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Population Fund and the
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Project Services**

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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Morocco

Proposed indicative UNFPA assistance:	\$20.0 million: \$6.0 million from regular resources and \$14.0 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Tenth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

Note: The present document was processed in its entirety by UNFPA.

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I. Programme rationale

1. The Kingdom of Morocco is a low-middle-income country, with an estimated population of 36 million (based on the last census conducted in 2014). It is demographically a young country, with approximately 53 per cent of the population below the age of 30. While there is a large cohort of young people, 11 per cent of the population was aged 60 and over in 2020 and is estimated to reach 23 per cent by 2050. Approximately 2.2 million people are living with a disability, recording a disability rate of around 6.8 per cent. The urbanization rate is 63.4 per cent and projected to reach 73.6 per cent in 2050. Morocco is particularly vulnerable to the effects of climate change, notably severe weather phenomena.

2. Since the beginning of the 2000s, Morocco has undergone a profound process of reform and modernization in the political, social and economic spheres. The 2011 Constitution represents the cornerstone of that reform process, notably in gender equality, parity and the fight against all forms of violence and discrimination against women. In 2021, the New Development Model (2021-2035) was launched, which identifies strategic interventions, including high-quality education and health for all, women's empowerment and gender equality, inclusion and development of youth, generalization of the social protection and the promotion of advanced regionalization. In 2021, Morocco also endorsed a law on social protection, aimed at protecting the most vulnerable populations and households.

3. Morocco has made significant progress towards the achievement of the Sustainable Development Goals (SDGs) and the Programme of Action of the International Conference on Population and Development (ICPD). Currently, the indicators developed by the national statistical system and submitted for the second Voluntary National Review (2020) cover 42 per cent of the SDG indicators.

4. Morocco has experienced a sharp decline in fertility rates. The number of children per women, estimated at 5.6 in 1980, declined to 2.38 in 2018, with 2.12 in urban areas and 2.80 in rural areas. Contraceptive prevalence is at 70.8 per cent. The maternal mortality ratio decreased by more than 35 per cent within seven years, from 112 deaths per 100,000 live births in 2009 to 72.6 in 2016 (below the global average of 75 per 100,000 live births). The Kingdom has also reported notable advances in women's rights through the adoption of the laws on social protection, combatting violence against women and human trafficking, and supporting domestic work, social workers and gender-sensitive budgeting. Female representation in parliament has progressively increased, from 10.4 per cent females among deputies in 2007 to 24 per cent in 2021.

5. Morocco made substantial progress regarding the adoption and implementation of policies, strategies and programmes supporting the rights of women, youth, the elderly, people with disabilities, migrants and refugees. Policies such as the Integrated National Youth Policy and the Sectoral Youth Strategy (2021-2030), the National Strategy for Sexual and Reproductive Health (2021-2030), the Strategic Vision for the Reform of the Educational System (2015-2030), the Integrated Public Policy to Promote the Right of People with Disabilities, the upcoming National Strategy for Combating Violence against Women and Girls (2022-2030) and the National Plan for Gender Equality III (2022-2026) are all examples of the legislative progress made. These newly adopted national strategies constitute a solid policy framework to consolidate the progress achieved so far in reducing socio-economic, spatial, gender and age inequalities and to accelerate towards the Sustainable Development Goals (SDGs), including the three transformative results (zero preventable maternal mortality, zero unmet need for family planning and zero gender based violence).

6. Although the 2011 Constitution prohibits all forms of discrimination and enshrines equality between women and men in all areas, certain provisions of the existing legal framework need to be updated to eliminate all factors of vulnerability for some segments of the population, in particular women and girls. In fact, a societal debate is already underway to amend the family code and the law on combating violence against women, and to develop comprehensive legal frameworks on women's rights to sexual and reproductive health (SRH), protection from sexual harassment, and their rights regarding legal guardianship and access to collective land.

7. The Youth National Strategy 2021-2030 constitutes a robust policy framework to respond to the opportunities and challenges provided by the youth demographic. Currently, young people aged 10-35 years represent more than 43 per cent of the population and will account for approximately 35 per cent in 2040. Even though marriage under age 18 is forbidden by law, official figures indicate that the number of marriage requests concerning minors stood at 19,926 in 2020, of which 81 per cent had been accepted by judges. Relevant efforts are being made to reduce these figures.

