

Morocco

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	32.52 M
Urban population (2012)^a	18.66 M
Rural population (2012)^a	13.86 M
Population growth rate (2012)^a	1.46%
Gross domestic product USD (2012)^b	95.98 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	26.8
Under 5 mortality / 1,000 live births (2012)^c	31.1
Life expectancy at birth (2012)^d	71 yrs
Diarrhoea deaths attributable to WASH (2012)^e	1048

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	75%
Use of drinking-water from improved sources (2012)^f	84%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

WHO/FWC/WSH/15.74

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Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.
GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.
Printed by the WHO Document Production Services, Geneva, Switzerland

Sanitation, drinking-water and hygiene status overview*

The third cycle of GLAAS, held over several meetings with many stakeholders, has consolidated the results of strategic reviews conducted regularly at the national level. The fact remains that the already established priorities have not been taken into account in national policies, namely: i – lack of human resources; ii – capacity building (due to financial constraints) and iii – the health program, which has not yet been evaluated and lacks financial resources. Expenditure on WASH sector is 0.4% of the GDP of Morocco, which is lower than that for other sectors.

As presented in this profile, water and sanitation are recognized as a human right in legislation. Several ministries and institutions share the lead for drinking-water and sanitation. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water. Annual reviews are carried out regionally for water; sanitation committees meet every two months. Plans for improved WASH services are in place except for rural sanitation, and targets for the sector have been almost achieved. There is a high level of data availability reported for decision-making and response to WASH related disease outbreak.

Furthermore, it should be emphasized as highlighted in the GLAAS results that there is a critical shortage of financial and human resources for the national hygiene program in Morocco. Indeed, at the national level, priority was given to the development of access to drinking-water and sanitation services. The hygiene program, primarily housed in the Ministry of Health, did not benefit from financial resources to enable it to support the development of the drinking-water and sanitation sectors. Efforts are needed to actually adopt this vision by the competent authorities and consider the hygiene program as a third pillar of WASH.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Several ministries and institutions share the lead for drinking-water and sanitation. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water. Annual reviews are carried out regionally for water; sanitation committees meet every two months.

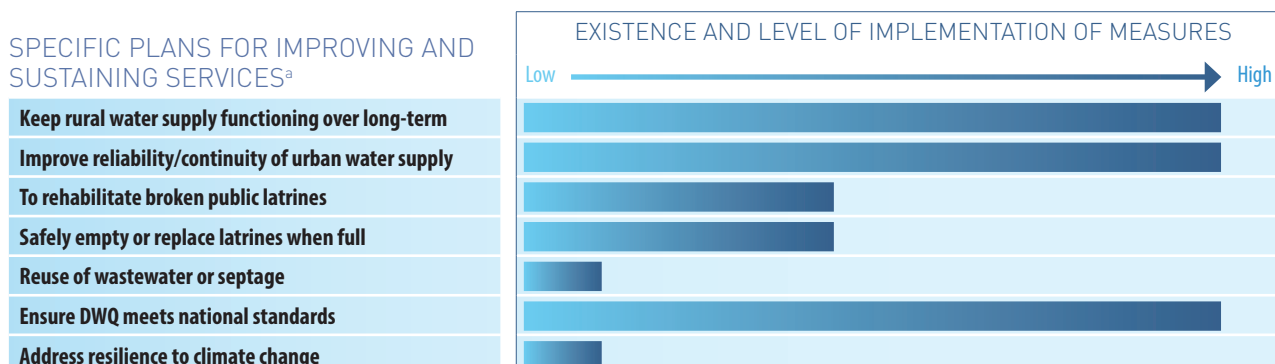
LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Energy, Mines, Water and the Environment: Water Department		✓	
Ministry of Health		✓	✓
Ministry of the Interior	✓		
National Office of Electricity and Water-Water Branch	✓	✓	
Independent Authorities for Water Distribution	✓	✓	

Number of ministries and national institutions with responsibilities in WASH: **11**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	80	2020
Rural sanitation	✗	100	
Sanitation in schools	✓	100	Achieved
Sanitation in health facilities	✓	100	Achieved
Urban drinking-water supply	✓	100	Achieved
Rural drinking-water supply	✓	96	2016
Drinking-water in schools	✓	100	Achieved
Drinking-water in health facilities	✓	100	Achieved
Hygiene promotion	✓	100	2020
Hygiene promotion in schools	✓	100	2020
Hygiene promotion in health facilities	✓	100	2020

There are specific plans with a high level of implementation addressing the issues of reliability/continuity of urban and rural water supply and replacing latrines when full or broken.



