Child Labour Report 2022
Child friendly summary

Building back better after COVID-19 – together with children as protagonists

Terre des Hommes
International Federation

Executive Summary

An unabridged version can be found **> here**

The COVID-19 pandemic has severely changed the lives of millions of people around the globe. During the pandemic, there has been an increase in the number of children involved in the worst forms of child labour. Public health restrictions, and the closure of public markets and other economic sectors has also left many child workers and their caregivers with less income or unemployed.

In this report, Terre des Hommes was interested to hear more about the views of children on what can be done to improve their situation during and after the pandemic by collective action of all relevant stakeholders. Two case studies were purposefully selected:

· To understand more deeply the impact of COVID-19 on children's wellbeing and

· To develop and share recommendations on how to Build Back Better for a sustainable and more equitable recovery from the pandemic together with children and communities affected by child labour.

Case Study 1

Peru

Case study 2

India

	Case Study 1 – Peru	Case study 2 – India
Who	Working children who are mostly engaged in informal work, such as small-scale vendors, and the majority attend school (when it is not closed due to the pandemic).	Children from India affected by mica mining, a hazardous and exploitative form of child labour, that adversely affects children's education, moral and physical development.
Important Notes	The working children identify as NNATs (Niños, Niñas y Adolescentes Trabajadores, i.e. Children and Adolescent Workers)	Mica mining, or Dhibra collection, is the collection of mica scrap or waste mica available in the dumpsites of the mica belts.
Implementing Partners	The Movimiento de Adolescentes y Niños Trabajadores Hijos de Obreros Cristianos, (MANTHOC)	Terre des Hommes Netherlands and Jago Foundation

Methodology

What and when? The project was carried out in two phases: 1) the participatory research (December 2021) and 2) policy dialogues (February 2022) with children and adults.

Who? 23 children in Peru and 24 children in India; Adults: 14 total in Peru and 33 total in India – caregivers, educators, NGO and other child support workers, government and other duty bearers.

How? Research: Participatory and creative group methods with children, focus group discussions and key informant interviews with adults; Policy dialogues: participatory and creative group methods with children and adults together.

Ethical protocols and considerations, ensuring children's safety and protection and participant's voluntary and informed participation, guided the process.

KEY FINDINGS: The Impact of COVID-19 on various dimensions of children's wellbeing

Before COVID-19		During the pandemic
• More regular employment for family members • Children regularly earned an income and took pride in their work (Peru)	**Livelihood, food security and migration**	• Due to rules and fears there is less employment and income generation • Many migrant workers returned home and faced quarantine (India) • Families struggling with poverty and food shortages • Children face risks of engaging in exploitative and hazardous work, including engagement in mica mining in India
• Most children regularly going to school • Children were able to progress in their learning • Challenges for girls to access secondary school (India)	**Education**	• Long school closures • Digital divide – lack of access to smart phones or internet for online lessons • Reduced quality education and lost learning • Increased school dropout • Continued challenges for girls secondary education
• Children engaged in informal work and studied at the same time (Peru) • Children were removed from mica mining. A few children doing casual work, but most were studying and not working (India)	**Protection**	• Children, especially older siblings work more to earn an income and some find new jobs • Due to poverty, some children engage in mica mining in India • In Peru, adults reported increased violence in homes and child neglect, due to family stress • In India, there are increased concerns about child marriage
• Children had more freedom to play and meet with friends and extended family. • Children were more involved in rights and protection activities through child groups	**Mental health and relationships**	• Missed their friends • Appreciated having more time and improved communication within family • Many children and adults feel more sad, isolated and worried • Caregivers and children face increased stress • Family members and community members support one another
• Ate more regular nutritious meals • Before school closure children had a free mid day meal in school (India)	**Health and nutrition**	• Eat less regularly and/or they eat less nutritious food • Less access to health services and fear they may get COVID-19 at health centre • Challenges accessing water and electricity

