



Program Information Documents (PID)

Appraisal Stage | Date Prepared/Updated: 06-Apr-2021 | Report No: PIDA240896

**BASIC INFORMATION****A. Basic Program Data**

Country Morocco	Project ID P173073	Program Name Improving Early Childhood Development outcomes in rural Morocco	Parent Project ID (if any)
Region MIDDLE EAST AND NORTH AFRICA	Estimated Appraisal Date 05-Apr-2021	Estimated Board Date 07-Jun-2021	Practice Area (Lead) Education
Financing Instrument Program-for-Results Financing	Borrower(s) Kingdom of Morocco	Implementing Agency National Initiative for Human Development	

Proposed Program Development Objective(s)

Improve access to select quality ECD services in rural areas of Morocco and establish mechanisms to strengthen monitoring, evaluation and coordination of ECD services.

COST & FINANCING**SUMMARY (USD Millions)**

Government program Cost	550.00
Total Operation Cost	550.00
Total Program Cost	549.50
Other Costs	0.50
Total Financing	550.00
Financing Gap	0.00

FINANCING (USD Millions)

Total World Bank Group Financing	350.00
World Bank Lending	350.00
Total Government Contribution	200.00



Decision

The review did authorize the team to appraise and negotiate

B. Introduction and Context

Country Context

1. **After two decades of rapid progress in reducing poverty, Morocco is at a crossroad in its development path.** Morocco has made significant social and economic progress since 2000, thanks to political stability, large public investments as well as institutional and sector reforms. Accelerated economic growth led to the eradication of extreme poverty, a sharp decline in the national poverty rate, increased life expectancy, greater access to basic public services, and significant public infrastructure development. Despite these achievements, heightened aspirations by Moroccans, especially youth, remain unmet. Economic growth has slowed in recent years, job creation remains insufficient resulting in a large inactive population, and the labor force participation rate is low. Pockets of poverty remain across the country and territorial disparities reflect deep social and economic inequalities. Despite this impressive progress, Morocco's development risks slowing down, unless it can overcome structural impediments to growth and boost job creation through private sector-led growth and accelerate productivity and competitiveness gains. King Mohamed VI called for the development of a new and inclusive development model, which is anticipated to place improvements in human capital front and center of Morocco's development paradigm.

2. **For Morocco to move towards a trajectory of faster growth and improved opportunities for all, achieving stronger human capital outcomes will be key.** Human capital in Morocco contributes 41 percent to wealth per capita, a level substantially lower than in countries with a similar level of development.¹ Indeed, weak human capital outcomes are hindering productivity— with a Human Capital Index (HCI)² of 0.5, Moroccans born today will only reach 50 percent of their productivity potential (HCI for girls and boys are 0.52 and 0.49 respectively). Morocco's future social and economic trajectory is therefore conditioned by its ability to accelerate progress in human capital accumulation and distribution, and overcoming various constraints faced by children in reaching their full development, especially in rural areas.

Sectoral and Institutional Context

3. **Achieving stronger human capital outcomes requires overcoming various supply and demand-side constraints faced by Moroccan children in reaching their full development, especially in rural areas.** Over the past decades, Morocco has put in place essential programs to deliver critical services to families with young children. While coverage has improved, there remain significant weaknesses in terms of quality of delivery and access by certain groups to many of these services. In 2019, 37.1 percent of Morocco's population lived in rural areas (HCP 2020)³, which remain disadvantaged in terms of access to basic infrastructure such as running water, improved sanitation, electrification, road connectivity and broadband penetration. This makes accessing health

¹ Lange, Glenn-Marie; Wodon, Quentin; Carey, Kevin. 2018. *The Changing Wealth of Nations 2018: Building a Sustainable Future*. Washington, DC: World Bank.

² The Human Capital Index measures the amount of human capital that a child born today can expect to achieve by age 18, and reflects information from five education and health indicators: probability of survival to age five, expected years of schooling, harmonized test scores as a measure of quality of learning, adult survival rate, and proportion of children who are not stunted.

