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Draft country programme document for Morocco

Proposed indicative UNFPA assistance:	$14 million: $8 million from regular resources and $6 million through co-financing modalities and/or other, including regular resources
Programme period:	Five years (2012-2016)
Cycle of assistance:	Eighth
Category per decision 2007/42:	B

Proposed indicative assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health and rights	4.5	3.0	7.5
Population and development	2.0	1.0	3.0
Gender equality	1.0	2.0	3.0
Programme coordination and assistance	0.5	-	0.5
Total	8.0	6.0	14.0

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I. Situation analysis

1. Morocco is a middle-income country. The per capita gross domestic product was $2,811 in 2009. The percentage of the population living below the poverty line decreased from 15.3 per cent in 2001 to 8.9 per cent in 2007. The country is on target to reach the Millennium Development Goals, though sustained attention is needed to reduce maternal and child mortality.

2. The Government has launched a number of initiatives to spur economic development and create employment opportunities for young people, including the **'**Plan Emergence' on industrial development; 'Plan Maroc Vert' on agriculture; and 'Plan Azur' for the tourist industry. In 2005, the Government launched the **'**Initiative nationale de développement humain' to reduce societal exclusion and precarious living situations. It has also established a consultative commission on regionalization as part of its decentralization process.

3. Religion and civil society play important roles in Morocco. The number of women elected or appointed to public office is increasing. The percentage of women in local councils increased from 0.6 per cent in 2003 to 12.4 per cent in 2009.

4. In 2010, the population of Morocco was estimated at 32 million. The annual population growth rate is 1.1 per cent. The total fertility rate is 2.04 births per woman in urban areas and 2.8 births per woman in rural areas.

5. Needs in the area of reproductive health will continue to increase, since the number of women of reproductive age is projected to increase from 8.5 million to 10 million during the period 2010-2025. In 2004, the age at first marriage was 26.3 years for women and 31.2 years for men, and the contraceptive prevalence rate was 63 per cent among married women. The age at first marriage is influenced by a number of factors, including unemployment among youth, women's literacy, girls' education and women's access to work.

6. Women's empowerment is still a challenge. Despite the reform of the family law, 47.1 per cent of women are required to be accompanied by another person during medical consultations.

7. In 2009, life expectancy was 74.2 years for women and 71.6 for men. The maternal mortality ratio was 132 maternal deaths per 100,000 live births for the period 2004-2009, compared to 227 maternal deaths per 100,000 live births for 1995-2003, with disparities between rural and urban areas. Infant mortality decreased from 47 deaths per 1,000 live births in 2004 to 37.9 in 2009, with wide disparities between the richest and poorest families. Launched in 2008, the national plan for accelerating the reduction of maternal and neonatal mortality has improved access to and the quality of obstetrical and neonatal care.

8. HIV prevalence among the general population is low (0.1 per cent). However, the prevalence rate is 2.38 per cent among sex workers and 4.5 per cent among other vulnerable groups. Breast and cervical cancers cause half of women's cancer-related deaths.

9. The percentage of the population older than 64 was 8.1 per cent in 2009. Only 16.1 per cent of elderly people (3 per cent of women and 30.4 per cent of men) receive a pension. Moreover, only 8.5 per cent of elderly women and 18.5 per cent of elderly men have health coverage. The transition to the nuclear family model as well as the unemployment and social exclusion of young people has weakened intergenerational relationships and increased the vulnerability of the elderly.

10. Approximately 9 million Moroccans are aged 10-24 years. Aside from placing increasing pressure on the job market, youth pose social, cultural and political challenges. They also offer an unprecedented opportunity for development, which can be realized through education, capacity-building, and inclusion in the decision-making process and in social, cultural, economic and political arenas. A 2010 national survey on violence against women found that young people under the age of 35 from disadvantaged groups are the

perpetrators of violence in 60 per cent of cases. The 2006 multiple indicator cluster survey revealed a wide disparity in knowledge on AIDS and sexually transmitted infections between the richest and poorest households. In response, the Government is expected to introduce a national integrated youth strategy at the end of 2011.

11. Rapid urbanization and the rural exodus caused by the implementation of sectoral economic strategies will increase the pressure on housing and basic social services and will generate environmental costs. There is a need for specific, reliable data so that the implications of these phenomena can be analysed.

