PRESENTATION ON THE NATIONAL INITIATIVE FOR HUMAN DEVELOPMENT (INDH)

HUMAN CAPITAL DEVELOPMENT AT THE HEART OF PHASE 111

12 DECEMBER 2019
Phase III of the INDH was designed to respond to challenges in the social dimension, and is a royal priority.

“...The social dimension has my complete attention and moves me deeply, both as King and as a man.

Since my Accession to the Throne, I have always listened to society and been quick to discern their legitimate expectations. As part of my life’s work, I nurture the immutable hope of improving the living conditions of citizens.

The success achieved by Morocco over two decades and the benefits that have accrued to the Moroccan people are a real source of satisfaction and pride. Yet, I believe that we are still lacking something in the social sphere.

By the will of God, We shall continue to pursue our efforts in this area with all the commitment required of us and with all necessary rigor. Working together, it is incumbent on us to identify the existing weaknesses and to apply the appropriate solutions. (…)

I insist that we focus on the urgent steps that need to be taken in the following areas: (…) launch the third phase of the National Initiative for Human Development, while consolidating its successes; refocusing its programs on human capital development, the advancement of the condition of the upcoming generation, and support for those who find themselves in difficult circumstances; and introducing a new generation of income-generating and job creation initiatives.”
A LOOK BACK AT PHASES I AND II OF INDH
PHASES I AND II

5 programs for reducing socioeconomic deficits

Phase I: 2005 – 2010
Phase II: 2011 – 2018

1. Combating rural poverty
   - 702 Communes

2. Combating marginalization in urban areas
   - 532 Communes

3. Addressing vulnerability
   - 10 Priority programs

4. Crosscutting program
   Communes not targeted by other programs

5. Territorial upgrading program
   (Launched during phase II)
   - 3,300 Douars
   - 22 Provinces

Total investment of Dh 43 Million, of which Dh 28 Million are financed from the INDH

43,000 projects implemented
UNDER PHASES I & II, over 43,000 HUMAN DEVELOPMENT PROJECTS HAVE BEEN IMPLEMENTED

**ACCESS TO BASIC SERVICES**
- 8,200 km Roads and Highways
- 230,000 Households supplied with drinking water
- 60,000 Households connected to the electricity grid

**ACCESS TO HEALTH CARE**
- 519 Health Centers
- 240 Dar al Oumoura
- 1,150 Ambulances
- 560 Mobile units and health campaigns

**SCHOOL SUPPORT**
- 1,400 Dar Talib(a) 80 percent success rate in the 2018 BAC
- 1,260 School Buses

**SUPPORT TO PEOPLE IN VULNERABLE SITUATIONS**
- 1,134 Centers for vulnerable women
- 630 Centers for people with special needs
- 140 Centers for the elderly

**SOCIAL INCLUSION OF YOUNG PEOPLE**
- 2,200 Sports facilities
- 512 Youth centers
- 350 Cultural centers and libraries

**ECONOMIC INCLUSION**
- 9,400 Income-generating activities (64 percent in rural areas)
- 50 percent Of beneficiaries are women
Since 2005, the DNA of the INDH has made the Initiative a major player in human development.

INNOVATION
Large-scale rollout of innovative projects, e.g. Dar Talib(a), Dar al Oumouma...

TERRITORIAL GOVERNANCE
National, regional, provincial/prefectural and local bodies

LEVERAGED FUNDS
Dh 43 Million in investment generated in total, of which Dh 28 million was financed from the INDH budget (53 percent leveraging effect)

PARTICIPATORY AND PARTNERSHIP APPROACH
14,000 partner associations and cooperatives
13,600 members in governance bodies

MANAGEMENT FRAMEWORK
Reporting and Monitoring-Evaluation mechanism

INTERNATIONAL RECOGNITION
INDH: Among top 3 general interest programs and measures in the world (World Bank, 2015)
MOROCCO’S HUMAN DEVELOPMENT INDEX HAS BEEN GROWING STEADILY FOR THE PAST 25 YEARS