³ High Commission for Planning (HCP). *Les indicateurs sociaux du Maroc 2019*, Edition 2020



and education services challenging and explains some of the persistent inequalities in early childhood development (ECD) outcomes. The maternal mortality ratio in rural areas is more than two times higher than in urban areas (111 versus 45 deaths per 100,000 live births) and the under-5 child mortality is 37 percent higher in rural areas compared to urban areas (26 versus 19 deaths per 1,000 live births).⁴ While 96 percent of women in urban areas give birth in a health facility, the proportion is only 73.4 percent in rural areas.⁵ Among childbirths occurring outside of a health facility, 28.4 percent are due to lack of accessibility. Regarding access to pre-primary education, there is a 17-percentage point difference between rural and urban areas in the enrollment rate of children ages 4 and 5 (61.8 vs. 78.7 percent).⁶ Access is even more limited for young girls (pre-primary enrollment rate is 54.5 percent for rural girls age 4 and 5 versus 68.8 percent for rural boys). The lower education levels in rural areas and social norms that hinder certain behaviors can also limit demand for health and education services and make behavior change more challenging.

4. Despite strong commitments to improve ECD outcomes and various ambitious sector strategies, efforts have been constrained by the fragmentation of services and the lack of institutional coordination mechanisms, making it difficult to align interventions and leverage synergies impact. Provision of some key ECD services has grown relatively organically, with limited oversight and coordination until recently. As such, the current ECD landscape is fragmented and is missing critical features that would support the delivery of high-quality ECD services. Although ECD has gradually become a national priority for the government, the absence of a multisectoral strategy and a coordinating body that would govern the provision of integrated services for the early years complicate coordination and integration. Different institutions are involved in the promotion of ECD with sometimes overlapping responsibilities. Roles and responsibilities of different actors and agencies are not clearly defined, multiple service providers still follow a sectoral approach, and mechanisms for collaboration and communication are underdeveloped. As a result, convergence of ECD interventions on rural areas and on households with pregnant mothers and young children is low. To add to this, limited data systems for monitoring and evaluating ECD interventions hinders the assessment of progress and impact

5. Finally, the COVID-19 pandemic has brought additional challenges. The sanitary lockdown has impeded access to healthcare, including key services for families with young children, such as vaccination (reduction in utilization by 36 percent of households with children needing immunization), prenatal and postnatal visits (decline by 30 percent of households with eligible women), and reproductive health services (decline by 34 percent of concerned households).⁷ Children who were attending school have lost learning opportunities during the school shutdown. Despite proactive measures by the MoE, distance education is exacerbating equity as 75 percent of children do not have high-speed internet. Very few manage to benefit from online education on a regular basis (48 percent of households at the primary level, 51 percent at the lower-secondary level and 69 percent at the upper secondary level).⁸ At the pre-primary level, 84 percent of enrolled children did not benefit from the continuity of services.⁹ Finally, social distancing is especially harmful for children who need social, child-child and adult-child interactions to develop fully.

⁴ Ministry of Health (2019). National Survey on Population and Family Health (ENPSF 2018)

⁵ HCP 2020 (a). *Enquête sur l'impact du coronavirus sur la situation économique, sociale et psychologique des ménages*. The majority of households surveyed (51 to 64 percent) mentioned the risk of contamination to COVID-19 as a reason for renouncing to using those services.

⁶ Ministry of Education (2019). Indicateurs de l'éducation 2019-2020

⁷ HCP 2020 (a). *Enquête sur l'impact du coronavirus sur la situation économique, sociale et psychologique des ménages*. The majority of households surveyed (51 to 64 percent) mentioned the risk of contamination to COVID-19 as a reason for renouncing to using those services.

⁸ HCP 2020 (a)

⁹ HCP 2020 (b) Rapports sociaux dans le contexte de la pandémie COVID-19.



