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|  | United Nations | CRPD/C/MAR/1 |
| _unlogo | **Convention on the Rightsof Persons with Disabilities** | Distr.: General9 September 2015EnglishOriginal: Arabic |

**Committee on the Rights of Persons with Disabilities**

 Consideration of reports submitted by States parties under article 35 of the Convention

 Initial reports of States parties due in 2011

 Morocco[[1]](#footnote-1)\* [[2]](#footnote-2)\*\*

[Date received: 17 March 2014]

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 Introduction

1. The Kingdom of Morocco had the honour to participate in the deliberations and consultations at the international and Arab levels in preparation for the drafting of the Convention on the Rights of Persons with Disabilities and hosted several consultation meetings to harmonize the Arab positions on the Convention’s provisions.

2. Morocco was also among the first States to sign the Convention on 30 March 2007. The decision to ratify it was subsequently announced on 10 December 2008 by His Majesty King Mohammed VI in a message addressed to the former Consultative Council on Human Rights (the present National Human Rights Council) immediately after the celebration of the 60th anniversary of the Universal Declaration of Human Rights. This was a clear expression of determination and commitment on the part of the highest constitutional institution to safeguard and secure the rights of persons with disabilities. The instrument of its ratification, together with that of the Optional Protocol thereto, were deposited with the Secretary-General of the United Nations on 8 April 2009 and the Convention was published in the Official Gazette No. 5977 on 12 September 2011.

3. The preparation of this initial report within the framework of Morocco’s fulfilment of its obligations as a party to the Convention on the Rights of Persons with Disabilities confirmed its full and voluntary entry into the international human rights system and its interaction, at the regional and international levels, with the dynamics of disability.

4. In a parallel context, the report was prepared after Morocco’s adoption of the Constitution of July 2011 which laid the foundations for a constitutional monarchy and a democratic, parliamentary and social system that would safeguard all the basic rights of citizens, enshrine the separation of powers and good governance and form the basis for broader participation by citizens of both sexes in the management of public affairs at the national, regional and local levels.

5. The Constitution, which is the country’s basic law, did not neglect the issue of disability to which special attention was paid in its provisions prohibiting discrimination on the basis of disability and emphasizing the constitutional nature of the political, social, economic and cultural rights of persons with disabilities.

6. The Preamble to the Constitution, which possesses the same force of law as its other chapters, confirms the country’s commitment to prohibit and combat all forms of discrimination on the basis of sex, colour, creed, culture, social or regional affiliation, language, disability or any personal status whatsoever.

7. Article 34 of the Constitution stipulates that: “The public authorities shall enact and implement policies for the benefit of persons and categories with special needs. To this end, those authorities shall, in particular, endeavour to ensure:

* The protection of vulnerable categories such as women, mothers, children and older persons;
* The rehabilitation and integration into social and civil life of persons with physical, sensorimotor or intellectual disabilities, and the facilitation of their enjoyment of the rights and freedoms accorded to all.”

8. The preparation of this national report also coincided with Morocco’s adoption of a series of public policy measures designed to promote the rights of persons with disabilities in regard to accessibility and social participation in fulfilment of the country’s constitutional and international obligations. These policy measures were implemented in three basic stages: the drafting of a document setting forth the Government’s strategic objectives with respect to promotion of the rights of persons with disabilities; preparation of a five-year governmental plan of action in the light of the new strategic objectives and the results of the national disability survey; and, finally, implementation of the plan in the form of thematic programmes and mobilization of the financial and human resources needed therefor.

9. Considerable importance was attached to disability-related issues in the Government’s programme announced in January 2012 which, in regard to the care of persons with disabilities, stipulated that: “The Government shall formulate a new strategic plan based on an updated national disability survey and the preparation of a comprehensive and integrated legislative framework designed to further the social integration of persons with special needs, ensure the establishment of a special fund to support such persons, safeguard their rights to education and employment, and promote the role of civil society in upholding the rights of persons with disabilities”.

10. The process of preparing this national report was characterized by its participative and consultative approach insofar as contributions thereto were solicited from various stakeholders, such as governmental sectors, national institutions, the Parliament, occupational organizations, university experts, the media and civil society associations concerned directly or indirectly with disability-related issues, through the organization of national and regional meetings and symposiums to facilitate communication, consultation and coordination.

11. On the basis of this preliminary groundwork carried out by departments of the Ministry of Solidarity, Women, Family and Social Development, the Inter-Ministerial Commission on Human Rights adopted a plan of action to complete the preparation of this initial national report in the following four stages:

 (a) Organization of coordination and consultation meetings with ministerial sectors and national institutions in order to review the methodological conception, present guidelines for the preparation of the report and hear the observations and proposals of stakeholders;

 (b) Organization of regional communication meetings at Marrakech and Fès with a view to increasing the involvement of national stakeholders, and particularly civil society associations, which made it possible to cover most of the country’s administrative regions;[[3]](#footnote-3)

 (c) Continuation of the process of consultation with ministerial sectors, national institutions and civil society following the preparation of the revised draft of the report;

 (d) Adoption of the final draft of the national report, after referring it to the various stakeholders for their comments thereon and organizing several consultation meetings for final approval of the text.

12. However, notwithstanding the positive endeavours made to protect and promote the rights of persons with disabilities, attainment of the Convention’s objectives and its implementation through public policy and sectoral programmes continued to be impeded by a number of constraints and shortcomings, particularly in regard to resources and the economic, social and cultural integration of such persons.[[4]](#footnote-4) These challenges can be summarized as follows:

* The need to accord priority to disability-related issues in public policies;
* Development of the legal corpus in the field of disability;
* Capacity building in regard to the availability of care, resources and specialized facilities and, in particular, human resources, equipment and funding;
* Provision of reception facilities in public administrations and national institutions and measures to ensure that the services and resources available are distributed in an equitable manner throughout the national territory;
* Achievement of the optimum degree of complementarity in the sectoral programmes and interventions for the benefit of persons with disabilities;
* Removal of the environmental, social and cultural obstacles impeding the care of persons with disabilities and preventing their positive participation in all aspects of public life;
* Development of the technical expertise needed to ensure fuller realization of the rights of persons with disabilities.

 Disability indicators in Morocco

13. First of all, it should be noted that the Ministry of Solidarity, Women, Family and Social Development, in partnership with the High Commission for Planning, is currently conducting a second national disability survey which will apply the new definition of disability recommended by the Washington Group on Disability and based on the international classification of functioning in the light of the replies to six questions concerning six basic functional aspects: sight, hearing, movement, memory/concentration, self-care and communication. The results of the survey will be presented in 2014. Moreover, the High Commission for Planning is preparing to conduct a general household survey in 2014 which will provide an opportunity to update the national statistics on disability.

14. Pending receipt of this updated information, we are presenting the following disability-related statistics provided by the first national survey conducted in 2004, the results of which made it possible to compile numerous indicators reflecting the general demographic characteristics of the category of persons with disabilities, including the extent of their access to health, education and training services and their occupational integration. These data formed the basic source of reference for the various policies and programmes formulated. The principal indicators are:

* Number of persons with disabilities: 1,530,000;
* Prevalence of disability: 5.12 per cent;
* One in every four families is affected by disability.

 Distribution of persons with disabilities by residential milieu

 Rural milieu: 58.4 per cent

 Urban milieu: 41.6 per cent

 Prevalence of disability by gender

 Females: 4.75 per cent

 Males: 5.49 per cent

 Prevalence of disability by type

| *Type of disability* | *Prevalence* |
| --- | --- |
| Motor | 1.33 % |
| Multiple | 1.31 % |
| Mental | 1.16 % |
| Visual | 0.52 % |
| Visceral/metabolic | 0.51 % |
| Hearing | 0.21 % |
| Speech and language | 0.06 % |
| Congenital malformation | 0.02 % |
| **Total** | 5.12 % |

 Degree of severity of disability

* Mild disability: 15 per cent
* Moderate disability: 9 per cent
* Severe disability: 44 per cent
* Profound disability: 32 per cent

 Causes of the health problems declared by persons with disabilities

* Problems of hereditary or congenital origin: 22.8 per cent
* Acquired diseases: 38.4 per cent
* Disability caused by an accident: 24.4 per cent
* Health problems associated with old age: 14.4 per cent

 Breakdown of persons with disabilities by age group

|  | *Total population with disabilities* | *General population and household census of 2004* |
| --- | --- | --- |
| *Age group* | *%* | *Number* | *%* | *Number* |
| Under 15 | 14.3 | 216 000 | 37.0 | 11 060 040 |
| 15-59 | 55.7 | 855 000 | 55.9 | 16 709 628 |
| 60 and above | 30.0 | 459 000 | 7.1 | 2 122 332 |
| **Total** | **100** | **1 530 000** | **100** | **29 892 000** |

 Prevalence of disability by province and prefecture[[5]](#footnote-5)

15. The table below shows the percentage prevalence of disability by province or prefecture of residence, from which it can be seen that there are considerable disparities insofar as the figures range from 1.3 per cent in Oued Ed-Dahab province to 3.1 per cent in Nador province. In this regard:

* The percentage prevalence of disability is consistent with the national average in seven prefectures, and particularly in Salé, Ifrane and Sefrou;
* Its prevalence is higher than the national average in 18 provinces, and particularly in Oujda-Angad, Rabat, Berkane and Nador where it amounts to around 3 per cent;
* Although its prevalence is below the national average in 36 provinces and prefectures, these areas are not geographically homogeneous parts of the national territory.

 Percentage prevalence of disability by province and prefecture

| *Province/prefecture* | *Prevalence (%)* |  | *Province/prefecture* | *Prevalence (%)* |
| --- | --- | --- | --- | --- |
| Oued Ed-Dahab | 1.3 |  | Khouribga | 2.2 |
| Assa-Zag | 1.7 |  | Al Haouz | 2.2 |
| Nouaceur | 1.7 |  | Chichaoua | 2.2 |
| Moulay Yacoub | 1.7 |  | Boulemane | 2.2 |
| Boujdour | 1.8 |  | Larache | 2.2 |
| Laâyoune | 1.8 |  | Aousserd | 2.3 |
| Tan-Tan | 1.8 |  | Taroudant | 2.3 |
| Agadir-Ida Ou Tanane | 1.8 |  | Sidi Kacem | 2.3 |
| Jerada | 1.8 |  | Salé | 2.3 |
| Inezgane-Aït Melloul | 1.9 |  | Ifrane | 2.3 |
| Ouarzazate | 1.9 |  | Sefrou | 2.3 |
| Settat | 1.9 |  | Tétouan | 2.3 |
| Mohammedia | 1.9 |  | Tiznit | 2.4 |
| Errachidia | 1.9 |  | Taourirt | 2.4 |
| Guelmim | 2.1 |  | Casablanca | 2.4 |
| Zagora | 2 |  | Meknès | 2.4 |
| El Kelâat Es-Sraghna | 2 |  | Fès | 2.4 |
| Médiouna | 2 |  | Tanger-Assilah | 2.4 |
| Skhirate-Témara | 2 |  | Khénifra | 2.5 |
| El-Jadida | 2 |  | Taza | 2.5 |
| Azilal | 2 |  | Tata | 2.6 |
| Marrakech | 2.1 |  | Khémisset | 2.6 |
| Figuig | 2.1 |  | Safi | 2.6 |
| Béni Mellal | 2.1 |  | Al-Hoceïma | 2.6 |
| El Hajeb | 2.1 |  | Fahs Anjra | 2.6 |
| Taounate | 2.1 |  | Assaouira | 2.6 |
| Chefchaouen | 2.1 |  | Oujda-Angad | 2.9 |
| Es-Semara | 2.2 |  | Berkane | 3 |
| Chtouka-Aït Baha | 2.2 |  | Rabat | 3 |
| Kénitra | 2.2 |  | Nador | 3.1 |
| Ben Slimane | 2.2 |  | **Total** | **2.3** |

 Educational level of persons with disabilities[[6]](#footnote-6)

16. The following table classifies persons with disabilities who are over 10 years of age by educational level. Within this category there are some who have never attended school; their percentage ranges from 53.3 per cent in the age group 10-14 years to 82.9 per cent in the age group 50 years and above. In the light of the monitoring conducted at the national level, it is evident that the younger generation has enjoyed greater access to schooling.

 Educational level of persons with disabilities by age group (%)

|  | *10-14 yrs* | *15-24 yrs* | *25-34 yrs* | *35-49 yrs* | *50 yrs and above*  | ***Total*** |
| --- | --- | --- | --- | --- | --- | --- |
| No schooling | 53.3 | 58.2 | 54.9 | 60.1 | 82.9 | **69.8** |
| Primary education | 1.4 | 3.8 | 5.2 | 9.3 | 37.6 | **14.6** |
| Basic education/ |  |  |  |  |  |  |
| 1st and 2nd stages | 98.5 | 80.9 | 73.3 | 66.2 | 49.9 | **68.5** |
| Secondary education | 0.0 | 11.8 | 13.8 | 16.1 | 9.1 | **11.6** |
| Higher education | 0.0 | 3.6 | 7.7 | 8.3 | 3.4 | **5.3** |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** |

17. There is a lack of updated countrywide statistics on persons with disabilities, particularly in regard to the gender, type of disability and nature of employment of those working in private sector institutions. There is also a notable lack of data on the extent to which private sector institutions are respecting the regulations concerning accessibility.

 I. General provisions (arts. 1-4)

18. Article 2 of the Social Care of Persons with Disabilities Act No. 07-92 of 10 September 1993 defined a person with a disability as “anyone who is temporarily or permanently incapacitated or impaired due to a defect or inability that prevents him from performing his vital functions, without any distinction being made between disabilities that are congenital and those that are subsequently acquired”.

19. In view of the fact that the Convention on the Rights of Persons with Disabilities met the conditions specified in the preamble to the Constitution for a treaty to take precedence over domestic law, Morocco took care to adopt the definition contained in the Convention when drafting the Promotion of the Rights of Persons with Disabilities Act.

20. In a directive issued on 23 October 1998, the Minister of Health specified the medical and technical criteria on the basis of which the status of “person with a disability” and the degree of his disability should be determined. Disability was divided into the four categories of visual, motor, intellectual and hearing, with three degrees of severity ranging from mild to moderate and severe.

21. However, when the national disability survey was conducted in 2004, in view of the new social approach that was being applied to the issue of disability, for the purposes of the collection and analysis of data the survey adopted a new definition of disability as such rather than of persons with disabilities. Disability was deemed to be a permanent or temporary, stable or evolving, limitation of a person’s activities and/or his social participation due to a single or compounded deficiency that had impaired one or more of his motor, sensory or intellectual functions and restricted his functional capacities. Personal and environmental factors could either hinder or facilitate an individual’s activities or social participation.

22. This definition combines theoretical aspects of pathology and sociology. Its adoption of the concept of permanent impairment of physical, intellectual or sensory capacities or faculties is consistent with the designation “long-term” contained in the Convention. The definition also covers the concept of full participation in society on an equal basis with others insofar as disability forms part of the natural human diversity.

23. Article 1, concerning accessibility, of Act No. 10-03 of 19 June 2003 considers buildings, roads, outdoor areas and the various means of transport to be easily accessible if persons with disabilities are able to enter and leave them, move around therein, use their various facilities and benefit from all the services available under normal functional conditions in a manner consistent with the nature of their disabilities. The same article considers means of communication to be easily accessible if persons with sensory disabilities are able to benefit from their information, communication and documentation services.

24. With regard to implementation of the Convention’s provisions concerning non-discrimination, Moroccan law criminalizes discrimination between persons on the basis of disability. Articles 431-1 to 431-4 of the Criminal Code define discrimination as any differentiation between natural persons on the basis of national or social origin, colour, gender, marital status, state of health, disability, political opinion, trade-union affiliation or real or presumed membership or non-membership of a particular ethnic group, community, family or religion.

25. This principle is reaffirmed in the bill of law on the rights of persons with disabilities which designates prevention of a person with a disability from enjoying the rights provided for therein, all of which are derived from the Convention, as a legally punishable act of discrimination.

26. Article 1 of Act No. 07-92, concerning the social care of persons with disabilities, stipulates that the prevention, diagnosis and treatment of disability and the upbringing, education, training, habilitation and social integration of persons with disabilities are a national duty and responsibility.

27. In view of the objective constraints affecting the mechanisms for the fulfilment of obligations in regard to all the rights falling within the sphere of competence of the governmental sector responsible for equipment, transport and logistics, the measures taken in this connection have differing time frames:

 Current measures:

* At the stage of architectural design, the Ministry of Equipment, Transport and Logistics specifies accessibility as a basic criterion and precondition for the approval of any project involving the construction or renovation of administrative buildings belonging to the Ministry or assigned to it within the framework of a delegated task for the benefit of State or communal institutions;
* Non-discrimination on the basis of disability in the management of the Ministry’s human resources;
* Respect for acquired rights in any appointment to office.

 Chronologically phased measures:

* Renovation of buildings belonging to the Ministry or public institutions operating under its tutelage, depending on the resources available, in order to make them more accessible and consistent with the needs of persons with disabilities;
* Procurement of appropriate equipment for this category of persons;
* Updating of legal provisions as and when required;
* Completion of the range of technical guidelines and norms;
* Adaptation of public facilities and means of transport.

28. Whenever the Ministry of Equipment, Transport and Logistics draws up bills of law pursuant to the provisions of the Convention, such bills are referred to the Ministry of Solidarity, Women, Family and Social Development for comment in its capacity as the sector responsible for the coordination of governmental action on disability-related issues and persons with disabilities are consulted so that they can make proposals on matters of concern to them. However, if such bills are based on the principle of the equal rights of citizens as a basic rule of law, concern for the category of persons with disabilities sometimes leads to adoption of the principle of positive discrimination whereby they may be granted a form of preferential treatment in accordance with their needs.

29. The Ministry endeavours to ensure that, whenever necessary, persons with disabilities are involved in the drafting, implementation and assessment of legislation relating to the application of the Convention’s provisions and improvement of the standard of services provided for this category of citizens. In this connection, the following action has been taken:

* The relevant departments in the Ministry helped to ensure that Act No. 07-92, concerning the social care of persons with disabilities, made provision for a reduction in the price of public transport tickets for the benefit of such persons;
* The quality of the services provided for this category of passengers was enhanced through the organization of training courses to develop the capacities of Moroccan National Railways Office personnel.

 II. Realization of rights

 Article 5: Equality and non-discrimination

30. In its essence and substance, Moroccan legislation is consistent with the provisions of article 5 of the Convention on the Rights of Persons with Disabilities in which the principle of equality and non-discrimination is applied in accordance with the Universal Declaration of Human Rights. This is evident from the emphasis that the Constitution and the Criminal Code place on the prohibition and punishment of discrimination, the guarantee of equal opportunities for persons with and without disabilities, improvement of the situation of persons with disabilities and their protection from any form of discrimination.

