



Impact of COVID-19 on Protection of Children in Sri Lanka



A Collaborative effort with
United Nation Children Fund (UNICEF) ,World Vision Lanka and
Child Protection Working Group (CPWG).

July 2020

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Executive Summary

In Sri Lanka, the first confirmed case of Covid-19 was reported on 27th of January 2020. The infected person was a Chinese national who had arrived in Sri Lanka as a tourist, two weeks prior to the reported date. Thereafter on 20th of March 2020, a countrywide curfew was imposed with government offices, schools and other educational institutes closed, the private sector having to close down or work remotely and public gatherings being curtailed. The country-wide curfew was lifted on a gradual scale, with it due to be completely lifted on the 28th of June 2020. This research primarily investigates the child protection issues in the context of Covid-19 in Sri Lanka, whilst helping to understand what children encounter under these circumstances. The findings will support understanding existing mechanisms for child protection during Covid-19 pandemic and will inform the Child Protection Response Plan to improve the quality and ensure implementation of these mechanisms to better assist children in need.

The study used quantitative design and random sampling which included of 3, 995 parents and 3, 975 children, representing all Divisional Secretariat Divisions in Sri Lanka, except those in the Badulla District. The analysis of the survey findings took an inductive approach. Statistical analyses were made using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics are largely used in the analysis of data, while inferential statistics are added where appropriate.

The major conclusion to this study was that the children are educated on Covid-19. The majority of children who participated in this survey, (96%), were already aware about the virus; of which, 88% of the participants were aware of the modes of transmission; only 55 % children were aware of how to act when symptoms showed and 49% were aware of the risks associated with the virus. Furthermore, a study found that 6% of adults believe that the current environment under Covid-19 has affected more children being sexually abused. Majority of them, (55%), believe that girls are subjected to such increased sexual violence while 43% of adults are of the opinion that both girls and boys are affected. One of the outstanding factors were school closure, high levels of stress that adults face due to increased economic hardships and closer contact with perpetrators due to the homebound confinement. These can be key reasons for the increase in violence children are facing. Another highlighted research finding was the psychological impact that the virus has caused on the lives of children. Separation from their friends, being away from school for a long time, boredom and loneliness and fear of being unable to achieve future goals have caused stress among most of the children.

Study shows children and parents have already had a fair level of knowledge about the Corona virus and the television has been the primary vehicle of information communication to both groups. Therefore, expanding awareness on Covid-19 via TV channels, will raise further awareness among children and parents, especially on immediate actions to be taken if they or someone around them demonstrate symptoms. Recommendations from this study will help raise further awareness on child protection help services and design a child-friendly pandemic response strategy.

1. Introduction

COVID-19 pandemic has transformed the present human civilization. It has challenged the global economic positions and projections; has triggered the questions around equitable opportunities and access to health services; and has succeeded in demonstrating intrinsic interrelations between human beings irrespective of their ethnicity, religion, cast, age or sex – both in the spread and control of the virus. The pandemic has, thus, called for collective action from the smallest social units to global political corporations.

The social, cultural, political, and economic impacts of the virus affect every human being. It has redefined poverty and vulnerability, creating new groups of poor and vulnerable. Nevertheless, the impacts are not the same for everyone. People of old age suffer from and succumbed to the virus disproportionately. The negative consequences of public measures including lockdown and social distancing to curtail the spread of virus have affected the poor more adversely, both from a monetary and multidimensional perspective.

Children have been largely spared from the infections of the virus. However, they are major victims of its socio-economic impacts. While the efforts to control the transmission of the pandemic and to mitigate its economic impacts are critical, understanding and addressing the most severe consequences of those measures on children, especially those living in the developing world, is critical. Research and estimates on these impacts on children are not common, although such evidence are essential to make realistic assessments and identify remedial policy and programming responses. Available studies have identified four key dimensions of the virus's impact on children: child poverty, survival, learning and protection.

This research primarily investigates the issues of child protection associated with the COVID-19 in Sri Lanka. In February 2020, the first case of the virus, a tourist from China, was reported from Sri Lanka. The first indigenous case was reported on 11 March 2020. After a week, on 20 March 2020, a countrywide curfew was imposed with government offices, schools and other educational institutes closed, and the private sector having to work remotely or closed down, and public gatherings being curtailed. Country-wide curfew was lifted on a graduate scale to be completely lifted from 28 June 2020. Schools, universities and other education institutions are being reopened on a phased approach from 6 July 2020; the first batches of students to go to school have been grade five, eleven and thirteen that is those who prepare for the three critical examinations in 2020. These measures of lockdown and closure of school for over three months have been an unexpected, unprepared, and new encounter for children and their parents. The

shutdown and social distancing measure have also put hundreds of thousand households out of jobs and income earning. The study attempts to understand what protection issues children had to encounter under these circumstances. The findings will support understanding existing mechanisms for child protection during COVID-19 emergency and will inform the Child Protection Response Plan to improve the quality and reach of these mechanisms to better assist children in need. As second and potentially third waves of COVID-19 are announced, such a Child Protection Response Plan that is informed by positions of children under COVID-19 will help minimize the negative impact of the pandemic on children.

This study is a collaborative effort by the National Child Protection Authority, World Vision Lanka and United National Children Fund (UNICEF). Specific objective of the research was fourfold, namely;

- I. Gathering detailed information on child protection vulnerabilities in the country with COVID 19 crisis situation and derive action-oriented recommendations.
- II. Collecting information to develop Child Protection Response Plan with action-oriented recommendations.
- III. Collecting information on child protection functioning mechanisms during the COVID-19 emergency period and proposing actions.
- IV. Deriving insights in relation to multi-sectoral approach to address key child protection issues during and post COVID 19 Pandemic.

The research undertook a quantitative approach. Two surveys were conducted, one with parents and the other with children, using predefined survey questionnaires. A sample of 3995 parents and 3975 children were identified using simple random sampling methods to represent all divisional secretariat divisions in Sri Lanka except those in Badulla districts. Data was collected by child protection officers based in district and divisional secretariat divisions and appointed by National Child Protection Authority who were trained by World Vision Lanka including on Open Data Kit for data collection. Statistical Package for Social Science was used to conduct the data analysis.

The findings are discussed in five sub-chapters namely knowledge associated with COVID-19; children separated from parents and caregivers; access and affordability of basic services; prevalence of violence, neglect and abuse of children; and psychosocial stress among children and availability of support services. The chapter on conclusion provides recommendations for strengthening protection of children in health emergencies such as the Coronavirus.

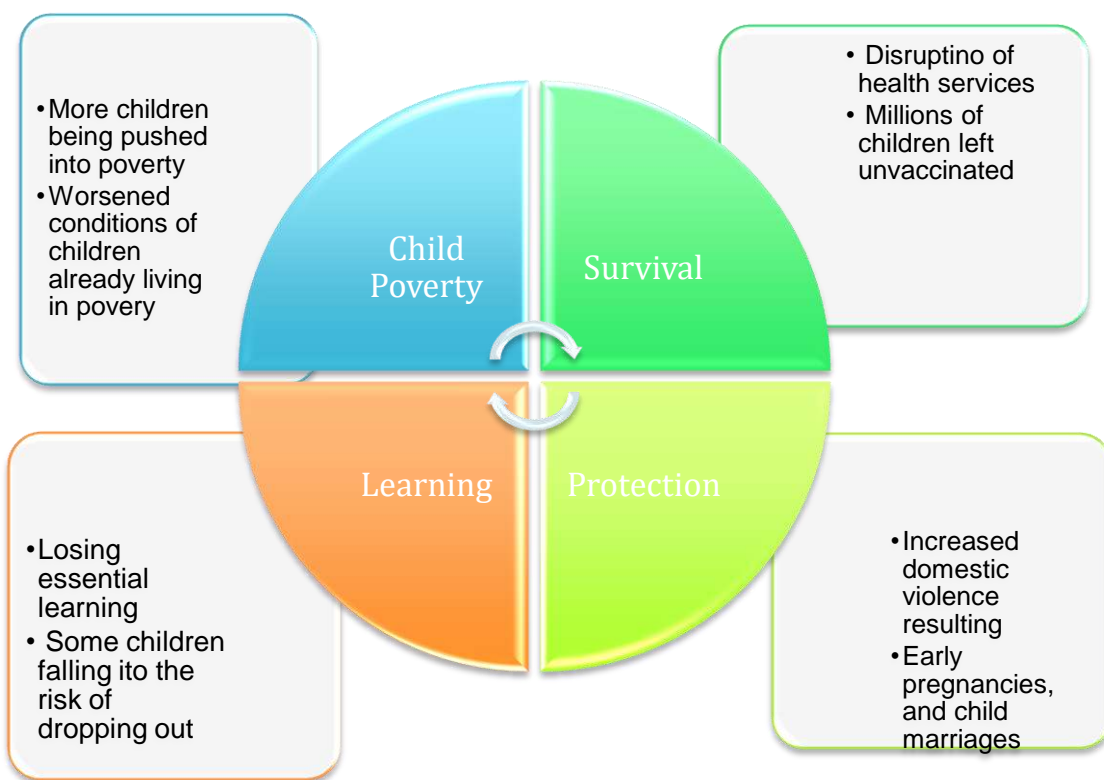
2. Global impact of COVID-19 on children

Prevalence of increased violence against children has close association with disaster, war, economic recession, and pandemic. The universal and most uncertain nature of the COVID-19

pandemic and its associated risks have created an environment that exacerbates violence against children in homes and communities. The continuous global spread of the virus brings multiple stresses due to school and business closure, family confinement, social distancing, and economic hardships. All this influences child vulnerability and brings short, medium and long-term implications on children.