II. Past cooperation and lessons learned

12. The previous programme, 2007-2011, mobilized $9.3 million from regular resources and $5.7 from other sources, including from the Government and the Millennium Development Goals Fund. Funds allocated included $6.1 million to reproductive health; $4.3 million to population and development; $4.1 million to gender equality; and $0.5 million to programme coordination and assistance.

13. The programme was nationally executed and focused on: (a) reproductive health, including safe motherhood, sexually transmitted infections and HIV/AIDS; (b) services and information for youth; (c) decentralized local planning that integrated gender and population issues; (d) local information systems for decentralized decision-making; (e) gender-based violence; and (f) capacity-building in non-governmental organizations for women and youth.

14. Programme achievements included: (a) the development of national strategies on elderly people, reproductive health and youth health; (b) the availability of norms and standards for the certification of delivery centres; (c) the integration of breast and cervical cancer detection services into 136 health centres and four secondary-level health centres; (d) the integration of sexual and reproductive health, gender-based violence and human rights into the educational activities of 500 ulemas (groups of Muslim legal scholars); (e) the participation of key partners, including youth associations, in the elaboration of the national integrated youth strategy; (f) the training of 1,500 peer educators in reproductive health, including HIV/AIDS; (g) the establishment of medical, social and legal services and an information system on gender-based violence; (h) the development of a model to integrate population issues, including gender, into the development plans of provinces; and (i) the availability of a Millennium Development Goals report on the Meknes region.

15. Major challenges included the need for: (a) synergy among programme components; (b) an intersectoral approach; (c) increased involvement of men in programmes focusing on gender-based violence and sexual and reproductive health; (d) youth participation; and (e) increased national absorptive capacity and number of partners.

16. A number of good practices emerged, including: (a) new strategic partnerships with the Rabita des Oulémas, Lalla Salma Association Against Cancer and the Tanger Med Foundation; (b) integration of the programme in the sector-wide approach in health, in collaboration with the European Union, the Spanish Agency for International Development Cooperation and the French Agency for Development; (c) the development of pilot interventions; and (d) the flexibility to adapt to results-based management.

17. Lessons learned from past cooperation point to the need to: (a) intensify UNFPA involvement in policy dialogue on health and youth issues; (b) pursue new partnerships, especially with the private sector; (c) catalyse intersectoral coordination; (d) promote the involvement of men, particularly to prevent gender-based violence; and (e) advocate an increased focus on the interlinkages between population and development issues.

III. Proposed programme

18. The proposed programme, 2012-2016, is aligned with national development priorities, the

United Nations Development Assistance Framework (UNDAF), 2012-2016, and the UNFPA strategic plan. It builds on lessons drawn from the evaluation of the previous programme. The programme uses a participatory approach and plays a catalytic role in promoting synergies, convergence, domestic resource mobilization, resource optimization, knowledge management and the development of communities of practice.

19. The programme, which focuses on young people, contributes to two UNDAF outcomes: (a) vulnerable populations have better access to prevention services, use more high-quality services and enjoy a satisfactory nutritional status; and (b) vulnerabilities and inequalities, specifically those linked with gender, are reduced through support to economic and social policies, strategies and programmes. The programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. Advocacy, gender and human rights are cross-cutting issues in all components.

Reproductive health and rights component

20. This component will focus on: (a) increasing the demand for reproductive health; (b) preventing gender-based violence; (c) detecting breast and cervical cancer; (d) preventing unwanted pregnancies and sexually transmitted infections; and (e) providing family planning and emergency obstetrical care. It will address the needs of and involve youth, men, populations with specific needs, and sex workers. The programme will also forge strategic partnerships, particularly with the private sector and civil society, and will promote advocacy, policy dialogue and communities of practice.

21. Output 1: The right of vulnerable populations, particularly young people, to access high-quality sexual and reproductive health information and services is integrated into national policies and strategies that are gender sensitive and use an intersectoral and participatory approach. UNFPA and the Government will achieved this input by: (a) supporting evidence-based advocacy and policy dialogue within the context of a sector-wide approach; (b) integrating sexual and reproductive health into primary health care; (c) expanding partnerships to the private sector and civil society to involve men; (d) integrating youth-friendly sexual and reproductive health services, including the prevention of sexually transmitted infections and HIV and gender-based violence, into youth-friendly centres; (e) expanding peer education to sex workers; (f) integrating gender-based violence issues into the health sector; and (g) strengthening the capacity for gender-sensitive budgeting. UNFPA will pursue joint initiatives with bilateral and multilateral agencies.

