacy; convergence of action; preparedness to respond to humanitarian situations and South-South cooperation.

14. The cooperation programme, which covers three strategic areas of intervention (strengthening of basic social services, creation of a protective environment, decentralization) is aimed at: (a) providing improved access for vulnerable people to quality maternal, neonatal, post-neonatal and nutritional care in two regions and ensuring greater equity in health programmes and policies; (b) providing access to equitable and better-quality basic education on a sustainable basis, especially for disadvantaged children and adolescents; (c) providing better protection for vulnerable children, in particular those without a family and community, from all forms of violence, abuse and exploitation and reducing their vulnerability; (d) ensuring that the rights of children, adolescents, young people and women, especially the most vulnerable, are taken into account in the system of local government and that programmatic responses aimed at reducing inequality of access to such rights are developed in the context of local public policy convergence; (e) ensuring that the development, implementation and evaluation of social policies for children are based on data and evidence-based analyses and supported by effective communication and advocacy leading to social change and positive behaviour, including optimal targeting and budgets and legislation that are sensitive to the rights of the most vulnerable children.

15. Apart from the strategic actions to be conducted at the national level, this cooperation programme identifies three main geographical areas of action and convergence for the education, child survival, local development and child protection programmes: the Sous Massa Draa, Marrakech-Tensift-Al Haouz and Oriental regions. They were selected because of their high poverty rate, poor performance in the areas of education, health and nutrition measured against relevant indicators and as a result of commitments entered into between the Government and UNICEF and donors. The relative rural poverty rates in these regions are 18.3 per cent, 13 per cent and 15 per cent, respectively (national average: 14 per cent). The primary school dropout rates in those three regions are 4 per cent, 5 per cent and 4 per cent, respectively (national average: 3 per cent). The repeat rates are 14 per cent, 14 per cent and 13 per cent, respectively (national average: 12 per cent). The child survival component of this cooperation programme is to be implemented only in the Sous Massa Draa and Marrakech-Tensift-Al Haouz regions, where the proportions of underweight under-fives are 15 per cent and 22 per cent, respectively (national average: 10 per cent). Support for the National Programme to Combat HIV/AIDS to extend coverage to prevent mother-to-child transmission of HIV will be provided in five regions where the epidemic is widespread among sex workers, injecting drug users, men who have sex with men: Sous Massa Draa, Marrakech-Tensift-Al Haouz, Casablanca, Tanger-Tétouan and Rabat-Sale-Zemmour-Zaer. At the national level, the cooperation programme will help develop advocacy, strategic information on children, policies and strategies, standards for service delivery and relevant assessment tools, capacity-building for those in positions of responsibility and legislation and budgets sensitive to child rights.

### **Relationship to national priorities and the UNDAF**

16. The components of this cooperation programme are directly linked to the five priority areas of the UNDAF: (a) strengthened gender equality in education and training and improved quality of education and training; (b) improved health and nutrition, including mother and child nutrition, especially in underprivileged environments; (c) inclusive and egalitarian socio-economic development; (d) strengthened governance; and (e) environmental protection, disaster prevention and natural disaster risk management. The vulnerable groups targeted by the UNDAF are women and children, young people and the inhabitants of rural and peri-urban areas. Preparedness for and response to humanitarian situations is a common thread that runs through all components of the cooperation programme. The UNDAF priorities are aligned with the five focal areas for the future identified in Morocco's report on fifty years of human development and with national sectoral strategies.

### **Relationship to international priorities**

17. This cooperation programme, which was developed on the basis of the Paris Declaration principles, has a direct link with the priorities of the medium-term strategic plan. It will contribute to the implementation of both the Convention on the Rights of the Child (to which Morocco no longer has any reservations) and the Convention on the Elimination of All Forms of Discrimination against Women. It aims at accelerating the achievement of the Millennium Development Goals. Morocco is at the crossroads of three major cultures (the Arab world, Europe and Africa), is also committed to South-South cooperation as a means of implementing the cooperation programme.

### **Programme components**

18. **The child survival component** has two subcomponents: equitable access to health care for the mother and child, and child nutrition. The programme will contribute directly to reducing maternal and child mortality in two regions that are behind schedule with respect to implementation of the Millennium Development Goals and developing more equitable national health policies, including policies on preventing HIV/AIDS among children, adolescents and young people.

19. The strategic areas of intervention will be human rights, with special emphasis on equity, capacity-building for health-care professionals for an improved level of care and management of maternal and infant health programmes at the central government level and in the two target regions, and care of vulnerable children with nutritional disorders. Other implementation strategies are aimed at promoting enhanced equity for an improved targeting of people with limited access to health care, enhanced partnerships with potential actors such as the Food and Agriculture Organization of the United Nations (FAO), in the area of nutrition, and non-governmental organizations, in the area of community health, and by building on the achievements of the communication for development programme and advocacy.

20. **Basic education and adolescent development** has two subcomponents: equitable access to quality education, including for vulnerable children, and adolescent development. Quality education (preschool, primary, secondary, formal education) will entail the establishment of a system of quality formal education, introduction of

innovative teaching approaches and aids (management of schools, overhaul of curriculums with the introduction of psycho-social and instructional support and teaching methods, especially for children with learning difficulties; quality standards in the context of child friendly schools) and capacity-building for those providing support. This will cover the most disadvantaged children and adolescents (girls, children in rural, peri-urban or remote areas) with special needs (handicapped, street, imprisoned or abandoned children, children of nomads or migrants). School governance will be pursued as part of quality education through capacity-building for school principals, the provision of in-school management, monitoring and evaluation mechanisms and tools, improved responsiveness of the school to its environment and community participation. Priority will be given to capacity-building at the central government level and also to the provision of support to the Ministry of Education in implementing its policies in three regions. Adolescent development (a cross-cutting theme for the whole cooperation programme, covers children aged 10 to 19) will focus on enhancing participation, developing psycho-social abilities, and non-formal education, development of life skills, access to protection services, new information and communication technologies and sports and cultural activities as a way of preparing pupils for a smooth transition to adulthood.