The negative consequences are universal and for some children they will be lifelong. The pandemic will not spread its negative impacts to all children equally. Children will be affected differently based on age, gender, economic conditions, ethnicity, race and other factors of social exclusion. In general, children in the most disadvantaged and marginalized communities and neighbourhoods will be more adversely affected than other children.

While there can be many ways that children are affected from COVID-19 and its negative consequences, four dimensions of these impacts can be prioritized: child poverty, survival, learning and protectionⁱ.



The UN estimates an additional 42-66 million children falling into poverty because of the pandemic adding to the estimated 386 million children already in poverty around the globeⁱⁱ. ILO's estimates on the working poor suggest that there will be 9 to 35 million new workers in the

ⁱPolicy Brief, The Impact of COVID-19 on Children, UN, 15 April 2020

ⁱⁱ ibid

developing world in 2020ⁱⁱⁱ . The negative economic consequences of COVID-19 on households push them into extreme poverty making multiple and long-term effects on children's lives.

More than 1.5 billion children have been affected by school shutdowns in 188 countries^{iv} . It is difficult to measure the multiple effects of school shuts on children's human development. Although about two-third of countries have introduced distance learning platforms to curb the negative impacts on children's education, these measures still widen gaps in the education inequalities mainly in the developing world. Distance learning measures will also worsen the inequalities between boys and girls as boys are 1.5 times more likely than girls to own a phone and 1.8 times more likely to own a smartphone that can access to the internet based learning. Exposure to the internet will also put children at risk of predators and abusing content.

Using the current relationship between economies and mortality, the UN estimates that hundreds of thousand child deaths would result from the pandemic influenced economic downturn across the globe. Infant child deaths due to disruption of health services would further increase this figure. Hundreds of thousand children would suffer from the curtailed services for reproductive, maternal and child health care including vaccinations. Child malnutrition will rise alarmingly due to interruptions in supply chain, food distribution and income losses^v .

Schools and business shutdowns and isolations heighten children's witness and experience of violence and abuse. Children living in crowded and unsafe environments such as refugee camps, conflict settings and low-income urban settlements are at greater risks of violence and abuse. Separation from friends can cause loneliness, distress and hopelessness leading to practices of self-harm. They will also be subjected to limited educational and employment opportunities. Girls will be constrained in their access to social support services such as sexual and reproductive health services. Previous research has established the relationship between economic insecurity and child maltreatments which affirms that greater economic shocks caused by COVID-19 leads to expansion of child maltreatment and violence^{vi} .

Harmful practices such as neglect, sexual abuse, child labour, exploitation and child trafficking can increase due to school closures and household income losses. Unequal burden of domestic work and unpaid care that girls are already subjected to, would further be increased as they stay away from schools. A larger portion of around 600 million adolescent girls worldwide would suffer severe disadvantages due to sexual violence, teenage pregnancy, and child marriages^{vii} . During the Ebola crisis, Sierra Leone experienced an increase of 65% in teenage pregnancy as girls stayed out of schools which indicates the level of potential increase in teenage pregnancy during pandemic and health emergencies that keep children out of schools.

ⁱⁱⁱCOVID-19 and the world of work: Impact and policy response, ILO, 2020

^{iv}Policy Brief, The Impact of COVID-19 on Children, UN, 15 April 2020

^v Ibid

^{vi}Conrad-Hiebner, A. and Byram, E. (2020). The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review. *Trauma, Violence & Abuse* 21(1): 157-178.

^{vii} COVID-19: The Impact on Girls, Plan International

Children living in home care or alternative care centres and street situations may face greater vulnerability toward abuse and violence during shutdowns. Curtailed services and distancing from adults that usually care for these children, put the lives of children at greater risks. Death of parents or caregivers during pandemics and extended families undertaking the care of such children can increase the risk of vulnerability and exploitation. Change in dependency ratio due to increased mortality and morbidity strained the extended family networks that provide care for orphans. These households, when they are already struggling to meet basic needs, will have further challenges of providing food, schooling, and health care facilities for the new incomers. A research conducted with orphaned children living with extend families identified existence of intra-household discrimination, exploitation and child labour, material and education neglect, and sexual and physical abuses^{viii} .

A study conducted by World Vision Asia Pacific Department found that 69% of children reported experiencing physical or psychological punishment during the immediate past month^{ix} . Psychosocial effects of isolation, boredom, neglect, violence, and abuses are difficult to fathom. They leave life-long impacts on children's lives. Association between pandemic and mental health disorders including anxiety and suicide attempts have been established in relation SARS and Swine Flu^x . These researches speculate that post-traumatic stress and depressive disorders would result from quarantines, social isolation, and curtailment of freedom. Loss of jobs and income opportunities aggravates these traumatic conditions. Quarantines have been found to be associated with mental health disorders, sleep difficulties, substance abuse and emotional and behavioural problems in children^{xi} . Quarantines also increase children's exposure to perpetrators of violence and abuse. Children also experience distress due to death and separation of loved ones or fear of getting infected. Such distresses and fears can worsen pre-existing mental health conditions and can lead to self-harming behaviours or suicide attempts. Children can also be socially stigmatized and discriminated against if they represent a particular social group that is heavily infected. Generally, the virus can be infected among individuals from a particular ethnicity, religion, geographic location or employment type and the children from those groups are more likely to experience discrimination, bullying and stigmatization.

3. Research methodology

^{viii}Morantz, G., Cole, D., Vreeman, R., Ayaya, S., Ayuku, D., and P. Braitstein. (2013). Child abuse and neglect among orphaned children and youth living in extended families in sub-Saharan Africa: What have we learned from qualitative inquiry? *Vulnerable Child Youth Studies* 8(4): 338-352

^{ix}Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children, World Vision International, 2020

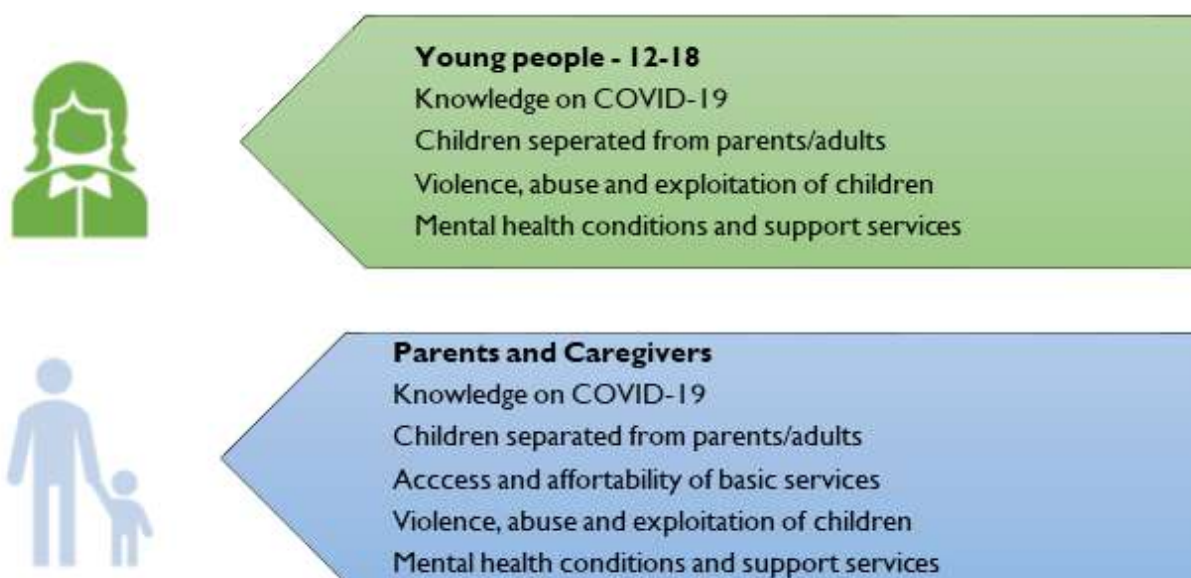
^xBrand, J., McKay, D., Wheaton, M.G. and J.S. Abramowitz. (2013). The relationship between obsessive compulsive beliefs and symptoms, anxiety and disgust sensitivity, and Swine Flu Fears. *Journal of Obsessive-Compulsive and Related Disorders*, 2: 200-206.

^{xi}Brooks, S.K. Webster, R.K., Smith, L.E., Woodland, L., Wessely S., Greenberg, N., et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet* 395: 912-20.

