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The Impacts of Covid-19 on the Worst Forms of Child Labour in Myanmar

Thant Ko Ko and Khaing May Oo

April 2022

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Summary

In Myanmar, almost one in ten children are engaged in child labour and more than half of the working children are doing hazardous work. The Covid-19 pandemic and responses to it have far-reaching social and economic consequences for vulnerable populations, including children in the worst forms of child labour (WFCL).

This report examines how working children including those in WFCL and their families in Hlaingtharya, Yangon, Myanmar experienced the conditions of the Covid-19 pandemic and how it intersects with existing vulnerabilities to affect their incomes and livelihoods, living and working conditions, food security, housing stability, physical and mental wellbeing, and engagement in WFCL. It also explores how the pandemic has affected child protection systems and support networks that provide services for children and vulnerable families. In addition, the paper identifies knowledge and policy gaps related to WFCL and recommendations to tackle WFCL in Myanmar.

Keywords

Child labour, Covid-19, Myanmar, Working children, Worst forms of child labour

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Acronyms

CERP	Covid-19 Emergency Response Plan
CLMS	Child Labour Monitoring System
CRC	United Nations Convention on the Rights of the Child
FCDO	UK Foreign, Commonwealth and Development Office
HRW	Human Rights Watch
IDS	Institute of Development Studies
IFPRI	International Food Policy Research Institute
ILO	International Labour Organisation
MHPSS	Mental health and psychosocial support services
MMK	Myanmar Kyat
MoE	Ministry of Education
MOHS	Ministry of Health and Sport
NFE	Non-formal education
NGO	Non-governmental organisation
OHCHR	United Nations Human Rights Office of the High Commissioner
OHS	Occupational Health and Safety
SDGs	Sustainable Development Goals
Tdh	Terre des hommes
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
WFCL	Worst Forms of Child Labour

1. Introduction

The Covid-19 pandemic has brought negative social and economic consequences for vulnerable populations including children involved in the worst forms of child labour (WFCL) and their families (Ramaswamy and Seshadri 2020). In response to the serious health risks posed by Covid-19, many countries put in place restrictive measures – including lockdowns, movement restrictions, school, and worksite closures – to reduce the spread of the virus. Although designed to reduce disease transmission, these measures have reinforced conditions that facilitate children’s participation in hazardous and exploitative work and presented new challenges for working children and their families. A recent three-country study conducted by Human Rights Watch (HRW) in Uganda, Nepal and Ghana showed that pandemic-related restrictions negatively affected the lives and livelihoods of poor families, hindered children’s access to education, and put increased pressure on children to work in hazardous conditions (Becker 2021).

Evidence suggests that engagement in WFCL is detrimental to children’s physical and mental health (Roggero *et al.* 2007). It deprives children of their fundamental rights, including access to education and a safe and secure childhood. Children in WFCL are particularly vulnerable to exploitative and harmful practices such as child marriage, forced labour, and prostitution. Participation in WFCL also hinders an opportunity to fulfil one’s potential. Although there is a strong interrelationship between poverty and engagement in WFCL, other factors such as social norms on children’s contribution to family income and the role of formal education, the availability of alternative opportunities, and the presence and adequacy of legislative measures also influence children’s and families’ decisions to engage in WFCL.

The Covid-19 pandemic is predicted to exacerbate conditions that drive or trap children in WFCL in different ways (Idris 2020). First, loss of livelihoods and income due to Covid-19-induced economic disruptions may force families to increasingly turn to child labour for survival. Second, school closures may push children under increased pressure to contribute to family income and divert from education, particularly at times when families are faced with economic hardship due to the pandemic. Third, the pandemic could affect the availability and accessibility of child protection and related services for children including those in WFCL, leaving them vulnerable to economic exploitation especially in the informal sector. Fourth, employers may be more inclined to hire child labourers to reduce cost and cope with economic slowdown due to supply chain disruptions and low demand for services and products.

This study aims to examine how working children, including those in WFCL, and their families experience the conditions of the pandemic and how it affects different aspects of their lives in Myanmar. The study was conducted in Hlaingtharya, a large urban area located in the west of Yangon known for a high concentration of internal migrants and child labour. Although studies have been conducted to understand the magnitude of Covid-19 impacts on different socioeconomic indicators in Myanmar, there is a scarcity of research which explores the detailed accounts and experiences of working children and their families. The timing of this study is particularly relevant as Myanmar faces significant challenges due to Covid-19 and recent political events. It is hoped that the evidence presented here, together with gaps and recommendations, will be useful for identifying potential entry points for future interventions and responses.

1.1 Background on child labour and its worst forms

The latest International Labour Organization (ILO) global estimates - up to early 2020 - show that there are currently 160 million child labourers (aged 5-17 years) globally (ILO and UNICEF 2021). Almost half of them – 79 million children – are engaged in hazardous work which negatively affects their health, safety, or moral development. These figures show an increase in the total number of child labourers since 2016 and mark the first-time global progress made to reduce child labour has stalled in two decades. Despite this overall rise in child labour, from 2016 to 2020 the Asia and the Pacific and Caribbean regions continued to show a steady decline (*ibid.*). However, the emergence of the Covid-19 pandemic (and the ensuing economic crisis) has threatened to reverse this trend. ILO estimated that the pandemic will lead to a further increase in child labour, with an additional nine million children at risk of entering child labour by the end of 2022 (*ibid.*: 8).

The largest global share of child labour is found in the agricultural sector (70 per cent) and in rural settings (76 per cent). However, child labour is increasingly becoming an urban phenomenon due to the rise in rural-urban migration and urbanisation around the world. Seventy-two per cent of child labour takes place in family businesses, highlighting the need to pay attention to small family-based businesses and microenterprises in the informal sector. Gender differences in child labour exist, with boys outnumbering girls across all ages globally. However, girls tend to be more involved in doing household chores and other domestic duties (*ibid.*).

Child labour is a violation of the rights of children enshrined in the United Nations (UN) Convention on the Rights of the Child (CRC). Article 32 of CRC stipulates that children should be 'protected from economic exploitation and from

performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development' (UNICEF 1989: 10). However, it remains a challenge to protect children from the harms associated with exploitative child labour in practice. Over one-quarter of children who are engaged in child labour fall within the age of compulsory education (ILO and UNICEF 2021). This denies children their rights to education and prevents future upward social mobility. Child labourers are also more likely to face health and other child protection issues compared to their non-working counterparts. In addition, long working hours take away their right to play and leisure.

There are international standards to combat WFCL and its associated harms at a global scale. The ILO has two international instruments directly related to child labour including the ILO Minimum Age Convention 1973 (ILO 1973) and ILO Worst Forms of Child Labour Convention 1999 (ILO 1999). In the latter, the ILO set out criteria for the worst forms of child labour in the article three as follows:

1. all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
2. the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
3. the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
4. work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children. [Some examples include working with hazardous chemicals and dangerous machinery, carrying heavy loads, working continuously in open sunlight, working very long hours without breaks or days off, etc.]

(ILO 1999: article 3)

Given the negative impacts of WFCL on social and child-related outcomes, elimination of child labour, especially the worst forms, has been recognised as a global concern. The UN Sustainable Development Goals' (SDGs') Target 8.7 calls for an end to child labour in all its forms by 2025. Already a race against time prior to the pandemic, the achievement of this goal is now highly unrealistic in the Covid-19 context, which has reinforced the socioeconomic drivers of WFCL.

1.1 Child labour in Myanmar

Child labour is pervasive in Myanmar. Children make up almost one-third of Myanmar's population. Approximately 1.1 million children (9.3 per cent of all children) in Myanmar are involved in child labour and more than half of these children are doing hazardous work, as reported in the Myanmar Labour Force, Child Labour and School to Work Transition Survey 2014-2015 (Myanmar Ministry of Labour, Employment and Social Security, Central Statistical Organization and ILO 2015). Actual figures are likely to be higher as children's involvement in household work is usually not considered or counted as child labour. Agriculture is the most common sector that employs child labour (61 per cent), followed by manufacturing (12 per cent) and trade (11 per cent) (*ibid.*: 39). Age and gender differences exist in children's involvement in specific economic sectors and hazardous work in Myanmar. For instance, boys are more involved in the construction sector (14.3 per cent vs 3.4 per cent for girls in urban settings and 4.7 per cent vs 0.7 per cent in rural settings) while domestic work in urban areas is overrepresented by girls (7.7 per cent vs 0.5 per cent for boys) (*ibid.*). Boys and girls aged 15-17 represent approximately three-quarters of all child labourers involved in hazardous work. Almost one-quarter of all working children and more than one-third of children aged 12-14 reported working 60 hours or more per week. This suggests that even according to official statistics, 250,000 children in Myanmar work on average ten hours per day, six days a week.

Over the last decade, Myanmar has made some progress in adopting legal instruments to address the issue of child labour. In 2013, the country adopted the ILO Worst Forms of Child Labour Convention (No. 182) (ILO 1999), signalling a commitment towards addressing the issue. This effort has been followed by the recent ratifications of the UN Committee on the Rights of the Child Optional Protocol on the involvement of children in armed conflict in April 2019 (OHCHR 2022) and the ILO Minimum Age Convention (No. 138) (ILO 1973). The country also enacted a new Child Rights Law in 2019 (Pyidaungsu Hluttaw 2019), which includes a chapter on WFCL.

While strengthening the regulatory framework is a step in the right direction, significant challenges remain for Myanmar in addressing the issue of child labour and meeting the commitment towards the ratified international standards. As pointed out by the ILO legal review on child labour in Myanmar (ILO 2021a), while laws and regulations exist, enforcement levels remain exceedingly low. This is not helped by Myanmar's large informal economy. Child labour takes place in informal and hidden spaces making enforcement difficult. Almost non-existent social protection systems that only cover a very small fraction of formal workers and specific target populations leave poor and vulnerable families susceptible to using child labour as a coping strategy. Limited accessibility and poor quality of education also serve as a barrier for children while social norms

and cultural expectations to help family income push children into child labour, including its worst forms (Constant *et al.* 2020).

Although a large proportion of child labour in Myanmar is found in agriculture, child labour, especially WFCL, is a common urban phenomenon. The influx of internal migrants for employment in major cities such as Yangon to escape rural poverty has led to risky migration and contributed to a rise in child labour in urban settings. A rapid assessment in 2015 conducted by the ILO in Hlaingtharya – the largest industrial zone and the geographic focus of this study – found that children were involved in a wide array of jobs both in the formal and informal sectors, although younger children were more likely to work in informal and unregulated workplaces (ILO 2015). A recent neighbourhood scoping study of different types of WFCL in Hlaingtharya also confirmed that children usually enter informal work in small-scale informal enterprises, home-based shops, or in street-based jobs after dropping out of school (Constant *et al.* 2020).

1.2 Timeline of Covid-19 in Myanmar

The first known case of Covid-19 arrived in Myanmar on 23 March 2020. As of 31 December 2021, Myanmar has experienced three major waves of the Covid-19 pandemic. During this period, the country had a total of 530,834 confirmed cases and 19,268 deaths from Covid-19.¹ These numbers are likely to be much higher given the limited testing capacity and rising insecurity from conflict (henceforth shortened to ‘insecurity’). The pandemic has had far-reaching consequences for livelihoods, poverty, and the wellbeing of vulnerable populations in Myanmar.

The first wave lasted from late March to early August 2020, during which almost 400 positive cases and six deaths were recorded. Eighty per cent of positive cases during this time were imported cases, with the rest locally transmitted. The effects of Covid-19 during the first wave were more social and economic than health related. A World Bank Covid-19 monitoring survey of 1,500 households showed that 54 per cent of households with previously working members in March 2020 stopped working involuntarily in May 2020 (World Bank 2020a). Less than one-fifth of them (19 per cent) resumed working in June 2020, when the government gradually relaxed some restrictions.

The second wave started with a sharp rise in daily cases and mortality in Rakhine State and Yangon Region in mid-August 2020. The case numbers and death toll during this wave were much higher than the first wave. From August 2020 to January 2021, a total of 139,711 new cases and 3,125 deaths were confirmed. A follow-up World Bank survey conducted in October 2020 showed

¹ Official data from Ministry of Health and Sport (MOHS 2022).

that a small rebound in employment rates following the relaxation of Covid-19 rules after the first wave were wiped out by the second wave (World Bank 2020b). Although this wave led to a nationwide decline in employment and income rates, the effects were more severe in urban centres, such as Yangon and Mandalay, where stay-at-home orders were strictly enforced. The effects were keenly felt by small-scale and family-owned businesses.

The third wave of Covid-19 in Myanmar came five months later with the more contagious and virulent Delta variant. It began with an increase in cases in Chin State in May 2021, followed by transmission to other parts of the country in June and July 2021. In response, stay-at-home orders were imposed in many parts of the country. Unlike during the first and second waves, Covid-19 response during the third wave was much weaker due to the political crisis, leading to a near total collapse of the public healthcare system and severe shortages of first-line responders, oxygen supplies, medicine, and other essential medical equipment. It escalated into an unprecedented public health crisis with record numbers of positive cases and deaths. From 1 July 2021 to 31 October 2021, there were 342,796 confirmed positive cases and 15,363 official deaths recorded. Actual positive cases and death tolls were believed to be much higher, with social media reports of self-tested Covid positive patients dying from lack of oxygen and cemeteries struggling to cope with Covid-19 related deaths (FRONTIER 2022). Unlike in the previous two waves, the socioeconomic impacts of Covid-19 during this wave were compounded by the ongoing political crisis. As of 31 December 2021, 28.6 per cent of Myanmar population had been fully vaccinated (MOHS 2022).

1.3 Policy responses to Covid-19 in Myanmar

Despite its weak public health infrastructure and systems, Myanmar sought to make a head start on its Covid-19 emergency response through preparations starting from January 2020, leading to the installation of two national level committees in March 2020 for Covid-19 prevention, control and treatment, and addressing subsequent negative economic impacts. Following the establishment of these committees, the country accelerated preparations for Covid-19 emergency response measures including national level public health campaigns, upgrading health facilities, bans on mass gatherings, and developing national strategies to respond to Covid-19. Below is a summary of three types of policy responses to Covid-19 in Myanmar that are relevant to the issue of WFCL.

Public health responses: A major policy response to Covid-19 in Myanmar from the time the pandemic arrived until the advent of the political crisis in February 2021 was the introduction of strict public health measures to detect, prevent, and control Covid-19. Those measures included contact tracing, mandatory quarantine, testing, travel and movement restrictions, border

closures, restrictions on assembly, and curfews in some major cities and many parts of the country. Notably, a ten-day nationwide lockdown was imposed in April 2020 during the Myanmar New Year holidays for all except essential workers. Partial lockdowns remained in place in townships with relatively high number of Covid-19 cases. There were instances of legal action against individuals or groups who failed to comply with these lockdown measures during the first and second waves (HRW 2020). These lockdowns and containment measures also affected factories as they were required to undergo health inspections for reopening. Small businesses also had to reduce their economic activities and adjust their operating hours to comply with Covid-19 regulations. Although there were periods when partial lockdown measures were lifted to reflect the decline in cases, stay-at-home orders were in place for large periods of 2020. Schools were also closed during these periods, with many non-operational for more than a year up until June 2021.

During the first and second waves, treatment for Covid-19 was mostly implemented in government-designated facility quarantine sites. Despite limited resources, the government financed the costs of Covid-19 testing and treatment services. People returning from foreign countries and domestic cases suspected of having or confirmed to have Covid-19 were placed in facilities to receive required testing and treatment. Starting from April 2020, fever clinics were also set up in major cities such as Yangon. These public health responses nearly collapsed after the advent of the political crisis, as evidenced by the lack of coordinated response during the third wave.