31. The Moroccan legislature recognized the principle of equality and non-discrimination between persons with and without disabilities in regard to their entitlement to the protection and benefit of the law. Article 431-1 of the Criminal Code defines discrimination as follows: “Discrimination shall be construed as meaning any differentiation between natural persons on the basis of national or social origin, colour, gender, marital status, state of health, disability, political opinion, trade-union affiliation or real or presumed membership or non-membership of a particular ethnic group, community, family or religion”.

32. Discrimination also means “any differentiation between legal persons on the basis of the origin, gender, marital status, state of health, disability, political opinions or trade-union activities of some or all of their members or the latter’s real or presumed membership or non-membership of a particular ethnic group, community, family or religion”. Under the provisions of article 431-2 of the Criminal Code, discrimination is punishable by a penalty of one month to two years’ detention and a fine of 1,200-50,000 dirhams if it involves:

* Failure to provide a benefit or perform a service;
* Obstruction of the normal exercise of any economic activity;
* Refusal to employ a person, or punishment or dismissal of a person;
* Making the provision of a benefit, the performance of a service or an offer of employment subject to a condition based on any of the factors specified in article 431‑1.

33. Moroccan legislation recognizes the principle of positive discrimination by making provision for certain priority rights in regard to access to the reception windows in government offices, the award of university scholarships and on-campus boarding and residential facilities. An employment quota of 7 per cent of all posts in the public sector is allocated to persons with disabilities, who also enjoy facilities in public transport and exemption from the legal age requirement for entry into the education system, and the Government has taken various initiatives to employ them in public service within the framework of an exceptional solidarity-based recruitment scheme.

 Article 8: Awareness-raising

34. In conformity with the goals set in international human rights instruments, the Moroccan Government has intensified its efforts to promote human rights education on the largest possible scale. It has also formulated appropriate programmes to adapt academic curricula, as well as school textbooks, at all stages of primary, secondary and university education with a view to the introduction of universal human rights education.

35. At the start of every school year, educational institutions conduct awareness-raising campaigns during the student registration process in order to encourage the parents of children with disabilities to enrol them in public institutions that have adopted the system of integrated classes. Memorandums are issued with a view to the achievement of equality of opportunity for all children of school age and administrative and teaching staff are called upon to participate actively in the commemoration of the National Day of Persons with Disabilities (30 March of every year). The Ministry of National Education and Vocational Training endeavours to ensure that the ministerial departments and civil society associations concerned are involved by sending them annual messages inviting them to take part in the celebrations that are held in educational institutions to mark the international and national days of persons with disabilities.

36. Morocco has designated 30 March as its National Day of Persons with Disabilities on the occasion of which it launches numerous programmes and activities to raise awareness of disability-related issues.

37. A significant number of radio programmes are produced and broadcast, in collaboration with the Moroccan National Radio and Television Corporation and with the participation of artists with disabilities, to make the public more aware of the need to respect the Traffic Code and avoid road accidents which are among the principal causes of disability.

38. In order to combat stereotypes and all forms of discrimination and traditional practices, including those based on gender and age, which are harmful to persons with disabilities in all aspects of their daily lives, Morocco has conducted awareness-raising campaigns in the audiovisual media and the press and has organized a number of symposiums and forums on ways to enhance the capabilities of persons with disabilities.

39. Morocco has also published informative and awareness-raising handbooks, pamphlets and guides on accessibility norms, centres for the care of persons with disabilities, relevant associations and standard rules concerning equality of opportunity, as well as a compendium of legislative and regulatory provisions concerning disability and a manual for the compilation of a uniform Moroccan sign language.

40. Morocco is currently preparing a new generation of guides to raise awareness among the general public in addition to persons with disabilities and their families. These include guidelines on the prevention of prenatal disability and accidents in the home and guidelines for the families of persons with mental, hearing, visual and motor impairments.

41. In the media sector, article 48 of the Audiovisual Communication Act No. 77-03 of 7 January 2005 emphasizes the need for national companies working in the field of public audiovisual communication to respect the specifications defining their commitments including, in particular, their obligation to ensure that the programmes broadcast are accessible to persons with hearing impairments.

42. The Convention on the Rights of Persons with Disabilities has formed the subject of numerous symposiums and forums designed to make its provisions more widely known to the various stakeholders and Morocco has published a booklet on the Convention in the Arabic and French languages which has been widely distributed.

43. The communication and awareness-raising component of the 4+4 social development strategy of the Ministry of Solidarity, Women, Family and Social Development for the period 2012-2016 focuses on the organization of awareness-raising campaigns to combat violence against women, protect older persons and persons with disabilities and prevent acts of violence against children. The strategy makes provision for the preparation, printing and distribution of guidelines for the standardization of practices, the integration of human rights-based approaches in interventions by the various stakeholders and consolidation of the foundations of high-quality management in the field of disability.

 Article 9: Accessibility

44. Morocco promulgated the Accessibility Act No. 03-10 in 2003, followed by Decree No. 2-11-246 of 30 September 2011 containing its implementing regulations which constituted a general framework for the measures and directives needed to establish the overall accessibility requirements from the architectural, construction, transport, communication and signage standpoints, as well as the measures to be taken to protect persons with disabilities and the penalties to be imposed in the event of any infringement of the regulations.

45. The Ministry of Solidarity, Women, Family and Social Development is supervising a programme to upgrade the regulatory and architectural framework for accessibility and apply its norms in some model cities. This programme, which is being implemented in collaboration with the World Bank, comprises the following components:

* Preparation of technical guides on the accessibility norms and regulations;
* Application of the accessibility norms in some of the principal indoor and outdoor facilities in the city of Marrakech, and conduct of a field diagnostic study on accessibility in some of the country’s largest cities;
* Incorporation of accessibility norms in the draft Building Code and in the model specifications for the rehabilitation of urban open spaces;
* Preparation of a programme of action on accessibility norms in public road, rail and air transport;
* Establishment of regulatory mechanisms for accessibility;
* Enhancement of the technical capacities of personnel working in the field of accessibility;
* Organization of audiovisual awareness-raising campaigns on accessibility;
* Preparation, printing and circulation of accessibility guides for all the stakeholders involved.

46. Two circulars have been issued in this connection. The first, dated 7 May 2003 and concerning accessibility in public buildings and facilities, emphasized the need to incorporate the requisite accessibility norms in the conditions for the approval of public facility or public utility projects submitted for study by urban planning agencies.

47. The second circular, issued on 5 January 2004, urged urban planning agencies to transmit to the central departments of the Ministry of Housing and Town Planning assessment reports on the extent of compliance with the first circular. These reports were to specify the action taken in that connection, the manner in which regional and local authorities had responded to the requirements, and an assessment of the results, the achievements made in regard to accessibility and the obstacles and constraints impeding compliance with the requirements of the first circular.

48. With regard to transport-related accessibility, the Ministry of Equipment, Transport and Logistics has formulated guidelines for its departments and institutions to improve the accessibility of their facilities and the services that they provide through, inter alia:

* Extension of the range of official signage to include two new horizontal and vertical signs for persons with disabilities;
* Issuance of category “A” and “B” driving licences to persons with certain types of motor disabilities, in accordance with the applicable legal requirements, specifying the type of disability and the conditions under which they are authorized to drive using either a specially equipped vehicle or appropriate assistive devices to compensate for their disability;
* Granting such persons the option of taking the driving test in their own vehicle or in a vehicle belonging to a driving school but technically equipped in a manner consistent with the nature of their disability;
* Preparation and implementation of programmes to make buildings and facilities accessible to this category of persons. During the period 2005-2009, around 40 railway stations were built or modernized on the basis of design specifications meeting all the requirements for the comfort of persons with disabilities;
* Design of national vehicle registration centres in such a way as to facilitate access thereto;
* Equipment of the country’s airports with all the facilities needed by persons with disabilities;
* Endeavours to ensure that new means of public transport are technically equipped in accordance with specifications designed to meet the needs of persons with disabilities.

49. In its new plan for the period 2010-2015, the National Railways Office made provision for numerous projects that took into account the need to facilitate the use of trains and various associated services by persons with disabilities, as illustrated by the following:

* Construction of ramps from the station entrance to the passenger hall and the platforms;
* Procurement of 24 double-decker trains designed to meet the requirements of persons with disabilities;
* Equipment of stations with special ticket windows within the framework of the programme for the construction and modernization of various railway stations;
* Installation of ramps at railway stations and platforms;
* Installation of access ramps between underground and surface parking areas and passenger halls;
* Allocation of special places for persons with disabilities in parking areas, waiting rooms and platforms;
* Placement of the requisite signs on the allocated special facilities;
* Measures to enable persons with disabilities to use the automatic ticket machines in railway stations in accordance with the applicable international norms;
* Equipment of railway stations with wheelchairs for use by persons with disabilities whenever necessary;
* Organization of training courses for personnel directly involved in the provision of such services.

50. In order to ensure that public facilities operated by departments of the Ministry of Equipment, Transport and Logistics are equipped to meet the needs of persons with disabilities, and that the means of public transport procured are consistent with the requirements of such persons, the Ministry’s departments have issued procurement regulations to that end, as exemplified by the following:

* Guidelines specifying the technical equipment that must be provided in means of transport in order to meet the accessibility requirements of persons with disabilities;
* Specifications for the construction and operation of bus stops, including the obligations to be strictly observed by all the contracting parties, and especially the competent departments in the Ministry of Equipment, Transport and Logistics and the Ministry of the Interior, in order to make such installations easily accessible to, and usable by, persons with special needs through the provision of ramps or facilitated access to the services available therein.

51. In its plan for the elimination of obstacles and barriers impeding access to the public facilities operated by its departments, the Ministry of Equipment, Transport and Logistics has made provision for two forms of intervention:

 (a) Adaptation of the buildings and facilities concerned through:

* Modernization of railway stations in a manner consistent with the special needs of persons with disabilities;
* Modification of the Ministry’s reception centre and conference rooms in such a way as to meet the special needs of such persons.

 (b) Appropriate equipment of the facilities concerned through:

* Provision of the requisite installations and equipment in all the country’s airports, including wheelchairs, lifts and ramps to make it easier for persons with disabilities to access and use airport services;
* Progressive equipment of railway stations with mobility aids meeting the special needs of customers with disabilities.

52. Article 72 of Decree No. 2-10-42 of 29 September 2010, concerning application of the provisions of Act No. 52-05 promulgating the Traffic Code, stipulated that new audible signals for certain categories of persons with disabilities could be added to the luminous signs at pedestrian crossings.

53. Article 47 of Royal Decree No. 1-10-07 of 11 February 2010, concerning the implementation of Act No. 52-05 promulgating the Traffic Code, emphasized the need to regulate the manufacture, equipment and modification of vehicles with special technical specifications or norms and, in particular, those designed to meet the requirements of persons with disabilities.

54. The Ministry of Justice and Freedoms is seeking to adapt its courts and custodial facilities, within the limits of its resources, in order to make them more accessible and consistent with the needs of persons with disabilities. New construction projects are designed in accordance with international standards and model specifications which take into account the needs of all categories of potential visitors to judicial institutions. The endeavours made since the entry into force of the Accessibility Act have resulted in the construction of four appellate courts and nine courts of first instance in accordance with model specifications and the Ministry intends to set strict practical norms to ensure that all future projects for the construction or renovation of courts make provision for facilities and services, such as lifts and appropriate sanitary installations, to meet the requirements of persons with disabilities.

55. Many other sectors are also showing concern for accessibility, as can be seen from the memorandums that they issue in this regard. For example, the Ministry of Awqaf [Religious Endowments] and Islamic Affairs has adapted its buildings and the public institutions under its trusteeship in order to make them more accessible and consistent with the needs of persons with disabilities. Accessibility requirements are also being respected in projects for the construction of new mosques (access to prayer halls and provision of special sanitary facilities for persons with motor disabilities).

 Article 10: Right to life

56. The national legislation is in conformity with the provisions of article 10 of the Convention on the Rights of Persons with Disabilities which recognizes the inherent right to life of persons with disabilities. Article 20 of the Constitution designates the right to life as the principal right of every human being. This right is also recognized in the Criminal Code, articles 392, 393, 396, 397, 409, 432 and 461 of which prescribe penalties for any violation thereof. The penalties are even more severe if the victim is a person with a disability. By law, this right is also guaranteed to all unborn children, with or without a disability, since their right to life is also protected and disability does not constitute a justification for termination of pregnancy through abortion in the absence of a medical certificate confirming that the mother’s health would be at risk.

57. Pursuant to the provisions of the Criminal Code governing abortion, on 18 October 1993 the Ministry of Health issued a circular concerning medical termination of pregnancy in which it urged health professionals to observe those provisions and conduct medical procedures in safe conditions in conformity with their code of professional ethics. The Ministry of Health applies the provisions of positive law under which a pregnancy may be terminated if it poses a threat to the mother’s health, but not on grounds of disability.

58. From the medical standpoint, the legislation regulating the activities of facilities run by the Ministry of Health does not permit abortion or deprivation of life, nor does it permit women to bring to term a pregnancy that would pose a threat to their health. With regard to the responsibility of health professionals to preserve human life, article 23 of the Code of Medical Ethics places physicians under an obligation to accord priority to preservation of the patient’s life.

 Article 11: Situations of risk and humanitarian emergencies

59. Article 1 of Royal Decree No. 1-99-191, regulating the implementation of Act No. 33-97 concerning “wards of the community”, stipulates that the community has a responsibility to care for Moroccan children whose father or principal breadwinner has become physically incapable of discharging his family duties due to his participation in the defence of the national territory or during his engagement in peacekeeping or humanitarian operations.

60. Under the provisions of that Act, persons with disabilities are endowed with the status of “wards of the community” without discrimination on the basis of their disability since physical and mental health and integrity do not constitute a criterion for enjoyment of that status, the conditions for which can be summarized as follows:

* Being under 20 years of age at the time of the death, incapacity or loss of the father or principal breadwinner, with the possibility of continuing to enjoy that status after the said age if the person concerned is continuing his or her studies or is incapacitated from work due to an infirmity;
* Being born an orphan during the period between the minimum and maximum durations of pregnancy as specified in the Family Code.

 A board to verify the infirmity-related incapacity for work of “wards of the community” was established, and its composition and functions were defined, under the terms of Decree No. 2-01-93 of 22 June 2001 regulating the implementation of the provisions of Act No. 33-97 concerning “wards of the community”.

61. In order to manage the health risks resulting from natural disasters, Morocco is diligently establishing and developing its logistical capacities to cope with all such disasters and contribute effectively to the medical transportation of their victims and the care of the injured and other victims, in accordance with the urgency of their needs, particularly in the case of persons with disabilities.

62. Morocco has also formulated a national strategy for the management of medical emergencies and disaster-related health risks which has been approved by the health sector and the institutions concerned, and cooperation agreements among all the parties concerned are expected to be concluded in the near future so that the strategy can be put into effect. Medical and hospital mobilization plans to cope with disasters have also been prepared in collaboration with the Ministry of the Interior/Directorate-General of Civil Protection and the Moroccan Red Crescent.

63. The national emergency protocols stipulate that, in the provision of services, priority should be granted to urgent cases and persons with disabilities.

 Article 12: Equal recognition before the law

64. Article 6 of the Constitution guarantees equality before the law, as well as equal rights and obligations, for all Moroccan citizens and article 19 further stipulates that men and women are equal in regard to their enjoyment of political rights.

65. Articles 75, 79, 134, 135, 138 and 139 of the Criminal Code designate mental disability and intellectual impairment as causes for the extinction of personal criminal liability. This is one of the important prerogatives that the law accords to certain categories of persons with disabilities.

66. Under Moroccan law, limitation of legal capacity on grounds of disability is restricted to cases of mental disability. Under the provisions of article 213 of Act No. 70-03 of 3 February 2004 promulgating the Family Code, legal capacity is deemed to be lacking in children who have reached the age of discretion but not the age of maturity and in incompetent or feeble-minded persons. Article 216 of the Act defines a feeble-minded person as a person with a mental disability that renders him unable to control his mode of thought and behaviour.

67. From the standpoint of application, the trend in judicial practice is towards recognition of the right of a person with a mental disability to marry if the judge finds, on the basis of medical expertise or his own discretionary power, that marriage would be beneficial to the health or social well-being of the person concerned. From the entry into force of the Family Code to the end of the year 2009, marriage contracts concluded by persons with mental disabilities accounted for 0.01 per cent of the total number of marriages registered and, according to the latest statistics for 2012, this proportion had increased to 0.04 per cent. This percentage, however small, should be assessed in the light of the number of petitions submitted to the courts.

68. Under the provisions of article 218 of the Act, a person placed under guardianship due to a mental disability has the right to apply to a court for the lifting of such guardianship if he feels himself to be of sound mind. This right may also be exercised on his behalf by his legal representative.

69. With regard to the management of private financial affairs, if a person with a disability is medically certified to be incapable of managing his affairs and looking after his interests a curator is appointed under court supervision. Such matters are usually decided in accordance with the provisions of part IV of the Family Code (arts. 206-276 regulating legal capacity and representation).

 Article 13: Access to justice

70. The right of access to justice is explicitly recognized in the Constitution, article 118 of which stipulates that “the right of legal redress shall be guaranteed to every person seeking to defend his legally protected rights and interests”, while article 120 guarantees the right of every person to a fair trial and pronouncement of judgement within a reasonable period of time.

71. Access to justice is a right guaranteed to all citizens, regardless of their social or financial status or their state of health, and even to foreigners residing in the country. In accordance with its international obligation to promote and protect the interests of persons with disabilities, Morocco has emphasized the need for strict and proper application of the provisions of the law in cases involving persons with disabilities (as plaintiffs, defendants or witnesses). If the victim of a criminal act is a person with a physical or mental disability, the court regards this as an aggravating circumstance in the charge brought against the perpetrator of the act. If the perpetrator of a criminal act is a person with a disability, the court applies the provisions of part II, chapter 2, of the Criminal Code (arts. 134, 135, 138 and 139 concerning criminal liability), taking into consideration his lack of discretion or reduced capacity to distinguish right and wrong.

72. The Moroccan Criminal Code contains provisions to ensure that persons with disabilities are able to participate in judicial proceedings. For example, article 73, paragraph 3, stipulates that: “The Principal Crown Prosecutor may, if necessary, seek the assistance of an interpreter or anyone competent to communicate in an intelligible manner with a person being questioned”.

