



A Different Path: street and working children in Morocco



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Executive Summary

Across the urban areas of the world, there are many children who work or live on the street. Conflict, family breakdown, rural to urban drift, and lack of economic and educational opportunity have all helped to bring these children to the street; often they need to work to support themselves or their families. Most of these children do not attend mainstream education, and many engage in recreational drug use and early sexual activity.

Morocco's urban centres are not exempt from this phenomenon; in the last three decades the number of children on Morocco's streets has grown steadily, and Taroudannt, where MCT's projects are based, has several hundred children who spend the majority of their time on the street. Civil society has attempted to respond to this situation, and organisations such as *Bayti* in Casablanca and *Association Al-Karam* in Marrakech have launched large projects to support children who live in poverty.

Despite this impetus to intervene, little is known about the history or everyday lives of children who live or work on the street in Morocco, or in North Africa more widely. In the first six months of 2010, MCT project workers consulted with children living in poverty and their families in Taroudannt, southern Morocco. This report describes the results of that consultation, and reflects the children's experiences, thoughts and feelings. It also describes the Moroccan social and economic factors which have helped to shape these young peoples' lives.

When speaking to children living and working on the streets of Taroudannt, it is clear that many of them would welcome and would benefit from targeted support to help them improve their situation. MCT has planned a project which aims to deliver that support. Three full-time social workers will work with the children and their families to address the issues that each family faces, build dossiers on their situations with recommended action to take, and work towards resolving these issues by supporting both the children and their families and taking such action as may be appropriate to each circumstance. There will also be homework sessions run every day, led by a teacher with a part-time contract, supported by a team of volunteers that will give the children individual support.



The Moroccan Children's Trust and Groupe Maroc Horizons

The Moroccan Children's Trust (MCT) is a registered UK charity working to achieve sustainable development for the communities of southern Morocco. Registered as a charity in 2008, MCT continues the work begun by Africatrust Networks in Morocco in 1994. Since then UK volunteers have worked side-by-side with Moroccans in Taroudannt and the surrounding area to support disadvantaged young people through a wide range of social and educational projects. In 2003 MCT started to work with Groupe Maroc Horizons (GMH), a registered Moroccan NGO based in Taroudannt which runs projects across southern Morocco. GMH delivers educational and social projects including extra lessons for struggling students, adult literacy classes, activities for vulnerable and disadvantaged young people, and support for young disabled people. GMH organizes a weekly programme of activities for its 400 children, which include art, crafts, theatre, sport, music, and trips around the country. In addition, GMH organises a pre-school class and literacy classes for older members. Three of GMH's committee have been and continue to be in close communication with the MCT management committee in order to implement this new street children project.

From the beginning of 2010 the MCT team in London has focused on building links with Moroccan community organisations in the UK and with organisations working with children and families living in poverty in other contexts. In March 2010 MCT brought together a range of community groups and business partners at the launch event of the street children project. In August 2010 a GMH team visited the UK to take part in a series of conferences and training workshops organised by MCT. The meetings built on MCT and GMH's combined experience of working with young people to develop their approach to working with poor children and their families in southern Morocco. The team met with organisations such as the Consortium for Street Children, the Moroccan Community Welfare Group, UK Children's Guardians and the Klevis Kola Foundation.



Children who live or work on the street

Across the developing world there are many children who live or work on the street. UNICEF highlighted the risks posed to these children in their 2006 publication *The State of the World's Children*: 'Street children are among the most invisible and, therefore, hardest children to reach with vital services, such as education and health care, and the most difficult to protect.'¹ In the 1980s UNICEF categorised street children as either being 'of the street' or 'on the street'. The phrase 'children on the street' characterised those who worked on the street but returned to their family home to sleep. 'Children of the street' characterised those who lived permanently on the street, sleeping there at night.



Over the last three decades, 'children of the street' have been afforded a great deal of attention by campaigning organisations and the media. Films such as *Slumdog Millionaire*, *Salaam Bombay* and, from Morocco, *Ali Zaoua* (pictured above), have offered portraits of children living and sleeping on the street. Whilst the films cast a temporary spotlight onto these children, this does little to address the circumstances that have shaped their lives. These spectacles have indeed sometimes served to diminish further the hopes of these children, as little follow-up has been provided and the film-makers have disappeared leaving the children in the same positions as they were found. Reddy reported that after the making of *Salaam Bombay*, street children 'expressed their anger that, in spite of all this, nothing was done about their problems'.²

Whilst some researchers have shown that the difficulties faced by 'children of the street' are particularly severe, these children represent a small sub-set of a much larger group of 'children on the street' who live in poverty, and whose dwelling may be the street, their parents' house, or may vary from day to day. In a detailed anthropological study carried out over three years, Tobias Hecht mapped the points of continuity and difference between 'children of the street' in Recife, north-east Brazil, their peers who were 'on the street' and those who simply lived in the same poor neighbourhoods.³ Hecht suggests that having a narrow focus on 'street children' may run the risk of distracting attention from the deep and ongoing problems that face all children living in poverty.

¹ UNICEF, *The State of the World's Children*, 2006, p.40.

² Reddy N., *Street Children of Bangalore: A Situational Analysis*, 1992.

³ Hecht, T., *At Home in the Street: Street Children of Northeast Brazil*. Cambridge: University of Cambridge, 1998.

MCT and GMH aim to work with all children living in poverty in southern Morocco who may be drawn to the street, whether they are 'on' or 'of' the street. The root causes of their difficulties are the same, and all these children deserve attention and support.

Across the world, similar factors contribute to the poverty endured by children in the urban environment, often forcing them to take on the role of economic provider or alienating them from the family. *The State of the World's Children*, a 2006 UNICEF report, identified rapid urbanisation and abuse within the family as major factors leading to a new urban underclass of street children. Although summarizing the general causes of this phenomenon is crude, from looking at country-specific profiles (such as those of Latin America, on which Geoffrey Kantaris has written extensively about the impact of urban growth and neoliberalism) we can see the same factors re-appearing, as Johann le Roux highlights in his article *Causes and Characteristics of the Street Child Phenomenon: a global perspective*.⁴ These are urbanisation, rural to urban drift, high urban unemployment, high parental and especially maternal illiteracy rates and difficulties accessing education. The UNICEF report also identified that the majority of street children are boys, as they are more likely to flee abusive family situations.