8. The National Strategy on Sexual and Reproductive Health, 2021-2030, represents a landmark achievement in terms of putting in place a comprehensive multisectoral response framework to ensure access to information, education and services without discrimination for all women of reproductive age. This will enhance efforts to address the main cultural, gender and socio-economic barriers to access sexual and reproductive health, particularly for young women and girls. In fact, although Morocco has experienced a sharp decline in fertility rates, adolescent fertility remains high.

9. The National Strategy on Sexual and Reproductive Health is committed to improving the ratios of maternal health and modern contraceptive use. Despite the remarkable decrease in the maternal mortality ratio, the gap between urban and rural areas remains quite large. In rural areas (111.1 per 100,000 live births), it is double that observed in urban areas (44.6 per 100,000 live births). Although the contraceptive use is at 70.8 per cent, the National Strategy calls for an increase in the utilization of modern methods (currently at 58 per cent) and long-term methods. Moreover, the availability of emergency contraception in the public health system and the awareness of its use still leaves room for improvement. In addition, cervical cancer ranks as the second-most frequent cancer among women aged 15-44 years. In 2019, the HIV prevalence among the general population (15-49 years) was less than 0.1 per cent, though it is higher among key populations.

10. The adoption of Law 103-13, regarding violence against women and girls, represented a breakthrough in strengthening legal avenues to combat violence. However, further alignment of the legal framework would strengthen the protection for women and girls' victims of violence. Young girls aged 15-19 years are the most affected cohort of sexual violence (23 per cent) and digital violence (29 per cent), respectively.

11. Currently, approximately 11.3 per cent of the population are age 60 or above, the share is expected to increase to 15 per cent in 2030 and peak at 23 per cent in 2050. Available data suggest the high vulnerability of this group and is more pronounced among women. Migrants and refugees make up a significant growing part of the population. Morocco is no longer only a country of origin of migrants but is increasingly turning into a country of transit and destination, mostly from sub-Saharan Africa and Arab countries suffering from humanitarian crises. In 2014, Morocco adopted the National Strategy for Immigration and Asylum based on a humanist, global and comprehensive approach. In 2021, Morocco conducted its first national survey on migration. Regarding urbanization, the rate reached 63 per cent in 2019, showing an increasing acceleration, giving rise to important changes in behaviour and to substantial shifts in terms of family structures. The urban explosion poses diverse population challenges, particularly in terms of access to basic services.

12. At the onset of the COVID-19 pandemic, Morocco put in place a comprehensive and anticipatory approach, including the establishment of an economic watch committee and a special COVID-19 fund and a national monitoring and response plan. The latter features infection prevention, control, protection and care measures, ensuring the continuity of essential services in national health programmes, including reproductive health and the prevention and care for women victims of violence. In January 2021, the Ministry of Health launched a free mass vaccination campaign that has reached approximately 63 per cent of the population.

13. Yet the COVID-19 pandemic has further exacerbated inequalities among the most vulnerable populations. The fall in income recorded during the lockdown in 2020 affected 74 per cent of employed workers belonging to the poorest 20 per cent category. Some 34 per cent of households indicated they had no source of income due to the shutdown of their activities. The incidence of poverty has gone up nearly sevenfold, moving from 1.7 per cent before the crisis to 11.7 per cent

during the lockdown. The pandemic has also increased the vulnerability of women due to their weak access to essential health and social services, the loss of employment and access to revenues, as well as an increase in gender-based violence. According to the High Commissioner for Planning (2020), 34 per cent of women did not have access to SRH services during the lockdown.

14. The evaluation of the previous programme cycle (2017-2021) highlighted UNFPA contributions to the above-mentioned legal reforms and the development and implementation of new key policies, strategies and programmes related to sexual and reproductive health, gender equality and gender-based violence, notably those targeting women, youth, the elderly and people with disabilities. Some lessons learned are to strengthen intersectoral approaches, coalitions of civil society organizations (CSOs) and subnational programme interventions. The evaluation also recommended strengthening the population and development component as well as the focus on youth. UNFPA has also provided inputs into the New Development Model, and supported implementation of the subnational databases aimed at improving the existing data to support the advanced regionalization process and to provide information on progress with the Sustainable Development Goal (SDG) indicators.

