The potential impact of the COVID-19 pandemic on children in Madagascar

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INTRODUCTION

Madagascar has nearly 14 million children. According to the latest Multiple Indicator Cluster Survey (MICS-6), 9.4 million children in Madagascar lived in multidimensional poverty in 2018, while 11.6 million (82.9%) were living below the income poverty line. Even if children are not, for the most part, directly affected by the COVID-19 virus, they may suffer greatly from the consequences of containment measures (lockdown-type) and the economic crisis created by the pandemic at the global and national level.

In this note, produced in collaboration with Oxford Policy Management, we review some of the main effects expected in the medium term from the COVID’s health and economic crises, based on international experiences and emerging research on the subject.

First, we will look at the impact of the economic crisis on child poverty and the role of social protection in mitigating the effects of the crisis. Next, we will look at the impact on health and nutrition. Third, we will consider the effects on children’s education and early childhood development. Fourth, we will consider the impact on child protection and gender. Finally, we will focus on the multidimensional nature of health, climate and economic shocks. The note draws principally on a literature review of existing studies and an analysis of existing data.
CHILD POVERTY

According to the latest MICS-6 survey, 67.6% of children in Madagascar were considered multi-dimensionally poor in 2018, meaning that they had deprivations in at least two dimensions of well-being, simultaneously (UNICEF and INSTAT, 2020). While the latest robust estimates of income poverty are from 2012, recent extrapolations show that the income poverty rate was likely over 72% before the onset of the pandemic (UNC, 2020). According to a joint study by the World Bank and UNICEF, 82.9% of Malagasy children lived on less than USD 1.90 per day in 2017, the second highest rate in the world after South Sudan (World Bank, 2020b).

These rates are likely to increase dramatically as a result of the economic crisis generated by the pandemic and the global recession. A survey conducted by the Economic Development Board of Madagascar (EDBM) showed that the vast majority of Malagasy companies believe that the lockdown will have a very negative impact (more than 25%) on turnover, especially for very small firms with between 1 and 9 employees (EDBM, 2020).

Estimates show that the current crisis could push an additional 475,000 to 2.3 million Malagasy people below the monetary poverty line, depending on the intensity of the crisis - an increase in the poverty rate of 2 to 11 percentage points compared to the pre-crisis period (UNC2 2020, see Figure 1 below). The World Bank estimates that the crisis could wipe out all of the progress made over the past decade in the fight against extreme poverty in Madagascar, with the extreme poverty rate (<USD 1.90 per day) reaching 78% in 2021 (i.e. the same rate as in 2009).

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2 University of North Carolina (UNC).
Based on international experience, it is expected that the pandemic will affect economic well-being mainly through three channels:

1. **Household income**: In the short term, the health crisis will have a direct effect on household income due to compulsory lockdowns and restrictions imposed in certain sectors of the economy. This effect is more pronounced in urban areas and for people working in the informal sector (INSTAT, 2020). In the medium and long term, the crisis will also have an effect on employment due to the slowdown in economic activity.

2. **Household expenditures**: Beyond the direct expenditures incurred by households affected by the disease (hospitalizations, drugs, etc.), the crisis will affect consumer prices and risks reducing the purchasing power of households. Experience from other countries has also shown that the disruption of supply chains leads to higher prices for food and other basic commodities. In Madagascar, more than 25% of people surveyed in August 2020 reported an increase in the price of the main foods consumed (INSTAT, 2020).

3. **Macro-economic situation**: In the longer term, the crisis will affect global growth and will impact the country’s macro-economic situation in several ways: international remittances will decrease (Vos & Laborde, 2020); development aid will decline due to the economic crisis in donor countries; and tax revenues will decline as a result of the economic crisis, which will reduce the resources available for social spending (Warwick & Roshen, 2020). The World Bank predicted a drop in growth of 4% to 6% over the whole of 2020 (World Bank, 2020).

The analysis of child deprivation in Madagascar conducted by the National Institute of Statistics (INSTAT) and UNICEF in 2020 showed that children of parents without education were the most likely to suffer from extreme poverty (4 or more simultaneous deprivations) (UNICEF and INSTAT, 2020). These families are also the most likely to work in the informal sector and are, therefore, likely to be disproportionately affected by the crisis.

Social protection can play an important role in mitigating the effects of the economic crisis. For example, simulations carried out by UNICEF in collaboration with the University of North Carolina (UNC) show that a Universal Child Allowance (UCA) of Ar 173,500 per family per year on average could prevent close to 700,000 persons from falling into poverty, for a cost of USD 177 million (UNC, 2020).