22. Output 2: The demand for and access to maternal health services are increased through an intersectoral approach that includes civil society. UNFPA and the Government will achieve this output by: (a) supporting the implementation of an accreditation system for maternity homes; (b) providing technical support to improve the status of midwives and monitoring and evaluation of their training curricula; and (c) encouraging the involvement of ‘relay’ associations at the community level that work to foster maternal health-seeking attitudes and practices. UNFPA will seek joint initiatives with United Nations funds and programmes to ensure synergy and coherence.

Population and development component

23. This component will focus on strengthening information systems and generating knowledge on demographic, economic and socio-anthropological changes in Morocco. Particular attention will be given to: (a) internal and international mobility and their consequences, mainly on vulnerable youth; (b) the impact of urbanization resulting from economic sectoral strategies; (c) maternal morbidity; (d) condom use; (e) youth and gender-based violence; and (f) the integration into society of populations with specific needs. UNFPA will seek to develop centres of excellence through institutional capacity-building.

24. Output 1: Statistical information systems and data banks at all levels are responsive to the needs

of youth and population groups with specific needs the areas of sexual and reproductive health and gender mainstreaming. UNFPA and the Government will achieve this output by: (a) advocating the production of data that are systematically disaggregated by sex and can be used to address the needs of youth and population groups with specific needs; (b) providing technical support to establish information systems and databases at all levels; and (c) advocating the collection of maternal mortality data during the 2014 population census.

25. Output 2: Knowledge on emerging population issues and the socio-demographic impact of sectoral strategies is generated and used in advocacy efforts. UNFPA and the Government will achieve this output by: (a) supporting studies on the socio-demographic impact of sectoral strategies, particularly on youth and women; (b) promoting operational research and studies on demographic challenges; (c) promoting the participation of youth in efforts to generate knowledge; **(**d) promoting partnerships with universities and research centres and South-South-North cooperation; and (e) advocating the use of data in development initiatives.

Gender equality component

26. This component seeks to create an enabling environment to reduce gender inequality. It will forge strategic partnerships and support policy dialogue and policy-oriented action that will help to instil a culture of equity, equality and respect of human rights.

27. Output 1: The development programmes and strategies of key partners, including civil society, are gender sensitive and integrate the prevention of gender-based violence. UNFPA and the Government will achieve this output by supporting: (a) advocacy efforts targeted at decision makers and opinion leaders; (b) technical assistance to promote the government agenda for equity and equality; and (c) the development of models that involve men to prevent gender-based violence.

IV. Programme management, monitoring and evaluation

28. Morocco opted for a **'**light' UNDAF and an UNDAF action plan to enhance United Nations system-wide coherence and synergy. The proposed UNFPA country programme will be implemented within the context of the UNDAF action plan. United Nations organizations, the Government and civil society organizations will participate in UNDAF outcome groups. Relevant ministries will coordinate programme components, and will also contribute to UNDAF outcome groups.

29. UNFPA will undertake joint planning, monitoring and evaluation within the context of the UNDAF monitoring and evaluation plan, when possible. In collaboration with other United Nations organizations, UNFPA will establish national monitoring mechanisms that include civil society and the private sector. UNFPA will encourage co-financing modalities.

30. UNFPA will establish a steering committee in consultation with the Ministry of Foreign Affairs and Cooperation and in collaboration with United Nations organizations. UNFPA and the Government will carry out an annual programme review within the context of the annual UNDAF review and will also undertake a programme evaluation in 2016.

31. The UNFPA representative in Rabat also serves as the country director for Tunisia. The human resources configuration of the office will continue to be responsive to programme needs. UNFPA may recruit national project personnel and consultants. The country office will seek technical assistance from the Arab States regional office, technical units at UNFPA headquarters, and other sources, as appropriate.