Main indicators used to calculate the HDI (2015)

- **Life expectancy at birth (years)**
  - Morocco: 75.4
  - Average of countries with high HDI: 74.3
  - Average of countries with very high HDI: 75.5

- **Expected years of schooling for school-age children (years)**
  - Morocco: 13.6
  - Average of countries with high HDI: 12.1
  - Average of countries with very high HDI: 14.4

- **Mean years of schooling for adults aged 25 years and more (years)**
  - Morocco: 5.0
  - Average of countries with high HDI: 6.1
  - Average of countries with very high HDI: 7.2

- **Gross national income per capita (PPA $)**
  - Morocco: 39,805
  - Average of countries with high HDI: 13,844
  - Average of countries with very high HDI: 7,195

Evolution of Morocco’s Human Development Index (1990 – 2015)

- 1990: 0.46
- 2000: 0.53
- 2005: 0.58
- 2010: 0.61
- 2015: 0.65
**THE ANALYSIS OF PHASES I AND II UNDERSCORES THE IMPROVEMENTS TO BE ADDRESSSED IN PHASE III**

<table>
<thead>
<tr>
<th>PROGRAM DIRECTION</th>
<th>ANALYSIS OF PHASES I &amp; II</th>
<th>AREAS OF IMPROVEMENT FOR PHASE III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions concentrated mainly on infrastructure and basic social services, driven mainly by the local needs analysis.</td>
<td><strong>Strengthen INDH actions in relation to the intangible aspects of human development (&quot;invest in soft rather than hard development&quot;)</strong></td>
<td></td>
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<tr>
<td><strong>DYNAMICS OF THE OPERATING ENVIRONMENT</strong></td>
<td>The strengthening of the role of INDH as the mechanism to streamline actions in the area of human development</td>
<td><strong>Bring together all actors in the sphere of human development (public, private, and civil society), to ensure that all approaches are streamlined and to enhance overall project impact</strong></td>
</tr>
<tr>
<td><strong>EFFECTIVENESS OF PARTNERS</strong></td>
<td>The network of associations and partnerships is often disparate and fragmented</td>
<td><strong>Enhance the professionalism and interconnectedness of the network of associations and partnerships</strong></td>
</tr>
</tbody>
</table>
The Human Development Index (HCI) [sic], adopted by the World Bank since 2018, measures the amount of human capital that a child born today can expect to attain by age 18, adjusted for his country’s health and education services.

The Index has three components:

- **SURVIVAL**: Will a child born today reach school age?
- **SCHOOLING**: How many years of schooling and what are the learning outcomes?
- **HEALTH**: Will this child leave the school system in good health?
Filters
Select a year or a Country, or move the cursor to show the impact of the indicators on the evolution of the Human Capital Index (HCI)

Survival
Probability of survival beyond the age of 5 years: 98 percent

Education
Number of years of schooling: 10.6 years

Harmonized text score: 367 points

Health
Percentage of children under the age of 5 years who display healthy growth: 84.9 percent

Percentage of 15-year-olds with a chance of surviving up to the age of 60: 93.2 percent

Human Capital Index
HCI Morocco - 2019

Components
Survival: 0.98
Education: 0.54
Health: 0.95
ESSENTIAL ELEMENTS OF PHASE III
INDH III promotes a human development model that reinforces our common destiny

**TARGET INTERVENTIONS**

At key moments in the life of the project

- **Maternal and child health**
- **Universal implementation of preschool education**
- **Protection for children and young people**
- **Healthy development of children and adolescents**
- **Support for the elderly, the sick and people with special needs**
- **Economic inclusion of young people**

**STREAMLINE THE OPERATING ENVIRONMENT**

Thanks to participatory governance

- Steering committee
- Regional Human Development Committee
- Provincial Human Development Committee
- Local Human Development Committee
- Information and Management System
- Local data and participatory diagnostic analysis