These underlying factors lead to harmful consequences. Some street children are involved or are at risk of engaging in recreational drug use, especially glue-sniffing or early sexual activity and prostitution. Many do not attend mainstream education, and have limited or no access to essential services such as health and protection.⁵ The WHO 2000 training document on working with street children identified that street children 'do not have what society considers appropriate relationships with major institutions of childhood such as family, education and health', and promoted the initiative of 'street educators', workers who help street children receive some level of education.⁶ Street children often live in the most precarious situations without the support networks that others take for granted. Developing the right intervention methods to support these young people is complex, and successful projects are usually grounded in extensive prior research into the local situation. It is, however, often difficult to conduct effective research into the conditions of these children's lives as they move on frequently, are not on the streets during daytime and are suspicious of authority figures or strangers asking questions.⁷

Although a great deal of media attention on street children has focused on larger countries such as India and Brazil, the issue in Morocco is a significant one. Dr. Najat M'Jid, working for the National Human Development Initiative in Morocco wrote for the 2006 ISPCAN (International Society for Prevention of Child Abuse and Neglect) newsletter that the number of street children in Morocco was estimated at being between 10000 and 30000.⁸ In the 2004 UNICEF Programme Evaluation Report for Morocco, one of the key problems regarding child protection was 'an increase in the number of street children and still a high number of working children.'⁹ The report also attributes the rise in the number of street children in most cities to 'poverty, family break-up, loss of cultural and social reference points, and school drop-out.' These children are marginalised and maltreated by an

⁴ Le Roux, J. and C.S. Smith, *Causes and Characteristics of the Street Child Phenomenon: a global perspective*, 1998

⁵ UNICEF 2006

⁶ WHO 2000, Introduction

⁷ Ennew, J p.60 – 73.

⁸ M'Jid, N., "Street Children in Morocco: Analysis of the Situation" (2006) in *The Link*, official newsletter of the International Society for Prevention of Child Abuse and Neglect (ISPCAN) 2006.

⁹ UNICEF, *Morocco-UNICEF Country Programme Evaluation*, December 2004

often fearful public, and their prospects remain bleak. Furthermore, the lack of research into the issues surrounding the children in Morocco makes planning interventions particularly difficult.



Children at risk in Taroudannt

*“What makes your life difficult?”
“Looking after my mother and family”*

Taroudannt

Taroudannt is a small town which lies at the foot of the Middle Atlas Mountains, inland from the city of Agadir. Taroudannt is sometimes referred to as the 'grandmother of Marrakech', as it preceded its now-famous northern counterpart as a walled trading centre, forming a staging post between the desert to the south and the fertile arable lands to the north. Taroudannt continues to derive income from commerce, especially from European tourists stopping over in the town; this income bolsters its economic mainstays which are agriculture and small industrial plants. As everywhere in Morocco, tourism forms an important economic bulwark for the town. Also in common with the rest of Morocco, increasing numbers of foreigners in recent years have bought houses in and around Taroudannt, causing a large rise in land and property values.

Tourism is, as in the rest of Morocco, a significant source of income in Taroudannt. The town is visited mainly, however, as a stop-off spot for tourist on their way to sites of greater interest. The main attractions of Taroudannt are the town walls and the souk, the latter providing potential sources of income to street children who spend their recreational time around the market. This kind of tourism is limited, however, and does not bring in the same levels of income that visitors to such hot-spots as Casablanca, Fez or Marrakech provide.



Problems faced by poor families

Poor children in Taroudannt face many challenges. Taroudannt is a rural town, and many families live in the Atlas Mountains which shadow it. Living conditions for those inhabiting the countryside can be extremely difficult, as many people still practice subsistence farming. The main sources of income

for people living in Taroudannt, apart from agriculture, are leather products made at the local tannery and factory work. In the fields around the town, farm labourers earn up to 70 dirhams (£5.83) for a fifteen-hour day. The minimum wage is 52.5DH per day.

The vast majority of farm labourers and factory employees in the countryside are female, which means that their children are left to fend for themselves for a great part of the day, often caring for younger siblings or themselves working to boost the family's income. As an MCT project officer has highlighted, the mothers who work on the farms often lock their children up during the day rather than take them to work, as they often face harassment whilst they are waiting for the trucks to arrive at Assarag in the early mornings.

As well as low income levels, poor families in Taroudannt face other significant problems such as poor quality of housing and restricted access to healthcare. Our social workers have found that the majority of households they work with report issues relating to their living spaces being in disrepair or too small to live or work in. One family only has 4 rooms to house 13 individuals, and another house has only 1 toilet shared between 21 individuals. These cramped living conditions represent another cause of children's displacement to the streets.

A significant proportion of children live in households where their parents or guardians are unable to work due to disabilities, physical health and mental health problems. Some of the children have health problems, many of them chronic, for which only a few have received treatment. Some children do not have the ID papers, which are necessary to obtain access to education and other vital services such as employment and medical attention.

"I have never seen a doctor"

"I stay at home if I am sick"

"My family can't afford x-rays"

To obtain ID papers for the child, the mother's and father's marriage certificate, ID papers and the child's birth certificate need to be produced. If these papers cannot be presented or the father's name is not on the birth certificate, then the father can write a letter requesting the ID papers. In cases where parents cannot or will not provide these documents, it is possible for a lawyer to represent the child and present dental records to ascertain the child's age. If a husband refuses to attend court for a divorce hearing three times, the judge can sign the divorce papers. It can be very difficult for children to obtain ID papers, especially if they are living on the streets or their parents are absent or unwilling to help.

"His fundamental problem is that he has no papers. He has tried...but his father refuses to pursue the matter. He would very much like to go to a regular school"

In many poor households one or more parents are absent or deceased, generally fathers. The majority of households have women as the main, and often only, earner for the family. Family breakdown seems to be a strong factor in children spending more time on the street or in leaving home entirely. One of the MCT social workers related a common case:

“The change in the child’s behaviour and his living on the street began after his parents’ divorce and whilst his mother was in prison for three months, where she was serving a sentence for prostitution”

In some families the biological parents are not present at all, or suffer from learning difficulties that incapacitate them as a primary carer. Carers and breadwinners are often, therefore, an adoptive parent, an uncle or aunt or a grandparent.

In Taroudannt there are several hundred children who either live or work on the street. These children tend to spend their time together in groups, predominately on and around the Place Assarag, which consequently has earned a reputation as being a dangerous place. Some children voluntarily spend most of their time on the streets; others are forced to live there. Mothers may require their children’s absence from the home, as many work very hard and long hours on local farms and in factories for little pay (the minimum wage for the industrial sector is 10DH per hour) , arriving home exhausted from a day of manual labour, and others work during the night at home.



