

ALTERNATIVE CARE IN MYANMAR



THE SITUATION IN MYANMAR



- Total population: 52 millions
- Total number of children: 22 millions
- 135 different ethnic groups,
- 3 main languages and numerous dialects

Majority Buddhist, with Christian, Muslim and animist minorities

Diversity of landscapes - mountainous/delta/dry

THE SITUATION IN MYANMAR

- Myanmar became a signatory to the CRC in 1991
- Has a body of national laws committing the State to the realization of children's rights including The Child Law and Rules Related to the Child Law, enacted in 1993.
- As this is still very new to Myanmar - There are very few professionally trained people within the area of Child Protection with only 1 person being qualified as a Social Worker
- Many children in Myanmar are still being denied their rights to protection.

THE SITUATION IN MYANMAR

These include:

- ***Children without parental care*** – including those living in institutions, orphans and vulnerable children, unaccompanied children, children with disabilities and in particular those affected and infected by HIV/AIDS.
- ***Child victims of exploitation*** – including children involved in exploitative and hazardous work, street children, child victims of commercial sexual exploitation and trafficking and children involved in armed conflict.
- ***Child victims of violence and abuse*** – including sexual, emotional and physical abuse, whether at home, in their communities, in institutions or as a result of hostilities, armed conflict and contact with armed forces.
- ***Children in contact with the law*** - children who become offenders, witnesses or victims in relation to crimes.

Children Without Parental Care

Some reasons for this;

- they left home
- have become displaced in areas of conflict
- others are vulnerable because they receive less protection from their extended family carers, who find it increasingly difficult for economic reasons to take care of them or to send them to school.
- Stigma and discrimination faced by children orphaned or affected by HIV/AIDS
- Child victims of exploitation and / or trafficking
- Street and working children
- Children in contact with the law.

ALTERNATIVE CARE

- Currently there is no comprehensive Alternative Care Plan in Myanmar
- There are no formal alternatives to residential facilities for children without parental care
- There are a handful of “drop-in” centers but they do not offer residential care
- There are no formal procedures for foster care or formal kinship care
- If children are found abandoned, usually at birth, they are taken to residential facilities although for new born babies the process is taking at least 4 months for them to be transferred
- Residential facilities are hesitant to take in CWD and CABA

ALTERNATIVE CARE

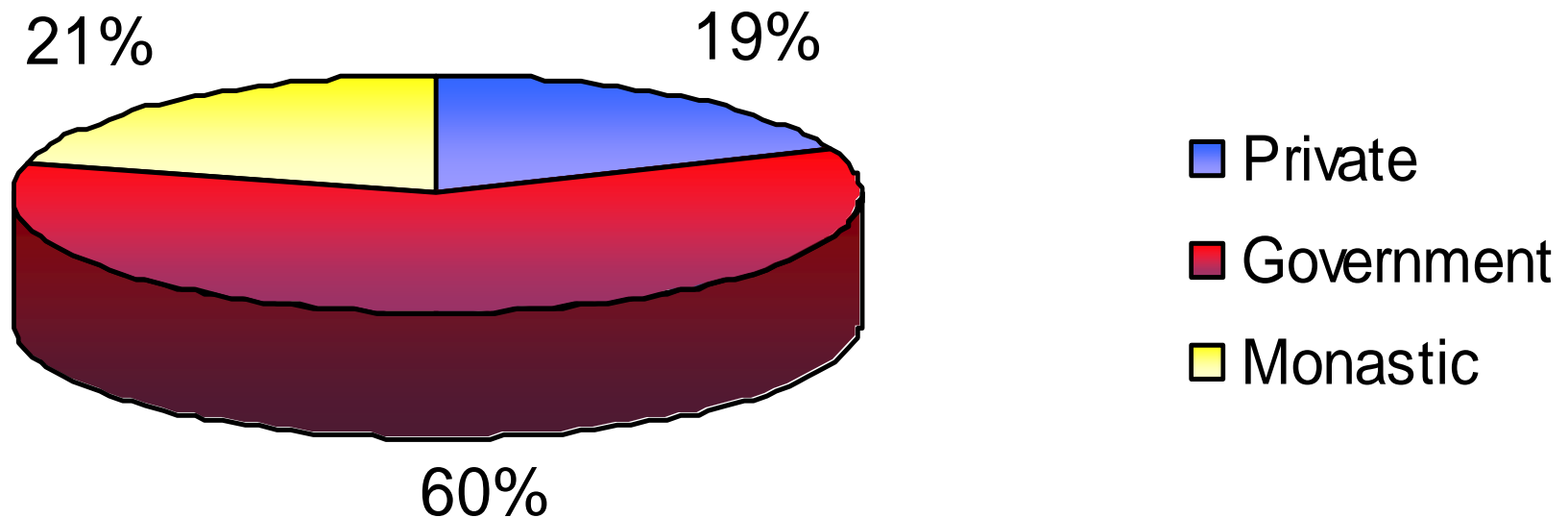
- There are formal adoption procedures
- There are informal –
 - Kinship Care
 - This is an informal practice that has a long history in Myanmar. Traditionally the extended family including grandparents, aunts and uncles – care for the orphaned child
 - Fostering
 - This does exist except that families do not necessarily care for the children of “strangers” they are more likely to become domestic helpers.
 - Group Home-based care
 - This is done through religious groups mostly Christian groups and schools within that community open their homes to disadvantage children.