Socioeconomic responses: On 27 April 2020, Myanmar unveiled the Covid-19 Economic Relief Plan (CERP) to mitigate the economic impacts of the pandemic (Myanmar Ministry of Planning, Finance and Industry 2020). At the micro-economic level, a significant component of this plan included a provision of targeted cash assistance and food distribution to households without regular income. The first of these responses included provision of basic food items – rice, cooking oil, salt, lentils, and onions, etc. – to about 5.4 million households without a regular income in April 2020. This was followed by multiple rounds of cash assistance from May to November 2020, with an estimated 6.1 million households receiving cash assistance at least once (Lwin and Edwards 2021). Although CERP consists of measures to directly provide social assistance to help vulnerable households absorb immediate shocks due to Covid-19, it does not include targeted measures to support workers and businesses in the informal sector.

Education sector responses: Anticipating the negative impacts of school closures due to Covid-19, the MoE developed a national response and recovery plan for the education sector for the period covering May to October 2020 (Myanmar Ministry of Education 2020). According to the Myanmar Ministry of

Education (MoE), there were 9.7 million primary and secondary school children enrolled in Myanmar's education system for the 2019-20 academic year. The remaining 939,000 school-age children had already been out of school prior to the Covid-19 pandemic. The plan includes short-term strategies to ensure education continuity during closures of all institutions under the purview of the MoE (response phase – May to September 2020) and aims to provide guidelines for the reopening of educational institutions. The plans for the recovery phase consist of four priorities: (1) promoting education continuity through adapted distancing learning modalities including provision of alternative education programmes for out-of-school children and youth, (2) providing remote training and support for teachers, (3) ensuring students' and families' health and wellbeing, and (4) community engagement and communication at all levels during school closures (*ibid.*). During the recovery phase, the priorities include ensuring a return to safe learning environments, making an effective transition towards the resumption of face-to-face learning, a continued provision of training, support for teaching staff, and engagement with communities. Similar to the health and socioeconomic responses to Covid-19, educational sector responses also came to a halt with the advent of the political conflict.

Box 1.1 Myanmar's Covid-19 economic relief plan

The CERP outlines a set of policies and proposals that aims to mitigate the impacts of Covid-19 on Myanmar's economy. It covers a range of fiscal and monetary measures categorised into seven goals, ten strategies, 36 action plans and 73 actions. The government allocated approximately 2.9 to 3.7 trillion Myanmar Kyat (MMK) (£43.4 million; 2.5-3.2 per cent of GDP)² for the implementation of actions in the CERP. Overall, the plan encompasses strategies and actions for improving the macroeconomic environment through monetary stimulus, alleviating the impact of Covid-19 on the private sector, households and workers, promoting innovative products and platforms (such as mobile financial services to help the economy run), strengthening healthcare systems, and increasing access to Covid-19 response financing, including contingency plans. Measures designed to help reduce the impact on households include exemption from electricity tariffs, cash and in-kind assistance to vulnerable families, maternal and child cash transfers (240,000 beneficiaries in 2020), and emergency rations. Measures to help workers include deferment of social security contribution payments, an extension of healthcare benefits for unemployed workers registered with the social security board, proposals to start labour-intensive public works programmes, and employment for migrant workers returning from abroad. In addition, CERP includes a proposal to provide one-year working capital loans totalling MMK 100 billion to improve the working capital of micro-, small- and medium-sized enterprises (mostly formal sector firms).

Source: Adapted summary from Myanmar Ministry of Planning, Finance and Industry (2020)

² A conversion rate of £1 = 2,300 MMK was used throughout the report, although £1 was approximately equal to 1,800 MMK prior to February 2021. The current conversion rate to US\$ is US\$1 = 1,800 MMK and prior to February 2021 US\$1 was approximately equal to 1,300 MMK.

2. Study context and rationale

This study took place in Hlaingtharya township, one of the poorest areas in Yangon known for high rates of internal migration primarily from the adjoining Ayeyarwady Delta and the central 'Dry Zone' areas of Myanmar. Located to the west of Yangon, Hlaingtharya is the largest township by population in Myanmar (over 850,000 residents) and hosts more than 800 factories. It is also home to one-third of all informal settlements in Yangon (UN-Habitat 2020). The township has poor infrastructure and services relative to its large and growing population, resulting in numerous social problems including high crime rates, drug trade, and prostitution.

Child labour is a pressing issue in Hlaingtharya. Children can be found working in both the formal and informal sectors including garment and food/beverage factories, construction sites, family businesses, teashops and restaurants, and private homes (ILO 2015). While variations exist, children's work is typically characterised by low wages, long working hours, limited time off, unhygienic and hazardous work environments, and abuse and exploitation from employers. A recent scoping study, conducted in Hlaingtharya, found that working children typically come from impoverished households with high levels of indebtedness, which puts children under pressure to support their families financially (Constant *et al.* 2020). This economic reality, combined with social and cultural norms reinforcing expectations for children to work, traps them in harmful and exploitative forms of child labour.

Anecdotal evidence suggests that Covid-19 and responses to it have reinforced risk factors associated with engagement in WFCL and the conditions that facilitate children's pathway into exploitative labour. However, there is limited evidence on how exactly children engaged in WFCL and their families experienced the effects of Covid-19 and how the pandemic intersects with existing and emerging vulnerabilities to affect this vulnerable group. Many countries around the world implemented a wide range of responses to limit the spread of Covid-19. However, the impacts of these responses are not evenly distributed, with poor and marginalised groups more likely to bear the social and economic burden of these measures. This study examines how children involved in WFCL and their families are considered in the design and implementation of Covid-19 responses and how these groups fared in the aftermath.

Within this broader research objective, the study aims to answer the following questions:

- How does Covid-19 affect existing vulnerabilities that drive or trap children in WFCL (pre-Covid vs onset of Covid)? Which groups have been and continue

to be affected the most and why? Does Covid-19 push working children into more hidden and hazardous forms of WFCL? If so, what are the pathways?

- How does Covid-19 affect the livelihoods, living and working conditions, and physical and psychological wellbeing of children and vulnerable families?
- What are the coping mechanisms employed by poor families in response to Covid-19?
- What are the short- and long-term effects of Covid-19 relief policies on child labour?
- What are the positive and negative (unintended) impacts of these efforts?
- How does Covid-19 affect systems and services that support children?
- How does disruption to education caused by Covid-19 affect educational and employment prospects and the overall human development of children in vulnerable situations?

3. Methods

This study employed a combination of desk research and qualitative methods. Desk reviews focused on the impacts of Covid-19 on various socio-economic indicators in Myanmar. Primary data collection took place from September to December 2021. During this period, a total of 78 semi-structured interviews and four field observation sessions were conducted as follows:

- 50 targeted family interviews with children and guardians from households with at least one working child;
- 13 key informant interviews with community stakeholders based in Hlaingtharya;
- 15 key informant interviews with stakeholders from non-governmental organisations and civil society organisations providing services to children; and
- four field observation trips capturing dynamics of WFCL on the ground (conducted in December 2021).

Targeted family interviews with children and their guardians focused on exploring their experiences of Covid-19 including how the pandemic and responses to it affect various aspects of their lives (income and livelihoods, living and working conditions, health and wellbeing, engagement in WFCL, etc.). Of the 50 households interviewed, ten interviews were exclusively with children as their guardians did not wish to participate but granted permission to allow their children to be interviewed. All the 50 family interviews included at least one working child, and eight included two children from the same household, bringing the total number of child participants to 58.

Key informant interviews with community members focused on their knowledge and lived experiences of the impact of Covid-19 on issues in their communities including impact on working children and vulnerable populations. The interviews sought to identify how Covid-19 has impacted communities in Hlaingtharya including migrant families and children and how they responded to the challenges presented by the pandemic. Respondents included community volunteers, faith leaders, factory supervisors, teachers, and business owners.

Key informant interviews with non-governmental organisations (NGOs), civil society organisations and service providers primarily focused on how Covid-19 impacted (a) their target populations, (b) their programmatic activities and service provision, and (c) how these impacts on their operations in turn affected their beneficiaries. Key informants were from organisations providing different

services including child protection and child rights, health, legal aid, education, gender equality, and disability rights.

Field observations were conducted using a combination of windshield and walking surveys in neighbourhoods and hotspots known for the presence of clusters of working children. The observations gathered information on the situations of WFCL on the ground and changes due to Covid-19 and insecurity. Although the research team wanted to conduct field observations over time, it was not feasible due to security concerns.

3.1 Sampling and recruitment

Before the start of data collection, the research team held a virtual meeting with three Tdh staff experienced in working directly with child labourers and their families in Hlaingtharya to identify strategies and channels to reach potential participants. Based on their suggestions, study participants were identified through a combination of local contacts, snowball sampling, and referrals from existing Tdh networks of trust. Recruitment was done by phone or in-person (primarily by one research assistant who is a Hlaingtharya resident). The study recruited a diversity of boys and girls in different age ranges who were engaged in a wide array of occupations (see Table 3.1 for details).

3.2 Ethical considerations

Before each interview, at least one phone call was made to potential participants to explain the study, identify their concerns, and answer their questions. During the scheduling of calls, interviewers assured potential participants that their participation was voluntary and their personal information would be kept strictly confidential before obtaining verbal consent. It was also made clear during the consent process that the nature of topics to be discussed would be non-political in nature and that participants could refuse to answer any questions that made them feel uncomfortable. Permission for audio recording was also sought prior to each interview. All but two participants granted permission for audio recording. Detailed notes were taken by the interviewer for those interviews. To compensate them for their time and participation, a phone bill top-up of 5,000 MMK (approximately £2) was directly deposited to the phone numbers provided by each family. To ensure inclusion of children and families who did not have access to a phone, the research team provided a keypad phone on the day of the interview and offered cash compensation.

3.3 Limitations

- Due to Covid-19 and security concerns, the study relied mostly on remote data collection. This posed challenges for trust and rapport building with study

participants, particularly children. Some responses were succinct and lacked detail.

- At the time of the interviews, the Covid-19 pandemic had been in Myanmar for almost a year and a half. Understandably, some participants discussed more recent events and omitted details when discussing earlier events that happened at the beginning of the pandemic. This recall bias compromised accuracy.
- Although children and guardians were interviewed separately to reduce parental influence on children's responses, some parents still guided children during the interviews (often the phone was on speaker). Culturally, it is common for parents in Myanmar to guide their children during conversations to ensure that their child responds to questions and behaves appropriately while speaking with an adult.
- Phone interviews were frequently interrupted by dropped calls, poor phone signals, and ambient noise. In addition, some respondents lived together with other households which might have compromised their privacy and prevented them from openly sharing their experiences.
- Due to limited access and remote data collection, the study could not include children working in more hidden spaces such as child domestic workers or those engaged in commercial sex work. Similarly, it was difficult to gain access to working children with disabilities.
- Before each interview, the interviewers tried to assess if participants were fluent enough to speak the Burmese language. All participants spoke fluent Burmese, but some respondents of Karen ethnicity stated that although they could understand Burmese and speak fluently, they could not articulate their experiences as much as they would like to due to Burmese being their second language.
- Although the study included non-Bamar households, all of them were of Karen ethnicity. This may be due to the fact that a majority of migrant families to Hlaingtharya came from the Ayeyarwady Region where Bamar and Karen comprise the largest ethnic groups.
- The sampling was purposive, and the views and experiences shared do not necessarily represent those of other children in Hlaingtharya.

3.4 Socio-demographic profiles of participants

Table 3.1 Household and child participant characteristics

Household characteristics (total = 50)	
Household size	Mean [range]
Number of household members	5.2 [2-10]
Number of children	3.3 [1-8]
Number of working children	1.4 [1-3]
Migrant status	Number (%)
Hlaingtharya origin	15 (30%)
Migrant	35 (70%)
Child Participants (total = 58)	
	Number (%)
Age (years)	
10-13	16 (28%)
14-17	42 (72%)
Gender	
Female	31 (53%)
Male	27 (47%)
Highest education attainment	
No schooling	1 (1.5%)
Elementary or lower	23 (40%)
Middle school	33 (57%)
High school or higher	1 (1.5%)
Education status	
In school	3 (5%)
In school until Covid-19	33 (58%)
Out of school	21 (37%)
Marital status	
Single	58 (100%)
Ethnicity	
Bamar	49 (84%)
Non-Bamar	9 (16%)
Religion	
Buddhist	50 (86%)
Christian	8 (14%)

Occupation	
Casual worker	7 (12.1%)
Construction worker	4 (6.9%)
Factory worker	13 (22.4%)
Home-based worker	6 (10.3%)
Informal enterprise/shop/processing unit worker	7 (12.1%)
Street/market vendor	6 (10.3%)
Teashop/restaurant worker	2 (3.4%)
Waste collector	11 (19%)
Bus assistant	2 (3.4%)
Disability status	
Yes	2 (3%)
No	56 (97%)

Source: Data obtained during field research.

Among the households that participated in the study, the household size ranged from two to ten people and the average number of children was three point three children per household. The number of working children ranged from one to three children. More than two-thirds of households were from migrant households.

More than 70 per cent of children involved in the study were aged between 14 and 17, with the rest between ten and 13. The youngest child participant was ten years old. In terms of gender, there were slightly more girls compared to boys (31 girls vs 27 boys). All the children interviewed were unmarried. More than four-fifths were of Bamar ethnicity (the largest ethnic group in Myanmar), and the rest were of Karen ethnicity. Almost 90 per cent of respondents identified themselves as Buddhists and the rest identified as Christians. Two children with a disability were interviewed as part of the study.

Two-fifths of the children had primary school education, and almost all of the rest – except for one child who did not have any schooling and one who was in high school – were in middle school. One child who had primary school education and three who had completed middle school, studied in monastic education programmes. More than half of the children in the study said they had been attending school until Covid-19 arrived but were no longer in attendance at the time of interview, although schools had re-opened. More than one-third were not in school prior to Covid-19. Two out-of-school children reported attending a non-formal education (NFE) programme. Three children were in school at the time of the interview.

The children in the study were involved in a wide array of occupations (Table 3.1). Children doing factory work and waste collection made up almost two-fifths. Almost one-fifth of the children were involved in casual and construction work.

4. Impact of Covid-19 in Myanmar: Summary of the literature

Since the arrival of the Covid-19 pandemic, studies have been conducted to understand the magnitude of Covid-19 impacts on different socioeconomic indicators in Myanmar. Some were conducted prior to February 2021 (and thus they captured the impacts of the first and second waves of Covid-19), but others were conducted after (and thus they measured the combined effects of Covid-19 and insecurity). Key findings from the literature relevant to the study are grouped into categories and summarised below:

1. Household Vulnerability Survey, December 2020 (UNDP 2020)

This survey was conducted by the Central Statistical Organisation of the Myanmar Ministry of Planning, Finance and Industry with support from the United Nations Development Programme (UNDP). It included 2,016 nationally representative households who participated in the Myanmar Living Conditions Survey 2017 (Myanmar Ministry of Planning, Finance and Industry, UNDP and World Bank Group 2020) to understand changes in their social and economic circumstances before and after Covid-19 arrived. Fifty-two per cent of respondents were women and 11.9 per cent included female-headed households.

2. The Impacts of Covid-19 in Informal Settlements in Yangon, November – December 2020 (UN-Habitat 2021)

This survey, conducted by UN-Habitat Myanmar, included 1,680 households from seven townships (240 respondents from each township) including Hlaingtharya, which has the highest concentration of informal settlements in Yangon. The survey was a follow-up to the UN-Habitat Myanmar rapid assessment of 100 households in informal settlements in April 2020. Almost half (46 per cent) of the respondents were women.

3. Livelihoods, Poverty and Food Insecurity in Myanmar, June 2020 - December 2021 (Headey *et al.* 2021)

The International Food Policy Research Institute (IFPRI) conducted ten rounds of the rural-urban food security survey between June 2020 and December 2021. The survey respondents included about 2,000 mothers of young children from Yangon, the rural Dry Zone (central Myanmar), and recent migrants. Given that the focus of this study was on urban Yangon, findings relevant to Yangon, where appropriate, are summarised below.