73. Article 121, paragraph 1, of the Criminal Code further stipulates that: “Questions shall be put and answered in writing if the witness is deaf or dumb. If the witness is illiterate, he shall be assisted by a person accustomed to communicating with him.” Under the terms of the final paragraph of article 123: “Taking of the oath by a person who is dispensed therefrom, lacking in legal capacity or unable to testify shall not constitute a ground for invalidation of the proceedings”.

74. Article 120, paragraph 2, of the Constitution guarantees the rights of defence before all courts of law and article 316 of the Code of Criminal Procedure makes assistance by legal counsel compulsory in cases in which the defendant is a juvenile under 18 years of age or dumb, blind or suffering from any other infirmity likely to prejudice his right to defend himself.

75. Under the provisions of the Code of Criminal Procedure, persons lacking the capacity to exercise their civil rights are permitted to bring a civil action only with the consent or assistance of their legal representative (art. 352) and, if a person claiming damages is incompetent to file suit himself due to his legal minority or a mental infirmity and does not have a legal representative, the court may appoint a private attorney, if so requested by the Office of the Public Prosecutor, to act on his behalf for that purpose (art. 353).

76. Articles 3-13 of the Code of Obligations and Contracts contain special provisions to ensure that minors and persons lacking legal capacity are able to participate in the management of their assets in a manner conducive and not prejudicial to their interests. Articles 206-276 of the Family Code also regulate the legal representation of these categories by stipulating that the senior member of the body to which acts committed against a minor by his or her legal representative are referred is empowered to appoint a private attorney to file civil claims on his or her behalf.

77. Within the framework of the special protection to which persons with disabilities are entitled, the principle of positive discrimination has been established in accordance with the Royal Legislative Decree concerning legal aid under the terms of which persons with disabilities are included among the categories entitled to such aid in view of their special health circumstances.

78. The programme for the training of judges, social workers and personnel responsible for the reception of petitioners shows special concern for persons with disabilities by including the national and international legal framework among its components and by advocating special treatment of such persons through appropriate reception and accordance of priority to the processing of their cases.

79. In accordance with article 7 of the enactment establishing the institution of national Ombudsman (Royal Decree No. 1-11-25 promulgated on 12 Rabi’ II A.H. 1432 (17 March 2011) and published in the Official Gazette No. 5926 on the same day), the Ombudsman is empowered to recommend that the competent judicial body grant legal aid to complainants who find themselves in difficult financial circumstances, and especially to widowed and divorced women, orphans, persons with disabilities and other vulnerable categories, if they wish to resort to the administrative judiciary.

80. Article 34 of the said enactment, concerning the consideration of cases relating to equality and non-discrimination, stipulates that: “If the Ombudsman finds that any public facility, in the measures and decisions that it takes, in the behaviour and practices that it adopts or in the services that it provides, is failing to respect the principles of equality, equal opportunities and non-discrimination among its users meeting the requisite conditions, he shall send a letter of warning to the facility’s management drawing its attention to the impropriety of its treatment of users and calling upon it to take all the urgent steps and measures needed to remedy the situation in accordance with the requirements of the general rules of law and the principles of justice and fairness.

81. From the time of its establishment to the end of June 2013, the Office of the Ombudsman looked into more than 95 complaints received from persons with disabilities. Most of these complaints requested intervention with a view to obtaining compensation for persons with permanent disabilities caused by the explosion of landmines, while the others related to inability to obtain family allowances for children with disabilities, the meagreness of allowances granted by the Administration, or requests for financial compensation in respect of an industrial accident, etc.

82. The Office of the Ombudsman recommended that the Administration should not abide strictly by the statute of limitations when dealing with cases of persons who had been afflicted with disabilities for which the State bore responsibility since the State had a duty to show solidarity with them. The Administration is in the process of implementing that recommendation.

83. As a token of positive interaction on the occasion of the preparation of the initial national report on the implementation of the Convention on the Rights of Persons with Disabilities, the Office of the Ombudsman circulated details of the pilot project that it had initiated through the establishment of a reception facility to communicate with petitioners who were deaf or dumb. The Office also emphasized that it would be appropriate for all public administrations and national institutions to enhance their reception facilities by providing their staff with training for that purpose.

 Article 14: Liberty and security of person

84. The basic objective of laws and legislation is to guarantee the rights and security of all persons without discrimination or exception. This is clearly evident from the provisions of article 436, paragraph 1, of the Criminal Code which stipulates that: “Anyone who abducts, arrests, imprisons or detains a person without an order from the competent authorities, or in circumstances other than those in which the law so permits or requires, shall be liable to a penalty of a minimum of five and a maximum of ten years’ imprisonment”.

85. Hence, there are no legal provisions under which a person could be deprived of his or her liberty on the basis of disability. On the contrary, if a person’s disability places him or her at risk, the State intervenes to protect the person concerned. Articles 459-467 of the Criminal Code stipulate that it is a criminal offence to abandon incapacitated persons and expose them to danger.

86. Article 459 of the Criminal Code further stipulates that anyone who abandons a child under 15 years of age, or an incapacitated person unable to protect him or herself due to a physical or mental condition, in an uninhabited place and thereby exposes such child or person to danger, or who induces a third party to do so, is liable to a penalty of 1-3 years’ detention on this sole charge. If the abandonment or exposure to danger results in sickness or incapacity for a period of more than 20 days, the penalty is 2-5 years’ detention and, if the child or incapacitated person suffers amputation, injury or permanent disability, the penalty is increased to 5-10 years’ imprisonment. In cases in which the abandonment or exposure to danger results in death, the penalty is 10-15 years’ imprisonment. Subsequent articles of the Criminal Code address the question of aggravating and attendant circumstances in this offence in order to ensure greater protection for children and incapacitated persons regardless of the cause of their capacity.

 Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

87. Morocco ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in 1993. Under the provisions of article 22 of the Constitution, violation of the physical or moral integrity of any person, under any circumstances and by any private or public body whatsoever, is prohibited and no one has the right to treat another person, under any pretext, in a cruel, inhuman or degrading manner. The practice of any form of torture, by any person, constitutes a legally punishable offence.

88. The Criminal Code designates torture associated with a felony as an aggravating circumstance which increases the penalty to capital punishment. Article 399 of the Code stipulates that: “Anyone who uses means of torture or engages in barbarous acts in order to commit a felony shall be liable to the death penalty”. Article 438 of the Code further stipulates that: “If an abducted, arrested, imprisoned or detained person is subjected to physical torture, the culprits shall be liable to the death penalty in all the cases covered by the articles under which acts of abduction and unlawful deprivation of liberty are punishable.

89. Articles 459-467 of the Criminal Code make special provision for the care of children and persons with disabilities and the prevention of their subjection to any form of torture or ill-treatment.

90. The Ministry of Health is drawing up a bill of law designed to protect persons from subjection to medical experimentation by stipulating that the conduct of medical experimentation in general is conditional on the free and informed consent of the person concerned.

 Article 16: Freedom from exploitation, violence and abuse

91. The Criminal Code contains a large number of legal provisions designed to protect persons with disabilities and, in particular, women and children. The special penalties to which persons convicted of committing offences against minors are liable under the terms of the Code include the following:

* Article 66: Repeated offenders may be banished if, within a period of 10 full years after serving a previous sentence, they have been convicted again and the following sentences, regardless of their sequence, have been imposed on them: Three sentences; one involving imprisonment and two others involving a lesser term of detention for the commission of acts constituting felonies, or a term of more than six months’ detention for robbery, fraud, breach of trust, concealment of the proceeds of a felony or misdemeanour, public indecency, incitement of minors to engage in immoral acts, use of others for immoral purposes, exploitation of prostitution, abortion or drug trafficking, etc.;
* Article 485: Anyone who uses force to commit, or attempt to commit, an act of indecent assault on any male or female person shall be liable to a penalty of 5-10 years’ imprisonment. If the victim is a child under 18 years of age, an incapacitated or disabled person or a person known to be feeble-minded, the offender shall be liable to a penalty of 10-20 years’ imprisonment;
* Article 503-2, paragraph 1: Anyone who incites, encourages or facilitates the exploitation of children under 18 years of age for pornographic purposes shall be liable to a penalty of 1-5 years’ detention together with a fine of 10,000-1,000,000 dirhams;
* Article 552, paragraph 1: Anyone who exploits the needs, whims or inexperience of a minor under 21 years of age, or of an adult lacking legal capacity or placed under guardianship, in order to obtain from them a commitment, an act or any instrument prejudicial to their financial interests shall be liable to a penalty of a minimum of six months and a maximum of three years’ detention together with a fine of 200-2,000 dirhams. This penalty is increased to 1-5 years’ detention and a fine of 250-3,000 dirhams if the victim was under the authority, supervision or care of the offender. Other relevant provisions can also be found in articles 485, 486, 497 and 499 of the Criminal Code.

92. In order to ensure even more effective care and protection for women and children, including those with disabilities, the Ministry of Justice and Freedoms, in collaboration with other governmental and non-governmental partners, has made every endeavour to formulate policies and establish mechanisms to raise the awareness of officials and other personnel responsible for the care of women and children, and especially those with disabilities, concerning the need for a diligent and responsible approach in dealings with them.

93. One of the most outstanding achievements made in this regard consisted in the establishment of special units, comprising a representative of the Office of the Public Prosecutor, an investigating judge, a trial court judge and a social worker, to cater for the needs of women and children in all the country’s courts. With a view to standardizing court procedure for the processing of case files in which one of the parties is a juvenile or a woman, the Ministry has issued guidelines on the norms to be observed in order to ensure that proper concern is shown for women and children in all circumstances and situations.

94. The principal measure taken by the Ministry of Health to combat the phenomenon of violence and protect victims thereof was the issuance of ministerial circular No. 1040 of 17 June 2008, establishing integrated units to care for female and child victims of violence in hospitals throughout the country, and other circulars issued in 1994, 1996 and 1998 in which the Minister of Health urged physicians to report every case of child abuse or ill-treatment detected by health departments and institutions so that the requisite legal action could be taken. Guidelines on universal norms for the care of female and child victims of violence have been issued, ongoing training has been organized for all the health professionals working in those units, and a computerized system has been introduced to monitor and assess the work of the units in the various regions.

95. The units established in all the country’s courts to cater for the needs of female and child victims of violence are endeavouring to ensure that persons with disabilities have access to all the services and resources provided to prevent violence and help victims to notify the competent judicial or administrative authorities of any cases of violence or ill-treatment committed against minors or adult women without the need to obtain their consent if they are in a serious condition or in a condition, such as mental disability, which prevents them from expressing their consent.

96. The staff of those units refer victims to the institutions competent to meet their needs, depending on their situation. All the units operate within the care networks covering both the legal sector (the courts and the Department of Public Prosecutions) and the health sector (the hospitals and various specialized treatment centres).

97. The social workers provide support, supervise the social rehabilitation of victims of violence and monitor developments in each separate case through regular contact with the various caregivers. The units also send periodic reports to the central departments of the Ministry of Health on the number of cases of violence treated.

98. The Ministry of Health has taken the following measures to protect the privacy of victims of violence:

* The Ministry’s childcare units are required to respect the privacy, confidentiality and intimacy of victims;
* Statistics concerning victims of violence are recorded on confidential forms not containing any details that could reveal the victim’s identity;
* The staff working in the units are required to observe full impartiality in regard to adult female victims over the age of discretion without influencing their decision- making, confining themselves solely to the provision of treatment, counselling and guidance;
* The physician in charge of each unit has an obligation to maintain professional confidentiality except where otherwise required by law in exceptional circumstances;
* Social workers are required to respect the confidentiality of victims’ records for which they are responsible and their reports must not contain any information that would reveal the identity of the victims or violate the latter’s privacy or confidentiality;
* The Ministry monitors compliance with its above-mentioned circular issued in 1994, as well as the implementation of its strategy of establishing units to care for female and child victims of violence.

99. With regard to investigation and prosecution, within the framework of the ongoing endeavours to ensure effective monitoring of the rights of detainees and prisoners, including those with disabilities, the Code of Criminal Procedure makes provision for regular periodic visits to penal institutions by members of the Department of Public Prosecutions, investigating judges, juvenile judges, judges responsible for the enforcement of sentences and the President of the Misdemeanours Division of the Court of Appeal. In accordance with articles 249, 616, 620 and 621 of the new Code of Criminal Procedure, a role therein is also played by the regional commission, chaired by the governor or prefect, the membership of which has been increased by the inclusion of representatives of the civil society associations and other governmental sectors concerned. The commission’s powers have also been extended to include the supervision of institutions responsible for the care of juvenile delinquents. In this context, under the terms of article 596 of the Code, the judge responsible for the enforcement of sentences is required to perform the following functions:

* Paying not less than one visit every month to the penal institutions under the jurisdiction of the court to which he has been assigned;
* Monitoring the extent of compliance with the Prisons Regulatory Act in regard to the lawfulness of detention, prisoners’ rights and the proper application of disciplinary procedures;
* Inspection of detention records and transmission to the Minister of Justice of a report on each visit, with a copy to the Department of Public Prosecutions.

 Article 17: Protecting the integrity of the person

100. The Moroccan legislature has designated abortion as one of the most serious offences the proliferation of which must be curbed in view of its highly detrimental effects that pose a direct threat to the family system and overall social well-being. Accordingly, an entire chapter of part VIII (arts. 449-458) of the Criminal Code is devoted to this offence the commission or incitement of which is punishable by a penalty of 1-5 years’ detention together with a fine of 200-500 dirhams which is increased to a penalty of 10-20 years’ imprisonment if the offence results in the death of the pregnant woman.

101. The Criminal Code also increases the penalty prescribed in article 449 if the procurement of a miscarriage is compounded by an act of assault, in which case the perpetrator of the act may be sentenced to deprivation of one or more of the public rights specified in article 40, together with a 5-10 year ban on residence in the country.

102. However, article 453 of the Criminal Code makes provision for exceptions to the rule by stipulating that abortion is not punishable if it is indispensable in order to safeguard the mother’s health, provided that it is performed overtly by a physician or a surgeon with the husband’s consent. Such consent is not required if the physician believes the mother’s health to be in danger, although the physician does have an obligation to duly notify the chief physician of the prefecture or province.

103. If the husband is absent, refuses to give consent or is otherwise hindered from doing so, the physician or surgeon is not permitted to perform the surgical procedure or administer treatment that might induce a miscarriage until the chief physician of the prefecture or province has issued an attestation certifying that the mother’s health can be safeguarded only by the administration of such treatment.

104. Under the terms of article 25 of the Code of Medical Ethics, the performance of medical procedures is conditional on the full, free and informed consent of the patient undergoing medical treatment except in the case of urgent intervention which cannot await receipt of the patient’s informed prior consent when the physician needs to intervene rapidly in order to provide the treatment required primarily to save the patient’s life.

105. It is also noteworthy that article 4 of the bill of law on the protection of persons participating in biomedical research stipulates that the free, informed and explicit consent of such persons must be obtained before any research is carried out on them for any purpose whatsoever.

106. Under the Family Code, persons with disabilities enjoy a number of rights in regard to prevention. Article 54 of the said Code stipulates that parents have an obligation to take all possible measures to ensure the natural development of their children by safeguarding their physical and mental integrity and showing concern for the preventive and therapeutic aspects of their health. In addition to the rights provided for in that article, children with disabilities are also entitled to special care including, in particular, education and training appropriate to their disability in order to facilitate their integration in society.

107. Royal Decree No. 1-99-208, promulgated in August 1999 and putting into effect Act No. 16-98 concerning human organ and tissue donation, removal and transplantation, contained the following important provisions:

* Organs may be removed only with the prior consent of their donor who, in all cases, may revoke such consent;
* The donor must signify his consent to the removal of any of his organs before the president of the court of first instance within the jurisdiction of which he is residing or before a judge from the said court, delegated by its president specifically for that purpose and assisted by two physicians, appointed by the Minister of Health on the recommendation of the President of the National Medical Board, who shall be required to inform the organ donor of the implications of the donation procedure and to explain the desired therapeutic advantage of the organ removal to the judge. The president of the court or the delegated judge shall then seek the opinion of the court’s Crown Prosecutor on this matter, after which the president or the delegated judge shall draw up an official record of the donor’s consent and shall deliver a copy thereof, signed by the president of the court, or the delegated judge, and the two appointed physicians, to the physicians responsible for the removal of the organ;
* Before transplanting any organ, the responsible physician must verify the donor’s consent thereto and must make sure that the organ is free of any infectious disease that might endanger the life of its recipient. He must also verify, within the limits of the available scientific data, the suitability of the organ to be transplanted to the recipient’s body;
* A penalty of 5-10 years’ imprisonment is prescribed for anyone who removes organs from a live human body for a non-therapeutic or non-scientific purpose, even if the person directly concerned or his legal representative, as appropriate, has consented thereto. In the latter case, the legal representative is liable to the penalties prescribed for complicity in the offence;
* A penalty of 10-20 years’ imprisonment is prescribed for anyone who violates the provisions of article 11 of the Act by removing an organ from a living minor or a living person over the age of majority who is the subject of a legal protection procedure, even if consent has been given by the person concerned or his legal representative.

108. The measures that the Ministry of Health is taking to protect the integrity of the person include: the intensification of campaigns to raise family planning awareness among women and young girls, facilitation of access to all available health counselling and other services relating to family planning, and authorization of the sale of contraceptives in pharmacies on medical prescription.

109. Under the national family planning programme, sterilization procedures are permitted only if both spouses concerned have given prior consent thereto, if the family concerned already has three children, if the wife’s state of health precludes multiple pregnancies or if giving birth would pose a threat to the mother’s health.

110. In order to protect women and young girls, and particularly those with disabilities, from unwanted pregnancy, the sixth annex to the guidelines on the prevention of pregnancy resulting from an act of violence contains a technical note recommending the urgent prescription of contraceptive pills to be taken within 72 hours from the time of occurrence of the act with a view to protecting the victims from abortion and its consequences since, even in the case of persons with a disability or other infirmity, abortion is prohibited and, under the terms of articles 451, 453, 454 and 455 of the Criminal Code, constitutes a legally punishable offence.

111. In collaboration with the Joint United Nations Programme on HIV/AIDS, an educational kit containing a pamphlet on contraception has been prepared for the benefit of ministerial personnel and associations engaged in the campaign to combat violence against women and children.

112. Non-governmental organizations and associations are entitled to attend all the training courses organized by the Ministry of Health within the framework of its endeavours to combat violence.

 Article 18: Liberty of movement and nationality

113. Liberty to move and reside in, and to leave and return to, the national territory is guaranteed to all in accordance with article 24 of the Moroccan Constitution.

