The Impacts of COVID-19 on Children in Mozambique
COVID-19 Policy Note

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KEY MESSAGES

• For ten million children of Mozambique who have already been living in some form of poverty, COVID-19 means a deeper and more prolonged poverty and the denial of their basic rights.

• The longer schools are closed, the greater the loss of learning time and the greater the chances that children, particularly girls, will not return to the classroom when schools reopen.

• A further reduction in access to essential health services due to a major disruption of the healthcare system could further aggravate the already existing vulnerabilities of children who need vaccinations, suffer from chronic illnesses, live with a disability or are affected by common infectious diseases such as malaria.

• The disruption of water supply operations throughout the emergency period risks undermining COVID-19 response efforts as well as other diseases such as cholera and malnutrition.

• Economic insecurity and the prolonged closure of schools can exacerbate trends of early child marriage and transactional sex as a coping and protective mechanism.

• Now more than ever, orphans, children in institutional care, and children with disabilities must receive timely attention and strengthened interventions from all actors of society for quality care and assistance.

• There is a growing concern for the wellbeing of the children of Cabo Delgado affected by the combination of displacement, intense violence and poverty.
Introduction
According to the latest census data, there are over 14 million Mozambican children aged 0−17, representing more than half of the total population. Children have been the group that has been less affected directly by COVID-19 infection globally, compared to older populations. However, as the indirect effects of measures to fight the pandemic take root in the social and economic realities of cities and communities, the short-, medium- and long-term impacts on children and adolescents can no longer be ignored. Child wellbeing is at great risk due to: (i) falling into poverty or increasing poverty severity; (ii) reduced learning opportunities; (iii) barriers to survival and good health; and (iv) increased risks of violence, abuse and exploitation of children in precarious situations. Adolescent girls, children with disabilities, children on the move, 1 children in detention or in care institutions, and those living in areas affected by violence are particularly vulnerable.

Child Poverty
According to the national household survey, Inquérito sobre Orçamento Familiar (IOF) 2014/15, nearly ten million children across the country experience either monetary or multidimensional poverty. Half of the child population (49 per cent) aged 0−17 are monetary poor; i.e. they live in a family whose consumption is below the national poverty line. Almost one in two (46 per cent) Mozambican children of this age group can be considered multidimensionally poor: they are deprived in at least one-third of 17 selected indicators related to as family, nutrition, health, education, labour, water, sanitation and hygiene (WASH) and housing. 2 Moreover, 28 per cent of children face a double burden since they are both monetary and multi-dimensionally poor at the same time.

Following the global trend, the Government of Mozambique has responded to the pandemic by implementing measures that reduce the normal course of economic and social life. While essential for controlling and mitigating the spread of the COVID-19, they inevitably result in the slowdown of economic activities. At the macro level, the predicted fall in economic growth 3 will likely have a knock-down effect on domestic revenues, putting pressure on the already unsustainable debt level. It may also affect official development assistance (ODA) flows in the medium term due to global recession. This chain of shocks to the economy will reduce fiscal space to invest in social sectors. This in turn will lead to a deteriorating quality of and reduced access to basic services for children…which were already constrained before COVID-19.”

1 This is a broad umbrella term that includes children seeking asylum, child refugees, child migrants, and internally displaced children, as well as children who have been trafficked.

2 These indicators were selected in consultation with national stakeholders to represent different age groups (0−17), reflecting the needs of children at different stages of development.

3 World Bank (2020).
fulfilled. This will be particularly devastating for those in rural areas, where child deprivation rates on selected indicators (e.g. lack of electricity, primary school completion) already reach 80—85 per cent.⁴

Due to rising prices on food and medicine as a result of the disruption of the supply chain and job losses, millions of families who currently earn income just above the poverty line will likely fall into a prolonged spell of poverty, from which they might not recover. Monetary poverty will have a direct impact on food security and nutrition as well as on the uptake of health services, affecting the wellbeing of children and mothers. The impact can be particularly severe for families and children who are still recovering from the devastating effects of last year’s cyclones Idai and Kenneth.