4. Myanmar People's Pulse Survey 2021, September 2021 (UNDP 2021)

This telephone-based household survey conducted by the UNDP includes 1,200 nationally representative households during May and June 2021. More than half of the respondents were female (54 per cent) and 69 per cent of households were those with children. The survey focuses on socioeconomic conditions in Myanmar after the political crisis that began in February 2021.

5. Covid-19 and Child Labour in Myanmar: Situational Assessment, July 2020 - January 2021 (ILO 2021b)

This assessment was conducted by ILO, together with Kanter Public Information Myanmar, between July 2020 and January 2021 in six states and regions including Yangon Region. It included 1,091 surveys with parents and children in low-income households, supplemented by 20 surveys and 19 interviews with community leaders, six policymakers and five media representatives.

4.1.1 Household income

- Eighty-three point three per cent of households in Myanmar reported an income reduction (an average drop of 46.5 per cent between 2019 and 2020). Households in rural areas and those with children were more likely to face a drop in income. 94.4 per cent of households running a business or businesses related to buying and selling reported a loss of income (UNDP 2020).
- Ninety-one point three per cent of urban households attributed income loss to Covid-19 compared to the national average of 81.8 per cent (UNDP 2020).
- Over 90 per cent of households running home-based businesses outside of the agricultural sector reported income loss due to Covid-19 (compared to 62.5 per cent in the agricultural sector and 72.9 per cent in wage employment). Households with members employed on a temporary basis had greater income loss – 86.3 per cent, compared to 62.6 per cent for those holding permanent jobs (UNDP 2020).
- Compared to April 2020, 93.1 per cent of the households residing in informal settlements reported an income reduction over the past 30 days, with 7.4 per cent reported having no income in the previous 30 days. This led to a reduction in household expenditure. Twenty-nine per cent of the households spent less than 100,000 MMK (£43) after April 2020, compared to 2.3 per cent before (UN-Habitat 2021).
- Across all survey rounds (June 2020 to December 2021), three-quarters of households reported a reduction in income. While rates fluctuated, loss of income and reduction in opportunities for day labour resulted in a negative change in income for both Yangon residents and recent migrants (Headey *et al.* 2021).

- Almost three-quarters (73.6 per cent) of all households and 78 per cent of urban households reported a decline in monthly household income since February 2021 (UNDP 2021).
- On average, households faced a 23 per cent reduction in income between January to December 2020 and February to May/June 2021. These figures were higher among urban households (29.9 per cent) and households living near conflict zones (30.7 per cent). Almost one in ten respondents (9.8 per cent) reported not having any income (UNDP 2021).
- Eighty-two per cent of respondents reported a decline in household income (ILO 2021b).

4.1.2 Household debt

- There was an increase in the number of households in informal settlements with household debt in the 90 days following the Covid-19 pandemic (73.7 per cent compared to 59.6 per cent before the pandemic). In Hlaingtharya, it rose from 62.1 per cent to 74.6 per cent. Eighty-five point three per cent of the respondents reported borrowing money more than once in the previous 90 days, with almost one-fifth (19.4 per cent) borrowing at least four times. Eighty-four per cent of the respondents reported having an outstanding debt. Borrowing money for food was the most common reason (73.4 per cent), followed by loan repayments (25.4 per cent) (UN-Habitat 2021).
- Nearly half of the respondents took a loan during 2020 and 75 per cent of them did so to meet basic household needs (ILO 2021b).

4.1.3 Poverty

- Income-based poverty (poverty line set at US\$1.9 per day) rose significantly from pre-pandemic levels due to lockdown and economic restrictions due to Covid-19 in both urban Yangon and rural areas. The pre-pandemic rate of poverty in Yangon was 10 per cent in January 2020 and has risen since the onset of Covid-19. In the months of September and October 2020 new highs were reached in Yangon of 60 and 62 per cent respectively before dropping to 49 per cent in November. It remained between 45 per cent and 51 per cent until September 2021 regardless of Covid-19 incidence. In the last round of surveys conducted in December 2021, the poverty rate fell further to 30 per cent. Recent migrants to Yangon fared worse than those who lived in Yangon (50 per cent in December 2021) (Headey *et al.* 2021).

4.1.4 Employment

- Casual labour (46.2 per cent) was the most common occupation, followed by skilled construction work such as working as a mason or carpenter (30.4 per cent), vending in the streets, working in small shops or markets (26.2 per cent), factory work (21.6 per cent), driving (trishaw, motorbike, bus, taxi) (17.6 per cent), and others (13.4 per cent).³ In industrial areas such as Hlaingtharya and Shwepyithar, about one-third of the respondents worked as factory workers (UN-Habitat 2021: 14).
- Eighty-eight per cent of households in informal settlements reported that at least one family member had lost their job in the last 90 days (compared to 81 per cent reported in April 2020). Sixty-nine point one per cent reported having one family member losing their job and 31 per cent reported at least two family members who had lost their jobs (UN-Habitat 2021).
- Households with self-employed workers had the largest share of cessation of economic activities (35.8 per cent), followed by employees (28.8 per cent) since February 2021 (UNDP 2021).
- Forty-one per cent reported loss of work for at least one family member (ILO 2021b).

4.1.5 Access to healthcare

- Eighty-five point six per cent of households in informal settlements faced difficulty accessing healthcare due to financial hardship. Forty-two point nine per cent reported fear of being perceived as having Covid-19 hindering access to healthcare (UN-Habitat 2021).
- Almost two-thirds (60.6 per cent) of households reported difficulty accessing healthcare, a sharp increase from 26.9 per cent reported in the Household Vulnerability Survey conducted in October 2020 (UNDP 2021).

4.1.6 Housing and security of tenure

- Fifty-five point eight per cent of households in Hlaingtharya reported living in a rented house and 77.9 per cent had difficulty paying for housing expenses. Ninety-four per cent reported not having a document to prove land ownership and 58.3 per cent reported feeling insecure about being evicted from their present dwelling (UN-Habitat 2021).

³ The percentage totals are greater than 100 per cent, as some respondents worked in more than one job category.

4.1.7 Food security

- In terms of food security, 85.6 per cent of respondents across all seven townships reported not having food stock that could last a week (79.6 per cent for Hlaingtharya). Almost one-fifth (17.4 per cent) of respondents reported skipping at least one meal during the past 7 days (17.5 per cent for Hlaingtharya). One-third of all households in the survey reported at least one family member reducing food consumption (30 per cent in Hlaingtharya) (UN-Habitat 2021).
- There was high frequency in reported instances of eating only a few kinds of food and not enough healthy food among both Yangon residents and recent migrants. Reports of food insecurity were the highest in the months of September and October 2020 presumably due to strict Covid-19 restrictions (Headey *et al.* 2021).

4.1.8 Food and cash assistance

- Nearly half (49.7 per cent) of households and more than one-third (35.1 per cent) reported having received cash and food support, respectively, from the government. Almost one-quarter of households (24.2 per cent) received one form of government support and 36.3 per cent reported two or more (UNDP 2020).

4.1.9 Coping strategy

- Forty-nine point six per cent of households reported increased borrowing since March 2020, with almost two-thirds (62.4 per cent) borrowing from banks, moneylenders and pawn brokers⁴ (UNDP 2020).
Thirty-nine per cent of households reported purchasing food on credit or borrowing food from shops or neighbours, with more than half of poor households (52.8 per cent) doing so. Almost half (46.7 per cent) of poor households reported a reduction in food consumption due to lack of means (UNDP 2020).
- Common coping strategies to Covid-19 included a reduction of non-food consumption, using cash savings, and borrowing money. In December, 51 per cent of households from urban Yangon and 46 per cent of recent migrants reduced their non-food consumption (Headey *et al.* 2021).
- Reduction of non-food consumption was by far the most common coping strategy for households. Borrowing money was also common: 36 per cent of households reported borrowing from friends or family and 29.5 per cent from

⁴ The survey does not differentiate between formal and informal credit. It is based on the source of creditor (family vs non-family).

banks, moneylenders, and pawn brokers. Similarly, more than one-quarter of households reported relying on savings and selling assets as coping strategies (28.8 per cent and 26.5 per cent respectively) (UNDP 2021).

- More than one-third (38.7 per cent) of households reported cutting back on household food consumption. Urban households were slightly more likely to use this coping strategy (41.7 per cent compared to 37.2 per cent for rural households) (UNDP 2021).

4.1.10 Covid-19 awareness

- Eighty-eight point four per cent of households in informal settlements reported awareness of three key actions (hand washing, wearing masks, and social distancing) for Covid-19 prevention. Eighty-five point five per cent reported planning to go to the nearest clinic or health centre if they had Covid-19 symptoms (UN-Habitat 2021).

4.1.11 Child labour

- Almost all (96 per cent) of the children interviewed reported not being in school at the time of the survey. Seventy-five per cent of parents said it was common or very common for children under the age of 14 to work in their township (ILO 2021b).
- Ninety-seven per cent of respondents indicated that their child contributed to household chores. Eighty-three per cent of children said that their contribution to domestic duties increased during 2020 while 40 per cent of parents confirmed an increase in children's involvement in household chores (ILO 2021b).

5. Results

5.1 Experiences of Covid-19 and Covid-19 responses

The findings presented in this section mainly draw upon the experiences of Covid-19 and response to it among children working in diverse occupations and their guardians in Hlaingtharya. When appropriate, insights from community key informants are included to enhance the richness of findings. Although the findings are organised into categories for analytical purposes, it should be noted that many of these factors are interrelated, and they interact with each other in important ways. For instance, food insecurity, payment of house rent, and household debt are interrelated factors amplified by the economic fallout and household-level income and livelihood challenges due to the pandemic.

5.1.1 Income and livelihoods

Children interviewed reported earning less income and faced more income instability after Covid-19 arrived compared to pre-pandemic times. Both working children in the formal and informal sectors faced disruptions to livelihoods, job loss, and income instability due to Covid-19. Children in formal sector employment – such as garment or shoe factory workers – faced layoffs or reduced working days as a result of worksite closures and businesses adjusting to low demand and supply chain disruptions. In response to these changes, workers were asked to work in rotation and paid only on the days they worked, resulting in a significant income reduction.

Because business was slow, they [the employer] asked workers to take days off. They [her daughter and her co-workers] had to rotate. They get notified in advance on which days they are not working. But only on the days they worked, they got paid.

(Mother of a 14-year-old girl working in a bakery)

Since Covid-19 came, income was getting less and less... before Covid, it used to be 270,000 MMK (£117) give or take [depending on overtime hours] but after Covid came, it is not going over 200,000 MMK (£87)... there are days they are asked to take a break. And when it happens, the income is even lower.

(Mother of a 16-year-old girl working in a hair processing unit)

Key informant interviews with factory supervisors confirmed that factories preferred flexible work arrangements and opted to hire daily wage workers for low-skill tasks (such as factory helpers) to drive down labour costs. Children who are not legally allowed to work typically filled these positions as day labourers. They were more likely to face layoffs when factories needed to reduce production or headcounts to comply with social distancing rules. They were also paid less than the minimum daily wage (4,800 MMK; £2.1), with daily earnings ranging from 3,000-3,600 MMK (£1.3-1.6). Some children said employers told them they would receive the minimum daily wage after three months of employment and after fulfilling a set of requirements such as not missing any workdays.

I get only 3,000 MMK (£1.3) each day as a day labourer. If I work overtime, I earn 4,800 MMK (£2.1) on that day. Before [Covid-19], I worked overtime till 8 pm and earned 9,600 MMK (£4.2) a day, and I could earn between 220,000 and 250,000 MMK (£96 and £109) each month. After Covid-19 arrived, I earned only 150,000 MMK (£65) per month. The factory also asked us to take a month off during Covid-19 and compensated us with only 50,000 MMK (£22).

(17-year-old girl working in a shoe factory)

Children working in the informal sector such as those working as waste pickers, street vendors, dock loaders, and day labourers in construction sites also faced livelihood challenges and income loss due to movement restrictions and social distancing rules. Children working in informal enterprises and home-based production units faced frequent interruptions to their work. Since most worked as daily wage workers or on a piece-rate basis, these interruptions resulted in income loss. Shortages of raw material supplies in food processing and small-scale manufacturing units resulted in reduced working days. Children working in chilli and canned sardine processing units who were on a daily wage said that due to shortages of raw materials, they were notified to take days off frequently.

Before [Covid-19], I used to get paid 500 MMK (£0.2) for an hour. After that [Covid-19], we don't get any overtime or incentive money anymore [which employers usually pay employees for not taking a single day off]. All we have to do is to finish the wig.

(15-year-old girl working in a hair extension unit)

Children engaged in street-based occupations also faced reduction in income as people were reluctant to have physical contact with them due to fear of getting Covid-19.

We could not go from one place to another easily because of restrictions. The kids also couldn't sell the flowers because car drivers wouldn't bring their windows down. They wouldn't let the kids approach their cars. So, income wasn't good.

(Grandmother of a 15-year-old boy selling flowers)

During periods of high Covid-19 rates, construction sites, shops and factories were ordered to close as a disease containment measure. Combined with stay-at-home orders, these restrictions resulted in income loss for children for extended periods of time. Others faced layoffs without any compensation.

Around the time Covid just started, I was working in a factory but later I had to quit because the factory was closed when Covid cases got higher. And now I heard they were bankrupt. I was working on daily wage, so I had no choice but to quit when they asked. I heard some [formally employed] workers got compensation. For me, I was a day labourer, so I didn't get it.

(17-year-old girl working in a garment factory)

Even when worksites reopened, reduced work hours led to lower income. Children said jobs were harder to find and even when they found them there was no guarantee that they would get paid in full for the days where work was less busy and they were asked to finish early.

5.1.2 Working conditions

Covid-19 and responses to it have negatively affected working conditions for children involved in both formal and informal employment sectors. The majority of children interviewed reported changes in their working hours and schedules before and after the arrival of Covid-19. Some started working in hazardous work environments where they were exposed to harmful chemicals and at increased risk of physical injuries and poor ergonomics, carrying potential long-term health consequences. Some children experienced workplace accidents leading to minor injuries.

Among the children interviewed, 13 worked in the formal sector such as garment and shoe factories; 13 children worked in small-scale informal enterprises and home-based shops (cutting fish and betel nuts, sorting chilli and dry fish, processing hair for wigs and extensions, cleaning bottles, etc.); 17 were involved in street-based occupations such as street and market vending and waste picking; 11 worked as casual or construction workers; two worked as live-in workers in home-based food production units, retail shops, teashops and restaurants, and two worked as bus assistants at the highway station. At the time of interview, 13 of the children were looking for a job.

Working hours

Worksite closures and supply chain disruptions due to Covid-19 substantially impacted working hours and schedules. For children working in formal sector employment, they faced a reduction in the number of working days and hours, including overtime. Many of them worked for three days per week, but some reported working up to six days. Their work duration ranged from eight hours on a regular schedule to up to 12 hours including overtime. The reported drop in working hours was typified by a 15-year-old girl working at a garment factory, commenting that 'I work from 7:30 am to 4:30 pm. When there was overtime, I used to work from 7.30 am until 6.30 pm. But now, I don't have overtime anymore.' Similarly, children working in small home-based manufacturing and processing units overall had a reduced number of working days. However, as piece-rate workers, their working hours and schedules were determined by the amount of work and order deadlines. Many faced unpredictable work schedules and workloads under these flexible arrangements.

They came to wake us up at 4 am or sometimes at 5.30 am. We do not have a regular working day; the work depends on when and how much fish they could get for us to work. This week we only have three days of work.

(13-year-old girl working in a fish processing unit)

For those children, they often had a short period (5-7 days) of heavy workloads and continuous working days with overtime, followed by days without any work or pay. Some reported that on those spells of heavy workloads, they worked for 12-15 hours a day with limited breaks. Some were even asked to take extreme measures such as sleeping at work so that they could work around the clock.

After Covid-19 arrived, we only had ten to 15 working days a month. I work from 7 am to 5 pm [on a normal working day]. Sometimes, I had to work overtime, sleeping at the workplace for a night or sometimes five days straight to finish the wig urgently. We go to bed around midnight. I don't get paid for such overtime work. I get nothing; I only get paid when I finish the wigs.