II. Programme priorities and partnerships

15. The proposed country programme, 2023-2027, is aligned to the New Development Model (2021-2035) for Morocco and will contribute to the United Nations Sustainable Development Framework (UNSDCF), 2023-2027, through three of its strategic priorities: (a) the population of Morocco benefits from sustainable universal coverage through quality, integrated and resilient education, training and health services as well as increased access to culture; (b) social protection is universal and sustainable, and social, territorial and gender inequalities are reduced, with a view to leaving no one behind, and (c) public policies are effective, inclusive, territorialized, integrate sustainable development, based on evidence and gender-sensitive and human rights-based approaches, in accordance with the Constitution and the country's international commitments. It will also contribute to achievement of SDGs 3, 4, 5, 8, 10, 11 and 17, as well as, indirectly, to SDG 1.

16. The new programme was designed considering the evaluation of the previous country programme, incorporating its main recommendations at the strategic and programme levels. Lessons learned from the COVID-19 pandemic response have also been considered and will be applied systematically to support programme implementation. The proposed programme has been developed using a participatory approach, involving government and state bodies at the national and subnational levels, as well as women's and youth organizations, academia and other development partners, particularly other United Nations agencies. These stakeholders will be involved at different phases of design, implementation, monitoring and evaluation of the programme to ensure full accountability and progress. The programme will be implemented in close collaboration with other United Nations system agencies.

17. Considering the national priorities of Morocco and the country's demographic opportunities, the programme will focus on young people aged 15-24 years, particularly girls and women, as drivers of sustainable development to attain the transformative results. Within that population, the programme will focus particularly on those left furthest behind, notably girls who not studying, in training or working, as well as rural women. In addition, the programme will seek to broaden the scope of support to the elderly, people with disabilities, migrants and refugees.

18. The programme will contribute to the UNFPA Strategic Plan, 2022-2025, and the three transformative results by: (a) advocating for the implementation and/or updating of legal and policy frameworks on the rights to education, health, gender equality and social protection for women, young people and populations left furthest behind; (b) advocating and promoting changes in gender roles and social behaviours and stereotypes to enhance the full enjoyment of human rights by women, young girls and populations left furthest behind; (c) strengthening the implementation of national and subnational strategies and programmes aimed at improving maternal health outcomes, expanding access to family planning and sexual and reproductive health information, education and services and gender-based violence prevention and care

services; (d) supporting specific policy interventions promoting the socio-economic integration of young girls, including their access to health and education; (e) strengthening and scaling up intervention models to improve maternal health outcomes and supporting a diversified offer of choices for contraceptive methods. The achievement of these programme results will be made possible by realizing the four interconnected outputs of the programme related to demographic intelligence and population data, policy and accountability, gender, and high-quality programmes and services.

19. The key modes of engagement will be advocacy, capacity development, knowledge management, coordination and partnerships. The programme will broker various partnerships with government entities at national and subnational levels, civil society, the private sector and academia, as well as other United Nations agencies and international development partners. The programme will have both a national and subnational scope. South-South and triangular cooperation will be a key mode of engagement for the programme, given the leadership of Morocco in public policy issues pertaining to the ICPD Programme of Action. In this regard, UNFPA, through its technical assistance, will support Morocco in achieving the SDGs and the ICPD Programme of Action, in line with international norms and standards.

20. Programme interventions will utilize a human rights-based approach, draw on the recommendations the Committee on the Elimination of Discrimination against Women of the and the outcomes of Universal Periodic Review and other international commitments of Morocco. It will use accelerators to achieve its results: (a) human rights-based and gender transformative approaches; (b) leaving no one behind; and (c) innovation and digitalization.

21. Innovation will be at the heart of the proposed programme, supporting: (a) multisectoral and coordination mechanisms between partners, both at national and subnational levels; (b) intervention models to accelerate the achievement of the health and gender-related SDG indicators; (c) civil society coalitions and networks to further advocate for the rights of women and youth; (d) modern digitalization strategies to ensure the continuity of and improve the quality of essential health and social services for women and young people; (e) youth start-ups and innovation groups to propose solutions to governmental, civil society and private-sector institutions; (f) artificial intelligence and big data to fill gaps in statistics; (g) modern digital and media communication channels, with the involvement of media, artists, opinion leaders and influencers; and (h) operational research and generation of knowledge through the involvement of universities and specialized research centres.

22. A special emphasis will be given to strengthening the conceptual, evidence-base and programmatic connections with the social protection, climate change, green economy and employment agendas.