Global estimations (International Food Policy Research Institute, 2020) suggest that the extreme poverty headcount could increase by 1.5 per cent as a result of COVID-19. Household consumption in Sub-Saharan Africa is projected to fall by 3.2 per cent.⁵ In Mozambique, the country with a multitude of compounding challenges, the increase in poverty could be even higher and the consequences could last longer. For 10 million children of Mozambique who have already been living in some form of poverty, COVID-19 means a deeper and more prolonged poverty and the denial of their basic rights. The potential long-term impacts on their human development will inevitably impact the long-term prospects of the country’s development.

Learning Opportunities and Outcomes

Schools have closed across the country as a social distancing measure. Over eight million children were immediately affected: 101,000 in pre-primary, 6.9 million in primary, 1.25 million in secondary schools and over 85,000 students in technical and vocational education.⁶ More than two-thirds of countries across the world have quickly adapted distance learning programmes. However, most children in Mozambique lack access to the basic information channels, making the transition to distance learning extremely challenging: 74 per cent of children live without electricity,⁷ and only 2 per cent have access to the Internet, 35 per cent to radio and 22 per cent to television.⁸ Access to information is even more limited for rural children.

Mozambique’s educational system is already battling poor educational outcomes. Before the outbreak, in 2016, only 4.9 per cent of Grade 3 pupils had the desired literacy level;⁹ 26 per cent of children aged 5-12 were out of school; and three-quarters (68 per cent) of children aged 12—13 years had not completed primary education, with rates reaching 86 per cent in Cabo Delgado.¹⁰ Released from formal schooling, children’s time will be diverted to other activities to support livelihoods and immediate family needs, which includes caring for the sick and elderly, which are more likely to be taken up by girls.

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⁴ UNICEF Mozambique (2020b).
⁵ IFPRI (2020).
⁷ Ibid.
⁸ Census 2017.
⁹ MINEDH (2019).
¹⁰ UNICEF Mozambique (2020b).
Evidence from other countries affected by large-scale pandemics also indicates increased pregnancy risk for girls,\(^{11}\) which in turn increases the likelihood of dropout.\(^{12}\) Currently, in Mozambique, 33.2 per cent of girls in urban areas and 44.4 per cent in rural areas get pregnant before the age of 18.\(^{13}\) New family and school conditions expose more girls to the risks of pregnancy, leaving them no option but to enter early marriage in order to escape poverty and further humiliation in the community. Adverse coping strategies flourish when jobs and educational opportunities are limited, and the economic welfare of the family is failing. **The longer schools are closed, the greater the loss of learning time and the greater the chances that children, particularly girls, will not return to the classroom when schools reopen.** A prolonged school closure will also have an incremental effect on those who return to school, resulting in grade repetition and a deteriorating educational achievement. The negative impact on learning opportunities and outcomes will have a life-long impact on children’s future, affecting their income-generation capacities and their participation in society.

### Child Survival and Health

As Mozambique continues to prioritize and reallocate already limited public resources in the fight against the virus, there is a risk of a reduction in access to basic and essential non-COVID-19 health services. For many children, it will mean lower chances for survival and development. Currently, 56 out 1,000 liveborn children die before they reach one year of age;\(^{14}\) only 28 per cent of newborns receive postnatal care within two days of birth; only 90 per cent are tested for HIV within two months of birth; and 95 per cent are vaccinated. Many already cannot access services due to their remoteness: approximately 33 per cent of children live over 30 minutes away from the nearest health facility.\(^{15}\)

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\(^{11}\) UNFPA (2017).

\(^{12}\) Mambo et al. (2019).

\(^{13}\) UNFPA (2015).

\(^{14}\) Infant mortality rate (UNICEF, 2018).