RESULTS AND RESOURCES FRAMEWORK FOR MOROCCO

National priority: improved health and nutritional status of the population
UNDAF outcome: vulnerable populations have better access to prevention services, use more high-quality services and enjoy a satisfactory nutritional status
Outcome indicators:

- Percentage of service delivery points certified according to standards of quality
- Percentage of territorial development plans that integrate national health strategies
- Rate of medical and paramedical consultations per inhabitant and by rural and urban areas
- Percentage of the vulnerable population reached by prevention programmes
- Life expectancy, in good health, of the first quintile of the population

Programme component	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**
Reproductive health and rights	Output 1: The right of vulnerable populations, particularly young people, to access high-quality sexual and reproductive health information and services is integrated into national policies and strategies that are gender sensitive and use an intersectoral and participatory approach Output indicators: • Number of integrated youth centres that integrate sexual and reproductive health Baseline: 10; Target: 50 • Number of new breast and cervical cancer cases treated per year Baseline (breast cancer): 3,380 in 2010; Target: 7,000 per year Baseline (cervical cancer): 1,650 in 2007; Target: 3,300 per year • Number of civil society organizations working with men to address gender-based violence Baseline: 1; Target: 6 Output 2: The demand for and access to maternal health services are increased through an intersectoral approach that includes civil society Output indicators: • Percentage of maternal homes that are certified according to norms and standards Baseline: 7% in 2009; Target: 70% • Number of obstetrical complications attended in public health centres Baseline: 100,260 cases in 2009; Target: 140,000 cases • Percentage of core midwifery competencies legally authorized Baseline: 70%; Target: 100% • Number of civil society organizations involved in promoting births in maternity homes Baseline: 4; Target: 60 • Percentage of women compelled to be accompanied during medical consultations Baseline: 47.1% in 1998; Target: 0%	Ministries and government institutions Civil society organizations; private sector Bilateral and multilateral organizations; United Nations organizations	$7.5 million ($4.5 million from regular resources and $3.0 million from other resources)

National priority: socio-economic development and reduction of vulnerabilities and inequalities

UNDAF outcome: vulnerabilities and inequalities, specifically those linked with gender, are reduced through support to economic and social policies, strategies and programmes

Outcome indicators:

- Quality of life index (multi-dimensional poverty)
- Number of ministries that have gender-sensitive budgets and performance indicators
- Unemployment rate among youth, by rural and urban areas and by gender
- Number of children aged 5 to 7 who work
- Percentage of elderly persons who benefit from social protection services
- Work created or lost, specifically for young, qualified people, by sector
- Number of small and mid-sized enterprises and cooperatives created, specifically those characterized by fair trade

Programme component	**Country programme outputs, indicators, baselines and targets**	**Partners**	**Indicative resources by programme component**
Population and development	Output 1: Statistical information systems and data banks at all levels are responsive to the needs of youth and population groups with specific needs in the areas of sexual and reproductive health and gender mainstreaming Output indicators: • Number of regions that integrate sexual and reproductive health, gender, youth and migration issues into their statistical information systems. Baseline: 0; Target: 16 • Set of indicators disaggregated by age, sex, and socio-economic characteristics to monitor economic and social policies, strategies and programmes. Baseline: variable; Target: systematic Output 2: Knowledge on emerging population issues and the sociodemographic impact of sectoral strategies is generated and used in advocacy efforts Output indicators: • Number of studies on emerging population issues undertaken, published and utilized in support of policy initiatives. Baseline: 0; Target:5 • Number of studies on the sociodemographic impact of sectoral strategies undertaken and published. Baseline: 0; Target: 5 • Number of research studies that involve young people. Baseline: 0; Target: 10 • Number of operational research studies on youth, sexual and reproductive rights and health, and migration. Baseline: 2 per year; Target: 5 per year	Ministries and government institutions Civil society organizations; teaching and research institutions Bilateral and multilateral agencies; United Nations organizations	$3 million ($2 million from regular resources and $1 million from other resources)
Gender equality	Output 1: The development programmes and strategies of key partners, including civil society, are gender sensitive and integrate the prevention of gender-based violence Output indicators: • Number of development strategies that integrate gender dimensions and gender-based violence. Baseline: 4; Target: 10	Ministries and government institutions Civil society organizations; the private sector Bilateral and multilateral agencies; United Nations organizations	$3 million ($1 million from regular resources and $2 million from other resources) Total for programme coordination and assistance: $0.5 million from regular resources