A. Output 1. Strengthened capacities of national and subnational institutions to generate data to inform population-based public policies that address socio-economic, gender, age and spatial inequalities and promote the full potential of women and young people

23. This output will mainly focus on: (a) supporting the Government in the preparation, implementation and analysis of the next population and housing census, scheduled for 2024, including through the use of the latest census technologies as well as the integration of a gender, human-rights and ‘no one left behind’ approach; (b) strengthening the availability and coverage of gender-sensitive civil registration and vital statistics; (c) producing studies providing information on future population scenarios and emergent issues; (d) promoting a culture of demographic intelligence and evaluation of public policies and impact studies, including inequalities, affecting young people, women and the most left-behind populations; (e) continuing to support the strengthening and extension of the subnational databases, including the necessary accompanying measures to enhance their use and dissemination by decision-makers and other stakeholders; (f) supporting the development of subnational SDGs reports and specific surveys; (g) developing pilot initiatives and research models at the territorial level to help design better development plans and strategies at the subnational level; (h) developing demographic intelligence innovative approaches based on new technologies and artificial intelligence to reduce socio-economic, gender, age and spatial inequalities and achieve the SDGs related to gender and health;

(i) enhancing the access to and the use of public data and statistics to advocate for the rights of women and youth, including through communication for impact; and (j) promoting and strengthening partnerships with universities and research centres for a better involvement of researchers and academics in the debate and analysis of relevant social problems in Morocco.

B. Output 2. Improved national and subnational capacities for the development and implementation of policies, plans and programmes to promote the human rights of women and girls, particularly on gender equality, socio-economic inclusion, the promotion of sexual and reproductive health and combatting gender-based violence and harmful practices

24. This output will focus on: (a) advocating for the streamlining of the existing legislation on women's rights with the 2011 Constitution and international human rights standards, in particular in the realms of sexual and reproductive health, and gender-based violence; (b) strengthening the accountability mechanisms of state and civil society organizations, based on the 2022 Universal Periodic Review recommendations, to support the promotion, protection and enjoyment of young people and women's rights to education, health, social protection and a life free from violence and discrimination; (c) supporting the operationalization of national strategies and programmes, in particular the National Strategy on Sexual and Reproductive Health, 2021-2030; the National Strategy to Combat Violence against Women, 2021-2030; the National Youth Policy; and the Sectoral Youth Strategy, 2021-2030; the National Plan for Gender Equality III, 2022-2026; the National Strategy on Health and Security at the Workplace; the National Plan on Ageing; and the National Integrated Policy to Promote the Rights of People with Disabilities; (d) supporting the development of a national policy framework on the protection of the family, including a digital one-stop model for social services for the most left-behind populations; (e) advocating for a full integration of a gender-based approach into the universal health coverage, within the framework of the social protection reform, particularly regarding the rights of women and youth to SRH and gender-based violence (GBV) care services; (f) strengthening women's and youth organizations and networks to advocate for the right to sexual and reproductive health and a life free from violence; (g) supporting subnational entities and civil society organizations in integrating gender equality and youth into the design, implementation and evaluation of subnational development plans, as well as in setting up subnational mechanisms on gender equality and youth; and (h) supporting the development of national and subnational plans and programmes to promote socio-economic inclusion and access to sexual and reproductive health for girls, notably those not studying, in training or working.

C. Output 3. Young people, women and vulnerable populations are empowered to exercise their right to socio-economic inclusion, sexual and reproductive health and a life free from gender-based violence and harmful practices in a safe and enabling environment

25. This output will focus on: (a) supporting the operationalization of multisector strategies and platforms of government entities and CSOs aimed at changing gender and social norms in support of the right to social inclusion, sexual and reproductive health and a life free from violence of women and young people, notably girls; (b) promoting awareness-raising and behaviour change communication campaigns on 'zero tolerance' to gender discrimination and violence, focusing on the most left-behind young girls; (c) generating evidence to promote effective and innovative human rights-based and gender-transformative strategies for gender-based violence prevention and sexual and reproductive health; (d) strengthening national and subnational initiatives for engaging men and boys in the promotion of positive masculinities and responsible and care-giving parenthood; (e) strengthening the capacities of civil society organizations in monitoring human rights, gender equality and gender-based violence; and (f) reinforcing the exchange initiatives of intervention models and best practices within the scope of South-South cooperation

