

# The Situation of Children in Residential Care Facilities in Myanmar

Department of Social Welfare  
and  
UNICEF

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Research conducted by



Myanmar Survey Research





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## Foreword

The Republic of the Union of Myanmar became a State Party to the United Nations Convention on the Rights of the Child (CRC) in 1991 and enacted the Child Law and the Rules related to the Child Law in 1993 and 2001 respectively. In implementation of the Child Law and the Rules under it, the State has to ensure that each and every child in the country enjoys all his basic rights enshrined in the legal instruments - and children in institutions are no exception. Accordingly, The Department of Social Welfare, through cooperation with UNICEF Myanmar, organized a series of national level workshops and seminars in 2005 in which staff from residential facilities and training centres participated for the development of “Minimum Standards of Care and Protection for Children in Residential Facilities.”

Many of the residential facilities for children in Myanmar make their best efforts to fulfill the food, clothing and shelter needs of the children in their care. In this way, one of the basic rights of the child – that of survival - is ensured, but there are still many institutions which may not fully understand or respect the other basic rights of the child—development, protection and participation.

Some of them may not have clear missions and visions in setting up the residential facilities for children. Their very motivation for establishing an institution is often driven by their compassion to help children – for instance, their desire to help improve a child’s material living standards – but this motivation can be misguided. Residential care should be a last resort, but as this report shows us, unfortunately it is not.

Through the application of provisions in the “Child Law”, the Department of Social Welfare, in cooperation with suitable partners, aims to educate and raise awareness at all the children’s facilities—regardless of their status— and build the capacity of their staff and care givers so that they adhere to the criteria prescribed in the Minimum Standards in the near future.

This report provides an important insight into the situation of children in residential facilities, and raises many important issues that warrant further discussion and attention. The Department of Social Welfare is committed to working to improve the situation of children in residential care facilities, whilst at the same time, working to reduce the number of children in facilities through reintegration them with their families and communities – where it is in the child’s best interests to do so.

I warmly welcome this report, and trust that all interested parties will work together to address the important recommendations contained here within.

U Soe Kyi  
Director-General  
Department of Social Welfare  
Ministry of Social Welfare, Relief and Resettlement

## Executive Summary

The Department of Social Welfare of the Ministry of Social Welfare, Relief and Resettlement and UNICEF Myanmar undertook this assessment on the Situation of Children in Residential Care Facilities in Myanmar between December 2010 and January 2011, with the objectives of obtaining baseline information on children in residential care facilities; documenting the current situation of children in residential care facilities in Myanmar; and providing evidence to advocate to the government in order to issue the Minimum Standards of Care and Protection for Children in Residential Facilities as a directive. Over the years, the Department of Social Welfare and UNICEF Myanmar have cooperated to improve the situation of children in residential care facilities, and in 2009 the Minimum Standards of Care and Protection of Children in Residential Care -which sets out provisions necessary to provide the best possible care to children in residential facilities – was developed. Joint training events for care givers of both the Department of Social Welfare, and private residential care facilities, on the Minimum Standards and the provision of quality care for children have been held, and UNICEF, through partners, has provided educational, recreational and reintegration support in selected institutions. Furthermore, the Department of Social Welfare and UNICEF have cooperated to assist with the reintegration of children from institutions into their families. The collection and use of data on children in residential care institutions was the first projected result of the five-year Government of Myanmar and UNICEF Child Protection programme. However, by the end of 2010, this data had not been systematically collected or analysed. In order to meet this result, and to better address the needs and rights of children in residential care facilities, as well as ensure more effective programming, this assessment was undertaken to provide a current source of data and knowledge.

In Myanmar 93.6 per cent of children aged 0-14 live with both parents. This percentage varies only very slightly when taking into consideration the sex of child, whether they are from urban and rural areas, or the state or region they come from<sup>1</sup>. There has been an increase in the number of children in residential care facilities as well as the number of facilities (from 14,410 children (23.4 per cent girls) in 177 registered facilities in 2006, to 17,322 children (22.4 per cent girls) in 217 registered facilities in 2010).<sup>2</sup>

A total of 147 institutions were visited as part of this assessment; they were home to 12,511 children (1,085 of them over the age of 18), and included government, private, (mainly faith based), registered and unregistered institutions. Among these children, boys vastly outnumbered girls (9,458 boys, 3,053 girls). Forty-four per cent of these children were reported to have both parents alive, and 28.6 per cent of children had one parent alive, which raises the question as to why children are sent to institutions, and clearly indicates that residential care is not considered as a last resort. The main reason for parents taking their children to residential care (in particular to monastic institutions) seems to be for economic reasons: to reduce the cost of looking after the child as the institution often bears the cost of basic care and education. Of the 5,509 children in the institutions who have both parents alive, 56.7 per cent are in Buddhist institutions. Together with 5.4 per cent in Christian institutions, and 24.5 per cent in non-faith based private institutions, a total of 86.6 per cent of all children with both parents alive are to be found in private institutions.

