ACCESS

Key results:

- Ensuring continuity in the provision of essential sexual and reproductive health care and gender-based violence services is ensured at a time when COVID-19 puts pressure on the health care system
- Health prevention in relation to SRHR is guaranteed during and after the COVID-19 crisis
- Socio-economic empowerment of vulnerable women and girls is ensured to enable them to cope with the consequences of the COVID-19 crisis

Justification for support:

- Assisting Morocco in managing the impact of the global COVID-19 pandemic at a crucial point in time
- The project aims to improve the socio-economic conditions for women in a context of COVID-19
- Focus on gender and SRHR is part of Denmark's Strategy for Development Cooperation

Major risks and challenges:

-Escalation of the COVID-19 crisis adding increased pressure to the health care system
- Changing political priorities, e.g. following national elections
- Changing the mind set may take longer than the duration of the project

File No.	2021-17742					
Country	Morocco					
Responsible Unit	MENA					
Sector	Health, gender					
Partner	UNFPA					
DKK million	**2021**	**2022**	**2023**	**2024**	**2025**	**Total**
Commitment	24.6					24.6
Projected disbursement	2.5	9.8	8.6	3.7		24,6
Duration	36 months: Nov. 2021- Nov. 2024					
Previous grants	N/A					
Finance Act code	§06.32.01.23					
Head of unit	Louise Auken Wagner					
Desk officer	Adwan Mohamad					
Reviewed by CFO	YES: Saida Ahmidou Boukaddid					

Relevant SDGs *[Maximum 1 – highlight with grey]*

No Poverty	No Hunger	Good Health, Wellbeing	Quality Education	Gender Equality	Clean Water, Sanitation
Affordable Clean Energy	Decent Jobs, Econ. Growth	Industry, Innovation, Infrastructure	Reduced Inequalities	Sustainable Cities, Communities	Responsible Consumption & Production
Climate Action	Life below Water	Life on Land	Peace & Justice, strong Inst.	Partnerships for Goals	

Objectives:

The general objective of the project is to contribute to the health response of the Moroccan Government to the COVID-19 crisis and to improve women's socio-economic empowerment.

Justification for choice of partner:

UNFPA is recognised as a leader in the provision of sexual and reproductive health, maternal health and gender-based violence prevention services. Denmark is one of the largest contributors to UNFPA as also laid out in Strategy for Denmark's Engagement with United Nations Population Fund (UNFPA) 2018-2022.

Summary:

The project aims to support Morocco's health response to the COVID-19 pandemic by ensuring the continuity of essential services within SRHR and GBV for women and girls and to ensure the prevention and protection of frontline workers, including health professionals, the beneficiaries of services and the most vulnerable populations. Furthermore, the project aims to promote the socio-economic empowerment of women in vulnerable situations, in particular women from rural areas.

Budget (engagement as defined in FMI**):**

Ensuring continuity of essential SRHR and GBV services	13.9
Health prevention	5.6
Socio economic empowerment	2.7
Monitoring and Evaluation	0.4
Indirect costs (8 pct. admin fee plus. 1 pct. UN levy)	2.0
Total	**24.6**

Project title : **"**Autonomy and Choice in a crisis situation focused on Continuity of Essential Services and Socioeconomic empowerment of vulnerable women and girls"

Project ACCESS

Project location :	Morocco
Proposed starting date:	October 2021
Project duration :	36 months: October 2021- September 2024
Project Budget :	DKK 24,615,235 (3,879,465 US$, exchange rate 6,345, as per April 21).
Partners :	Ministry of Health, Ministry of Solidarity, Social Development, Equality and Family, National Union of Moroccan Women (UNFM), Union of Feminist Action (UAF)
Geographic coverage :	At central level and 4 regions: Tanger-Tetouan-Al Hoceima, Fes-Meknes, Beni Mellal-Khenifra, Marrakesh-Safi.
Contact:	Name: Luis MORA Email: mora@unfpa.org Position: UNFPA Representative Telephone: 00212(0)6 615 64 288

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List of Acronyms

ACCESS	Autonomy and Choice in a crisis situation focused on Continuity of Essential Services and Socioeconomic empowerment of vulnerable women and girls
ASRO	Arab State Regional Office
AWPs	Annual Work Plans
CPD	Country Programme Document
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DRS	Directions Régionales de Santé (in French) Health Regional Directions
EMF	Etablissement Multifonctionnel (in French) Multifunctional Establishments
ESSP	Etablissement de Soins de Santé Primaire (in French) Primary Health Care Establishments
GBV	Gender based violence
HACT	Cash Transfer to Implementing Partners
HCP	Haut Commissariat au Plan (in French) Higher Planning Commission
HPV	Human papillomavirus
HRBA	Human rights based approach
ICTS	Information and communication technologies solutions
IP	Implementing Partner
IPSAS	International Public Sector Accounting Standards
LNOB	Leaving no one behind
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoSSDEF	Ministry of Solidarity, Social Development, Equality and the Family
MPTF	Multi Partner Trust Fund
PEC	Prise en Charge in French (care in English)
PPE	Personal Protective Equipment
PWH	People With Handicap
RBM	Results Based Management
SDGs	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SIIVEF	Système d'Information Institutionnel sur la Violence à l'Egard des Femmes (in French) Institutional Information System on Violence against Women
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UAF	Union d'Action Feministe
UIPECFVV	Unités intégrés de prise en charge des femmes et enfants victimes de violence (in French) Integrated Care Units for Women and Children Victims of Violence
UNDAF/ UNSDCF	United Nations Development Assistance Framework UN Sustainable Development Cooperation Framework
UNFM	Union Nationale Femmes du Maroc
UNS	United Nations System
UNFPA	United Nations Population Fund
WB	World Bank
WVV	Women Victims of Violence

1. Introduction

The present project document outlines the background, rationale and justification, objectives and management arrangements for development cooperation concerning the project ACCESS "*Autonomy and Choice in a crisis situation focused on Continuity of Essential Services and Socioeconomic empowerment of vulnerable women and girls*", October 2021- September 2024 as agreed between the parties: the UNFPA and **the Ministry of Foreign Affairs of Denmark**. The **project** document is **an annex to the legal bilateral agreement with the implementing partner and constitutes an integral part hereof together with the documentation specified below.** "The Documentation" refers to the partner documentation for the supported intervention, which is this project document and its annexes, i.e. budget, results framework, risk management, communication plan, process action plan.

2. CONTEXT, STRATEGIC CONSIDERATIONS, RATIONALE AND JUSTIFICATION

2.1 Situation and context

The first confirmed case of contamination by the coronavirus COVID-19 was identified in Morocco on 2 March 2020. Since the beginning of the epidemic, there have been 509,972 coronavirus-related infections in the country (Ministry of Health, 27 April2021). Currently, health measures aimed at combating the spread of the virus and its new variants are continuing through the launch of the free mass vaccination campaign initiated in January 2021 and the encouragement of the general population to keep up the distancing and protection measures. The Government aims to get 66 million doses of the two vaccines, covering about 80% of its 35 million population.

From the beginning of the epidemic, Morocco put in place a *National Plan for preparedness and response to COVID-19*, in line with the WHO « *Strategic Preparedness and Response Plan COVID-19*». Within that context, the state of health emergency was declared in Morocco from 20 March 2020, and a battery of preventive measures have been taken under the High Royal Directives, including the suspension of sea and air transport, a general lockdown, and the obligation to wear masks. These measures aim at preserving the health of the population, help vulnerable social categories and mitigate the effects of the pandemic on economic life.

With the evolution of the epidemiological situation and the prolongation of the state of emergency, the health system has been confronted with several challenges, in particular: (a) the **continuity of essential primary healthcare services, especially for vulnerable populations**, and (b) the protection of frontline workers and fragile populations, **especially pregnant women and young girls and boys.** In fact, since the beginning of the pandemic, the Ministry of Health (MoH) adopted the Decision No. 7836 (Circular 30/DP/2020), to ensure the continuity of the implementation of national essential services health programmes, in particular the sexual and reproductive health (SRH) programme, the programme to combat violence against women, as well as the immunisation programme for children under the age of five. In August 2020, a report[1] published by the Morocco's High Commission for Planning (HCP in French), the United Nations System (UNS) and the World Bank, reaffirmed the necessity of investing in the continuity of public health, during and after the crisis.

However, in the current context the **risk of discontinuity of essential health services remains high** and deserves special attention, as women and girls are amongst the most vulnerable populations.
In the face of the health crisis, the discontinuity of essential public services, often linked to fear of the virus, uncertainty about the duration of the situation, reduced mobility or lack of connectivity, can create latent **vulnerabilities** or amplify already existing vulnerabilities, which may then manifest themselves more deeply in the months and years to come. The pandemic situation is likely to **impact the continuity of family planning and maternal health services**, and to have negative consequences on women's health. The discontinuity of services such as the distribution of contraceptives is likely to lead to

[1] HCP, UNS, World Bank, *Note stratégique, Impact social et économique de la crise du Covid-19 au Maroc* » July 2020

unintended pregnancies and to have fatal consequences on women's and girls' health. In addition, in a period of crisis the **health impacts of violence** are significant because women and girls are often disproportionately exposed to intimate partner and domestic violence as a result of increased tensions within households. Thus, violence against women and girls can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies.

In Morocco, COVID-19 pandemic has exacerbated factors of discrimination, increased women's vulnerability and had an impact on violence against women. Prior to the confinement, 52% of women in Morocco reported experiencing domestic violence, or 6.1 million women.[2] However, during the confinement period, researchers observed an upward trend, as shown in the report by 19 Moroccan CSOs active in the defence of women's rights and the fight against GBV and that managed listening centres during the period from March to May 2020[3].

2.2 Project summary

The project titled "***Autonomy and Choice in a crisis situation focused on Continuity of Essential Services and Socioeconomic empowerment of vulnerable women and girls***", hereinafter referred to as "project ACCESS", aims to support the Government of Morocco in the health and socio-economic response to COVID-19 by ensuring the continuity of essential services on SRHR and GBV care for women and girls, as well as to promote the empowerment of women in vulnerable situation, in particular women from rural areas, during the COVID-19 crisis and recovery. At the same time, in order to ensure the continuity of services, the project aims to ensure the prevention and protection of frontline workers, including health professionals, the beneficiaries of services and the most vulnerable populations.
To fulfil its objective the project adopts a holistic and innovative approach, as well as a human rights-based (HRBA) and gender-equality approach. It targets the most vulnerable population (especially pregnant women and in childbearing age, girls in rural areas, adolescents and youth, persons with disabilities) by adopting the principle of Leaving No One Behind (LNOB) and reaching those furthest behind first.

The project will intervene at several levels:

1. **At the policy level**: to support the implementation of the new National Strategy on Sexual and Reproductive Health 2021-2030 and the new National Strategy on the Elimination of Violence against Women and Girls 2021-2030 within the context of the national health and socio-economic response to the COVID-19 crisis and recovery.

2. **At the service delivery level**: to ensure the continuity of SRHR services and GBV care services within the context of the COVID-19 response. The project will support the digitalization and adaptation of those essential services in order to meet the current and future challenges imposed by the COVID-19 crisis. The project will prioritize digital transformation as a means to help ensure the continuity of essential SRHR and GBV services and the promotion of women's empowerment. The COVID-19 pandemic has triggered an unprecedented movement towards digitalization in many sectors, including health care. Teleconsultation, e-learning, dash-boards, are all innovative tools and services used by health services for better health monitoring, reducing the risk of contamination by avoiding overcrowding in waiting rooms and keep caring other patients.