114. With regard to the right to nationality, the following measures have been taken:

* The Moroccan Nationality Act lays down a number of objective conditions for the acquisition of nationality. However, article 12 thereof makes provision for an exemption from those conditions by permitting the naturalization of a foreigner with a disability or infirmity resulting from work or service that he has performed for the benefit of Morocco;
* Under the terms of articles 6 and 7 of the Nationality Act, persons with disabilities have a guaranteed right to enjoy Moroccan nationality since neither of those two articles makes provision for any discrimination on the basis of disability;

115. The Civil Status Act No. 37-99 makes the registration of births compulsory in the case of Moroccans and foreigners born on the national territory, without discrimination on the basis of disability or any other grounds.

116. Parents receive a birth certificate in respect of every live birth, without any distinction being made between children with and without a disability. The child’s sex and the names of the child’s mother and father are entered in the certificate drawn up by the obstetrician, midwife or local authority, depending on the place of birth (public or private hospital, maternity clinic or home). Under the provisions of the above-mentioned Act No. 37-99, births must be declared within 30 days and the following supporting documents must be presented:

* The family record booklet or the identity and civil status booklet;
* A medical certificate or an administrative attestation delivered by the local authority on the basis of a search carried out by the competent official in the authority’s records;
* A copy of the marriage certificate, the original of which must also be shown.

 Article 19: Living independently and being included in the community

117. With regard to maintenance, under article 198 of the Family Code, by way of exception to the rule that entitlement to maintenance ceases when a child attains the age of majority or the age of 25 years in the case of persons continuing their studies or when a girl’s husband becomes responsible for her maintenance, the father has an ongoing obligation to maintain his children who are disabled or incapacitated from earning a living.

118. A separate treasury account, known as the Family Solidarity Fund, was established under the terms of the Finance Act of 2010 (published in the Official Gazette on 31 December 2009) and reinforced by the promulgation of Act No. 41-10 specifying the rules and conditions for entitlement to the Fund’s benefits. The latter Act categorized the Fund’s beneficiaries as a destitute mother and her children entitled to maintenance following the breakdown of her marital relationship. A total of 2,539 applications were processed during the period from the commencement of the Fund’s operations to the end of September 2013 and the statistics indicate that a large proportion of persons with disabilities are benefiting from the Fund in view of the fact that their entitlement to maintenance is extinguished only when they are relieved of their disability or become capable of earning a living.

119. The Ministry of Justice and Freedoms, in collaboration with the United Nations Development Fund for Women, carried out a study which constituted the basis for the formulation of model guidelines for the assessment of maintenance. The issue of disability was taken into consideration during the discussion and finalization of those guidelines, which were distributed to the courts so that judges could use them as a tool for the determination of maintenance awards on the basis that a child with a disability should receive the same amount as other children, with the possibility of the amount being increased on the recommendation of an experienced medical practitioner or pursuant to the judge’s discretionary authority.

120. In the same context, under Moroccan law a person placed under guardianship due to a mental disability or incompetence has the right to petition the court to lift the guardianship if he believes himself to be of sound mind.

121. With regard to university accommodation, students with disabilities are accorded precedence and are also entitled to a reduction in rental payments or exemption therefrom.

122. In order to ensure access by disabled persons to transport-related services, the following important steps have been taken:

 (a) Persons with disabilities are able to obtain a category “A” or “B” driving licence by compensating for their disability through a specially equipped vehicle or the use of appropriate medical appliances;

 (b) Public transport facilities falling within the jurisdiction of the Ministry of Equipment, Transport and Logistics are equipped to facilitate their use by this category of persons;

 (c) Access to the various facilities belonging to the Ministry and institutions under its tutelage has been improved in order to make their services more easily available to persons with disabilities.

 Article 20: Personal mobility

123. Morocco has taken a number of measures in fulfilment of its commitment to respect the dignity and independence of persons with disabilities and ensure their enjoyment of equal opportunities to benefit, without discrimination, from all the available services by, inter alia, facilitating their access to the various transport and other facilities run by the Ministry of Equipment, Transport and Logistics. These measures have been implemented primarily in the following fields:

 (a) Legislation:

124. The Ministry has taken care to ensure that its regulations incorporate provisions in conformity with the general principles and commitments concerning the rights of persons with disabilities, as illustrated by the following:

* The new Traffic Code which entered into force on 1 October 2010 contained provisions which furthered the interests of persons with disabilities by, for example, enabling them to obtain driving licences and granting them the option of taking the driving test in their own vehicle or in a vehicle belonging to a driving school but technically equipped in a manner consistent with the nature of their disability;
* Persons with disabilities are entitled to obtain a category “A” licence to drive 50‑125 cc 3-cylinder motorcycles that are specially equipped in a manner consistent with the nature of their disability.

 (b) Technical specifications:

125. The technical specifications that the Ministry has set for public utility projects take into account the needs of persons with disabilities. These specifications, observance of which is monitored by its departments, include a guide to the rules regulating the accessibility of public facilities and a guide to the rules concerning the equipment of public sanitary facilities in such a way as to meet the needs of persons with disabilities. An accessibility committee has also been established in the National Institute for Standardization (IMANOR) to oversee the introduction of national technical standards of accessibility.

 (c) Contractual terms of reference:

126. In order to ensure the accessibility of public facilities for which the Ministry is responsible or which third parties are commissioned to establish or operate, the Ministry’s departments have prepared contractual terms of reference under which third parties are obliged to respect the technical norms laid down in the interests of persons with disabilities. These take the form of specifications for the construction and operation of bus stops, including the obligations to be strictly observed by all the contracting parties, and especially the competent departments in the Ministry of Equipment, Transport and Logistics and the Ministry of the Interior, in order to make such installations easily accessible to, and usable by, persons with special needs through the provision of ramps or facilitated access to the services available therein.

 (d) Execution of public works projects:

127. Within the framework of the responsibilities assigned to them, the Ministry’s departments, in their capacity as delegated contractors for the public works that they execute on behalf of the State or local authorities, take care to ensure that their designs meet the stipulated accessibility requirements such as ramps and special sanitary facilities for persons with disabilities. The principal projects executed during the period 2009-2010 included the sports complexes in Marrakech, Tanger and Agadir and the university hospital centres in Fès and Marrakech.

 (e) Adaptation of public transport facilities:

128. The public transport institutions operating under the Ministry’s tutelage have prepared programmes for the adaptation of public transport facilities in a manner consistent with the needs of persons with disabilities. These programmes include:

* The construction and modernization of around 40 railway stations on the basis of design specifications meeting all the requirements for the comfort of persons with special needs;
* Provision of the requisite installations and equipment (wheelchairs, lifts and ramps, etc.) in all the country’s airports.

 (f) Adaptation of means of public transport:

129. In order to facilitate access by persons with disabilities to means of public road, rail, air and sea transport and make it easier for such persons to enter, leave, move around therein and use their various facilities and services with less difficulty and hardship, the departments and institutions concerned have implemented the following main programmes and projects:

* A programme for the procurement of 24 double-decker trains designed to meet the requirements of passengers with disabilities;
* A project to encourage and assist companies engaged in the manufacture of motor vehicle bodywork and parts to specialize in the production and sale of equipment and requisites for the transport of persons with motor disabilities.

130. Within the framework of technical support for persons with motor disabilities, the Ministry of Equipment, Transport and Logistics, in collaboration with its various partners, intends to take a number of measures in the field of public transport to make it obligatory for urban buses to be equipped with an automatic adaptation system to facilitate access by wheelchairs.

131. Under the terms of article 6 bis of the Finance Act of 2008 and its implementing regulations published in the Official Gazette No. 5958 on 7 July 2011, private vehicles equipped for persons with disabilities are subject to a lower import duty of 2.5 per cent.

 Article 21: Freedom of expression and opinion and access to information

132. In accordance with articles 25-28 of the Moroccan Constitution, all citizens have a guaranteed right to freedom of expression and opinion and access to all forms of information without discrimination on any basis, including disability. Under article 29 thereof, they also have a guaranteed right to freedom of assembly, association and membership of any trade-union or political organization of their choice.

133. The Audiovisual Communication Act No. 77-03 promulgated on 7 January 2005 stipulates that national audiovisual communication companies must respect the specifications designed to ensure that the programmes broadcast are accessible, through sign language interpretation, to persons who are deaf or hearing-impaired.

134. The Moroccan Government has diligently taken measures to enable persons with hearing or visual impairments to use assistive means of communication, such as sign language. A guide to standard Moroccan sign language has been issued in electronic and hard-copy versions and distributed widely among deaf persons and associations of persons with disabilities and their families.

135. In the same context, a programme for the establishment of audiobook libraries in universities and cities containing centres for the education and training of blind persons is being implemented under which 11 libraries have been equipped to enable such persons to enjoy access to knowledge and information.

136. The Ministry of Awqaf and Islamic Affairs has established a documentation and cultural activities centre in Meknès, comprising two halls equipped to allow access by persons with disabilities, and has made an audio guide available on the Ministry’s website.

137. The Ministry of Communications, in collaboration with its partners in the audiovisual media sector, has introduced programme contracts to ensure that persons with disabilities have access to the media by:

* Meeting the special needs of persons with disabilities, helping to integrate them in social and urban life and facilitating their enjoyment of their rights (art. 2, para. 13, of the specifications for the 2M channel);
* Using all appropriate means to make television programmes more accessible to persons with hearing impairments (art. 3, para. 6, of the 2M specifications). The National Radio and Television Corporation (SNRT) is doing its utmost to progressively make its broadcasts more accessible to persons with hearing impairments (art. 19, para. 1, of the SNRT specifications);
* Taking care to ensure that news broadcasts, programmes designed for young audiences and programmes for the discussion of political, economic, social and other issues are interpreted into a language that can be understood by persons who are deaf or hearing-impaired (art. 19, para. 2, of the SNRT specifications);
* Placing the Corporation under an obligation to provide sign language interpretation for persons who are deaf or hearing-impaired during the following broadcasts on channel 1:
* Speeches from the Throne;
* The principal daily news broadcasts;
* Warnings and urgent messages from the authorities for the purpose of preserving public order;
* Requiring the Corporation to involve persons with special needs of all age groups in its programmes (art. 38 of the SNRT specifications);
* Regular daily broadcasting by the cultural channel of a programme lasting not less than 26 minutes on the endeavours being made to combat illiteracy in a scientific manner consistent with the needs of the targeted social group or groups;
* Regular daily broadcasting of a programme lasting not less than 26 minutes to teach sign language in a scientific manner to persons with hearing impairments (art. 72 of the SNRT specifications).

138. With regard to the right of persons with disabilities to access information, the Ministry of Communications has submitted the following two proposals in this connection to the inter-ministerial committee appointed to draft a bill of law on the right of access to information:

* Persons with disabilities should have the right to access information by means which enable them to comprehend and use it;
* If a student has special needs, the competent department should present the information in a format consistent with the student’s disability if such a format is available in the institution.

139. On 28 June 2013, Morocco signed the WIPO Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled which combines copyrights with the rights of persons with disabilities.

 Article 22: Respect for privacy

140. Article 4 of the Code of Medical Ethics places medical practitioners under an obligation to maintain medical confidentiality without any discrimination between patients with and without disabilities.

141. Under the provisions of article 446 of the Criminal Code, it is a punishable offence for physicians, surgeons, health-care providers, pharmacists, midwives and any person entrusted with confidential information to disclose that information, except in cases in which such is permitted by law.

142. The processing of information concerning persons and their health is subject to the provisions of Act No. 09-08, concerning the protection of natural persons in regard to the processing of data of a personal nature, which stipulates as follows:

* The prior consent of the person concerned must be obtained and his rights must be respected in regard to disclosure during the collection of data, access thereto, correction thereof and opposition, on legitimate grounds, to the processing of his personal data;
* The processing of health-related personal data, including genetic data, requires prior consent;
* Professional confidentiality must be maintained and the personal information processed must be kept secret and secure.

143. All health institutions have an obligation to protect the personal information of their patients, without discrimination or exception, in the following manner:

* Personal details may be disclosed only in cases of imperative necessity;
* Information must be kept in private files and records stored in a safe place;
* Information concerning patients undergoing medical experimentation must be kept confidential;
* Personal information must not be taken into consideration during the conduct of statistical research and surveys and the collection and analysis of health-related data.

144. Under the provisions of article 8 of the Act concerning the protection of persons participating in biomedical experimentation, the contractor or researcher and other parties involved must respect the privacy of the person participating in the experimentation and must maintain the confidentiality of his or her personal information in accordance with the legislative and regulatory provisions in force.

 Article 23: Respect for home and the family

145. Article 12 of the Family Code contains a special provision under which the family judge responsible for matters relating to marriage is empowered to authorize the marriage of male or female persons with mental disabilities. In order to ensure the success of the marital relationship and guarantee the rights of all the parties thereto, article 65 of the Family Code stipulates that consent to the marriage is an obligatory component of the marriage contract of any person with a mental disability.

146. With regard to reproductive health services, the Ministry of Health is taking the following measures:

* The family planning and reproductive health programme is being promoted in all health centres throughout the country;
* The scope of the services provided under the family planning programme is being expanded in the field of reproductive health;
* Those services are provided at no cost to persons with disabilities on the basis of free and informed consent.

147. With regard to foster care, especially in the case of children with disabilities, the Ministry of Health, in collaboration with the Moroccan League for Child Protection, is taking the following measures:

* Hospitals have nurseries in which abandoned children, including those with disabilities, are cared for until they are fostered or reach the age of six years;
* The Lalla Meryem Centre for Abandoned Children in Rabat has at its disposal a number of staff and physicians with various fields of specialization, including nurses, social workers, psychologists and a specialist in psychomotor habilitation, to provide medical and psychological assistance;
* Social workers conduct case studies by visiting the home of every prospective foster family and preparing a written report on the couple’s financial and social ability to foster an abandoned child. That report constitutes an essential component of the file of all applicants seeking to foster a child.

148. In all child custody cases, the judiciary makes every endeavour to determine the best interests of children with disabilities or special needs in order to provide greater protection for that category of children.

149. Under the national family planning programme, sterilization procedures can be carried out on disabled or non-disabled persons only in the following circumstances:

* If both spouses concerned have given prior consent thereto;
* If the family concerned already has three children;
* If the wife’s state of health precludes multiple pregnancies;
* If giving birth would pose a threat to the mother’s health.

 Article 24: Education

150. Morocco has shown special concern for the right of persons with disabilities to education and, in this connection, promulgated the Compulsory Basic Education Act of 13 November 1963, as amended and supplemented by Act No. 04-00 of 19 May 2000, under which basic education is obligatory for all Moroccan children over six years of age and deterrent penalties are prescribed for any violation of this provision. The 14th pillar of the National Charter on Education and Training calls for an improvement in educational conditions and the provision of care for persons affected by disabilities or facing physical, psychological or learning difficulties and requiring support to enable them to overcome those difficulties. The Ministry of National Education and Vocational Training has issued numerous memorandums, decrees and guidelines concerning organizational and pedagogical aspects, health and social services, staff training and partnership.

151. According to the statistical data collected by the regional education and training academies in 2013, the number of integrated classes established for the benefit of children with disabilities amounted to around 555 in 383 educational institutions throughout the country and about 5,998 male and 2,226 female students benefited from the educational opportunities that they offered. Many children with motor disabilities or chronic diseases were also pursuing their studies in regular classes where no distinction was made between them and their peers. Their number was estimated at more than 60,000 in a statistical survey conducted in 2004.

152. With regard to the relevant procedural and organizational measures taken, the following ministerial circulars and memorandums were issued:

* Ministerial Memorandum No. 98/104, concerning the integration of children with disabilities in the first grade of basic education, under which all children with mild or moderate disabilities were granted the right to enrol in integrated and regular classes in public schools;
* Memorandum No. 10 of 16 February 1998 concerning measures taken pursuant to the implementing regulations of the Social Care of Persons with Disabilities Act;
* Ministerial Memorandum No. 179 of 19 October 1978 which made provision to meet the administrative, educational and economic needs of institutions for the blind in the same way as other official institutions;
* Ministerial Memorandum No. 2000/008, concerning the schooling of children with disabilities, which urged all directors of central departments to take into consideration the requirements of students with disabilities and special needs in regard to accessibility, equipment, teaching staff and curricula etc. when preparing their sectoral programmes;
* Framework Memorandum No. 2005/89 encouraging the schooling of children with special needs and children living in nomadic and mountainous areas;
* Joint Circular No. 130 concerning the following measures to be taken in the school year 2004/05:
* A review of student enrolment procedures through the establishment of a parliamentary committee to examine the enrolment files referred to it, and a review of the educational road map for integrated classes;
* Organization of awareness-raising campaigns to encourage the enrolment of children with special needs;
* Formulation of criteria for the selection of staff to teach integrated classes;
* Establishment of specifications for integrated classes;
* Ministerial Memorandum No. 143 of 13 October 2009, concerning schooling for persons with special needs, which was designed to ensure equal opportunities for children of school age and, in particular, to improve educational, social and health services in such a way as to enable children and adolescents with disabilities to enjoy their right to schooling in educational institutions at all levels with a view to achieving the objectives of education for all;
* Ministerial Memorandum of 19 May 2010 concerning the conclusion of partnership agreements with associations caring for persons with special needs;
* Ministerial Communication No. 07/212 of 14 March 2007 concerning the establishment of committees to coordinate with the various stakeholders involved in school integration programmes at the central, regional, provincial and local levels;
* Ministerial Memorandum No. 3-2274 of 30 April 2013 concerning organizational procedures to adapt ongoing supervision and qualifying examinations to the needs of students with disabilities who are facing writing and speech difficulties;
* Annual communications concerning the celebration of international and national days of persons with disabilities in educational institutions.

153. With regard to the provision of educational aids and pedagogical tools:

* An organizational, pedagogical and legislative guide has been prepared to facilitate the academic integration of children with disabilities on the basis of individual tuition plans for such children;
* Communal areas have been adapted for use by children with mental or hearing disabilities;
* Criteria have been set for the selection of staff qualified to teach classes in which children with mental or hearing disabilities have been integrated;
* Guidelines have been issued concerning the specifications for integrated school classes in accordance with types of disability;
* Individual education plans for each student with a disability are being encouraged;
* Audiovisual library equipment and didactic aids are provided for all integrated classes;
* The cultural offices of the French Embassy are helping to provide books and reference works for primary school teacher training and regional documentation centres;
* Curricula on the pedagogical integration of children with special needs have been prepared for the training of primary school teachers;
* Teaching and administrative staff, as well as academic curricula in Braille, have been provided for the centres run by the Alaouite Organization for the Protection of the Blind;
* Teaching and administrative staff have been provided for the centres run by the Lalla Asma Foundation for Deaf Children;
* Teaching and administrative staff have been provided for the Mohammed VI Centre for the Disabled;
* A project has been launched in collaboration with UNICEF to develop the curriculum of integrated school classes for children with disabilities;
* A memorandum has been issued concerning the adaptation of ongoing supervision and qualifying examinations to the needs of students with disabilities and students who are facing reading and writing difficulties.