(16-year-old girl working in a hair processing unit)

Similarly, children working in street-based occupations confirmed that although they were not bound by work schedules set by employers, they also worked shorter working hours during stay-at-home periods. Children continued to face challenges in accessing public facilities and their informal workplaces even when these restrictions were lifted, leading them to adjust their work schedules and find alternative ways to access their workplaces. A mother of two boys who collected recyclable materials at a dumpsite explained that her sons had to change their work schedules and find ways to enter the dumpsite as it was no

longer accessible to them after Covid-19 arrived. Navigating these barriers led children to spend longer hours working than they had done prior to the pandemic.

Now, they [her two sons] go to work at 3 pm [due to restrictions to the dump site] and wait for municipal staff to finish their duties and leave their office [to avoid them]. After that, they start working till 6 am the next morning. We [she and her husband] wait there to select and clean the waste they collect and return home around 8.30 or 9 am.

(Mother of a 14-year-old boy collecting waste)

For children working as street vendors, they reported working longer hours trying to sell out their merchandise. When sales were poor at their regular vending locations, they moved to other places in the hope that they might be able to find new customers. However, with people increasingly afraid of physical contact due to Covid-19, those efforts often translated into longer working hours without any guarantee of improving their sales.

Before [Covid-19], we only worked in the evenings, leaving at 2 pm and returning home at 7 pm. Because the flowers are not selling well, we now have to sell both during the day and at night. We leave early in the morning at 6 am and came home about 9 or 10 pm.

(13-year-old girl selling flowers)

Occupational health and safety

As children had fewer choices in terms of where they work and what type of work they undertook due to Covid-19 restrictions, many were forced to work in dangerous work environments. For children in street-based occupations, they were at higher risk of facing violence, discrimination and abuse after the pandemic arrived as they worked in unfamiliar locations in the evening hours without parental supervision to make up for poor sales. Children who sold flowers at busy road intersections and traffic lights said although they themselves had not faced any accidents, there had been some fatal and serious car accidents that happened to fellow street vending children. Others said they worked under direct sunlight and inclement weather for long periods.

Before [Covid-19], we finished selling [flowers] early... and then we could rest after that. Now, we could not rest as we were unable to finish all of the flowers [due to reduced public consumption]; instead, we had to walk around different streets until all of the flowers were sold.

(15-year-old boy selling flowers)

Children involved in the study reported facing occupational health problems from doing repetitive tasks, sitting for long periods of time, or carrying and lifting heavy objects. Physical health symptoms children mentioned included tiredness, headaches, back and body pain, burning and sore eyes, and shortness of breath.

Children who cleaned bottles for reuse reported getting skin burns from working with chemicals without proper protective equipment, while those involved in fish processing and cutting betel nuts had cuts, bruises and wounds from operating sharp knives and cutters. Those whose job involved sorting chillies experienced eye burns.

Because the fish are very big, if the knife slips while cutting them, my hand might be cut off. I use a large steel knife. I once lost one of my fingernails, although it was a long time ago.

(14-year-old boy working in a fish processing unit)

According to a business owner running a betel nut business, the tasks and equipment were actually intended for adult workers. Yet, children filled in these piece-rate jobs as a way to support their families and consequently, faced occupational hazards.

Actually, this job [cutting betel nuts] is better suited to adults. Sometimes, their fingers get burned and they accidentally cut themselves while cutting betel nuts like cutting their finger. It also happened to me once. But the next day, they still came to work since they had troubles [feeding themselves]. That's why I prepare some basic medicine and bandages for them.

(Business owner)

Carrying or lifting heavy loads was also common for boys working in factories, home-based processing units, construction sites, wholesalers, and the docks. They complained of back pain and soreness, but some said they got used to it.

Sometimes, I asked him [her 14-year-old son] and he told me when he felt exhausted from work. I felt very sorry for him when he said "Mum, they asked me to carry many heavy fabric rolls and we had to lift and carry huge fabrics loads." He is still young although appearing stronger and bigger than his actual age.

(Mother of a 14-year-old boy working in a garment factory)

In most cases, employers were unprepared for occupational accidents and injuries. When sickness or accidental injuries occurred, employers rarely covered medical expenses. A 14-year-old boy who worked in a Chinese home-based

dumpling shop shared that his employer brought him to a clinic after he had injured himself; breaking his hand while assisting with moving things. After the clinic visit, he was sent back home and asked to take unpaid days off. After a week, he was dismissed from his job without any compensation.

5.1.3 Food insecurity

Livelihood disruptions and income shocks triggered by Covid-19 and responses to it increased food insecurity among households with working children. The levels of food insecurity varied among the households interviewed, but those with children and family members surviving on daily wages were the hardest hit due to irregular incomes. Episodes of acute food insecurity and hunger were the most common during the months of high Covid-19 incidence when lockdowns and movement restrictions hindered work. However, working children and their families in poverty continued to experience food insecurity even after the relaxation of Covid-19 rules due to the scarcity of jobs and intermittency of work.

Households of children in WFCL coped with food insecurity in different ways. Some reported skipping meals or reducing food consumption while others ate scantily with what they had, such as eating rice with salt and oil, shrimp paste, or fish sauce, or vegetables picked from nearby fields.

He [her child] works as a dock loader and when the cargo ship comes and there are things to move, he gets paid. If there isn't any, he doesn't get paid. But he goes to work there every day. For his sister [her daughter], when it's her turn to go to work, she goes. She just stays at home on other days [and does not get paid]. So, we cannot make our ends meet. Sometimes, one meal for the whole day. There are days we get by with one meal.

(Mother of a 15-year-old boy working as a dock loader)

We do random jobs and earn about 2,000-3,000 MMK (£0.9 -1.3), and we survive on it. We don't really care if there is nothing to eat. Honestly, the other day we only had fish sauce. We couldn't eat it on its own because it was smelly, so we mixed in some hot water. And we got two small fish from neighbours and ate that with some watercress leaves.

(Mother of a 14-year-old girl doing casual labour)

Some families discussed that they had late meals as they first needed to work to earn the money for buying food daily. On days without income, families coped with their immediate food shortage by borrowing from neighbours or neighbourhood groceries on credit.

For food, we don't take a lot of credit. Only for about 3,000-4,000 MMK (£1.3-1.7) to buy basic necessities like rice, oil, and onions. It works like this. If I take 3,000 MMK (£1.3) worth of food today, we pay them back. Once we pay them back, we take another credit for food. It's from a grocery store nearby.

(Mother of children collecting waste)

Covid-19 relief support in the form of food support packages – rice, oil, onion, lentils, eggs, etc. – from the government, NGOs and private donors, to some extent alleviated food insecurity and hunger for families of working children. The effects are, however, short-lived because the support was infrequent (on average two to three times over a period of more than a year) and coverage was low. Forty families involved in the study reported receiving food support at least once. Most received support from the government, but some families received from private donors and UN agencies. Many families said that they could survive on food support for about a month, after which they had to find other means to support themselves. Some families who did not have documentation (family registration, national identity cards, etc.) or a permanent address due to living in informal settlements were left out of Covid-19 support from the government.

5.1.4 Household debt

More than half of the families interviewed said that they had debts from taking loans before or during Covid-19. Given that these loans were informal, interest rates and repayment schedules varied widely. The rates mentioned by the families interviewed ranged from 5 to 30 per cent and the repayment schedules were usually set between ten days and one month. Typically, the rates were lower when the loan was taken from relatives or friends, although most families took their loans from informal moneylenders, since people in their social networks were also affected financially by Covid-19. A community member living in Hlaingtharya noted that interest rates tend to be higher if moneylenders do not have a pre-existing relationship enabling them to trust whether the debtors could repay their loans.

Even before the pandemic, many poor households in Hlaingtharya already had debts from high-interest loans taken from informal moneylenders. While these high-interest loans lock poor families into a constant state of indebtedness and at risk of losing assets, they serve as a quick fix to their immediate daily needs. Lacking access to formal credit, families had adapted to living with this reality until Covid-19 disrupted their livelihoods and incomes. Even those who had been debt-free prior to Covid-19 reported taking informal loans to cover immediate financial needs arising from emergencies and shocks.

Several families mentioned that some sympathetic moneylenders reduced interest rates or delayed repayment schedules, but for most families shrinking incomes due to intermittent employment meant that they could barely afford to repay even the interest. This is particularly challenging for families who relied on a single source of income from a working child.

During the Covid period, I couldn't go to work [due to factory closure]. I still cannot do overtime work. I come back home early around 4 pm [with overtime, it would be 6-7 pm] and I only make 45,000-50,000 MMK (£20-22) a month. My mum cannot work, so our debts have gone up... Every month we must repay those and still can't repay all of them. My mum is sad and I'm sad too. It's very difficult. Before Covid happened, I could work overtime and earned around 150,000 MMK (£65). Because I couldn't repay the loans on time, the creditors came to us and verbally abused us. They said, "Why did you take them if you can't repay?". Before Covid, we wouldn't let such things happen. I went straight to them and gave the money as soon as I got my salary. Now with Covid, we have no choice but to put up with their abuse. I don't like to see my mum crying because of that. They gave us a month and a half to repay but after that, they came to us. Even after we paid the interest, they gossiped behind our back.

(17-year-old girl working in a shoe factory)

Even for families with many working members, a significant proportion of household income had to be set aside for repaying interest so that it did not get out of control. One way of doing this is by finding a compromise between loan repayments and household basic needs. A mother of three working children discussed how they allocated their income to keep their debts in check:

We are very tight financially which is why we borrow money. We can only pay back the interest every month. Because we have income only on some days, so we try to survive on the money the children make. If I am being honest, out of four people working [her husband and three children] in our family, we only use one person's income [for basic needs] and the rest goes to repaying that interest. As soon as the deadline is up, they ask us to repay. If we cannot, the loan amount goes up.

(Mother of children doing waste picking)

However, given their precarious livelihoods and diminishing incomes, many families with working children still struggled to keep their debts from spiralling out of control. For families who already had taken loans prior to Covid-19, prolonged periods without income led to devastating financial consequences. This happened to one of the families in the study who took a loan prior to Covid-19 when they had regular income from the parents' work as skilled construction

workers. When Covid-19 forced construction sites to close, both were jobless for months and they could not repay the interest on time. Consequently, their debts grew despite making extreme efforts such as skipping meals and making their child work to increase family income.

We took a loan of 60,000 MMK (£26) and we couldn't get out of it. We ended up paying 1,600,000 MMK (£696) because it was [a scenario of] interest over interest. When we came back from work, we had to make do with our meals with fish paste and repaid it using all the money we made. The interest was due every 12 days, and we couldn't pay back before that day, so those interests added up... it was taken before Covid but when Covid came, we just couldn't afford to pay it back and it blew up.

(Mother of a 14-year-old boy doing construction work)

To address their growing debts while simultaneously being affected by job loss and income reduction due to Covid-19, families devised different coping strategies to avoid increased debts and confrontation with creditors. Some, as the one discussed above, reduced their consumption to save money to pay interest on time, while others – particularly those facing health or income shocks – took loans from other creditors to repay the existing loans as a temporary solution. Some sold assets such as land they owned in their hometown at a reduced price to address urgent debt and consumption needs.

The availability of informal credit declined in Hlaingtharya, particularly after the third Covid-19 wave when the disease and insecurity affected families' incomes. Some moneylenders put a cap on loans while others stopped lending to poor families. This means there is little to fall back on for families in case of an emergency.

5.1.5 Housing

Hlaingtharya is home to one-third of informal residents in the city of Yangon and almost 55 per cent of residents in Hlaingtharya are renters (UN-Habitat 2020). More than half of the families involved in the study reported residing in informal settlements at the time of interview.⁵ The rest reported living in other types of housing such as dormitory-style rental units, rental houses, and houses constructed on leased land. Eight out of 29 families living in the informal settlements were rent-paying tenants. Rental prices are typically lower in these informal settlements compared to those in other residential areas in Hlaingtharya.

⁵ Many participants' housing status changed during the study due to different circumstances.

Families who lived in rental housing reported that they struggled to pay rent on time after Covid-19 disrupted their incomes and livelihoods. Although some landlords extended the payment deadlines to keep their tenants, many families who survived on daily wages still struggled to save money for rent and were living with the constant fear of eviction.

We only rented this place less than a month ago. But it is already giving me a headache to pay a rental fee of 50,000 MMK (£22) [for the next month]. Then we will be allowed to stay. In the meantime, we are barely able to put food on the table. My daughter only earns 1,000 MMK (£0.4) on the day she is called to work. Today, she was not called so she doesn't work.

(Mother of a 13-year-old girl doing bottle cleaning)

Although families who owned houses in slums or residential areas did not have to pay rent, due to lower income during the pandemic, they had trouble paying for repairs for their houses – which are usually built with low-quality and salvaged materials and have leaking roofs, cracked walls, and broken doors.⁶ As a result, children and their family members were forced to live in unhealthy and poor living conditions.

Before Covid-19, we were doing a bit okay. We only had income from my daughter [who worked with a wholesale distributor], but we could survive on it. We could repair our house and stay safe and protected. My son [who started working as a dock loader] could also go to school. Now, when Covid came, jobs and income have become insufficient. This year [2021] has been the worst. We could not even repair our house; we have to live in an unprotected house [unable to shelter them from inclement weather]. We have to try so hard even for food.

(Mother of a 15-year-old boy working as a dock loader)

Because informal housing units are usually off the grid, residents have to buy electricity from informal vendors in their neighbourhoods. They also buy water for drinking and personal use due to poor water quality, although a minority of residents are able to get water from community wells.

We buy electricity and water from the vendors in the community. Electricity costs about 10,000 MMK (£4.3) per month. Water is about 500-600 MMK (£0.2-0.3) daily. Sometimes it lasts a bit longer if we use it sparingly but at most two days. When it rains, we do laundry with rainwater.

⁶ People who live in those houses usually repair them before the monsoon season as a protection against inclement weather.

(Mother of a 14-year-old boy working in a snack shop)

During the Covid-19 period, the price for these basic utilities soared along with other commodity prices, putting families at greater financial risk.

It [the rent] is 75,000 MMK (£32), it is expensive. The electricity price has risen even further, costing about 15,000 MMK (£6.5) per month. Before Covid, the price of electricity was lower. It cost at most about 10,000 MMK (£4.3).

(Mother of a 14-year-old boy working in a factory)

Families involved in the study coped with these housing related challenges in different ways. Some families mentioned that the first action they took was requesting their landlords to postpone payments or reduce rental fees citing economic hardship. Some landlords with whom they shared longstanding relationships granted their requests, but such cases were uncommon. Others, who could no longer pay rent because their income had ceased, reported that they had to find cheaper houses to rent. For one family, their landlord offered them a place in his backyard kitchen out of sympathy. However, it was ill-equipped to accommodate their large family.

Before Covid-19, we lived in a rented house, and could pay the rent because we still had some jobs in the family. Now, we don't have enough money to pay the rent regularly. So, we moved out and now stay in someone's kitchen as they allowed us to stay for free.

(Mother of a 10-year-old boy collecting waste)

Relocation involves a host of challenges and uncertainties and is burdensome for large families with small children. It can also disrupt one's employment. Weighing such risks associated with relocation, individuals who have assets or savings instead use these resources to finance their rent. However, only a few families in the study said they sold assets or used savings to pay rent. The rest who needed money to pay rent took high-interest loans in the hope that their situation would improve after Covid-19 abates. Striking a balance between repaying debts and rent while doing intermittent jobs is difficult, and this leaves rent-paying households in an even more vulnerable position in the long term.

It is not enough [to pay the rent] because my mother has to return the debt for the loans she has taken. Sometimes, there is no rice to eat after returning the debt. We are not doing well; my mother has to borrow money [to pay rent].