   The project will act within the existing spaces and structures in the territory, in order to reach the targeted most vulnerable population, in particular women and girls in the rural areas:

[2] HCP, Enquête Nationale sur les violences basées sur le genre, 2019
[3] ONU FEMMES Maroc, Violences faites aux femmes et aux filles en temps de crise – l'expérience du confinement au Maroc, mai 2020

- The **Primary Health Care Establishments** (ESSP in French) managed by the MoH. According to MoH figures, Morocco has 2,792 ESSP in urban and rural areas, which are classified as community centres. They provide people with a comprehensive care throughout their life, without discrimination. They offer free of charge services in the field of SRHR, early detection of cancers, family planning etc.
- The **Multifunctional Establishments**, managed by the Ministry of Solidarity, are social welfare institutions for women and girls in difficult circumstances. Their main objective is to strengthen women's knowledge and access to their rights, to prevent situations of violence, to protect victims of violence and to increase women's autonomy, including their economic empowerment.
- The **reception centres for Women Victims of Violence** (WVV) managed by the CSOs, offer support to women and girl survivors of violence by providing them with legal and psychological assistance so that they can acquire autonomy and leave the circle of violence.
- The "**Dar Taliba**" are students housing managed respectively by the two CSOs involved in the project. They provide the necessary support, particularly for girls from rural areas, to enable them to continue their schooling in an appropriate environment and to develop their life skills. By working within the Dar Taliba, this project contributes to reduce school dropout among girls, knowing that early school dropout in rural areas, especially among young girls, is an obstacle to their social and economic empowerment.

At the demand level: to strengthen the capacity of women and girls to access to essential SRHR and GBV care services, including the improvement of the prevention (self-care approach) and their socio-economic autonomy. Firstly, it is necessary to raise awareness among women and girls about their health rights in SRH and health at workplace, for autonomous decision-making and having access to SRHR and GBV services. Awareness-raising initiatives will be implemented by local associations and Community Development Workers. These two actors have the opportunity to maximize outreach due to their proximity to the vulnerable and isolated population. Also, by involving boys, men, women and girls in awareness actions on SRHR and GBV, the project will contribute to the elimination of prejudices related to the use of SRHR and GBV services. Additionally, the project provides capacity building for girls through innovative activities to strengthen their life-skills and awareness of SRHR. To ensure that informed women have access to services, they must be financially empowered. To this end, the project plans to support women's cooperatives in rural areas so that women can have a decent and stable income, enabling them to better access SRHR and GBV services, and the preventive healthcare (self-care). With regard to the self-care**,** the MoH officially launched this new concept in September 2019 and to contribute reducing the unmet need for family planning, a pilot project supported by UNFPA made subcutaneous self-administered injectable contraceptives available to women and girls. Another form of self-care recommended by WHO is the use of self-testing for the human papillomavirus (HPV) to democratize screening for and early detection of cervical cancer to all women without discrimination or coercion. The HPV is transmitted mainly through sexual contact and most people are infected at the beginning of their sexual activity. Indeed, the WHO strategy to eliminate cervical cancer calls for 3 areas of intervention: early detection, vaccination against HPV, and availability of care services.
In Morocco, cervical cancer is the 2nd most common type of cancer according to the 2008-2012 Greater Casablanca Cancer Registry. The National Technical and Scientific Committee on Vaccination has approved the relevance of HPV vaccination and the MoH plans to launch the introduction of HPV vaccination by the end of 2021, as part of the Health Plan 2025. The project ACCESS will contribute in supporting the MoH in the adoption of HPV self-testing as an innovative action in Morocco.

The project is built on the following approaches:

- The **self-care approach**[4]: according to WHO, self-care interventions are among the most promising new approaches to improve health and well-being;

[4] According to WHO : self-care is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider.

- The **digitalization**: an innovative approach based on the use of ICTs to overcome the limits of classic healthcare service provision;
- The **community-based approach**: with the support of local CSOs, for communicate and raise awareness on health rights and the availability and continuity of services during the COVID-19 crisis and on protection measures against COVID-19, using a language adapted to the target population;
- **Quality of care approach**: services are provided in accordance with the quality norms and standards and the essential service package recommended by international health authorities. Through the humanization of the health and accommodation services the project will ensure the respect of human rights (respect of privacy, a warm reception, etc.).
- **Proximity approach**: to meet the real needs of vulnerable populations in a timely and equitable manner;
- **Accountability approach**: the various stakeholders must demonstrate a mutual, unifying commitment to ensure a sustainable impact for the vulnerable population.

2.3 Description of the key stakeholders

Institutional stakeholders:

- **Ministry of Health (MoH)**

The MoH is responsible for the development and implementation of government policy on population health. It acts, in liaison with the departments concerned, to promote the physical, mental and social well-being of the inhabitants. It follows the international health policy to which Morocco contributes; it defines, in consultation with the departments concerned, the options for cooperation in the field of health, and ensures the implementation and monitoring of the agreed programmes. The MoH is the main partner of this project as the overall objective of the initiative is to support the Government in ensuring the continuity of essential services; in particular, SRHR and gender-based violence (GBV) care, for the most vulnerable populations.

- **The Ministry of Solidarity, Social Development, Equality and the Family (MoSSDEF)**

The MoSSDEF is responsible for preparing and monitoring the implementation of programmes for the promotion of women's rights, and working to strengthen their legal status and their participation in development. The Ministry also coordinates the Governmental Plan for Equality (ICRAM 2 -2017-2021) and it is responsible for all the measures that intervene within the framework of the law 103-13 on the elimination of violence against women. In the Framework of the project, the MoSSDEF will contribute to the capacities building of the actors involved in the chain of care for women and girls who are victims of violence and it will support women's socio-economic empowerment.

Civil Society Organisations:

- **National Union of Moroccan Women** *(Union Nationale Femmes du Maroc in French UNFM)*

UNFM is an association recognised as being of public utility, created on 6 May 1969 under the aegis of His Majesty King Hassan II, and presided over by Her Royal Highness Princess Lalla Meryem, working on women rights promotion and women empowerment. The UNFM has 68 regional associations, 61 training centres and 28 listening centres throughout the country. UNFM attaches particular importance to care services, medical, humanitarian and psychosocial assistance, protection and promotion of maternal and child health and health prevention.

- **Union of Feminist Action** *(Union de l'Action Féministe in French, UAF)*

UAF is a national non-profit association, which is made up of 32 sections spread over the Moroccan territory. Its main areas of intervention are: dissemination of the culture of equality of human rights and citizenship; support of women victims of violence; functional, legal and digital literacy; the effective participation of women in decision-making processes; the guarantee of women's economic and social rights. UAF has a network of several "Annajda" centres, which means "Help!". The objective of these

centres is to offer reception, listening, guidance and legal, medical and psychological assistance to women victims of violence.

UN and International Cooperation actors:

- **UNFPA**: active in Morocco since 1975, UNFPA works in partnership with the government, public institutions, civil society, the private sector and other United Nations agencies to implement the UNDAF 2017-2021 and UNFPA Country Programme Document. UNFPA focuses on women and young people because these are groups whose ability to exercise their SRHR and gender equality is often compromised.

2.4 Partnership strategy

The MoH and the MSSDEF are the supervisory ministries in the areas of health and gender equality and women's empowerment. They are called upon to implement the national strategies on SRHR and gender equality, as well as to give a rapid response to the socio-economic and health crisis due to COVID-19. Their engagement is essential to ensure the full ownership and the sustainability of the project. In addition, the selected NGOs (UNFM and UAF), are essential partners for the implementation of the project at the territorial level, being entities with direct and close contact with the most vulnerable populations, in particular rural women. Both are among the most important national CSOs working for women's rights and gender-equality. Both the institutional and CSOs involved are traditional partners of UNFPA.

UNFPA and the implementing partners (IP) are already working together under the modality of Annual Work Plans (AWPs). The AWPs are in line with the priority axes of the UNFPA Cooperation Framework 2017-2021 with the Moroccan Government, as well as with the UNDAF, and the national priorities. Under the coordination of UNFPA, the project' partners have played a crucial role in the formulation of the proposal. In order to ensure the coherence and appropriation of the project proposal, several workshops and exchanges have been held in April 2021 with all stakeholders to come up with a consolidated project document.
The project implementation will be anticipated by a start-up period during which the AWP with the IP will be revised and the project activities planned for the year 2021 will be listed and all the necessary arrangements will be made. The same approach will be adopted at the beginning of each calendar year.

UNFPA has zero tolerance for sexual exploitation and abuse (SEA). UNFPA reserves the right to terminate the IP Agreement and cease all work with the IP on the grounds of SEA. In line with the procedures of the Government of Denmark, the donor, and UNFPA, a Cooperation Agreement will be signed between the two parties to ensure results-based management (RBM) and that the expected project objectives are achieved. In this sense, the Process Action Plan (PAP) outlining milestones and key activities will be updated jointly and will serve as a roadmap for effective and efficient project implementation. Management bodies, composed of representatives of the different stakeholders, will be set up to ensure coordination and regular monitoring of the project's implementation (see chapter "Governance").
Other governmental or civil society organisations working in the field of health promotion in the workplace and in human rights promotion in the judicial system could be eventually involved to ensure the achievement of the results.

2.5 Strategic framework, be it at national, regional or global level

At the **sectoral level**, the project fits into several ministerial strategies and plans.

In particular, in the area of SRHR:

- The **Health Plan 2025**: the objective of this plan is to outline an innovative national health strategy in accordance with the Constitution that consolidates the principles of participation and consultation of partners in planning and management of public opinion.
- The **National Strategy for Sexual and Reproductive Health 2021-2030**: developed through a participatory approach of different stakeholders, it takes into consideration the evaluation of previous strategies and the gaps identified to reduce the heavy consequences on the reproductive health of women and young people and on the health system. This strategy, finalized during the year 2020 in the midst of the COVID-19 crisis, makes a solemn appeal that even in times of crisis, SRHR services, including the elimination of gender-based violence, are essential and must continue without any disruption.
- The **National Health Programme for the Care of Women and Children Victims of Violence**: institutionalised in 2017 to act in a structured, sustainable and coherent manner in collaboration with all partners to provide adequate and quality care to victims of violence. This is in reference to the guidelines of the Essential Services Package as a global framework developed by the UN Agencies, including UNFPA. In addition, the National Programme places the Integrated Care Units for Women and Children Victims of Violence at the centre of a coordinated network for a multidisciplinary care within and outside the health system. The national programme aims to expand the services for women victims of violence at the level of the ESSPs.
- **National Programme for Health and Safety at Work 2020-2024 of the Ministry of Labour**, which aims to promote a culture of prevention and to strengthen governance, social dialogue and territorial dimensions for health issues.

<u>As part of the response to COVID-19 the project is in line with:</u>

- **Resolution WHA 73.1 on "Response to COVID-19"** adopted at the 73rd WHO Assembly;
- **National COVID-19 Preparedness and Response Plan**, in line with the *Global Strategic preparedness and response plan to combat COVID-19 (WHO)*;
- **Decision No. 7836, Circular 30/DP/2020**: decisions of the MoH to ensure continuity of primary health services and the implementation of national health programmes;
- **Tripartite UNHCP, UNS, WB strategic note on the social and economic impact of the COVID-19 crisis in Morocco**, containing strategic recommendations based on reliable data to ensure that no one is left behind, including investing in the continuity of public education and health services during and after the crisis, as well as strengthening regionalization and enhancing the role of civil society.
- **COVID-19 national vaccination campaign**: progressive and free for all citizens and foreigners regularly resident, started on 28 January 2021 in accordance with the High Instructions of His Majesty King Mohammed VI.