“What are the positive things in your life?” “My mother. She died last year of diabetes.”

Working children

Many poor children in Taroudannt are breadwinners for their families, whilst others work to fund their own purchases and needs. A large number of children are not in education and those who are in education have often dropped out several times and their future school attendance is uncertain. Youth workers also report that many of these young people have problems with aggression and difficulty in focusing. Despite the large numbers of children who have dropped out of school or are at risk of doing so, many of those that we have spoken to expressed their enthusiasm for learning. It seems that these children can be encouraged to stay at school if there is someone in their lives that shows support and encouragement for their school career. With continued support, a child’s attitude towards education may change as they begin to see the relevance of school to their day-to-day lives and their future.

Many children drop out of school in order to earn money for their families or to support them in other ways. Children’s assistance on smallholdings is often essential for families to be able to cultivate their land. Children in rural areas are often responsible for looking after livestock and assisting with other farming duties.

When we visited one rural school in a village near Taroudannt the teacher spoke of how many of the children left school at either 13 or 14 to work on the neighbouring farms and, whilst in school, the rest of the half day was taken up with domestic chores and tending to livestock. It can often be exhausting for children to study early in the morning and to do hard manual labour for the remainder of the day whilst also being expected to complete their homework. Many of the girls to whom we have spoken have worked as domestic servants and some are the primary carers for family members and siblings, a role which sometimes prevents them from attending school or training. There are cases, however, where this work could be balanced with school attendance, and these are cases where additional academic support could make a big difference. Acknowledging the central role that many children play within the home and their dedication to their family is important when devising appropriate interventions and is why working closely with siblings, parents and the extended family will be a crucial part of a social worker's role.

“What are the negative things in your life?”

“I think about all the problems of my family. I am very weak, the stress of the problems is too much.”

How do children earn money?

The ways in which children earn money in Taroudannt include shop work, selling products in the souk and tour guiding, and a significant number are paid for collecting rubbish; they wander the streets in the late evening to comb through the garbage so that they can sell some of the edible matter to the owners of livestock. Many also bolster their income through illegal activities. This chart shows how some of the children to whom we have been speaking earn their money:

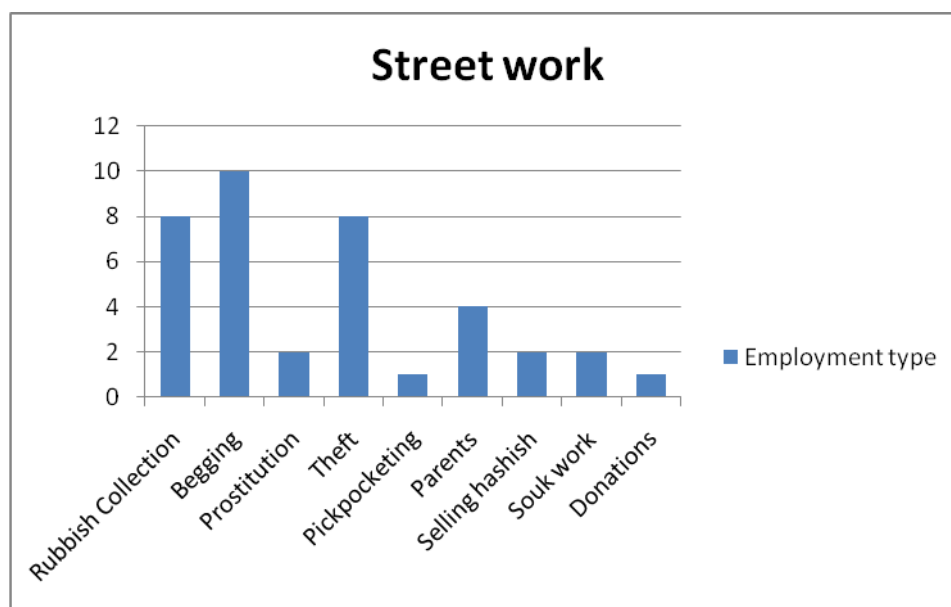


Figure 1: Information from children who stated how they earned money

Children who spend a large proportion of their time on the streets in Taroudannt often engage in criminal activity, but this is an area that could be addressed by greater participation in school and greater support for their families. The children mainly earn money through petty theft and pick

pocketing, often to purchase necessary items such as clothing and food, although some earnings are spent on maintaining addictions to sniffing glue. Some children steal from small shopkeepers in the souks or on the street from vendors or tourists. When children are arrested, an adult may pay to have them released. If the children are repeat offenders or there is no one willing to vouchsafe their release, they may be prosecuted and sent to the juvenile detention facility in Agadir.

There are also a number of individuals who resort to begging for money from tourists on the streets. Several of the boys who live on the street indicate that their mothers are actively engaged in prostitution in order to support their families. Prostitution can appear to be an attractive source of income because it is one of the only ways to earn a significant amount of money quickly.

Hazards faced by street children

Drug Use

Glue-sniffing is the most common substance abuse problem for children spending a significant amount of time on the streets. Glue can be purchased legally by anyone at any age in almost any small shop in the city. Based upon interviews with a number of the boys who are consistent sniffers of glue, the desire to 'escape' from difficult family situations is often the motivating factor for beginning and continuing to use drugs. The boys will often state that they become addicted to the use of glue, although some have been able to stop with support.

Some of the children also describe regularly drinking alcohol. Whilst the supply of alcohol is officially strictly limited to a small number of tourist venues, alcohol has become increasingly widely available, as individuals distil it in their homes. Boys also have access to hashish if they can afford it, and it is easily available on the street. Price seems to be the determining factor in its widespread use and it is widely used by adult men, particularly 16-25 year olds throughout the city.

Violence

Place Assarag, where most street children spend their time, can be dangerous, especially for children who are unsupervised. Those that sleep on the streets often do so in trees in order to avoid violent situations. Children that regularly use glue often grow anxious and violent in the evenings when emotions are running high and fist-fights are common. Two of the social workers that will work with our project are often present in the evenings in an attempt to deal with medical emergencies and to counsel some of the boys, but there are no other services available. The fights become extremely violent at times and we are aware of one young man that was murdered with a knife at Assarag in 2010.

"She has seen her father four times in her life, but he refuses to acknowledge her as his child"

Aspirations

“What do you want in life?”