A quantitative research approach was used in the collection and analysis of data. Although a mix of qualitative and quantitative approaches would have supported understanding in-depth feelings and experiences of children and parents, the movement restrictions and social distancing measures imposed to limit the transmission of the virus constrained the ability to undertake qualitative data collection. Nevertheless, the survey included several open-ended questions that could identify factors contributing to generic conditions of child-wellbeing and protection.

The primary strategy of the research was a two-fold survey; a household survey responded by the parents or adults and a children's survey responded by the children of age 12 to 18. A structured survey instrument with a mix of closed-ended and open-ended questions was applied in the survey which helped discover both the predetermined and emerging conditions associated with well-being and protection of children. The survey instruments included clearly defined questions on several key themes that the research aimed to investigate.

Figure 1: Main themes of the study



The research design included a collective formulation of the survey questionnaires by the National Child Protection Authority (NCPA), World Vision Lanka (WVL), International Labor Organization (ILO), and United Nations Children’s Fund (UNICEF); training of the district and divisional child protection officials by NCPA and WVL on conducting interviews and using Open Data Kit (ODK) for interviews; pilot testing of the two survey questionnaires to finalize the questions and ensure enumerators’ soundness in using ODK; regular reviews of the quality and extent of data collection; and follow up discussions with the enumerators during the survey to address technical issues emerged during the data collection.

Two different samples were selected for the surveys: one representing parents or caregivers and the other representing children in the age of 12 to 18. Simple random sampling was used for the selection of samples. Two villages were randomly selected from each of the 331 divisional secretariat divisions (DSD) of the country. Twenty households were selected from each DSD: ten for the survey with parents and ten for the survey with children. Data collectors were the child protection officers of NCPA who are stationed at the districts and divisional secretariats offices. Since only 268 divisional child protection officer positions are currently filled, district child protection officers covered the survey in the DSDs with vacant divisional child protection officers. Thus, the representation of all the DSD, except those in the Badulla District, made this survey significantly representational and reliably a national study.

The actual survey sample was 4005 parents and 3987 children against the originally planned sample of 3310 for each group. The increase was due to some enumerators surveying 20 respondents from each group in a few DSDs. Total responses after the data cleaning included 3995 parents^{xii} and 3975 children from all the nine provinces.

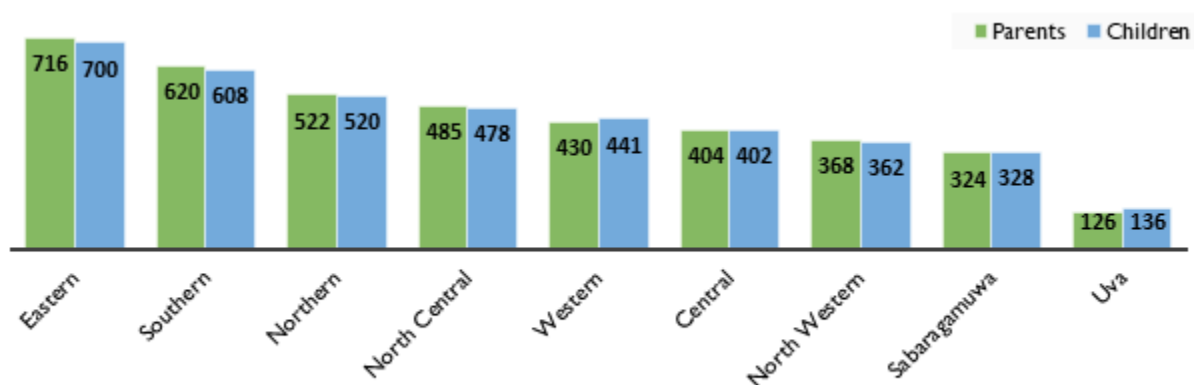
Figure 2: Distribution of respondents by category



Provinces with the largest number of respondents for the two surveys were Eastern and Southern. Uva recorded comparatively low levels of responses due to absence of research data from one of the two districts in the Province: Badulla.

^{xii} Respondents in the parents' survey talked about their children as well as other children in the community. The word 'parents' is used when they talked about their own children and the word 'adults' is used when the responses were about other children in their village.

Figure 3: Distribution of respondents by province



Parents n=3995; Children n=3975

Districts with most respondents were Kurunegala, Anuradhapura and Ampara. Over 300 respondents from each of these districts participated in each of the two surveys. Kilinochchi and Puttalam districts recorded the least number of respondents, each including less than 50 participants for the two different groups while Mullaitivu, Vavuniya, Nuwara Eliya and Trincomalee had less than 100 respondents for each group. Data collection was not conducted in Badulla district due to lack of child protection officers and lack of supporting devices for ODK among the two officers on duty during the survey period.

Table 1: Distribution of the respondents by districts

Districts	Adult Respondents		Child Respondents		Total	
	#	%	#	%	#	%
Ampara	340	9%	346	9%	686	9%
Anuradhapura	341	9%	338	9%	679	9%
Badulla	0	0%	0	0%	0	0%
Batticaloa	292	7%	280	7%	572	7%
Colombo	104	3%	106	3%	210	3%
Galle	276	7%	264	7%	540	7%
Gampaha	188	5%	197	5%	385	5%
Hambantota	122	3%	124	3%	246	3%
Jaffna	255	6%	256	6%	511	6%
Kaluthara	138	3%	138	3%	276	3%
Kandy	110	3%	102	3%	212	3%
Kegalle	122	3%	120	3%	242	3%
Kilinochchi	39	1%	42	1%	81	1%
Kurunegala	348	9%	340	9%	688	9%

Mannar	106	3%	104	3%	210	3%
Matale	214	5%	218	5%	432	5%
Matara	222	6%	220	6%	442	6%
Monaragala	126	3%	136	3%	262	3%
Mullaitivu	60	2%	60	2%	120	2%
Nuwara Eliya	80	2%	82	2%	162	2%
Polonnaruwa	144	4%	140	4%	284	4%
Puttalam	20	1%	22	1%	42	1%
Rathnapura	202	5%	208	5%	410	5%
Trincomalee	84	2%	74	2%	158	2%
Vavuniya	62	2%	58	1%	120	2%

The analysis of the survey findings took an inductive approach. Statistical analyses were made using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics are largely used in the analysis of data while inferential statistics are added where appropriate. Thus, a large number of numerical calculations, graphs and tables have been used to describe and summarize the findings. Descriptive statistics are also used in comparison of data from household survey and children's survey to understand the changes and trends. Use of inferential statistics is important to make meaningful conclusions emerging from the survey and to generalize the findings from the surveyed sample to the entire population of children.

4. Survey findings

4.1 Knowledge of COVID-19

A large majority of the children surveyed (96%) were aware of the spreading of the corona virus. Out of the 6% that acknowledge no prior awareness about the virus, 72% were from the Eastern province and widely spread in the Ampara and Batticaloa districts. Most children mentioned having awareness on the modes of transmission (88%), associated symptoms of the virus (83%) and methods of protection from the virus (71%). Comparatively lower percentage of children claimed knowledge on how to act when symptoms showed (55%) and the risks associated with the virus (49%). The level of awareness that parents showed on those five themes were quite similar to that of children (Table 2). Regular news alerts from television and other media, imposition curfew, policies on social distancing and mandatory use of facemask, and closure of schools would have helped children and parents gain a better knowledge on global and country spread of the coronavirus. Although it is not clear why children from Eastern provinces had a comparatively lower level of awareness about the virus, the comparative remoteness, poverty, and low levels of formal education in the province can be assumed as some reasons.

The percentages of children (55%) and parents (58%) who reported having knowledge on actions to take if they or someone from their family happen to show the symptoms associated with the virus were not very high. Nevertheless, the type of actions that parents identified as those that they would take in case of observing virus related symptoms were more related to healthy means. The percentage of parents who said they would go to a government hospital (61%), inform the public health inspector (48%) and dial 1390 hotline to seek advice (41%) were comparatively quite high compared to the parents who said they would take traditional remedies (2%), go to a traditional healer (1%) and buy medicine from a private pharmacy by themselves (1%).

Ø**6% children**, coming mainly from the Eastern province, reported not having heard of the coronavirus.