2.6 Presentation of past results and lessons learned

Since the first weeks of the pandemic, UNFPA supported the Moroccan government in several initiatives to strengthen prevention and protection measures against COVID-19 among the most vulnerable populations. In 2020, UNFPA, in partnership with WHO and UNIDO, mobilized US$ 1 million from the UN-COVD-19 Multi Partners Trust Fund (MPTF) to support the government in ensuring the continuity of essential health services in a pilot region.The project ACCESS represents the continuity and expansion to other regions of the MPTF pilot experience carried out in six months (from June to December 2020) with an implementation rate of 100%. That initiative contributed to (i) strengthening protection measures in the workplace and in industrial settings, and (ii) maintaining the continuity of basic public services, particularly in SRHR, maternal and neonatal health, care for patients with chronic diseases, women victims of violence and prisons inmates.

The main lessons learned from the MPTF project include: i) **The importance of digitalisation**: one of the main innovations to ensure the continuity of health services, both in primary hospitals and prisons ;ii) **Governance**: a good practice has been the creation of a Steering Committee, that contributed to the

development of a broader consensus among all stakeholders; iii) **Communication**: good relations and a constant communication between UN agencies, the ministerial departments and the donor have contributed, on the one hand, to strengthening the partnership and, on the other hand, to reinforce the culture of anticipation, resilience, adaptation; iv) **Visibility**: the actions carried out in the territory were reported through social networks and social media. Some video clips have been produced, retracing the main achievements and containing testimonies of governmental and CSOs partners and the beneficiaries and they have been published on the UN Agency webpages and retweeted on the UNMPTF website.

The success of the "MPTF" project, as it has been recognized by the governmental authorities, has encouraged UNFPA to extend this experience to other regions of the Kingdom. For this reason, the vision adopted by UNFPA has been to involve new potential institutional and CSO partners in order to benefit the maximum number of vulnerable people affected by the COVID-19 pandemic.

In the framework of partnerships with several Ministries, including the MoH, MoSSDEF, and several CSOs, such as UNFM, which work for the benefit of vulnerable women, especially women and girls in rural areas and victims of violence, UNFPA Morocco has accumulated proven experience in promoting women's health and socio-economic empowerment. For example, as part of the operationalisation of the National ATTAMKINE Programme and in response to the Covid-19, UNFPA in partnership with the MoSSDEF, and the Regional Council of the Beni Mellal region, contributed to the development of a territorial initiative aiming at the economic empowerment of women heads of household in vulnerable situations, through the adoption of the 'Job Guanteed' model. Also, in response to the Covid19 crisis, during the post-confinement period, UNFPA launched "Operation Salama (safety) at work" to help combat the spread of the virus in the workplace, ensuring sanitary conditions for a safe recovery and continuity of work, particularly in artisanal and agricultural cooperatives.

In partnership with several local CSOs, UNFPA has also supported the integration of women, victims of violence in the rural environment, into craft cooperatives in remote areas of Morocco. By developing technical skills, these women have been able to achieve economic autonomy. In addition, for the year 2021, in partnership with the Ministry of Labour and local CSOs, UNFPA has launched a capacity building training on SRHR, life-skills and leadership for women active in the rural labour market to contribute to their social emancipation and strengthen economic empowerment opportunities.

2.7 Justification of the project and alignment with Danish-cross cutting priorities

WHO advise that countries should identify essential services that will be prioritised in their efforts to maintain continuity of service during the pandemic.[5] Moreover, SRHR services being a life-saving priority and integral to the response to COVID-19, in the COVID-19 Guidance of the Office of High Commissioners Human Right is stated that financial and human resources should not be diverted away from them, which would impact the rights and lives of women and girls in particular, including access to contraception, maternal and new-born care; treatment of Sexually Transmitted Infections (STIs); safe abortion care; and effective referral pathways, including for victims of gender-based violence. [6]

The impact of the COVID-19 pandemic on essential health services is a source of great concern because major health gains achieved over the past decades can be wiped out in a short period of time. According to the 2020 UN SDG Report[7], COVID-19 is reversing decades of progress on poverty, health care and education. The report also highlights that women are the most affected by the adverse effects of the pandemic. In addition, several countries have seen a dramatic increase in cases of violence, particularly domestic violence.'

By adopting the HRB approach, as well as the LNOB principle, the project is fully in line with the ***Strategy for Denmark's cooperation with UNFPA*** **(2018-2022)** that is anchored in Denmark's overall

[5] WHO, Maintaining essential health service operational guidance for the Covid-19 context – June 2020
[6] OHCHR, Covid-19 Guidance, 13 May 2020
[7] UN, The Sustainable Development Goals Report 2020

***Strategy for Development Corporation and Humanitarian Action* "The World 2030".** In particular, the project is in line with the fourth key aim of the "The World 2030": *The promotion of freedom and development – democracy, human rights and gender equality,* since this objective places SRHR of women and girls at the front and centre of Denmark's priorities. Furthermore, women and young people are at the heart of this project and the activities will contribute to promoting gender equality, in line with the *Strategic Framework for Gender Equality, Rights and Diversity in Danish Development Cooperation.*

3. PROJECT GENERAL OBJECTIVE, OUTCOME and OUTPUTS

The **General Objective** of the project ACCESS is to contribute to the socio-economic and health response of the Moroccan government to the COVID-19 crisis, by supporting the continuity of SRHR and GBV services and women socio-economic empowerment to improve the wellbeing and resilience of populations in vulnerable situation, particularly women and girls.

OUTCOME: Access of women and girls' in vulnerable situation to their rights on SRH and GBV care services and their socio-economic empowerment is enhanced in the context of response to the COVID-19 pandemic.

The project outputs are:
OUTPUT 1: The continuity of essential sexual and reproductive health care and gender-based violence services is ensured to address the risks and consequences of COVID-19.
OUTPUT 2: Health prevention in relation to SRHR and against the risks of the spread of COVID-19 is guaranteed during and after the health crisis.
OUTPUT 3: Socio-economic empowerment of vulnerable women and girls is ensured to enable them to cope with the consequences of the COVID-19 crisis

4. THEORY OF CHANGE AND KEY ASSUMPTIONS

The 2020 UN report for the SDGs highlighted the fact that COVID-19 is risking reversing the whole progress made by the Moroccan government to achieve the SDGs in 2030, especially in the health sector, while at the same time amplifying the domestic GBV and worsening living conditions of vulnerable population, mainly women, working women, and young people. This is because, within the context, the continuity of essential SRHR and GBV services is disturbed having a negative impact on the well-being of the population, especially women and girls.

The main barriers identified for the discontinuity of care services are: i) Restrictions on movement due to the containment required by the Moroccan government to stop the spread of the pandemic; ii) Limited access to information and online services due to the limited digital literacy of the target population; iii) Psychological constraints due to the risk of COVID-19 contamination, which caused a change in perception regarding the importance of SRHR and GBV services and iv) Economic constraints increasing women vulnerability.
We assume that if the project achieves the three outputs mentioned in the above section**, then**, those barriers will be addressed and the continuity in the SRHR and GBV care services will be ensured for women and girls, in particular for those in a vulnerable situation.

The project adopts a systemic and participatory approach, since the design phase, including all stakeholders, working on women's rights in the whole process, in order to ensure more **effectiveness, ownership and sustainability.** Also, the involvement of CSO's having a national and regional representation will ensure the inclusiveness of the project and the application of the LNOB approach. Therefore, this will ensure the large outreach, in rural areas and that even the very vulnerable population like the PWH (people with handicap) are taking into consideration.

How do we plan to ensure the continuity of essential SRHR and GBV care and services to address the risks and consequences of COVID-19 (output 1)?

Due to the movement restriction, the access to the services during the COVID-19 is limited. **We assume that if** the access to information and SRHR and GBV services are dematerialized and accessible via digital tools, **then**:

- the SRHR and GBV information are discretely and easily available for women in need (pregnant women, childbearing women and women victims of violence) and for young girls and boys in schools,
- appointment mechanisms are available online allowing women to benefit, if necessary, from the physical or psychological care services.

Because, people are then less likely to move and care facilities will avoid unnecessary gatherings.
This will ensure the continuity of services during the COVID-19 in compliance with the barrier gestures recommended by the health authorities.

Moreover, we believe that to guarantee services access and offer, it is not enough to guarantee a stable and continuous demand. Therefore, **we assume that if** the quality of services is granted, **then,** women are more likely to come back to the health and care facilities. **Because** a quality service can increase women's trust toward the care facilities, providing an incentive to return. For this purpose, the project will provide the facilities and care centres with the equipment and training for front-line professionals, in order to "humanise" and provide decent and dignified services, in accordance with the human-rights approach.

Also, the lack of **the match between** service delivery with service demand can cause a decrease in women's use of care facilities. This mismatch is caused mainly by a lack of information about the real needs of the target population. So, **we assume that if,** information from the field, especially from remote regions, is available to national institutional partners, **then**, adequate care services are delivered, **because**, programmes and strategies can be adapted to the real needs of the target populations. This will guarantee the continuity of SRHR and GBV services. To do this, we will strengthen the management and feedback system in the areas of SRHR and GBV at regional and national levels. Evidence and feedback from the beneficiaries will then be produced to identify the real needs of the target populations in order to influence the development of appropriate strategies and programmes. Modelling and testing innovative approaches will also provide evidence-base solutions that can be scaled up by the Ministry in charge.

Moreover, the continuity of services faces another major risk, which is the fact that beneficiaries could be not informed about the continuity of services during the COVID-19 health crisis. Therefore, **we assume that if** people are informed about the SRHR and GBV service availability**, then** they will keen to demand the service and continuity of services will be guaranteed. In order to reach the most vulnerable and isolated populations, we will identify and train Community Development Workers who will be able to popularize the national strategies and programmes and raise awareness of the continuity of SRHR and GBV services.

How do we plan to guarantee health prevention in relation to SRHR (self-care approach) and against the risks of the spread of COVID-19, during and after the health crisis (output 2)?

One year after the pandemic outbreak and even with the vaccination that is occurring, it is very important to keep a high level of vigilance. Even with the vaccination, it is unpredictable if the virus will develop a different strain that is resistant to the vaccine. Also, a wide range of person which are under 17 years old will not receive the vaccine and can still be contaminated.

We assume that if people are informed about the risks and if they implement the measures to combat the propagation of the COVID-19**, then** the virus propagation is stopped, **because** of the awareness rising of the population at risk. Therefore, we will develop and disseminate communication tools,

adapted to the targeted population, and we will provide Personal protective equipment (PPE) to frontlines workers and project beneficiaries, including working women.

Furthermore, during the vaccination period, several frontline professionals are unavailable to ensure the continuity of services on SRHR and GBV. Therefore, **we assume that if** we reduce the number of service seekers, **then** the number of front-line professionals needed to ensure SRHR and GBV services will also decrease, **because** the service seekers will be autonomous in SRHR matter.
That's why the project adopts **the self-care approach** to develop health empowerment for women and girls through improving their knowledge about health rights, including health at the workplace and adopting health prevention culture. The empowerment will be achieved by making available i) the emergency pill for those that are victims of violence; ii) the self-administered long-lasting subcutaneous contraceptive; iii) an easy-to-use self-test for cervical cancer and HIV screening; iv) a digital SRH reminder system for follow up, including pregnant women and v) a **follow-up booklet** that will allow women to be informed about required consultations to prevent avoidable complications.
However, the acceptance of this innovative approach from the community, as well as the women knowledge about their rights and SRHR and GBV services constitute a risk to the above assumption. Indeed, as the international IMAGE survey [8] has shown, Morocco is experiencing a crisis of negative masculinity that accentuates discrimination in women's access to rights and creates imbalances in interpersonal relations. So, **we assume that if** we popularise rights, including SRHR and health rights at the workplace, **then** we can correct the false perceptions that are often justified by traditions, and strengthen women's empowerment and access to their rights, including SRHR and gender equality. To do this, we will engage in **gender-transformative awareness-raising initiatives** that promote equitable gender inter-relations, by involving girls and boys **in organising and disseminating gender sensitive initiatives. This will create a snowball effect, and** maximise the impact and outreach of the project.

