

Morocco

Update on the context and situation of children

2020 was marked by the unfolding of the **COVID-19 pandemic** and related socio-economic consequences. As of end 2020, Morocco accounted for a total of 439,193 cases of COVID-19 and 7,388 deaths with an average mortality rate of around 1.7%. In order to address the crisis, the government has timely set up an Economic Watch Committee and a special fund (about 3.7 billion USD) was allocated for the national response. The economic growth in 2020 was heavily impacted by both the COVID-19 crisis and the drought with a contraction of 5.8%.

An analysis done by the WB indicated that over 10 million people would be at risk of poverty if the right mitigation measures were not in place. Simulations from UNICEF-OPM/PEP study showed as well that the child monetary poverty would drop from 1.86% in 2019 to 5.10% in 2020 due to the impact of COVID-19. Geographic and social disparities persist and at risk of deteriorating further given the current crisis. The COVID context has highlighted the need to address geographic disparities; regions with the lowest rate of population per medical doctor had higher case deaths. Similarly, regions with higher informal and vulnerable labor sectors have seen their unemployment rates worsen significantly.

The ongoing demographic transition resulted in the decrease of the number of children to 11.1 million (49% are girls), representing 31% of the population, against 33.6% in 2014. This transition represents an opportunity is well seized. However, the National Observatory of Human Development study shows that the NEET youth population represent around 28.5% of the 15-24-year-olds (about 1.7 million of youth). In addition, the unemployment rate increased from 9.2% in 2019 to 12.3% in 2020, registering a sharp increase among women by 15.6% and among young people aged 15 to 24 years by 33.4%.

The COVID crisis has greatly affected the access to basic health care; during the confinement, the 32% of children under the 5 required a vaccination but 12% did not benefit from it. The 7% of women in need of pregnancy checkups or prenatal and postnatal consultations, but 26% were unable to benefit from these services (33% in rural areas). In this context, approximately 0.3 billion USD from the COVID-19 fund were allocated to finance the national health response and significant investments has been made during 2020 in the public health sector to respond to the crisis. These investments accelerated a pre-existing trend of increasing national health systems strengthening with net improvement in health coverage (one health facilities for 2,353 inhabitants in 2018, compared with one facility per 11,815 in 2014) and the number of secondary health facilities (158 in 2018 vs 120 in 2000). However, Morocco is still under the 23 WHO minimum requirements with 7.1 doctors per 10,000 habitants.

Moreover, the COVID crisis has brought to the surface the need to invest more in the health systems, in terms of infrastructure as well as human resources, and the urgency strengthening the demand side and improve access to quality and affordable health care. The upcoming vaccination campaign against COVID-19, targeting 80% of the population is the main challenge for the next period.

In Education, some progress was made with improved enrolment rates, notably through the achievement, in 2019-2020, of a pre-school coverage of 72.5%. At college and secondary levels, the enrolment rate for children age 12-14 and 15-17 was of 94.2% and 69.6% respectively in 2019/2020, compared to 91.8% and 66.9% in 2018/2019. However, dropout and repetition rates have increased, especially at the college/high school level, with a rate of 9.7% nationally. Unfortunately, due to the COVID-19, during the confinement, 6 out of 10 students in school reduced their time spent studying, 83.5% of preschoolers did not take distance classes (95% in rural areas), and 9.5% of students have completely abandoned distance education because of the postponement of exams.

Online education through the Telmid TICE platforms was extended throughout the year to public education institutions. The COVID crisis has led to the acknowledgement of the importance of increasing funding for national education, to improve quality education and school availability in rural areas, including addressing the digital gap for children in these areas.

The COVID crisis accelerated the social protection reform. Important efforts were made to achieve the expand basic medical insurance coverage to 70% and the coverage of child benefits to 50% of Moroccan children through cash transfers (contributory, 27% and non-contributory, 23%). Nevertheless, 30% of the Moroccan population is not covered by any health insurance and 50% of children do not benefit from any cash transfer especially children in informal sector households. Social services for the most vulnerable population, including children victims of violence and/or deprived of family care, continue to suffer from low funding, inadequate social work forces, high fragmentation and weak governance. The result is poor outcomes, low coverage or exclusion of certain social categories, such as people with disabilities and migrants.