154. The following measures have been taken in the field of the training of teaching staff and trainers:

* A plan was drawn up, in collaboration with the regional education and training academies, to train teaching staff;
* Intensive training courses focusing on specific types of disability were held during the period from June 2011 to February 2012 for the benefit of all the 500 primary school teachers supervising classes in which children with disabilities had been integrated;
* Special education has been included in the curriculum of the regional centres for the training of teachers and trainers;
* Training has been provided for the 16 regional coordinators responsible for the education of children with disabilities;
* Sixteen physicians working in the regional academies have received training;
* Thirty-eight district inspectors of integrated school classes have received training;
* Training courses have been held, in collaboration with the Mohammed VI Centre for the Disabled, for all teaching, administrative and medical staff;
* Thematic study days on the education of children with disabilities have been organized in collaboration with the Mohammed VI Centre for the Disabled;
* On 11 December 2009, a study day on the education of children with disabilities was organized under the slogan “Educational institutions — specialized centres: where is the bridge?”;
* On 25 and 26 October 2010, study days on reading and writing difficulties were organized at the Mohammed VI Centre for the Disabled for the benefit of trainers of primary school teachers;
* In 2012, training courses were organized in collaboration with the Mohammed V Solidarity Foundation for the benefit of female educators working for associations that had adopted the system of integrated school classes.

155. With regard to the upgrading of health and social services:

* In collaboration with departments of the Ministry of Health, the Mohammed VI Centre for the Disabled and some civil society associations, an annual programme of regular medical examinations and health check-ups is being implemented for students with disabilities;
* In collaboration with the Mohammed VI Centre for the Disabled and other partners (civil society associations and the private sector), support is being provided for activities designed to ensure the provision of medical care and medical appliances for students with disabilities;
* Associations are helping to support vocational training and social integration activities for students with disabilities;
* Recreational and sports activities for students with disabilities are being encouraged with the help of the Moroccan Olympic committee and the associations concerned;
* A medical convoy was organized, in collaboration with the Mohammed VI Centre for the Disabled, to promote the oral and dental health of 316 children with disabilities in 43 integrated classes in the Rabat-Salé-Zemmour-Zaër region;
* Students in integrated classes benefit from all the services provided by the Mohammed VI Centre for the Disabled in Salé and its regional branches in Safi, Oujda and Marrakech.

156. Several partnership and cooperation agreements in the field of education have been concluded between the Ministry of National Education and Vocational Training and other governmental sectors and civil society and private sector actors.

157. It is noteworthy that the education and training of children with disabilities are facing various constraints and difficulties, including:

* The difficulty of projecting the number of children with disabilities during the preparation of the educational road map;
* The difficulty of diagnosing disabilities and distinguishing between some of their types;
* The insufficient number of specialized teaching staff;
* The difficulty of monitoring individual education plans for children with disabilities;
* The inadequate concern that families show for the schooling of their children with disabilities;
* The lack of a multidisciplinary educational, health and social support group;
* The long distances between the integrated classes and the homes of children with disabilities.

 Article 25: Health

158. Article 1 of Act No. 07-92, concerning the social care of persons with disabilities, emphasizes the need to enable this category to enjoy their rights and the facilities available to them. It also stipulates that the prevention, diagnosis and treatment of disability and the upbringing, education, training, rehabilitation and social integration of disabled persons are a national responsibility and duty. Under the provisions of the Act, prevention includes all the practical and other measures, such as health and physical mentoring, vaccination of mothers and children, accident prevention and environmental concern, needed to protect Moroccan citizens from the causes of disability (art. 7). The State also has an obligation to train medical and paramedical personnel and specialized teachers, to provide facilities for physical training and rehabilitation and, in collaboration with local authorities, to establish treatment centres for persons with disabilities, within the limits of the resources available (art. 8).

159. The principal legal and regulatory provisions guaranteeing the enjoyment by persons with disabilities of the same high-quality health services include:

* Article 34 of the Constitution under which the public authorities are required to formulate and implement policies designed to benefit persons and categories with special needs, particularly in regard to the following:
* Prevention and treatment of the vulnerabilities of women, mothers, children and older persons;
* Rehabilitation of persons suffering from physical, sensory, motor or intellectual disabilities so that they can be integrated in social and civil life and enjoy the rights and freedoms guaranteed to all;
* The Convention on the Rights of Persons with Disabilities, which was ratified on 8 April 2009;
* The International Covenant on Economic, Social and Cultural Rights, which was ratified on 27 March 1979;
* Act No. 81-05 of 6 May 1981, concerning the protection of blind and visually impaired persons, and its Supplementary Act No. 89-10 of 13 December 1989;
* Act No. 92-07 of 1993 concerning the care of persons with disabilities;
* The Accessibility Act No. 03-10 of 2003;
* Act No. 34-09, concerning the health system and health care, which stipulates that the principle of equal access to treatment and services in all health-related fields must be respected;
* Ministry of Health Decree No. 456-11 of 6 June 2010, concerning the internal regulations of hospitals, which was published in the Official Gazette No. 5923 on 2 Rabi’ II A.H. 1432 (17 March 2011), and the Hospital Regulatory Decree No. 656-06-2 of 24 Rabi I A.H. 1428 (13 April 2007), which was also published in the Official Gazette No. 5923 on 2 Rabi’ II A.H. 1432 (17 March 2011), and particularly articles 10, 12, 13, 14, 16, 42, 43, 44, 45 and 47 thereof, article 51 concerning the conditions and modalities for the admission of patients with mental diseases, and articles 82, 87, 88, 89 and 90 of section VI concerning safety, health protection and risk management.

160. In keeping with the State’s obligation to ensure respect for the right to health, as provided for in international conventions, Act No. 65-00 is one of the principal sources of reference in regard to health coverage and promotion of the acquired rights of citizens benefiting from health insurance. Under the terms of that Act, two integrated basic health coverage schemes were introduced: a compulsory basic sickness insurance scheme (AMO), launched in 2002 and based on the principles and techniques of social insurance for the benefit of persons engaged in an income-generating activity, pensioners, former members of the Resistance and the Liberation Army and students; and a medical assistance scheme (RAMED) based on the principles of social assistance and national solidarity with needy persons which was officially launched by His Majesty King Mohammed VI on 13 March 2012.

161. With regard to the category of persons with disabilities, the social insurance scheme applied in Morocco guarantees their right to insurance insofar as articles 5 and 116 of Act No. 65-00, concerning compulsory basic health coverage, stipulates as follows:

* The physically or mentally disabled children of insured persons, as well as similarly disabled foster children, who are unable to engage fully in ongoing and stable gainful employment are entitled to benefit from the compulsory sickness insurance scheme without any age limit (art. 5);
* The physically or mentally disabled children of insured persons, as well as similarly disabled foster children, who are unable to engage fully in ongoing and stable gainful employment are entitled to benefit from the medical assistance scheme without any age limit (art. 116).

162. In the same context, article 2 of Ministry of Health Decree No. 2284-05 of 4 Shawwal A.H. 1426 (7 November 2005), containing a list of diseases in respect of which no fee is levied for the services and treatment provided by hospitals and facilities run by the Ministry of Health, stipulates that a similar exemption from payment of fees applies in the case of mental infirmities which, under the provisions of Royal Decree No. 1-58-295, require automatic placement under observation, automatic confinement in a hospital or placement under compulsory medical protection.

163. In addition to the above, the following measures have also been taken:

* Reception units for persons entitled to medical assistance have been established in which social workers help patients to benefit from free medical services;
* All primary health-care services provided at urban and rural health centres and clinics throughout the country are free of charge.

164. Under the terms of article 118, the following persons are legally entitled to full medical assistance without any discrimination:

* Inmates of charitable institutions, orphanages, shelters, re-education institutions or any public or private non-profit institution accommodating abandoned children or adults without a family;
* Inmates of penal institutions;
* Persons without a fixed abode.

165. In the exercise of its functions, the Ministry of Health regards prevention as the principal and most effective means to preclude any increase in the prevalence of disability in our country and, to this end, the preventive health services that the Ministry provides for the benefit of women and children in urban and rural areas include:

* Maternal health monitoring during pregnancy through the conduct of medical and paramedical examinations and analyses with a view to the early detection of certain diseases that might cause foetal disability the symptoms of which would appear after birth or during the first five years of life;
* Performance of caesarean procedures whenever they are needed in order to prevent complications that might result in infirmities, such as mental disability, in newborn infants;
* Child health monitoring after birth and during the early years of childhood;
* Raising public awareness, particularly among expectant mothers, of the need to monitor their health during pregnancy, as well as the health of their children after birth;
* Vaccination of children against life-threatening diseases;
* Promotion of healthy maternal and child nutrition based on nutrients rich in iron and vitamins B1, B2 and B12, in addition to folic acid, in order to prevent neural tube defects such as spina bifida.

166. A national strategy has been formulated for the provision of sexual and reproductive health services for the benefit of targeted categories, including persons with disabilities. In order to identify the nature of the special services needed by such persons in the light of the type of their disability, workshops were organized during a national forum held for that purpose on 19 and 20 December 2011 at the Mohammed VI Centre for the Disabled in Salé. The forum gave rise to a number of recommendations concerning better staff training, accessibility, awareness-raising and regulatory measures.

167. The national immunization programme achieved positive results in protecting children from diseases that used to cause a considerable number of disabilities and deaths. The measures taken in this regard included:

* Vaccination against poliomyelitis, no cases of which have been recorded in Morocco since 1987;
* Vaccination against diphtheria, no cases of which have been recorded in our country since 1991;
* Vaccination against rotavirus, which causes diarrhoea;
* Vaccination against rubella in order to prevent rubella syndrome which causes severe disabilities in newborn infants;
* Vaccination against meningitis resulting from haemophilus influenzae type b in order to protect children against the complications of this disease, such as cerebral palsy and mental disability;
* Vaccination against pneumococcal disease, which was included in the national immunization programme in October 2010, protects children against strains of bacteria that cause pneumonia, meningitis, middle-ear infections, cerebral policy, mental disability and loss of hearing, etc.

168. Within the framework of the endeavours made to eradicate the causes of blindness, our country has joined the global initiative known as “Vision 2020: the Right to Sight” which is seeking to eliminate preventable causes of blindness by the year 2020. Granular conjunctivitis is among the principal causes that have been eliminated. The Ministry has adopted a decentralized and proximity-based policy of promoting a regional therapeutic network by establishing ophthalmological and ophthalmic surgical centres in regions in which this field of specialization did not exist and by upgrading the technical equipment and apparatus of existing centres.

169. The objectives of the national programme to combat blindness, which forms part of the Ministry of Health’s national plan of action for the period 2008-2012, include:

* Provision of training and further training for medical specialists through the organization of training courses on the management of programmes to combat blindness;
* Recognition by the World Health Organization as a trachoma-free country;
* Elimination of cataracts as a health problem that causes blindness;
* Formulation of a strategy for the early diagnosis of glaucoma;
* More widespread diagnosis of visual defects, establishment of centres for persons with visual impairments, particularly among children in the school environment, and development of ways and means to involve the public sector and civil society.

170. Within the framework of the risk-free childbirth strategy, the following measures have been taken:

* Health check-up services during pregnancy have been made more effective through the scheduling of four medical consultations during the third, sixth, eighth and ninth months instead of the previous system entailing only three appointments. In order to avoid causes of disability, echographic examinations for the early diagnosis of birth complications have been made compulsory, as has vaccination against neonatal tetanus. Pregnant women are also given iron supplements and natural breastfeeding is being encouraged;
* Pregnant women are given an opportunity to undergo new examinations to diagnose high blood pressure, diabetes and anaemia and to determine their blood group.

171. With regard to perinatal measures:

* Free obstetric services for pregnant women are available in all public hospitals and maternity clinics;
* Mobile medical units have been established and equipped with the means of communication and ambulances needed to provide urgent assistance for pregnant women and newborn infants in rural areas and to transport pregnant women from their places of residence to hospital;
* Reception and accommodation conditions in maternity clinics have been improved;
* Maternity hospitals have been supplied with the technical equipment and apparatus needed to enable them to provide better care for mothers and newborn infants;
* Free transport is provided to take pregnant women and newborn infants from health centres to specialized hospitals whenever necessary;
* The requisite medicines, equipment, blood and blood products are available and the list of maternal and child-care medicines needed has been expanded;
* Ongoing training is provided for health personnel specialized in the field of maternity and neonatal paediatrics;
* Campaigns to raise awareness concerning safe motherhood are organized in collaboration with all the governmental sectors, civil society, the media and the private sector;
* After giving birth, mothers are required to remain under observation for 48 hours in order to benefit from the services that they and their newborn infants need and three medical consultation appointments are scheduled for them;
* A national record is being kept to monitor maternal and neonatal mortality.

172. With regard to psychiatric and mental health:

 (a) Relevant regulatory provisions (in addition to Act No. 34-09 concerning the health system and health care in general):

* Royal Decree No. 295-58-1, concerning the prevention and treatment of mental disorders and the protection of patients, which makes provision for important measures such as free treatment, a national psychiatric health committee and a visit by the Office of the Attorney General at least once every three months;
* The Ministry of Health circular dated 23 April 1974 concerning the decentralization of psychiatric and mental health care.

 (b) Current resources:

* 2,043 beds in a total of 9 hospitals and 21 specialized hospital facilities, i.e. 6.34 beds per 100,000 of the population as compared with the international average of 8.4;
* 83 primary health-care institutions have psychiatric health facilities with out-patient departments;
* 273 psychiatrists, i.e. 0.85 psychiatrists per 100,000 of the population as compared with the international average of 1.25;
* 783 nurses specialized in the provision of psychiatric and mental treatment, i.e. 2.43 nurses per 100,000 of the population as compared with the international average of 5.80;
* Training is provided in paediatric psychiatry as a field of specialization and university diplomas are awarded in addiction rehabilitation and geriatric psychiatry;
* The National Human Rights Council is implementing a programme to monitor and assess psychiatric institutions.

 (c) Objectives of the national strategy for the period 2012-2016:

* Objective 1: Improvement of psychiatric health and prevention of psychiatric disorders;
* Objective 2: Measures to combat discrimination on grounds of mental illness;
* Objective 3: Examination and early diagnosis of psychiatric disorders;
* Objective 4: Support for persons suffering from mental illness in health centres and hospitals, taking into consideration the particularities of the targeted groups of all ages and vulnerable sections of the population (youth, women, prisoners and older persons);
* Objective 5: Conduct of monitoring, assessment and research.

 (d) Principal measures:

* Integration of psychiatric and mental health care in basic health-care facilities;
* Adoption of basic regulations and therapeutic standards in the field of psychiatry;
* Formulation of an ongoing training programme for general practitioners on the early detection and treatment of the main psychiatric and mental disorders;
* Provision of the basic medicines in health facilities through expansion of the list of basic second and third-generation medicines;
* Updating of legislation concerning psychiatric and mental health.

 (e) Main achievements:

* Establishment of integrated facilities and specialized psychiatric hospitals with a 248-bed capacity (720 beds programmed for the beginning of 2016);
* Establishment of three psychiatric hospitals with a 120-bed capacity in the towns of Agadir, Kénitra and El-Kelâat Es-Sraghna;
* Preparation of guidelines on psychiatric and mental health-care standards;
* Fivefold increase in the budget for the procurement of essential medicines which currently accounts for 2 per cent of the pharmaceutical budget;
* Updating of legislation in the field of psychiatric and mental health (a new bill of law has been deposited with the Government’s General Secretariat).

173. Within the framework of the national management of medical emergencies, the Ministry of Health has prepared an emergency programme comprising the following main objectives:

* Improvement in the efficiency of the emergency medical assistance units through the allocation, in coordination with their medical switchboard control centres, of a standard national medical emergency call number;
* Establishment of mobile emergency and resuscitation units at regional hospital centres;
* Adaptation and upgrading of the ambulance fleet in order to make it possible to resuscitate patients while they are being transported to hospital;
* Improvement of medical transport facilities through the introduction of medical air transport by helicopter in order to cover regions that are not easily accessible and reduce the time taken to treat emergency cases;
* Progressive establishment of emergency proximity units in areas in which hospitals do not exist or are located at a considerable distance therefrom;
* Progressive upgrading of hospital emergency departments;
* Enhancement of the skills of emergency staff through introduction of the occupational grade of nursing specialist in emergency treatment and intensive care, the training of ambulance technicians and the establishment of other centres for the training of emergency and disaster managerial staff and the ongoing training of personnel working in emergency proximity units and hospital emergency departments, etc.

174. With regard to health services and early diagnosis and intervention programmes to prevent secondary disabilities and reduce their incidence in women and children, the national programme to ensure a rapid reduction in maternal mortality has succeeded in reducing the maternal mortality rate from 227 cases per 100,000 live births in 2008 to 112 cases in 2012. The Ministry’s plan of action for the period 2008-2012 has succeeded in achieving a 64-per-cent reduction in mortality among children under five years of age from 84 cases per 1,000 live births in 1992 to 30 cases in 2011 and has also helped to combat a number of life-threatening diseases to which such children are exposed.

175. The Ministry’s plan of action for the period 2012-2016 is designed to expedite achievement of the Millennium Development Goals in the field of health services for citizens, particularly through a decrease in infant mortality from 19 to 12 cases per 1,000 live births and a decrease in maternal mortality to 50 cases per 100,000 live births by increasing the coverage of prenatal consultations to 90 per cent, increasing the proportion of births under medical supervision to 90 per cent and achieving a coverage of 95 per cent in postnatal consultations.

176. The plan also contains the following four objectives for intervention to reduce maternal mortality:

 (a) Promotion of the policy of providing free emergency maternity treatment for women and newborn infants;

 (b) Improvement in the quality of care received in the event of complications arising from pregnancy and childbirth;

 (c) Promotion of the policy of proximity in the supervision of pregnancy and childbirth;

 (d) Support for the programme’s regional management.

177. In addition, the plan contains six objectives for the reduction of neonatal mortality through: rehabilitation of maternity clinics, more extensive and better regulated provision of treatment for newborn infants, more effective postnatal observation of infants immediately after birth, improvement in the quality of care provided for newborn infants, introduction of an appropriate information system and development of research in the field of perinatal health. The Ministry’s plan also makes provision for the following supplementary measures:

* Implementation of a programme for the early detection of thyroid deficiency in newborn infants and the treatment of diagnosed cases through the establishment of care protocols. It is noteworthy that thyroid deficiency causes physical and mental development problems which carry the risk of affliction with a number of disabilities including, in particular, learning difficulties. This programme is in its pilot phase in the Rabat-Salé-Zemmour-Zaër region;
* Enhancement of the care of newborn infants through: (1) Equipment of maternity units, including maternity clinics in health centres and hospital maternity departments, with the basic maternal resuscitation equipment; (2) Provision of training in the basic principles of maternal resuscitation for midwives, maternity nurses and physicians working in maternity units; (3) Establishment of maternal resuscitation units in all regional hospitals; (4) Implementation of the technical recommendations concerning the treatment of maternity-related problems which could cause disabilities; (5) Introduction of the occupational grade of maternity care provider in order to expedite and facilitate access to services;
* Equipment of maternity clinics with echographic equipment for the early detection and treatment of malformations.