How do we plan to strengthen the socio-economic empowerment of vulnerable women and girls to enable to cope with the consequences of the COVID-19 crisis (output 3)?

The COVID-19health crisis has caused job losses and increased vulnerability of women and girls. The discontinuity of SRHR services and GBV has also increased, worsening their socio-economic and health situation. Moreover, evidence confirms that gender inequality access to resources increases the risk of gender-based violence, which is exasperated by the COVID-19. Providing women with a decent and stable income and abilities is therefore critical to transforming unequal power relations and preventing violence against them.
We assume that if the socio-economic empowerment of women and girls is strengthened, **then** women and girls will be able to cope with the consequences of COVID-19 because women will become financially independent and can make their own choices. Therefore, we will i) support women to have a decent Income Generating Activity (IGA); ii) provide digital alphabetization and life-skills training to women, especially from rural areas; iii) raise awareness regarding women rights and services to increase their decision making capacity.
We will also support the institutional partners to develop a digital and national wide sales platform for the products manufactured by women cooperatives,

Anyway, women empowerment faces a major risk, which is to sustain the impact of the engaged initiatives. **We assume that, if** we support networking initiatives, **then** the sustainability of the activities will be ensured. We will therefore support the national and local networking of stakeholders in a "Women's Alliance for Women" that federates efforts. This alliance will be accompanied by the project and will be able to develop and implement an action plan to promote SRHR and GBV services and to sustain the achievements of the project.

5. SUMMARY OF THE RESULTS FRAMEWORK

[8] International men and gender equality survey, 2017

Result framework of the Project ACCESS - See Annex 3

5.1 Key activities –See Annex 6

All the project's activities can be grouped into several intervention areas:

1. Digitalisation
2. Quality of health care and care of women victims of violence
3. Community approach
4. Communication & Awareness
5. Action –research
6. COVID-19 prevention and socio-economic protection

5.3 Target population

The **direct beneficiaries** of this project are at least 35,400 people, including pregnant women, women of reproductive age, women and girls who are victims of violence, youth and adolescents, including those with disabilities, working women, and migrants, community development workers, as well as frontline workers. The **indirect beneficiaries** are estimated to be around 100,000 people. Indirect beneficiaries include current and future families and communities.

5.4 Territorial targeting

According to the new administrative division, the Moroccan territory is divided into 12 regions. This project will be carried out at central level and in 4 regions: Fes-Meknes, Marrakech-Safi, Tangier-Tetouan-Al Hoceima, and Beni-Mellal-Khénifra. The regions have been selected according to socio-demographic, health and gender criteria, since they are among the most disadvantaged ones, with low human development indicators and limited integration opportunities, particularly for women and girls. The selection of regions is based on a reasoned choice in reference to an issue of great concern for public health decision-makers, namely the elimination of harmful practices, the elimination of preventable maternal deaths and the unmet need for family planning. At the territorial level, the action will be carried out in collaboration with the Regional Directorates of the ministries involved and CSOs in order to reach the ESSP and the EMFs close to the target populations. Their capacities have to be strengthened in order to contribute achieving the expected results of this project.

6. BUDGET - See Annex 2

This project has an overall budget of DKK 24,615,235 (app. 3,879,470 US$, exchange rate 6,345, as per April21). The budget will be allocated in a regressive manner:

- 1st years, 2nd semester (October- December 2021): DKK 2,680,895 (10% of the total budget)
- 2nd year, two semesters: DKK 9,748,596 (40% of the total budget)
- 3rd year, two semesters: DKK 8,530,021 (35% of the total budget)
- 4th year, 1st semester: DKK 3,655,723 (15% of the total budget)

7. INSTITUTIONAL AND MANAGEMENT ARRANGEMENT

In order to ensure that the project remains aligned with national priorities and potential changes in context, e.g. due to revised versions of UNDAF (2017-2021), UNFPA Cooperation Framework (2017-2021) and Strategy for Denmark's cooperation with UNFPA (2018-2022) the project will be revisited through consultations in 2022 so as to ensure the alignment of the Annual Work Plans, results frameworks, risk matrix etc.

7.1 Governance

For the coordination between the different stakeholders, the project foresees two instruments:

- A **Project Steering Committee**: co-chaired by the Ministry of Health, Denmark and UNFPA, will meet once a year. It brings together high-level representatives of all project stakeholders, at national and territorial level; including the Ministry of Foreign Affairs in Morocco. The Committee is a consultative organ that will provide overall strategic guidance in order to ensure the strategic orientation and follow the monitoring and implementation of the project. The Terms of Reference (ToR) of the Committee will be defined at its first meeting.
- A **Technical Committee**: will be in charge of planning, monitoring and reporting, and dealing with technical and operational issues of the project implementation. This committee will meet twice a year and it includes all technical representatives of the different partners involved and territorial level. A representative of the donor and UNFPA will also be members of this committee. The ToR of this Committee will be developed in consultation with its members.

Note that:
- UNFPA leads and coordinates all the activities of the Project Steering Committee and the Technical Committee and provides its secretariat.
- The two committees may also call upon the services of any person or institution whose expertise and competence could prove useful for the smooth running of the project.

7.2 Monitoring and Evaluation

UNFPA is responsible for the implementation of this project, in collaboration with partners from government departments at central and regional levels, and CSOs working in the area of SRHR and GBV. The project will be monitored on a regular basis by a project team, under the supervision of the UNFPA Health and Gender-Human Rights Programme Officer.
At the level of the UNFPA Regional Office (ASRO), the Programme Reporting Analyst will support the overall project implementation oversight, and provide support to report's formulation, review and quality assurance.

The project will adopt a monitoring, evaluation and learning system to implement and adaptive results-based management (RBM). UNFPA will capitalize on its proven experience in RBM and its expertise and knowledge of technical assistance in Morocco and in the Arab region. In this same perspective, a logical framework is developed for the project, specifying the expected impact (General Objective), the expected result (OUTCOME), the products (OUTPUTS) to be achieved and the activities (INPUTS) that should contribute to their achievement. In close cooperation with the relevant partners, a performance matrix is prepared indicating performance indicators, baselines, target values, sources of verification and associated risks. These documents will evolve as necessary.

Adaptive management reflects flexibility in **learning and continuous adaptation** of project interventions, without distortion or effect on objectives and expected results. Evidence generated will be able to guide decision making and direct/adapt project interventions according to the national context and priorities. Moreover, targets will be annually re-evaluated with the IP, as well as in the first 2-3 months as a step of the inception phase of the project.

In moments of pause-and-reflect, regular monitoring of interventions and evaluation of the impact of project activities can produce the information and data needed to understand the effects produced by the interventions and to identify the levers and dynamics of change operated by the project. This will help to understand the pathway of change, identify lessons learned and make the interventions sustainable.
The project will attach great importance to knowledge management and the creation of synergies with other programmes related to the SRHR of women and girls and gender equality in Morocco. More specifically, UNFPA in Morocco is part of several thematic groups bringing together other UN agencies. Examples include the H6 group on sexual and reproductive health, which brings together WHO, UNICEF, UNAIDS, UNWOMEN and the World Bank, as well as the Gender Thematic Group, which brings together all UN agencies to ensure the adoption of the gender approach in their respective projects.

These are coordination mechanisms that promote the exchange of experiences and good practices at the national level. Moreover, other donors support UNFPA's mandate in promoting SRHR and gender equality, such as the Government of Canada. In general, all projects carried out by UNFPA Morocco find their synergy in their contribution to the achievement of the outcomes of the Country Programme and the United Nations Development Assistance Framework (UNDAF 2018-2021, then UNSDCF 2023-2026) which reflect national priorities.

Reports will be produced on a regular basis to capture the learning and good practices emerging from the evaluation and analysis of the project's achievements and possible deviations from the target values. These results will be presented and discussed with stakeholders in order to sustain and generalise the use of the information and models produced within the project.

The project will also adopt a participatory governance structure, which allows for mutual and interdisciplinary planning of the project to ensure greater ownership and effectiveness of the project.
This will also allow for holistic and systemic analyses of positive and/or negative effects in order to understand and identify the precise points and levels where interventions are needed to drive the necessary change. To this end, in addition to the Steering Committee, a Technical committee involving the central and regional levels will be set up to accompany the technical implementation of the project in the territory. This systemic approach is also reflected in the project's logical framework, which calls for an interconnection between the project's activities, results and effects, rather than a linear relationship, in order to best reflect the complex nature of the underlying factors that cause discrimination in SRHR and GBV.

In order to maximise the effectiveness and learning of the project, UNFPA plans to conduct an **internal mid-term analysis** to ensure that it is on track in terms of achieving results and to reorient the project, if necessary. A **final independent evaluation** will also be conducted at the end of the project to carry out an overall assessment of the relevance, effectiveness and efficiency of the project and to identify good practices and lessons learned that can be disseminated to partners and stakeholders. The different evaluation modalities of the project will be piloted by the lead implementer (UNFPA) in collaboration with the donor, from the elaboration of their terms of reference to the editing and dissemination of their reports. Funding for these evaluations is included in the project budget.

7.3 Organizational capacity

UNFPA Morocco has built a solid network of institutional and civil society partners. It works in synergy with other UN agencies in the implementation of the UNDAF. Therefore, it will use its expertise, comparative advantage, networks and experience of cooperation with the Government and its implementing partners. In addition, UNFPA's working method is based on the **Results-Based Management** (RBM) approach, and will therefore be able to ensure that the project is implemented in accordance with the six DAC criteria: relevance, impact, effectiveness, efficiency, coherence, and sustainability. UNFPA country office has a high technical and operational capacities in administrative and financial management, as well as the support of expertise at the regional and global level that can be mobilised at any time, as well as the UN roster of selected experts. For all these reasons, which constitute a comparative advantage, the implementation carried out by UNFPA is considered an asset for this project and a guarantee for the viability and sustainability of its results.

In order to ensure the achievement of the targeted results and effective management of the operations, it is proposed to recruit, within the framework of the project budget and according to the defined ToR, a project team composed of (i) a project coordinator and, (ii) a logistics/administration officer. UNFPA will apply its rules and procedures in the recruitment process. The team will be responsible for managing, coordinating and monitoring the project on a full-time basis. It will be based at the UNFPA office in Rabat, it will be supervised by the Health Programme Officer and the Gender and Human Rights Programme Officer and will be accompanied by the financial and administrative officers, the M&E

Officer and the UNFPA Communication Officer. The project team will contribute to the detailed development of the project's AWP, will facilitate the implementation of project activities, providing technical support. The team will report directly to the UNFPA project supervisor, and to the project donor.

The project budget includes the necessary resources for project operations, coordination, visibility and monitoring and evaluation, which will be managed directly by UNFPA. In the same perspective, and where necessary, preference will be given to the recruitment of local experts and consultants in order to facilitate endogenous capacity building and transfer of know-how. This will eventually also be passed on by international experts, most notably from the Denmark.