To cope with the COVID crisis, 1.7 billion USD from the COVID fund enabled the government to quickly roll out a social assistance emergency programme (Operation Tadamoun consisted of an average of 100 dollars transfer per month per HH over a period of 3 months) to support 5.5 poor and vulnerable households (about 16.9 million beneficiaries and an estimate of 4.9 million children). In parallel, 2.7 million private sector employees that lost their salary benefited from 3.5 months cash transfers of 220 USD.

The COVID-19 pandemic led the Government and the Royal Palace to set new deadlines for the full implementation of Universal Health Insurance (2022) and Universal family allowances (2024). The Royal directives included also the extension of contributive pensions and unemployment benefits by 2025, accompanied by harmonized governance of social assistance and the acceleration of the deployment of the Unified Social Registry.

With regards to investment in Youth related programmes, the year 2020 registered continued efforts to include young people's economic inclusion in the 3rd phase of the National Initiative for Human Development and the decision to promote young people employment as of 2021 through tax exemption.

Major contributions and drivers of results

The year 2020 was marked by the new reality and the challenges imposed by the COVID-19 crisis, requiring some adjustments to respond to this crisis and protect children.

Health and nutrition

UNICEF contributed to the continuity of essential health services, including for migrants and the reduction of SARS-CoV-2 transmission by procuring “low-tech” prevention items (Masks, hydro alcoholic gel...) and promoting adequate barrier measures through mass and interpersonal communication. UNICEF supported Ministry of Health (MoH) response to the pandemic and worked with the National Public Health School to support online training and distance learning programs for health care workers. 199 health workers participated in a 15-day e-course on nutrition care management and an additional 450 **workers benefitted from online training in maternal, newborn and child health**. An algorithm for pediatric Covid-19 was developed and distributed to 6000 facilities. 3.9 tons of Personal Protective Equipment (PPE) were procured and donated to MoH to contribute to their national PPE pool for protection of health professionals while national capacity for COVID-19 testing was enhanced through procurement of 46,000 RT PCR tests. IPC capacity was

strengthened in 1255 primary healthcare facilities. Risk Communication and Community Engagement (RCCE) interventions reached more than 23 million people through digital, mass media campaigns and community-based interventions with major engagement of adolescents and youth in co-creation of content and materials.

UNICEF supported access to health care for migrants through its ongoing EU-funded programme, partnering with two national NGOs to ensure continuity of care and prevention of coronavirus transmission in their operational regions. A total of 658 migrant children accessed preventive and curative health care, 756 migrant families received food baskets and hygiene kits, 222 community workers were also trained on essential family practices and COVID awareness activities focused on migrants' right to health.

UNICEF renewed its engagement towards Universal Health Coverage and the 2018 Astana Declaration highlighted the importance of primary health care to attain "Health for All". A new health programme, was initiated in collaboration with the Ministry of Interior through its National Initiative of Human Development and MoH. This tripartite programme aims at integrating scattered and costly efforts to reduce mother and child mortality and improve child nutrition by proposing a new model of primary health care at community level.

Thanks to some adjustments to overcome the pandemic constraints and the extension of the programme inception period, most deliverables were completed by the end of the year. This included the establishment of the programme governance structure at national level, the design of alternative community care models around existing maternity waiting houses, a study on positive parenting and the development of a parenting kit focused on Early Childhood. The next steps involve the testing of the models in three priority regions.

UNICEF continued supporting Key evidence generation activities especially in the area of iodine deficiency including further analysis of survey data with an equity lens.

National survey on viral hepatitis continued in 2020 providing evidence on the impact of mandatory hepatitis vaccinations.

Education:

Access to Education

Supporting the scale-up of preschool education remained a primary focus, contributing to an increase in preschool enrollment from 57 % to 72 %. UNICEF directly supported the training of 3900 preschool teachers. UNICEF worked with the Ministry of Education (MoE) to develop a toolkit for parents to ensure continuity of development and learning for preschool age children. The kit was disseminated nationwide through media and NGOs. UNICEF also continued its support to expand inclusive education within primary schools. This included planning to target 10% of primary schools nationwide to be converted to an inclusive education model and direct support for local campaigns promoting inclusion within 4 of 12 regions. As a result, inclusive education model was supported in primary schools which doubled disabled children's access to primary education from 10,200 in 2019 to 22,240 in 2020. UNICEF also supported programmes to reach out of school children, working with 6 NGOs to provide psychosocial and learning support to 674 migrant children. Adaptation of child to child programme was supported to respond to COVID19 outbreak to ensure continuity of learning during quarantine and blended education phases.

