SITUATION OF THE RIGHTS OF THE CHILD IN MOROCCO

Nadia Sebti
Translated by Salomé Hangartner

Morocco is a constitutional monarchy with Arabic as its official language and Islam as its religion. The population of Morocco according to the latest general census, carried out in 2004, is estimated at 29.9 million inhabitants, 11.7 million of whom are younger than 18 years of age. This latter figure by itself is proof of the strategic importance given to the matter of childhood and to giving concrete expression to these rights. But only since the decade of the nineties, thanks to the new political will to initiate a democratic transition, bearing in mind the respect of Human Rights and instituting a state governed by the rule of law, did the matter of the rights of the child begin to take scope within the legal approach. Ratification of several international conventions concerning Human Rights in 1993, specifically of the Convention on the Rights of the Child (CRC) and the Convention on all types of discrimination concerning women (CEDAW), as well as the Moroccan State's compliance with the deadlines for presenting the reports on the state of implementation of the ratified Conventions to the sundry Human Rights Committees of the United Nations, did genuine progress in this matter come about. At the institutional level, we thus see the creation of the National Observatory of the Rights of the Child (Observatoire National des Droits de l'Enfant ONDE), commissioned to supervise the application of the Convention regarding the rights of the child in 1994. This structure, although having the statute of an association from the juridical point of view, enjoys substantial means and a certain power since it is chaired by a princess and was set up by the late King Hassan II in person. ONDE has done important work in the area of harmonizing national legislation with the Convention on the Rights of the Child, and it has also developed the child's right to participate through the institution of the children's parliament. At the state level, several structures dedicated to human rights have been created and they allow having the promotion and protection of the child's rights to be included in government policy. At the level of ministerial departments, these are specifically the Ministry of Human Rights (created in 1993 and abolished during the latest ministerial reorganization in

2004), the State Secretariat in charge of social protection, the family, and youth, created in 1998 and renamed in 2004 to State Secretariat in charge of the family, youth, and incapacitated persons. To this we have to add everything we find within each ministerial department and which might concern childhood matters, namely an office or specialized service in this area. We also have to mention the advisory council for Human Rights, a national institution created in 1990, with the objective of assisting the King in matters of Human Rights and, since its reorganization in 2001, with 14 of its 45 members representing NGOs, among them NGOs of Human Rights and Childhood.

The opening of the politico-social field, in turn, facilitates the development of an emerging civil society whose role is undeniably as much at the level of advocating as at the level of direct actions to protect the child's rights.

On the legal plane, this dynamic will become evident by a genuine reform of legislative dispositions with regard to the child in view of a harmonization regarding the international commitments of Morocco concerning this topic. The significance of this reform is all the more important because it will touch upon texts of which a non negligible part is based on Moslem right and which, due to that, is extremely sensitive to modification. Specifically, this refers to family law, revised in 1993 and 2004, to the law on Kafala (type of adoption allowed by Moslem law) in 2002, to the law on marital status in 2002, to the criminal code and the code of criminal procedure in 2003, the labor law of 2004, and the law on citizenship in 2007.

All these elements move us to evaluate the impact of these dynamics and these reforms at the level of putting into practice the fundamental rights of the child in Morocco, which we shall regroup for the present paper under the headings of the child's right to survival, the right to protection, and the right to blossoming.

The child's right to survive in Morocco

This right is expressed at the level of the right to health and the right of access to health services for mother and child in Morocco. In this context, we have to underline the fact that important progress has been achieved in the course of the past twenty years.

Main progress achieved at the level of maternal health

According to various surveys carried out by the Ministry of Health between 1980 and 2004, we note a substantial decline of Moroccan women's fertility and an increased use of contraception. The overall fertility index, which was 5.9 children per woman at the beginning of the eighties, declined by 32% at the beginning of the nineties and by 58% at the beginning of the new millennium, reaching 4 and 2.5 children per woman, respectively. Contraceptive prevalence passed from 19% in 1980 to 42% in 1992, and to 63% in 2004. The increased age at marriage and the programs of family planning developed by the Ministry of Health since the seventies have much to do with this drop in fertility. In parallel, and in accordance with the latest data of the population census and the family health survey, carried out in 2003–2004, there is a distinct improvement in prenatal care and obstetrics. In almost two thirds of all births, the mother has consulted a health professional at least once during her pregnancy and has been assisted by specialized staff while giving birth, compared to only half of the births in 1997. This figure varies, however, depending on the environment of residence (85% in an urban environment against

48% in rural areas), and on the educational level (94% of women with a secondary education or more give birth in a supervised environment compared to 49% of women without a formal education).