(14-year-old girl working as a street vendor)

As the pandemic progressed, this housing plight continued for migrant families in Hlaingtharya and forced many to return to their hometowns or relocate to other locations.⁷ However, some families resisted the idea of going back due to the scarcity of jobs in their hometowns. One family said they considered returning but did not have money to spend on transport.

Informal settlements and housing crisis

From July to mid-September 2021, the third wave of Covid-19 in Myanmar became a health crisis which severely affected the whole country including migrant communities and vulnerable populations in Hlaingtharya. Not long after the Covid-19 rates dropped in Yangon, another crisis ensued in October 2021 when residents of informal housing across the city had to leave their premises. As Hlaingtharya has the highest number of informal settlement clusters in the entire city, its residents including families with working children suffered the most. This crisis forced tens of thousands of residents in the informal settlements to relocate with virtually no time to prepare for alternative housing.

Almost half of the families interviewed faced the housing crisis (according to the latest follow-up done in December 2021). After vacating their demolished premises, many families moved to rental rooms in shared accommodation in or around their neighbourhoods, paying much higher rates than they spent for renting houses in the slums. A typical rent for a one-bedroom unit ranged from 40,000 to 75,000 MMK (from £17 to £33) per month (compared to 15,000 MMK (£6.5) on average for informal housing). For those families who were forced to relocate, housing rent suddenly became a major expenditure. Because the majority of these families were large in size, they encountered space issues.

Before, our house [in the slum] was spacious enough [for us to live], but this place [single bedroom rental place] is very cramped. We have to share and organise ourselves to fit in this tiny space. We even sent my sick sister back to our village. We must eat, sleep, and cook here. It is not okay.

(16-year-old girl working in a teashop)

Some children interviewed described their new living conditions as depressing, suffocating and confined, where rooms separated by thin walls made them feel their privacy and freedom were compromised.

Some families could not get a rental room as landlords did not want to rent to large families. As a result, they had to find alternatives such as leasing land plots on the outskirts of Hlaingtharya where they could build their own houses.

⁷ This was before the housing crisis that started in October 2021.

However, such options came at a cost as those leases usually require annual or bi-annual payments.

5.1.6 Education

School closures and disruptions as a response to Covid-19 affected access to education and learning opportunities for children in Hlaingtharya. The first Covid-19 wave in Myanmar started in March 2020 during the summer break for primary and secondary schools. Because of that, the school year was delayed and plans to reopen them were later suspended again due to the advent of the second wave in late August 2020. The emergence of the political crisis in February 2021 meant that schools were not in session for prolonged periods and even when they did reopen briefly in June 2021, rising insecurity prevented many families from sending their children to school. Schools were closed again in late July 2021 when the third wave comprising the Delta variant led to many Covid-related deaths.

Thirty-three children interviewed in the study said they were attending some form of schooling (public schools, monastic education or NFE programmes) until Covid-related school closures and disruptions forced them to close. Except for a few children who were working and going to school concurrently, most of these children said they were attending school on a full-time basis prior to the pandemic. Although a small subset of these children were able to continue their learning through study sessions offered by community volunteers and religious leaders, most were deprived of their learning opportunities both due to a general lack of alternatives and the demands of their work.

Children's views on continuing education

When asked if they wanted to go back to school, the majority of children responded in favour of schooling. They said they felt sad about not being able to be in a school environment and spend time with their friends. Some children, especially those in higher grades, expressed concerns about their future employment prospects without completing a high school education.

I was in school [before Covid-19 came]. I already passed Grade 9 and was about to attend Grade 10. I feel sad that I can't go to school anymore because of Covid. At this age, I should be in Grade 11 [final year of high school in Myanmar]. It's been two years. I don't feel good about it. I am getting older but still in a lower grade... I feel like my future is slipping by and I'm getting older.

(17-year-old girl working in a garment factory)

This sentiment was echoed by another child who expressed his desire to take the high school matriculation exam so that he has credentials for better employment in the future:

I want to go back to school but now the schools are closed. I don't know what to do. I want to go back to school, attend the 11th grade and take the [matriculation] exam. I will try. Whether I pass or not is another thing.

(14-year-old boy working in a snack shop)

Exposure to the “real world” through their work made some children realign their educational goals, preferring vocational training to prepare themselves for a job in the future.

Before Covid, I was in school and supposed to start Grade 10. I no longer plan to go back to school. My plan now is to get vocational training to learn sewing. But training schools are closed because of Covid, and I also need to save up money.

(17-year-old girl working in a shoe factory)

However, not all children were enthusiastic about going back to school. Being away from school for more than a year made some children hesitant to return as they felt embarrassed about their older age relative to their grade or had lost interest in studying. On this issue, one religious leader providing free learning sessions commented that children's educational aspirations vary, but the longer Covid-19 continues the more children will drift away from the educational pathway in favour of working.

Parents' view on children's education

The children's parents or guardians also discussed the importance of education for their children. Most expressed a desire to send their children back to school but also acknowledged that Covid-19 made it difficult to do so. Most cited worsening financial difficulties during Covid-19 as the primary reason why they asked or allowed their children to work. One parent explained the difficult choice their family faced when schools reopened in November 2021.

My wish is for him to become an educated person... We need to decide in the next two days what to do about this [going to school]. The issue is [financial] problems in the family. We don't have other things to think about, just that things aren't going well for us which is why he's coming with us [to work] in the first place... Before Covid came, our work was going well, so we imagined a different future [for our children]. Now with Covid and things happening outside [insecurity], we have many things to think about.

(Mother of a 15-year-old boy doing construction work)

When asked how they want to see their children in the future, most described the desire to see their children as educated persons and having a comfortable job. Some parents added that if circumstances are not in favour of their children continuing their schooling, they want their children to obtain vocational skills offering better employment opportunities than the ones they had.

I don't want to see them doing physically demanding jobs like I do. I want to see them working under the shade like in an air-conditioned room. I want them to get some form of education that would offer them a ticket to a good life.

(Mother of a 14-year-old boy working in a snack shop)

Access to education

Before the Covid-19 pandemic, access to education was limited for working children in Myanmar. Dropping out of school to enter informal work after primary school was a common pathway for school-age children from economically disadvantaged families including those in Hlaingtharya. Vocational training and non-formal education programmes attempted to provide an alternative learning pathway for these children, but these programmes were mostly inaccessible and very limited in coverage. Poverty, the preference for life skills development through work, and the perceived low quality of education deprive children of their right to education.

The interviews with parents and working children showed that Covid-19 amplified these barriers. Prolonged school closures and restrictions on assembly have made education even less accessible for both children who were in school until Covid-19 and those who had been out of school. Similarly, livelihood disruptions triggered by Covid-19 pushed at-risk children into child labour and made it more difficult for already working children to exit the vocation (more details on this in a subsequent section). On top of these barriers, cultural expectations for children with younger siblings to support their families and prioritise the future of younger siblings over theirs, reinforce children's reservations about continuing their education.

I was in school till Covid came. I took a break from school after it was closed due to the high number of Covid cases. I don't think I will be going back to school though. I will send my sisters to school and work to take care of my parents. After the pandemic is over, I want to work in a factory and support my parents.

(16-year-old girl working in a garment factory)

While there is enthusiasm among children in this study to continue their schooling, insecurity and the ongoing threat of Covid-19 hamper access to education for working children. As schools cease to offer protection for children, families who are willing to send their children back to school are faced with questions concerning the merits of schooling and the extent to which schooling promotes learning in understaffed and insecure school environments.

5.1.7 Physical and mental wellbeing

Covid-19 experience among families

Five out of the 50 families interviewed said that they were currently infected with Covid-19, although that was not confirmed by testing. Among those five, one family reported that children were also infected. Many other families, although they claimed they were not infected, also described having experienced Covid-like symptoms including fever, coughs, headache, and losing a sense of smell and taste during the three waves of Covid-19. The duration of sickness reported by respondents ranged from three days to two weeks. None of these families reported losing immediate family members due to Covid-19 although two families had a family member who passed away with a chronic illness after the pandemic started. A small number of participants discussed losing relatives and friends due to Covid-19.

Covid-19 knowledge and awareness

While discussions on the impact of Covid-19 weighed more heavily on its social and economic consequences, both adult and child participants in the study viewed Covid-19 as a serious health problem. During the interviews, they demonstrated their knowledge and awareness of Covid-19 prevention messages. They discussed taking precautionary measures including wearing masks, washing hands, applying hand sanitisers, washing clothes, taking a shower after coming back from outside, observing social distancing (to the extent they were able to), and staying at home during periods of high transmission (except to work and buy essential items). A 13-year-old girl who sold flowers and betel nuts commented: 'Since Covid started, we wear masks and use hand gels. We take a shower as soon as we get back home and wash our clothes.' Another similarly remarked that:

I didn't ask him [her son] to go out [during the Covid wave]. And when he did, I asked him to wear mask and apply hand gel [alcohol sanitiser]. We also washed the clothes with disinfecting soap and cleaned the house. We also disinfect the common bathroom in our shared rentals. We also spray disinfectant in the room before going to bed. We follow health guidelines and share with people health knowledge.

(Mother of a 14-year-old boy doing masonry work)

Factors contributing to heightened Covid-19 risk

In spite of their knowledge and adoption of Covid-19 preventive practices, working children and their families are at a heightened risk of Covid-related health consequences due to a number of factors including: (1) insufficient access to prevention supplies, (2) overcrowded living conditions, (3) low compliance with Covid-19 regulations in some workplaces and public spaces, and (4) survival challenges leading to lower risk perceptions. Our findings on each heightened risk factor are detailed below.

Insufficient access to Covid-19 prevention supplies: While a majority of children interviewed reported wearing masks to protect themselves from Covid-19, some children said they went to work without wearing masks because they could not afford to buy them. During the first and second waves of Covid-19, there were distributions of free masks and hand sanitisers from private donors. However, donations became infrequent when the pandemic progressed, and the prices for prevention equipment went up during the third wave. This led some children to wash and reuse disposable masks multiple times, increasing the risk of infection and transmission. Similarly, a community waste buyer noted that some children who came to sell recyclable items at his shop did not wear masks or wore the ones they picked up from the dumpsite. Employers rarely provided masks, often asking their workers to buy them themselves. Some workplaces also threatened fines for not wearing masks, forcing children to obtain them however they could or skip work on the days they could not.

Overcrowded living conditions: Since most of the families interviewed lived in the informal settlements and small rental rooms in shared accommodation, observing social distancing rules was difficult. Families whose members came down with Covid-like symptoms stayed at home while experiencing those symptoms. However, spatial limitations in their houses put other household members including children at risk. One adult participant who was sharing a dormitory-style rental place with other families explained how overcrowded living spaces put them at risk of contracting Covid-19 even if they stayed at home: 'I didn't get exposed to the disease directly because I didn't go out a lot. But I felt them [Covid-like symptoms] a bit because I was living with people who went to work. I felt slightly unwell' (mother of a 14-year-old boy working in a snack shop).

Low compliance with Covid-19 regulations: Children working in factories said that although their employers required them to do a daily temperature check and ensured that they wore a mask at all times and washed their hands frequently when Covid-19 rates were at their peak, those regulations were loosely applied when cases declined. Some children revealed that they stopped wearing masks

at work after cases subsided. Others, working on a daily wage, also said that they went to work even though they had a fever and other symptoms as they were afraid of losing their jobs. Similarly, although children engaged in street-based occupations reported facing stringent Covid-19 rules when cases were high, the research team's community visits in December 2021 – when the number of Covid-19 cases dropped after the third wave – found that almost all children working in public spaces, including crowded areas such as informal markets and the highway bus station, did not wear masks. This inconsistent application of Covid-19 regulations encouraged low compliance and increased exposure to Covid-19 risks for working children and their families.

Competing survival needs and low risk perception: Covid-19 created competing priorities which influenced how working children and their families perceived the health and social risks associated with it. Many families agreed that although the health risks posed by Covid-19 are serious, they pale in insignificance in comparison to the day-to-day survival challenges they experienced during the pandemic. This led some to thinking that they have no choice but to accept the risk of contracting Covid-19 for their daily survival.

People said we shouldn't go out to work because the disease is out there. But the kids still went out [to work] because we need to survive. We can't just stay at home. We can't avoid this illness. We just treated it like if it happens to us, so be it.

(Mother of children collecting waste)

As the pandemic progressed, this fatalistic way of thinking, initially borne out of the practical needs of making a living, contributed to lower perceptions of Covid-related health risks. Several respondents said they no longer cared about the risk of contracting Covid-19 and stopped seeing it as a serious threat. The same respondent from above added:

We didn't have Covid-19 in our family. We did get sick sometimes but it's just fever, runny nose, and body ache. Although we had those symptoms, I don't believe in the disease [Covid-19]. Some people visited clinics because they were worried that it might be Covid. For us, we don't. I just thought of it as a normal illness.

(Mother of children collecting waste)

While this view was not representative of all families interviewed, one child's description of changing risk perceptions in his community over time is of similar reflection:

During the first wave, people went out less. They washed hands and wore masks. They didn't stay close to each other. They exchanged a few words [when they met in person] and then left. But this time [during the third wave], people didn't seem to care anymore. They wear masks but usually on their chins. Social interactions have become warm again like before [Covid-19], not anymore like during the first wave.

(A 15-year-old boy working at a dock)

Health seeking patterns during Covid-19

Families identified self-treatment as the first line and most common form of treatment during the Covid-19 period when they felt sick. Self-treatment options included self-medication, traditional medicine, or buying drug cocktails – often Western medicine although in some rare cases, a mixture traditional and Western medicine – prescribed by unlicensed drug stores in their communities. Some reported taking medicine such as painkillers and other readily available medications as prophylaxis or prepared home remedies from herbs they picked on the way back home to prevent Covid-19.

We didn't have Covid. But we had family members who got sick during the Covid-19 period. Pretty much the whole family. Some got sick even twice. It took about 4-5 days for them but mine was longer, like 20-30 days. We didn't visit the clinic. We just treated ourselves with what we had. We got some medicine and Cevit (Vitamin C) from the [unlicensed] drug store near us.

(Mother of a 16-year-old girl working in a hair processing unit)

The decision to rely on self-treatment is driven by several factors. First, inability to cover medical costs was commonly cited as an obstacle to seeking care. Since health payments are out of pocket in Myanmar for all but a small fraction of formal workers covered by social security schemes, poor families, already stretched by the economic consequences of Covid-19, had trouble paying for health services.

The kids get sick often, but we couldn't afford to go to a health care provider, so we just treated ourselves with what we have at home. If we visit a clinic, it would cost money and we don't have it. We would need to borrow from others, but for that, we first need to pay the interest [for existing loans]. Otherwise, they won't lend.

(Mother of a 10-year-old boy collecting waste)

Fear of contracting and being diagnosed with Covid-19 during clinic visits was another factor that discouraged some families from seeking healthcare.

Narratives from the interviews suggest that this fear runs deeper than contracting the disease and stems from facing consequences including being taken to quarantine centres, and missing work – which would make their livelihoods even more difficult – or being absent for childcare duties.

I got sick first and after taking traditional medicine, I felt better... and one of my grandsons also had a high fever and I gave him paracetamol with warm water. After sweating a lot, he felt better. I kept asking him if he still got his smell. He said yes. We tried to treat ourselves discreetly. Actually, I don't think it was Covid. Thank God. The whole family was sick, but we didn't dare tell anyone. I was worried that they might come get us [and be sent to the quarantine centre] if the word went out.

(Grandmother of a 15-year-old boy selling flowers)

One family recounted how the fear of negative financial and social consequences associated with being taken into quarantine pushed them to avoid seeking care and take extreme measures to hide having Covid-19 symptoms from others.

During the first wave, I saw [Covid positive] patients taken to the school [which was designated as a community quarantine and Covid-19 treatment facility] located nearby. At that time, my [14-year-old] daughter and I [who were ill and had Covid-19 symptoms] were discreetly dealing with Covid-19 at home. If they came and took us, there would be no one to take care of my youngest [five-year-old son]. So, I told my daughter even if we die, we will stay at home. Our lips were very pale, and we couldn't even stand. When we did, we felt nauseated. We also had diarrhoea, and both felt very tired. So, I asked my daughter to put some lipsticks to mask our pale lips so that we didn't look like we were sick.