Education Quality and Governance

UNICEF continued its work toward improving quality of education through the development of Life Skills and Citizenship Education (LSCE) based curriculum and approaches for lower secondary

education. LSCE-based teaching approaches were piloted within all teaching subjects in 30 lower secondary schools in 4 regions. UNICEF supported also MoE to develop LSCE teachers' guidance to enable continuity of learning and LSCE mainstreaming as well as addressing quality gaps in distance learning during the pandemic. Direct UNICEF support on distance learning via TV and Web Platform benefited to 1,103,600 girls and boys.

To improve vocational training programmes and school-to-work transition, UNICEF continued support for a national LSCE-based curriculum for second-chance schools. UNICEF supported capacity building within 27 schools. 7,123 adolescents and youth benefited from the new second-chance model. UNICEF also supported a national training programme for teachers in second chance schools to ensure quality of blended and distance education and provide psychological support during quarantines. Working with the Ministry of Youth and MoE, UNICEF launched a social entrepreneurship project for students in second chance schools and youth centers under the UPSHIFT programme. The programme was launched for two UPSHIFT cohorts and the first two bootcamps began in late December 2020.

UNICEF supported remodeling of WASH facilities in 87 schools and supply and distribution of IPC and hygiene items benefiting 57,060 children. 65,886 children (25,834 girls) in preschool, primary and secondary schools were provided with information on COVID safety protocols and hygiene, as well as educational IT items and material for both distance and blended learning.

UNICEF also supported the Higher Council of Education (CSEFRS) to develop a national framework for evaluation of school violence. The framework was finalized late 2020 and included tools for a national survey and analytical framework. In parallel UNICEF supported the CSEFRS to develop a national evaluation of teachers' capacities and performance. The research was supported by Innocenti and collected data on teaching capacities and provision. A national report was finalized late 2020.

Child Protection:

Justice for children

Thanks to UNICEF support in 2020, the number of children in conflict with the law who benefited from non-residential alternatives to arrest and detention increased by 20% from 13,537 in 2018 to 16,200 in 2020. UNICEF continued to support the MoJ to provide relevant training and raising awareness among justice actors. 558 magistrates, lawyers, social workers, staff members in child safeguard centers, and educators were trained on child-sensitive procedures. 13 child friendly spaces were also established within Family Courts and Criminal Courts to interview children in contact with the law.

UNICEF continued to advocate for reform of the Family Code and support to the Public Prosecution Office (PPO) in the area of eliminating child marriage. This led to enhance subnational coordination between courts and social sectors, and publication of a Circular to judges to ensure respect for the principle that the best interests of the child should govern implementation of the Family Code in matters involving child marriage.

In response to the COVID-19 pandemic, the PPO and the High Council of Judicial Power published three circulars calling for review of placements of children in detention and elimination of new placements. 633 children were released to their families between March and June 2020.

As part of children on the move -CoM- programming, UNICEF is partnering with the PPO to establish a legal procedure for guardianship and legal representation for unaccompanied and separated children. In the meantime, UNICEF continues to partner with the International Social Service and is developing a roadmap to implement sustainable solutions for CoM in line with international standards.

Child Protection System

UNICEF supports the Ministry of Solidarity (MoS) to implement the Integrated Public Policy for Child Protection (PIPEM) and its action plan. As part of this support and related Integrated Territorial System for Child Protection (DTIPE), UNICEF supported piloting a decentralized integrated system in 8 provinces including establishment of committees for child protection in 6 provinces and 8 Child Protection Support Centres (CAPE), as one stop shops, providing services for child victims of violence and providing trainings for CAPE staff, ministerial representatives and 40 NGOs.