PforR Program Scope

6. The proposed Program stems from an upstream engagement during the conceptualization and early implementation of the third phase of the government’s National Initiative for Human Development (INDH3). INDH3 was launched in September 2018, following on earlier phases implemented between 2005 and 2017 and during which the Bank was already providing some support. Based on the evaluation of the first two phases, and building on international experience and evidence, INDH3 has re-centered its focus towards key elements that affect human capital, and now includes a window entirely focused on children and adolescents (INDH3-P4).

7. Within the broader INDH3, the fourth window (P4) is articulated around key multisector interventions aimed at boosting human capital accumulation in vulnerable areas. Interventions under INDH3-P4 target two defining moments, early childhood and adolescence, for vulnerable populations in rural and disadvantaged areas, including pregnant and nursing mothers, children under 6 years of age, school-age children, and adolescents at risk from dropping out from the education and training system. More specifically, INDH3-P4 comprises three sub-programs: (a) Pillar 1: Improving maternal and child health and nutrition; (b) Pillar 2: Promoting child cognitive and social development; and (c) Pillar 3: Combatting school dropout and promoting educational achievement.

8. The proposed World Bank-financed Program is expected to contribute substantively to the attainment of key results identified in the government program. The proposed operation will support a portion of the INDH3-P4 (Pillars 1 and 2) with a view to improve access to select quality ECD services in rural areas of Morocco and establish mechanisms to strengthen monitoring, evaluation and coordination of ECD services. As such, the Program intends to do so by focusing on two Results Areas (RA): RA 1 “Improved access to quality ECD services in rural areas”, which is centered around a package of health, nutrition and education services for young children and their families; and RA 2 “Institutional framework and mechanisms to strengthen monitoring, evaluation and coordination of ECD”, focusing on the approach and methods that will guide implementation and will ensure that activities translate into results.

9. Support to these RAs will be provided through six Disbursement-link Indicators (DLIs) as follows:

Result Area	DLIs
RA 1: Improved access to quality ECD services in rural areas	DLI#1. Design and Implementation of a Behavior Change Campaign for Early Childhood Nutrition
	DLI#2. Increased availability of quality community-based health and nutrition services for women and children in rural areas
	DLI#3. Expansion of quality pre-school education services in rural areas
	DLI#4. Enhanced quality of preschool services in rural areas, through the improvement of pedagogical practices
RA 2: Institutional framework and mechanisms to strengthen monitoring, evaluation and coordination of ECD	DLI#5. Implementation of a multisectoral system for planning, monitoring and evaluation of ECD
	DLI#6. Strengthened coordination for ECD

10. To support Program implementation and improve the sustainability of results, a technical assistance



program will be implemented by INDH. First technical assistance will be provided as part of the contracting of two large national Foundations, *Fondation Zakoura* (FZ) and *Fondation Marocaine pour la Promotion de l'Enseignement Préscolaire* (FMPS), to whom the functioning of the new preschool units is delegated. Moreover, INDH has contracted UNICEF to support the design of the community-based health network and will provide access to expertise in this field as part of the contract. Finally, INDH has secured substantial support from various firms with expertise in data collection and IT systems such as ID insight and Association Targa, for the establishment of INDH3's multisector M&E system. INDH is also partnering with J-Pal in the design and implementation of an impact evaluation.

C. Proposed Program Development Objective(s)

Program Development Objective(s)

Improve access to select quality ECD services in rural areas of Morocco and establish mechanisms to strengthen monitoring, evaluation and coordination of ECD services.