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Since the start of the crisis, emergency programmes have been put in place by the Government, with support from technical and financial partners, in order to address the most urgent needs of households. For example, the Tosika Fameno programme provided two emergency transfers of Ar 100,000 to 368,000 households (5.3% of the population), while the Vatsy Tsinjo programme donated basic necessities to vulnerable households (4.3% of the population). Both programmes mainly covered urban areas (ERISC, 2020). The Avotr’Aina programme has supported the provision of subsidised drinking water to almost 1 million people across the country at 50% of the pre-crisis price, mainly in the most affected urban centres of the country, including Antananarivo.

Despite these ad hoc efforts, Madagascar remains one of the countries in the world that spends the least on social protection. According to analyses conducted by UNICEF in 2020, the share of the state budget devoted to social protection has remained very low and even fell from 0.25% in 2015 to 0.21% in 2020. Further, total social protection expenditure in Madagascar (including social safety nets) does not exceed 0.04% of GDP. This is significantly lower than comparable countries where the share of GDP devoted solely to expenditure on social safety nets is estimated at 1.5% of GDP (UNICEF, 2020).

HEALTH AND NUTRITION

The Malagasy health system is not equipped to deal with a pandemic. Madagascar only has 0.2 hospital beds per 1,000 inhabitants, ten times less than the world average. At the beginning of the first wave of pandemic in 2020, the country had only six ventilators. In addition, user fees mean that access to these limited resources is conditioned on ability to pay. Madagascar has just joined the COVAX initiative for the distribution of vaccines against COVID-19, but the country does not yet have a budget in 2021 for the vaccination of its population.

The country’s demographic profile, with over 40% of the population under 15 years of age, reduces the risk of direct mortality from the virus.

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However, structural weaknesses increase the risk of transmission: 57% of the population do not have access to an improved water source and 77% do not have adequate facilities for washing their hands (WaterAid, 2020). Although handwashing is one of the most effective ways of stopping the transmission of the virus, the congestion around communal water points increases the risk of virus transmission.

The southwest of the country is particularly vulnerable due to the high prevalence of endemic diseases, such as malaria and diarrhoea, as well as the low use of health services. In Toliara, for example, 24.1% of children were found to have untreated fevers in the 14 days preceding the rapid survey on the impact of COVID-19 on the socio-economic situation of children in Madagascar (ERISC 2020), compared to 15% national average; untreated diarrhoea: 11.1% vs. 6.4% national average. Children of mothers with disabilities are particularly likely to have untreated illnesses (malaria: 22.9%; diarrhoea: 9.1%). In addition, lockdowns and restrictions have halted preventive care activities, and led to delays in vaccination programmes, which could lead to an increase in morbidity in the medium term (UN, 2020). According to data from the Ministry of Health, vaccination coverage fell by 5% on average between 2019 and 2020 due to the pandemic6. Once again, the south of the country is the most disadvantaged, due to the already low vaccination rates before the pandemic (68.4% of unvaccinated children in Toliara, against 35.7% in Antananarivo). Non-vaccination rates reach over 70% among children of uneducated parents. Further, non-Christian children are also at risk with 67.3% of children being unvaccinated.

The pandemic has also had some unexpected positive effects on certain health indicators, due to increased awareness and caution during the COVID-19 pandemic (see Table 1). This can provide a good basis for future advocacy on improved hygiene habits and practices after the pandemic.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MICS-6 (2018)</th>
<th>ERISC (2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute respiratory infections</td>
<td>5.9%</td>
<td>0%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>13.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Treatment for diarrhoea</td>
<td>43.7%</td>
<td>62.8%</td>
</tr>
<tr>
<td>Fever</td>
<td>16.8%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Malaria treatment</td>
<td>52.4%</td>
<td>69.6%</td>
</tr>
<tr>
<td>Breastfeeding (12-15 months)</td>
<td>91.4%</td>
<td>88.3%</td>
</tr>
</tbody>
</table>

Source: MICS-6, ERISC

While the agricultural sector is expected to be less affected by the crisis than other sectors, the crisis is likely to lead to increased food insecurity for some groups due to the economic crisis. In August 2020, 30% of Malagasy households (against 34% in April) declared that they had difficulty obtaining rice supplies, mainly due to low purchasing power, but also because of supply issues and supply chain disruptions (INSTAT, 2020). Before the crisis, the province of Antananarivo already had the highest rates of stunting in the country (46.7% vs. a national average of 37.3%). This province is also the most severely affected by the disease due to the high rate of urbanisation and population density7.

