



INSIGHTS INTO THE WORLD OF PRIVATIZED FAITH- BASED RESIDENTIAL CARE FACILITIES IN MYANMAR

Briefing Note for Practitioners
Supporting the Transition of
Residential Care Facilities in Myanmar

This briefing paper draws on data and findings
from the Insights into the World of Privatized
Faith-Based Residential Care Facilities in
Myanmar research report.



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Background

Estimates from 2019 suggested up to 600,000 children were living in Residential Care Facilities (RCFs) across Myanmar, with the vast majority thought to be living in privately run unregistered RCFs, many of which were faith-based.¹ Concerns have long since been raised regarding the situation of children in residential care facilities and the safety and standards of care provided to children within them.²

The study was aimed at gaining insights into the operations of privately run, Christian faith-based RCFs participating in the Kinnected Myanmar program, including:

- ▶ characteristics of the directors and donors;
- ▶ the means and reasons for referral and admission of children into care, and;
- ▶ how these dynamics affect the willingness of RCF directors and donors to engage in transition and the reintegration of children.

Kinnected Myanmar

46

privately run and funded Christian faith-based RCFs

22

individual donors or donor groups

846

children residing in participating RCFs

Summary of Key Findings

1. Residential care service transitions are largely influenced by donors

The transition of the residential care facilities was highly dependent on two variables:

- ▶ whether the principal donor had been identified and successfully engaged for transition;
- ▶ whether the principal donor had made the decision to transition or divest of residential care, independent of the partner RCF's position on transition.

RCFs remained part of the KM program and progressed through to a positive outcome, such as closure or full transition, at the following rates:

- ▶ 12.5% in cases where the principal donor was not involved
- ▶ 80% in cases where the principal donors was involved
- ▶ 100% in cases where principal donor was involved and had made an independent decision to transition/divest and communicated this commitment to their partner RCF

Out of 33 RCFs that agreed to participate in transition through the KM program:

- ▶ Donors initiated the transition in 97% of cases
- ▶ Directors initiated the transition in 3% of cases

¹ UNICEF. (2019, August 16). Myanmar: UNICEF delivering change for children: Programme brief - Child protection.

² Department of Social Welfare & UNICEF. (2011, August). *The situation of children in residential care facilities in Myanmar*. https://static1.squarespace.com/static/5bbab8cbe666692d8fd5f481/t/5c42a51abba22367200f9815/1547871516154/Residential_Care_Survey_Report.pdf

While directors were under no obligation to pursue transition, they were keenly aware of the influence that donors held, and they often acted to avoid conflict with their principal donors.

Directors invited by their donors to participate in the transition program often agreed, despite in many cases having no desire or intention to transition. Participation in the program was often a demonstration of superficial cooperation for the sake of managing donor relations and avoiding conflict with the principal donor's express wishes to transition.

Implications

These findings suggest that the greatest determinant of transition outcomes in the case of voluntary transitions in Myanmar is the active involvement of the principal donor to support transition, and the commitment of the donor to divest of residential care. It shows the critical importance of donor engagement in transition efforts and illustrates the significant influence that donors, particularly principal donors, have to affect or discourage transition.

Ways Forward

- Conduct funding stream analysis and donor mapping exercises to identify the sources of financial support for privately run residential care facilities in Myanmar.
- Identify principal donors to RCFs, coordinate efforts where multiple donors are involved in the support of specific RCFs, and engage them to support their partners to transition.
- Scale up donor advocacy and awareness raising efforts, targeting overseas faith communities who are significant supporters of residential care in Myanmar.
- Support existing systems reform efforts to improve regulation over funding streams and regulation of overseas activities of donor countries, particularly where these entities are funding residential care facilities that are unregistered, unlawfully operating, and violating the rights of children as enshrined under international law.

2. Active recruitment drives admission of children into residential care

Of the 179 children who were under KM's case management system:

- ▶ 99.4% of children were recruited into residential care

Of those recruited:

- ▶ 93% were recruited by the RCF director or his/her networks
- ▶ 22% of recruited children were related to the RCF director

Active recruitment of children into residential care facilities was found to be the primary method by which privately run faith-based RCFs populated their facilities. Despite experiencing vulnerabilities that often led to the placement of children in residential care, families rarely initiated the admission of a child into an RCF in the absence of recruitment. Rather, recruiters likely identified families experiencing vulnerabilities, and offered residential care as a viable solution.