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<sup>1</sup> Multiple Indicator Cluster Survey (MICS), 2003

<sup>2</sup> Information provided by the Department of Social Welfare, 2010

Twenty-six per cent of facilities reported that children are brought by their parents, while 31.8 per cent of children are admitted after they are brought to the institutions by strangers (including the police and authorities). A disproportionately high percentage of street children (44.7 per cent) and children in contact with the law (18.4 per cent) had been admitted in the three months prior to this study.

In addition, the research highlighted many concerns regarding the protection, safety, health, and wellbeing of children in residential care facilities, and showed an alarming discrepancy between the provisions laid out in the Minimum Standards, and the reality in practice. A key principle of alternative care is that family care and community care are the best options for children, yet less than twenty percent of facilities are currently looking for the parents of children at their facilities, and fewer than ten percent have a budget for children to maintain contact with their family.

This report details the findings under the provisions laid out in the Minimum Standards. With regards to children's welfare, development and protection, the provision of health services is seriously lacking, and there is not sufficient provision of basic necessities such as clothing and bedding. Furthermore, not all children are getting three meals a day. Though most children have the opportunity to interact with children outside of the facility, few have contacts with their parents or family. Children in just about all facilities are expected to partake in regular chores and duties that contribute to the running and upkeep of the facility, and failure to do so may result in the child being punished – sometimes physically. Just about all facilities allow children to attend school – though not all children do so – but many lack sufficient education materials. In general, children are given the opportunity to play, and have access to recreation. The time and access to materials varies greatly across facilities, but it often involves interacting with children from the local community. However, religious freedom is not respected at the majority of facilities, although speaking one's ethnic language is allowed.

Premises and buildings vary greatly in terms of standards, upkeep and appearance: some have insufficient sleeping space, some dormitories cannot be locked, and only half of the facilities provide a separate locker, drawer or box for children to keep their personal belongings.

Even where facilities have a Code of Conduct or child protection guidelines, they are not clearly displayed and many staff lack knowledge of them. Less than half of the caregivers have ever received training on child care and development; they work on average 60 hours a week, and are responsible for 48 children on average. Admission and record-keeping is particularly weak, with approximately half of the facilities making and maintaining a case record. Information collected is not thorough, and children – or their next caregiver – rarely receive a copy of the child's file upon departure. Little effort is made to promote contact with family and relatives.

Other key constraints to be noted are the lack of a prevention and de-institutionalisation strategy in Myanmar; the absence of social mobilisation campaigns to promote change of people's perceptions of residential care; and the need for an improved registration process, as well a clarified monitoring role for the Department of Social Welfare of residential care facilities.

This report concludes with a list of recommendations for various stakeholders to address. It is envisaged that the findings of this assessment will be useful in bringing to the attention of those who work for and with children, policy makers, religious leaders, government and civil society stakeholders, service providers, as well as children and families themselves, the situation that children in residential care facilities face, and will be an impetus to work towards improving their situation, as well as advocate for deinstitutionalisation and an increased focus on other forms of alternative care.



## **1. Introduction:**

### **a. Background**

In December 2010 and January 2011, an assessment was conducted on the situation of children in residential care facilities in Myanmar by the Myanmar Survey Research, in close collaboration with the Department of Social Welfare (DSW) and UNICEF. Recognising the need for operational data on children in residential care, UNICEF and the Department of Social Welfare undertook the study in order to collect data, as well as help understand the situation of children in residential care in Myanmar and to better address their needs and rights. It was recognised that specific data would not only inform more effective programming, but also provide evidence to further advocate for the rights of children in residential care and help shape policy development.

In 2007, the Department of Social Welfare and UNICEF and partners jointly developed 'Minimum Standards of Care and Protection of Children in Residential Care', which was completed in 2009. Though approved by Department of Social Welfare, the standards have not yet been issued as a directive or disseminated widely. These Minimum Standards cover different areas important to provide the best possible care to children in residential care facilities.

Through increased knowledge and understanding of the situation of children in residential care, as well as baseline data, it is envisaged that the information contained in this assessment can be used to advocate with the government to ensure the minimum standards of care and protection for children in residential care facilities are applied and met, to ensure a better protective environment for children in Myanmar.