178. All persons, whether male or female, young or old, throughout the country are entitled to:

* Clinical examination services for the early detection of chronic diseases that could lead to disability;
* Medical and surgical treatment to avoid disabilities resulting from chronic diseases (diabetes, high blood pressure and arterial diseases, etc.) or traffic or industrial accidents.

179. Health programme objectives include the organization of public communication campaigns through the various audiovisual media and the press in accordance with the content and purposes of each programme. However, it is noteworthy that there is no integrated communication strategy for the raising of health awareness among persons with disabilities and, in particular, those of a psychological or mental nature.

180. In order to provide high-quality health services for persons with disabilities, the Ministry of Health organizes training courses for physicians and nurses with a view to enhancing their capacities and skills in the field of functional rehabilitation and the fitting of assistive devices and prostheses.

181. With regard to legislative and other measures to ensure the provision of health treatment for persons with disabilities, subject to their free and informed consent:

* Under the terms of article 25 of the Code of Medical Ethics, the full, free and informed consent of the person undergoing treatment is a precondition for the commencement of any medical procedure except in the case of urgent intervention which cannot await receipt of the patient’s informed prior consent when the physician’s primary concern is to save the patient’s life;
* Article 58 of Decree No. 456-11 promulgated on 6 June 2010, concerning the internal regulations of hospitals, which was published in the Official Gazette No. 5923 on 2 Rabi’ II A.H. 1432 (17 March 2011) specifies the obligations and procedures regarding prior consent to treatment and requires the patient, or his legal representative, to sign the form giving consent to the diagnostic and treatment procedures and services that he will receive during his stay in hospital;
* Under article 59 of the said Decree, the legal representative of a hospitalized minor, regardless of the latter’s state of health, is empowered to act on his behalf;
* Persons with disabilities are entitled to receive medical and nursing care in health facilities offering rehabilitative, prosthetic and primary health-care and treatment services provided that they request such services and enter those facilities voluntarily. However, sexual and reproductive health services and psychiatric and similar treatments are difficult to provide with their free and informed consent in the absence of legislative provisions and regulatory enactments.

182. The following noteworthy measures have been taken to ensure the accessibility of health facilities:

* Health institutions have been established throughout the national territory, where there is one such institution providing basic treatment services for every 11,970 inhabitants, including 6,949 living in a rural environment;[[7]](#footnote-7)
* Training is provided for medical and nursing staff in all fields of specialization;
* All needy persons unable to afford the cost of treatment are able to benefit from the basic health coverage, compulsory basic sickness insurance and medical assistance schemes.

183. The Ministry of Health is adapting its health facilities, including hospitals, health centres and clinics, and especially those located in newly constructed buildings, in accordance with the norms laid down in articles 2, 4, 9 and 21 of Act No. 10-03 concerning the need for public facilities to be accessible to persons with disabilities.

184. With regard to the academic integration of children with disabilities, within the framework of the quadripartite partnership between the national education and vocational training, health, and solidarity, women, family and social development sectors and the Mohammed V Solidarity Foundation, the partners are endeavouring to ensure appropriate conditions for the integrated or special education of persons with disabilities, and to enhance the social and health services provided for such persons, within the limits of the financial, human and institutional resources available to them.

185. In this context, the Ministry of Health is providing services through the following activities:

* Promotion of the role of regional and provincial multidisciplinary medical boards in the diagnosis of cases of disability among children;
* Helping regional and provincial school integration committees in their endeavours to provide counselling for children with disabilities;
* Enabling children with disabilities to benefit from the specialized medical examinations and the medical and paramedical services provided, in accordance with the resources available, in accordance with the provisions of Act No. 65-00, which constitutes a code of basic health coverage, and the implementing regulations thereof;
* Helping to procure technical and medical equipment for the care of children with disabilities in health facilities;
* Health inspection of integrated classes and centres for children with disabilities;
* Endeavours to increase the number of medical staff and graduates from paramedical training institutes experienced in the medical care of children with disabilities in order to improve the professional standards of health facilities specialized in this field, within the limits of the resources available.

186. The Ministry of Health also procures mobility aids, wheelchairs, eyeglasses, hearing aids and compensatory devices which it places at the disposal of male and female persons with disabilities of all ages through the social workers employed in the Ministry’s hospitals and branches in all the country’s provinces and prefectures.

187. With regard to protection against the HIV/AIDS virus, the measures taken focus on raising awareness and providing information for persons with disabilities through the following activities:

* Public awareness campaigns using various means of communication, radio and television channels and the press;
* Awareness-raising programmes targeting the categories of young men and women, and particularly those in a vulnerable situation;
* Proximity prevention programmes targeting the categories most exposed to the danger of infection, such as male and female sex workers, homosexuals and users of injectable drugs, etc.;
* Distribution of contraceptives;
* The risk reduction programme for users of injectable drugs.

 These activities are carried out within a framework of multisectoral partnership including, in particular, governmental sectors concerned with social issues and non-governmental organizations operating in the field of health and prevention.

188. In spite of the various endeavours made in the health sector for the benefit of persons with disabilities, this sector is facing a number of constraints and shortcomings which are basically due to the limited availability of human resources specialized in the provision of health services, for persons with disabilities, on an equal basis with others, in the various regions and provinces, and the difficulty of meeting needs in rural areas.

 Article 26: Habilitation and rehabilitation

189. With regard to rehabilitation in the event of a disability resulting from an industrial accident or an occupational disease, under the terms of article 139, paragraph 3, of the Labour Code the provisions regulating rehabilitation must be incorporated in the model internal regulations of private sector enterprises employing less than 10 workers.

190. The objectives of the health sector’s national strategy in regard to rehabilitation, in coordination with the personnel of health units, focus on the following:

 (a) Helping in the prevention and early detection of diseases that cause disability;

 (b) High-quality care of persons with disabilities;

 (c) Mobilization and involvement of partners in order to ensure a coordinated response to the needs of persons with disabilities.

191. With regard to therapeutic and rehabilitative services for persons with disabilities, the relevant facilities of the Ministry of Health provide various forms of appropriate medical treatment, particularly for purposes of habilitation and rehabilitation. Such treatment is available at the following facilities:

* 61 regional prosthetic centres (six of which are incorporated in medical habilitation units);
* 94 medical habilitation units;
* 40 speech therapy units;
* 21 units for the correction of psychomotor disabilities;
* 28 units for the correction of visual impairments.

 These centres provide the services needed by persons with disabilities and, whenever necessary, supply such persons with appropriate compensatory devices and appliances to facilitate their integration in society.

192. The human resources working in this field consist of:

* 17 physicians specialized in the field of physical medicine and rehabilitation;
* 14 physicians specialized in geriatric medicine;
* 378 male and female nurses specialized in medical habilitation;
* 76 male and female nurses specialized in speech therapy;
* 80 male and female nurses specialized in the correction of visual impediments;
* 55 male and female nurses specialized in the correction of psychomotor disorders;
* 112 technicians specialized in the fabrication of mobility aids and artificial limbs.

193. The training received by these human resources comprises 3-5 years of basic training, depending on their grade and their medical or paramedical fields of specialization, and ongoing training to enable them to consolidate and enrich the basic training provided for the categories of physicians specialized in physical medicine and rehabilitation and nursing staff specialized in medical habilitation, auditory-verbal therapy, the correction of psychomotor disorders and the fabrication of mobility aids.

194. The Ministry of Health is diligently implementing a number of programmes to provide medical and nursing staff with further training in the fields of prevention and early diagnosis, health care of persons with disabilities, prescription of mobility aids and fitting of prostheses in accordance with their needs and the professional skills and abilities required for the performance of their duties.

195. In order to promote the availability, knowledge and use of assistive devices and technologies designed for persons with disabilities, the Ministry of Health also organizes a number of training courses, in collaboration with its French counterpart, to ensure the further training of its staff working in the field of medical habilitation and the fabrication and fitting of prostheses.

196. In addition, the Ministry is continuing to promote cooperation among the Arab States in the field of the exchange of assistive technologies through the Arab Prosthetic and Orthotic Alliance and organizes meetings in that context.

197. The civil society associations working in the field of disability (motor, sensory or mental) provide services and habilitation and rehabilitation programmes for their members with disabilities and the governmental sectors concerned are encouraging these initiatives by concluding partnership agreements with those associations and providing them with financial support or placing health professionals specialized in the field of disability at their disposal with a view to enhancing the health-care services that they offer for persons with disabilities.

198. Within the framework of the measures that the Moroccan Government is taking to improve the situation of persons with disabilities, uphold their rights and facilitate their integration in their socio-economic environment, the Ministry of Solidarity, Women, Family and Social Development, in its capacity as the sector concerned with disability-related issues, provides them with the technical aids that they require, such as wheelchairs and compensatory and assistive aids and devices.

199. Around 3,000 persons with disabilities benefit from that assistance every year in accordance with the provisions of Decree No. 2-01-409 of 29 March 2002 specifying the conditions and modalities for use of the funds allocated to cover some of the costs of the compensatory appliances and devices supplied to those persons after they have presented the requisite documentation certifying their state of health and social situation. In keeping with the policy of proximity under which services in connection with the supply of these technical aids should be made available as close as possible to the place of residence of their recipients, the Ministry of Solidarity, Women, Family and Social Development, in collaboration with the National Cooperative Foundation, has established 10 regional units to receive and counsel needy applicants with disabilities and supply them with the requisite technical aids.

200. The National Human Development Initiative launched by His Majesty King Mohammed VI in 2006 is pursuing its objectives in a manner consistent with sectoral policies and the need to ensure complementarity between its interventions and those of governmental and local communal agencies, without replacing the sectoral programmes.

201. According to the National Human Development Initiative report for the period 2005-2010, the activities conducted during that period had a positive impact in all the following fields:

* Development of the capacities of children with disabilities;
* Integration of children with disabilities in the education system;
* Facilitation of the integration of beneficiaries in socioeconomic life;
* Facilitation of the integration of persons with special needs in their social environment;
* Helping persons with disabilities to implement income-generating projects;
* Safeguarding the dignity of the targeted categories;
* Development of a sense of self-confidence and initiative among the beneficiaries;
* Improvement of the reception facilities for persons in a vulnerable situation;
* Improvement of the standard of health and medical monitoring of persons with disabilities;
* Encouragement of school attendance by children in difficult circumstances, and endeavours to reduce the dropout rate;
* Improvement of the reception facilities for destitute older persons;
* Endeavours to combat illiteracy among the targeted categories.

202. With regard to construction and renovation, the said report also recorded the completion of 312 projects in the following fields:

* Orthotic workshops;
* A listening and counselling centre;
* A child protection centre;
* A multidisciplinary centre;
* A multidisciplinary centre for persons with disabilities;
* A centre for children with autism and communication disorders;
* A centre for deaf children;
* A centre for children with Down syndrome;
* A centre for persons with mental disabilities;
* A centre for the correction of visual impairments (ophthalmological units);
* The Social Centre for Persons with Disabilities;
* The Socio-Educational Centre for Children with Disabilities;
* The Socio-Health Centre;
* A centre for the integration and training of persons with disabilities;
* Integrated classes for children with disabilities;
* A functional habilitation unit.

203. The National Human Development Initiative has also given direct support to 19 projects for the manufacture of the following items and devices for persons with disabilities:

* Crutches to aid mobility;
* Sticks to aid the mobility of blind persons;
* Self-propelled wheelchairs;
* Manual wheelchairs;
* Prescription eyeglasses;
* Medical equipment for persons with disabilities;
* Medical equipment and pharmaceutical products;
* Hearing aids;
* Prosthetic legs;
* Prosthetic bones;
* Special desks for students with disabilities.

204. During the same period covered by the report, it was noted that the National Human Development Initiative had funded 26 projects for the procurement of the following:

* Satchels and other school requisites;
* School transport for persons with disabilities;
* Various means of transport for persons with disabilities;
* Three-wheeled motorcycles.

205. Around 639,132 persons benefited directly or indirectly from the above-mentioned activities and the total investment in the implementation of those projects amounted to 478, 953,644 dirhams, of which the National Human Development Initiative contributed an estimated 451,484,341 dirhams.

206. Since its establishment, the Mohammed V Solidarity Foundation has shown great concern for the care and integration of persons with disabilities. It has always sought to implement integrated projects that not only facilitate access by persons with disabilities to basic social and other services appropriate to their condition but also ensure their social and occupational integration so that they can participate successfully in the country’s development.

207. The Foundation is diligently endeavouring to mobilize all the resources needed to ensure the independence of persons with disabilities and, to that end, is pursuing a strategy based on an integrated approach in which the principle of equal opportunities is respected while, at the same time, special concern is shown for the category of persons with disabilities through:

* Support for institutions and associations working in that field;
* Training and rehabilitation of persons with disabilities with a view to their social and occupational integration, particularly through the national programme for the establishment of training centres in partnership with the Office of Vocational Training and Employment Promotion;
* Consolidation of structures for the provision of socio-educational services throughout the national territory.

208. That approach was illustrated by the establishment of the Mohammed VI Centre for the Disabled in Salé, a multidisciplinary institution for the benefit of persons with disabilities which was inaugurated by His Majesty King Mohammed VI in November 2006. The Centre, which was established in accordance with royal directives and in collaboration with the relevant governmental sectors and the civil society associations concerned with disability, has set up regional branches in recent years in Safi, Marrakech, Oujda and Fès.

209. These facilities, in their capacity as medico-socio-educational and vocational institutions acting within the framework of a partnership-based approach by the various actors, are helping to develop the skills and expertise needed to ensure the socio-educational and vocational integration of persons afflicted with physical or mental disabilities and, at the same time, are encouraging and supporting the interventions and activities undertaken by non-governmental organizations. With regard to mental disability, the Mohammed V Solidarity Foundation has always shown concern for this type of disability for which it has established specialized facilities such as the *Al-Masar* Down syndrome centre in Rabat and the centre for autistic and psychotic persons in Témara. These two facilities, which were opened in 2011 to provide preventive, early diagnostic and therapeutic medical and socio-educational care for children with mental disabilities, also offer sports activities, parental counselling and vocational training for the targeted categories.

 Article 27: Work and employment

210. Article 17 of the Social Care of Persons with Disabilities Act No. 07-92 recognizes the right of such persons to employment by stipulating that disability cannot constitute justification for denying a citizen an opportunity to work in the public or private sectors.

211. Pursuant to that Act and to Decree No. 2-97-218 of 19 December 1997, the Prime Minister issued Directive No. 3-130-00 of 10 July 2000 containing a list of posts to which persons with disabilities could be appointed on a preferential basis and allocating a quota of 7 per cent of those posts in governmental departments and agencies to such persons. The Prime Minister’s said directive was followed by a memorandum dated 12 February 2002 in which he prescribed the procedures and modalities for the proper and effective application of that quota by the sectoral employers.

212. The right of persons with disabilities to work was further guaranteed by Circular No. 14-2012 of 19 June 2012, concerning the organization of competitive civil service recruitment examinations, in which the Head of Government emphasized the need for proper and effective application of the 7-per-cent quota referred to in his Directive No. 3-130-00.

213. During the last four years, as a token of solidarity, the Moroccan Government has offered direct and exceptional employment opportunities to more than 500 persons with disabilities holding various educational and university qualifications.

214. The legislative measures taken to ensure protection from discrimination at all stages of employment are set forth in the Labour Code (Act No. 65-99), article 9 of which prohibits any infringement of freedoms and rights in regard to the exercise of trade-union activities within the enterprise in accordance with the laws and regulations in force. It prohibits any infringement of labour-related freedoms by the employer/entrepreneur or his employees, as well as any discrimination between employees on the basis of family, colour, gender, disability, marital status, creed, political opinion, trade-union affiliation or national or social origin that would violate or distort the meaning of the principle of equal opportunities or equal treatment in respect of employment or the exercise of a profession, particularly in regard to recruitment, management and distribution of work, vocational training, wages, career advancement, receipt of social benefits, disciplinary measures, and dismissal from service. Under article 12 of the Code, an employer who violates any of the above-mentioned provisions of article 9 is liable to a fine of 15,000-30,000 dirhams, which is doubled in the event of a repeated offence.

215. With regard to the employment and protection of persons with disabilities, articles 166-169 of the Code stipulate as follows:

* Article 166: An employee who becomes disabled for any reason shall retain his post and, after his rehabilitation, shall be assigned work appropriate to the type of his disability unless, in the opinion of the company doctor or the occupational safety and health board, this is precluded by the severity of the disability or the nature of the work;
* Article 167: It is prohibited to require employees with disabilities to perform work that might expose them to harm or increase the severity of their disability;
* Article 168: The employer shall arrange a medical examination of workers with disabilities whom he intends to hire and they shall undergo a periodic examination by the company doctor after every year of service;
* Article 144: The official responsible for labour inspection shall be empowered to refer employees with disabilities to a physician at a hospital run by the Ministry of Health in order to ensure that the work assigned to them is compatible with their disabilities and does not exceed their capacities;
* Article 169: The employer shall equip his workplaces with the accessibility facilities needed to enable employees with disabilities to perform their work and shall take care to ensure that all the requirements in regard to protection of the occupational health and safety of such employees are met.

216. Under article 171, an employer who violates any of the provisions of the above articles 166-169 is liable to a fine of 2,000-5,000 dirhams.

217. With regard to affirmative and effective measures to employ persons with disabilities in the open labour market, article 509 of the Labour Code places employers under an obligation to hire disabled ex-servicemen, industrially disabled persons or persons holding the status of former members of the resistance or war veterans if so requested by the official responsible for labour inspection.

218. However, employers are not obliged to hire a percentage of persons from those categories that exceeds one tenth of the total number of their permanent employees.

