



Morocco

Gender Ratio: women: 50.2%; men: 49.8%.¹

Population ventilated by age: <5 years: 10.2%; 5-19 years: 26.9%; 20-64 years: 56.8% and 65 and over: 6.1%.²

Average Household Size : 4.6³

Fertility rate: 2.2⁴

Female-headed households: 15.6%.⁵

Vulnerability rate: 12.8% for men and 10.6 for women⁶

Gender-based violence: 62.8% of women aged 18 to 64 in Morocco have been victims of violence. ¹

Teenagers currently married/coupled: 33.7%. ⁷

Illiteracy rate 22.1% for men and 41.9 for women

Infant mortality rate: 28.8/1000 live births

Maternal mortality rate: 72.6 per 100,000 live births nationally and 111.11/ 100,000 in rural areas

Proportion of the population living with disabilities: 5.1%.

List of abbreviations:

CEDAW: Convention of Elimination of all forms of Discrimination Against Women

CGF : Central Guarantee Fund

CIM : Care International Morocco

CNSS : National Social Security Fund

GBV : Gender-Based Violence

GGGI : Global Gender Gap Index

HCP : High Commission for Planning

ICT : Information and Communications Technology

IGA : Income Generating Activities

NOHD : National Observatory for Human Development

OCP : Phosphates Cherifian Office

ODCO : Cooperation Development Office

PME : Small and Medium size enterprise

RAMED : Medical Assistance Scheme

VSLA : Village Savings and Loans Associations

Methodology :

This analysis is based on a qualitative survey carried out in the field with the various beneficiaries of CARE Morocco's projects. A questionnaire was developed for the occasion and completed through phone calls by the field teams in different intervention areas of CIM. It should be noted that the survey did not focus on a large number of respondents, but rather on qualitative responses with the leaders of CARE Morocco beneficiary groups such as Village Savings and Loans Associations, cooperatives, educators from the education sector, and other partner associations at the local level. Secondary data were also drawn from various national reports and studies, in particular those conducted by the High Commission for Planning and the National Observatory for Human Development.

Introduction

Morocco, a North African country on the Atlantic and Mediterranean coasts, is distinguished by its Amazigh, Arab, African, and European influences. Morocco has more than 34 million people, 49.8% of whom are men and 50.2% women, 61% of whom live in urban areas and 39% in rural areas.

The Moroccan Constitution of 2011 establishes full equality between men and women (Article 19) and states that, "The Kingdom of Morocco undertakes to fight and banish all discrimination against anyone on the basis of sex." Accordingly, Morocco has signed and adopted a series of United Nations conventions and international instruments that help to establish and promote the principle of equality between men and women, in particular the Convention of Elimination of all forms of Discrimination Against Women (CEDAW). The Moudawana Family Code has been drafted in order to comply with these commitments, while respecting Moroccan cultural traditions and Islamic beliefs. The Code encompasses all aspects of personal law and specifies, in particular, equality in terms of family responsibility between the two spouses⁸.

After a decade of slow but steady progress, the Kingdom has reduced by -6 points in terms of improving gender equality, ranking 143rd out of 153 countries surveyed in 2020 in the 2020 Global Gender Gap Index. The gender inequality gap is significant in two areas: political and economic empowerment (wages, participation, and access to leadership positions).

Demographic and Social Situation :

The Moroccan society is almost half male and half female separated with a ratio of 50.2% men and 49.8% women and a young and/or working age population of 56.8%.

However, social disparities are increasing between urban, suburban, and rural areas. According to a study conducted jointly by the Office of the High Commission for Planning and the World Bank, entitled "Poverty and shared prosperity in Morocco in the third millennium, 2001-2014," the poverty rate in Morocco is 4.8 per cent. It is important to point out, however, that there are differences between urban and rural areas, with poverty incidence rates of 1.6 per cent and 9.5 percent, respectively. This situation of disparity manifests itself in all aspects of life between the two sectors. In terms of population access to basic social services, in 2017, nationally, the proportion of households equipped with electricity rose to 97.1%. In addition, the connection of dwellings to drinking water and sewage systems has improved, reaching 77.1% and 65.1%, respectively. However, disparities exist, since in urban areas they are 94.6% and 94.5% while the rates are around 40.8 per cent and 11.8 percent, respectively.