(Mother of a 14-year-old daughter working in a garment factory)

While preference for self-treatment due to household and individual-level challenges plays a significant part in families not seeking healthcare, the closure of private and public healthcare services and Covid-19 treatment guidelines also limited access to healthcare for these families. The Covid-19 treatment guidelines issued by the government dictated that suspected cases who presented with fever and Covid-19 symptoms be given care at designated fever clinics and testing centres (also referred to as Covid centres). This led private primary care clinics to turn away patients while some facilities were closed when Covid-19 cases were very high. According to a representative from a local non-profit health organisation serving Hlaingtharya communities, most clinics located in the area were closed during the peak months. This was confirmed by one participant who was pregnant during the first Covid-19 wave: 'One problem I had

was I couldn't have my regular appointments because the clinic was closed because of Covid-19' (mother of a 14-year-old boy doing construction work).

Mental health

The social and economic disruptions caused by the pandemic negatively affected the mental health of working children. Although a small number of children mentioned that they enjoyed spending time with their families during lockdowns and stay-at-home periods, most reported not enjoying the experience.

When asked to identify the sources of stress in their lives since the arrival of the pandemic, the majority of children in the study cited poverty and financial hardship as a major stressor. Despite their young age, working children, as contributors to household income, had first-hand experience of job and income instability and its subsequent negative impact on household consumption, loan repayments, and the ability to pay rent and medical expenses. These experiences of poverty, amplified by Covid-19, elevated their stress.

I feel sad because we don't have food to eat. I also feel sad because we don't have money to repay the debts. I tried to find casual jobs but still can't get hold of one because they are rare. I don't care what it is. I will do any kind of job, random jobs.

(15-year-old boy doing masonry work)

What changed [since Covid-19 started] is we don't have regular meals anymore. And people don't have jobs, so it's stressful.

(17-year-old girl working in a factory)

I had stressful moments during this Covid time. I was worried about getting infected with Covid and not getting my salary [due to not being able to work]. I thought what if I don't get my salary, how are we going to eat and repay the debts. I cried a lot after having those thoughts.

(17-year-old girl working in a shoe factory)

When Covid cases were high, there were a lot of stressful moments. My mum's health is not good [unrelated to Covid-19] and we got no money. The two kids [younger siblings] were complaining. When we have money, we go to see a doctor, but we just buy medicine [for her mother's health].

(14-year-old girl doing casual labour)

Similarly, the threat of lockdowns and uncertainty hanging over their jobs due to Covid-19 led to elevated stress for working children. This stress was further

compounded by concerns of not being able to meet basic household needs due to movement restrictions.

I'm worried that my work might be closed. If a lockdown is issued, my work will be closed, and we all will be asked to stay at home. I am worried what if we could not go out and buy food or other things. What's going to happen to us. That's why we bought some food with credit [from grocery stores] in case it happens. Just so many things to worry about.

(16-year-old girl working in a hair processing unit)

Children also described disruptions to their social life and daily routines as another stressor since Covid-19 started. Responses to Covid-19 in the form of lockdowns, restrictions on mass gatherings, and night curfews deprived children of freedom to spend time with friends or engage in outdoor social activities. Because almost all children interviewed spent long hours at work, inability to hang out or play with friends after work led to feelings of confinement and isolation. One child shared her feelings: 'I feel like crying. Before [Covid-19], when I came back after selling flowers, I could play. Sometimes I did homework together with my friends. Now I can't go out. My life has been confined to work and home' (13-year-old girl selling flowers).

In terms of gender differences, girls are more likely to experience feelings of confinement, except for those who are engaged in street-based occupations, as they usually work in indoor settings such as factories, retail shops or home-based enterprises, compared to boys who are more likely to work in open settings such as construction sites. In addition, even when Covid-19 rules were relaxed due to the drop in cases, girls had fewer opportunities to spend time outdoors after their work hours compared to boys due to prevailing gender norms. For instance, one boy in the study said he played chin-lone (a popular pastime group sport involving keeping a cane ball in the air in a circle) after work, but no equivalent outdoor activities exist for girls.

When discussing constraints on social life due to Covid-19, children who had been in school until Covid-19 expressed their disappointment at no longer being able to go to school. Several children said they felt sad because they could no longer meet their friends after school closures, and some reported that their friends had permanently relocated or returned to their hometowns due to financial hardship after the Covid-19 outbreak.

Although less frequently discussed than the above factors, negative social interactions and discrimination also featured as a stressor for some working children. A 15-year-old boy who sold flowers at traffic points said some drivers yelled at him for approaching their cars as they were worried about him transmitting the disease. He also said even regular customers shunned him as

he approached them. Similarly, according to a community member, working children face discrimination from people in the neighbourhood as they are thought to be carriers of Covid-19: ‘Children who go out to work get discriminated. Whenever someone started coughing and got sick people are like “It might come from these kids. They go to crowded places.” That kind of discrimination can affect children mentally’ (community volunteer).

Child abuse and mental health

Research shows that child abuse is strongly linked with negative behavioural, developmental, and mental health outcomes (Felitti *et al.* 1998; Herrenkohl *et al.* 2012; Widom 2014). During Covid-19, home is the primary venue of concern for child abuse as children are confined to spending more time with their parents and other adults. However, for children who are working, child abuse also takes place in their workplaces.

None of the children in this study reported experiencing physical violence or sexual abuse. However, many children reported that they experienced verbal abuse from their employers or supervisors. Children working as factory helpers said that their line supervisors verbally abused them whenever they made a mistake and constantly pressured them to finish their work by using offensive language. They were also reprimanded when they were seen taking a break or socialising with co-workers. Verbal abuse usually took place in front of others, making children feel ashamed. Although this experience was not new, some children mentioned that the experience got worse after Covid-19 arrived as jobs became less available and children could not afford to lose their jobs given their family’s economic hardship.

The factory helper job is very tiring. I get scolded all the time. I don’t get to say anything back. Even when I make a small mistake, they scolded us and even used swear words sometimes. It is very tiring [physically and mentally]. It happens every day... Before Covid, I could talk to them. After Covid came, I can’t do it anymore. They show their authority. We [the factory helpers] have to put up with their bad manners.

(17-year-old girl working in a shoe factory)

Because I was still young, I made some mistakes. It would have been so much better if they showed some mercy and taught me how to do something. Sometimes, when they yelled, the whole assembly line from front to back could hear.

(17-year-old girl working in a garment factory)

This culture of using verbal abuse as a way to manage workers is also common in small informal enterprises and teashops/restaurants, as one 16-year-old girl who had been in school and started working at a teashop after Covid-19 arrived explained:

The job isn't great but I'm doing it because things aren't going well at home. When I started working there, I broke a bowl and got scolded very badly... I felt really sad when it happened. Before [Covid-19] when I was in school, I never had to go through anything like that.

(16-year-old girl working in a teashop)

Children who worked as street vendors and construction workers discussed that although they were not under constant scrutiny from supervisors, they still got scolded when sales were poor, or productivity was low.

Sometimes, verbal abuse is accompanied by punishment and economic exploitation such as fines and wage reduction when damage is caused or an error in the process is made. In some cases, employers knew that these costs were part of the production process, but still deducted them from the children's wages. These instances were more common in informal workplaces such as home-based food processing units or hair extension businesses, which had moved from factories to home-based shops and proliferated since Covid-19 occurred in neighbourhoods in and around Hlaingtharya.

When I did something wrong or was careless, she [the employer] scolded me. And when something went wrong with the head of hair, we were asked to pay fines. It hasn't happened to me. But it did to other people, and they said the fines are large. They only pay us about 40,000 – 50,000 MMK (£17-22) per head, but after deducting fines for damages or repairs, workers get about 20,000 MMK (£8.7)... They even deduct fines for broken needles. Those needles break very often. They deduct like 300-500 MMK (£0.1-0.2) per needle.

(16-year-old girl working in a hair processing unit)

The risks of child abuse during Covid-19 are even greater for live-in child workers who, in addition to verbal abuse and fines, face confinement and restrictions to personal freedom. One child who used to work as a live-in worker at a Chinese bakery shared his experience that in addition to verbal abuse from his employers they prohibited him from going out, fearing that he might bring the virus back and deducted his salary on the days he went outside. A grandmother of a child (who could not participate in the study because he worked every day from morning to evening) working as a live-in waiter at a teashop also reported that the employer did not allow her grandson to return to his house and

threatened the grandmother to repay the advance taken for his salary if she took him back:

He's been working there for three years. During the Covid-19 period, they didn't let him go back home. I went there to ask, but they said no. The teashop owner said, "we will take care of him as our own child". The kid was teary. I told my grandson if he doesn't want to continue working there, just tell me. I will take him back... I took one and a half month's salary as advance. About 70,000 MMK (£30). The kid knew when I took it. It was to build the house and he agreed to that... I will take him back after that advance is fulfilled. It's a very tiring job and he can't go back home. He asked me to find him another job that would let him sleep at night.

(Grandmother of a boy working in a teashop)

Coping with mental health challenges

Children in the study coped with mental health challenges posed by Covid-19 in different ways. Common coping strategies include talking to friends and family members, saying prayers, occupying themselves with other activities (such as playing mobile games, singing, reading, etc.), and keeping feelings to themselves. Sources of social support for children include co-workers, friends, neighbours, parents and to a lesser extent, siblings.

When I felt unhappy, I just played with my friends and that feeling disappeared. When I have something good to share, I talked to friends who I knew since childhood and sisters [not by blood]. They also share with me when they have a fight with their parents. Then I would tell them not to worry and everything will be fine. And I said jokes to make them feel better.

(14-year-old girl working in a garment factory)

The availability of social support varied among the children interviewed. Children who worked together with other children of similar age or in group settings – such as factory workers, dock loaders and street vendors – had more opportunities to stay connected and offer emotional support to one another: 'I am happy working together with my friends. We take turns talking and working' (17-year-old boy doing casual labour). Such opportunities for peer support are less common for children who worked with their parents or in isolated environments such as employer's homes (e.g., live-in workers). School and worksite closures made it even more difficult for them to see their friends. Some adolescents mentioned discussing their feelings and receiving emotional support from their parents, especially their mothers.

Children who kept their feelings to themselves did so for several reasons. One child said he was afraid that he might get humiliated if he opens up to others. Other children who remained silent did so because they were worried that it might affect their parents and family members who were already facing stress from financial hardship.

Despite the increased social and economic hardships due to Covid-19, many children in the study appear to remain hopeful for their future and show a positive outlook on life. When asked about their future aspirations, they did not hesitate to express their desire to pursue careers in different professions or start small business when they get older.

When Covid-19 is finally over, I want to go back to school. If I cannot go back to school, I will get a job in a factory or something similar. I want to become an engineer if I go back to school.

(14-year-old girl working in a home-based business)

5.1.8 Covid-19 and engagement in child labour

The Covid-19 pandemic has increased children's vulnerability to involvement in child labour, including its worst forms, by elevating livelihood risks, reducing households' ability to absorb shocks and interrupting children's education through prolonged school closures. Although some variations exist, the common trajectory for many children in Hlaingtharya entering child labour prior to the pandemic usually involved dropping out of school after completing primary education and doing informal work to support their families. The dilemma facing poor families as to whether to send their children to school or work beyond this point was far from straightforward and involved choosing between making a long-term investment in their children's future through schooling and addressing immediate household needs serviced through child labour.

Prior work on child labour in Hlaingtharya showed that this decision is typically influenced by different overlapping material and social factors including poverty, social norms, and the availability of alternative options to address poverty (Constant *et al.* 2020). Aside from economic reasons, some families – citing the perceived low quality of education – preferred their children to prepare for their futures through life and social skills derived from work. Others still preferred traditional education and enrolled their children in public schools. However, Covid-19 and response measures have swayed this decision in favour of child labour by limiting opportunities to access education (public, non-formal, vocational, and monastic), while amplifying economic and social risks that push families to rely on child labour as a coping strategy.

Children involved in the study generally fall into two categories. The first category includes children who were at risk of entering child labour due to their household economic circumstances prior to Covid-19. These children had either been in school or out of school but were staying at home without working (i.e., not participating in income generation activities) prior to the arrival of Covid-19. For these children, Covid-19 marked their first entry into child labour. Children in the second category include: (1) those who had already been engaged in child labour full-time prior to Covid-19, and (2) those who had a school-work combination prior to the pandemic.

Entry into child labour including WFCL for at-risk children

For children who had been in school prior to the Covid-19 pandemic, prolonged school closures and disruptions not only limited their learning opportunities but undermined their ability to learn. This absence of schooling as an option led to children expressing a desire to work and their parents asking them to help with family income in line with dominant social norms. While growing poverty due to Covid-19 plays a major role, in some cases, children's entry into child labour is simply due to the lack of an alternative role other than work.

Hair extension work has gained in popularity in the community and attracts both underage boys and girls to work there. Some of these children just made pocket money from that job. But they do it because they could not go to school and have nothing to do at home. Their chances of resuming their education are slim.

(Religious leader based in Hlaingtharya)

To some extent, it was also the case for some out-of-school children who had not been working and staying at home prior to the pandemic. These children had dropped out of school due to their parents' inability to pay for their education or other personal reasons, but instead of partaking in the labour market, they either helped with household chores and caregiving duties, or stayed at home. They also became involved in child labour in order to contribute to family income during the Covid-19 period.

Before Covid, I didn't have a job [and was already out of school prior to Covid]. I just relied on my parents. Then suddenly Covid came. Everything got closed. Restrictions came. So, I spent more time with my family. I started to have more interest in working and the outside world. Then it occurred to me that if I am no longer going to school, I should work. After that, I started looking for a job. My father did not even know.

(16-year-old boy doing home-based work)

However, for most new entrants to the labour market, school closures and livelihood challenges due to unemployment and income reduction for adult family members came together to facilitate their trajectory into child labour. When asked how as a family they had reached the decision for their child(ren) to work, both parents and children pointed to growing poverty and the worsening economic situation and children not having to go to school as the primary reasons. Many families described having greater challenges in finding jobs and losing incomes during the second and third waves of Covid-19.

In 2020, at the start of Covid-19, I still had a job every day, with just a reduced income. And there were some Covid support donations, so we could still manage to survive. But in 2021, we did not have a job every day, instead only working every two or three days.

(Mother of children doing casual labour)

This triggered some children to find jobs voluntarily to help their families, while others were asked to work by their parents. Although children's work was meant to be supplemental, some children became the main income earners in their households due to adults facing unemployment. For several families, although adults still had an income, they turned to child labour because their salaries were paid at the end of each month, and they could not wait until then to survive.

In 2021, particularly during the third wave, our family's situation worsened; their [the children's] father was unable to find a job on a daily basis, and I was unable to sell things at the market. So, our situation grew so dire that my daughter began working at a factory, borrowing an identification card from someone who had already turned 18.

(Mother of a 13-year-old girl working in a factory)

Entry into child labour is also facilitated by health shocks, which not only increases spending on health-related expenses, but also deprive families of regular income through injuries, chronic illness, or even death. Some families in the study reported experiencing different forms of health shocks during the Covid-19 period. They ranged from chronic illness to long-term injuries, from accidents to complications during childbirth. To compensate for increased health spending and income loss due to these health emergencies, families turned to non-working children as an additional source of income. In some cases, these children became direct replacements for adult workers.

We were doing okay before Covid-19 because he [her husband] was the household head and could earn between 10,000 and 20,000 MMK (between £4.3 and £8.7) daily. We could save some money, and his legs were still good. During Covid, his bicycle was hit by a motorbike on his way

back home and he broke his legs. Everything became tough for us because he has been unable to work since then. He [her son] never worked before, but he started working [as a bus assistant like his father] to substitute his father's place.