**CATALYZE IMPLEMENTATION**

Through excellence and social innovation

- Dissemination and sharing of best practices at Human Development Meetings
- Outlook and social innovation by the Human Development Institute
- Partnership approach to implementation and excellence in civil society

**DIGNITY**

- Pr. 2
- Pr. 3
- Pr. 4

**SOCIAL COHESION**

- Socioeconomic reintegration

**EQUITY**

- Health for the elderly, the sick and people with special needs
- Economic inclusion of young people
Phase III is organized on the basis of two objectives and four programs

**OBJECTIVE 1**

Consolidation of the programs under Phases I & II

Preserve dignity and improve living conditions, based on the direction implemented since 2005

1. Reduction of the deficit of infrastructure and basic social services
2. Support for vulnerable individuals

**OBJECTIVE 2**

New programs

3. Improving incomes and economic inclusion of young people
4. Promoting the human capital of upcoming generations

Build the future by dealing directly with the main constraints to human development throughout all stages of life
Program 1: Overcoming the Deficiencies in Infrastructure and Basic Social Services in Under-equipped Territories

Background:
Some of the deficiencies in infrastructure and basic social services were addressed in Phases I & II

- Over 80 percent of the budget (Dh 10> Million) for programs to alleviate rural poverty and to combat social exclusion in urban areas was devoted to infrastructure development and basic services
- Five sectors accounted for 70 percent of expenditure (roads, drinking water, electrification, education and health), particularly within the framework of the territorial upgrading program launched in 2011

Objectives:
• Holistic territorial development of poor and deprived areas
• Recognition of the role of the INDH as the mechanism to coordinate national programs, especially the Program to Reduce Social and Territorial Disparities (PRDST)
**Program 2: Support for Vulnerable Persons**

**Background:**
- 8 priority categories targeted in Phase I, extended to 10 in Phase II
- Actions focused on assistance to different categories of vulnerable individuals, with care provided at specialized centers, along with other support outreach activities and, where applicable, efforts to reintegrate the individuals.

**Objectives:**
- Provide assistance to different categories of vulnerable individuals, with care provided at specialized centers, along with other support outreach activities and, where applicable, efforts to reintegrate the individuals.
- To improve the quality of services provided at specialized centers
- Contribute to the sustainability of the achievements
Program 3 : Improvement of Income and Economic Inclusion of Young People (1/3)

Youth unemployment and income inequality: major constraints to human development

**25 percent**

Human development potential that is not realized because of income inequality (UNDP, 2016)

**25.7 percent**

Unemployment rate among young people (on the rise), as opposed to the overall unemployment rate of 10.5 percent at the national level (declining) (*Haut Commissariat au Plan*, Q1 2018)

**1 million**

Number of under-employed persons (*Haut Commissariat au Plan*, 2018)

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**Social Challenges**

Income inequalities limit capacity to invest in education and health, and to escape the poverty trap

**Economic Challenges**

Youth employment helps young people to provide for themselves and for their households

**Challenge of Statutory Requirements**

The statutory benefits and identity conferred by virtue of having a formal job contribute to social stability
The vision and mission of the INDH are based on a holistic response (2/3)

**VISION**

A change of paradigm is needed to improve income and economic inclusion of youth through employment, and to create sustained value for young people and their communities through a project-centered approach.

**MISSIONS**

- **Actions undertaken for the benefit of individuals**
  Help to improve quality of supply, in line with the identified needs of the market.

- **Actions undertaken at the level of the system**
  Coordinate interventions of stakeholders and actively promote governance within the provinces.

- **Actions undertaken at project level**
  Help to develop the skills of project leaders and facilitate their access to funding, by making representation to network heads.
The **Centers for youth employment and entrepreneurship** provide support and pool the resources needed to help youth to join the workforce or set up their own VSMEs. The centers have been established in the provinces and are managed by community partners.