At the regional level, efforts still need to be made in the Oriental and Beni Mellal-Khenifra regions, which are lagging behind in terms of electrical supply. Both regions are among the areas covered by CARE projects. In the area of drinking water supply network, the regions of Beni Mellal-Khénifra (57.4%), Marrakech-Safi (71.3%), Tanger-Tetouan-Al Hoceima (71.8%) and Fez-Meknes (75.1%) have rates of connection to the drinking water systems well below the national average. With the exception of the Tanger-Tetouan-El Hoceima region, all of the others are areas covered by CARE projects.

Moreover, the reduction of regional disparities regarding access to basic social services also requires the modernisation of rural areas, such as paved and tarred roads, and the establishment of primary schools and health centres/clinics close to the population. Measured by the distance between the household dwelling and these essential infrastructures, some regions are lagging significantly behind in terms of access to roads. Thus, the regions where the rural areas are under-equipped with paved roads and have a level of accessibility below the rural average (60.6%) are Tanger-Tétouan-Al Hoceima (43.1%), Marrakech-Safi (47.0%), Fez-Meknes (48.1%) and Beni Mellal-Khenifra (60.0%). Within the rural areas of the Oriental, Sous-Massa, Drâa-Tafilalet, and Casablanca-Settat regions roads are underdeveloped which limits access.

There is also a significant disparity in access to basic health care. The overall maternal mortality is 72.6 deaths per 100,000 live births according to the HCP information note in 2019. However, the maternal mortality rate in rural areas remains twice as high as in urban areas. This is due, primarily, to the lack of prenatal consultations in rural areas, where 20.4 percent of pregnant women did not receive any professional consultations in 2018, compared to only 4.4 percent of women in urban areas. In addition, great disparities persist in access to delivery in a health facility. Thus, 73.7% of pregnant women in rural areas benefit from it, whereas 96% of women do in urban areas, according to the results of the National Survey on Population and Family Health in 2018⁹.

It should be noted that the statistics on women's access to health care are still linked only to reproductive health. On March 2nd, the first case of COVID19 was detected in Morocco. From the week of March 9th, the situation began to take on a more serious dimension through the chain of government decisions. On March 13, schools were closed by decree and an online education strategy was put in place from March 15 onward. A state of health emergency was declared on March 20 to initially last until April 20, only essential services for the continuity of the Moroccan economy remained active throughout the country. Recently, the emergency state was extended until May 20.

In this context, the main findings came directly from field observations concerning the welfare of CARE Morocco beneficiaries after the spread of COVID-19 and its impact on their daily lives. We have identified the following elements:

- Decrease in livelihoods due to IGAs that no longer correspond to local market demand, a number of small and medium enterprises and auto-entrepreneurs have ceased their activities, but also to the loss of work generating a general lack of financial resources.
- A very noticeable decrease in the quantity of sold cooperative products, primarily because cooperative members can no longer travel to market their products because of the countrywide lockdown.
- Complete cessation of cooperatives' production cycles due to a lack of financial resources for the supply of raw materials.
- The Income Generating Activities, which have just launched their activities on the market before the lockdown, find themselves in a difficult situation (repayment of credits, total absence of customers, especially for activities related to pastry, bread and cake preparation, etc.)
- Suspension of Village Savings and Loans Associations groups and cooperatives to minimize the exposure health risk
- Difficulty accessing online education for disadvantaged groups, especially in the mountains and remote areas due to the school closures.
- Work loss for pre-school educators due to the suspension of schooling. The majority of them are not registered in the social security system.
- Schooling cessation for both girls and boys from poor families that have no access to technology and/or the Internet to continue their online education.
- Insufficient access to hygiene products specific to the pandemic situation due to the poverty of families, such as hand-sanitizer, disinfectants, bleach, soap, masks, etc.
- Higher rate of psychic stress due to the health emergency and accentuated by increased poverty.
- Individuals deemed essential workers in the private sector working in conditions that do not adhere to appropriate pandemic safety protocols.
- Increase of gender-based violence.
- Difficulty in accessing health services especially in rural areas for two main reasons:

- Public transport services have mostly stopped. Access to hospitals is already very difficult for those in rural areas. In the urban area, there are fewer services available, but there are still more means of transport compared to the rural area.
- Many private medical practices have stopped providing services out of fear of the pandemic.