“A project with other people, open a shop for handicrafts, to be independent of the family and to help my mother. I want to see my brother finish school”

Children to whom we have spoken who have lived on the streets often show enthusiasm about the future and a desire to go into one of many varied professions. Many of the children have expressed their hopes of becoming doctors, teachers, police constables, journalists and sports stars, as well as their desire to support their families and continue with their schooling. It is clear that despite the difficulties they face, the children want and need support to build their futures. One thirteen year old boy that sleeps on the street has left school and makes his money from begging and selling hashish said that the thing he wanted the most was “to have a stable life and to have someone to talk to”. Working with parents, mentors and social workers to help provide much needed and stable sources of reassurance and support for these children is crucial, so that they can work on the positive changes they need to make and that many of them have identified for themselves.

Media portrayals of street children sometimes suggest that they have little attachment to or concern for their family; many children are, however, young careers, and sometimes breadwinners for their families, and place their families at the centre of their aspirations for the future, stating “I want to help my family” and “in the future I want to take care of my family”.

“I want to be a teacher”



The Street Children Project Plan

Phase 1: Project Planning

Through discussions with GMH committee members and local experts in children's welfare, health and education, MCT has become aware of a number of cases where children who live and work on the street required more support and assistance than is currently available.

In the first phase of this project, MCT and GMH aimed to understand better the lives of these children and their families. We have spoken with children and families about their routines, the challenges they face, the hopes they have for the future, and how MCT and GMH can help them overcome their difficulties. This background information will be essential for MCT and GMH to confirm that our planned interventions will meet the needs of our beneficiaries.

Phase 2: Plan Implementation

The street children project will be launched in October 2010. MCT and GMH believe that for it to be successful interventions must not only be aimed at supporting children, but also supporting their families in a holistic way. This diagram outlines the different strands of our project, together with plans that we would hope to implement in the future:

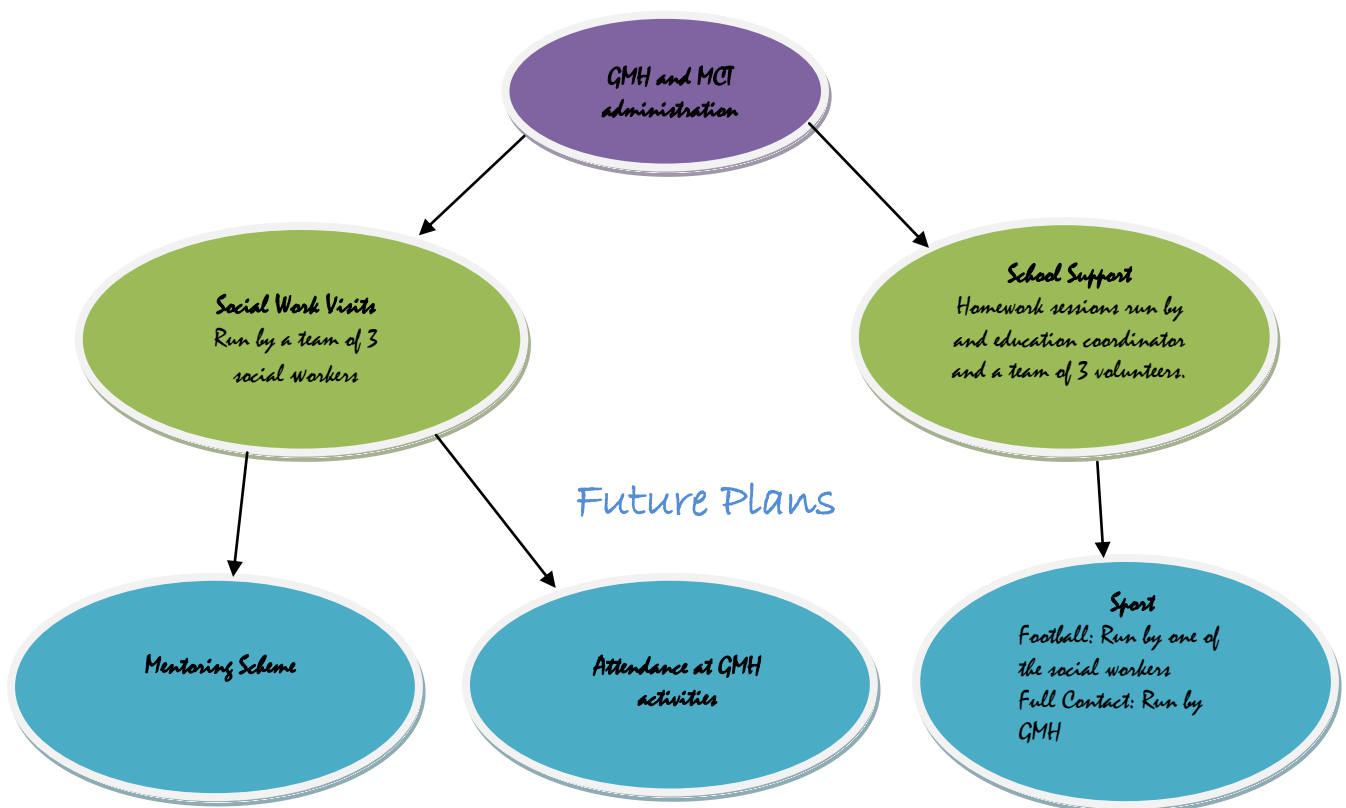


Figure 2

The core of the project will be the employment of three social workers from Taroudannt, who will work with selected children and families to manage challenges in their lives. This team of social workers will offer crucial assistance, be it through liaising with health and social authorities, advising on practical issues, or providing emotional support.

One way in which social workers can have a positive impact on a child's future is through helping them acquire ID papers. Having a social worker to liaise with a lawyer and act as a family mediator has already proved successful and we hope that through employing a team of three social workers more children will gain access to education and other services that are only obtainable through having ID papers. Where appropriate, the social workers will give practical support to the children and their families. This support will target key areas identified by the interactions MCT and GMH have had with the children. Our aim in working with these children is to support them to engage with education, by assisting them with schoolwork and helping them to see the relevance of education to their lives, something that is often difficult for children who are independently seeking to support their families and themselves financially.

The three social workers will work together with approximately 30 families. They will meet regularly (at least fortnightly) with the children and their families, together and separately. They will meet with them at the office, on the street and at home. They will follow the children's health, education, work and social life, using a plan developed jointly by MCT and GMH as a template for support and information-gathering. The social workers will identify those children who are in need of one-to-one emotional support, and will use the meeting room at the office as a space in which to conduct *séances d'écoute*, interviews, and focus groups. The social team will also lead regular trips for the children, which will allow them to spend some time outside of their usual environment.