Implications

Family reconnection, as a part of the transition and reintegration process, was found to be critical in supporting parents and families to regain decision-making power, allowing them to act on improved awareness of what was in the best interest of their children and to accept alternate forms of support.

Ways Forward

- Awareness raising efforts aimed at changing community mindsets towards residential care should address the issue of recruitment so that parents and community leaders are equipped to identify and curtail recruitment practices.
- Further research and inquiry should be conducted to better understand recruitment practices and to inform government efforts to regulate the registration and operations of RCFs.
- Gatekeeping needs to be strengthened, enforced across all RCFs, and outworked independently of residential care service providers.
- Systems reform efforts to bring all RCFs under the regulatory control and oversight of the government and mandated authorities should be supported, including the conditions and powers to enact forced closure of RCFs that fail to comply and meet minimum standards.
- Consideration should be given to introducing penalties and offences for serious breaches of child protection laws and alternative care policy, including unlawfully operating an RCF and unlawful removal of a child from parental custody or guardianship. These are critical to ending impunity for RCF operators who violate children's rights or perpetrate abuse, and to safeguard children against orphanage trafficking and exploitation in residential care settings.

■ 3. Cultural factors and customary laws influence children's admission into residential care

Children from ethnic Chin communities and families were found to face additional risks of being admitted into privatized and unregulated faith-based residential care facilities in Myanmar. The vast majority of the RCFs in the study cohort were founded and run by Chin Christian directors, and their relational ties to Chin communities made these children more likely to be targeted for recruitment and admission into RCFs.

Chin cultural and customary law norms pertaining to custody of children increase the risk of families seeking opportunities to send children to residential care in the event of death of the father, or divorce or separation. As children are considered the property of the father, such circumstances dictate that children must not remain in the care of the mother and placement in residential care is preferred over other non-paternal family-based care options.

Implications

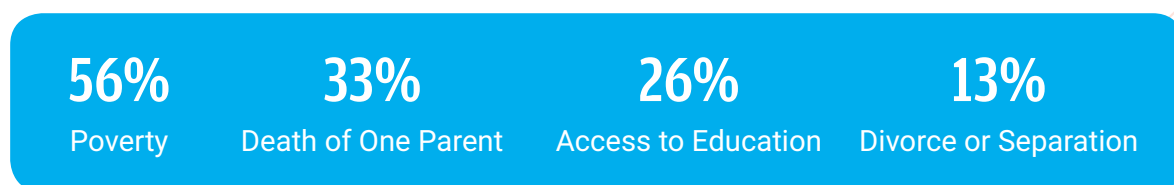
These cultural norms pose challenges for children’s reintegration, particularly in cases when the most appropriate option for family-based care is reintegration with the mother or foster care. Both options are likely to be blocked by the paternal family, who would perceive such placement outside of the paternal extended family as a contravention of customary laws.

Ways Forward

- Further research and investigation on the intersection of ethnic minority group customary laws and child institutionalization should be conducted. Elucidation of this important nexus is critical to understanding the risks of child institutionalization for certain populations of children and for informing prevention and targeted awareness raising strategies.
- Care reform champions from within the Chin community should be identified and supported to engage in dialogue with religious and community leaders around caregiving practices and to identify culturally sensitive pathways towards a reduced reliance on residential care.
- Child protection, family strengthening, and social protection policy formation and practice should adopt a dual gender and culturally sensitive approach. The degree of ethnic and cultural diversity across Myanmar means that community attitudes and practices vary greatly between ethnic groups, as do risks to children being outside of family care.

4. Poverty is the most common reason for children to enter into residential care

97% of children had one or both living parents and poverty was found to be the most common push factor contributing towards children’s referral to residential care.



In most cases it was the combination of two or more stressors that led to families resorting to residential care:

- ▶ Poverty and the loss of one parent
- ▶ Poverty and access to education

Implications

These findings point to the importance of multisectoral collaboration in child protection and care reform efforts, particularly in strengthening the most at-risk families' access to social protection and education.

Ways Forward

- Efforts to reform the care system in Myanmar must be multisectoral and target underdeveloped areas of the country that have been impacted by protracted insecurity.
- Improving the access of ethnic minority groups in conflict-affected areas to social protection and to education needs to be at the center of strategies to prevent unnecessary separation of children from families.
- Sufficient support to address poverty and education access needs to be factored into reintegration plans and strategies. Organizations implementing reintegration need to take a flexible approach to developing support packages for reintegration, including innovative ways of addressing structural barriers to education.