In summary, UNFPA will be responsible for:

- Providing advice and technical assistance to strengthen partners capacities, taking into account accountability and being based on the Collaborating, Learning and Adapting concept (CLA) ;
- Preparing the General Work Plan (GWP) of the project and its implementation and the IP AWPs ;
- Recruiting national and international experts and consultants, in close consultation with IPs and donor;
- Monitoring the achievement of outputs and deliverables ;
- Financial and administrative management of the project ;
- Ensuring the finalisation of the reports of national and international experts and consultants ;
- Preparing financial and periodic progress reports according to the RBM approach ;
- Disseminating and communicate the products and results of the project ;

Where required and considered appropriate, the counterpart in Morocco will be called upon to contribute to the above.

7.4 Reporting

Project activities and results will be subject to continuous monitoring by UNFPA, involving the project team and national and local partners, on the basis of internal reviews and field visits. The project team will prepare progress reports (financial and operational) to be submitted to the Steering Committee. National and/or international consultants and experts will be required to submit their reports to UNFPA, which will then ensure their approval and dissemination to all stakeholders. At the end of the implementation, a final financial and technical report be prepared by UNFPA and presented to the Steering Committee. With regard to the chain of results of the project and the different modalities of its monitoring and evaluation, different types of reports will be produced. IPs submit periodic technical reports to UNFPA, in accordance with the Organisation's own administrative and financial management procedures.

These IP reports will include the required information in terms of data, to update the indicator monitoring ensured by UNFPA.

From its side, UNFPA will provide the donor with:

- Periodic narrative monitoring reports, according to the donor's mechanism (annual and no later than three months after the end of the previous year);
- Audited financial accounts (annual and no later than three months after the end of the previous year)
- A mid-term analysis and a final evaluation report.
- A final narrative report (no later than six months after project completion)
- Final audited accounts (no later than six months after project completion)

The project monitoring and reporting strategy will be guided by the following considerations:

- Responsiveness, flexibility and Results-based management (RBM);
- Six DAC criteria: relevance, impact, effectiveness, efficiency, coherence, and sustainability;
- The Collaborating, Learning and Adapting concept;
- Rational use of resources; Risk review and monitoring;
- Highlighting success stories, good practice, evidence-based achievements and Synthesis;

7.5 Communication Plan –See Annex 5

UNFPA will ensure visibility and communication on the support of Denmark to this project, the results achieved and the impact generated by these results, in accordance with the donor's guidelines. UNFPA will take all necessary measures to publicize that the Government of Denmark has funded the action. The project will implement a communication strategy, using social networks and specialised media targeting decision-makers and the general public, to highlight the project's success stories in Morocco and Denmark.

The **Project Communication Plan** (Annex 5) provides a single framework to cover all communications with stakeholders, including the government. It will pursue the following three objectives: **1) Create and disseminate consistent project information** among stakeholders, including communications related to operational aspects of the project and its management as well as planning, strategic direction and monitoring; **2)Report on progress**, and lessons learned and share information on the project implementation work. **3) Promote the activities and results** of the project among beneficiaries, partners, the donor and the community in Morocco, which will increase the impact, sustainability and visibility of the project.

The first and second objectives will be based on the project management set up, the monitoring and the preparation of periodic reports.

8. FINANCIAL MANAGEMENT, PLANNING AND REPORTING

Both parties will strive for full alignment of the Danish support to the implementing partner rules and procedures, while respecting sound international principles for financial management and reporting.
The project will be managed in accordance with the co-financing framework agreement UNFPA-Denmark. The UNFPA Morocco office has a consolidated financial and administrative management system based on RBM and rigorous procedures and the *International Public Sector Accounting Standards* IPSAS. With the IPs, UNFPA will applies the "*Working with UNFPA*" handbook, containing all the procedures and minimum requirements pertaining to: disbursement, partners' procedures for financial management, procurement, work planning, narrative progress reports and financial reports, accounting and auditing.

9. RISK MANAGEMENT – See Annex 4

10. CLOSURE - 10.1 Sustainability

In this project, the sustainability of the results is guaranteed by several factors, including:

- The relevance of the intervention logic and the theory of change;
- The choice of structuring actions that are in line with the implementation of existing national strategies;
- The choice of UNFPA as the main executor of the project [9];
- The formal involvement of the public authorities and well-known CSOs;
- The establishment of a coordination mechanism involving all the stakeholders;
- The implementation of evaluation mechanisms allowing for continuous learning;
- Knowledge management and the production of evidence to inform decision-making;

[9] In line with its key mandate areas of reproductive health, gender equality and population and development strategies, UNFPA has been supporting the Government of Morocco for over 45 years. The five-year Country Programme Document (CPD 2017-2021 extended to 2022) and the next CDP (2023-2027), which is currently being formulated, aim to address national priorities taking into account the current UNDAF 2017-2021 (extend to 2022) and the forthcoming UNSDCF 2023-2027. In addition, the recently approved UNFPA Strategic Plan 2022-2025 reaffirms the relevance of the current strategic direction of UNFPA. It calls for urgent action to achieve universal access to sexual and reproductive health, realize reproductive rights for all, and accelerate the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). With this "call to action", UNFPA contributes directly to the 2030 Agenda for Sustainable Development, in line with the Decade of Action to achieve the Sustainable Development Goals.

- The adoption of a vision of sustainability since the beginning of the project.

The project will strengthen national and territorial institutions capacities. The project will also strengthen national policies and strategies on SRHR and GBV. The project aims to enable these institutions to continue to independently provide quality and targeted services for the promotion of women's and girls' SRHR and gender equality in Morocco once the project funding ends.
The project will also provide technical and financial support to regional ministerial departments and CSOs, which will enable the project to develop best practices at the territorial level. These experiences would become a model for future replication by national institutions.

Annexes:
Framework Co-financing agreement, including Annex A Standard contribution agreement
Annex 2: Budget Details
Annex 3: Result Framework
Annex 4: Risk Management
Annex 5: Plan for Communication of Results
Annex 6: Process Action Plan for Implementation

Output-based engagement budget

Identifying information - grant and partner	
Engagement	Project ACCESS
Partner	UNFPA
File no.	2021-17742
Engagement period	01.11.2021 - 31.10.2024 (total budget period)
Budget currency	DKK (budget also presented in USD)
Original outcome (total budget/grant)	DKK 22,615,235
Date	29.04.2021 (date of preparation of budget)
Prepared by	Cristina PILO - UNFPA
Exchange rate (DKK/other currency USD 6,345) **at 29.04.2021 https://treasury.un.org/operationalrates/OperationalRates.php**	6,345

	Unit	Unit Cost	Quantity	Budget	Year 1 (Q3-Q4)	Year 2 (Q1-Q2)	Year 2 (Q3-Q4)	Year 3 (Q1-Q2)	Year 3 (Q3-Q4)	Year 4 (Q1-Q2)	DKK
Total Output 1-3				**3.776.059**	377.606	755.212	755.212	679.691	641.930	566.409	23.959.095
Output 1 The continuity of essential services SHR and GBV											
Activity 1 : Digitalisation	workshop&training	5.000	71	355.000	35.500	71.000	71.000	63.900	60.350	53.250	
Activity 1 : Digitalisation	procument	3.000	287,5	862.500	86.250	172.500	172.500	155.250	146.625	129.375	
Activity 1 : Digitalisation	contrat service Category1	10.000	5	50.000	5.000	10.000	10.000	9.000	8.500	7.500	
Activity 1 : Digitalisation	contrat service Category2	4.000	2	8.000	800	1.600	1.600	1.440	1.360	1.200	
Activity 2: Quality	workshop&training	5.000	17	85.000	8.500	17.000	17.000	15.300	14.450	12.750	
Activity 2: Quality	procument	3.000	55	165.000	16.500	33.000	33.000	29.700	28.050	24.750	
Activity 2: Quality	contrat service Category1	10.000	1,5	15.000	1.500	3.000	3.000	2.700	2.550	2.250	
Activity 2: Quality	contrat service Category2	4.000	2	8.000	800	1.600	1.600	1.440	1.360	1.200	
Activity 3: Community based approach	workshop&training	5.000	6	30.000	3.000	6.000	6.000	5.400	5.100	4.500	
Activity 3: Community based approach	procument	3.000	13	39.000	3.900	7.800	7.800	7.020	6.630	5.850	
Activity 3: Community based approach	contrat service Category2	4.000	5	20.000	2.000	4.000	4.000	3.600	3.400	3.000	
Activity 4: Communication- Awareness	procument	3.000	7	21.000	2.100	4.200	4.200	3.780	3.570	3.150	
Activity 4: Communication- Awareness	contrat service Category2	4.000	5	20.000	2.000	4.000	4.000	3.600	3.400	3.000	
Activity 5: Action-Research	workshop&training	5.000	12	60.000	6.000	12.000	12.000	10.800	10.200	9.000	
Activity 5: Action-Research	procument	3.000	0	-	-	-	-	-	-	-	
Activity 5: Action-Research	contrat service Category1	10.000	6	60.000	6.000	12.000	12.000	10.800	10.200	9.000	
Activity 5: Action-Research	contrat service Category2	4.000	2	8.000	800	1.600	1.600	1.440	1.360	1.200	
Project team costs (63%)	monthly salary	4.725	36	170.100	17.010	34.020	34.020	30.618	28.917	25.515	
Project team costs (63%)	monthly rent fees	1.134	36	40.824	4.082	8.165	8.165	7.348	6.940	6.124	
Project team costs (63%)	Support costs	275	36	9.900	990	1.980	1.980	1.782	1.683	1.485	
Communication and Visibility (63%)	Lumpsum	94.500	1	94.500	9.450	18.900	18.900	17.010	16.065	14.175	
Services quality analysis and evaluation (63%)	Lumpsum	12.600	1	12.600	1.260	2.520	2.520	2.268	2.142	1.890	
Travel (63%)	Lumpsum	12.600	1	12.600	1.260	2.520	2.520	2.268	2.142	1.890	
Knowledge generation (63%)	Lumpsum	37.800	1	37.800	3.780	7.560	7.560	6.804	6.426	5.670	
Total direct cost output 1				**2.184.824**	218.482	436.965	436.965	393.268	371.420	327.724	13.862.708
Share indirect cost output 1				179.249	17.925	35.850	35.850	32.265	30.472	26.887	1.137.338
Total budget output 1				**2.364.073**	236.407	472.815	472.815	425.533	401.892	354.611	15.000.046
Output 2 - Health prevention against Covid19 and SRH&GBV											
Activity 2: Quality	workshop&training	5.000	8	40.000	4.000	8.000	8.000	7.200	6.800	6.000	
Activity 2: Quality	procument	3.000	153	459.000	45.900	91.800	91.800	82.620	78.030	68.850	
Activity 2: Quality	contrat service Category1	10.000	3	30.000	3.000	6.000	6.000	5.400	5.100	4.500	
Activity 4: Communication- Awareness	workshop&training	5.000	8	40.000	4.000	8.000	8.000	7.200	6.800	6.000	
Activity 4: Communication- Awareness	procument	3.000	12	36.000	3.600	7.200	7.200	6.480	6.120	5.400	
Activity 4: Communication- Awareness	contrat service Category2	4.000	1	4.000	400	800	800	720	680	600	
Activity 5 Action-Research	workshop&training	5.000	2	10.000	1.000	2.000	2.000	1.800	1.700	1.500	
Activity 5 Action-Research	procument	3.000	1	3.000	300	600	600	540	510	450	
Activity 6: Covid19 health and socio-economic protection	procument	3.000	33	99.000	9.900	19.800	19.800	17.820	16.830	14.850	
Project team costs (26%)	monthly salary	1.950	36	70.200	7.020	14.040	14.040	12.636	11.934	10.530	
Project team costs (26%)	monthly rent fees	468	36	16.848	1.685	3.370	3.370	3.033	2.864	2.527	
Project team costs (26%)	Support costs	115	36	4.140	414	828	828	745	704	621	
Communication and Visibility (26%)	Lumpsum	39.000	1	39.000	3.900	7.800	7.800	7.020	6.630	5.850	
Services quality analysis and evaluation (26%)	Lumpsum	5.200	1	5.200	520	1.040	1.040	936	884	780	
Travel (26%)	Lumpsum	5.200	1	5.200	520	1.040	1.040	936	884	780	
Knowledge generation (26%)	Lumpsum	15.600	1	15.600	1.560	3.120	3.120	2.808	2.652	2.340	
Total direct cost output 2				**877.188**	87.719	175.438	175.438	157.894	149.122	131.578	5.565.758
Share indirect cost output 2				73.976	7.398	14.795	14.795	13.316	12.576	11.096	469.377
Total budget output 2				**951.164**	95.116	190.233	190.233	171.210	161.698	142.675	6.035.135