The second part of our initial project plan is the introduction of homework sessions taught outside of school for those whose attendance at school is very irregular, or those who are at risk of dropping out of school. There will be regular, scheduled homework sessions which will take place at the office each weekday and evening. These will be led by a teacher, who will have a part-time contract, and who will lead a team of volunteers who will assist the children with their work. The teacher will be supported in this work at all times by a member of the social work team. These lessons will happen twice a day, in accordance with the school timetable. The school support group will create a space for children to do their schoolwork, as well as assist struggling students to keep up with their classmates.

***“What kind of teaching help for your children do you need”
“After school assistance, but it's too expensive for us”***

Phase 3: Future Plans

Alongside the social work and education teams, sports activities will be made available for children who work and live on the street. Children end up on the street because they are bored, because they lack space at home and because of the feeling of freedom they have whilst there compared to the rest of their lives. Whilst some limited youth activities are available in Taroudannt, children on the street often feel socially excluded and do not participate. MCT and GMH believe that by providing

targeted activities like sports to these children we can combat some of their boredom, as well as create an alternative space where they are welcome, so that the 'freedom' of the street is not as enticing.

The first projected sports activity to be launched if we receive adequate funding will be 'full contact', a combination of martial arts and acrobatics that has been designed by a youth worker in Taroudannt. This programme had previously been running in Taroudannt, but had to be closed due to lack of funding. As well as training in full contact the sessions will include group games and discussions about the children's problems and worries. Many of the boys who have taken part in this activity in the past aspire to competing professionally and the teacher has noted how the participating group learns to work as a team, grown in confidence and respond well to the structure of the classes. Boys also attended a full contact competition in Agadir last year, providing a concrete goal for many of the participants.

The success of the full contact programme in the past in encouraging children to stop using drugs shows how physical activities can be used to help children overcome their reliance on glue and other substances. Setting conditions for participating in activities, along with encouragement from social workers and mentors, has been seen to be a successful intervention and one which the project will continue to develop, so that both short term and long term needs can be met.

"He has been working with Youness at the full contact centre for some time and this has brought about a complete change in his personality. Prior to this, he was afraid of contact with others and was often treated as a 'slave' by others. He was sexually abused for a while and also briefly was involved with sniffing glue. He is now much more confident and engages with others more normally. He was afraid of youth workers before he began full contact."

The programme lost its funding recently, which is disappointing for a number of boys who have requested that it be restarted. MCT and GMH hope to restart and support its further development by establishing an integrated project space that children can visit for a range of activities. By being in one building, children and families will be able to access social workers and other activities all in the same location.

From September to December 2010 MCT and GMH hope also to establish a mentoring programme and additional activities aimed at reaching children in poverty and those living on the street. The mentoring programme will provide positive role models to work with children on a regular basis. Finally, we hope to design and provide more youth activities for children with the help of GMH, including drama, music and arts classes. The major challenge we face is helping other parents to modify their attitudes to these young people, so that all children can participate in integrated projects together.

A review will be conducted in February 2011 to evaluate the effectiveness of MCT and GMH's programmes and structures. Ongoing research will also be part of all project components and will allow MCT and GMH to build on the base of our initial investigation.



The Moroccan Socio-Economic Context

Economy

The young people who are characterised as 'street children' are the children of families living in poverty. Economic insecurity is an important factor contributing to family break-up, poor housing conditions and to children entering the labour market, all of which contribute to the children's presence on the streets. The Moroccan economy has changed rapidly in the last two decades, and the changes in economic structures and power relations have had an important influence on the opportunities available to poor families.

The annual GDP per capita is \$4700,¹⁰ and Morocco ranks 147 in terms of GDP out of 227 countries and regions. By comparison with other North African countries, Morocco's GDP is low; in Algeria it is \$7100¹¹ and in Tunisia it is \$8200,¹² whilst in Libya it is \$13400.¹³ Large fluctuations in GDP have been due to unreliable rainfall that has resulted in a combination of droughts and heavy rains that have destroyed crops and have harmed the agriculture sector.¹⁴ The World Bank's evaluation of Morocco's Human Development Rating in 2007 was 0.654, ranking Morocco at 125 out of 177 countries worldwide, although it also reports that between 1980 and 2007 the HDI rating rose by 1.2% annually.

There is great disparity between the sectors that bring in the most money and those that have the most people working in them, as shown in Figure 3:

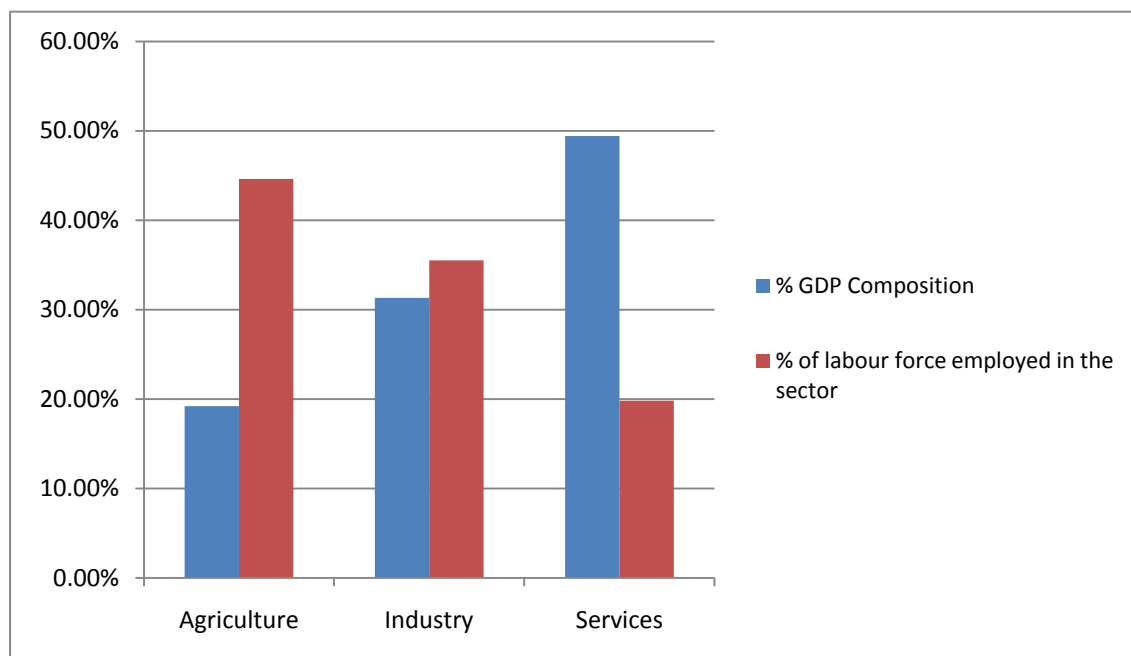


Figure 3

¹⁰ CIA, 2010c
¹¹ CIA, 2010a
¹² CIA, 2010.d
¹³ CIA, 2010.b
¹⁴ IMF, 2005.