UNICEF also supported development of tools for the DTIPE, including guidelines for child protection planning, standardized reports on child protection, SOPs for assessment and diagnosis of victims, and a protocol for multisectoral interventions and information sharing. To combat sexual violence and child marriage, UNICEF supported the MoH to improve its information systems to include an indicator monitoring sexual violence and equipping specialized units for care of child victims. The Evaluation of the PIPPEM and its Action Plan is expected in 2021 and its findings will feed the reflection on next steps beyond 2021.

In collaboration with the PPO and the International Social Service, UNICEF launched a consultation on the care of CoM focused on the best interests of children. The data collected is under analysis to develop a roadmap for the care of CoM and the development of a best interest assessment and determination (BIA/BID) mechanism. Approximately 1,000 CoM received protective services through UNICEF-supported programmes.

Alternative care

During 2020, detailed information on alternative care including a situation analysis and assessment of appropriate norms, standards and models of support was developed to accelerate creation of an evidence-based national and integrated strategy for alternative care.

Responding to the COVID19 pandemic, UNICEF supported NGOs to provide community based mental health and psychosocial support to 9400 children, parents and primary caregivers including 1096 children with disabilities. UNICEF also through NGOs supported 351 children with appropriate alternative care arrangements.

Through UNICEF support, 44 unaccompanied and separated children on the move received alternative care arrangements. Along with that, they received psychosocial, legal aid, health, education and family tracing services. They benefited from accommodations and support for socioeconomic integration. The centers stayed opened during the pandemic and welcomed 17 new children.

Social inclusion

Social protection and PF4C

With UNICEF support, Morocco made significant progress toward a comprehensive social protection system starting with operationalization of the Integrated Public Policy for Social Protection. UNICEF also provided support for temporary cash transfers to vulnerable household affected by the pandemic, including children. 5.9 million households including 4.9 Million children received three emergency transfers by the Government. UNICEF advocacy and technical support has contributed to the increase of social protection spending by USD 1.7 billion in 2020, which resulted in reducing the COVID-19 poverty impact on families and children.

The COVID-19 crisis was seized as an opportunity by Morocco to accelerate the reform of its social protection system. The King of Morocco made important decisions towards the universality of the social protection system with universal health coverage by 2022 and the generalization of family allowances to an additional 7 million children by 2023-2024.

To address the gaps of funding of social services in Morocco, including social protection, and in order

to strengthen the efficiency, effectiveness and equity of PF4C, MCO implemented, in partnership with the Ministry of Economy and Finance, a process of capacity building of national actors in FP4C area with the participation of main government actors, with specific focus on principles of PF4C, PFM, analysis of budget space and innovative financing of social services for children.

Data and evidence generation

Through phone surveys and households panel microsimulations, evidence on the socio-economic impacts of COVID-19 was made available to policy makers for informed mitigation responses. It covered the potential impacts on child monetary poverty, on access to essentials services and on the general wellbeing and mental health of children. Key gaps were highlighted such as disruption in vaccination and access to child and maternal health services, digital gaps in e-learning, HH revenue shortages and negative psychosocial effects.

UNICEF supported also ONDH in a modelling study on the impact of COVID-19 on child monetary poverty in Morocco. The main findings showed that the crisis is likely to have a significant impact on the poorest households including children. The measures proposed by the government should help mitigating some of the shock caused by the pandemic. As a result, child poverty is expected to increase by only 3.2 percentage points, compared to more than 8 percentage points without mitigation measures. In addition, the NEET study was finalized with an additional focus on the impact of COVID on these young people. Finally, UNICEF shared the SitAn report with institutional actors, civil society and international organizations, and published it on UNICEF and ONDH websites.

Risk communication and community engagement- COVID19

Communication and Advocacy efforts during the Covid19 crisis focused on improving knowledge and awareness on the rights of the most vulnerable children to ensure their protection and covered by the national response plan. Innovative approaches and platforms vis-à-vis key audiences were launched contributing to the RCCE response with a strong engagement of adolescents, youth, key media, celebrities and influencers from different domains. A new generation of campaigning was developed, several successful public advocacy initiatives carried out and the digital transformation project achieved with exceptional social media results reaching around 23 million people.

Office Management

A "Peer review" mission was organized by the Regional Office aimed to improve efficiency and effectiveness in the areas of oversight/governance, program and HR. The preliminary report was shared in February and immediate actions were taken by the office. The final report was received in December and the Action plan of recommendations is being developed.