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6 Data from the Ministry of Health point to a slight drop in the consultation rate among children under 5 between the first quarters of 2019 and 2020 (Impact of COVID-19 on Expanded Immunisation Programme, Multiparty Dialogue on Immunisation, Novotel, 1 – 3 December 2020).

7 See https://www.covid19mg.org/dashboard_EN.html.
EDUCATION AND EARLY CHILDHOOD DEVELOPMENT

In the first wave of the COVID-19 pandemic, all schools in Madagascar were closed by presidential decree in order to contain the spread of the virus. Schools have since reopened and then been closed again in light of the second wave of the pandemic in 2021. New school closures remain possible as the disease continues to spread in the population.

Opportunities to switch to distance teaching are almost non-existent in most of the country, due to poor access to electricity and the internet. According to MICS-6, less than one in three children live in a household connected to the electricity grid, and only one in ten children has access to the internet. There are also large regional disparities in terms of access. In Androy, for example, only 7% of children have access to electricity and less than 2% have access to the internet.

It is impossible to predict the long-term effects that the lockdown will have on learning amongst Malagasy children. However, the experience of previous pandemics has shown that school closures can worsen educational inequalities by increasing dropout rates amongst worse-off children (UNFPA, 2017; Mambo et al., 2019). The first available evidence for Madagascar confirms this risk: 52.8% of households in the poorest quintile did not undertake any educational activity during the lockdown, compared to only 15% of households in the richest quintile (INSTAT, 2020). Further, a recent study on child poverty in Madagascar (UNICEF and INSTAT, 2020) showed that orphans and children in care are particularly at risk of dropping out of school. More than half of orphans are more than three years behind in schooling, against 37.4% of non-orphans. Among children cared for by other family members or children engaged in domestic work for other households, the school dropout rate was 64.4% before the pandemic.

While primary and lower secondary school attendance rates seem to be stable (around 88% and 43% respectively), there is a decline in attendance at upper secondary school, with the net attendance rate dropping from 20.5% in 2018 to 14.5% in 2020. This decline is worse among girls where upper secondary attendance dropped from 22.8% in 2018 to 14.3% in 2020. For children whose schools have been reopened after the first wave of COVID-19 in 2020, 96.4% have actually returned to school. Uptake rates are also higher at secondary levels (98.1% at first cycle; 97.6% at second cycle) compared to lower levels (96% at primary and 89.5% at preschool).

As of the end of the school year (in September 2020), 48.1% of children progressed to the next level while 4.7% failed and 39% are still continuing their lessons. The percentage of students who still continue their lessons is higher at the secondary level (45.2% for the first cycle; 65.8% for the second cycle) compared to the lower levels (29.8% for the preschool; 29.4% for the primary) (ERISC, 2020).

School registration fees were briefly eliminated at the start of the 2020 school year, before being reintroduced shortly thereafter due to lack of resources from the state. During the brief period of free admission, school enrolments exploded, without classrooms or teachers being equipped to cope with this influx. In addition, families were often solicited for informal contributions to community teachers (i.e. non-civil servants) and for the running costs of schools. The majority of teachers in Malagasy schools are non-civil servants recruited by the community. Most of them have no diploma and many do not have the basic knowledge of mathematics and French. Various forms of educational disruption persist.

As regards early childhood development, it appears that school closures has had some unexpected beneficial effects on the time that parents spend with their children. For instance, the rapid survey on the impact of COVID-19 on the socio-economic situation of children in Madagascar(ERISC 2020) shows that mothers (16% in 2018 to 20.6% in 2020) and especially fathers (4.4% in 2018 to 12.7% in 2020) spent more time with their children providing early stimulation. This includes engaging in activities such as reading books or looking at picture books, telling stories, singing,
taking the child outside the house, playing with the child, naming, counting or drawing pictures things.

The percentage of children left alone also decreased (20.3% in 2018 against 13.7% in 2020) while the percentage of children left in the care of another child or in inadequate care, in general, remained stable (22.9% and 31.4% in 2018 vs. 24.4% and 30.1% in 2020 respectively) (ERISC, 2020).

CHILD PROTECTION

Early studies on the effects of lockdowns and the impact of declining economic activity show that lockdowns can have a negative effect on the psychological wellbeing of youth who are locked in their homes with family members (UNFPA, 2020b). 77.3% of women surveyed for a study on the impact of COVID-19 in Madagascar believed that the lockdown had contributed to an increase in gender-based violence (UNFPA, 2020a). In 2020, calls to the free 147 telephone service drastically increased by more than 600% compared to previous years. At the same time, access to reporting and care services have been impacted by containment measures and restrictions during the health emergency, with a reduction of up to 50% in the number of children taken into care during the first half of 2020, compared to 2019.