It is clear from comparing GDP composition to the composition of labour that the majority of the population is working in the sector that yields the least GDP. The Moroccan economy remains dominated by agriculture, a large proportion of which sector is taken up by subsistence farming, but this is the least profitable, and is an occupation mainly held by those that live in rural areas. Estimates indicate that out of the 19% of the Moroccan population that lives under the national poverty line, 70% are living in rural areas where agricultural work constitutes the dominant form of income.¹⁵

Other important sectors that contribute to Morocco's GDP include tourism which contributes \$3 billion (or 4%) each year.¹⁶ In recent years, the income from foreign tourism has risen considerably. In January 2001 the "2010 Vision" initiative was launched, aiming to increase hospitality for tourists in Morocco by this year, by creating more hotel beds and flights to accommodate tourists. Other major industries in Morocco include leather goods, textiles and construction.

Morocco has a growing population¹⁷ and a sizeable workforce with 92.1% of the population being under 60 and the median age being 25.0.¹⁸ The mean family size in 2008 was 6.1 in rural areas and 5.0 in urban areas.¹⁹ In 2004 around 58.6% of 20-24 year olds were living in urban areas whilst 41.5% were living in rural areas, according to the Population Council (2009). This shows the results of high rate of rural to urban migration, which has led to 59% of the population living in urban areas.²⁰ The annual urbanization rate between 2005 and 2010 was 1.8%, showing the gradual drift away from rural regions such as the mountainous areas surrounding Taroudannt.²¹ The World Bank's figures from 1998-99 specify that 27% of the rural population were living below the poverty line as opposed to 12% of the urban population.²²

The economy has recently been a focus of government policy, and since 2003 King Mohammed VI has pursued economic policies which have improved economic growth, which in 2009 stood at 4.9%. These policies have seen their results in greater macroeconomic stability with low inflation (1.2% in 2009) and an increasingly successful financial sector. In 2005 the King launched the National Initiative for Human Development (INDH), which has 'resulted in 16,000 projects benefiting some four million people across all regions of Morocco.'²³ A key part of this initiative was a rural electrification programme.²⁴

A large section of the population has not, however, been able to share in the new wealth provided by the increase in Morocco's GDP. The gap between rich and poor remains very wide and it is difficult for poor families to improve their condition in life. 7.5% of the population live on less than 2 US\$ a day. 82% of people in the country do not have access to improved water sources.²⁵ There is a drastic

¹⁵UNDP, "Human Development Report - Morocco," 2009.

¹⁶ Moroccan American Trade and Investment Council, n.d.

¹⁷ Abderrazik, L. T. and J. Beamish, 2004.

¹⁸ UNDP, "MDG Monitor," 2007b,.

¹⁹ Pan Arab Family Project for Family Health, 2008

²⁰ Population Council, 2009.

²¹ CIA, 2010c

²² Kingdom of Morocco, 2006.

²³ Ali, S., 2009.

²⁴ Davis, D., 2006

²⁵Ali et al. 2003

difference between rural and urban areas in Morocco in terms of access to clean water sources and sanitation. In 2008 99% of the urban population had access to clean water, whereas only 60% of the rural population did. Similarly, 80% of the urban population had access to sanitation whereas a mere 45% of the rural population did. The disparity in wealth distribution remains one of the key factors in the development of Morocco and the lowest earners and those outside the formal employment sector continue not to see the benefits of the rise in GDP of 2009.

It is hardly surprising that the World Health Organisation found that 40% of the population on the lowest incomes makes up 17% of the country's income, whilst 20 % of the population on the highest incomes make up 47% of the country's income.²⁶ There is, as is too often the case with developing countries, a huge disparity between those on high incomes and those on lower incomes. The disparity in wealth distribution remains one of the key problems to development in Morocco, and consequently the lowest earners and those outside the formal employment sector often do not see the benefits of growth. In 2009 9.1% of the population were unemployed. However, official statistics often do not include the large informal sectors of the economy which incorporate domestic servants, street vendors and other poorly paid individuals. A study by Université Mohamed V in 2004 found that unemployment figures are highest amongst young people, reaching 16.3% for 15-19 year olds and 24.1% for 20-24 year olds.²⁷ Contrasting findings from the University of Texas in 2006 state that urban youth unemployment is at around 30% due to widespread illiteracy and low enrolment rates in education.²⁸

The number of teenagers and children working as prostitutes in the urban centres is estimated at tens of thousands.²⁹ Prostitution, along with domestic servitude, represents another employment sector which will not be factored into employment statistics and another hidden sector of society that benefits little from any government intervention schemes that seek to alleviate child poverty. The Population Council report of 2009 noted that the needs and challenges faced by young adolescents have been neglected by policy makers.³⁰ Intervention programs for child health, maternal health and women's empowerment have often missed out this key group which makes up 13% of the population.³¹



The total population of Morocco is estimated to be approximately 31 million,³² with 29% of the

²⁶ WHO, 2005

²⁷ Abderrazik and Beamish, 2004

²⁸ Davis, 2006.

²⁹ AFROL News 2005

³⁰ Population council 2009

³¹ UNDP 2007a

³² CIA 2010c

population younger than 15 years old.³³ This large youth bulge has put pressure on Morocco's education and healthcare sectors, as well as contributing to the country's lagging levels of unemployment. Still, this high number of youth also carries potential for economic development and has been described as a 'window of opportunity'³⁴ for Morocco if the country invests in its young people.

Although the productivity of the Moroccan economy has been improving thanks in part to government initiatives, there remains a big disparity between rich and poor, and great numbers of those in rural areas are living under the national poverty line. An ostensible improvement is not always being matched with efforts to share the benefits amongst the whole population, meaning that many families are still suffering from poor living conditions, illiteracy and unemployment. The CIA's North African unit suggests that:

Long-term challenges include improving education and job prospects for Morocco's youth, closing the income gap between the rich and the poor, confronting corruption, and expanding and diversifying exports beyond phosphates and low-value added products.³⁵

Child Employment

Advocacy organisations like Human Rights Watch have claimed that Morocco has 'one of the highest child labour rates in the Middle East and North Africa'.³⁶ Children's work is a common phenomenon in Morocco, but the proportion of children employed varies by sex, age and residence.³⁷ According to Labour Force Survey (LFS) in 2000, some 600,000 children aged between 7 to 14 year old are engaged in work.³⁸ Based on data from 2008, UNICEF estimates that 8% of children between ages 5 and 14 are working in Morocco.³⁹ Work prevalence is highest among older children, but the absolute number of very young Moroccan children engaged in work is nonetheless significant. Some 372,000 children aged 7-11 years are economically active.