Governmental measures :

Measures concerning vulnerable populations

Moroccan general society suffers from a high rate of poverty which are exacerbated by the territorial disparities between urban and rural areas as aforementioned. In such a situation of community quarantine, poverty increases because of unforeseen loss of income sources. Households are no longer able to afford basic subsistence as indicated below through the CARE Morocco survey. This is why, faced with this situation, the Moroccan government has created a special fund dedicated to the coronavirus pandemic management in order to help the most vulnerable people by distributing money through digital and electronic platforms according to the following criteria:

- For people working in the private sector who have been declared by their employer to the social security system and who have lost their jobs due to the pandemic, the government will pay a sum of 196 USD from March—June 2020 provided that the company has declared the employees fired.
- For vulnerable people with employment in the non-formal sector and registered with the Medical Assistance Plan (RAMED), a sum of USD 78 for a family of two, USD 98 for three and USD 117 for four or more.
- For people in the informal sector who are not registered with the Medical Assistance Scheme, the government has launched an online platform for them to register and benefit from the same amounts of assistance as those registered with RAMED according to household size.

Measures for enterprises, auto-entrepreneurs, and cooperatives :

- Call for cooperatives to register on the ODCO website so that they can become stakeholders in the strategy being implemented to market cooperative products online.
- Setting up of a zero-interest rate credit for auto-entrepreneurs, impacted by the Covid-19 crisis, up to an amount of 1519.65 USD . This credit, which will be available from April 27, 2020, is repayable over a period of up to 3 years with a grace period of one year. The related interests will be fully covered by the insurance sector.
- Extension of the benefit of economic stimulus to companies operating in the real estate sector whose cash flow suffered because of the decline in their activity.
- Easing of reporting procedures for employees affiliated to the CNSS who are on temporary leave. Declarations can be made on a weekly basis as of this month of April 2020.
- Call by the ODCO for proposals from volunteers either individuals or companies who already have experience in terms of E-commerce to support cooperatives in preparing their E-identity.
- Establishment of a virtual platform to market the products of cooperatives, following the cancellation of the 15th edition of the Agricultural Fair which was scheduled from April 14-19, 2020 in Meknes
- Launch of online platforms for the commercialization of local products from cooperatives and small businesses
- Through Maroc PME, Small and Medium Enterprises can now subscribe to a call for projects "IMTIAZ Technology" aimed at contributing up to 30% of the total amount of investment in projects including the manufacture of safety and hygiene products such as gels, personal protective equipment, masks, etc.
- Firms in difficulty may request the postponement of bank loans until the end of June.
- Leasing instalments may also be extended until the end of June;
- Companies that continue their activity but are experiencing cash flow difficulties can apply for an additional credit line from the banks with the benefit of additional guarantees that will be put in place shortly by the Central Guarantee Fund (Caisse Centrale de Garantie).
- Suspension of employer Social Security payments.
- Companies whose turnover is less than 20 MDH can, if they wish, benefit from the postponement of tax declarations and payment from March 31 until June.

- The Office Chérifien des Phosphates-OCP has launched a mobile agricultural consulting application "@tmar" (أثمار) which aims to make scientific information available to all farmers and to facilitate decision-making relating to agricultural activity, particularly on technical, agronomic, and economic aspects.
- The OCP has launched online training for cooperatives in innovative themes that can be a key factor in overcoming this situation, such as e-commerce

The Moroccan government's response to the crisis was quick and praiseworthy. Both health and economic measures were combined to limit the impact of the pandemic on the poorest population. Several initiatives of livelihood distribution were initiated in different areas by local elected officials in collaboration with local authorities. However, these different measures are not able to cover the entire demand, especially for economically vulnerable populations even before COVID-19.