Body Map – Summary of key impacts of COVID-19 on children

Before COVID-19

HEAD:
- Children were able to progress in their learning

EYES, EARS & MOUTH:
- Meet with friends and extended family
- See regular life

HEART:
- Children had more freedom to play and enjoyed time with friends

HANDS & ARMS:
- More regular employment for family members
- **Peru:** Children engaged in informal work and studied at the same time. They took pride in their work
- **India:** Children removed from mica mining. A few children doing casual work, but most were studying and not working
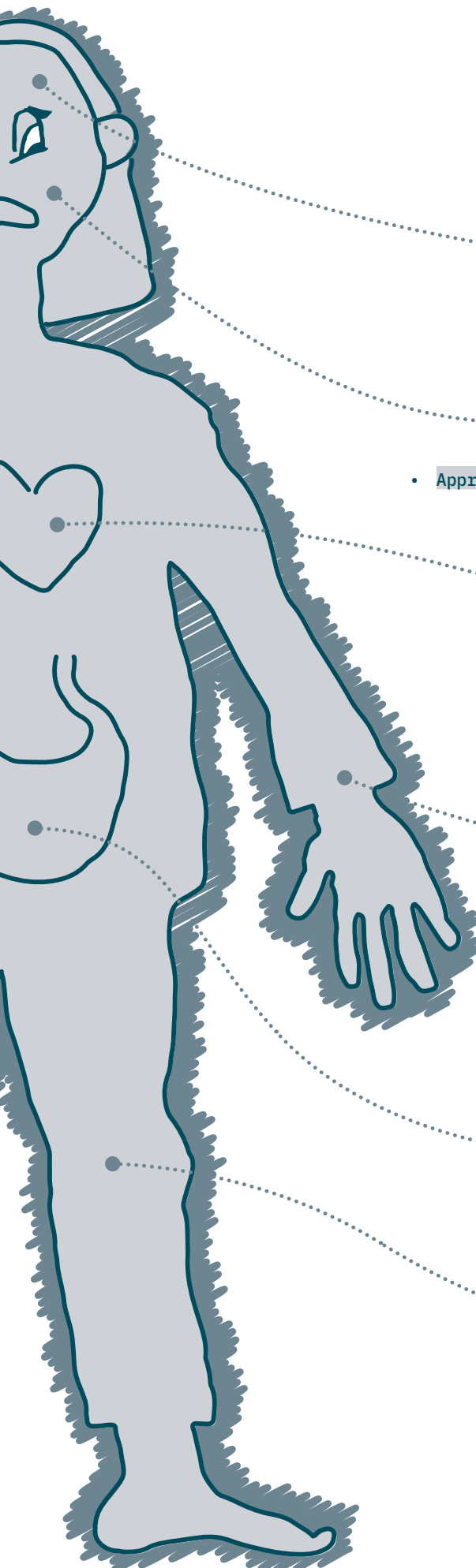
STOMACH:
- Ate more regular nutritious meals
- **India:** Before school closure children had a free mid day meal in school

LEGS & FEET:
- Most children regularly going to school
- **India:** Challenges for girls to access secondary school
- Children were more involved in rights and protection activities through child groups
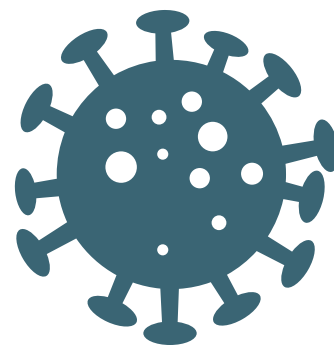
During the pandemic

HEAD:
- Reduced quality education and lost learning
- Digital divide – lack of access to smart phones or internet for online lessons.

EYES, EARS & MOUTH:
- Missed their friends
- Appreciate having more time and improved communication within family
- See people living in fear

HEART:
- Many children and adults feel more sad, isolated and worried
- Caregivers and children face increased stress
- Family members and community members support one another
- Increased risks of violence in homes and child neglect
- India: Increased concerns about child marriage

HANDS & ARMS:
- Due to rules and fears there is less employment and income generation
- Families struggling with poverty
- Children, especially older siblings work more to earn an income and some find new jobs
- India: Children face more risks of engaging in exploitative and hazardous work. Some children engage in mica mining

STOMACH & OVERALL BODY:
- Eat less regularly and/or they eat less nutritious food
- Less access to health services and fear to catch COVID-19 at health centre
- Challenges accessing water and electricity

LEGS & FEET:
- India: Many migrant workers returned home and faced quarantine
- Increased school dropout
- India: Continued challenges for girls secondary education
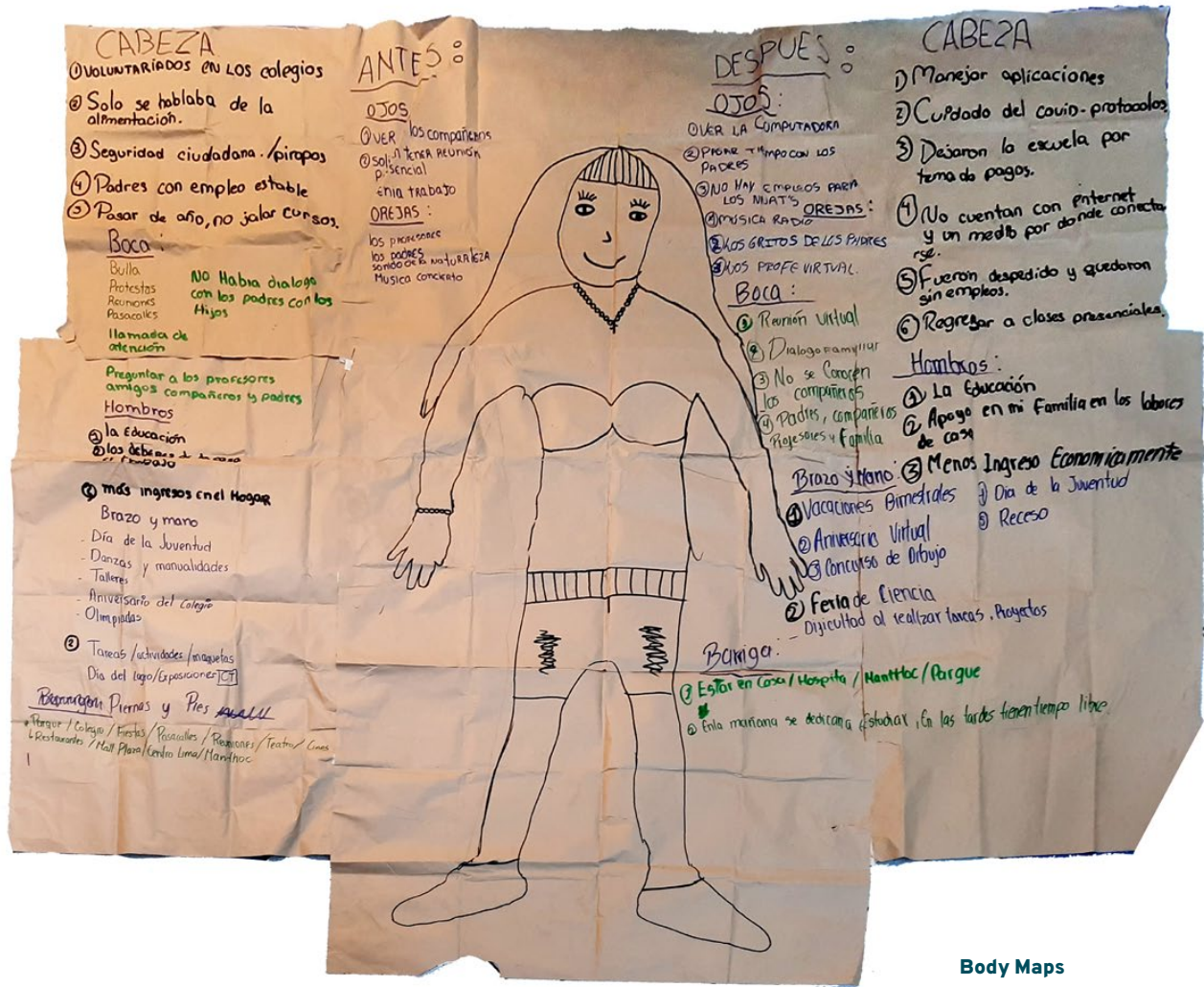
**Body Maps
developed by children (Peru)**