The Government of Morocco and civil society have engaged in a number of initiatives to curb these numbers. The government ratified two ILO child labour conventions by 2001 and enacted a new labour code. The code increased the minimum age for employment from 12 to 15 years old, banned dangerous labour for all children under 18 and provided legal sanctions against employers who recruit children under the age of 15 to work.

While laws have been introduced to protect children, enforcing these regulations has been complicated, particularly in the context of rural poverty where child employment is a reality. According to a study by the World Bank, UNICEF and ILO in 2003, work prevalence in rural areas was more than six times that of urban areas, and rural child workers made up 87% of total child

33 World Bank 2010b

34 World Bank, 2007.

³⁵ CIA 2010c

36 Human Rights Watch 2005:6

³⁷ ILO, World Bank and UNICEF, 2003.

38 *Enquête nationale sur l'emploi* 2000, cited in ILO, World Bank and UNICEF, 2003.

39 UNICEF, 2010.

workers.⁴⁰

Rural child labour consists overwhelmingly of unpaid labour on family farms, while urban child labour also includes significant proportions of wage labour, self-employment, and apprenticeships.⁴¹ According to government data, urban child labour is largely divided among textiles (25%), other industries (20%), commerce (16%), domestic service (12%), and repairs (9%). Domestic service has the highest levels of paid employment of children, at 72%, far surpassing the next closest sector, textiles, at 29.8%.⁴²



Education

The education system in Morocco

Attendance at school is compulsory in Morocco between the ages of seven and fourteen. The timetable is based on a two-week rotational system, with the children attending half a day every day. The first 9 years of education (from age 6 to 15) comprise basic education, with the first stage being the first six years of primary school and the second stage being the first three years of secondary school. This basic education concludes with the *Certificat d'Enseignement Secondaire*. This is followed by a non-compulsory choice between General Secondary education from fifteen to eighteen ending in *baccalauréat* examinations, or Technical Secondary concluding with the *baccalauréat technique*. The *baccalauréat* is split into three options: letters, science or maths. There are also end of year exams each year, and if these are failed then the child must retake the year, a great disincentive for those struggling to balance work and school.

⁴⁰ ILO, World Bank and UNICEF, 2003.

⁴¹ Ibid.

⁴² Ibid.

Obstacles in exercising the right to education

A problem for many children in rural areas is not the education system itself, but the location of schools. Many would have to travel hours to reach their local school, as there are simply not enough schools in the countryside to serve all of the outlying villages. This is a problem that is difficult to tackle, as it is not efficient to pour resources into a network of small and widely-spaced villages, but their lack is a major contributor to both rural to urban shift and absenteeism. Despite efforts to provide the necessary infrastructure to enable more children to receive an education in Morocco, many rural children are still denied this opportunity due to the simple fact that the only school in the area is too far away for them to reach.

In the rural and mountainous areas children often need to commute either to nearby villages or move to the towns in order to continue their education. This means that a girl's education is often cut short at an early age as it is considered too dangerous for her to travel far from her village. The result of so many families from villages moving to larger towns is that classes are getting smaller and year groups have to be combined and taught at the same time. A class is likely to have 50-60 pupils and sometimes one teacher will have to simultaneously work with two age groups in two separate classrooms. The lack of basic services such as drinking water, electricity and sanitation also has an impact on children's ability to access education. This lack of basic infrastructure in the lives of many Moroccans acts as an impediment to children's school enrolment because it means that either they are expected to work harder on family farms or on domestic chores such as collecting firewood and water. Another significant obstacle for many children is, as discussed above, their lack of ID papers, which are necessary in Morocco to attend school.



It is important to note that after struggling to get their children a place at school, a large percentage of parents will be unable to support their children in their studies due to their own illiteracy, as Morocco has a literacy rate of only 52.3%.⁴³ GMH has been working over the years to combat this in Taroudannt, with a special class for illiterate women, much needed as in the 2004 census it was revealed that only 39.6% of women over the age of 15 could read and write. In 2007 Nouredine

⁴³ CIA, 2010c.

Hraiche, the President of the Association for Reform and Development, identified that drop-out rates were higher amongst families with illiterate parents.⁴⁴

A well-known impediment to girls' education in Morocco is that many girls, once they reach puberty, are not permitted to attend school. UNICEF identified in 2004 that almost 20% of girls in rural areas were not schooled.⁴⁵ Considering the numbers of women between 15 and 24 years old who are literate, Morocco has lower numbers than Oman, Algeria, Egypt and Iran.⁴⁶ Girls are often required to stay at home and to help with domestic tasks, or are married at an early age and sent to live in their new husband's home without completing their education. An article by Sarah Touahri in 2009 for the Magharebia newspaper highlighted that the ministry of justice had found that 31000 girls had been married underage in 2008.⁴⁷ This tendency to marry girls at an early age stems, Touahri states, from extreme poverty as well as cultural factors. The result is that many girls imagine no other future than one of matrimony. This problem with girls' education has a further impact on the wider issue of education, as illiterate mothers are often unable to help or support their own children with their schoolwork, furthering a cycle of school absenteeism. The Population Council found that in 2004 three out of four girls living without parents were not attending school.⁴⁸

Many girls are unable to complete their schooling because they are working as domestic servants. Rabéa Naciri, President of the Association Démocratique du Femmes du Maroc, stated in her report for Freedom House that:

The employment of young girls as domestic workers continues to be a serious problem. For example, 3.6 percent of households in the Casablanca region employ a minor domestic girl, and nearly 60 percent of them are under 15 years of age. A 2001 study performed by the Moroccan League for the Protection of Children and UNICEF reported that 45 percent of household employees under the age of 18 were between the ages of 10 and 12, and 26 percent were under the age of 10. The legal age for employment was only recently raised from 12 to 15 in January of 2002. Parents have been known to contract their daughters as maids and retain their earned salaries.⁴⁹

Government initiatives to improve access to education

In the years after Morocco achieved independence in 1956, the country invested a considerable amount of money in education that yielded impressive results, particularly in primary education where the enrolment rate increased from 18% to 53% over the 9 years between 1956 and 1965.⁵⁰ The structural adjustment policies of the 1980s led to a decline in social expenditure, however, and dealt a serious blow to plans to further improve the education system.