PDO- level indicators

- Share of households able to recall at least one priority behavior change message according to the strategic implementation plan over the past year
- Number of households benefiting from a contact with a community health worker or Dar Al Oumouma in the last 12 months
- Number of additional children enrolled in newly created preschool units in targeted areas, that are equipped and operational according to the new quality standards (disaggregated by sex)
- Number of children enrolled in new preschool units whose early learning outcomes are measured at entry and by the end of preschool (disaggregated by sex)
- A multidimensional evaluation system for ECD is developed and integrated into the platform for multisectoral planning

D. Environmental and Social Effects

11. An Environmental and Social Systems Assessment (ESSA) was undertaken by the World Bank as part of the preparation of the proposed Program for Results (PforR) and given the nature of the Program's activities, which are mostly aimed at promoting human capital, the overall effect of the investments is expected to be beneficial. These positive effects should be maintained over the long term as a result of the following:

- a. The exclusion, by the very nature of the PforR, of any investment involving significant or major environmental and social risks;
- b. The nature of the infrastructure works eligible for the Program, which are small-scale and which must meet, in the case of the Dar Al Oumouma (DAO), a new generation of specifications that meet UNICEF standards and, in the case of the preschool education units (UP), new Ministry of Education quality standards;
- c. Works and facilities that do not generate major air or noise pollution or significant environmental degradation;
- d. The existence of various controllable and effective measures to mitigate potential risks and ensure impact monitoring, both during the construction phase and during the operation of the facilities;



- e. The existence of specialized institutions, capable of managing most of the environmental and social aspects of the Program; and
- f. The existence of appropriate legal tools to effectively manage all aspects of the environmental and social management of the Program.

12. **The Program does not include any investments with significant or substantial environmental and social (E&S) risks in accordance with the requirements of the PforR policy.** The environmental and social risks and adverse impacts associated with the Program will be easily identified in advance and prevented and reduced to moderate impacts through effective mitigation measures. The main environmental and social risks related to the achievement of the Program's development results and objectives are therefore considered moderate.

13. **The structural activities financed under this Program, which have the potential to generate environmental risks, are those related to the construction works of the UPs (50 m²) and the DAOs (300 m²).** These risks have been identified and appropriate mitigation measures have been defined for each phase of development, construction and operation.

14. **The ESSA and Program Action Plan include specific measures aimed at strengthening environmental and social management systems at the level of each executing agency and according to their responsibilities in the implementation and monitoring of Program activities.** The Program will support the update of the actual good practices guide developed by the national coordination of the INDH during the INDH II. The update will focus on the new requirements of Law 49-17 as well as on the adaptation of monitoring tools to the characteristics of the activities proposed for funding under this Program. The use of these tools and the implementation of risk mitigation measures will be monitored as part of the annual performance evaluation. The latter will include specific indicators on the environmental and social management. The preparation of the ESSA and the development of measures to strengthen the environmental and social management system benefited from a variety of information. In addition, consultations were conducted on April 1, 2021 and feedback is being incorporated into the final ESSA.

15. **Morocco has several institutions responsible for handling and settling complaints.** The national Grievance Redress Mechanisms (GRM) and institutions available have been elevated to the rank of constitutional bodies to give them the independence and financial autonomy necessary to validate their power of self-orientation. National Coordination as implementing agency (IA) has some experience with handling complaints and grievances related to national programs. The IA will be responsible of maintaining and supervising (and creating, if not yet existing at local level) a GRM that allows Program beneficiaries and other participants to voice complaints and comments regarding to Program implementation, including those relating to other executing agencies.

16. **Communities and individuals who feel they have been harmed as a result of a Bank-supported PforR operation,** as defined by applicable policy and procedures, may submit complaints to the complaints mechanism of the existing Program or to the World Bank Complaint Resolution Service (GRS). The communities and individuals concerned can submit their complaints to the World Bank's Independent Inspection Panel, which determines whether damage has occurred or could occur due to the World Bank's failure to comply with its policies and procedures. For more information on how to submit complaints to the World Bank's Grievance Service (GRS), please visit <http://www.worldbank.org/GRS>. For more information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.



E. Financing

Program Financing

Sources	Amount (USD Million)	% of Total
Counterpart Funding	200.00	36.36
Borrower/Recipient	200.00	36.36
International Bank for Reconstruction and Development (IBRD)	350.00	63.64
Total Program Financing	550.00	

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