D. Output 4. Systems, capacities and resilience of institutional and community stakeholders are strengthened for the provision of rights-based and high-quality comprehensive information, education and services on sexual and reproductive health and gender-based violence prevention and care for girls, women and the most left-behind populations

26. This output will focus on: (a) supporting the development and implementation of rights-based and gender-responsive models and protocols – within the framework of National Sexual and Reproductive Health Strategy, 2021-2030, the National Strategy on Combatting Violence against Women and Girls 2021-2030 and the Integrated National Youth Strategy – to improve high-quality SRH and GBV care services for women and girls, including youth-friendly services; (b) strengthening the provision of essential services packages on SRH and GBV, particularly for the most left-behind populations (women with disabilities, migrants, rural women); (c) strengthening remote and digital modalities to ensure continuity and expansion of essential SRH and GBV care services within a life-cycle approach in response to health-related crises; (d) strengthening and scaling up the intervention models developed to improve maternal health outcomes; (e) supporting a diversified choice of contraceptive methods; (f) promoting effective methods for protection against sexually transmitted infections and HIV, (g) supporting the integration of a self-care approach to sexual and reproductive health; (h) strengthening the capacities of civil society and individual users to monitor the quality of SRH and GBV services, including their youth friendliness; (i) supporting the supply of SRH and GBV prevention and care services in systems dedicated to young people; (j) developing and implementing intervention models to improve skills and opportunities enhancing the participation, leadership and implementation of sustainable development, socio-economic inclusion and climate-related solutions and processes of young girls; and (k) strengthening the capacities of institutions and key actors to promote and protect the rights of women, including related to gender-based violence and standard health conditions, to promote decent work.

III. Programme and risk management

27. The new country programme will contribute to national priorities and the UNSDCF results, including the achievement of the SDGs and the three transformative results. UNFPA will participate in the regular reviews organized by the UNSDCF Steering Committee, allowing for close monitoring of the progress made. UNFPA will also actively participate in six out of the eight thematic groups of the United Nations Country Team (UNCT). UNFPA will work with United Nations agencies to develop joint programmes and coordinate their interventions.

28. The proposed programme will be implemented through pertinent government and civil society implementing partners, in coordination with the Ministry of Foreign Affairs. Partners will be selected based on their strategic relevance and capacity to produce high-quality results reflective of conducted risk analysis. A monitoring and evaluation plan will be developed and implemented; this will include frequent spot checks, field monitoring visits, quarterly and annual programme reviews, and training of implementing partners, where appropriate, in collaboration with other United Nations agencies. UNFPA will support the use of a harmonized approach of cash transfers to manage the financial risks.

29. The country office will advocate mobilizing domestic financing for the three transformative results. This will be operationalized through innovative approaches, expanding fundraising to non-traditional partners and donors, such as the private sector, and exploring other financing opportunities.

30. UNFPA has identified the following main risks to the programme: (a) health and socio-economic impacts of the COVID-19 pandemic; (b) a shift of government priorities due to political changes; (c) turnover of key staff in national partners; (d) insufficient political and financial support to accelerate the achievement of the health and gender-related SDGs; and (e) unexpected human and natural disasters and humanitarian emergencies. Accordingly, a risk mitigation plan has been developed and will be evaluated and updated on a regular basis with national stakeholders.

31. The organizational structure of country office will be adjusted to: (a) strengthen innovation, operational research, resource mobilization and South-South and triangular cooperation; (b) enhance high-quality technical assistance in support to the post-COVID reform agenda, including the implementation of the New Development Model and the achievement of the SDGs; and (c) strengthen the office's financial and operational capacities to deliver high-quality programme results.

32. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

33. The UNFPA country office and the Ministry of Foreign Affairs will oversee the implementation of the programme and will hold periodic coordination and follow-up meetings.

34. UNFPA will be part of the UNSDCF monitoring and evaluation group, providing contributions to the annual reports and the final evaluation. It will also support UNCT efforts to monitor the implementation of the 'leave no one behind' principle through the development of disaggregated data and indicators.

35. UNFPA will prepare a country programme monitoring and evaluation plan. Result-based management will be applied to the entire programme, in cooperation with partners, developing a baseline for all indicators, using data and evidence to guide interventions and establishing periodic learning and accountability mechanisms.

36. Evaluations both at midterm and at the end of the programme will be carried out, as well as evaluations of individual projects implemented with the resources mobilized, to identify lessons learned and document good practices.