⁴⁴ Touahri, 2007a.

⁴⁵ UNICEF, 2004.

⁴⁶ UNESCO, 2003.

⁴⁷ Touahri, 2009

⁴⁸ Population Council, 2009

⁴⁹ Naciri, 2004.

⁵⁰ UNHRC, 2006.

Since the coronation of Mohammed VI in 1999, education has once more become the focus of state policy. In November 1999 the King adopted the National Education and Training Charter. The charter makes children the focus of education reform and sets out conditions in which children are best able to learn. Its goals were to make education compulsory from the age of 6 to 15, to improve the quality of education, to make education more accessible to rural children, to ensure gender parity in access to education and to combat illiteracy among young people aged between 8 and 16 who were not in school or who had dropped out of school.⁵¹ Although 20% of government resources are allocated to the educational system, enrolment rates stand at only 48% and literacy rates at 46%.⁵²

In 2006, the UN's Special Rapporteur on the Right to Education, Vernor Muñoz, stressed the difficulty of making education accessible to marginalized groups such as children who have dropped out of school, children that work as domestic workers, disabled children and street children. In a section of his report dedicated to the education of street children Muñoz commented on the obvious stigmatization faced by street children clearly reflected in the strong hostility shown towards them by school heads and teachers. Among his recommendations were that the Moroccan government should 'urgently collect detailed information on the situation of street children and identify practical measures to ensure their inclusion in the education system.'⁵³ These measures form an important component of MCT's street children project objectives.

In recent years the Moroccan Government has made steps to tackle the problem of illiteracy and has acknowledged the effect that parental illiteracy can have on issues such as early child marriage and children's early dropout from education. In 2007 the Director of the National Campaign against Illiteracy, El Habib Nadir, began an awareness campaign to promote the importance of education among parents of school age children. This initiative focused on training current school attendees in conducting surveys, and asking them to speak to children of their own age who were not attending school and their parents, in order to convince families of the importance of education with practical examples. In an interview with Magharebia online newspaper he said that 'The vicious circle of illiteracy can be broken if we teach parents about the importance of putting their children through school'.⁵⁴ Vowing to step up efforts to tackle illiteracy, in March 2010 the government announced the creation of a new agency designed to 'propose and implement literacy programmes, pursue funding sources and promote international co-operation as well as coordinating literacy activities between government and non-government organisations'.⁵⁵

Health

When Morocco became independent in 1956, there were only 300 public health physicians and 400 private practitioners in the entire country.⁵⁶ Since then, the government has expanded health care services enormously. As a result of these achievements, Morocco has seen significant progress in certain health indicators over the last five decades. Currently, life expectancy at birth is 71 years,

⁵¹ The National Education and Training Charter, Article 36

⁵² Ali et al., 2003

⁵³ UNHRC, 2006, p.22.

⁵⁴ Touahri, 2007b.

⁵⁵ Ibid.

⁵⁶ WHO 2004

compared with 47 years in 1962.⁵⁷ The infant mortality rate also fell considerably between 1962 and 2004, from 118 to 40 deaths per 1,000 live births, while from 1972 to 2004 the maternal mortality rate fell from 631 to 227 deaths per 100,000 births.⁵⁸

This apparent improvement is tempered, however, by significant urban–rural disparities that reveal continuing challenges. Life expectancy at birth is six years lower in rural than in urban areas. The infant mortality rate recorded in rural areas is twice that of urban areas and the maternal mortality rate is 30% higher in rural areas.⁵⁹

With social and health inequalities as major problems, Morocco struggles with maintaining adequate health care for its entire population. A report from 2006 cites the severity of the under-equipped Moroccan health system: only 122 hospitals, 2,400 health centres and 4 university clinics cover the entire population.⁶⁰ Only 24,000 beds existed for 6 million care-seeking patients per year, including 3 million emergency cases. In addition, only 1 physician is available for every 500 people,⁶¹ while 25% of the population lives more than 10 kilometres away from a basic health facility.⁶² Household behaviours confirm this perceived inefficiency and low quality of public sector health services: consultations with doctors in private clinics are predominant for all expenditure groups.⁶³

Some of these gaps are linked to the structure of Morocco's healthcare services. The Moroccan health system is organised with a predominance of the public sector, with free health care services and a centralised management. The majority of all current social programmes (in health, education, social insurance, etc.) tend to be concentrated in the urban centres, and primarily benefit the higher middle-income and the rich.⁶⁴ Almost 80 percent of recurrent public budget on health is allocated to public hospitals in urban areas mainly attended by those who are middle to upper class.⁶⁵ In addition, policies often tend to favour hospitals in the major urban areas at the expense of primary health care services.⁶⁶ This bias towards urban-based health services mean that the travel, time and costs of seeking medical care are serious obstacles for rural households.

The lack of emphasis on public health services means that Moroccans are still at risk from diseases of poverty, especially communicable diseases. In particular, tuberculosis is a major public health problem in Morocco: every year it is estimated that 26,000 to 27,000 Moroccans become victims.⁶⁷ Children and young people remain particularly vulnerable to these diseases as well, particularly those who live and work on the street. For instance, a UN Office of Drugs and Crimes (UNODC) report highlights specific risks for street children, including glue sniffing, and contracting sexually transmitted diseases as they fall back on prostitution to pay for their habit.⁶⁸

⁵⁷ UNICEF, 2010.

⁵⁸ WHO 2009

⁵⁹ WHO 2009.

⁶⁰ U.S. Library of Congress Federal Research Division, 2006.

⁶¹ Ibid.

⁶² WHO 2009

⁶³ ILO, World Bank, and UNICEF, 2003.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ WHO 2004.

⁶⁸ Ali et al., 2003.

When programmes are directed towards supporting the health of youth and children, however, there is a history of success. For instance, one of the most important advances recorded in this area is the expansion of immunisation coverage through the Ministry of Health's extended programme.⁶⁹ According to the UN Statistics Division, 95% of 1 year-old Moroccan children are immunised against measles.⁷⁰ This has brought about a significant reduction in several causes of infant mortality: tuberculosis, neonatal tetanus, measles, diphtheria, whooping cough and polio.⁷¹ These successes highlight the importance of preventative and primary care for young people.



⁶⁹ Sebti, 2007.

⁷⁰ UNDP, 2007b.

⁷¹ UNICEF, 2010.

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