### Paths followed by young job-seekers

1. **Needs are identified**
2. **Information and orientation**
3. **Development of an action plan or life project**
4. **Training**
5. **Support prior to establishment of VSME**
6. **Help in finding job**
7. **Integration into job market**
8. **VSME created**
9. **Help in setting up VSME**
10. **Support post-VSME creation**
Program 4: Driving the Human Capital of Upcoming Generations

Sub-program 1: Early Childhood Development

**Background:**
By the age of 6 years, the size of a brain is 90 percent of that of an adult and the child is very vulnerable to the influences in his surroundings. Care must therefore be taken to nurture the child’s development before the age of 6 years.

Sub-program 2: Support for Children and Adolescents

**Background:**
According to UNICEF, Morocco’s educational system is still beset by high dropout rates: 4 percent at the primary level and 10.5 percent among high school students (this rate is even higher in rural areas, especially for girls).
### Why is this matter important?

Despite the progress achieved in the last 20 years, maternal and infant mortality persists, with strong social and geographic disparities.

*Maternal mortality per 100,000 live births.*
*Number of deaths: 45 in urban and 111 in rural areas*

15 percent of Moroccan children are affected by stunted growth, and their physical and mental capacity is thereby reduced.

*Return on investment in nutrition is estimated at $16 per dollar invested*

### Our ambition

Contributing to the attainment of Sustainable Development Goal 3 through integrated action aimed at improving maternal and infant health and nutrition.

<table>
<thead>
<tr>
<th>Immediate effects</th>
<th>Access of women and children to health care</th>
<th>Access of children to an environment conducive to intellectual development</th>
<th>Access of women and children under 5 to appropriate nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate effects</td>
<td>Reduction of maternal and infant/child mortality</td>
<td>Improvement of the nutritional condition of women and children</td>
<td>Improvement of the social and emotional condition of children</td>
</tr>
<tr>
<td>Long-term effect</td>
<td>Promotion of the physical and mental development of the child</td>
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**72.6**
### Area 1: Maternal and infant health and nutrition (2/3)

**OUR GOALS**

<table>
<thead>
<tr>
<th>Maternal and infant health</th>
<th>Nutrition</th>
</tr>
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<tbody>
<tr>
<td><strong>Reducing maternal, neonatal and infant/child mortality</strong></td>
<td><strong>Combating stunted growth and micronutrient deficiencies to help the child’s physical and mental development</strong></td>
</tr>
<tr>
<td>- Facilitating access to delivery under medical supervision</td>
<td>- Helping to improve monitoring of the nutritional condition of the target population groups</td>
</tr>
<tr>
<td>- Helping to generalize prenatal and postnatal monitoring in rural and/or remote areas</td>
<td>- Helping to improve food availability</td>
</tr>
<tr>
<td>- Enhancing the care available for newborns</td>
<td>- Promoting awareness with a view to changing the relevant attitudes</td>
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</tbody>
</table>

With support from UNICEF, INDH focuses its efforts on the rural and underprivileged areas and takes action to support the fulfilment of the commitments of the Ministry of Health under the Health Plan 2025.
Area 1: Maternal and infant health and nutrition (3/3)

Our implementation approach

A participatory and systemic approach to strengthening the community health mechanism

- **Health establishments**
  - Procurement of medical equipment (for measurement and screening)
  - Procurement of ambulances

- **Community contact points**
  - Support for building a sustainable system of community contact points

- **New Dar Al Oumouma generation**
  - Upgrading and building of new units
  - Improvement of the quality of services and of the management framework

In order to ensure the success of the community health mechanism targeted, a pilot project was launched in three regions (14 provinces)

- **Béni Mellal-Khénifra**
  - 3 provinces
  - Azilal
  - Béni-Mellal
  - Khénifra

- **Marrakech-Safi**
  - 6 provinces
  - Al-haouz
  - Chichaoua
  - Essaouira
  - rhamna
  - Safi
  - Youssoufia

- **Draâ Tafilalet**
  - 5 provinces
  - Errachidia
  - Midelt
  - Ourazazate
  - Tinghir
  - Zagora
Area 2: Universal access to preschool education (1/3)

Why is this matter important?