Draw and write
by a teacher in Peru

Life before COVID-19

Before the pandemic, children went to school, parents went to work. Household chores were distributed. Lunch was not a group meal, as some had lunch earlier because of classes or because of their parents' work schedules. The children and adolescent workers went to the market to work with their mothers.
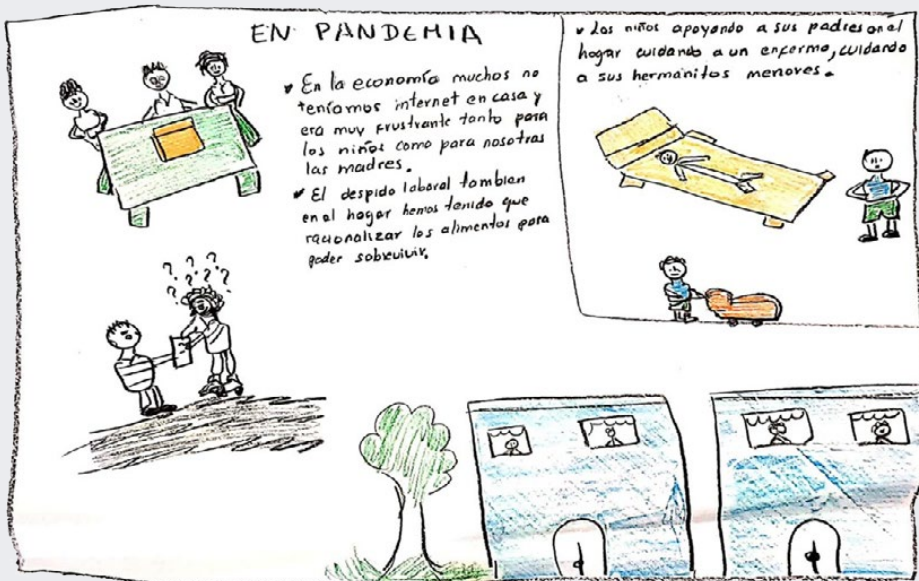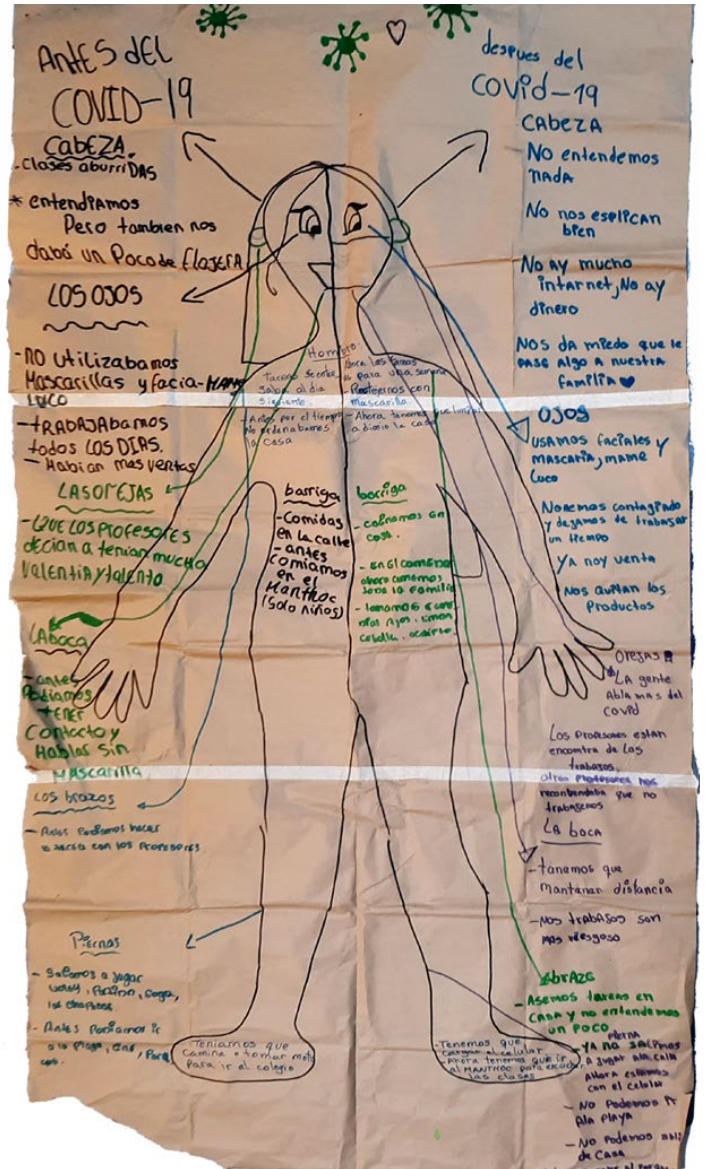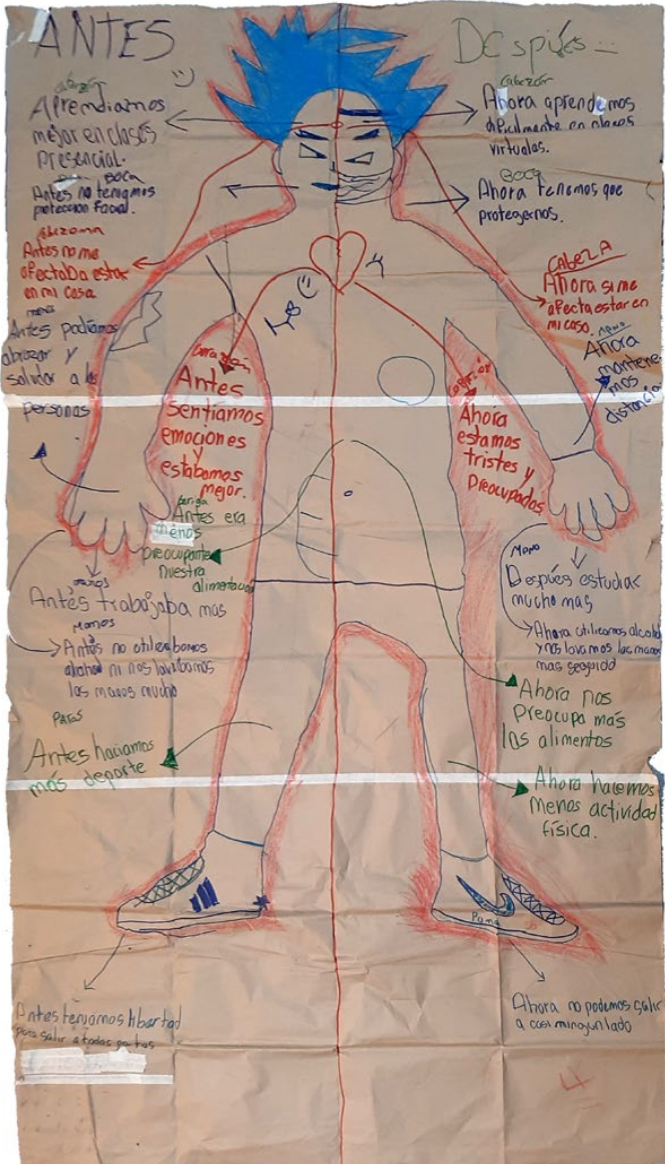
Life during COVID-19

In the pandemic many of us did not have internet at home and it was very frustrating for both the children and for us. Job layoffs have also affected the household, and we have had to rationalize food in order to survive. Children supporting their parents at home, taking care of a sick person, caring for younger siblings.

## Underlying and root causes of common challenges faced in India

During the policy dialogue in India, children and adults jointly prioritised six key issues, namely: i) poor access to quality education (especially for girls), ii) lack of internet connection, iii) Anganwadis (early childhood services), malnutrition and children's issues, iv) lack of water (drinking and for agriculture), v) poor road connectivity, and vi) poor health services. These six problems existed before but were exacerbated by COVID-19. For each of the six issues, a separate mixed group formed to undertake a "problem tree" to explore the immediate, underlying and root causes of the problem, as well as the impact.