Output 3 -Socio economic empowerement											
Activity 1 : Digitalisation	workshop&training	5.000	10	50.000	5.000	10.000	10.000	9.000	8.500	7.500	
Activity 1 : Digitalisation	procument	3.000	11	33.000	3.300	6.600	6.600	5.940	5.610	4.950	
Activity 1 : Digitalisation	contrat service Category1	10.000	3,5	35.000	3.500	7.000	7.000	6.300	5.950	5.250	
Activity 1 : Digitalisation	contrat service Category2	4.000	2	8.000	800	1.600	1.600	1.440	1.360	1.200	
Activity 2: Quality	workshop&training	5.000	6	30.000	3.000	6.000	6.000	5.400	5.100	4.500	
Activity 2: Quality	contrat service Category1	10.000	2,5	25.000	2.500	5.000	5.000	4.500	4.250	3.750	
Activity 2: Quality	contrat service Category2	4.000	1,5	6.000	600	1.200	1.200	1.080	1.020	900	
Activity 3: Community based approach	workshop&training	5.000	4,5	22.500	2.250	4.500	4.500	4.050	3.825	3.375	
Activity 3: Community based approach	procument	3.000	13	39.000	3.900	7.800	7.800	7.020	6.630	5.850	
Activity 3: Community based approach	contrat service Category2	4.000	4	16.000	1.600	3.200	3.200	2.880	2.720	2.400	
Activity 4: Communication- Awareness	workshop&training	5.000	8	40.000	4.000	8.000	8.000	7.200	6.800	6.000	
Activity 4: Communication- Awareness	Procurement	3.000	5	15.000	1.500	3.000	3.000	2.700	2.550	2.250	
Activity 4: Communication- Awareness	contrat service Category2	4.000	4	16.000	1.600	3.200	3.200	2.880	2.720	2.400	
Activity 6: Covid19 health and socio-economic protection	workshop&training	5.000	3	15.000	1.500	3.000	3.000	2.700	2.550	2.250	
Activity 6: Covid19 health and socio-economic protection	procument	3.000	3	9.000	900	1.800	1.800	1.620	1.530	1.350	
Activity 6: Covid19 health and socio-economic protection	contrat service Category2	4.000	1	4.000	400	800	800	720	680	600	
Project team costs (11%)	monthly salary	825	36	29.700	2.970	5.940	5.940	5.346	5.049	4.455	
Project team costs (11%)	monthly rent fees	198	36	7.128	713	1.426	1.426	1.283	1.212	1.069	
Project team costs (11%)	Support costs	47	36	1.692	169	338	338	305	288	254	
Communication and Visibility (11%)	Lumpsum	16.500	1	16.500	1.650	3.300	3.300	2.970	2.805	2.475	
Services quality analysis and evaluation (11%)	Lumpsum	2.200	1	2.200	220	440	440	396	374	330	
Travel (11%)	Lumpsum	2.200	1	2.200	220	440	440	396	374	330	
Knowledge generation (11%)	Lumpsum	6.604	1	6.604	660	1.321	1.321	1.189	1.123	991	
Total direct cost output 3				**429.524**	42.952	85.905	85.905	77.314	73.019	64.429	2.725.331
Share indirect cost output 3				31.298	3.130	6.260	6.260	5.634	5.321	4.695	198.583
Total budget output 3				**460.822**	46.082	92.164	92.164	82.948	78.340	69.123	2.923.914
Contingency											
Contingency (max 10% is included in each activity cost for each output))											-
Monitoring and Evaluation											
Project evaluations	item	25.000	2	50.000	5.000	10.000	10.000	9.000	8.500	7.500	317.250
Quality assurance UNFPA Regional Office ASRO	item	3	5000	15.000	1.500	3.000	3.000	2.700	2.550	2.250	95.175
Total Evaluation et quality assurance				**65.000**	6.500	13.000	13.000	11.700	11.050	9.750	412.425
Total direct cost				**3.556.536**	355.654	711.307	711.307	640.177	604.611	533.480	22.566.222
Indirect cost											
Administrative costs (max. 8% of direct cost)				284.523	28.452	56.905	56.905	51.214	48.369	42.678	1.805.298
Total indirect cost				**284.523**	**28.452**	**56.905**	**56.905**	**51.214**	**48.369**	**42.678**	**1.805.298**
1% UN levy (1% of direct cost + indirect costs)	one time payement			38.411	3.841	7.682	7.682	6.914	6.530	5.762	243.715
Total budget				**3.879.470**	387.947	775.894	775.894	698.305	659.510	581.920	**24.615.235**

ANNEX 3: - RESULTS FRAMEWORK **Project ACCESS**

Project	Title of Project : ACCESS
Project Objective	Contribute to the socio-economic and health response of the Moroccan government to the COVID-19 crisis, by supporting the continuity of SRH and GBV services and women socio-economic empowerment to improve the wellbeing and resilience of populations in vulnerable situation, particularly women and girls

Project Title		ACCESSS	
Outcome		Women and girls' access to their rights on SRH and GBV care and services in vulnerable situations and their socio-economic empowerment is enhanced in the context of response to the COVID-19 pandemic	
Outcome indicator		Number of women and girls receiving SRH and GBV care and services and supported to strengthen their health and socio-economic autonomy as part of the COVID-19 health crisis response.	
Baseline	Year	October 2021	0
Target	Year	September 2024	30,000 women and girls (disaggregated: rural, urban, pregnant women, women victims of violence, women of childbearing age, women with handicap, migrants and working women)

Output 1		The continuity of essential sexual and reproductive health and gender-based violence care and services is ensured to address the risks and consequences of COVID-19	
Output indicator 1.1		Number of women and girls having benefited from quality services at the level of the care spaces and structures targeted by the project. Source: IP and official Ministries reports. Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	2022	5,000
Target	Year 2	2023	15,000
Target	Year 3	2024	18,000
Output indicator 1.2		% of women and girls who received quality services in the care spaces and structures reported an improvement in the quality of the services offered Source: survey and questionnaires Frequency of data collection: annual	
Baseline	Year	2021	0
Target	Year 1	2021-2022	30%
Target	Year 2	2022-2023	50%
Target	Year 3	2023-2024	70%
Output indicator 1.3		Number of community development workers, men and women, involved in territorial awareness-raising and information initiatives on SRH and GBV rights, including in remote area (disaggregated: men and women and regions) Source: IP reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	2021-2022	50
Target	Year 2	2022-2023	200
Target	Year 3	2023-2024	400
Output indicator 1.4		Number of digital tools aimed at dematerialising, improving accessibility to and ensuring continuity of essential SRH and GBV services to meet the real needs of the vulnerable population facing COVID-19 Source: IP, Ministries and delivery reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-Septembre 2022	2
Target	Year 2	October 2022-September 2023	4
Target	Year 3	October 2023-September 2024	4
Output indicator 1.5		Number of front-line professionals, men and women, in care structures and facilities trained to care the targeted vulnerable populations using a comprehensive and integrated approach Source: IP and official Ministries reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	1,000
Target	Year 2	October 2022-September 2023	3,000

Target	Year 3	October 2023-September 2024	5,000
Output indicator 1.6		Number of tools put in place to improve the information system for better results-based management of SRH and GBV care and services Source: IP, Ministries and delivery reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	1
Target	Year 2	October 2022-September 2023	2
Target	Year 3	October 2023-September 2024	2
Output indicator 1.7		Number of SRH and GBV facilities and spaces equipped to humanize the services offered to required international standards (desegregated by type of facility) Source: IP, Ministries and delivery reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	80
Target	Year 2	October 2022-September 2023	120
Target	Year 3	October 2023-September 2024	120
Output indicator 1.8		Number of reports produced to provide the necessary evidence to strengthen accountability for SRH and GBV decision-making Source: IP reports Frequency of data collection: annually	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	1
Target	Year 2	October 2022-September 2023	3
Target	Year 3	October 2023-September 2024	5
Output 2		Health prevention in relation to SRH and against the risks of the spread of COVID-19 is guaranteed during and after the health crisis	
Output indicator 2.1		Number of women and girls benefiting from actions aimed at strengthening their health empowerment, in terms of SRH and GBV Source: IP and Ministries reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	1,000
Target	Year 2	October 2022-September 2023	5,000
Target	Year 3	October 2023-September 2024	10,000 women and girls (disaggregated: rural, urban, pregnant women, women victims of violence, women of childbearing age, women with handicap, migrants and working women)
Output indicator 2.2		Number of male and female frontline professionals in facilities and care spaces equipped with personal protective equipment to protect themselves and reduce the risk of spreading COVID-19 Source: IP and Ministries reports	

		Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	1,000
Target	Year 2	October 2022-September 2023	3,000
Target	Year 3	October 2023-September 2024	5,000
Output indicator 2.3		Number of innovative and mechanisms put in place to empower women and girls to protect themselves in SRH and GBV (self-care approach) during and after the COVID-19 crisis Source: IP and Ministries reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	3
Target	Year 2	October 2022-September 2023	5
Target	Year 3	October 2023-September 2024	5
Output indicator 2.4		Number of awareness-raising and information initiatives on the defence and protection of SRH rights and gender equality, involving boys and men, girls and women, put in place Source: IP and Ministries reports and tools/material produced Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	2
Target	Year 2	October 2022-September 2023	4
Target	Year 3	October 2023-September 2024	8
Output indicator 2.5		Number of awareness and information initiatives on health prevention and protection against COVID-19 Source: IP and Ministries reports and tool/materials produced Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	8
Target	Year 2	October 2022-September 2023	12
Target	Year 3	October 2023-September 2024	16

Output 3		Socio-economic empowerment of vulnerable women and girls is ensured to enable them to cope with the consequences of the COVID-19 crisis	
Output indicator 3.1		Number of women and girls benefiting from actions aimed at strengthening their socio-economic empowerment Source: IP and Ministries reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	500