37. UNFPA, in cooperation with the UNCT, will contribute to strengthening the capacities of relevant national entities to monitor and report on the national commitments to the 2030 Agenda for Sustainable Development, the ICPD Programme of Action and the Universal Periodic Review, among other international treaties and instruments on human rights.

RESULTS AND RESOURCES FRAMEWORK FOR MOROCCO (2023-2027)

NATIONAL PRIORITY: Governance, resilience and local development.				
UNSDCF OUTCOME: By 2027, public policies are effective, inclusive, territorialized, integrating sustainable development, evidence-based, and sensitive to gender and human rights, in accordance with the Constitution and Morocco's international commitments.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction of unmet need in family planning accelerated; 2: By 2025, the reduction of preventable maternal deaths accelerated; 3: By 2025, the reduction of gender-based violence and harmful practices accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Country has conducted at least one population and housing census during the last 10 years <i>Baseline: Yes (2014); Target: Yes (2024)</i> 	<u>Output 1.</u> Strengthened capacities of national and subnational institutions to generate data to inform population-based public policies that address socio-economic, gender, age and spatial inequalities, and promote the full potential of women and young people.	<ul style="list-style-type: none"> Proportion of subnational databases set up and operationalized <i>Baseline: 25% (2022); Target: 75% (2027)</i> Number of UNFPA-supported innovative initiatives aimed at optimizing all phases of 2024 census (preparation, implementation and dissemination) <i>Baseline: 2 (2022); Target: 6 (2027)</i> Number of research papers developed that support inclusive public policies that are respectful of the human rights of women and girls at national and subnational levels <i>Baseline: 0 (2022); Target: 5 (2027)</i> 	High Commissioner for Planning, Ministry of Interior, Ministry of Health and Social Protection, Ministry of Solidarity, Social Inclusion and the Family, Ministry of Employment, the Economic, Social and Environmental Council (CESE), the National Observatory for Human Development (ONDH), the National Human Rights Council (CNDH), subnational entities, academic and research centres, UNICEF, UNDP, UN-Women, UNESCO, WHO, UNAIDS	\$2.0 million (\$1.2 million from regular resources and \$0.8 million from other resources)
NATIONAL PRIORITY: Human capital				
UNSDCF OUTCOME: By 2027, social protection is universal and sustainable, and social, territorial and gender inequalities are reduced in order to leave no one behind				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction of unmet need in family planning has accelerated. 2: By 2025, the reduction of preventable maternal deaths has accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices has accelerated				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and 	<u>Output 2.</u> Improved national and subnational capacities for the development and implementation of policies, plans and programmes to promote the human rights of women and girls, particularly on gender equality, socio-economic inclusion, the promotion of	<ul style="list-style-type: none"> Number of laws and operational national and subnational policies, plans and programmes on gender equality and parity, women's and girls' socio-economic inclusion, SRH and GBV prevention and care developed and implemented with UNFPA support <i>Baseline: 2 (2022); Target: 7 (2027)</i> Number of national and subnational coordination mechanisms involving multiple stakeholders implemented to reduce gender and age inequalities and promote women's and youth's rights, SRH, and combat gender-based violence and harmful practices <i>Baseline: 2 (2022); Target: 7 (2027)</i> 	Ministry of Health and Social protection, Ministry of Social Development, Ministry of Education, Ministry of Justice, Ministry of Culture, Youth and Communication; Ministry of Employment, CNDH, Parliament, NGOs, decentralized structures, private sector, International	\$7.0 million (\$1.5 million from regular resources and \$5.5 million from other resources)