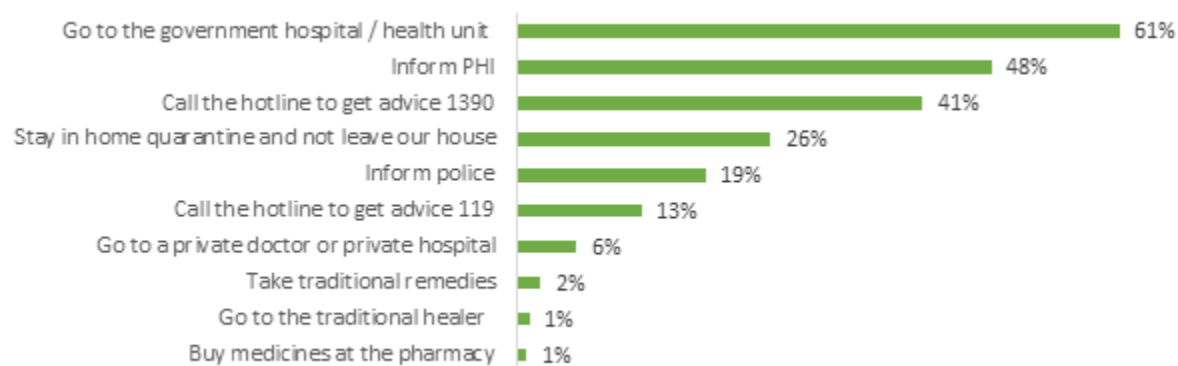
Ø**45% of children** and **42% of adults** were not aware of what they should do if symptoms are identified.

Ø**51% of children** and **45% of adults** did not know the risks and complications associated with the disease.

Table 2: Percentage of parents and children stating awareness on subjects related to the coronavirus

Type of Information	Parents	Children
Transmission	87%	88%
How to protect from the disease	85%	83%
Symptoms	71%	71%
What to do if there are symptoms	58%	55%
Risks and complications	55%	49%

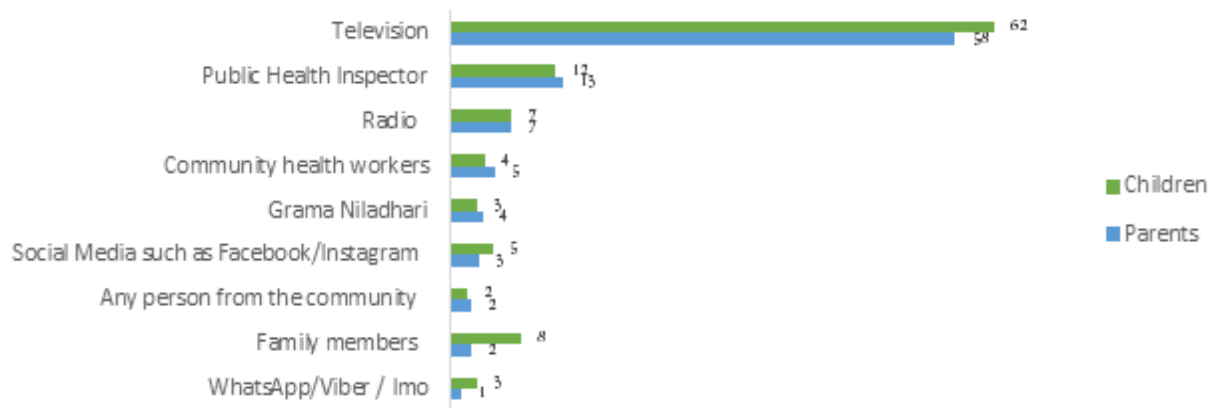
Figure 4: Actions parents would take if they or a family member was found to have coronavirus symptoms



Sample n=3995

Television was rated, by both children and parents, as the most trusted channel for COVID-19 related information. Although public health inspectors, radio and community health workers were also recognized by some research participants as the most trusted source of learning about COVID-19, the rate is significantly lower in comparison to the rating of television. Comparatively higher percentage of children identified family members as the most trusted information channel regarding the virus (8%). More children than parents also identified social media platforms such as Facebook, Instagram, WhatsApp, Viber and Imo as the most trusted source of pandemic related information.

Figure 5: Trusted sources of information about the pandemic



Sample n=3995

Parents and children demonstrated similar thinking patterns related to their learning needs about the coronavirus. From both groups 18% of the respondents did not expect more information about the pandemic. This would have been because they already receive sufficient information from the sources identified under Figure 5. The most desired learning needs of both groups was about the treatments (43% of parents and 45% of children) which was followed by the willingness to know about the ways of protecting from the disease (39% of parents and 44% children) and support services (32% of parents and children).

Although a comparatively lower percentage of parents and children already had knowledge on what to do if symptoms of coronavirus are shown (58% parents and 55% children), their

willingness to gain further information on this was also comparatively low (21% of parents and 23% of children). It is not clear what factors determined this condition.

Table 3: Percentage of parents and children referring the different learning needs related to coronavirus

	Parents		Children	
	%	#	%	#
How to treat it	43%	1712	45%	1798
How to protect from the disease	39%	1567	44%	1766
Support Services	32%	1277	32%	1259
Transmission	30%	1203	34%	1348
'Most at-risk' groups	23%	919	22%	882
Symptoms of the new coronavirus disease	22%	867	23%	901
What to do if you have the symptoms	21%	842	23%	897
Not Necessary	18%	738	16%	653

Fear of infection is common due to its communicable nature; 35% of children they are afraid of other people due to the risk of contamination. They are particularly afraid of certain groups of people. These groups include armed forces, elders, sick people, foreigners and recently arrived

from abroad, people infected with coronavirus, people from other districts and especially the returned internal migrants, and those individuals who are in and returned from quarantine centers.

Figure 6: Percentage of children reporting fear of other people due to the pandemic

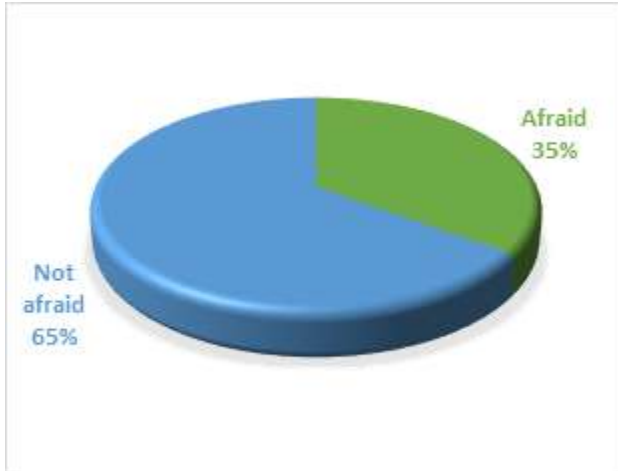
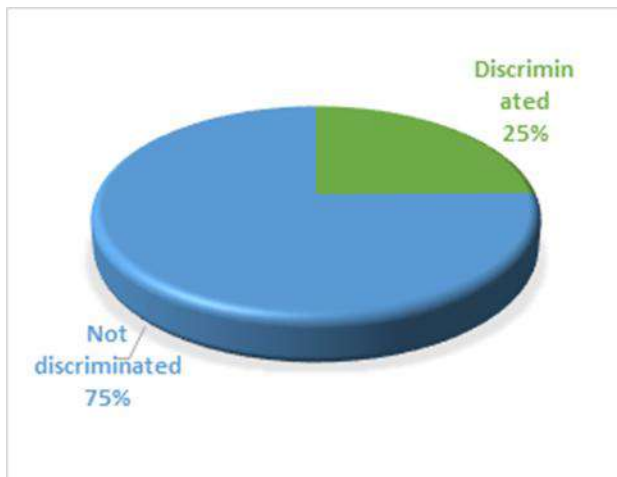


Figure 7: Percentage of parents who thought some people are discriminated due to the pandemic



4.2 Children separated from parents and caregivers

One of the most distressing global impact of the pandemic on children is their separation from the parent or the adult that they have been living with before spread of coronavirus. Reasons for separation are multiple and mostly associate with adults' infection of the virus, adults or children being quarantined, or more unfortunately the adults succumbed to the pandemic with life-long separations. The nature and extent of impact may differ from one context to the other. Especially if the children live in a social setting where trustful neighbors and relatives live, children may experience safer environments for living. Even when children fall into care of extended families, they would often experience discriminations and exploitation as those families struggle to provide for the needs of additional members. However, the impacts can be quite severe and distressing for children who do not have such safety nets. Lockdown and social distance policies that affect the operation of public service systems may further exacerbate the negative consequences of separation.

5% of children being separated from the parents/adults due to coronavirus.

12% of children live without an adult most of them are from Batticaloa (28%) and Jaffna districts (14%).

9% of children expressed desire to live in a different place or with different people

From the survey cohort, 5% of children reported being separated from the adult that usually takes care of them due to the spread of COVID-19. Children who are separated currently live with a single parent, grandparents, a sibling, children's home, a neighbor or a relative while the majority of such children live with a single parent, close relative, or grandparents. Comparatively a higher percentage of child separation was reported from Rathnapura (0.6%) Nuwara-Eliya (0.4%), Kegalle (0.4%) and Trincomalee (0.4%) districts. Some adults also confirmed (3%) their knowledge of children separated from their parents or caregivers due to coronavirus while some others (10%) were unaware of the existence of such children. A considerable percentage of children (12%) reported living without an adult and most of these children came from Batticaloa (28%) and Jaffna (14%). Adults are also aware of some children living without an adult during the day. This was confirmed by 130 adults (3.3%) while another 10.3% of adult respondents were not sure if such children existed in their community. Few adults (18) also confirmed that they know of children living without an adult at night.