\(^{15}\) UNICEF Mozambique (2020b).
With the spread of the pandemic and the continuation of social distancing measures, there is a high chance of a major disruption in the entire healthcare system. Routine programme monitoring data already show a consistent decline of up to 30 per cent in immunization coverage for a second dose of measles and a third dose of DTP, and fully vaccinated children between March and April 2020 across all provinces. Cabo Delgado recorded the biggest decline.\textsuperscript{16} A further reduction in access to essential health services due to a major disruption of the healthcare system could further aggravate the already existing vulnerabilities of children who need vaccinations, suffer from chronic illnesses, live with a disability or are affected by common infectious diseases such as malaria.\textsuperscript{17}

The already extremely high levels of chronic malnutrition (stunting) among children aged 0–4 years (45 per cent in urban areas and 34 per cent in rural areas)\textsuperscript{18} might be further exacerbated by the food insecurity caused by reduced income and disrupted food chains. This in turn may have a life-long impact on child’s wellbeing and cognitive development. The nutritional status of school-aged children is already undermined by the lack of access to school feeding programmes provided by the Government, the World Food Programme (WFP) and other partners.

"Monitoring data already show a consistent decline of up to 30 per cent in immunization coverage between march and April 2020 across all provinces"

The WASH infrastructure across Mozambique is poor. Children are already living in precarious conditions, with 43 per cent of families relying on unsafe drinking water and 74 per cent living with unimproved sanitation facilities.\textsuperscript{19} Income losses due to the pandemic may result in difficulty for families to pay water bills, negatively affecting water supply operators and their capacity to deliver the most essential service. A disruption of water supply operations throughout the emergency period risks undermining its protective role against COVID-19 transmission as well as other diseases like cholera and malnutrition. This will further contribute to family health problems, particularly among children with disabilities who have additional barriers in accessing WASH facilities.

**Children in Need of Care and Protection**

Children, particularly girls, are vulnerable to violence, abuse and neglect. According to the 2015 National Survey on Immunization, Malaria and HIV/AIDS Indicators (IMASIDA), one-quarter of married Mozambican women aged 18–48 experienced emotional, physical or sexual violence. Such acts are more likely to occur while families are confined at home and experiencing intense stress and anxiety. Rapid assessment in the Democratic Republic of the Congo during the outbreak of Ebola found that girls and women who had to travel long distances on foot to water sources were at an elevated risk of sexual violence and harassment.\textsuperscript{20} When the main pillars of the child protection system are broken, stretched or not functional (family, social

\textsuperscript{16} EPM data. \\
\textsuperscript{17} Jackson and Tam, et al. (2020). \\
\textsuperscript{18} UNICEF Mozambique (2020b). \\
\textsuperscript{19} ibid. \\
\textsuperscript{20} International Rescue Committee (2019).
services, safe school environment), this affects the government’s ability to respond.

Girls in Mozambique are susceptible to high-risk activities such as transactional sex and child marriage. Prior to the outbreak, Mozambique had one of the highest rates of child marriage in the world (48 per cent). This is measured as a proportion of women aged 20-24 who married in childhood, i.e. under the age of 18. 

**Increased economic insecurity and prolonged closures of schools can exacerbate trends of child marriage and transactional sex as a coping and protective mechanism.** Moreover, overcrowding and lockdown will likely increase intra-family conflict where girls and women are the victims, and the perpetrators are often family members, such as fathers, brothers, or uncles. Emerging reports from COVID-19-affected countries show an increase in cases of domestic violence from 30 per cent (France) and 40—50 per cent (Brazil) to 300 per cent (China).

Prior to the outbreak, in Mozambique, 10 per cent of children or just over one million children aged 0—12, were orphans. These children are not only likely to experience chronic and deep poverty, but also, without parental care they are particularly vulnerable to exploitation, abuse, violence, trafficking and other negative coping measures in their immediate circle. Over time, as COVID-19 continues to threaten the lives of adults and elderly populations, and as regular health services become less accessible, an increasing number of children may lose their caregivers; they must not be overlooked by the state protection system. Similarly, children who are currently in institutional care are at high risk of COVID transmission due to the overcrowding of facilities as well as the emotional, physical and social distress associated with their living conditions.

"Children with disabilities are highly vulnerable to COVID-19 direct transmission due to their pre-existing health conditions and persistent disadvantage in accessing basic services.