Preschool education is a key factor of social and financial success, a person’s well-being and his/her effective integration into society

Investment before age 18 is 1.5-5 times more cost-effective than after that age (study by J. Heckman)

Currently, inequalities of access to preschool education are an obstacle to development and contribute to the perpetuation of inequalities in Moroccan society

The preschool enrolment rate is lower in the rural areas and among girls (according to the Moroccan Foundation for Preschool Education Promotion, FMPS)

< 50 %

Our ambition

Universal access to preschool education by 2030 is a national priority

100 %

Under the education reform, 2015-2030, preschool education is a cornerstone of the new Moroccan schools. INDH will help to attain this goal

Universal access to preschool education is necessary for attaining the United Nations’ Sustainable Development Goal 4, aimed at ensuring quality education for all
Area 2: Universal access to preschool education (2/3)

The goals of INDH

Provide universal access to preschool education in rural and remote areas, where national education initiatives face challenges in that regard

- Enhance the availability of preschool education by building 10,000 new preschool units (UPs) and rehabilitating 5,000 UPs

- Monitor the quality of the available preschool education in order to make the current systems less heterogeneous

- Raise the stakeholders’ awareness of the significance of preschool education

Our impact

The project’s development-related goal consists in the cognitive, psychomotor and social growth of preschool children in the rural areas.

Immediate effects
- Access to preschool education enhanced
- Quality of available education improved
- Sustainability of the preschool mechanism ensured

Intermediate effects
- Children’s capacities enhanced, after preschool education

Medium-term effect
- Scholastic achievement improved

Long-term effect
- Human capital enhanced
Area 2: Universal access to preschool education (3/3)

Our implementation approach

A partnership-based, planned approach in four stages

1. **Regional diagnosis** in order to identify the priority douars and assess the relevant supply and demand

2. **Province and prefecture-level planning** and drawing up of a multi-year development plan

3. Monitoring of the building of preschool units by the provincial or prefectural authorities and management by the local partners

4. Supervision and training of local contact points by the strategic partners of INDH, guarantors of the quality of the education provided

Timetable and progress

Gradual implementation has been opted for in order to ensure that the impact of the mechanism will be sustainable.

Three implementation stages

- Pilot project
- Universal access
- Achievement of sustainability

Progress to date

- 878 operational preschool units
- 24,685 beneficiary children
- Monitoring and evaluation framework defined
Area 3: Support for the school enrolment of children and adolescents

Reducing disparities in learning and promoting the development of children and adolescents

Ambition

Endeavoring to ensure scholastic achievement and the development of children and adolescents in order to provide all with the means and the opportunity to succeed, thereby contributing to social equality.

Goals

- Facilitating access to education for the vulnerable population groups;
- Promoting scholastic achievement through educational support;
- Helping to reduce health disorders affecting scholastic achievement;
- Helping the development of children and adolescents.
Area 3: Five types of supplementary action

- **Facilitating access to education for vulnerable population groups**
  - Increase in the number of Dar Taliba and improvement of their quality with help from the partners
  - Procurement of school buses
  - Improvement of the school environment (minor fitting-out of schools, e.g., in the sanitary facilities)

- **Promoting scholastic achievement through educational support**
  - Support with mainstreaming educational support
  - Strengthening of the early guidance mechanism, beginning at the lower secondary level

- **Reducing health disorders that affect scholastic achievement**
  - Enhancement of the teachers’ capacity to identify learning-related disorders
  - Support for the Ministry of Health in launching campaigns to identify such disorders
  - Support for the contact points of awareness and sensitization campaigns

- **Promoting development**
  - Promotion of extracurricular activities in the schools, in partnership with local associations
  - Improvement of the management of infrastructure facilities for artistic, sport and cultural activities (e.g., youth centers, sports grounds etc.), in partnership with the associations network