(Mother of a 14-year-old working as an assistant in a highway station)

We could no longer survive on her [the child's] father's income alone since the birth of the twins. That's why we asked her to drop out of school and work to get some money. Of course, who would want their children to drop out of school and work? But things aren't going well, and we also need to buy baby formula for two new-borns... She [the child] said she wants to go back to school but it's not possible... When I gave birth to the twins, I had to undergo an operation due to a complication and had a C-section... It cost a lot of money. We have debts from that.

(Mother of a 15-year-old girl working in a garment factory)

Types and characteristics of work for new entrants to child labour

There are age and gender differences in the types of jobs children who entered child labour were involved in. The majority of older girls aged between 14 and 18 were more inclined to search for jobs in factories, retail shops, and small informal enterprises, whereas older boys were more likely to do casual work such as construction work, dock loading, loading sandbags and bricks, and carrying water bottles. Both younger girls and boys, aged between 10-13 years, were more likely to be involved in street-based occupations (street vending, waste collection, etc.) and home-based jobs, although age and gender did not appear to be correlated with working in teashops or restaurants.

Engagement in WFCL for children already engaged in child labour

The Covid-19 pandemic and response measures put many children who were already engaged in child labour at higher risk of falling into more hazardous work. Children who had been working full-time and holding jobs that offered relatively stable income, such as working in garment factories, before the pandemic reported facing layoffs and a significant reduction in working days. The negative impact of Covid-induced work disruptions on their livelihoods and income led children to take up more precarious jobs characterised by longer hours, dangerous tasks, and hazardous working conditions. Children who had been working and attending school prior to Covid-19 started working full-time after school closures. Both subgroups reported having more limited choice in terms of the types of jobs they could do during the Covid-19 period.

Among the children who had already been engaged in child labour before Covid-19, some managed to remain in the same occupations they had held, but others

had to find new occupations. Typically, children engaged in street-based occupations such as waste pickers, street vendors, and market workers were more likely to remain in the same jobs as they were self-employed. Although for those that remained in the same jobs, many reported that Covid-19 led to changes in their work, such as limited access to their regular worksites or changes in working hours. Not only did these changes expose children to greater income risks, but they also limited children's control over where they worked and what types of jobs they did. Children reported making adjustments such as moving to unfamiliar locations, working longer hours, or even not going back home to cope with the effects of Covid-19 restrictions. Children doing waste collecting jobs said they spent more time going around different neighbourhoods due to limited access to dumpsites after Covid-19 arrived. Similarly, some street vending children adjusted their vending locations or slept in nearby locations due to night curfews. Some children who had been in school became full-time workers or started working without parental supervision, raising safety concerns. This was the case for a 13-year-old girl who had been accompanying her mother to sell flowers at traffic lights outside of school hours prior to Covid-19. She said she started selling flowers full-time by herself at busy road intersections after her school closed.

For children who had been in wage employment, they moved to jobs with flexible arrangements after losing their more stable jobs. These movements were more frequent among children who had been doing informal jobs and less common for children who had previously held factory jobs in the formal sector (presumably due to a significant difference in wages). Children reported having fewer choices and control over their work after the pandemic started. This happened to a 14-year-old boy who had been working as a waiter in a teashop before Covid-19. He lost his job after the compound in which the teashop was located closed indefinitely as a containment measure. Since he was unable to secure a similar job with regular income for more than a year, he began rotating between multiple casual construction jobs involving physically demanding tasks such as loading cement bags, carrying stones, and bricklaying. For other children, they became involved in daily-wage or piece-rate jobs in small processing businesses in their neighbourhoods. As these businesses are not regulated, they pay very low rates and do not provide proper protective gear for processing harmful substances.

Job seeking patterns during Covid-19

Most children said they found their jobs through friends, relatives, and neighbours rather than through agents or strangers. For factory jobs, a common tactic employed by children aged 14-17 was to borrow an adult's identification card as a proof of legal working age. Some reported giving a small amount of money as a token of gratitude to those who helped them find jobs, but those people usually were not agents. An exception to this was the story of a 14-year-

old girl who had to pay 30,000 MMK (£13) in agent fees to apply for a job at a backpack factory after losing her job at a garment factory. For casual work, jobseekers often went to places such as teashops to congregate in search of work. However, children more often said that they found their jobs through a friend or a neighbour already doing these jobs. A small number of children in the study reported finding their jobs by accompanying their parents or guardians. In some neighbourhoods, community-based small businesses actively recruited children for piece-rate work through their neighbours, who were reported to get a broker fee.

5.2 Impact of Covid-19 on services and support systems

5.2.1 Impacts on child protection systems and services for children

Child protection systems are integral to upholding a child's fundamental right to be protected from all forms of violence, exploitation, abuse, and neglect, and ensuring their access to essential social services and justice systems. Myanmar has made steady progress in the area of child protection at the community, sub-national, and national levels over the past decade. There have been improvements across the board, from township-level committees that steer the community-based monitoring and reporting mechanism, to the enactment of a new Child Rights law at the national level in 2019. However, a specific focus on WFCL is limited, in spite of it being one of the most pressing challenges affecting children in both rural and urban areas in Myanmar.⁸ There is reason to believe that any negative impacts on child protection systems and services that benefit children may negatively affect working children and leave them more vulnerable to other protection risks that are linked to child labour such as child marriage, trafficking, and gender-based violence. Thus, this study finds it pertinent to explore the impact of the Covid-19 pandemic – which has had direct effects on children's development and increased susceptibility to engagement in WFCL – on child protection systems and services for children in Myanmar and how this in turn affects vulnerable children.

Interviews with representatives from NGOs and service providers found that Covid-19 and associated containment measures put constraints on their programmes and services. While their experiences of the impacts varied depending on the sector (health, education, child protection, legal assistance, disability rights, etc.) and organisational and community-level factors, one

⁸ With the exception of ILO, very few organisations in Myanmar specifically focus on child labour as a thematic area although there are services and programmes for street children and specific groups of working children.

common theme that emerged from the interviews was that Covid-19 disrupted the day-to-day functions and programmatic activities of organisations and service providers, and forced them to make changes to how they engaged with government and community stakeholders and implemented field activities.

One critical way in which Covid-19 affected organisations and service providers was by impacting the health of staff directly involved in the delivery of services. Many respondents shared that staff members from their organisations were infected with Covid-19 at some point throughout the pandemic, leading to a temporary shortage of staff, work overload, and burnout. Some local organisations that relied on volunteers experienced a shortage of personnel as volunteers requested a break from work due to concerns over contracting Covid-19 or the need to take care of Covid-19 positive family members. This shortage stretched the capacity of service providers – especially local and community-based organisations with limited human and financial resources – and led to service disruptions and delays in responding to the needs of children and families. Striking a balance between staff wellbeing and the provision of life-saving services to vulnerable children and families created challenges.

Movement restrictions further limited engagement with community stakeholders and beneficiaries. Although some organisations reported taking additional Covid-19 precautionary measures to provide services, many said that their access to communities was prevented by government restrictions on movement. As a result, some services and activities were scaled back, while others were shut down for long periods due to restrictions on assembly and mass gatherings. For instance, some drop-in centres for street children and vocational training centres have closed indefinitely since the arrival of Covid-19 (until the time of interview), denying out-of-school children opportunities for learning.

Another barrier faced by organisations was the heightened perception of risk amongst local communities of Covid-19 during the first two waves. Experiencing a sharp rise in Covid-19 cases during the second wave, many communities erected makeshift barricades and inspection points at street entrances to prevent strangers from coming in. This increased alertness among community members, presented challenges for field and social workers to visit their service recipients, and made parents reluctant to allow their children to engage in the activities they had been involved in prior to the pandemic – even if those were done in compliance with government-issued social distancing and assembly rules, and had adequate hygiene measures in place. Those who managed to obtain community buy-in also complained that they had to divide and repeat their activities multiple times to comply with assembly rules.

Some staff from organisations providing child protection services noted that many actors and processes within the child protection system were affected by

the pandemic. Although the effects were relatively small during the first wave when the total number of Covid-19 cases was low, they were more pronounced during the second and third waves when the combined health and economic impacts of Covid-19 came into full force and months-long stay-at-home orders were in place. This resulted in delays to child protection response and weakened community monitoring and referral mechanisms. Some respondents believed that there were more incidents of child abuse and violence after Covid-19 arrived, however the number of reports they received went down due to weakened reporting mechanisms. Others also said that the available pool of services for children became smaller due to the suspension or interruption of services, limiting the services children could access. This led to more administrative delays and longer processing time for cases, potentially discouraging families and communities already bearing the social and economic burdens of Covid-19 from going through formal reporting channels or reporting cases altogether. One respondent shared that their organisation received more case reports and requests for assistance from community volunteers after establishing a hotline but faced challenges in making referrals in a timely manner as many services were not available.

To adapt to the new challenges presented by Covid-19 and the associated containment measures, many organisations switched their mode of communication and engagement from face-to-face meetings to virtual platforms or phone communication, except for those essential services requiring outreach or field visits. While it enabled them to continue engagement with stakeholders and provide essential services to target populations during lockdowns, some respondents expressed frustration at the challenges they faced in virtual engagement, which included trust building issues, community stakeholders' preference for face-to-face engagement, and an inexperience in using digital platforms. Some also discussed that the provision of some services such as legal assistance to children, even if virtual engagement was feasible, was not effective without face-to-face engagement.

The biggest change is that because of these [Covid-19] rules and restrictions, we cannot help them [the beneficiaries] to the best of our abilities. Engaging virtually is less effective; previously, we could assist them in person by going to court.

(NGO staff working in the child protection sector)

Some organisations incorporated Covid-19 emergency response in their programming to respond to the immediate needs of households. Others used these opportunities to further assess the emerging needs of their beneficiaries or target populations. To some extent, it allowed them to continue engagement with children and families and fulfil their needs. However, for local organisations with

limited resources, such expansion was difficult as integrating Covid-19 responses on top of existing services generally required additional funding, training, resource mobilisation, and in some cases, staffing. Some said they focused on providing emergency response services while their regular services and activities were put on hold due to restrictions and operational challenges. Some organisations also developed new initiatives such as providing mental health and psychosocial support (MHPSS) services, although they admitted uptake was slow. Although these adaptations enabled the provision of essential services to children and their families affected by Covid-19, some respondents felt frustrated as the availability of services and assistance was very low relative to the needs of children and families.

When Covid-19 got more acute, everyone was affected. People are busy helping themselves and their family [so they were less available to help children and families]. And the cash shortage caused by disruption in the banking system, the increase in commodity prices, movement restrictions and safety and security concerns [caused by both the pandemic and political instability], all affected the timely delivery of emergency relief assistance.

(Manager of an NGO)

When asked how they could share lessons learnt from serving children and families during the Covid-19 period and future directions, some respondents described that although services and external humanitarian assistance play a crucial role in responding to a pandemic of this scale, a successful response requires active community participation and working with communities. One respondent noted that they relied on community volunteers and partners on the ground for a continued provision of services and field activities both due to Covid-19 and insecurity and suggested that organisations focus on community empowerment and identify ways to strengthen community capacity.

It is clear that we cannot overcome these obstacles without community participation. It is not easy to work through these difficulties and to tackle the pandemic and its impacts [without their involvement]; we also need collaboration from all organisations [both local and national].

(Manager of an NGO)

Some respondents reported that a pandemic of the scale of Covid-19 brought sweeping changes to people's lives which warranted a closer look at how their needs have changed and to re-evaluate their existing services and programmes and develop more responsive future interventions.

We need to do a new needs assessment for each targeted group to see whether our existing services meet their new needs. We also need to do assessments on other marginalised and vulnerable groups. To plan and develop an effective response, we will need to look at what we already have in terms of existing resources and services [from other organisations].

(Manager of an NGO)

Several respondents were optimistic that although the pandemic forced them to adapt to new ways of working and providing services to vulnerable populations, it also presented new opportunities to develop innovative ways to deliver their services in the long term. For instance, one respondent working for a programme that provides non-formal education for out-of-school children commented that the pandemic led them to rethink their existing outreach, didactic, and engagement models. Because in-person learning sessions were suspended due to Covid-19, they tried an alternative approach of combining remote teaching and weekly psychosocial support phone calls to children involved in their programmes to ensure children's wellbeing. Another respondent working in the child protection sector also noted that the service disruptions caused by Covid-19 forced them to find new solutions and partnerships that were not part of their referral network.

5.2.2 Impact on communities and community responses

Interviews with community members offered insights into how Covid-19 affected residents and existing community structures in Hlaingtharya, how communities responded to the pandemic, and to what extent these responses were effective. The respondents interviewed included community volunteers, teachers, religious leaders, business owners, and factory supervisors, all residing in Hlaingtharya.

Characteristics of residents: The communities where respondents lived were generally made up of low socioeconomic households and migrant families. Occupational profiles of residents included factory workers, retail shop workers, casual labourers, construction workers, motorbike taxi drivers, and market vendors, among other occupations. Many residents lived in small rental rooms in dormitories, and informal settlements. Prior to the pandemic, a majority of primary school aged children in these communities attended schools, while some children aged 10-14 were involved in informal and street-based occupations. Older children aged 15-17 were more likely to work in factories using others' identification cards or as day labourers.

Health impact: Although most working children and guardians participating in this study said they did not experience Covid-19 in their families, community key informants reported that many people in their communities were infected with the virus especially during the second and third waves. Most respondents shared

that Covid-19 positive cases and death rates in the third wave were much higher because of the collapse of Covid-19 response mechanisms due to the conflict. Respondents noted that compliance with Covid-19 prevention measures were high during the first two waves, but not the third. Most residents followed social distancing rules, wore masks when they went out, and followed Covid-19 guidelines issued by the government. However, according to community key informants, survival needs overtook the fear of Covid-19 and people were less compliant with social distancing, personal protection, and good hygiene practices during the third wave.

Until the second wave, people followed the rules and complied with the guidelines pretty well, whether it be about social distancing or other things. They listened to updates and messages from television. Some people were involved in disinfecting campaigns in the community and others stayed at home as instructed by their leaders... During the third wave, things went out of control. People didn't know who to listen to and they just did what they wanted. They just downplayed the symptoms they suffered as seasonal flu. So, a lot of people died in our community.

(Religious leader)

As many residents in these communities are poor and live in crowded housing, it was difficult for them to observe social distancing rules. Key informants said some people could not afford to buy masks and other prevention materials after the prices went up during the first two waves, making them vulnerable to Covid-19 and associated health impacts. Since many of these families were from low socioeconomic backgrounds, they were less likely to seek healthcare services when Covid-19 symptoms appeared. Even when they did, they faced additional barriers such as overloaded public hospitals turning patients away or not having money to pay for medical expenses. One community member interviewed shared his experience:

During the third wave, five of my students died as a result of inadequate health care. Because the symptoms [of Covid-19] were similar to seasonal flu [which usually occurs during the monsoon season], it was hard to know [if it was Covid-19]. Many hospitals turned patients away. We reached out to several charity groups and organisations for assistance but received none.

(NFE volunteer)

Socio-economic impact: Key informant interviews with community members indicated that Covid-19 led to negative socioeconomic consequences including livelihood challenges, job and income loss, indebtedness, and food insecurity for poor and vulnerable households. When asked to identify specific groups most

likely to experience these effects, community members identified women from poor households, people with disabilities, children, and migrant populations. They reported that workers engaged in both the formal and informal sectors were negatively affected by the pandemic, triggering income shocks with devastating consequences.

There are families who hit rock bottom. Normally, people just deal with their challenges on their own. But for some, [they could no longer do it]. I have a friend whose family had two people working, including himself and his older sister, and a mother and two young siblings. They had income from two people and then he lost his job. So, everything was on his sister to feed a family of five. And as you know, the interest rates here are like 20 per cent [per month]. So, they were stuck in a constant loop of paying interest and making ends meet. And then jobs were irregular, so he was desperately in need of help. But during this time, people couldn't afford to help others. Most families are tight.