Main progress achieved at the level of the child's health

One of the most important advances recorded in the area of children's health is, without doubt, the expansion of vaccination coverage thanks to the Ministry of Health's implementation of an extended program of inoculations (PEV) which has been the subject of a large scale mobilization at the national level and which has been funded completely by the State budget. Due to this, close to 9 children out of 10, or 89% of children between 12 and 13 months old, have been completely vaccinated and only 1.4% of children have not received any of the foreseen vaccinations. The national program of immunization has allowed to significantly reduce several causes of infant mortality, such as neonatal tetanus, tuberculosis, measles, diphtheria, whooping cough, and polio. Not a single case of polio has been recorded since 1987, and no case of diphtheria has been reported since 1995.[1]

At the nutrition level, thanks to the activities undertaken with regard to monitoring children's growth and the struggle against malnutrition, it was found that the growth retardation (chronic malnutrition symptom) has been reduced among children of five years or younger from 28% to 18%, and the prevalence of underweight dropped from 20% in 1987 to 10% in 2004.

Furthermore, subsequent to the analysis of the second Moroccan periodic report on the application of the Convention on the Rights of the Child in 2003, and in conformity with the recommendations of the Committee on the Rights of the Child (CRC/C/15/Add. 211 of the 10/07/2003, items 46 and 47), increased attention has been given to the matter of the health of adolescents from 2004 onward, since their specific needs had been little known and therefore not been considered, even though they represent 20% of the population. From 2004 onward, the Ministry of Health therefore began to create Youth Health Areas which offer clinical services, where young people can be heard, oriented, and obtain information suitable for and adapted to the specific needs of adolescents with regard to health and reproductive health. In parallel, important activities of information and awareness-raising take place within schools, through the creation of health clubs managed by students who have been trained for this task, and also within the frame of reference of youth centers and women's homes that are dependent on the State Secretariat in charge of youth.

We may also underline the progress made in the past ten years in the efforts to provide general access to healthy drinking water in rural areas, bearing in mind the direct impact on children's health of access to healthy drinking water. Thus, the program of clustered drinking water supply to rural populations (PAGER) allowed to regulate the access to drinking water for 61% of the rural population of this country.[2] A very clear improvement of the bacteriological and physico-chemical quality of the supplied water has also been recorded thanks to the follow-up of the water quality of 75% of the villages supplied by the Ministry of Health. These measures have had several positive effects on the beneficiaries, specifically the reduction, or even elimination, of certain diseases related to water (cholera), improved hygiene of the environment and personal grooming, improved

school attendance of children (due to reduced water-carrying duties, mainly for young girls), and saved time allowing women to take up other activities which produce revenue.[3]

Without minimizing the importance of the progress achieved by the Moroccan state in the implementation of children's rights in health, their state of health is still incomplete in view of the persisting, major health problems which Morocco tries to tackle by putting into practice new programs.

Persisting problems

Among the major, persisting problems of public health, there is in the first place the high mortality ratios of mothers and young children compared to other countries of similar development.

Actually, based on the latest data of the Population and Family Health Survey (EPSF) of 2003–2004, the maternal death rate is 227 of every 100,000 births over a period of 9 years, that is, between 1995 and 2003. This rate has not changed if we compare it to the one given by the National Survey of Maternal and Infant Health (ENSME) in 1997 which gave an estimated rate of 228 per 100,000 births. In relation to the dwelling environment, this rate is even more serious in rural areas where it reaches 267 deaths for 100,000 births.

Concerning the death rate of young children, in other words the risk of dying before the age of 5 years, the rate is still high, in spite of the fact that it has decreased by two thirds (⅔) during the period 1979–2003. According to the latest data of the 2003 survey, infant mortality is still at 47 deaths per one thousand births. In other words, in Morocco, about five children out of 100 die before their fifth birthday. "Among the deaths occurring before the age of five, 78% occur before the age of three and 57% in the course of the first month of life. The primary causes of infant mortality and morbidity continue to be infectious diseases (50%) and perinatal ailments (37%)."[4] Neonatal mortality is the main obstacle to achieving a more substantial reduction of infant mortality in Morocco.

To respond to this situation, the Ministry of Health has adopted the strategy of taking integral charge of children's illnesses (PCIME). This new strategy, which has been implemented by the WHO and UNICEF, integrates all children's health programs and aims at reducing the mortality and morbidity which are due to the main children's diseases by improving the quality of care for children, be it in case of illness or on the occasion of follow-up.[5] Unfortunately, spreading this strategy at the national level is slowed down by insufficient financial means.[6]

Furthermore, the rate of severe malnutrition has increased substantially since 1987, namely from 3% to 10% in 2004. The micronutrient deficiencies affect a large part of children and pregnant women. Thus 32% of children below the age of 5 years and 37.2% of pregnant women suffer anemia due to iron deficiency, 41% of children below the age of 6 years suffer vitamin A deficiency and 22% of children aged 6 to 12 years suffer of iodine deficiency. In this context, a study was made by UNICEF and the Ministry of Health to measure the economic impact of iodine deficiency in Morocco, which is estimated to cause a loss in income corresponding to 1.48% of the Gross Domestic Product (GDP), or the equivalent of 3.7 billion dirhams.[7] This estimate is based on the substantial socio-economic consequences caused by the problems due to iodine deficiencies, such as "the reduction of the physical and intellectual capacity and loss of production, excessive and permanent

care-taking of imbeciles and mentally and physically retarded persons by the families and the community, schooling losses, psychological and socio-economic costs of infant mortality."[8] In view of this major problem of public health, an integral strategy of fighting micronutrient deficiencies has been put into practice since 2000. It includes education on nutrition, preventive and curative supplements for children under 2 years of age and for pregnant and breast-feeding women, enriching of general staple foods such as flour with iron, milk and table oil with vitamin A, and adding iodine to salt.