RESIDENTIAL FACILITIES

- Only at government residential facilities are children ensured a complete health check on arrival.
- Basic record keeping is done within government facilities but rarely in private facilities.
- No comprehensive assessment of a child is done
- No care plans or temporary care schedules are designed
- Bathing facilities are available, but in those that are overcrowded, the children suffer from skin diseases such as scabies & ring worm.

RESIDENTIAL FACILITIES

Only in government institutions are the majority of children orphaned or abandoned. In the others only **20% or less** are orphans.



RESIDENTIAL FACILITIES

- In the majority of institutions the children receive 2 rice meals per day with a lighter meal for breakfast.
- the private ones generally provide only 2 meals per day due to lack of funds – others also reduce food when not enough donations.
- In the monasteries, the last meal of the day is at 11 a.m.
- When there are donations, meat is served & also after school snacks. Fruit is not seen as a priority.
- In no institution do the staff eat together with the children - family style.
- Sleep – children rise at 4:30, 5:00, or 5:30 a.m. Younger ones sleep at 8:30 p.m. Lights out at 10 p.m.

RESIDENTIAL FACILITIES

- DSW institutions are all registered with the govt. & managed by DSW.
- Buddhist institutions registered with MORA – managed by the Abbot.
- Very few private institutions are registered with the govt. and have a Board of Management.
- Only those registered with the govt. have a transparent financial system in place with a regular audit.

ADMISSION

- Only the government (DSW) institutions & rarely private institutions have intake forms for each child, which includes a small case history, but these are often incomplete.
- The others have an intake book & record information regarding the child at the time of entrance. However, often those bringing the children do not provide much information.
- The DSW institutions & the WV Drop-In Centre target abandoned and street children.
- Some private institutions target school aged children as their objective is to provide education for children from disadvantaged and poor areas of the country.

REUNIFICATION & REINTEGRATION

- DSW & WV Drop-In Center's policy is to reunite children with their families. However, due to the family situations and lack of staff trained to do outreach to communities, this is quite difficult.
- Many residential facilities assume children will stay until they finish their education.
- DSW has a set time for visitors. The majority of institutions do not encourage visits from family members or for children to go home (to their communities), even during the summer months.
- Only the monasteries & convents provide a place for family members to stay.

DISCIPLINE

- In the majority of the institutions the rules are clear and children are punished if they break the rules – there is not much understanding of the difference between discipline & punishment.
- Types of punishment include hitting with a stick or hand, pulling ears, pinching & squeezing the stomach, not allowed to eat a meal, extra cleaning chores, or even isolation rooms etc.

FURTHER INFORMATION...

- Most residential facilities are understaffed
- Capacity of staff is also limited
- Recreation and play can be limited to activities that can only happen inside. Space can be limiting
- In many facilities children have working responsibilities
- Awareness of child participation is still quite low.

WHERE TO...

- 2005 saw a National Workshop on Standards of Care and Protection for Children in institutions
- Draft standards of care and protection have been developed. In 2006 this will be enhanced and finalised
- This year - TOT Sessions have been conducted this year with over 141 caregivers covering 71 institutions.
 - This was done in an on-the-job fashion on child care and protection
- In 2006 there will be model development of various community-based care structures including foster care and social houses

Thank you !