(Factory supervisor)

According to some respondents, many migrant families and factory workers in their communities returned to their hometowns and villages after they lost their jobs and could no longer pay house rent. Although many families living in the informal settlements did not have to pay rent, they faced survival challenges due to worksite closures and movement restrictions. Later, they lost their housing status and were forced to find alternative housing arrangements while already experiencing economic hardships due to Covid-19.

After the factories were closed [due to Covid-19] in Hlaingtharya, many dormitories where factory workers used to live became vacant. They could no longer afford to pay their rent. They sold their assets and returned to their hometowns.

(NFE volunteer)

Some respondents also reported that although many families in their communities received food and cash assistance from the government, some who lived in the informal settlements did not receive anything due to a lack of documentation. In some cases, multiple families who lived in one premises were counted as one household, reducing the amount of support they received.

Impact on children: Community key informants reported that the socioeconomic effects of Covid-19 were more profound than the health effects on children. Prolonged school closures due to Covid-19 affected children's education, while economic challenges pushed them into doing hazardous jobs. When asked to specify common issues that affected children in Hlaingtharya

since Covid-19 arrived, key informants described a range of child protection issues including child marriage, teenage pregnancy, engagement in illicit activities, sexual harassment, and bullying from other children. One respondent also mentioned that there were child rape cases during the Covid-19 period. A Christian faith leader who was providing free classes for children in his neighbourhood reported the following negative impact of Covid-19 on children's mental health and moral development:

It's been almost two years since the schools were closed. For children who have been affected by that, they feel depressed and hopeless. They are supposed to be in a higher grade, but their progress is stagnant [because of school closures]. If they were to work, they aren't at the legal age yet. So, it's affecting them [mentally]. They feel like their future is lost... I also saw children in the neighbourhood who have lost their way. They are supposed to be in the classroom, but now they just stay at home doing nothing. Some children help their parents, and some don't. I don't feel good about this.

(Religious leader)

When asked about their knowledge of child labour in their communities, key informants stated that there were children who started working after the arrival of the pandemic, in addition to those who were already working. Children in their communities were involved in different occupations including casual work, working in home-based production and processing units (such as chilli peeling, hair extension and bottle cleaning), factory work, waste picking, and street and market vending. Most respondents identified parents' loss of income and livelihoods, and school closures as the key drivers of WFCL during the Covid-19 period. They also noted that Covid-19 pushed children into working in harmful workplaces that put their safety at risk.

They [children working as street vendors] have to go between cars or walk around different neighbourhoods. Also, those who pick recyclable plastics also have to go to narrow alleys between houses to retrieve them [from trash]. So, I don't think it's safe at all. Sometimes they told me that they had to run because people thought they were stealing. They just learn from those experiences and protect themselves.

(NFE volunteer)

Community response to Covid-19: Local charity organisers and community volunteers involved in the study said that prior to the Covid-19 pandemic they were involved in organising religious activities, community events, festivals, and funeral services. However, when Covid-19 arrived, these groups shifted their attention to activities related to Covid-19 prevention, control and treatment,

including distributing masks and other prevention equipment, disinfecting streets and buildings, raising awareness of Covid-19, making referrals to quarantine and treatment centres for patients with suspected symptoms, and providing assistance in the form of food and cash. Some of them joined Covid-19 response volunteer networks, while others said they assisted in providing food and financial support to families with no income or those affected by Covid-19 deaths. They coordinated with ward authorities and liaised with private donors, NGOs, faith-based organisations, and other community networks to support Covid-19 response efforts.

During the first and second waves, we distributed face shields and masks to those who did not wear them when they were walking in the streets. We distributed them for free because we know they were expensive. We tried to educate those people on how important it is [to protect oneself properly]. For example, vendors in the market. They interact with a lot of people. We gave them when those things were expensive. We also used a loudspeaker to remind residents what time they shouldn't be going out, and when they go out to buy things, only one person should go. So, we did those health-related work activities.

(Religious leader)

Most key informants reported that during the first and second waves, there was a strong sense of collective responsibility among community members to minimise the health impact of Covid-19. One respondent said some neighbourhood grocery stores reduced the price of basic food items such as eggs to make them affordable to those in need, while some distributed them for free. Some key informants discussed experiencing service gaps due to the increased death toll during the second wave. In spite of that, overall, satisfaction was expressed with the level of community response and participation:

The role of the community is very important because in my community many people live hand-to-mouth. So, if Covid hits them, it leads to all sorts of problems for that household. But people helped each other when something like that happened. Like giving them food or medicine or even small household items. We helped each other like that [during the first two waves] which is why things didn't get out of hand.

(Community volunteer)

However, the third wave was an entirely different story according to community volunteers and people involved in the Covid-19 response. The virus – the Delta variant – became more severe, and the political crisis limited response activities. Respondents reported that there was a widespread shortage of oxygen, essential medicines, personal protective equipment, and medical volunteers at

quarantine centres. Previous Covid-19 community response networks were severely disrupted by the political conflict and those who remained to help residents faced restrictions in resource mobilisation and providing necessary assistance to families affected by Covid-19. This led to many Covid-19 patients not receiving timely treatment, resulting in many deaths. They also mentioned that due to the conflict, fewer private donors came to donate money or basic food items during the third wave, while support from the government also stopped.

During the third wave, we couldn't do a lot. We had the oxygen problem, and it was the biggest one. Oxygen wasn't available in Hlaingtharya. Clinics also didn't have oxygen. So many people died before even getting to health centres. What we did during the third wave was when someone was down with Covid symptoms, we tried to contact other local volunteer networks. We couldn't go and help them like we did during the first two waves [due to insecurity].

(NFE volunteer)

Interviews also explored to what extent the needs of children were considered in the Covid-19 response activities. A majority of respondents reported that community responses were not targeted towards children, based on the premise that children were less likely to be infected with Covid-19 compared to adults. Other than health measures, few efforts in the community were made to address issues that specifically affected children during the Covid-19 period such as education or child labour. Some respondents believed that raising awareness and providing assistance to parents and adults would automatically safeguard children. However, a few respondents mentioned the importance of inclusion of children in response measures.

The prevention measures were not designed or targeted towards children. Indeed, these measures are difficult for them to follow. If they are infected, there is a higher chance of the virus spreading to others.

(Religious leader)

6. Discussion

This study explores how children in WFCL and their families experienced the Covid-19 pandemic and its impact on different aspects of their lives and wellbeing. The findings highlight that the Covid-19 pandemic and policy responses to it have far-reaching impacts on livelihoods, food security, household debt, working and living conditions, education, and the physical and mental wellbeing of children involved in WFCL. The study also looks at how the pandemic affected child protection systems, services for children and community support networks. Overall, child protection systems were weakened during the pandemic and communities faced constraints in taking collective action against Covid-19, especially after the emergence of the political crisis from February 2021 onwards.

Although Myanmar took early steps to mitigate the impact of the pandemic through a series of policy responses – including health, socioeconomic and education sector responses – the over-reliance on strict public health and containment measures, along with the absence of strong social protection systems to respond to a pandemic of this unprecedented scale, resulted in socioeconomic challenges for impoverished households and an increased susceptibility for children to enter hazardous and exploitative forms of child labour. Although there were plans to fill educational gaps brought on by prolonged school closures due to Covid-19 through alternative learning modalities, it was clear from the interviews that children in vulnerable situations had limited opportunities to continue their education. This, combined with rising poverty and economic hardship, pushed children into working in hazardous conditions. These findings are consistent with reports from other contexts where the imposition of lockdowns and other restrictive measures to contain the spread of Covid-19 also led to devastating consequences for at-risk children and children already engaged in WFCL (Becker 2021). What is different in Myanmar, however, is the emergence of the political crisis in February 2021, which exacerbated the effects of Covid-19 and triggered additional challenges including insecurity, housing instability, a surge in commodity prices, food insecurity, and limited Covid-19 responses including child protection services.

Addressing WFCL through this dual crisis presents a tremendous challenge for all stakeholders involved. Significant gaps remain in terms of the current understanding of the impact of Covid-19 and insecurity on the rights of working children, including their access to education. Meanwhile, policy gaps and shortcomings have hindered efforts to mitigate the negative impact of Covid-19 including engagement in WFCL. Below, this study identifies existing knowledge

and policy gaps and provides a set of recommendations to improve the conditions and outcomes for children engaged in WFCL and their families.

6.1 Knowledge and policy gaps

The following gaps in addressing or responding to the impact of Covid-19 on children in WFCL in Myanmar have been identified:

1. Reliable data on the WFCL remains limited in Myanmar, and little is known about how the situation has evolved before and after the arrival of Covid-19. The ILO is implementing a child labour monitoring system (CLMS) in Myanmar and conducting rapid assessments, but there is an urgent need for reliable and quality data to understand the scope of the problem. Covid-19 monitoring studies also do not provide data on child labour.
2. Myanmar's socioeconomic response to Covid-19 involved social protection measures in the form of cash and food assistance for vulnerable families, and maternal and child cash transfers to existing beneficiaries. However, both the frequency and amount of assistance were inadequate to prevent poor families from falling into poverty, debt, food insecurity, and using child labour as a coping strategy. Some families who live in the informal settlements and those who lack documentation did not receive cash and food assistance. Similarly, the extension of social security benefits under CERP only covered a very small fraction of the workforce in the formal sector, leaving out a large segment of vulnerable adults and children working in the informal sector. Loans provided to small and medium enterprises were not accessible to family-run businesses in the informal sector where child labour usually takes place. Although interest rates were lowered, the response plan did not address barriers to accessing formal credit for poor households. Together, these policy gaps led to increased vulnerability for families of working children.
3. Although NGOs and service providers included children in their Covid-19 prevention activities, there was a relatively limited focus on children in public health responses to Covid-19 at the community level. While children are less likely to contract Covid-19 compared to adults, children living in the informal settlements and overcrowded housing face constraints in following social distancing rules. Low levels of compliance and risk perception among community members put children at greater risk of contracting and transmitting Covid-19. Children also face increased mental health challenges due to Covid-19 alongside the stigma associated with it. However, mental health and psychosocial support services targeting vulnerable children including working children remained limited.

4. Myanmar developed a national plan for the education sector to mitigate the negative impact of Covid-related school closures and to ensure education continuity through the adoption of distance learning modalities and the distribution of home-based learning materials. However, interviews suggest that access to education was very limited for children in vulnerable situations including children who had previously been in alternative education programmes. Instead of continuing their education, many children started working to support their families. Even when schools were reopened, access to education has been hampered by insecurity. There are knowledge gaps in explaining why there has been a low uptake for distance learning, what barriers exist in implementation, and to what extent such efforts reach children in vulnerable situations.
5. Although the case management system under the child protection framework covers child labour, the focus on WFCL is limited. There is a need to investigate why this gap exists and how Covid-19 (and conflict) has affected plans to address WFCL for child protection actors in Myanmar. Child protection systems and services have been weakened due to Covid-19 and insecurity. Efforts should be made to strengthen child protection systems in the face of this dual crisis.
6. Children's participation in decisions that affect them was low in Myanmar before the pandemic. The pandemic has likely exacerbated the situation as lockdowns and movement restrictions leave children with limited opportunities or space to articulate their preferences, opinions and concerns. This has the potential to further undermine children's role as active agents in making choices that concern them or affect their lives. This may in turn have a negative effect on child protection programmes as they have less opportunity to integrate children's voices and preferences in their design, running the risk of programme failure. This highlights a need to understand how the pandemic has impacted child participation and child-led initiatives in Myanmar, including how the combined effects of Covid-19 and insecurity affect mechanisms to promote child participation.

6.2 Recommendations

Based on these identified gaps, the following presents a number of recommendations to mitigate the negative impacts of Covid-19 on children in WFCL.⁹

- Establish CLMS and complementary monitoring tools to systematically gather timely and reliable data on WFCL and link at-risk children and those engaged in WFCL with child protection services.
- Expand social protection benefits to small businesses and workers in the informal sector. This could include loans for small and family-run businesses in the informal sector, which are more likely to hire child labourers, and targeted social assistance (such as child grants, cash, and food assistance) to alleviate the economic consequences of Covid-19 on poor and vulnerable families, improve their resilience to shocks, and prevent them from using child labour as a coping strategy.
- Ensure that social protection systems are accessible to children who are at-risk or already engaged in WFCL and their families. Provision of social protection services should be done in collaboration with child protection actors to regularly assess the social protection needs of working children. Such linkages with community-based child protection mechanisms could promote increased community awareness of WFCL and improve access to social protection services for vulnerable households.
- Improve access to education – formal, non-formal and vocational training – for children in vulnerable situations by identifying the barriers to return to school, making educational programmes flexible and aligning them with the specific needs of working children, removing barriers such as documentation requirements for migrant children and school fees, and providing educational support. The political conflict has made access to education even more challenging for children in vulnerable situations. Schools are no longer considered safe environments for children. This makes it even more important to identify alternative safe learning spaces and test different hybrid learning models in consultation with children, caregivers, community members, education service providers, and employers.
- Expand existing school feeding programmes to increase school enrolment and attendance for children in vulnerable situations, to mitigate the use of negative coping strategies such as a reduction of household food consumption, to prevent food insecurity and poor nutritional status, and improve child development outcomes. Work should be undertaken with

⁹ It is acknowledged that it may not be feasible to implement all the recommendations and actions outlined here in the current political context in Myanmar.

children, parents, teachers, communities to co-develop localised solutions for the provision of school meals in a safe manner.¹⁰

- Strengthen child protection systems, especially at the community level, to better respond to WFCL and other protection challenges affecting children during this dual crisis.¹¹ This may require providing necessary support to community stakeholders to improve their knowledge and capacity to identify and report WFCL and related child protection issues using relevant channels in a timely manner. Communities and stakeholders at all levels should be worked with to identify challenges and barriers they face in protecting children due to Covid-19 and develop strategies to address them.
- Recognise that not all child work is harmful and that children's participation in work is considered appropriate and beneficial for children's social development and education in many societies including in Myanmar. In addition, for many poor families there is simply no alternative but to turn to child labour when faced with economic hardships. The focus should be on tackling harmful and exploitative forms of child labour and social norms that reinforce children's engagement in WFCL. Working with children, families, employers, and communities would be the advised approach to identify different choices and alternatives to WFCL and devise strategies to collectively tackle the drivers of WFCL.
- Ensure Covid-19 prevention measures and support for employees are in place and enforced consistently in both formal and informal workplaces. Particular attention should be paid to informal workplaces where child labour is common. Engagement is needed with business owners, employers, people in charge of the unregulated businesses, and community stakeholders to identify the challenges they face in complying with Covid-19 prevention measures and protecting their employees, including child labourers, at their workplaces.
- Extend occupational health and safety regulations to the informal sector and engage with employers and business owners to protect working children from occupational hazards. The deterioration of labour rights during the Covid-19 pandemic and after the arrival of the conflict has also negatively affected children. Although many children may not be working legally, their labour rights, including access to occupational health and safety (OHS) measures, should be respected when child labour is an economic reality at the societal level.

¹⁰ This is tied to the above point. Although formal state-run schools may not be seen as safe places for children, the idea of providing school meals could still be offered in other contexts as identified by key stakeholders.

¹¹ Focusing on community stakeholders and mechanisms may be the most practical option given the political context of Myanmar at the time of writing.

- Deliver child friendly MHPSS services for children and ensure that they are accessible to and inclusive of vulnerable children including those engaged in WFCL. Recommendations include developing outreach strategies, creating linkages with community support mechanisms, and providing training to community stakeholders to assess the mental health needs of children. Safe spaces should be created for children and communities should be worked with to reduce Covid-19 related stigma and discrimination against working children.
- Enhance opportunities for children to meaningfully (not tokenistically) participate in decisions that influence their lives and have their voices heard at all levels. A child-centred approach to designing actions and interventions for children should be embraced to ensure that children are provided space and platforms to express their views and be heard at all levels.

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