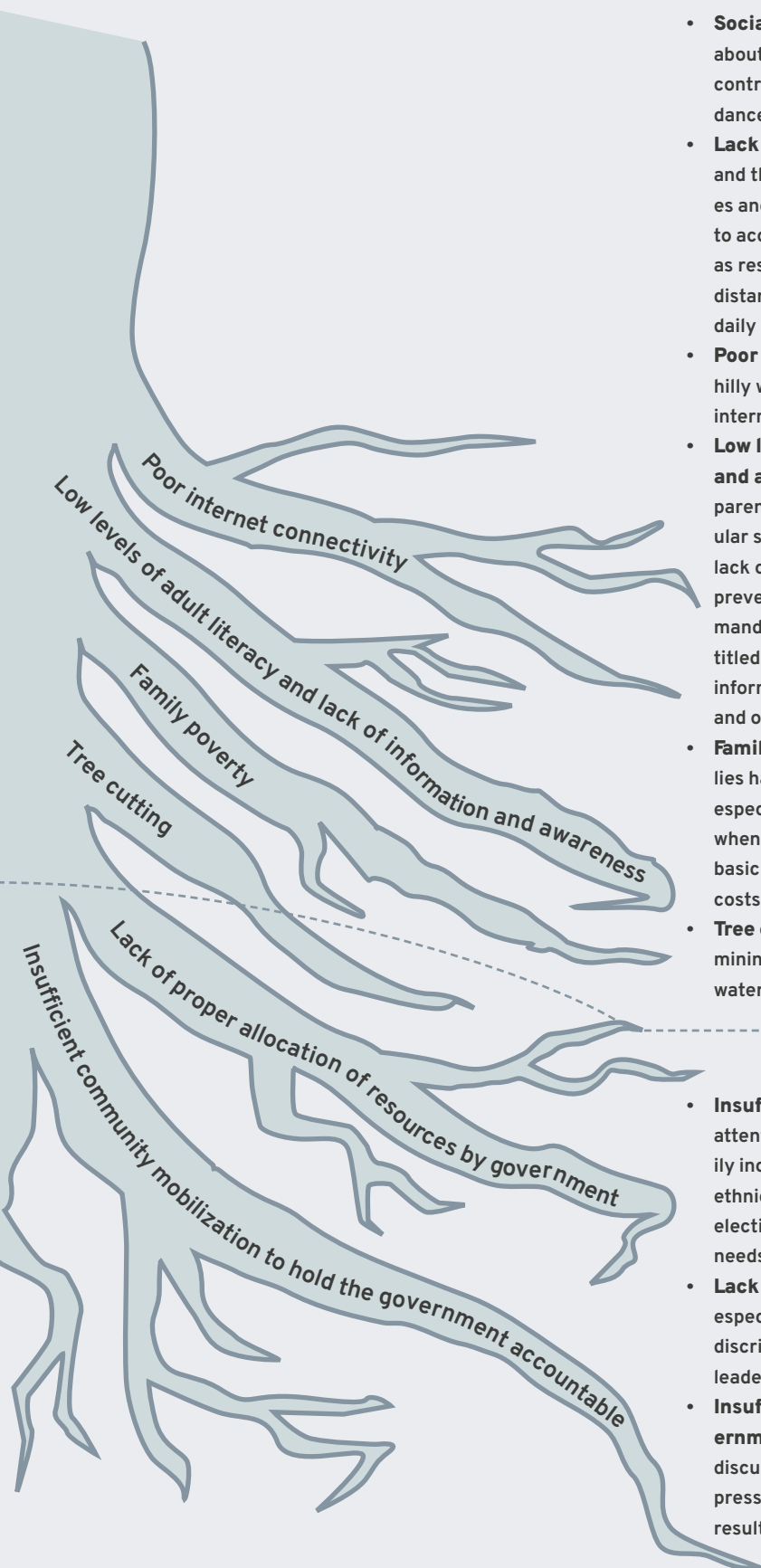Common underlying and root causes are shared here:

Recurring underlying causes

- **Lack of provision of basic services (education, health, water and sanitation) in villages:** Even prior to COVID-19, children faced challenges to access quality education, as some villages had no pre-school (Anganwadis) or primary schools, and even where they existed, they often had limited infrastructure. Moreover, the secondary schools were located long distances from the villages, and there was no provision of free public transport to get to and from school. There was also poor healthcare services in the villages (and even at block level), with insufficient availability of medicines and doctors, as well as a lack of drinking water and water for irrigation which adversely affected agricultural production and raising livestock. Furthermore, women and girls spent time walking to fetch water, and had to travel long distances in search of water during the summer seasons when there was acute scarcity. Lack of decent water also contributed to water borne diseases like diarrhoea, jaundice etc.
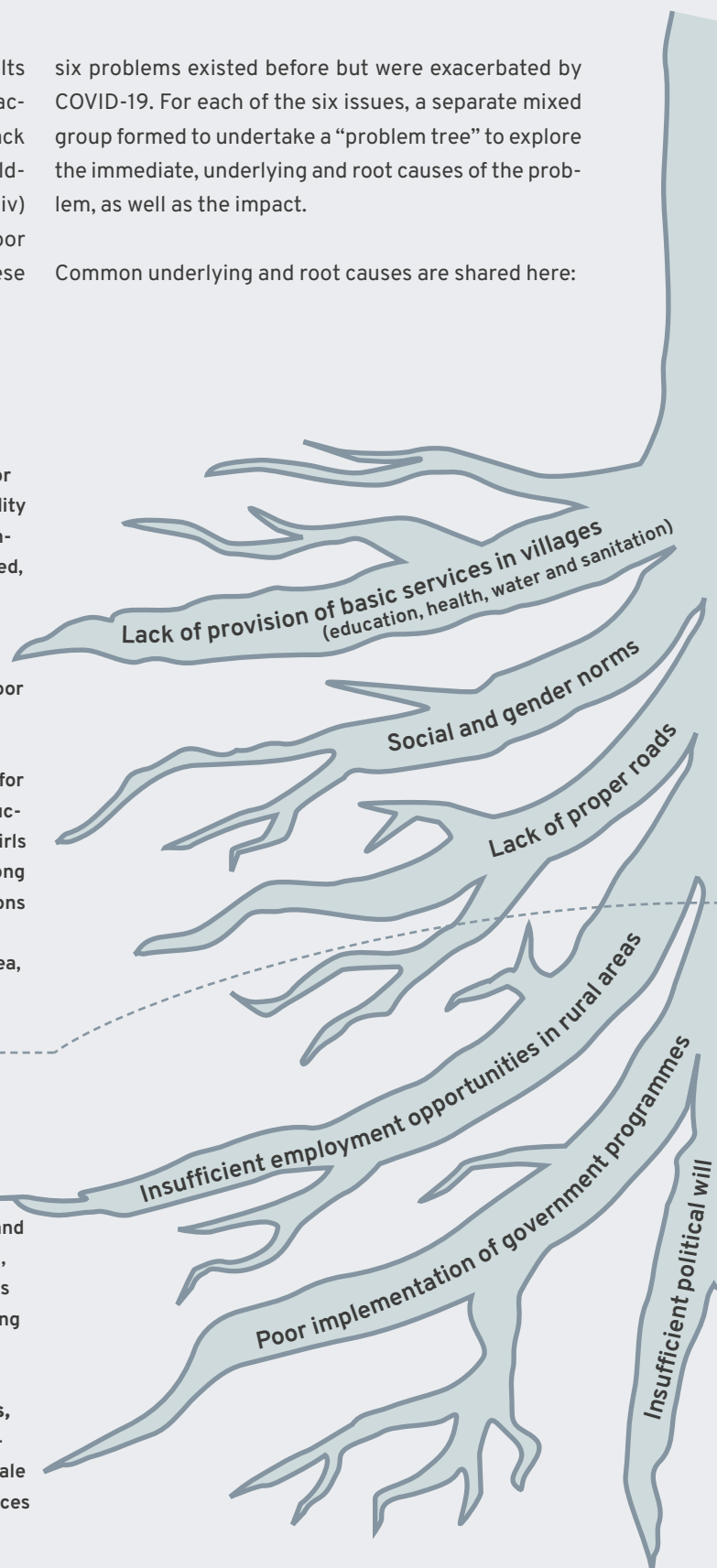
Recurring root causes

- **Insufficient employment opportunities in rural areas** contributes to family poverty. Due to poverty and insufficient opportunities for decent work for parents, there is not enough family income to meet the family's basic needs. This contributes to some parents resorting to difficult choices, such as sending their children to labour in the mica mines.
- **Poor implementation of government programmes,** contributes to poor access to quality services. For example, qualified personnel (e.g., Anganwadi staff, female teachers, doctors) are often not available to run services that should be provided.

Lack of provision of basic services in villages (education, health, water and sanitation)

Social and gender norms

Lack of proper roads

Insufficient employment opportunities in rural areas

Poor implementation of government programmes

Insufficient political will

Poor internet connectivity

Low levels of adult literacy and lack of information and awareness

Family poverty

Tree cutting

Lack of proper allocation of resources by government

Insufficient community mobilization to hold the government accountable

- **Social and gender norms** also contributed to concerns about girls travelling long distances to reach school, and contributed to reduced school enrolment and school attendance of girls.
- **Lack of proper roads:** The villages exist in a hilly terrain and there are no proper roads. As mentioned, long distances and lack of public transport contribute to challenges to access basic services for education and health, as well as restricting options for decent work in the local area, as distances are too far for family members to commute on a daily basis.
- **Poor internet connectivity:** The geographical conditions, hilly with lack of proper roads, has made it hard to provide internet service.
- **Low levels of adult literacy and lack of information and awareness** on the importance of education among parents and community people has contributed to irregular school attendance and school dropout. Furthermore, lack of information about available government schemes prevents community members (adults and children) demanding relevant schemes and services that they are entitled to. Furthermore, there is insufficient awareness and information about: healthy nutrition, rainwater harvesting and other topics.
- **Family poverty** and poor financial conditions of the families have contributed to children working out of necessity, especially during the COVID-19 pandemic and lockdowns, when families struggled to arrange food and meet other basic needs. Family poverty also creates barriers to pay for costs associated with health care and education.
- **Tree cutting** and depletion of forest coverage for mica mining also contributes to poor soil quality and lack of water.