Figure 8: Percentage of children separated from parents/adults due to the pandemic

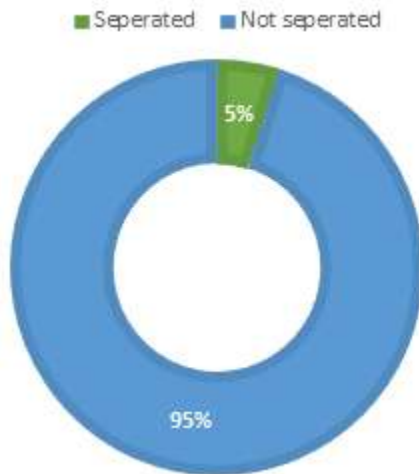
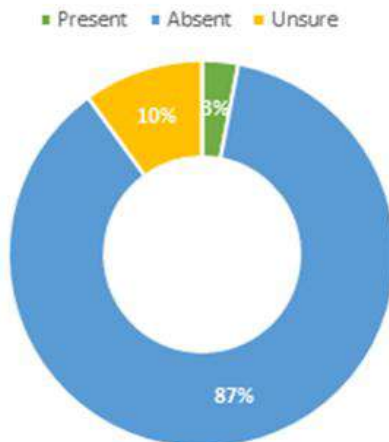


Figure 9: Percentage of adults/parents reporting presence of separated children in their community



Impacts of isolation and social distancing on children’s health and well-being was indicated when over 9% of children expressed desire to live in a different place or with different people that they currently live with. Preferred places living included the association of grandparents, close relatives such as uncles and aunts and siblings. Key factors that associate with children’s preference of a separate place of living include feeling of loneliness due to closure of school and social distancing, and experience of violence, abuse or neglect in the current place of living.

Presence of children living without an adult during the day as well as at night may cause protection issues primarily during the pandemic. Closure of schools and restrictions for relevant child protection officials to access these children during a long-term curfew environment would exacerbate the negative consequences that such children face.

Table 4: Distribution of adult respondents against their knowledge on children living without an adult during the day and at night

Adults' knowledge of children in their surrounding living without an adult during the day			Adults' knowledge of children in their surrounding living without an adult at night		
	Number of responses	Percentage		Number of responses	Percentage
Affirmative	130	3.3%	Affirmative	18	0.5%
Negative	3455	86.5%	Negative	3589	89.8%
Uncertain	410	10.3%	Uncertain	388	9.7%

Communities demonstrated a considerable level of responsiveness for the protection of children living without an adult. All adult participants said that they would take some form of action that would support such children and ensure their protection. Most of them (67%) said that they would inform the Grama Niladari if they come across such children in their village. Others would inform the child protection officer or child right promotion officer (32%), police (31%), national child protection authority, (28%) or other government officers (10%). Some adults mentioned that they would take care of the child themselves (11%) or would find someone to take care of the child (15%).

4.3 Access to and Affordability of basic services

Public measures that many governments, including Sri Lanka, took to curb the transmission of the pandemic brought in unprecedented economic shocks to households. Sri Lankan

government announced a country-wide curfew on 20 March 2020 which was completely lifted on 28 June 2020. The economic impacts of shutdown of business and transport services hit harder on households whose income depends on casual and daily earning. Even for the households that showed initial resilience to such sudden economic shocks, withstanding them for several weeks and months would have been a major challenge. The government responded to these economic shocks by expanding its social assistance program. The widest social safety program, Samurdhi, expanded the coverage to 2,397,054 beneficiary households while increasing the value of the benefit to SLRs 5000 a month^{xiii}. Employees from the informal sector, such as bus drivers and conductors, preschool teachers and retail shop owners were also included into social assistance programs. SLRs 5000 was offered to each selected household for a period of two months. For Most vulnerable households, this financial assistance during the lockdown period was inadequate to meet their basic food and health needs.

The survey attempted to understand the ways in which families coped up with these adverse economic and social consequences in the face of confinements, loss of jobs and incomes, and destruction of supply chains. The questions that map availability and access to basic services were included in the adult's survey. They aimed to understand surveyed adults' knowledge, perceptions, and experiences regarding basic services to the children in their community.

Imposition of curfew which came quite suddenly and lasted for several months created major challenges for food distribution and as a result households' access to foods. During the survey with the adults, 14% of respondents were aware of families with children that had less access to food distribution. Another 15% of households were not sure if such families existed in their village. However, this data could not be validated from children's survey data as only 0.5% children reported having less than three meals a day. Only 51% of households knew about seeking help when access to food distribution became a problem. This indicates that sudden closure of business services can be a serious challenge for households' access to food. Better

14% of adult respondents knew families with children having less access to food distribution

17% of adult respondents knew families with children that had less affordability for foods.

9% of adult respondents were aware (16% unsure) of families with children having less access to health care services

5% of households had a child with disability

19% of households having a child with disability reported difficulties

^{xiii}UNICEF policy brief on Sri Lanka's initial social protection response to COVID-19, April 2020/01.

arrangement for food distribution during such pandemic and lockdowns is important. More systematic distribution of food following protective health guidelines ensures it should be planned and executed. Preparedness for similar unexpected and long-term cut down of services, especially in a potential second wave of the pandemic, is essential to ensure that vulnerable and remote households would have better access to food distribution.

Beyond access to food distribution, affordability for food also often becomes a serious problem for households during pandemics of this magnitude. Aggravated by loss of income and jobs, households that do not have permanent income opportunities, sufficient savings, and other coping strategies to withstand long-term isolation generally encounter greatest challenges of food affordability. Survey findings revealed that 17% of adult respondents were aware of households with children that had less affordability to foods while another 21% were not sure if such families existed in their community. Almost half (48%) of households lacked knowledge on seeking help when food affordability becomes a problem. Less affordability for foods impacts children's nutrition. In more vulnerable situations, children may be forced or voluntarily opt to work for money. Assessment of social security programs and beneficiary selection criteria of those programs to ensure that vulnerable families with children are adequately supported to minimize negative impacts of the pandemic.

Access to health care during the confinements of coronavirus is also a problem for some families. The survey found that 9% of adult respondents had knowledge about families with children that had problems with access to health care. Another 16% of respondents were not sure if such families existed in their community. Considerable portion of respondents (32%) affirmed having no knowledge on how to seek help when there are problems with health care services.

Figure 10: Percentage of adults knowledgeable about the families with children having less affordability for foods

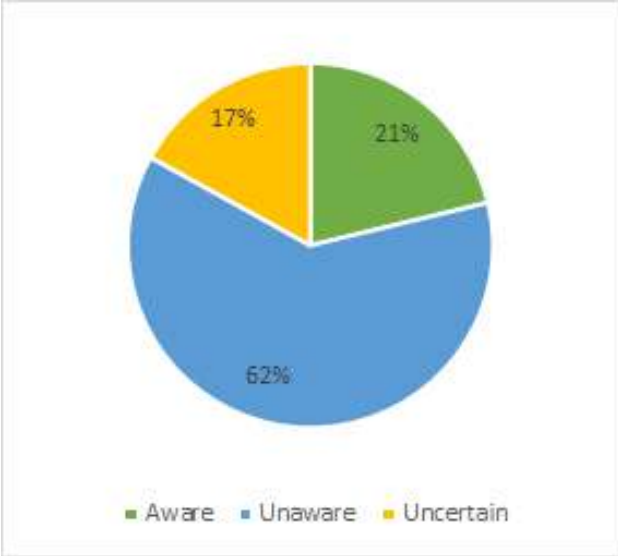
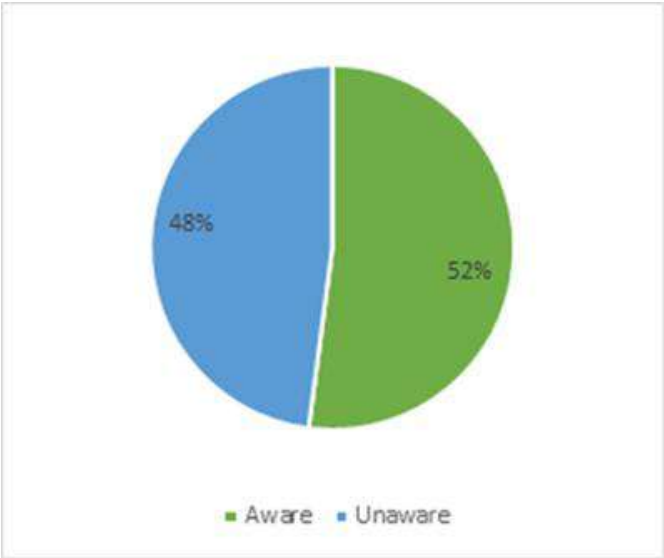


Figure11: Percentage of adults knowledgeable about seeking help when food affordability becomes a problem



The survey found that 5% of the households had a child with disability. Major types of disabilities included mental retardation, deaf and dumb children, heart diseases and kidney failures. Providing services and support to these children became a challenge, especially during the spread of the virus, as 19% of the households reported that managing a child with disability during a pandemic was a tremendously difficult job.