219. Pursuant to the provisions of Act No. 05-81 concerning the social care of blind and visually impaired persons, and particularly article 4, paragraph 1, thereof concerning education and rehabilitation, a centre for the rehabilitation of blind and visually impaired persons was established in Témara within the framework of the agreement concluded with the Alaouite Organization for the Protection of the Blind and the Skhirate-Témara prefecture. The centre’s objective is to rehabilitate and improve the academic level of blind and visually impaired persons, so that they can be enrolled in vocational training centres, and to complete their education in foreign languages, Braille and information technology. Its preparatory training began in May 2007 in the medical habilitation section where the blind and visually impaired students follow a special programme designed to enhance their capacities and qualify them for admission to the Institute for the Training of Health Personnel. The Ministry of Health supervises that training within the framework of a partnership agreement concluded with the vocational training sector and the Alaouite Organization for the Protection of the Blind. Since the commencement of the preparatory training programme at the Témara centre, a number of visually impaired trainees have been enrolled at the Institute after passing the entrance test.

220. Within the framework of cooperation between the vocational training sector and partners from France, the trainers at the Témara centre for the rehabilitation of blind and visually impaired persons have received training and assistance in the design of pedagogical tools and the preparation of a guide on occupations that blind persons could exercise. The guide, which was compiled in coordination with the Alaouite Organization for the Protection of the Blind and with the help of French experts from the Association for the Vocational Training of Adults (AFPA), was placed at the disposal of the Ministry of Solidarity, Women, Family and Social Development and the Alaouite Organization for the Protection of the Blind as a basic aid to raise the awareness of blind persons and help them to choose the occupational branch that suited them, and also as an informative tool and a benchmark on the basis of which vocational training institutions could determine the fields of specialization most suited to visual disability.

221. A vocational training facility established within the Mohammed VI Centre for the Disabled in Salé under the terms of an agreement concluded with the Centre’s management in 2009 is currently serving males and females with disabilities, and especially mental disabilities, who are qualified to receive training.

222. In the field of staff training, courses have been held for trainers of persons with disabilities and counsellors in the Office of Vocational Training and Employment Promotion pursuant to an agreement concluded with the Ministry of Solidarity, Women, Family and Social Development. This training was carried out by Belgian experts within the framework of cooperation between Belgium and the said Ministry.

223. In keeping with the principle of complementarity between vocational training programmes and the National Human Development Initiative, the vocational training sector has concluded partnership agreements with the Euromeccanica Group, under which 22 persons with motor disabilities have received training in gemmology and the jewellery trade, with the Hanane Association for the Care of Children with Disabilities in Tétouan under which 375 children of both sexes were to be trained in 2012, and with the Moroccan Women’s Union under which 120 persons were to be trained in 2012 at the centre for the rehabilitation of persons with disabilities in Khouribga.

224. Mixed vocational training centres have also been established in the cities of Settat, Safi, Casablanca, Oujda, Meknès, Rabat, Tanger, Chefchaouen, Fès and Agadir under the terms of an agreement concluded between the Office of Vocational Training and Employment Promotion and the Mohammed V Solidarity Foundation.

225. The Labour Code promulgated in Act No. 65-99 shows due regard for the situation of juveniles under 18 years of age, women and employees with disabilities by prohibiting their employment in quarries and in underground work in mines (art. 179). It also prohibits the employment of juveniles under 18 years of age in work that could impede their development or help to aggravate any disability that they might have, regardless of whether such work is performed above or under the ground (art. 180). Moreover, under the terms of article 214 of the Code, the provision permitting suspension of the weekly day of rest does not apply to juveniles under 18 years of age and employees with disabilities.

226. Article 166 of the Labour Code promulgated in Act 65-99 stipulates that an employee who becomes disabled for any reason shall retain his post and, after his rehabilitation, shall be assigned work appropriate to the type of his disability unless, in the opinion of the company doctor or the occupational safety and health board, this is precluded by the severity of the disability or the nature of the work.

227. Article 167 of the said Code stipulates that it is prohibited to require employees with disabilities to perform work that might expose them to harm or increase the severity of their disability. Under article 168, the employer has an obligation to arrange a medical examination of workers with disabilities whom he intends to hire and they are required to undergo a periodic examination by the company doctor after every year of service. In view of the special health circumstances of this category, article 169 stipulates that the employer must equip his workplaces with the accessibility facilities needed to enable employees with disabilities to perform their work and must take care to ensure that all the requirements in regard to protection of the occupational health and safety of such employees are met.

228. In conformity with the principle of positive discrimination, article 170 emphasizes that favourable measures to ensure effective equality of opportunity and treatment between employees with disabilities and other employees should not be regarded, under any circumstances, as discriminatory measures against the latter.

229. With regard to the employment of juveniles at night, although the Code allows an employee to disregard the rule prohibiting the employment of this category on any type of night work, it also allows an employer to contravene the same rule in regard to juveniles under 16 years of age if this is made necessary by impending accidents or a need to conduct rescue operations or repair unexpected damage. However, out of respect for the rights of persons with disabilities, it is explicitly stipulated that these exceptions do not apply to employees with disabilities (art. 176). In general, the Moroccan legislature shows concern for persons with disabilities by dedicating a whole chapter (chapter III) and most of the articles (179, 180 and 181) of chapter V of the Labour Code to provisions concerning the employment and protection of this category.

* Article 1 of Decree No. 2-04-513 of 29 December 2004 regulating the weekly day of rest (published in the Official Gazette on 3 January 2005) permits the employer to schedule the weekly day of rest for some categories of employees in accordance with the requirements and nature of their work in the institution or enterprise subject to a number of conditions, including the need to take into consideration the situation of employees with disabilities;
* With regard to protection of the health and safety of persons with disabilities in the workplace, Directive No. 08-93 issued by the Minister of Employment on 12 May 2008 (published in the Official Gazette on 6 November 2008), specifies the general and special measures to be taken pursuant to the principles of health and safety set forth in the Labour Code. It stipulates that workplaces and sanitary and dining facilities should be accessible to employees with disabilities; the workplaces of such employees and the safety signs pertaining thereto should be adapted if their disability so requires; and workplaces should be equipped with appropriate sanitary facilities for employees with disabilities;
* The schedule specifying the types of work in which it is not permitted to employ certain categories of persons, and particularly those with disabilities, was updated by Decree No. 1-10-283 of 16 November 2010 (published in the Official Gazette on 13 December 2010);
* With regard to compensation in respect of industrial accidents, under the provisions of section III of Royal Decree No. 1‑60-223 of 6 February 1963, as amended and supplemented, the victim of an accident is entitled to the provision, repair and renewal of compensatory or corrective devices the use of which is necessitated by the accident. The victim is also entitled to the repair or replacement of devices the use of which was made necessary by a previous infirmity, even if it did not result from an industrial accident, if they were damaged, destroyed or rendered unusable by the accident;
* While an orphaned child under 16 years of age is entitled to an income assessed at a fixed proportion, specified in article 102, of the annual salary of his or her deceased parent, article 109 raised the said age limit to 17 years if the child is incapacitated by infirmities or chronic diseases from exercising a wage-earning activity on a regular basis.

230. In order to ensure the protection and safety of employees, including persons with disabilities, in the workplace, the Ministry of Employment and Social Affairs has drawn up a bill of law on occupational health and safety which is currently awaiting approval and will constitute an integrated legal framework for the provision of a safe working environment by specifying the overall objectives of governmental policy in the field of industrial health and safety.

 Article 28: Adequate standard of living and social protection

231. The Ministry of Housing and Town Planning is endeavouring to provide adequate housing for all citizens, and especially those with a limited or irregular income, without discrimination and, to this end, has increased the rate at which social housing is being built with a view to meeting urban demand therefor and eliminating the shortage recorded in this regard.

232. In order to keep pace with constantly increasing needs, the Government is taking a number of new measures, within the framework of the Finance Act, to promote social housing and encourage investment in that sector through the granting of fiscal incentives which constitute one of the fundamental prerequisites for such investment. The State is also granting direct financial support to purchasers of social housing.

233. The Ministry has endeavoured to address all aspects of inadequate housing, and particularly shantytowns, through the national “cities without slums” programme and persons with disabilities who meet the requisite conditions are entitled to benefit from all the State-subsidized programmes.

234. With regard to the provision of services and assistive devices for persons with disabilities, it should be noted that Decree No. 2-01-409 of 14 Muharram A.H. 1423 (29 March 2002) specified the conditions and modalities for use of the funds allocated to cover some of the costs of the compensatory appliances and devices supplied to such persons.

235. The principal components of the 4+4 social development strategy of the Ministry of Solidarity, Women, Family and Social Development include:

* Allocation of financial allowances to persons with disabilities from the Social Solidarity Support Fund;
* Promotion of income-generating programmes and activities through support for the marketing of the products of cooperatives, associations of graduates of national cooperative centres and partner associations, and the establishment of new outlets for the marketing of the products of cooperatives contributing to the solidarity-based economic integration of needy persons.

236. With regard to financial resources, substantial allocations have been made from the investment budget of the Ministry of Solidarity, Women, Family and Social Development with a view to improving the situation of persons with disabilities, as can be seen from the following:

| *Programme* | *Amount (millions of dirhams)* | *Percentage of the investment budget* |
| --- | --- | --- |
| Programme to help to provide better opportunities for persons with disabilities to access information, training and employment | 13.2 | 7.4 % |
| Programme to support the establishment of centres for persons with disabilities  | 6.2 | 3.5 % |
| Programme to help to improve the physical and mental health of persons with disabilities | 4.01 | 2.3 % |
| National festival programme for children with special needs | 3.11 | 1.8 % |
| Programme to enhance the physical capacities of persons with disabilities to access means of transport and communication  | 0.45 | 0.3 % |

237. Article 1 of Royal Decree No. 1-09-200 of 23 February 2010 establishing the Mohammed VI Foundation for the Promotion of the Social Work of Religious Officials stipulates that the functions of the Foundation include the award of allowances to such officials who, for any reason, become incapacitated from continuing their duties, and contribution to the costs of the treatment, education, rehabilitation and reintegration of their children with special needs.

238. As an exception to the rule laid down in article 25 of Act No. 15-01, concerning the foster care of abandoned children, under which the foster care is terminated when the foster child reaches the legal age of majority, the foster parent remains under an obligation to provide care, education, protection and maintenance if the child has a disability or is incapacitated from earning a living.

239. The Ministry of Justice and Freedoms has drafted a bill of law amending the Code of Civil Procedure by prohibiting the sequestration of appliances and aids needed by persons with disabilities in view of the role that they play in the provision of greater protection for that social category. The Ministry is diligently endeavouring to ensure that the total prohibition of any discrimination on the basis of disability is included as a basic principle in all the regulatory instruments promulgated within its sphere of jurisdiction and in the legislative texts submitted for its consideration.

240. Satchels and books are provided, within the framework of the “million satchels”, programme, for all children attending school.

241. In order to ensure that persons with disabilities can benefit from public transport services at preferential prices, the new bill of law on the promotion of the rights of persons with disabilities makes provision for a reduction in the prices of public transport tickets under conditions to be specified in the implementing regulations.

242. With regard to social protection, it should be noted that the legal and regulatory provisions concerning social security, basic health coverage and industrial accidents accord special privileges to persons with disabilities, without the least discrimination among them, as can be seen from the following:

 (a) Social security benefits:

 Article 6 (d) of Decree No. 2-72-541 of 30 December 1972, concerning family allowances paid by the National Social Security Fund, stipulates that these allowances are payable to children with disabilities, regardless of their age, provided that they meet the conditions laid down in articles 2 and 21 of Act No. 07-92 concerning the social care of persons with disabilities.

 (b) Basic health coverage:

 Act No. 1-02-296 of 3 October 2002 promulgated pursuant to Act No. 65-00, which constitutes a code of basic health coverage, stipulates that persons with physical or mental disabilities who are unable to engage fully in ongoing and stable gainful employment are entitled to benefit from health coverage without any age limit. Such coverage is also extended to the children of civil servants, officials working for governmental and public institutions and private sector employees (art. 5), the children or orphans of persons receiving pensions in respect of old age or chronic illness and the children of persons lacking sufficient resources to meet the costs of health coverage (art. 116), and foster children with the same disabilities.

243. The bilateral agreements in the field of social security that have been concluded with foreign States also stipulate the principle of equality.

244. With regard to the provision of institutional, health and psychological care, an adequate standard of living and educational, social, recreational and rehabilitation services for persons with disabilities, the Ministry of Solidarity, Women, Family and Social Development, in collaboration with the governmental sectors concerned, has drafted a bill of law on the establishment and operation of social care institutions in which the nature and structure of those institutions and ways and means to ensure the quality of their services are outlined.

245. Morocco promulgated Act No. 14-05, regulating the establishment and operation of social care institutions, pursuant to Royal Decree No. 1-06-154 of 30 Shawwal A.H. 1427 (22 November 2006) published in the Official Gazette No. 5480 on 7 December 2006 and the implementing regulations of that Act were promulgated in Decree No. 2-07-809 of 17 Jumada II A.H. 1428 (3 July 2007), published in the Official Gazette No. 5544 on 19 July 2007, which contained model specifications detailing the general and special conditions for the establishment and operation of such institutions. Directive No. 1630-07 of 24 Rajab A.H. 1428 (9 August 2007), issued by the Minister of Solidarity, Women, Family and Social Development and published in the Official Gazette No. 5562 on 7 Ramadan A.H. 1428 (20 September 2007), defined the form of the special register to be maintained for the purpose of recording the particulars of the persons benefiting from the services of those social care institutions.

246. The provisions of Act No. 14-05 apply to institutions established to provide social care for needy male and female persons in a difficult or unstable situation, and particularly abandoned children (as defined in article 1 of Act No. 15-01) and women who have been deserted or expelled by their families, as well as older persons without a provider and persons with disabilities. The above-mentioned “care” means reception, shelter, feeding, medical treatment and socio-educational monitoring with due respect for the physical integrity, dignity, age, gender and physical, intellectual and mental capacities of the persons benefiting from these services. Depending on the type of the institution, the care provided may be permanent or temporary, full or partial (art. 1 of Act No. 14-05).

247. The Ministry of Solidarity, Women, Family and Social Development has been assigned the task of applying this Act through: the issuance of licences to open social care institutions; monitoring, inspection and evaluation of the work of the various social centres; and formulation of the policies and programmes needed to ensure their proper operation, particularly as these centres and institutions are supervised with the help of associations.

248. At the end of 2013, the social care centres and institutions working in the field of disability throughout the country were geographically distributed as follows:

| *Region* | *Number of centres for persons with disabilities* |
| --- | --- |
| Tanger-Tétouan | 5 |
| Taza-Al Hoceïma-Taounate | 8 |
| Fès-Boulemane | 6 |
| Meknès-Tafilalet | 4 |
| Tadla-Azilal | 2 |
| Doukkala-Abda | 3 |
| Rabat-Salé-Zemmour-Zaër | 11 |
| Greater Casablanca | 18 |
| Eastern region | 10 |
| Marrakech-Tensift-Al Haouz | 6 |
| Chaouia-Ouardigha | 4 |
| Gharb-Chrarda-Béni Hssen | 4 |
| Souss-Masa-Drâa | 10 |
| Guelmim-Es Semara | 1 |
| Laâyoune-Boujdour | 2 |
| **Total number of centres** | **94** |

 In addition to the above, there are also 13 other centres run by the Alaouite Organization for the Protection of the Blind in which persons with visual disabilities are provided with basic, preparatory and secondary education and training.

 Article 29: Participation in political and public life

249. Political participation has been enhanced and regulated in accordance with article 7 of the new Constitution. The Political Parties Regulatory Act No. 29‑11 of 22 October 2011 embodies the rights referred to in the Convention insofar as article 19 of the Act recognizes the right to join such parties in a manner consistent with the principle of equality by stipulating that “male and female citizens over 18 Gregorian years of age have full freedom to join any legally established political party”, with the exception of the categories specified in article 21 of the Act. Participation by all sections of society is further guaranteed in article 4, paragraph 1, of the same Act making provision for the dissolution of any party which is based on the principle of discrimination or which violates human rights.

250. The legislature has strengthened democratic procedures by guaranteeing participation by all, without discrimination, in the management of party affairs in accordance with the provisions of section III of the Regulatory Act the articles of which lay down the principles on which the organization and operation of political parties must be based. In fact, in addition to the emphasis that it places on the need to apply democratic principles, section III expands the scope of their application to include the manner of selection of the party’s candidates in all electoral processes.

251. The Moroccan legislature has also applied the same principles in regard to the establishment and membership of associations in accordance with the Associations Act under which general assemblies may be convened without the need for prior authorization provided that they respect the provisions of section III of the Act. There are more than 1,000 associations showing concern for the rights of persons with disabilities.

252. In view of the Moroccan legislature’s awareness of the need to enable voters with disabilities to cast their votes in optimum conditions, the final paragraph of article 62 of the Electoral Code contains special provisions designed to make it easier for persons with physical disabilities (blind persons) to vote by requiring polling stations to provide the assistance needed to enable voters with disabilities to cast their votes.

253. In this connection, the legislature has deemed it appropriate to make those provisions more detailed and specific in order to enable such voters to fully enjoy their right to participate in elections and freely express their choice. This was done in 2008 through an amendment to the provisions of article 62 of the Electoral Code which now stipulates that “any voter with an evident disability preventing him from placing his mark on the ballot paper or inserting the latter in the ballot box may seek the assistance of a voter of his choice holding a national identity card”. The same procedure is applied under article 77 of the House of Representatives Regulatory Act No. 27-11, article 76 of the House of Counsellors Regulatory Act No. 28-11, article 20 of Act No. 59-11 regulating the election of members of national communal councils and article 64 of Act No. 57-11 concerning general electoral and referendum procedures and the use of public audiovisual communication media during electoral and referendum campaigns.

254. With regard to organizational procedures, the attention of the competent authorities has been drawn to the fact that, when designating polling stations, they should make every possible endeavour to select appropriate voting halls in order to ensure that voters with disabilities are able to access them in optimum conditions.

 Article 30: Participation in cultural life, recreation, leisure and sport

255. In the cultural sphere, persons with disabilities are exempted from payment of fees for enrolment in music academies. Accessibility criteria and norms are respected in the design of cultural institutions and associations of persons with disabilities are exempted from charges in respect of the hire of halls and pavilions for exhibitions and meetings.

256. The Physical Education and Sports Act No. 30-09, published in the Official Gazette No. 5885 on 16 Dhu-l-Qa’dah A.H. 1431 (25 October 2010), was promulgated pursuant to Royal Decree No. 1-10-150 of 13 Ramadan A.H. 1431 (24 August 2010) the preamble to which emphasized the fundamental role that sport played in the development of a modern democratic society in view of the considerable importance that was attached to it by every society aspiring to propagate national values of citizenship, solidarity and tolerance insofar as it was conducive to human development and open-mindedness, particularly among persons with disabilities, and constituted an important component of education and culture and a basic factor in public health.