21. **Child protection** comprises two subcomponents: behaviour and social change and strengthening of national child protection systems. The protection programme aims at fostering a protective environment where girls and boys, in particular those without a family and community, are protected from various forms of violence, abuse and exploitation. The programme will focus on national capacity-building to promote a global approach combining prevention with assistance with a view to bringing about a change in social norms and practices by emphasizing the protective role of the family and local community and enhancing the social protection of the family and children.

22. Thus the strengthening of national systems of child protection will include actions that the State is primarily responsible for: the political commitment to ensure the right to protection, enact the appropriate legal framework and ensure its implementation and provide for basic social services. Every effort will be made to develop the skills needed to carry this out.

23. **Local development and the rights of children and youth.** Moroccan community authorities enjoy a great latitude in the area of social and human development; as a result, most of the problems of children, adolescents and youth will be addressed at the local government level pursuant to national policy. The programme is aimed at mainstreaming the rights of children, adolescents, young people and women, including the most vulnerable, into policies and programmes at community level. They are a concerted effort aimed at encouraging community authorities to contribute to the realization of girls' and boys' rights by establishing appropriate responsive programmes under the community development plans and bringing about coordination and convergence of the activities of ministries on the ground. This programme has two subcomponents: (a) providing support for scaling up community-level participatory and gender-sensitive planning; and (b) implementing the "child- and youth-friendly community" initiative to build on the results of community-level planning and fostering a protective environment for children and young people. The establishment of community-level children's and youth councils will be replicated to promote wider participation and will be linked



with national initiatives, including the children's parliament. Following the universal introduction of the community planning approach, the Direction générale des collectivités locales (local government department) launched a broad campaign to popularize this approach under the 2009-2015 national decentralization programme; UNICEF supports the implementation of this programme.

**24. Social policies, monitoring and evaluation.** Two subcomponents will be developed: analysis and evaluation of social policies, monitoring and evaluation, and knowledge management. This programme aims at improving the analysis of social policies in the light of the underlying principles of the rights of the child, identifying the existing shortcomings and promoting evidence-based advocacy in order to address such shortcomings with the aim of realizing the rights of the child, adolescents and young people and mainstreaming such rights into all Government policies. It also aims at enabling factually based outreach and advocacy through cross-cutting knowledge management, monitoring and evaluation action, thus bringing about positive behavioural changes. The following initiatives will be supported: (a) mainstreaming of multidimensional child poverty analysis, building on the results of the 2007-2011 cycle and the results of activities undertaken, including under the agreement between UNICEF and the High Commission for Planning; (b) review of the State budget with the rights of the child in mind; (c) identification and analysis of social protection policies to ensure that they include special measures for vulnerable people, including poor families with children; (d) assessment of Government policies through supporting data collection and analysis; (e) support for information systems and national assessment capacity-building; (f) regular reporting on unfulfilled rights of the child in order to bring about positive measurable changes at the policy level, changes in behaviour and relevant social norms; (g) factually based planning and programme adjustments through cross-cutting knowledge management, monitoring and evaluation action.

**25. Cross-sectoral costs** cover the management of and support for the implementation of the entire programme and will be aimed at promoting efficient management in order to create the best possible environment for the implementation of all the components of the project, while reducing related costs. Specifically, this component will promote efficient governance, effective management systems and efficient financial and human resources management. It includes support for day-to-day UNICEF office activities (management, finance, supplies, information and communication technology, human resources management, administration).

### **Major partnerships**

26. The Ministry of Foreign Affairs and Cooperation will coordinate activities undertaken with its technical partners, including the Ministry of Education, Ministry of Health, Ministry of Internal Affairs, Ministry of Justice, Ministry of Youth, Ministry of Social Development and Ministry of Finance. The new strategic partnerships built with the High Commission for Planning, the National Observatory of Child Rights, Parliament, the Higher Council for Education and the Council on Human Rights will lead to early advocacy for a comprehensive policy. **Partnership will be developed with the newly created inter-ministerial Delegation on Human Rights.**

27. Local governments and NGOs will continue to be key actors in the realization of rights, especially the rights of the most vulnerable people who are barely covered by **national** policies. The media, academia and the private sector will play an

increasing role, including in knowledge management, communication and resource mobilization.

28. UNICEF will participate proactively in all initiatives to enhance the coherence of the activities of the United Nations system in Morocco, including the simplified UNDAF process, UNDAF action plan, joint programmes, common communication strategy and annual and midterm reviews of the UNDAF action plan.

**Monitoring, evaluation and programme management**

29. Monitoring and evaluation will be a priority. A partnership will be built with the National Observatory on Human Development, the High Commission for Planning, the monitoring and evaluation departments of sectoral ministries and the *Association marocaine d'évaluation* to strengthen this component. The partnership with those bodies in the area of monitoring and evaluation will make it possible to gather strategic information that will inform more equitable national policies. A complete assessment of at least two components of the cooperation programme will be undertaken during the cooperation cycle.

30. The management of the cooperation programme will be under the supervision of the Ministry of Foreign Affairs and Cooperation, with input from the partners involved in the programme's implementation. The sectors responsible for spearheading the implementation of the cooperation programme components will coordinate activities within their areas of competence. Associations, NGOs and private-sector stakeholders will participate in these coordination mechanisms.

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