4.4 Prevalence of violence, neglect, and abuse of children

Nearly 2% of children (74 participants) self-reported being unsafe in their current living environment while a similar percentage of children abstained responding affirmatively or negatively. Three key factors of feeling unsafe included being afraid of the coronavirus (35%), unsafe neighborhood (24%) and domestic violence among adults at home (19%). While the majority of children are grappling with anxieties about the health issues that virus can cause, a considerable portion of children have to live under dreadful domestic and community environments. Restricted associations of friends and supportive adults in the schools and community double the psychological impacts of these unsafe living environments.

Table 5: Factors that make children feel unsafe against the percentage of responses

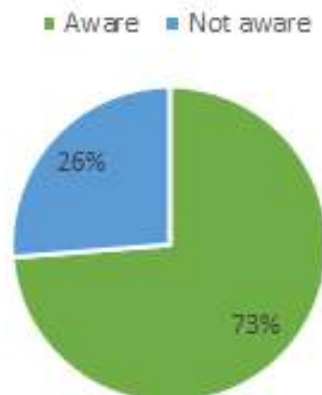
Reasons for feeling unsafe	Percentage of respondents
Afraid about the coronavirus	35%
Neighborhood is not safe	24%
Verbal fights or violence between adults at home	19%
Don't know	11%
Parent/s caregiver/s are always angry or stressed	8%

Harsh words or physical violence directed at children in my home

8%

Majority of children do seek help from family to community when they feel unsafe. However, 10% of children mentioned that they do not seek support when feeling unsafe. These children are the most vulnerable to violence, neglect and abuses. Socio-economic conditions of their families and communities under pandemics of this nature will make their conditions further negative. Reaching out to those children and building their trust on child protection support services is vital.

Figure 12: Children's awareness of services available for adults and children



One fourth of the children's cohort was not aware of the child protection related officials and services that are available for children and adults. The group that had knowledge on the availability of such services referred to child protection calling service (1929), child protection officer, probation office, women and child bureau, and officials in the DS office as the individuals or services to seek for support. The child protection calling service has become quite popular among the children. The

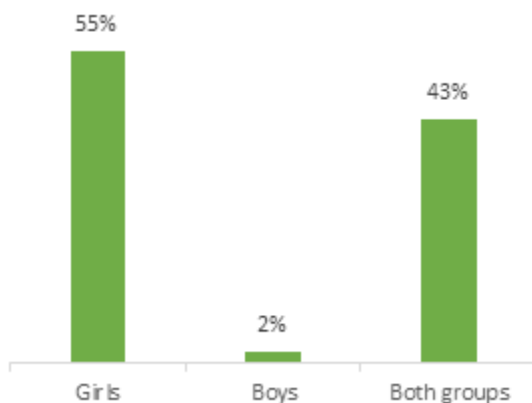
children who are unaware of the availability of child protection services can be more vulnerable in events of violence, abuse and neglect. Continuous awareness creation among children, teachers and parents can reach out to other children who lack knowledge on these vital services.

When adults were asked if they know of children in their village who have been committing acts of violence since the onset of the coronavirus, 9% of them responded affirmatively while another

13% were unsure if such things have happened. From the surveyed adult group 9% were also aware of at least one child who had fallen victim of acts of violence. The mean value of the number of children who had fallen to such acts of violence is 4.6, which means on average around 5 children have become victims of violent acts. Nearly 18% of the adults also think that the pandemic and its associated confinement procedures have increased the level of harm to children.

Nearly 6% of adults believed that the current environment under COVID-19 has affected more children being sexually abused. Another 24% of parents were uncertain about the possibility of such a situation. Majority of them (55%) believe that girls are subjected to such increased sexual violence while 43% of adults are in the opinion that both girls and boys are affected. Nearly 90% of children would look for support from family or community when they feel unsafe. Only 72% of adults said that children would seek help if they are sexually abused; 22% said they would not seek help while 6% said they would do nothing. Those children who are likely to seek help when subjected to sexual abuses would speak to their mothers, fathers or Grama Niladari. Most respondents said that children's first point of contact at the event of a sexual violence would be mother. 64% of parents and 73% of children were aware of services for victims and survivors of sexual violence.

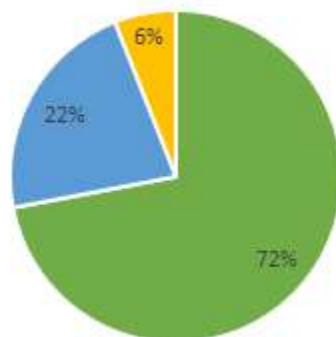
Figure 13: Parents opinions on pandemic resulting in increased harm to children Figure



14: Parents' opinion against sexual

■ Seek help ■ Do not seek help ■ Do nothing

n children seeking help violence



Parents thought that children’s first contact person for seeking help was mother. On the second priority they would contact father in case of a sexual abuse. Grama Niladari, police officer, child protection officer and helpline served by the NCPA were among other key prioritized individuals/services that children would seek help from, in an event of a sexual violence.

Parents believe that children seek help from reliable points if they come across violence of sexual nature. This is a positive aspect of children as it ensures the protection of the victims. One concerning point in relation to child sexual abuse is that around 28% of children would not seek help or inform someone if they are sexually abused. However, this is the perception of the adults and the real situation can be different to children’s actual help seeking behaviors. This puts the lives of many children at risk as they will be left alone to deal with these traumatic experiences. Children may abstain from communicating about such incidents due to self-blaming, fear of adults or shame of the society. When it comes to girls children, results of such violence would lead to unwanted and teenage pregnancies, early marriage and destruction of their future prospects. Building children’s trust in themselves and available protective systems is important to ensure the potential risks of sexual abuses are reduced.

Table 6: Priority list of people that children seek help from in an event of a sexual violence

	Highest Responses	Second highest Responses	Third highest responses
Priority 1	Mother (39%)	Grama Niladari (17%)	Police Officer (15%)
Priority 2	Father (20%)	Grama Niladari (20%)	Police Officer (11.8%) CRPO or NCPA officer (11.5%)

Priority 3	Grama Niladari (19%)	CPRO or NCPA officer (16%)	NCPA helpline-1929(16%)
Priority 4	CRPO or NCPA officer (17%)	Police Officer (16%)	NCPA helpline-1929 (15%)

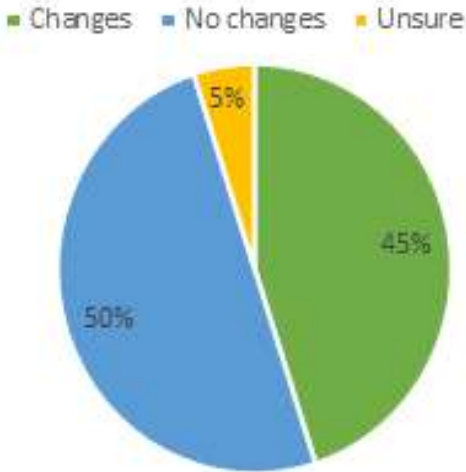
Community reaction to cases of sexual violence is largely centered around seeking legal support and advice from the police, child protection helpline (1929), Grama Niladari, or children protection officer. Adults view of more negative ways of dealing with sexual violence such as punishing the survivor, discriminating the survivor’s or perpetrator’s family, and pushing a legal marriage between the perpetrator and victim were quite low.

4.5 Psychosocial stress and presence of support services

The pandemic and its different impacts have caused psychological stress on both parents and children. Parents are worried about their children being out of school (57%), loss of livelihood and income (39%) and added responsibilities at home (39%). Some also identified anxieties about their children falling behind education (35%), fear of losing job or income generation (29%) or fear of virus infection (27%).

Many parents notice changes in children’s behavior since the onset of COVID-19, imposition of curfew and closure of school. While 45% of parents mentioned observing such behavior changes another 5% were not sure if such changes were present. Parents listed three key factors that affected children’s behavior: children’s inability to go to school, worries about falling behind education, and continuous advice from adults.

15: Parents observing changes in children’s behaviour



Closure of schools due to COVID-19, therefore, has a major impact on both the lives of children and parents. Children find it difficult to accommodate the changes while for parents the situation has brought in major concerns about the future of their children.

Less than half of parents were aware of services or activities available to support children (41%) and parents (37%) cope with stress or other difficulties in their lives. Lack of availability of such services and lack of knowledge about such services exacerbate the risks of stress that parents and children have during pandemics of this magnitude.