- **Insufficient political will** by elected local leaders to pay attention to their needs, especially as the villagers primarily include people from socially disadvantaged caste and ethnic groups. Once the elected political leaders win the election, they rarely return to the village and the villagers' needs and requests are neglected.
- **Lack of proper allocation of resources by government** especially due to the remoteness of the area, underlying discrimination and lack of political will by the elected leaders.
- **Insufficient community mobilization to hold the government accountable.** Villagers do not regularly sit and discuss issues affecting them, and there is no collective pressure put on politicians to be more accountable. As a result, their needs remain neglected.
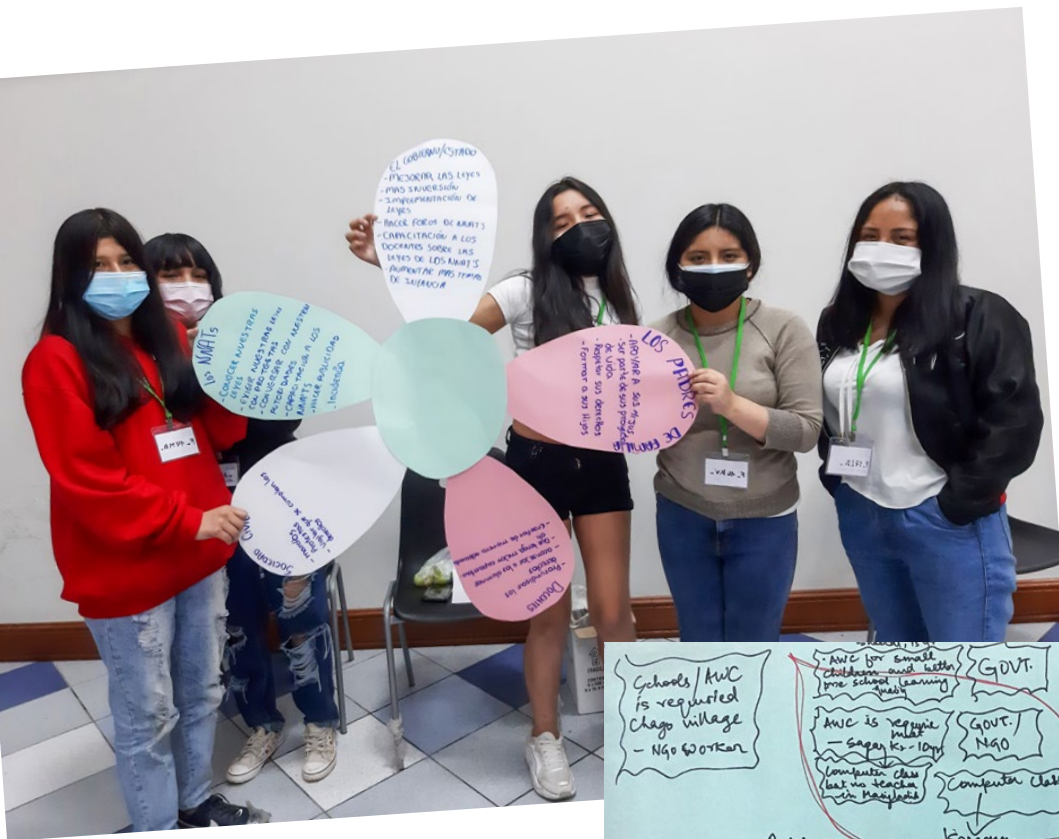
Flower of Support (Peru)
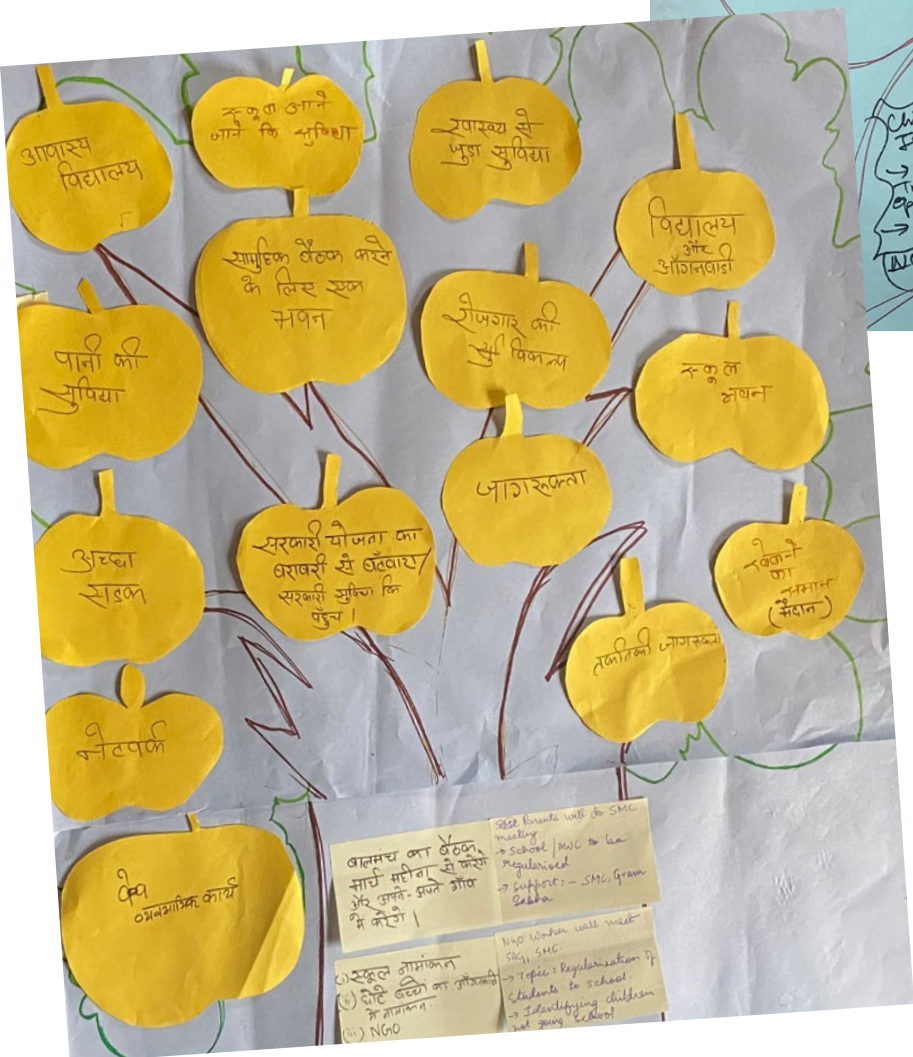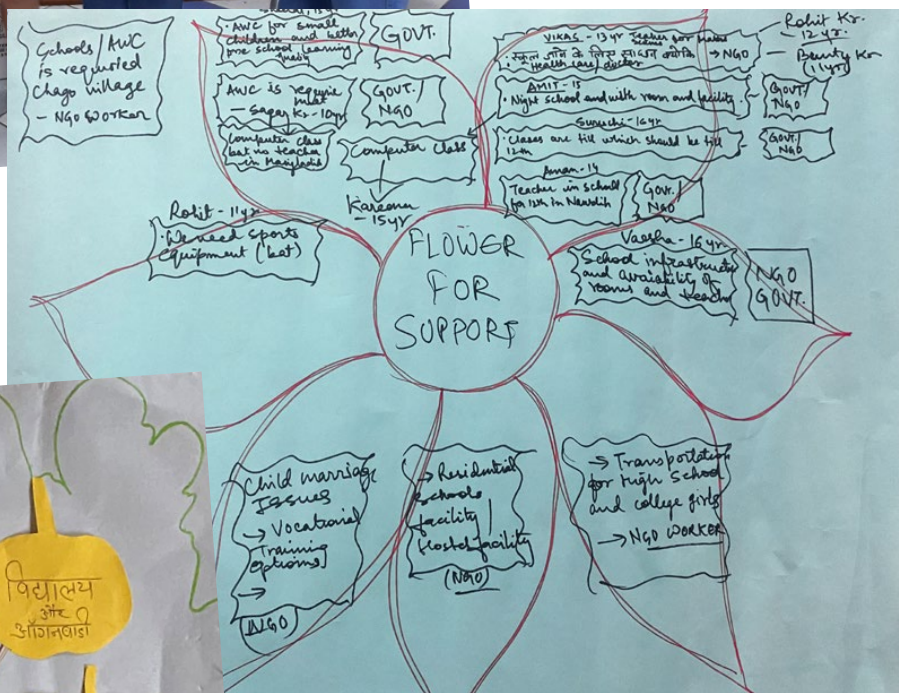
Vision tree (India)