**Awareness-raising (particularly among the pupils’ parents)**

- with a view to reducing cultural barriers to school enrollment, especially with regard to rural girls
SUPPORT MEASURES
BUDGET: INDH is endowed with a Dh 18 billion budget for 5 years

The budget implementation directions are clear and reflect the human development indicators, the regional disparities and the target population for each program.
GOVERNANCE: Phase III planning (circled below)

The national authorities formulate the strategy and ensure the convergence of public actions

- **Central**
  - Ministry of the Interior NC-INDH
  - Ministry of Health
  - Ministry of Education

- **Regional**
  - Wilaya (RC-INDH)
  - Regional Directorate for Health
  - Regional Academy of Education and Training (AREF)

- **Prefectural/Provincial**
  - Province/prefecture DAS
  - Health department
  - DP de l’éducation

- **Sub-provincial**
  - Urban District
  - Rural District
  - Local health coordinator
  - Local education coordinator

*The regional, provincial and local authorities ensure the planning and implementation of the programs*
GOVERNANCE: Renewal and organization at all levels

The regional, provincial and local authorities ensure the planning and implementation of the programs.

**REGIONAL HD COMMITTEE**
- Approval of multi-year human-development programs
- Allocation of resources

**PROVINCIAL HD COMMITTEE**
- Formulation of the multi-year human development program
- Contract-based initiatives, implementation monitoring and reporting

**LOCAL HD COMMITTEE**
- Assessment of local needs and drawing up of a participatory diagnostic assessment

**STRATEGIC COMMITTEE**
- Consistency of public actions and strategic recommendations
- Réunion au milieu de la Phase III or ad hoc

**STEERING COMMITTEE**
- Forward view and proposal of strategic directions
- Consistency of public human-development policies
- Monitoring and overall evaluation and budgetary guidance
- International cooperation

**NATIONAL COORDINATION BY INDH**
- Program coordination and support
PLANNING: The Multi-year Human Development Program (PPDH)

The PPDH is drawn up by the Provincial Human-Development Committee after a participatory process…

1. Consideration of local needs
   - Consolidation and analysis of the participatory diagnoses drawn up by the local human-development committees

2. Integration of partners’ initiatives
   - Consideration of the sector plans of State decentralized services at the provincial level
   - Selection of projects proposed by the partners of INDH

3. Determination of the degree of priority of actions
   - Budgetary directions in cooperation with the Regional Human-Development Committee
   - Request for input on the part of the partners of INDH

… and constitutes a reference framework and a convergence tool for all human development actors.

- Road maps for the various programs, including action by the partners
- Targeting of the beneficiaries
- Monitoring of operational, financial and impact indicators
- Contract-based assignment of implementation (performance contracts with State decentralized services and the partners of INDH)
- Project data bank, centralizing the activities carried out in the field, so as to facilitate support for them by private sector and civil society partners
In the period November 2018 - January 2019, organization of regional meetings of regional partners of INDH and relevant office holders (CLDH chairpersons), with a view to:

• Further explaining the goals, programs and governance of INDH,
• Strengthening the ownership of this Royal Initiative by the actors at the various regional levels,
• Collecting proposals for the improvement of the implementation of the third phase of INDH at the regional level.

Promotion of digital communication through the creation of a new INDH site and a Facebook page
ORGANIZATION, UNDER THE PATRONAGE OF HIS MAJESTY KING MOHAMMED VI, MAY GOD ASSIST HIM, OF THE FIRST HUMAN DEVELOPMENT CONFERENCE ON SEPTEMBER 18 AND 19, 2019, ON THE FOLLOWING THEME: «EARLY CHILDHOOD DEVELOPMENT, A COMMITMENT CONCERNING THE FUTURE»

- **500 participants expected**
- **Good practices** sharing and highlighting good practices in Morocco and abroad
- **3 panel discussions** led by well-known national and international experts
- **Distinctions** awarded to the winners of the Hackathon operation, organized for the benefit of young people
An information system is currently updated with a view to ensuring program monitoring and evaluation