There are currently no reliable data on the number of children with disabilities in Mozambique. According to the recent census, 1.5 per cent of children under 15 have a disability. If compared to the international benchmarks, this figure is likely to be highly underestimated because it captures only severe cases. Children with disabilities are highly vulnerable to COVID-19 direct transmission due to their pre-existing health conditions and persistent disadvantage in accessing basic services. They often rely on face-to-face health, education and protection services to meet and support their most basic needs. However, during this pandemic their options become increasingly limited. In addition, they are at heightened risk of violence, neglect and discrimination, both at home and in the community. **Thus, now more than ever, orphans, children in institutional care and children with disabilities must receive timely attention and strengthened interventions from all actors of society for quality care and assistance.**

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21 DHS (2011).
22 Campbell (2020).
23 UNICEF Mozambique (2020).
24 Census 2017.
25 The Ministry of Education, however, registers between 0.9 per cent and 1.3 per cent of children with disabilities out of the total student population of the corresponding school level, which suggests that many out-of-school children are excluded from the count.
The combination of school closures and the economic distress of the family will push an increasing number of Mozambican children into child labour. A study from Côte d’Ivoire showed that a 10 per cent drop in family income resulted in a 5 per cent increase in child labour. This will have a significant impact on children in rural areas where three times more children are likely to be pushed into child labour than urban areas (15 compared to 5 per cent). While social norms and community traditions require children’s active participation in livelihood activities in Mozambique, extensive or harmful labour practices can expose them, particularly young children, to heightened risks of exploitation, abuse and violence.

Compounded Vulnerabilities and Humanitarian Situations

In Mozambique, there is a staggering structural, economic and social disparity between the north and south, rural and urban populations. Children living in rural and remote areas of the northern provinces not only have elevated risks of poverty and deprivation, but also face the consequences of the recent natural disasters and ongoing armed conflict. In 2019, the cyclones Idai and Kenneth devastated communities and left one million children in need of government assistance. Many families in these natural disaster-prone areas, such as Sofala, Manica, Zambézia, Tete and Cabo Delgado, are still struggling to recover and rebuild. All children in disaster high-risk areas, particularly those who were already identified as having difficulties in accessing services (e.g. children with disabilities), require continuous policy attention and protective measures. These measures aim to ensure that families and communities receive the services and support needed to mitigate impacts from natural disasters and the pandemic simultaneously.

“[In Cabo Delgado] children represent 40 per cent of the displaced populations, 17 per cent of whom are unaccompanied minors”

Mozambique’s northernmost province, Cabo Delgado, has been an active conflict area, with communities falling victim to violent armed attacks and forced recruitment by hostile groups. According to the International Organization of Migration (IOM), 211,485 individuals, or 42,297 households, were displaced in May 2020; children represent 40 per cent of the displaced populations, 17 per cent of whom are unaccompanied minors. Basic needs such as food assistance, shelter and education were identified as their top three priorities. As it becomes increasingly difficult to deliver much needed assistance in response to the armed conflict and pandemic, there is a growing concern for the wellbeing of the children of Cabo Delgado affected by the combination of displacement, intense violence and chronic poverty.

27 ibid.
Conclusion
The COVID-19 crisis is a child-rights crisis. The effects of the pandemic on Mozambican children are likely to be self-reinforcing and cumulative, leading to lifelong challenges in health, education and secure income. As the global economic situation worsens, it will become increasingly more difficult for the Mozambique economy to recover, which could potentially affect generations of children through cycles of poverty.

Each country has had to implement extreme measures to prevent the spread of the COVID-19 infection, but Mozambique faces additional, unique challenges. The measures must not undermine the fundamental rights of every child. Moreover, policies must be child focused to ensure that the next generation will be able to lead the country in realizing the national long-term vision for development and the international commitment to protect children’s rights, and in achieving the Sustainable Development Goal targets, with only a decade to go. More than ever, the safety and well-being of 14.3 million Mozambican children and the future of Mozambique depend on efficient and accurate policy action now.

More than ever, the safety and well-being of 14.3 million Mozambican children and the future of Mozambique depend on efficient and accurate policy action now.
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