Children's and Stakeholders VISION to "Build Back Better"

- Improved livelihoods, savings and stable family economy
- Access to quality education for all and recovery of lost learning
- Access to vocational training for skill training for young people and caregivers
- Protection from exploitation and an end to the worst forms of child labour
- Good living conditions
- Access to health services and nutritious food
- Safe, caring, inclusive and active communities
- Children's participation and organizing
- Good governance

KEY RECOMMENDATIONS for Actions to Build Back Better

Children

- Have regular children's group meetings and actions to protect our rights

Parents
- Prioritise children's education, protect children and respect their rights

Teachers/Schools
- Provide quality joyful teaching to all without discrimination, including digital education
- Teach child rights and be flexible to working children's needs

Communities
- Promote children's rights, participation, better basic services and help hold the government accountable

Government
- Allocate proper resources to ALL communities for quality basic services (education, health, protection etc)
- Prioritise economic recovery, create decent work for parents and provide scholarships for children's education
- Properly implement existing laws and policies to protect children's rights, including protection from exploitation and the worst forms of child labour.
- Share information and involve citizens (adults and children) in decision-making

Civil Society
- Mobilise to discuss and find solutions to community problems, to protect children's rights and support vulnerable families

"I am dreaming that all the children working as child labourers are admitted to schools and they continue their education. Schools for all the children should open now or as soon as possible."
(Village chief, India)

"We hope for people to see the two approaches as well, talking about valuing work … We are against exploited work and that is clear, but it should also be clear that we are working children."
(16 year old female, small-scale vendor, Peru)

"I imagine a world with many actors. Where the main actor is the child and we all work putting at the center of our intervention what the child wants, the rights of children, not my rights. A world where if we want their rights to be guaranteed we have to get rid of any adult-centric vision of "I want, I think, from my adult perspective", and for this I must involve children in this design of the world of what I want."
(Representative of the Office of the Ombudsperson in Peru)

Children visualizing their experiences and developing visions for a better life