A study on child poverty in Madagascar (UNICEF and INSTAT, 2020) had already shown that domestic violence against children was a significant problem in Madagascar, even before the start of the pandemic. As part of the study, 29% of Malagasy children reported having suffered acts of violent discipline. Amongst children with disabilities, this rate reached 37.2%.

While girls are less likely than boys to experience violent discipline, they are particularly vulnerable when it comes to sexual violence: 8.6% of girls aged 15 to 17 reported experiencing sexual violence in 2018. By increasing promiscuity and isolation, lockdowns also increase the risk of exposure to this type of violence within the household. Orphans and entrusted (or domestic) girls are particularly vulnerable to sexual violence (with a prevalence of 13.2% and 15.7%, respectively), because of their situation of dependency and the absence of family and social networks.

Sexual violence can also lead to teenage pregnancy, which increases the risk of maternal mortality and which often contributes to school dropout. Disabled children, and orphaned girls are particularly likely to have early pregnancies (disabled: 20.2%; orphans: 18.3%; national average: 15.5%). These girls are also over-represented in terms of delayed schooling and school drop-outs.

Data from the rapid survey on the impact of COVID-19 on the socio-economic situation of children in Madagascar (ERISC, 2020) shows that the decline in economic activity during the pandemic also led to a decline in child labour in Madagascar (40.9% in 2018 to 33.8% in 2020). However, in the medium term, the increased risk of poverty may result in an increase in the use of harmful coping strategies, such as child labour, prostitution, child trafficking, or child marriage. The problem of child labour is particularly serious in the south of Madagascar, where nearly half of children aged 5 to 14 were engaged in child labour (following UNICEF’s definition), compared to a national average of 39.3%. Children of uneducated parents and large families (> 7 members) are particularly at risk of engaging in child labour (47.8% and 51%, respectively).

9 Hit in the face, with belt, beat hard.
STRUCTURAL AND CLIMATE-RELATED RISKS

On top of the structural problems that already exist in Madagascar, the pandemic will further increase the vulnerability of the population to climate-related risks such as pollution and global warming (World Bank, 2020). At the same time, the economic crisis will reduce the capacity of the State to respond to these issues, since public resources have been diverted to fight the pandemic.

As UNICEF (2021) notes in its latest report on the state of the world’s children, the COVID-19 pandemic is intertwined with, and complicates, the response to other serious crises facing humanity (climate change, biodiversity loss, threats to democracy, inequalities). But at the same time, the crisis demonstrates the importance of better preparedness and the need to increase the resilience of populations to risks. The COVID-19 crisis also offers an opportunity to build back better by taking into account the multiple growing structural risks that Madagascar is facing.

Madagascar is particularly vulnerable to cyclones due to its geographic location in the Indian Ocean. On average, 1.5 cyclones touch the Malagasy coast each year and each major cyclone affects 700,000 people on average. These numbers are increasing because of global warming.

Climate change has also increased the frequency of droughts and other natural disasters such as floods and locust swarms. The region known as the Great South, which is the poorest in the country, is also the most exposed to climatic risks, in addition to suffering from a chronic lack of infrastructure and public investment. It is, therefore, in this region that the state is weakest and least able to face the cumulative challenges of the pandemic and global warming.

In 2020, recorded rainfall was 19% to 34% below seasonal averages in the south of the country, causing the most severe drought in 10 years in the region. WFP estimates that 1.27 million people will require emergency food assistance during the first quarter of 2021 to cope with the drought.

KEY MESSAGES

The potential effects of the pandemic on children in Madagascar can be summarised as follows:

• According to estimates, more than two million Malagasy people could fall below the poverty line due to the economic crisis caused by the COVID-19 pandemic. This would represent an increase in poverty of 11 percentage points compared to the pre-crisis poverty rate (72%). In addition, the slowdown in economic activity at the national and global level risks reducing public revenues, and thus the budget available for social sectors, including health.

• Although gender-specific data is lacking, the experience of other countries in the region suggests that the burden of the crisis will fall primarily on women, because of their role in unpaid activities and in the informal economy. This will inevitably have repercussions on social indicators (health and nutrition, education and protection among others) for them and for their children.

• The COVID-19 pandemic poses a double challenge for Madagascar as it could overwhelm the country’s health services, in the event of a resurgence of cases, at the same time as it weakens the capacity for action of public authorities. The disruption of the health system could also have consequences on the morbidity of children in the medium term, due to the interruption of vaccination campaigns and other preventive care. The country is particularly vulnerable to the transmission of the virus due to structural

weaknesses linked to the lack of access to water and sanitation. At the same time, the pandemic has indicated to the population the importance of good hygiene habits to stop the spread of diseases.