Target	Year 2	October 2022-September 2023	1,500
Target	Year 3	October 2023-September 2024	2,000
Output indicator 3.2		% of women and girls beneficiaries reporting a better understanding of their rights related to SRH and GBV Source: survey and questionnaires Frequency of data collection: regularly post event	
Target	Year	2021	0
Target	Year 1	October 2021-September 2022	30%
Target	Year 2	October 2022-September 2023	50%
Target	Year 3	October 2023-September 2024	80%
Output indicator 3.3		% of women and girls benefiting from actions aimed at strengthening their socio-economic empowerment satisfied Source: survey and questionnaires and IP reports Frequency of data collection: annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	30%
Target	Year 2	October 2022-September 2023	50%
Target	Year 3	October 2023-September 2024	70%
Output indicator 3.4		Number of mechanisms put in place to strengthen the socio-economic empowerment of women and girls to improve their incomes, based on informed decision-making as a result of life-skills development Source: : IP and Ministries reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	1
Target	Year 2	October 2022-September 2023	3
Target	Year 3	October 2023-September 2024	4
Output indicator 3.5		Number of SRHR and GBV stakeholder networking initiatives put in place to strengthen advocacy to drive change in perceptions of women's rights and gender equality Source: : IP and Ministries reports Frequency of data collection: IP quarterly and annual reports	
Baseline	Year	2021	0
Target	Year 1	October 2021-September 2022	0
Target	Year 2	October 2022-September 2023	1
Target	Year 3	October 2023-September 2024	2

ANNEX 4: RISK MANAGEMENT - Project ACCESS

Contextual risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Political					
Changing national priorities and orientations following the legislative elections	Likely	Minor	The response to COVID-19 will be a national priority, even if there is a change in political parties, as the emergency is a Royal priority. In addition, the project's Adaptive Management is designed to be flexible in order to be able to integrate and adapt interventions on an ongoing basis. Pause-and-reflect moments will be organized, with the participation of the stakeholders, on a regular basis and can be used as a possibility to adapt quickly to the situation.	In the event of a change of political party, linked to the upcoming parliamentary elections, the priorities of the ministerial partners could change. The implementation of some interventions involving institutional partners could be interrupted. The adaption to the new national priorities would include the design of new activities for the project. This is just a matter of time and will not impact the achievement of the project results.	Parliamentary elections will be conducted in September 2021 and could lead to a change in the political spheres.
The project does not reflect the priorities of the new Economic Development Model 2021	Likely	Minor	The adaptive management of the project will ensure that the activities can be adapted on the real needs and the national priorities.	The adaption to the priorities of the new Model would include the design of new activities for the project. This might impact the project timeframe but we do not expect an impact on the achievement of the project results.	During the design phase of this project, the new Economic Development Model 2021 was under the final phase of validation and there was no visibility on its content and strategic orientations.
Societal					
Changing the mind set may take longer than the life of the project	Likely	Minor	The feminist CSOs selected as implementing partners in the project are known for their fierce commitment to defending women's rights and promoting their health and socio-economic empowerment. In addition, the territorial anchorage of these entities will allow them to reach the most difficult to access areas.	The project intends to create a change in practices linked to SRH and GBV among people. It is expected that in the long term this change in practices will positively impact the population mind-set and behavior which will require more time than the length of the project itself.	The IMAGE 2017 survey showed that masculinity in Morocco is a barrier to change and to the promotion of women's rights. The necessary change may take longer than the life of the project.
Security					
COVID-19's crisis deepens	Likely	Minor	UNFPA has already accumulated a great deal of experience in managing projects during the pandemic and has already demonstrated great flexibility in organizing online activities for example. Also, the SALAMA operation was an efficient response to the COVID-19 situation by providing direct support to vulnerable and needy populations	Even if a total lockdown is declared again, the partners have already developed mechanisms to react and keep providing their services to vulnerable population, as experienced during the first lockdown. A residual risk is therefore minor.	The health crisis situation is unstable and the virus has already developed new variants. This is likely to happen again.
The COVID-19 crisis could be overtaken during the life of the project.	Likely	Minor	The proposed activities are in part a response to the post-COVID-19 situation and are fully relevant even for the period beyond the pandemic.	The residual risk has been minimized because the project has been designed taking into consideration the period post-COVID-19.	The health crisis situation is unstable and can change unpredictably. It is expected that the ongoing vaccination campaign will contribute to overcome the COVID-19 crisis.

Programmatic risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Certain vulnerable populations targeted are not reached through the project	Unlikely	Major	CSO, partners of the project, are mobilized to inform and support the most vulnerable populations on the services they provide. The CSOs are present at local level, even in rural areas,	Following the project strategy aiming to implement activities at regional level involving local CSOs the residual risk will be minor.	Some landlocked areas are very difficult to access and do not allow aid to easily reach the target population.

			they work closely to the target population and they will be able to integrate them into the project activities.		
Resistance to change of professionals in primary health care facilities and other sectors targeted by the project	Likely	Minor	The strategy of dematerialization of services has become a national priority following the COVID-19 crisis. The institutional partners and the management of the care facilities will support and drive this change in habits. The project gives great importance to the capacity building component of the professionals involved in order to ensure a smooth shift toward	The dematerialization process will be driven by national willingness and strategies. The residual risk is therefore tends toward zero.	Professionals working in care spaces and structures are not used to make use of new technologies.
A change in the management level of the CSOs implementing partners can occur and hinder the activities' implementation	Very unlikely	Major	The identified IP are strong CSOs having more than 40 years of work experience in Morocco and a high stability and consistency at the management level. If a change in their management happens having an impact on the project implementation, UNFPA who has a large IPs portfolio, will identify other adequate IP working on the same area.	The residual risk remains the project timeframe because adapting the partner strategy will ensure the achievement of the results but it can cause a delay in the planned period of implementation.	The turnover inside the CSOs might be high at the management level.

Institutional risks

Risk Factor	**Likelihood**	**Impact**	**Risk response**	**Residual risk**	**Background to assessment**
Denmark's priorities changes and reallocates development funds	Very Unlikely	Minor	Project activities will be modified according to Danish priorities.	The adaption of the activities to the new priorities could require a revision of the overall risk analysis and the results framework.	COVID-19 has shown that donors might change the funding priorities due to an unexpected event.

ANNEX 5: PLAN FOR COMMUNICATION OF RESULTS

Project A.C.C.ES.S

What? (the message)	**When?** (the timing)	**How?** (the mechanism)	**Audience(s)**	**Responsible**
Branding of the project	Q1 – Year 1 (Oct-Dec 2021)	Name, Logo and graphic design	Partners	UNFPA
Communicate on the launch of the project	Q1 – Year 1 (Oct-Dec2021)	Event, prints, visuals, media	Partners, Cooperation and the public	UNFPA
Strengthen the capacity of partners to communicate for impact	Q2 – Year 1 (Jan-Mar 2022)	Training sessions, guidance, templates	Partners of the project	UNFPA
Regular information on the actions of the project	Starting Q2 – Year 1 (Jan 2022) continuous	Newsletter, Media, web, Social media	Government, Civil Society, Cooperation and the public	UNFPA
Demonstrate the impact of the project in the field	Continuous	Stories, photos, videos, field visits, media visits	Government, Civil Society, Cooperation and the public	Partners/UNFPA
Community outreach	International days	Materials, digital activations and arts	The general public, women and youth, boy an girls	Partners/UNFPA
	Continuous	Innovative tools and channels adapted to the target population	The general public, women and youth, boy an girls	UNFPA
Communicate on the closing of the project	Q4 – Year 3 (July-Sept 2024)	Event, prints, visuals, Video, media	Partners, Government, Civil Society, Cooperation and the public	UNFPA

ANNEX 6: PROCESS ACTION PLAN (PAP) **Project ACCESS**

Action/product	Deadlines				Responsible/involved Person and unit	Comment/status
	2021 Q3-Q4	2022	2023	2024 Q1-Q2		
1. Digitalisation						
1.1 Extension of the digital population recovery model for the Sexual and Reproductive Health Programme (maternal health, female cancer, family planning, women's nutritional status etc..)	X	X	X	X	MoH	Digitalisation of health care will permit the revival of women's health care in order to respond to their needs in terms of SHR
1.2 Extension of the Institutional Information System on Violence against Women (SIIVEF) to departments and EMF;	X	X	X	X	MoSSDEF	The information system will strengthen networking between institutions in the women's care chain
1.3 Strengthening of platforms dedicated to the orientation of women victims of violence (such as "stoplaviolence.sante.gov.ma" of the Ministry of Health and "annajda.com" of UAF) ;	X	X	X	X	MoSSDEF UAF	The platform will allow women to declare and receive the necessary assistance
1.4 Launch of teleconsultation in schools		X	X		MoH	The Ministry of Health has introduced a system of periodic medical visits to schools. Teleconsultation will be an innovative way to ensure medical and psychological follow-up of pupils, mainly in rural and remote areas.
1.5 Digital transformation of women's entrepreneurship through the creation of regional one-stop shops for the transition of women in the informal economy and towards the formal economy ;		X	X	X	MoSSDEF	The creation of regional one-stop shops will support women in their economic empowerment process

1.6. Deployment of online platform (Market-place) promoting women's employment in rural areas;		X	X	X	MoSSDEF	Platform dedicated to commercialise the product of women cooperatives .
1.7 Digital literacy of "active women" in the labour market (cooperative etc.) ;	X	X	X	X	MoSSDEF	Digital literacy for working women will improve their access to SRH and GBV information and services
1.8 Creation of a digital platform for the women for women alliance dedicated to the promotion of the culture of women leaders;	X	X	X		UAF	This platform will strengthen the networking of women leaders to federate efforts and consolidate advocacy
2. Quality of health care and care of women victims of violence						
2.1 Expansion of care services for women victims of violence at the ESSP level		X	X	X	MoH	The introduction of care for women victims of violence, which is only available in hospitals, in local primary health centers will allow women to have better access to services, if needed
2.2 Continuous training: e-learning SRH and GBV		X	X	X	MoH	Health professionals will benefit from capacity building through continuous online and face-to-face training
2.3 Promotion of the new version of the women's health booklet		X	X	X	MoH	The women's health booklet will allow both women and health professionals to follow up on regular consultations to prevent avoidable complications, during the entire life
2.4 Support to the National Program of early detection of breast and cervical cancer: HPV self-test, vaccination.	X	X	X	X	MoH	This support will expand the use of the self-test for early detection of breast and uterine cancer
2.5 Acquisition of prenatal consultation kits and long-term contraceptive products (implant and subcutaneous injectables, emergency pill);	X	X	X		MoH	The purchase of this equipment will improve the quality of care and reduce maternal mortality, promote family planning and prevent unwanted pregnancies, which can occur in cases of violence
2.6 Humanisation of structures and care areas (ESSP, EMF, reception centers, Dar Taliba): acquisition of necessary equipment;	X	X	X		MoH MoSSDEF UNFM UAF	The structures for the reception of vulnerable women will be equipped in order to guarantee a quality care in the respect of human rights

2.7 Support for the implementation of the HIMAYA protocol for the care of Women victims of violence	X	X	X		MoSSDEF	This support is part of the implementation of the national strategy to fight against violence
2.8 Operationalisation of multifunctional women's spaces (EMF), and structures for the care of women victims of violence;		X	X		MoSSDEF UAF	These facilities will be made operational in order to receive women in vulnerable situations in the best conditions.
2.9 Implementation of the TAKAFFOL training programme for human resources working in the care chain for Women victims of violence;		X	X		MoSSDEF	Capacity building of human resources in the care chain will serve to humanize the reception services
2.10 Organisation of multi-disciplinary capacity building cycles at Dar Taliba: introduction to entrepreneurship, science and IT, thematic workshops on sexual and reproductive health, life skills, etc.		X	X		UNFM	Capacity building for the young female students of Dar Ataliba to develop life skills and to be aware of their rights related to SRH and GBV.
2.11 Improvement of the quality level of "Dar Taliba" through the purchase of ergonomic equipment for its residents and the installation of signs aimed at preventing gender-based violence (infographics, reporting procedures, etc.)	X	X			UNFM	Equipping Dar Ataliba to humanize and improve the reception services for young female students.
2.12 Creation of "legal clinics" for the promotion and defence of women's rights within the reception centres for women victims of violence with the involvement of young academics;		X	X		UAF	The legal clinic is a mechanism for promoting and popularizing human rights concepts among the population
2.13 Strengthening the capacities of Dar Taliba supervisors in listening, support and guidance techniques;	X	X	X	X	UNFM	Dar Taliba's human resources will be trained to provide quality support to the young female students housed
3. Community approach						