257. Among the national actors in the field of disability-specific sports, mention must be made of the Royal Moroccan Federation of Sports for Disabled Persons which was established in 1984 with the following objectives:

* Organization, encouragement, promotion, development, democratization and regulation of all types of sports for persons with disabilities throughout the national territory by all available means;
* Establishment and interlinkage of regional groups of amateurs and professionals, as well as sports associations and clubs, the activities of which include the practice of types of sports supervised by the Royal Moroccan Federation of Sports for Disabled Persons.

258. The scope of the Federation’s activities was expanded after the promulgation of the Physical Education and Sports Act No. 30-09, section II of which made provision for the establishment of the Moroccan National Paralympic Committee which was legally recognized as an institution of public benefit (art. 45). The Committee is responsible, in particular, for the organization of the Paralympic Games on the occasion of the National Day of Persons with Disabilities (30 March), as well as the national championships, the table tennis and wheelchair basketball Royal Cup competitions, and the organization of training courses in sports for persons with disabilities, such as the training course held in Germany for the heads of clubs and their affiliated associations during the 2012/13 season.

259. Through these sporting events organized in partnership with the Ministry of Youth and Sports and the Ministry of Solidarity, Women, Family and Social Development, the Federation is endeavouring to raise the awareness of socioeconomic actors concerning the major role that sport plays in the integration of persons with disabilities and is urging them to participate by supporting initiatives to encourage the associations concerned to join in and expand the base of sports practitioners.

260. The programmes of the national Paralympic Games include team competitions (wheelchair basketball, sitting volleyball, goalball for the blind and football for the deaf and dumb) and individual competitions (athletics, weightlifting, table tennis, lawn tennis and archery as spectator sports). Morocco also participates in the international Paralympic Games which, like the Olympiads, are held every four years and it is noteworthy that the national team was highly successful at the summer 2012 Paralympics in London where it was awarded three gold and three bronze medals, as a result of which Morocco was ranked 37th in regard to the number of medals won. That was the seventh occasion on which Morocco had participated in the Paralympics after those at Seoul in 1988, Barcelona in 1992, Atlanta in 1996, Sydney in 2000, Athens in 2004 and Beijing in 2008.

 III. Rights of women and children with disabilities

261. In its budget for 2013, the Ministry of Solidarity, Women, Family and Social Development allocated substantial financial packages to support associations working in the field of disability in general with a view to promoting partnerships in this regard. In that year, under the terms of numerous partnerships concluded with associations concerned with persons with disabilities, support was provided for the education of children with profound disabilities in the specialized centres run by 70 such associations. The financial package allocated for that disability-related operation amounted to 16,728,670.00 dirhams, representing 38.35 per cent of the total of 43,610,146.00 dirhams allocated to all the Ministry’s partner associations.

 Article 6: Women with disabilities

262. The normative terms of reference guaranteeing the enjoyment by women and girls, on an equal basis with others, of all human rights and fundamental freedoms are illustrated by the following:

* The preamble to the Moroccan Constitution emphasizes the commitment to consolidate the foundations of a society based on solidarity in which everyone will enjoy security, freedom, dignity, equality, equal opportunities, social justice and a decent life within the framework of the interrelated rights and obligations of citizenship. This commitment is of a legally binding nature insofar as the preamble forms an integral part of the Constitution;
* The principle of equality is also enshrined in other articles such as article 19 under which men and women are entitled to enjoy, on an equal basis with others, the civil, political, economic, social, cultural and environmental rights and freedoms set forth in the Constitution and in the international conventions and covenants which Morocco has ratified;
* The State is endeavouring to apply the principle of parity between men and women and, consequently, the principle of equality, which was previously confined to the political sphere, has been extended to cover the economic, social, cultural and environmental spheres;
* In the same context, the Constitution makes provision for institutional mechanisms to meet the new constitutional requirements concerning gender equality, as illustrated by the establishment, pursuant to articles 19 and 164 of the Constitution, of a commission to promote parity, combat all forms of discrimination and ensure respect for the rights and freedoms provided for in article 19, with due regard for the mandate assigned to the National Human Rights Council;
* Article 34 of the Constitution stipulates the need for the public authorities to formulate and implement policies designed to benefit persons and categories with special needs by addressing the situation of vulnerable categories such as women, mothers, children and older persons, rehabilitating persons afflicted with physical, sensorimotor or mental disabilities, integrating them into social and civil life and facilitating their enjoyment of the rights and freedoms accorded to all.

263. In addition to the Constitution’s affirmation that all Moroccans are equal before the law, that men and women enjoy equal political rights and that all citizens, regardless of gender, are entitled to vote, the Family Code promulgated on 3 February 2004 attaches great importance to the status of Moroccan women within the family, in the light of which it places them on an equal footing with men in regard to the assumption of household management responsibilities, grants them the right of guardianship in marriage and bolsters their rights in respect of child custody, divorce and inheritance.

264. Morocco’s ratification of the Convention on the Elimination of All Forms of Discrimination against Women provided further confirmation of that constitutional principle and the country is taking care to ensure that its national legal corpus is in conformity with the provisions of the Convention. Several strategies and programmes have been launched to prevent discrimination on the basis of gender, the most significant being the strategy adopted in 2002 to incorporate a gender-based approach in governmental programmes and in the drafting and application of the State’s general budget. The principles of equity and equality have been promoted and institutionalized and the rules of parity are being established through the implementation of the Government’s “*Ikram*” plan to achieve equality and parity during the period 2012-2016.

 Article 7: Children with disabilities

265. With regard to the exercise by children with disabilities of their basic rights on an equal basis with others, it is noteworthy that Morocco formulated a national plan of action on childhood (“a Morocco fit for its children”) for the period 2006-2015 which was approved at a governmental session on 25 March 2006 and reflected the country’s commitment within the framework of the United Nations declaration and plan of action to promote a “world fit for children”. That national plan of action contained a special section on children with disabilities which specified the various conditions and measures needed to improve their situation.

266. In its section on protection, the national plan of action on childhood sought to establish mechanisms for: the protection of children from violence at school; the establishment of child protection units; the withdrawal of children under 15 years of age from all forms of employment so that they could attend school; improvement of working conditions for children between 15 and 18 years of age; improvement of the care of abandoned children; reintegration of street children; and improvement of the care of children in penal institutions, children in conflict with the law, child victims of ill-treatment, abuse and violence and children with disabilities.

267. Special concern is being shown for the issue of children with disabilities through the representation of this category in the composition of the children’s parliament and children’s municipal councils and when such matters of concern are raised during the national sessions of that parliament which are held every two years. The same concern is also shown in regard to the rights of expression and participation, the protection of children’s rights in the fields of health and education, as well as the training of children in a difficult situation, at the regional sessions in which an effort is made to outline the situation of children in Morocco. In this way, the child parliamentarians are able to acquaint themselves with the situation of children in their constituencies and express their opinions on the situation and rights of children in the regions, provinces and districts that they represent.

268. Similar concern is also manifested at sessions of the National Congress on Children’s Rights which are organized by the National Observatory for Children’s Rights under the patronage of H.M. the King and chaired by H.R.H. Princess Lalla Meryem on 25 May of every year on the occasion of Morocco’s celebration of its National Children’s Day. The objective of this notable annual event is to assess the endeavours made for the benefit of children, within the framework of the implementation of the Convention on the Rights of the Child, from the standpoint of their rights to survival, development and participation, with a view to setting priorities for the establishment of a culture of children’s rights, as illustrated by the 13th National Congress on Children’s Rights which was held at Marrakech in 2011 under the slogan “A new approach to programmes and services for better child protection”.

269. Since its establishment on 25 May 1995, the National Observatory for Human Rights has achieved its purpose of monitoring the implementation of the Convention on the Rights of the Child in all the fields for which provision was made therein. This was confirmed in the address delivered by the late King Hassan II in which he said: “We have decided to designate this Congress as a national observatory to monitor the strategy for the implementation of the international Convention”. Since 1994, this Congress has been held on its scheduled date, 25 May, when it is attended by all the governmental, civil society and international bodies concerned with children in order to assess the various endeavours made for the benefit of children.

270. It is also noteworthy that the meetings of the Inter-Ministerial Commission on Children, which was established in 2008 and is chaired by the Head of Government, are devoted to a review of the progress made in the national plan of action on childhood (“A Morocco fit for its children”), particularly during preparations for the National Congresses on Children’s Rights.

 IV. Special obligations

 Article 31: Statistics and data collection

271. The national disability survey carried out during the period 2004-2006, which was the first of its kind conducted in Morocco, focused on three main aspects: statistics on the proportion of the population with disabilities, data on the national actors in the governmental and civil society sectors, and the causes of disability-related incapacity.

272. The survey produced quantitative and qualitative data on the status of disability in Morocco, as well as various indicators relating to the geographical distribution of disability, it causes and its effects in the fields of health, education, employment and social participation. All the bodies concerned were able to use those data for the formulation of policies and programmes designed to benefit persons with disabilities in our country.

273. The High Commission for Planning compiled comprehensive statistical information on persons with disabilities, including all their demographic and socioeconomic characteristics, on which it issued a special report based on the data from the general population and household survey of 2004. All this information is available and freely accessible.

274. In the light of the results of that general survey of 2004 in which a special questionnaire on persons with disabilities was used, in 2009 the Directorate of Statistics in the High Commission for Planning published a study on the prevalence of disability and the demographic and socioeconomic characteristics of persons with disabilities in the country’s various regions.

275. That statistical study contained details on the prevalence of disability by region, province and municipality together with a breakdown of the demographic characteristics of persons with disabilities by age, gender, marital status and fertility rate. It focused on the characteristics of persons with disabilities in the fields of basic and higher education, training and eradication of literacy and illustrated the situation of that social category in regard to employment and economic integration by quoting the rates of unemployment among persons with disabilities.

276. Morocco is currently taking the measures needed to conduct a second national survey in 2014 in order to update all the national data in that field and assess the extent of the progress achieved since 2006 in the implementation of social integration programmes for persons with disabilities.

277. The Ministry of Solidarity’s 4+4 strategy emphasizes the need for greater efforts to ensure the regular updating of disability-related data in Morocco so that it can be used as a basis for the pursuit of more effective policies to meet the needs of persons with disabilities.

278. Morocco has printed a summary of the results of the national disability survey in Arabic, French and English for large-scale circulation and distribution among the public institutions and the associations working in the field of disability and also among persons with disabilities themselves. The survey has also formed the topic of numerous symposiums and study days in order to make its findings more widely known.

 Article 32: International cooperation

279. The health programmes designed to prevent disability are receiving technical and financial support from international organizations, such as UNICEF, the World Health Organization, the Japan International Cooperation Agency and non-governmental agencies, under the terms of partnership agreements and are also benefiting from the experience and expertise of States parties to such agreements. The fields of cooperation include:

* Implementation of a cooperation programme with the Japan Social Development Fund under the supervision of the World Bank’s country office in Morocco and in collaboration with Handicap International and UNICEF;
* Organization of training courses for teaching staff at some regional educational and training academies in collaboration with International Handicap and UNICEF.

280. Within the framework of international cooperation, it is noteworthy that, since 2002, under the supervision of the Ministry of Economy and Finance, Morocco has embarked on a series of measures to introduce gender-sensitive budgets in which consideration is shown for the principles of equity and equality in a manner consistent with the objectives of sound and effective public policies. A gender report is appended to the annual budget estimates presented to the Parliament and constitutes a useful tool for the assessment of public policies in the light of their expected impact on the target population with its differing needs.

281. Since 2012, a new method incorporating a gender and rights-based perspective fully consistent with the provisions of the new Constitution has been adopted for the assessment of public policies. In this way, progress can be assessed and shortcomings impeding the achievement of development goals can be measured, thereby making it possible to reorient overall development objectives in a fairer and more equitable manner so that both male and female citizens can enjoy all their rights. This new approach will also provide further justification for the expected amendment of the Finance Regulatory Act in such a way as to ensure that commitments in regard to women’s rights are taken into account in the design and funding of programmes.

282. In the context of international cooperation, mention must also be made of the numerous awareness-raising, training and advocacy symposiums and activities relating to the rights of persons with disabilities that are being undertaken by national non-governmental organizations. The most important endeavours made in this regard are illustrated by the following:

* The work of the regional meetings organized by the Alliance for the Promotion of the Rights of Persons with Disabilities within the framework of the project to develop the institutional, advocacy and networking capacities of organizations concerned with the rights of persons with disabilities in Morocco, in collaboration with the European Union and Handicap International, in 2007;
* A study on the economic cost of the marginalization of persons with disabilities in the labour market conducted by the Alliance for the Promotion of the Rights of Persons with Disabilities, with support from the European Union and Handicap International, in 2011;
* A study on political participation by persons with disabilities in Morocco conducted by the Alliance for the Promotion of the Rights of Persons with Disabilities within the framework of an assistance programme supported by the European Union and Handicap International in 2012;
* A guide on the inclusion of a disability perspective in development activities, prepared by the Alliance for the Promotion of the Rights of Persons with Disabilities with support from the Social Development Agency and its international partners.

 Article 33: National implementation and monitoring

283. Pursuant to the provisions of article 33, paragraph 1, of the Convention on the Rights of Persons with Disabilities, under the terms of a letter dated 14 June 2009 from the Prime Minister the Ministry of Solidarity, Women, Family and Social Development was assigned the task of coordinating governmental action in all aspects of the implementation of the Convention.

284. The National Human Rights Council, in its capacity as a national institution with a general mandate, is the mechanism responsible for monitoring, inspecting and following up on the human rights situation at the national and regional levels by conducting the requisite enquiries and investigations whenever it receives credible and confirmed information concerning the occurrence of violations thereof, regardless of the nature of the source of such information (Royal Decree No. 1-11-19 of 1 March 2011 establishing the National Human Rights Council). Since disability-related issues are among the Council’s basic concerns, its central membership includes persons with disabilities, who are also represented in its regional committees.

285. With regard to the Council’s role in the promotion and protection of the rights of persons with disabilities, it is noteworthy that, since Morocco’s ratification of the Convention, the Council has organized numerous awareness-raising days and international, national and regional training courses and symposiums to make the rights of persons with disabilities more widely known. These activities include the following:

* Organization, in partnership with Handicap International, of an international symposium at Rabat on 14 May 2009 on the implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto. The purpose of the symposium was to assess the national initiatives launched to protect the rights of persons with disabilities in Morocco in the light of the Convention’s normative provisions, make recommendations in that regard and consider appropriate ways and means to implement the Convention through effective promotion of the rights of that category of citizens;
* Organization of a training course on “the requirements of the Convention on the Rights of Persons with Disabilities and reporting procedures thereunder” for the benefit of the civil society organizations and governmental personnel concerned, which was held at Khemisset on 24-26 February 2011;
* Organization of a symposium on “bill of law No. 09-62 concerning promotion of the rights of persons with disabilities and its conformity with the provisions of the Constitution and the Convention on the Rights of Persons with Disabilities”, which was held at Marrakech on Friday, 10 February 2012. The Council subsequently held a training workshop from 11 to 15 February 2012 on mechanisms to monitor the implementation the Convention which was attended by around 47 participants from associations working in the field of disability in Morocco, Tunisia, Algeria and Mauritania. The workshop focused on the monitoring mechanism established by Disability Rights Promotion International (DRPI) to monitor discrimination against persons with disabilities within the framework of the assistance project funded by the European Union in partnership with Handicap International and with support from the United States Agency for International Development (USAID) and the Syrian American Network for Aid and Development (SANAD);
* The regional human rights committee in Tanger-Tétouan, in partnership with the Hanane Association for the Care of Children with Disabilities and the *Al-Hamama/Colombe Blanche* Association for the Protection of Young Persons with Disabilities, organized a study day on “the right of children with disabilities to full integration in education” on Sunday, 21 October 2012;
* The regional human rights committee in Ed Dakhla-Aousserd, in partnership with the Federation of Associations of Persons with Special Needs in the Oued Ed-Dahab-Lagouira region, organized a symposium on “the importance of the right to accessibility” on 30 March 2013;
* The regional human rights committee in Rabat-Kénitra organized a study day on “the Convention on the Rights of Persons with Disabilities: between commitment and implementation” on Tuesday, 28 May 2013.

286. With regard to the role played by the Economic, Social and Environmental Council in advocating the adoption of a universal conceptual approach to disability with a view to ensuring the dignity and basic rights of persons with disabilities through the formulation of a policy for their integration and an analysis of the current situation, the Council decided to address the issue of the rights and integration of such persons and conduct an assessment study including:

 (a) A review of the basic concepts of disability, its normative framework, protection and control mechanisms and the socioeconomic measures needed to ensure a decent life for persons with disabilities;

 (b) Establishment of the basic principles and rules regarding their rights to education, employment, health and accessibility;

 (c) Proposal of feasible recommendations to ensure respect for the rights of persons with disabilities and their effective integration in society.

287. On 19 July 2012, the Economic, Social and Environmental Council issued its report on “respect for the rights and integration of persons with disabilities” in which it recommended a rights-based approach under which disability would be conceptualized as a dynamic interaction between a person’s health condition, environmental factors and personal factors, particularly as this model constituted the conceptual framework of the international classification of functioning and disability adopted by the World Health Organization in 2001.

288. In its analysis of the current situation, the report indicated that the care-based model that had been adopted in Morocco helped to perpetuate the cultural and socioeconomic barriers that were impeding social participation by persons with disabilities. The report reached the conclusion that there was a need to change disability-related concepts by:

 (a) Adopting a rights-based approach and the international conceptual framework in all policies relating to the problematic issue of disability;

 (b) Prescribing deterrent, including penal, measures to combat discrimination on the basis of disability, the use of derogatory and unseemly expressions, and cruel, inhuman or degrading treatment prejudicial to the dignity of persons with disabilities;

 (c) Combating stereotypes through the conduct of national awareness-raising campaigns, adaptation of school syllabuses, programmes and circulars, inclusion of disability-related instruction in training courses for health professionals, prohibition of the public portrayal of persons with disabilities in a negative or offensive manner, and promotion of respect for the dignity of such persons in the information and communication media;

 (d) Setting up a website containing information on disability-related rights and the services available in regard thereto.

1. \* The present document is being issued without formal editing. [↑](#footnote-ref-1)
2. \*\* The annexes can be consulted in the files of the secretariat. [↑](#footnote-ref-2)
3. See the annexed report on the regional consultations held in connection with the preparation of the national report. [↑](#footnote-ref-3)
4. The report contains references to other challenges of a general nature in addition to special constraints in specific fields such as, in particular, specialized human resources in the health and education sectors. [↑](#footnote-ref-4)
5. *Source*: Status of the prevalence of disability in Morocco, Directorate of Statistics, High Commission for Planning, 2009. [↑](#footnote-ref-5)
6. Ibid. [↑](#footnote-ref-6)
7. *Source*: Ministry of Health, health statistics for 2011. [↑](#footnote-ref-7)