The government has set up financial support to families through the CNSS, but this action was not applicable to all legal forms of businesses. There is no law allowing cooperatives to declare their members to the CNSS, so cooperatives are once again left out of government considerations in terms of entrepreneurial development.

Because of the lockdown measures put in place by the government, all the declarations that must be made by the vulnerable populations in order to benefit from financial support (RAMED and not RAMED), are made through online services. This measure does not take into consideration the high illiteracy rate, and the lack of access to digital information in rural areas.

Also, the aid measures in terms of financing intended for the private sector do not take cooperatives into consideration because they fall under another legal framework that does not consider them as businesses.

A quick gender analysis:

General situation of women in Morocco before COVID-19 :

Gender stereotypes and gendered role-perceptions are deeply rooted in the Moroccan society and are reinforced by socialization. The tradition-keepers at the local level reinforce traditional beliefs about sex and gender, especially the principle that women should be submissive to their husbands or any male individual in a family relationship. In this sense, the division of labour based primarily on these stereotypes is community-driven. Women, especially those from disadvantaged backgrounds, find it very difficult to challenge these perceptions and to advance their personal goals. The first and greatest challenge remains the feminisation of certain roles such as household chores, childcare and all family obligations within the private sphere. Women, thus, have more responsibilities and face more challenges in the professional and social spheres. They are constantly torn between two competing identities: one of the uncompensated reproductive (motherhood) and one of productive, independent women.

Moreover, women's freedom of movement is generally dictated by family demands and the impact of time spent outside the household, as well as the time allocated to the family, child care, and proximity to the home. It is often male family members, such as the father or husband, who hold the power over women's mobility, over how resources are managed, and generally over decision-making within the household.

On paper, women and men have equal rights under the constitution in Morocco, but in practice there are significant inequalities between men and women, particularly regarding political emancipation. In this respect, the Kingdom ranks 123rd out of 153 countries in the Global Gender Report of 2020. Women account for only 11.7 per cent of the members of the First Chamber, 20.5 percent of the House of Councillors, and 13 percent of Ministerial posts. This situation can be explained by political, economic, and social obstacles, including socio-cultural factors that perpetuate stereotypes and unequal practices regarding the roles and responsibilities of women in society, including the electoral system, political parties, public influence etc.

Statistics segregated by sex and age :

Half of the Moroccan population does not have equal rights nor access to services. For example, in the field of education and according to the 2014 HCP census, 41.9% of women are illiterate compared to 22.2% of men. Among the population aged 25 years and over, 10.2% women have pursued secondary education versus 16.8% men. This shows an inequality gap that continues to affect the quality of women's lives.

Further, Moroccan women face a high-prevalence rate of Gender-Based Violences (GBV) according to the "National Survey on Violence against Women and Society's Perceptions of Violence against Women" of the 2019 HCP. The data reveals, once again, the structural nature of the violence in Morocco with an overall rate of 57%. 58% in urban areas and 55% in rural areas. Economic violence has risen from 8% ten years ago to 15%, and sexual violence from 9% to 14%. Overall, Moroccan women and men feel that violence against women has increased (73% of women and 55% of men)¹⁰.

This violence is mainly perpetrated within the marriage and family sphere, with a prevalence of 52%, or 6.1 million Moroccan women. At the same time, the public opinion measured in a second part of the survey confirmed that 57% of the women interviewed perceive the marital context as the one where violence is predominant in Morocco.

Impact of the situation on women :

The feedback from the field teams was very gender-sensitive. The following is an analysis of the responses from the qualitative survey.