• The closure of schools has contributed to increasing inequalities by exacerbating disadvantages among children who were already struggling, such as orphans and children in care, for example. According to the first available data, 52.8% of households in the poorest quintile did not undertake any educational activity during the school closures in 2020, compared with only 15% of households in the richest quintile. While primary and lower secondary school attendance rates seem to be stable (around 88% and 43%, respectively), there is a decline in upper secondary school (the net attendance rate dropped from 20.5% in 2018 to 14.5% in 2020, especially among girls from 22.8% in 2018 to 14.3% in 2020).

• The economic and health crises increase the vulnerability of children to domestic and sexual violence. Children with disabilities are particularly at risk with regards to domestic and sexual violence (20.2% of disabled girls aged 15-17 and 18.3% of orphans have suffered sexual violence compared to a national average of 15.5%). At the same time, access to reporting and care services has been impacted by restrictions in the context of the health emergency, with a reduction of up to 50% in the number of children taken into care during the first half of 2020, compared to 2019.

• Rising poverty and disruption of supply chains are contributing to increased food insecurity. The highly populated and urbanised region of the central plateau already had the highest rates of chronic malnutrition in the country due, in particular, to the lack of dietary diversity.

• The south of the country is particularly ill-equipped to deal with the pandemic due to weaknesses in public infrastructure and the high poverty rate. This part of the country is also the most exposed to climatic risks linked to global warming, which add to the health crisis. According to WFP, the 2020 drought is the worst drought to take place in the south in the last 10 years, which has resulted in 1.27 million people in need of emergency food assistance for much of 2021.

CONCLUSIONS AND RECOMMENDATIONS

There are already many problems affecting the well-being of Malagasy children in terms of poverty, health, education, and child protection, among others. The COVID-19 crisis threatens to exacerbate this.

Even though children are not among the groups most at risk from the direct effects of the disease, they will suffer severely from the indirect effects of the pandemic and the economic crisis caused by the containment measures put in place to limit the spread of the virus.

The pandemic has already led to a significant decline in national and global economic activity, which in turn will lead to increased poverty and a considerable drop in public revenues.

At the same time, lockdowns have detrimental effects on children’s schooling and increase the risks of domestic violence and sexual violence against girls.

The pandemic is also likely to increase the disease burden in the medium term due to the interruption of vaccination campaigns and other preventive care.

The Great South, already burdened by the weight of poverty and repeated natural disasters, is the least able to cope with the pandemic because of weakness in its public infrastructure.

To deal with this situation, we recommend the following measures:

Social protection:

■ Continue and scale-up social protection programmes that were initiated during the pandemic. This will provide a sustainable tool to reduce poverty and increase the resilience of
the population to shocks. For example, simulations carried out by UNICEF show that a transfer of Ar 173,500 to all families with children per year could reduce the number of people below the poverty line by almost 700,000 (UNC, 2020). A universal social protection approach for Malagasy children would address the underlying causes of multiple deprivations and promote their human development;

- Link social protection programmes, more systematically, to other social, health, economic and climate risk management programmes in order to better manage the vulnerability of households and increase their resilience.

**Health:**

- Speed up the introduction of the SARS-COV-2 vaccine for target groups, including elderly people and people with co-morbidities, health personnel, and people who wish to be vaccinated;
- Strengthen existing vaccination programmes in order to reduce the future disease burden and support the country to prepare for a possible resurgence of cases during the winter;
- Consolidate individual protection measures by providing reusable protective equipment in health centres across the country.

**Protection of children and women from violence and exploitation:**

- Strengthen prevention, reporting and care measures for women and children at risk, or survivors, of violence and exploitation;
- Ensure that children affected by COVID-19 and those without parental care have access to adequate alternative care systems. Prioritise the protection and psycho-social support of children and families affected by COVID-19, as well as children and women at risk or survivors of violence, as an essential service during the response to the COVID-19 pandemic.

**Shock-responsiveness:**

- Strengthen the capacity of the national system to respond to shocks through an expansion of its coverage when needed to meet the humanitarian needs of the population. This system can be strengthened by defining clear national contingency procedures, with triggers for the expansion of the programme and funds dedicated to the emergency social protection response.

**Education:**

- Strengthen mechanisms for refresher courses for school reintegration and remedial courses for students with academic difficulties;
- Develop a sustainable strategy to eliminate school fees by ensuring the adequate capacity of schools and the quality of education, in order to minimise the drop-out of children in difficulty;
- Set up a subsidy system for teachers who do not receive a salary during school closures or during school “fee-free” campaigns.
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