<p>education <i>Baseline: Yes (2011); Target: Yes (2027)</i></p> <ul style="list-style-type: none"> Proportion of births attended by skilled health personal <i>Baseline: 86,6% (2018); Target: 96% (2027)</i> 	<p>sexual and reproductive health and combatting gender-based violence and harmful practices.</p>	<ul style="list-style-type: none"> Number of reports on the assessment of gender equality, sexual and reproductive health and gender- based violence-related public policies available in publicly accessible platforms <i>Baseline: 2 (2022); Target: 6 (2027)</i> Number of evidence-based online and offline events used for advocacy at national and subnational levels to influence public policies to reduce inequalities and enhance the autonomy of vulnerable populations <i>Baseline: 6 (2022); Target: 16 (2027)</i> 	<p>Organization for Migration (IOM), UNICEF, UNDP, WHO, ILO, UNAIDS, UN-Women, UNESCO,</p>	
	<p><u>Output 3.</u> Young people, women and vulnerable populations are empowered to exercise their right to socio-economic inclusion, sexual and reproductive health and a life free from gender-based violence and harmful practices in a safe and enabling environment.</p>	<ul style="list-style-type: none"> Number of national and subnational key Governmental and non-governmental institutions for whom capacities are strengthened to empower youth, women and the most vulnerable populations to exercise their human rights, particularly related to SRH <i>Baseline: 1 (2022); Target: 3 (2027)</i> Number of initiatives conducted by young girls and boys leaders from vulnerable communities to promote positive changes in gender and social behaviours <i>Baseline: 7 (2022); Target: 22 (2027)</i> Number of influential actors (parliamentarians, journalists, artists, religious, social media influencers) mobilized with UNFPA support to promote change in gender social behaviours and enhance the human rights of women and girls and others left behind <i>Baseline: 110 (2022); Target: 360 (2027)</i> Number of partnerships developed with the private sector in support to youth, in particular young girls <i>Baseline: 4 (2022); Target: 12 (2027)</i> Number of South-South cooperation initiatives in support to the main strategic areas of the programme <i>Baseline: 5 (2022); Target: 10 (2027)</i> Number of youths reached through online and offline campaigns promoting gender equality and combatting gender-based violence and harmful practices <i>Baseline: 500,000 (2022); Target: 10 million (2027)</i> <i>Girls: 300,000 (2022); Target: 6 million (2027)</i> <i>Boys: 200,000 (2022); Target: 4 million (2027)</i> 	<p>Line ministries, CNDH, Parliament, NGOs, subnational entities, the private sector, UNICEF, UNESCO, WHO, IOM, ILO, UN-Women, UNDP, UNAIDS</p>	<p>\$6.4 million (\$1.5 million from regular resources and \$4.9 million from other resources)</p>
<p>NATIONAL PRIORITY: Inclusion and social protection</p>				
<p>UNSDCF OUTCOME: By 2027, the population of Morocco benefits from sustainable universal coverage through quality, integrated, and resilient education, training and health services as well as increases access to culture</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction of unmet need in family planning accelerated. 2: By 2025, the reduction of preventable maternal deaths accelerated. 3: By 2025, the reduction of gender-based violence and harmful practices accelerated</p>				
<p>UNSDCF outcome indicators, baselines, targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>

<p><u>Related UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Unmet need for family planning <i>Baseline: 11.3% (2018); Target: 0 (2030)</i> • Maternal deaths per 100,000 live births <i>Baseline: 72.6 (2018); Target: 35 (2030)</i> • Adolescent (15-19 years) birth rate <i>Baseline: 19.4 (2018); Target: 9 (2030)</i> 	<p><u>Output 4.</u> Systems, capacities and resilience of institutional and community stakeholders are strengthened for the provision of rights-based and high-quality comprehensive information, education and services on sexual and reproductive health and gender-based violence prevention and care for girls, women and the most left-behind populations.</p>	<ul style="list-style-type: none"> • Number of innovative rights-based and gender-responsive intervention models implemented and scaled up to improve high quality SRH and GBV prevention and response services <i>Baseline: 5 (2022); Target: 10 (2027)</i> • Availability of an integrated multisectoral care services model for women and girls as victims of violence, in line with international standards <i>Baseline: No (2022); Target: Yes (2027)</i> • Number of implemented initiatives targeting the most left behind populations to change positively their perceptions against gender equality, GBV and SRH <i>Baseline: 6; Target: 16</i> • Number of tools, including digital solutions, developed and piloted, to ensure the continuity of physical and remote essential services and the reduction of inequalities exacerbated by sanitary pandemics <i>Baseline: 3; Target: 12</i> 	<p>Ministry of Health and Social Protection, Ministry of Social Development, Ministry of Education, Ministry of Justice, Ministry of Culture, Youth and Communication; Ministry of Employment, CNDH, Parliament, NGOs, decentralized structures, private sector, UNICEF, WHO, IOM, ILO, UNDP, UNAIDS, UN-Women, UNESCO</p>	<p>\$4.0 million (\$1.2 million from regular resources and \$2.8 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.6 million from regular resources</p>
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