Government measures directed to male heads of households: Economic violence against women is very widespread in the Moroccan society. Now, with COVID-19 the government wants to provide direct aid to families affected by the pandemic and its immediate consequences. No special measures or attention is given to ensure that the household benefits equally from this aid because it is always the male head of the family who must register unless it is a female head of household. This situation reinforces the unequal power dynamics within families and the supremacy of men over women. Questions remain unanswered about women who have always worked in the informal sector, but who are not considered heads of families. Again, with the lack of a transparent and pre-established system to identify people in vulnerable situations, how can we ensure that aid reaches those who deserve it? The distribution of these measures has started since April 6, CARE Morocco is currently following up with its programs beneficiaries, raising awareness about governmental measures and the assistance for targeted groups for via online submission. Therefore, as our primary objective, CARE will be able to detect the points to be improved in these measures and they will be the subject of an ongoing dialogue with the government.

Gender-Based Violence: The Moroccan feminist movement has warned of the risk of domestic violence to which women may be subjected. In this regard, the network of women's associations has published a list of centres that can provide remote psychological support for women. Also, a university research laboratory in psychology provides phone assistance to those suffering from psychological trauma as a result of the current isolation. The various initiatives of associations are to be praised, but the problem still remains. Women lack awareness about these available measures and the means to make necessary phone calls (telephone + communication credit + network coverage). In some cases, there is a language barrier as well, as many remote areas do not natively speak Arabic, the official language. The state services that intervene on the issue are mainly: the hospital, the police, and the judiciary in a second phase. However, the current situation makes all these services very focused on emergency response. The police, for example, are involved in maintaining containment and public order more than in normal times and the courts have suspended their activities except in emergency situations. For a society full of sexist perceptions, GBV is not an emergency¹¹. CARE Morocco monitors the situation of beneficiaries in terms of GBV in collaboration with listening and legal counseling centers in several regions of Morocco. Special attention is also given to supporting CARE teams in order to prepare them to carry out their roles through training on psychosocial support techniques.

Access to public and health services: Access to services was already problematic before COVID-19. The current situation only intensifies this problem. As indicated above, access to services due to GBV is extremely difficult. Public transportation has almost entirely stopped. Authorization to leave the house established since March 21, 2020 in order to fight the pandemic, is given in priority to male heads of households, except for female heads of households. This situation makes women's mobility and ability to act even more difficult. Health services remain the most worrying

issue for most respondents, especially when people are suffering from a chronic illness, such as diabetes, high blood pressure, or pregnant women. This is due to the mobilization of hospitals and medical teams in response to COVID-19. Health centers receive urgent cases and others are neglected. Most private medical practices are also closed for fear of the pandemic.

Unpaid work: Before COVID-19 Moroccan women had a double burden. The division of roles makes family tasks purely feminine. Therefore, even though women may have paid work outside the home, this does not relieve them of their perceived daily duty to their families. The HCP in its survey "Moroccan Women in Figures" confirms that the participation of working women in the labour market is not accompanied by a release from domestic tasks. Thus, women devote a significant proportion of their time to domestic work, regardless of the type of activity they perform. The table below shows the number of hours women spend on household chores:

Housewife	Busy working women	Working men	Not working men
5h55m	4h18m	48m	42m

This situation can only worsen because of the lockdown and the shift to teleworking for many employees. The 24-hour home presence includes working hours, which is not without difficulty given the need to ensure that children attend classes online, prepare food, etc. This puts women in a very difficult situation where they must choose between work and domestic tasks. It must be said that this situation alone can increase the rate of GBV or increase women's mental health risk.

Access to Information : Women have less access to information due to poverty and illiteracy, which makes it more difficult for them to access ICTs and even take advantage of them. Sometimes women do not have mobile phones and/or the connection is very weak in remote areas. It is only possible to contact them through other members of the group. This problem has an impact on all the other elements discussed above because this lack of reliable information worsens the situation in case of public (or other) services needs.