16: Parents’ perception of factors that affect children’s behavior

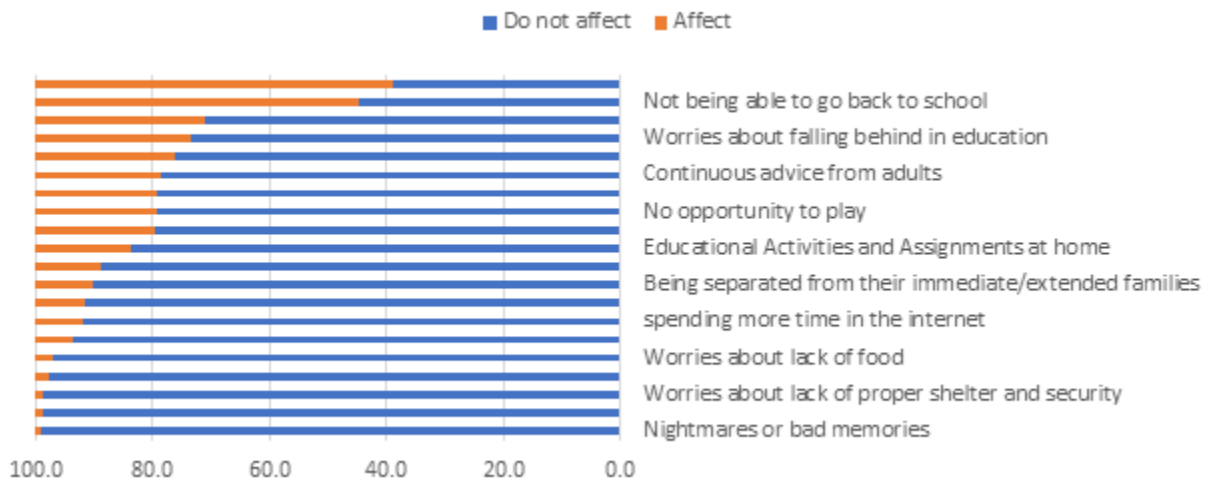
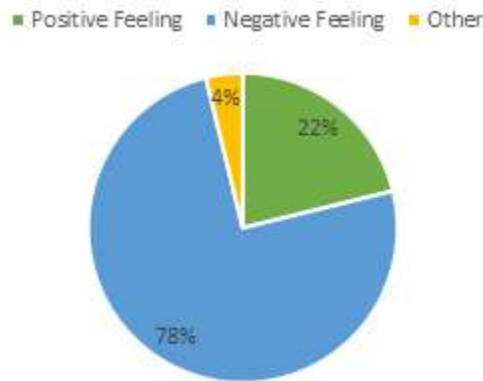


Figure 17: Percentage of children reporting their feelings about the closure of schools



School closure imposed by the government to curtail the spread of coronavirus among and through children had brought negative feelings to most children. Three fourth of the children surveyed (78%) expressed having negative feelings due to school closure while the rest (22%) expressed positive feelings. One of the outstanding reasons cited by children who reported positive feelings about the school closure is their ability to spend time with parents. These children considered the ability to stay home with their parents was a great opportunity that the pandemic had brought in. This feeling translates to children's desire to have closer and more meaningful relationships with their parents. Other reasons that children reported as positive feelings of school closure included the free time available for playing, lack of stressful learning and homework from school and the opportunity to engage in online learning.

One of the outstanding factors of negative feelings about school closure is being separated from friends which was reported by 61% of the children. Other major factors of negative feelings included inability to go to school (50%), feeling bored at home (42%) and worries about missing and falling behind education (38%). Parents validated these data as most parents also perceived that separation from friends (61%) and inability to go to school (55%) triggered stress among children. Children reported being involved in various types of activities that help them manage the negative feelings that they experience. These included engaging studies (72%), helping parents (54%), playing with siblings (49%), reading books (47%) and spending time in the garden (40%).

Table 7: Reasons for negative feelings among children

Children's expression of triggers of negative feelings	Percentage of response	Parents' perception of triggers that make children stressed	Percentage of responses
Being separated from friends	61%	Being separated from their friends	61%
Not being able to go back to school	50%	Not being able to go back to school	55%
Bored at home/nothing interesting to do	42%	Fighting with older/younger siblings	29%
Worries about falling behind in education	38%	Worries about falling behind in education	27%
No opportunity to play	23%	Extra hard work in the household	24%
Educational activities/ assignments at home	21%	Continuous advice from adults	21%
Fighting with older/younger siblings	16%	Fear of the virus and getting sick / family members getting sick	21%
Extra hard work in the household	14%	No opportunity to play	21%
Fear of the virus and getting sick / family members getting sick	13%	Lack of routine	20%
Uncertainty about the future	12%	Educational Activities and Assignments at home	16%
Being separated from immediate/extended families	6%	Worries about what they are hearing in the news/social media	11%
Tension within the family	5%	Being separated from their immediate/extended families	10%
Worries about lack of food	2%	Tension within the family	9%
Lack of sanitary hygiene products	1%	Spending more time in the internet	8%
Nightmares or bad memories	1%	Uncertainty about the future	6%
Fear of sexual violence	1%	Worries about lack of food	3%
		Fear of sexual violence	2%
		Worries about lack of proper shelter and security	1%
		Lack of sanitary hygiene products	1%
		Nightmares or bad memories	1%

Children's general pattern of work has stopped due to disruptions on schooling and one half of children (51%) confirmed that they are not working on a routine while another 12% of children being unsure if they do so. Children reported spending their time by studying (72%), assisting adults in day to day work at home (54%), playing with siblings at home (49%) or reading books (47%). Recognizable portion of children are also spending time on virtual space through accessing online support services (28%), playing video games (15%), and spending time on social media (10%).

An analysis of stress triggers for children by different age groups showed the major stress trigger for children aged 4 to 18 is being separated from their friends followed by not being able to go to school. Children aged 16-18 is the group mostly worried about falling behind education followed by children aged 13-15. Children in the age of 16-18 are also strained due to constant advice from parents, extra hard work at home and lack of routine. Fighting with siblings and lack of opportunity to play strain children aged 4-6. Separation from immediate or extended family members, fights between siblings, lack of opportunity to play and tension within the family were found to stress children below 3 years of age.

Table 8: Major triggers of stress for children against their age

What makes children stressed the most?	Age 0-3 Years	Age 4-6 years	Age 7-12 years	Age 13-15 years	Age 16-18 years
Being separated from their friends	20	294	1087	1265	693
Being separated from their immediate/extended families	64	170	184	126	42
Extra hard work in the household	6	67	340	574	368
Fear of sexual violence	4	4	38	50	44
Fear of the virus and getting sick / family members getting sick	10	124	414	399	259
Fighting with older/younger siblings	34	308	694	505	183
Continuous advice from adults	12	98	292	457	389
Lack of routine	6	127	333	399	309
Lack of sanitary hygiene products	4	10	12	24	20
Nightmares or bad memories	0	10	10	12	8
Not being able to go back to school	6	255	1033	1161	646
No opportunity to play	36	239	497	417	221
Educational Activities and Assignments at home	10	116	364	354	196
spending more time in the internet	0	20	76	156	228
Tension within the family	24	58	162	196	164
Uncertainty about the future	4	14	36	100	182
Worries about falling behind in education	4	116	429	625	491
Worries about lack of food	26	56	74	66	48
Worries about lack of proper shelter and security	4	10	26	36	20
Worries about what they are hearing in the news/social media	4	62	178	228	226
Other	6	10	34	20	12

Income poverty and hopelessness emerging from indefinite closure of schools can drive children from more vulnerable households to start working for money under this type pandemic. About 11% of adults acknowledged that some children in their community worked for money even before COVID-19 struck household income. Another 12% of parents were not aware if there were such children in their community.

Figure 18: Parents’ awareness about children working for money in their community



From the cohort of parents who were aware of children working for money, 51% were also aware that those children were working for money during COVID-19. The mean value for the number of boys working is 7.6 and the mean value for girls 2.1. While the imposition of curfew restricted people’s movement including their ability to go to work and engage in livelihoods, these economic

challenges have apparently led some children to continue working for money to help their families. However, the data does not clearly say if the children were involved in child labor.

5. Discussion

Children generally demonstrated a very good awareness about the spread of the coronavirus except those in few districts (Ampara, Batticaloa, Kilinochchi and Nuwara-Eliya). Although it is difficult to understand the reasons for poor knowledge about the virus among children in these districts, limited access to information caused by the remoteness and comparative poverty levels can be attributed to. The primary source of information for both parents and children is the television. Television, thus, is an effective vehicle of communication to children and adults that can share further information about the virus and its effects. The information they receive through the television can be quite limited to daily news and news alerts. Children also learn about the pandemic through social media. However, the accuracy of the information they receive through uncontrolled social media is highly doubtful.

Data suggests that this fear of others due to the natural human transmission of the virus is quite intense. Both parents and children are frightened of those groups who are more vulnerable to be infected and those that are already infected. Data suggests that the three-month long lockdown in the country and return of the internal migrants, especially from Colombo, to their villages had created a context of uncertainty, anxiety and distress to live with. It is important to identify measures to support families and communities manage these uncertainties without discriminating against their neighbors and elderly. They should also be supported to generate increased emotional and economic resilience that will help mitigate negative impacts of anxiety and stress.