3.1 Creation of a "Women for Women Alliance"		X	X	X	UAF	The creation of the "women for women" alliance allow to federate efforts and consolidate advocacy for SRH and GBV rights
3.2 Mobilisation and training of Community Development Workers on resilience in the face of Covid19 , on the support for women of reproductive age in maternal health and family planning;	X	X	X	X	MoH MoSSDEF UAF UNFM	Community Development workers will be mobilized throughout the project to raise awareness among the population
3.3 Development of income-generating economic initiatives (in favour of women victims of violence beneficiaries of EMF and reception centres managed by CSOs);		X	X	X	MoSSDEF UAF	Income-generating activities will enable women to become financially independent, which will improve their access to services and rights.
3.4 Promotion of female entrepreneurship in the community; support to young residents of Dar Taliba with innovative ideas;		X	X	X	UNFM	The young students will be supported to develop innovative project ideas, in order to develop entrepreneurial skills
4. Communication & Awareness						
4.1 Organisation of awareness raising and information events on the defence and protection of SRH rights and gender equality;	X	X	X	X	MoSSDEF UAF UNFM	Throughout the project, awareness and information activities will be organized to disseminate the concepts related to SRH and GBV
4.2 Advocacy to drive change in perceptions of gender rights and equality;		X	X	X	MoSSDEF	The change of perception is necessary to sustain the process of health and socio-economic empowerment of women
4.3 Digital campaigns for the popularisation of law 103.13;		X	X	X	MoSSDEF	The digital campaign will maximize outreach and information about the law for the elimination of violence against women
4.4 Awareness raising and capacity building event and tools on health rights, including health in workplace		X	X	X	UNFPA and partners	The awareness raising for health rights and improve prevention culture especially in the workplace

4.5 Communication tools regarding the digitalization and services continuity SRH and GBV					UNFPA and partners	Communication to disseminate information about the continuity of services SHR and GBV through the existence of digital tools
5. Action –research						
5.1 Popularisation of the concepts of SRH rights and gender equality among young people in universities ;		X	X	X	MoSSDEF	Dissemination of SRH and GBV concepts is necessary to support women's empowerment
5.2 Socio-anthropological analysis of the social determinants of sexual and reproductive health and gender-based violence;		X			MoH	The analysis will provide evidence to influence public policy
5.3 Development of a monitoring and evaluation system for the GBV in collaboration with the HCP;		X			MoSSDEF	The analysis will provide evidence to influence public policy
5.4 Feasibility study of a project for an integrated service centre for women victims of violence (One stop centre)		X			MoSSDEF	The results of the research will allow the Ministry to decide if this model is appropriate to the context and therefore implement it
5.5 Investigation of GBV legislation to determine the effectiveness of laws, policies and protocols;		X			UAF	The analysis will provide evidence to influence public policy
5.6 Carrying out a satisfaction survey among the beneficiaries of the reception facilities;			X		MoH MoSSDEF UAF UNFM	The results of the survey will help to improve those areas that are deemed to be deficient.
5.7 Transfer of expertise and know how between stakeholders and regions;		X	X	X	MoH MoSSDEF UAF UNFM	The transfer of knowledge will allow the exchange of good practices and challenges related to the project's themes
6. Covid19 prevention and socio-economic protection						
6.1 Acquisition and distribution of PPE (personal protective equipment) for frontline staff (professionals, women's	X				MoH MoSSDEF UAF	The equipment will protect the beneficiaries of the project from the risks of contamination of the COVID

cooperatives), as well as for the residents of Dar Taliba, etc.;)					UNFM	
6.2 Support for women's cooperatives in difficulty due to Covid19;	X	X	X	X	MoSSDEF	Support to cooperatives will enable women to have a stable and decent income as a response to the COVID crisis

ANNEX 7: Partner Assessment – UNFPA, Morocco

1. Brief presentation of partners

UNFPA is the United Nations sexual and reproductive health agency. UNFPA is recognised as a leader in the provision of sexual and reproductive health and rights, maternal health and gender-based violence prevention services in humanitarian situations. UNFPA has been present in Morocco since the early 1975 and has helped with decrease in maternal mortality, improvement of family planning and much more. UNFPA currently works in Morocco to implement UN Development Assistance Framework (UNDAF) 2017-2021 and their primary focus is women and young people in relation to their Sexual and Reproductive Health and Rights.

2. Summary of partner capacity assessment

UNFPA country office has a high technical and operational capacities in administrative and financial management, as well as the support of expertise at the regional and global level that can be mobilised at any time, as well as the UN roster of selected experts. The project budget includes the necessary resources for project operations, coordination, visibility and monitoring and evaluation, which will be managed directly by UNFPA.

UNFPA Morocco has built a solid network of institutional and civil society partners. It works in synergy with other UN agencies in the implementation of the UNDAF. UNFPA is good at translating its expertise and results base into accessible communications, and the organisation continues to improve toward robust and carefully monitored financial and risk management systems.

UNFPA is one of the largest UN recipients of Danish core funding as also laid out in Strategy for Denmark's Engagement with United Nations Population Fund (UNFPA) 2018-2022 and is a long term strategic partner of Denmark.

3. Summary of key partner features

Name of Partner	Core business What is the main business, interest and goal of the partner?	Importance How important is the project/programme for the partner's activity-level (Low, medium high)?	Influence How much influence does the partner have over the programme (low, medium, high)?	Contribution What will be the partner's main contribution?	Capacity What are the main issues emerging from the assessment of the partner's capacity?	Exit strategy What is the strategy for exiting the partnership?
UNFPA	UNFPA is globally responsible for monitoring the implementation of the action plan of the	Low UNFPA operates with its own budget and does not rely on	High UNFPA is the recipient organization of the support and	UNFPA will have the overall responsibility for the fulfillment of the Annual Work Plans (AWP) in collaboration	**Strengths**: As the world's largest international source of funding for population and	Both civil society and national authorities are involved in the project and the fact that the programme

	ICPD, and remains an influential advocate for SRHR. Special focus is put on protecting and empowering women and youth. In the current programme UNFPA will support the Moroccan government in several initiatives to strengthen prevention and protection measures against COVID-19 among the most vulnerable populations.	the current programme for their operations. They envision to hire extra staff for programme management and coordination.	will implement the activities in collaboration with government departments and CSOs. A steering committee and a technical committee will be established.	with implementing partners.	reproductive health programmes and with broad membership, UNFPA is able to operate with high legitimacy. **Weakness:** There may be internal delays in sign-offs and disbursements that affect partnerships and programme implementation. UNFPA as the overall coordinator and programme manager rely on government institutions and CSOs to implement activities. **Opportunities:** UNFPA has a long history in Morocco as well as good relations with both the government and NGO's. They should be able to take advantage of this in their work. **Threats:** The constant threat of the COVID-19 pandemic will continue to be a threat for the work of any international organization. The government of	builds on national priorities and policies increase the sustainability of the project. The project document does not provide an exit strategy. Given the fact that the project is a response to the COVD-19 pandemic it is assumed that an exit strategy will be less relevant as vaccines programmes are implemented.

					Morocco has issued curfews previously and is most likely to do it again in case of another spike in infections.	

ANNEX 8: QUALITY ASSURANCE CHECKLIST

File number/F2 reference: **2021-17742**

Programme/Project name: **Autonomy and Choice in a crisis situation focused on Continuity of Essential Services and Socioeconomic empowerment of vulnerable women and girls**

Programme/Project period: **November 2021- November 2024**

Budget: **DKK 24,615,235**

Presentation of quality assurance process:
MENA Department has been in continuous dialogue with UNFPA concerning the project both regarding structure, content, budget etc. The project document along with its annexes has been through a process of appraisal by an independent external consultant. Recommendations from this appraisal has been incorporated in the project documents by the partner. Furthermore, a financial management specialist from FRU has reviewed the project from a financial perspective. FRU has also been involved in the formulation of a contract in order to ensure that Danida Guidelines are followed when the templates of the partner are used.

- The design of the programme/project has been appraised by someone independent who has not been involved in the development of the programme/project.
Comments: The project has been appraised by an independent external consultant through a desk study due to COVID-19 travel restrictions. The consultant has conducted interviews with the partner and the responsible desk officer at MFA.

- The recommendations of the appraisal has been reflected upon in the final design of the programme/project.
Comments: The partner has incorporated the appraisal recommendations into the project documents.

- The programme/project complies with Danida policies and Aid Management Guidelines, including the fundamental principles of Doing Development Differently.
Comments: Yes.

- The programme/project addresses relevant challenges and provides adequate responses.
Comments: The appraisal finds the project relevant, justified and ambitious with well-described interventions.

- Issues related to HRBA, LNOB, Gender, Youth, Climate Change, Green Growth and Environment have been addressed sufficiently in relation to content of the project/programme.
Comments: Issues related to HRBA, LNOB, Gender and youth have been addressed in the project document. The project's main focus is on health and not climate change, green growth and environment.

- Comments from the Danida Programme Committee have been addressed (if applicable).

Comments: The Danida Programme Committee has not been consulted regarding this project.

- ☐ The programme/project outcome(s) are found to be sustainable and in line with the partner's development policies and strategies. Implementation modalities are well described and justified.

Comments: Yes.

- ☐ The theory of change, results framework, indicators and monitoring framework of the programme/project provide an adequate basis for monitoring results and outcome.

Comments: Yes.

- ☐ The programme/project is found sound budget-wise.

Comments: Yes. Department for Financial management and Support in relation to Development Cooperation has been consulted in the process.

- ☐ The programme/project is found realistic in its time-schedule.

Comments: Yes.

- ☐ Other donors involved in the same programme/project have been consulted, and possible harmonised common procedures for funding and monitoring have been explored.

Comments: Denmark is single donor in this project.

- ☐ Key programme/project stakeholders have been identified, the choice of partner has been justified and criteria for selection have been documented.

Comments: The Danish Embassy in Rabat has identified the partner based on their local knowledge and experience. The Danish Embassies covering Algeria, Morocco, Tunisia and Egypt were requested to submit project proposals. Based on this input from the Embassies, decision was made at MFA HQ regarding the selection of which projects to support.

- ☐ The implementing partner(s) is/are found to have the capacity to properly manage, implement and report on the funds for the programme/project and lines of management responsibility are clear.

Comments: The appraisal report mentions that "UNFPA is recognised as a leader in the provision of sexual and reproductive health, maternal health and gender-based violence prevention services in humanitarian situations." Though pointing to areas with room for improvement mentioned in the latest MOPAN assessment of UNFPA, the appraisal report emphasizes that MOPAN observations relate to UNFPA in general and not necessarily UNFPA in Morocco.

- ☐ Implementing partner(s) has/have been informed about Denmark's zero-tolerance policies towards (i) Anti-corruption; (ii) Child labour; (iii) Sexual exploitation, abuse and harassment (SEAH); and, (iv) Anti-terrorism.

Comments: Yes.

- ☐ Risks involved have been considered and risk management integrated in the programme/project document.

Comments: An elaborated risk matrix is annexed to the project document.

In conclusion, the programme/project can be recommended for approval: yes

Date and signature of Desk Officer: 3/11 2021 Adwan Mostafa Mohamad

Date and signature of Management: 3/11-21 Darriann Riber