Position with a strong female presence: In Moroccan culture, several positions are generally occupied by women, such as in the pre-school and primary education sector. CARE Morocco has a specific project on improving the quality of pre-school education where there is regular contact with female educators in the private sector. Given that the majority of them occupy these positions outside the social security system, the educators suddenly find themselves unemployed and without the possibility of benefiting from government measures for employees of companies registered in the social security system. In this situation, educators are forced to go through the second or third aid measure dedicated to the informal sector. However, this measure is only for male heads of household as indicated above and therefore female educators are doubly marginalized during this crisis.

Recommendations:

- Collect data segregated by sex, age, disability, and presence of chronic diseases or pregnant women.
- Sensitize communities with existing information on the pandemic and available services.
- Identify and collaborate with listening and legal counselling centres that help women in distress.
- During CARE Morocco's aid actions, ensure that women benefit directly from the distribution of aid and not only the male head of household.
- Implement a system to report cases of GBV through community leaders and heads of groups benefiting from CARE projects.
- Sensitize communities on the fact that government aid is for the entire family and that it should not be given to men as men.
- Monitor government aid measures to identify possible gaps.
- Monitor support initiatives, both from the private sector and civil society.

- Support partners and beneficiaries in the use of online working tools, such as e-learning for pre-school teachers.
- Dialogue with pre-school investors to find a solution for educators not registered in the social security system.
- Supporting educators with distance learning through online pedagogical techniques, providing internet connection, printing of documents.
- Provide allowances to educators to avoid a break in schooling.
- Complete government measures with CARE Morocco aid measures for CARE program beneficiaries.
- Create a national platform of associations and non-governmental organizations, to provide direct aid to the population and ensure maximum justice and equal opportunities in the distribution of aid to vulnerable populations.

Initiatives already begun:

- Collect data segregated by sex, age, disability, presence of chronic diseases, or pregnant women.
- Sensitize communities with existing information on the pandemic and available services.
- Identify and collaborate with listening and legal counselling centres that help women in distress.
- Establish a system for reporting GBV cases through community leaders and heads of groups benefiting from CARE projects.
- Sensitize communities on the fact that government aid is a support for the whole family and that it should not be given to men as men.
- Monitor government aid measures to identify possible gaps.
- Support partners and beneficiaries in the use of online working tools: e-learning for pre-school teachers for example.
- Dialogue with pre-school investors to find a solution for educators not registered in the social security system;.
- Complete government measures with CARE Morocco aid measures for CARE program beneficiaries.
- Supporting educators with distance learning through online pedagogical techniques, providing internet connection, printing of documents.
- Providing allowances to educators exempting parents from monthly payments during the crisis and allowing educators to continue schooling at distance.

Tables of risks and actions to be taken :

Risks	Actions
Not every family can benefit from the state measures.	Monitoring with all CARE Morocco beneficiaries on obtaining the aid.
Increased risk of Gender Based Violence (GBV)	Monitoring and psychosocial support for GBV victims
Suspension of literacy classes	Provide online and tablet courses
Lack of livelihoods	Distribution of cash aid
Lack of hygiene products due to poverty	Distribution of hygiene kits
Increased school dropouts as a result of school closure and lack of remote access	E-learning and educators' support with allowances during the crisis

¹ RGPH 2014 Indicators, Haut Commissariat au Plan. This is the last General Census of Population and Housing in Morocco.

² Ibid

³ Ibid

⁴ Ibid

⁵ Haut-Commissariat au Plan (HCP): Structures and Characteristics of Families in Morocco, Demography in Morocco: the Family Solidarity Networks

⁶ HCP, 2010

⁷ RGPH 2014 Indicators, Haut Commissariat au Plan. This is the last General Census of Population and Housing in Morocco.

⁸ Etat des Lieux de la partie au Maroc, 2016

⁹ https://www.hcp.ma/Note-d-information-du-Haut-Commissariat-au-Plan-a-l-occasion-de-la-journee-internationale-de-la-femme-du-8-mars-2019_a2297.html

¹⁰ <https://maghreb.unwomen.org/fr/actualites-evenements/actualites/2020/01/enquete-hcp-2019>

¹¹ <https://leconomiste.com/article/1060397-violence-contre-les-femmes-une-scene-en-direct>