MCO conducted under the leadership and technical support of RO the Country Programme Evaluation (CPE). This evaluation was mainly based on findings from evidence generated during the cycle, especially, the SitAn, FORSA Project evaluation, Programme MTR, Gender Programme Review. The final report is being developed and will be submitted by end of January 2021.

In 2020, MCO has launched the process of development of the CPD 2022-26, a roadmap was developed, approved by the CMT and shared with RO. However, due to the delay in the implementation of UNSDCF process, UNICEF, UNDP and UNFPA have agreed to request an extension of their current programme cycle for 2 months. This will guarantee a full alignment of the CPD with the UNSDCF as required by global guidelines and requested by Executive Board members.

MCO continued making more use of Temporary and UNV positions for filling project-specific posts. The use of proper chains of accountability and work flows within programme and operations to ensure

resources are efficiently and effectively used remained a management focus. As a result, throughout 2019 the MCO continued to largely meet global office performance indicators.

Acknowledgments These results for children could have not been achieved without the support from the Governments of the United Kingdom, Belgium, Japan, Switzerland and Morocco, the European Union, the United Nations Trust Fund for Human Security, the USAID, the Global Partnership for Education, the French and Spanish Committees for UNICEF in addition to the Governments, businesses and individuals that contributed to UNICEF core resources. Everything described above was achieved thanks to the commitment of partners in Morocco to realise the rights of every child.

UN Collaboration and Other Partnerships

The year was marked by the COVID-19 pandemic which resulted in significant changes in the ongoing programming as well as in the collaboration with UN agencies and other partners.

The UNCT came together around three pillars (Health Response, RCCE, and the socio-economic impact), and UN agencies regularly exchanged on best ways to jointly address the many challenges faced by especially the most vulnerable.

Important to note the effort to support the procurement of COVID tests by UNICEF and WHO, risk communication initiatives in collaboration with national institutions, social and national media and the development of a Policy Brief on the secondary impact of the crisis together with the WB and UNECA to analyze the medium and long term consequences of this unprecedented situation, including recommendations and priorities for action.

The partnership with the World Bank and the EU was further strengthened along the year around the ongoing social protection reform. The COVID crisis and the measures the Government put in place to assist the informal sector provided the space for improved collaboration and potential new areas of joint work, which resulted in additional funding on SP and a coherent framework of cooperation between the three. UNICEF and the EU continued reinforcing a constructive partnership and joint advocacy around migration (which resulted in additional funding for the next two years) and justice for children.

UNICEF, UNDP, UNWOMEN and UNFPA continued to support the National Observatory of Human Development on data and evidence generation, monitoring and evaluation of human development programmes and policies. One of the main results of 2020 collaboration was the finalization of NEET study with specific chapter on COVID-19 impact on youth and the launch of a study on child marriage.

A new Joint programme on Inclusive Sustainable Development Goals Financing Framework has been launched involving WHO, UNICEF and UNDP, in collaboration with the Ministry of Economy and Finance and other national institutions to support the country to align the national development framework with the SDGs agenda and put in place an inclusive SDG Financing Framework by leveraging private and public resources to finance priority SDGs with focus on resilience, social protection and universal health care.

In the framework of the Joint initiative in support to the monitoring and reporting of SDGs progress with the High Commission for Planning (HCP) UN agencies supported the finalization and presentation of the second National Volunteer Report on the SDG implementation in Morocco based on the second national consultation on the 2030 SDG agenda.

UNICEF, IOM and UNHCR continued to work closely together and in coordination with partners in support to the implementation of the National Strategy for Migration and advocated for the right of migrant and refugees' children and their families to access health, education and protection services particularly during the ongoing pandemic.

UNICEF continued to chair the UNDAF Education Results group and the inter-agencies M&E group, providing guidance and technical support especially to the ongoing UNDAF evaluation.

Lessons Learned and Innovations

From early stages of the pandemic, Morocco took quick and appropriate decisions to anticipate the negative effects of this crisis. The Country has thus succeeded in mobilizing important funds (3.4 billion dollars) and in putting in place several mitigation measures in different areas such as health and

social protection, including in particular a cash transfer to the benefit of almost 6 million households.