^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2008		2009		
Use of performance indicators^a	●		●		✓
Data availability for decision-making^a					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	✓		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✓	✓	
Independent auditing management procedures with verification	NA	NA	✓	✓	
Internal monitoring of formal service providers	✓	✗	✓	✓	
Communication^a					
Performance reviews made public	✓	✗	✓	✓	
Customer satisfaction reviews made public	●	✗	●	●	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for WASH though some gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources, recruiting skilled workers in rural areas and the burden of reporting.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed^a	✓	✓	✓
Strategy defines gaps and actions needed to improve^a	✓	✓	✓
Human resource constraints for WASH^b			
Availability of financial resources for staff costs	✗	✗	✗
Availability of education/training organisations	✓	✓	✓
Skilled graduates	✓	✓	✓
Preference by skilled graduates to work in other sectors	●	✓	✗
Emigration of skilled workers abroad	✓	✓	✓
Skilled workers do not want to live and work in rural areas	●	●	●
Recruitment practices	✓	✓	●
Other			

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas except for rural sanitation. There are reported difficulties in absorption of donor commitments with main reasons reported as procurement delays and conditions of donors.

FINANCING

FINANCING	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Financing plan for WASH				
Assessment of financing sources and strategies ^a	✓	●	✓	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓		✓	✓
Estimated % of donor commitments used ^b	●		●	●
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	✓		✓	✓

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.
^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure ¹	
2012	1256 M.USD
Expenditure as a % GDP	
Education ²	NA
Health ²	6.1
WASH ³	0.4

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.
² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.
³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.
 NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, three disadvantaged groups are identified in WASH plans. Funds for the sector are reported to be largely raised by tariffs for urban areas despite that most unserved are mainly in rural areas.

EQUITY IN GOVERNANCE

EQUITY IN GOVERNANCE	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Laws				
Recognize human right in legislation		✓		✓
Participation and reporting^a				
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	✗	●	●
Effective complaint mechanisms	✓	✗	✓	●

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

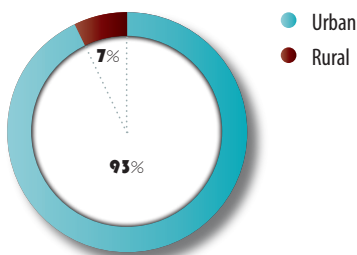
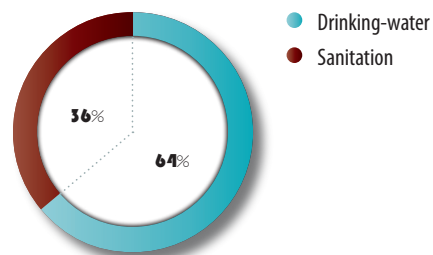


Figure 2. Disaggregated WASH expenditure



EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

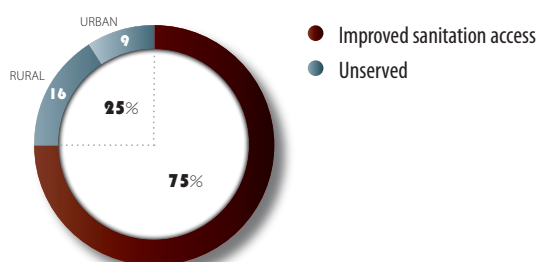
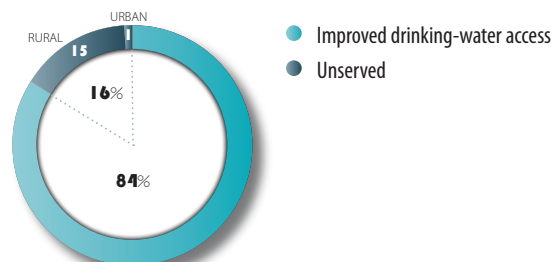


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.