Besides, a clear reduction in the practice of breast-feeding children has been noted based on the data of several national surveys on population and health carried out by the Health Ministry in 1992, 1997, and 2003. "The percentage of children who have been exclusively breast-fed at 6 months of age is 31%, and more than two infants of every three are given additional food before the recommended age."[9] This situation has been the reason why the Ministry of Health has worked out a national strategy for promoting breast-feeding and good practices in nutrition in 2004, with the objective of assuring exclusive breast-feeding for infants up to 6 months.

In parallel, it is officially[10] acknowledged that the improvement of mothers' and infants' health, indeed the development of the health sector in a global manner, necessarily has to go through a correction of the dysfunctions and major inequities that hamper any progress. On the one hand, this has to do with insufficient resources being allocated to public health in the budget. At present, they represent 5% of the general government budget and generate a good part of the direct payments by households at the level of financing health expenditures (59% of global health costs). On the other hand, the disparities and inequalities of access to medical care have to be pointed out, both regarding the environment of residence (urban and rural), as well as socio-economic strata (population of the poorest and richest quintiles).

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2 “Etude de diagnostic de l’Approvisionnement en Eau Potable (AEP) du monde rural au Maroc – ONEP/FAO September 2005”

3 Idem.

4 Plan d’Action National pour l’Enfance 2006–2015 “Maroc digne de ses enfants,” edited by the Secrétariat d’Etat chargé de la famille, de l’enfance et des personnes handicapées, l’Observatoire National des Droits de l’Enfant and UNICEF.

5 Ministère de la Santé, Direction de la Population, “Santé de l’enfant au Maroc, situation et orientation stratégique,” April 2005.

6 Ministère de la Santé, Direction de la Population, “Politique de Santé de l’Enfant au Maroc:

analyse de situation," October 2005, (p. 106).

7 10 dirhams are the approximate equivalent of EUR 7 and USD 8.

8 Page 5 of the study carried out by UNICEF and the Ministry of Health: "The economic impact of iodine deficiency in Morocco."

9 Plan d'Action National pour l'Enfance 2006–2015: "Maroc digne de ses enfants," edited by the Secrétariat d'Etat chargé de la famille, de l'enfance et des personnes handicapées, l'Observatoire National des Droits de l'Enfant, and UNICEF.

10 Ministère de la Santé: "Politique de santé: acquis, défis et objectifs-plan d'action 2005–2007."

11 "Comprendre le travail des enfants au Maroc," joint ILO-UNICEF-BM survey, March 2003.

12 Etude sur les filles domestiques âgées de moins de 18 ans dans la wilaya de Casablanca, Haut commissariat au plan, Unicef and UNFPA, 2004.

13 Plan d'action du programme de pays, CPAP 2007–2010, UNICEF, 2007.

14 Plan d'action national de l'enfance 2006–2015, Royaume du Maroc, December 2005.

15 "Le Maroc Possible," report on "50 years of human development in Morocco and perspectives to the year 2025."

16 Idem, p. 100.

17 Idem.

18 "Charte Nationale pour l'Education et la Formation," Commission relative à l'éducation et la formation 1999.

19 Action plan of the country program: "Programme de coopération Maroc/UNICEF 2007."

20 Cadre stratégique de développement du système éducatif, Ministère de l'Education Nationale, December 2004.

21 Idem.

22 Le Maroc Possible, report on "50 ans de développement humain au Maroc et perspectives pour 2025," page 111.

23 Web site of the Secrétariat d'Etat Chargé de la Jeunesse, http://www.secj.gov.ma.

24 Op. cit. Plan d'Action National pour l'Enfance 2006–2015.

25 Enquête qualitative sur l'enfant, 2003 – rapport provisoire March 2005 HC au plan, p. 21.

26 Op. cit. Plan d'Action National pour l'Enfance 2006–2015.

27 Idem.

Nadia Sebti is currently program officer at the Centre d'Etudes en Droits Humains et Démocratie in Morocco. She holds a Bachelor of Public Law degree and did graduate study in administrative sciences with the faculty of juridical, economic, and social sciences of the University Mohammed V in Rabat, Morocco; she also obtained a post-graduate college diploma in "Droits Fondamentaux" (Basic Rights) from the University of Nantes and the Agence Universitaire de la Francophonie. She has been working in the area of human rights for the past twelve years and has acquired professional experience as project manager in this field, both with government as well as non-government organizations. Among her latest work we may mention her contribution to the report on "L'analyse de la situation de l'enfant au Maroc: 2000–2005" (Analysis of the situation of children in Morocco: 2000–2005) on behalf of UNICEF which served as a basis for elaborating the cooperation program between Morocco and UNICEF 2007–2011.