Within a challenging international development aid context, UNICEF Morocco succeeded in mobilizing sufficient resources to support the national response addressing emerging needs as well as advocating for the rights of children affected by the consequences of the crisis - the most vulnerable among them and supported the Government socio economic response, with emergency social protection schemes for the informal sector and poor/vulnerable households.

As elsewhere, the COVID crisis in Morocco has brought to the surface some systems' weaknesses; the timely response put in place by the Government with a number of socio economic measures to address increasing vulnerabilities and some of the most acute social fragilities has provided for an opportunity to contribute and influence further ongoing reform processes while making sure most urgent needs were met to protect children and families particularly those with limited access to information and adequate services. As additional and timely analysis of the COVID socio-economic impact is available and we all gain better knowledge and understanding of the crisis' long term consequences, and in order to ensure effectiveness and sustainability of UNICEF supported interventions, the programming for the remaining of the cycle (end 2021) was swiftly reviewed to be adjusted to the 'new reality' by integrating a COVID sensitive approach across the board. While emergency support may continue to be required, the CO has increasingly integrated COVID secondary impact focus to current programming rather than maintaining a separate and parallel stream of interventions.

More specifically, the following lessons learned were integrated to the current MCO programming and will serve as a starting point for the internal and external reflections on the new CPD:

- As the country faces a concerning economic recession (negative of 5.8% and budgetary constraints), it will become harder to advocate for additional investments in the social sectors including for children; therefore refining and strengthening **advocacy strategies at country and regional level** is of paramount importance; the relevance of advocacy strategies can only rely on additional and continued efforts in real time monitoring and evidence gathering.
- The timely social protection measures implemented by the Government benefitting 5.9 million households including those in rural and remote areas, have accelerated discussions on the sustainability and expansion of SP schemes in support of most vulnerable as well as triggered discussions and options concerning a **national universal social protection system sensitive to the impacts on children** by extending coverage of the medical insurance scheme and family allowances for all children by 2022-2024. While the SP reform process has been under way for some time, it is key to seize this opportunity to advance rapidly and provide the technical assistance needed in coordination with other partners.
- **Digital learning** has been and will continue to be instrumental to ensure continuity in the education process for all children, particularly for those most vulnerable school age children, already at risk of dropping out of school. However, distance learning will require a longer-term vision and strategy in order to ensure full and safe back to learning and continuity of education with a particular focus on reaching out to those at risk of exclusion. To ensure no one is left behind a mix of online and offline strategies may be required; adjustment of curricula to the new learning environment, appropriate monitoring and supporting systems should be in place and better outreach; investing in the capacity of teachers to manage and provide quality to their work under very different circumstances should be a priority.
- The COVID crisis has been an opportunity to facilitate the strategic **positioning of C4D**, the understanding of behavioral changes and the role of community engagement to behavioral change. The experience gained so far and the C4D/RCCE initiatives put in place together with Government

partners and civil society have demonstrated the centrality of this approach to the COVID response; it becomes therefore imperative to capitalize on these gains, reinforce community based interventions, and apply more innovative approaches and platforms;

- The **involvement of civil society** and their readiness to support local authorities has been key to the COVID response and has shown the strategic importance of strengthening this partnership and their role as service providers for the state, in coordination with subnational actors. As we move ahead, investing efforts in formalizing and strengthening this compact is of strategic importance, making sure the modality of work does not remain limited to times of crisis and ad hoc arrangements.

- Emergency initiatives in response to **the protection of the most vulnerable children** have been the opportunity to pilot elements of the child protection system reform, such as alternative care for children without parental care, street children, migrant children. The decision to close for security reasons some of the residential institutions and centers for vulnerable/ in contact with the law children or replace children in detention and reintegrate these children either back to their family with the required support has shown the feasibility and the socio-economic value of such approach. These initiatives are excellent evidence in order to influence the course of the reform and provide options to the practice of judges.

- The crisis is clearly providing additional evidence and justification to the importance of **investing in PHC services**, strengthening the capacity of health human capital and accelerating the modelling of community based health systems.

- Finally, this global crisis has shown in the case of Morocco the importance of **emergency preparedness** and the need to include crisis management throughout the decentralization reform and the specific needs of each region and age groups.