- Preparation of data-collection tools, currently in the **phase of design, discussion and testing with the central and regional partners**

- Support by a **specialized firm**

- **Terms of reference** of the **information system** currently drawn up

- **Stagewise generalization** of this approach to cover all thematic areas and programs of INDH.
• Preparation of data-collection tools, currently in the **phase of design, discussion and testing with the central and regional partners**

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• **Terms of reference** of the **information system** currently being drawn up

• **Stagewise generalization** of this approach to cover all thematic areas and programs of INDH.
THE MONITORING AND EVALUATION FRAMEWORK
Adoption of a results-based management approach and creation of an impact-oriented culture

### Traditional approach

- Traditional **resources-based** management

- Certainty limited to the implementation of the activities provided for under a given program, **without possibility to foresee the effects on the beneficiaries targeted**

- Despite the resources invested and the efforts made, **Morocco is less successful than other countries in the region**

### New approach

- Management approach focused on **monitoring the impact on target beneficiaries** by INDH, in line with the budget reform aligned with the results-based multi-year programs

- **Cooperation and sharing of the various evaluation tools** with all partners acting within the INDH framework, and greater transparency in the use of resources

- **An approach based on international experience, particularly of the World Bank**, and designed to increase the impact of all resources invested in human development
Monitoring and evaluation process structured on the basis of a theory of change

An iterative process structured on the basis of a theory of change

- Strategic planning with clear goals
- Results-based budgeting
- Performance monitoring during implementation
- Long-term planning structured on the basis of a theory of change, and clear results in terms of development
- Adaptive management: Use of monitoring and evaluation results with a view to improving performance and decision making
- Budget optimisation: Budget in keeping with clear and measurable development goals
Results chain: the backbone of the theory of change

**Traditional approach**

- **Inputs**
  - Financial and human resources

- **Activities**
  - Tasks carried out with program resources

- **Outputs**
  - Products and services delivered through program activities

**Results-based approach**

- **Short-term effects**
  - Development results: changes or results ensured for the beneficiaries through the use of program outputs

**Planning procedure**

**Stage 1**
- Identifying the problem to be solved and the expected outcome

**Stage 2**
- Defining the stages necessary for attaining the expected result on the basis of evidence obtained and lessons learned through earlier efforts

**Stage 3**
- Identifying critical assumptions depending on existing conditions (or conditions that should exist) to attain the expected results
**Results chain example: universal access to preschool education in rural areas**

**Mise en œuvre**

- **Activités**
  - Construire / aménager et équiper les infrastructures des UP conformément aux CDC
  - Identifier et sensibiliser les parents cibles sur l’intérêt du préscolaire
  - Recruter et former le staff éducatif
  - Définir et diffuser les contenus pédagogiques conformément au cadre de référence
  - Mener des séances d’éducation parentale
  - Développer et mettre en place un/plusieurs business models pour le préscolaire
  - Développer la contractualisation pour la gestion à long terme des UP

- **Extrants**
  - Unités construites ou réhabilitées
  - Familles cibles sensibilisées
  - Staff éducatif recruté et formé
  - Contenu pédagogique diffusé et approprié
  - Parents formés dans le cadre de l’éducation parentale

**Effets**

- **Effet immédiat**
  - Accès au préscolaire amélioré
  - Qualité de l’offre préscolaire améliorée

- **Effet intermédiaire**
  - Compétences des enfants améliorées à l’issue du préscolaire

- **Effet à moyen terme**
  - Durabilité du dispositif préscolaire mis en place assurée

- **Effet à long terme**
  - Business model pour la durabilité du préscolaire développé

**Développement du capital humain**

**Diagnostic des besoins**
- Renforcer les Capacités des CLDH en sociale ingénierie

**Veiller à la conformité du programme pédagogique au référentiel du MEN**
THANK YOU FOR YOUR ATTENTION