Separation of children from adult caregivers due to the spread of coronavirus has not been widespread. However, from the 5% of children reporting separation from parents/adult caregivers a comparatively large number come from Rathnapura, Kegalle, Nuwara-Eliya and Trincomalee Districts. This data was validated by 3% of parents who knew about children separated from adult caregivers due to coronavirus (with another 10% being unsure of the presence of such children). Poverty and adult migration can be considered as two key factors of the high percentage of children living without an adult in Batticaloa (28% of such children) and Jaffna (14% of such children) districts. Feeling of loneliness and experience of violence and neglect has resulted in nearly 9% of children to desire a separate place of living.

Accessibility and affordability of food during the pandemic has not been a major challenge to many. But at least 17% of the survey respondents highlighted this as a serious issue. This could not be validated through the children's survey due to absence of data. When accessibility affordability of multiple services such as food, education and health are compounded, households are pushed unto greater multidimensional poverty. Children in such households are more vulnerable to life-long effects of malnutrition, disease infection and not being employed. Managing children with disability for households with such poor accessibility and affordability for food and health services, can be challenging and distressing as indicated by 19% of households that had children with disability. Lack of awareness about the services for health seeking (48% on food affordability and 32% on health services) or perhaps lack of effective services for help seeking will aggravate the condition of those households and children.

Safety of the vast majority of children are assured even under the challenging conditions of the pandemic. A small percentage of less than 4% (aggregate of confirmed and unsure cases)

reported living under unsafe family and community conditions. In addition to the fear of coronavirus, children are also concerned about the unsafe neighborhood and domestic violence at home. Children's considering not to seek help (10%) when feeling unsafe can be due to shame, self-blame or fear of the family and society. Such children are more susceptible to violence and abuse. Larger portion of children (73%) being aware of help services (child protection officer, Grama Nildari and NCPA help desk) can be a result of the community-based child protection programs conducted by NCPA and Non-government organizations.

Children experience increased levels of violence from the onset of coronavirus as perceived by the adults in the community. They believe that some children are subjected to sexual violence as well. School closure, stresses of adults due to increased economic hardships, and closer contact with perpetrators due to confinements can be key reasons for increased violence of children. Responses from both children (10%) and parents (22%) shows that there are children who are not aware about services that provide care and safety for children. Raising awareness on child protection support services among some parents (36%) and children (27%) will support addressing existing issues of violence and abuse of children.

One of the most unseen and least investigated results of COVID-19 is its psychological impact on children, adults and elderly. The research findings highlighted some level of psychological impacts and stresses that the virus has caused on the lives of children. The triggers of stress that children reported were validated by parents. Separation from their friends, being away from school for a long time, boredom and loneliness, and fear of being unable to achieve future goals have caused stress among most of the children. Stresses, fears, and loneliness among children can lead to permanent psychological damage. Most children, however, resort to practices that help them reduce the negative psychological impacts. These included engaging in studies from home, helping parents in their work, playing with siblings and pets and spending time in the garden. It would have been useful to find out if children resort to any self-harm practices as a means of coping up with these psychological impacts.

Some adults confirmed the presence of children working for money in their community. However, survey with children did not include questions to investigate presence and experiences of child labor. The fact that there are 12% children living without an adult, nevertheless, indicates that at least children in some of those families have to work for money for sustenance. Chances of more children being pushed into conditions of working for money due to economic hardships of COVID-19 are quite high. However, data does not suggest that this is condition of child labor. Data from direct survey with children is important to better understand the situation of child labor in Sri Lanka during and out of health emergencies.

6. Conclusion

Children and parents have already gained a fair level of awareness on the coronavirus, especially on its transmission modes, protective measures, and symptoms. Television has been the primary vehicle of information communication to both groups.

Identify knowledge gaps: Further research is required to identify the factors behind poor knowledge about the virus among children from Ampara, Batticaloa, Kilinochchi and Nuwara-Eliya districts. Special awareness creation mechanisms may be required for the children in these districts if common sources of information are not effective in their remote districts.

Expand awareness raising on COVID-19: Special television programs that focus on children and adults as well as focused communication materials that can be transmitted through social media can be used to raise further awareness among children and parents, especially on immediate actions to be taken if they or someone around them demonstrate symptoms.

Although children have been largely spared by direct health impacts of the pandemic, socio-economic measures introduced to curb its transmission have contributed to increase the chances of violence and abuse against children. Identifying and addressing these negative consequences on children is as important as the measures taken to address the health, economic and social impacts of the virus. Government and non-government organizations can work together to identify and implement policy, legal and program interventions that can address those negative effects quickly and adequately.

Parents and children demonstrated good understanding of child protection and help-seeking services. Most of them are aware about the NCPA hotline service (1929) which assures that parents or children with easy access to mobile phones can reach out to this service without fear. There had been major efforts to raise community awareness about this service among such a large portion of communities (73%). Reaching the last mile will be challenging but is critical as this can be the most vulnerable families that require information about such services.

Build further awareness on child protection help services: Both parents and children need further information on help seeking services that can assist children subjected to violence and abuse. NCPA and non-government organizations need to continue community-based child protection communication campaigns. NCPA hotline service (1929) should further be promoted among parents and children as it is the most effective service during pandemic and emergencies.

Children separated from parents/adult caregivers and those living without an adult are more likely to go through hunger and require social assistance for food, education, and health service. Data does not suggest if the children living without an adult (12%) receive current public social assistance programs. It can also be that they are left out of such programs due to lack of knowledge and contact with the public officials.

Separations resulting from the pandemic can be quite traumatic and insecure for children, and more adversely for female children. Adjusting to new environments and circumstances would

demand new social and emotional skills, lack of which would be stressful, harmful, and self-demeaning. Separations may also create more violent and abusive situations for children and subjectivity to abuses would result long-term psychological and emotional consequences that impact growth during the entire life of the children.

Develop and maintain a database of children living without parents and adults: Regularly updated database of children living without parents and adults should be maintained at divisional, district and national level by the NCPA with details. A list of vulnerability criteria can be developed and applied to rate the level of vulnerability of these students. Development interventions of the government institutions and non-government organizations should be properly targeted based on the level of vulnerability of such children. Use of a web-based database would help divisional and district child protection officers to make frequent updates. Use of a global position system (GPS) in such data management would help effective mapping of those children for special support during pandemic, health emergencies and disaster situations.

Research into the lives of children living without parents and adults: A in-depth study on the children living without an adult should be conducted to understand factors behind living parentless or without an adult; specific child protection issues related to these children, their experience of violence, neglect and abuse; their ability to cope with burdens of health emergencies and disasters; and their access to ongoing social security programs. Reasons for higher percentage of such children in post-conflict Eastern and Northern provinces should be investigated. Gender, age, ethnicity, cast and religion specific discriminations faced by such children should also be explored. Findings from such a study should inform formation of adequate social protection programs for children living without parents/adults.

Disruption of food distribution and health care services, especially for infants and children, can be a stressful emotional challenge for parents. People living in poorest, remotest, and most vulnerable communities will be hit harder under such circumstances. Health conditions of infants and children can be seriously affected when health care services are interrupted. Child friendly pandemic responses should strategize effective food distribution to households at risk and safer delivery of essential health care services to children.

Design a child friendly pandemic response strategy: A child friendly pandemic response plan can include strategies and priorities to ensure delivery of food and health care services targeting the poorest, remotest, and most vulnerable households and those with children with disability or special health needs. Drawing from the lessons of food and health care delivery management during the recent shutdown period, the strategy should also include possible information communication on alternative food distribution and health care delivery during pandemic as well as details of institutions for help seeking when services are fully interrupted. Such a strategy will support NCPA to ensure the needs of all children during pandemic, health emergency and disaster emergencies are effectively met.

The pandemic is a stressful experience for children. Although some children are (around one quarter) happy with the time they get to spend with their parents and family, school closure and separation from friends causes most children to live in fear, boredom, and stress. Children in secondary school age are worried about the impact on their education and achieving their future goals. It is important to support children and manage these emotions successfully.

Strengthen support services mechanism: Providing clear, direct, regular and faster information on public measures that mitigate negative consequences of the virus can be a relief for the children and parents. Online and offline programs to educate children on managing stress and boredom during school closure are useful. Online and offline education programs for children to continue their education from home can also help reduce strains. Teachers should be engaged to contact students regularly and provide counselling support to children requiring such services.

A fair portion of the population live with fear of other people and discrimination of groups that are more vulnerable to being infected. Both the anxieties that children go through are the discriminations of individuals and groups destruct children's wellbeing and protection systems.

Address issues of fear and discrimination: Campaigns and programs that focus awareness generation on protection from the virus should be include information on dealing with undue anxieties about the virus and on the need to refrain from discriminations and practices of social exclusion. This research highlighted that some children in Sri Lanka work for money. But the available cannot be interpreted to say this is condition of child labor. Deeper understanding of the conditions of children working for money and their attributes is possible only through a more focused research on the subject.

Conduct further research on child labor in Sri Lanka: Further researches are required for a better understanding of the context of child labor in Sri Lanka. NCPA is in a better position to lead such a national research and to develop policy and programming responses to address associated issues.