### **b. Objective of the Study**

The objectives of this study are to:

- obtain baseline information on children in residential care facilities
- provide evidence to advocate to the government in order to issue the Minimum Standards of Care and Protection for Children in Residential Facilities as a directive
- to document the current situation of children in residential care facilities in Myanmar

### **c. Research Methodology**

UNICEF contracted Myanmar Survey Research to conduct the assessment. A team of Myanmar Survey Research staff visited 147 residential facilities in seven Divisions - Yangon, Sagaing, Ayeyarwady, Tanintharyi, Mandalay, Magway, Bago – and seven Regions - Mon, Shan (North, South and East), Kachin, Chin, Kayah, Kayin, and Rakhine. They used both qualitative and quantitative research methods to conduct this assessment. The sampling methodology was as follows:

*(A) Sampling procedure for qualitative part*

To get representation, the qualitative component for the study is focused on the following target groups.

- Key Informant Interview with DSW officers
- Key Informant Interview with heads of institution
- Key Informant Interview with the community members
- Focus Group Discussions with care givers
- Focus Group Discussions with children

The qualitative component will cover all 147 institutions (registered as well as non-registered) in 17 States and Divisions.

*(B) Sampling for quantitative part*

Stratified circular systematic random sampling without replacement is applied in selecting residential facilities from each stratum. The list of the facilities is randomised in each stratum and 110 facilities selected from registered stratum and 37 from non-registered stratum. The selected institutions were dropped from the list until the required number was reached.

Prior to doing the actual assessment, data collection tools were pre-tested in ten facilities in Yangon Division and were improved after this. Forty-three field researchers (30 females and 13 males) were part of a total of 15 field research teams, responsible for the information collection. On average, each team consisted of three people, usually both male and female. However, four teams only had female members, and two teams had only male members.

There were six components in this study, which were as follows:

- Five in-depth interviews were held with district/township social welfare officers. In addition, an in-depth interview with the deputy director-general of the Department of Social Welfare was conducted.
- Interviews were held with the heads of all 147 residential care facilities (both registered and non-registered) through the use of structured questionnaires
- Observation of all 147 residential care facilities was undertaken, through the use of checklists, on their water, toilet, bathroom, accommodation and educational facilities as well as their amenities
- Interviews with two caregivers (one male and one female caregiver each wherever applicable) in each institution were held. In-depth interviews were held with caregivers at all the residential care facilities.
- Focus Group Discussions with children were held at 141 residential care facilities. In certain residential care facilities, interviewers were not able to communicate with the children due to the nature of their disability, children were not available for Focus Group Discussions (despite advanced notice by the research team), or there were too few children or they were too young (less than 10 years old) to organize a focus group discussion. Out of the 141 Focus Group Discussions, 42 were held with boys aged 10-12 years, 58 were held with boys aged 13-17 years, nine were held with girls aged 10-12 years, and 32 were held with girls aged 13-17 years.

- Key informant interviews were conducted with 288 community members. Two community members each were interviewed during visits to the facilities. The survey team made sure that the respondents were gender balanced in seeking opinions about the facilities and the children from those facilities. Altogether 158 men and 130 women were interviewed. Most men were either from local authorities or were elders, while women in general do not belong to either of categories.

#### **d. Constraints**

The study was carried out by Myanmar Survey Research (MSR), a private Yangon based company that has considerable experience and expertise in conducting quantitative and qualitative research. As they lacked specific child protection expertise, UNICEF provided key background documents and samples of similar studies conducted in different countries, and MSR also agreed to hire a child protection specialist to strengthen their team. This consultant provided a short child protection training to the MSR staff and enumerators. However, this was perhaps insufficient as the team did not comprise any specialist in residential care, including alternative care, and field teams in general had very limited experience and expertise in both residential care and dealing with children. Another key constraint was time. Due to the large sampling and limited time to carry out the assessment, the field teams ended up spending on average five hours at each facility, leaving little time to properly assess the facilities and observe children and staff, other than through the agreed evaluation methodology. In some facilities, the MSR team members did not speak the same language as children and staff. Though local, informal interpreters were found, these may not have been properly briefed. The only interaction to seek children's opinions was through focus group discussions. Though facility staff and other adults were requested to not participate or observe, this methodology may not have prompted as much information as through more child participatory tools, which could be considered for any follow up study.

## 2. Findings

### a. Overview of the Facilities

A total of 147 facilities were visited, of which 14 were government-run and 133 were privately run; 91 of the privately-run facilities were faith-based, of which 64 were Buddhist and 27 Christian. Seventy-five per cent of all facilities were registered, and a further 8.8 per cent were pending registration. The majority of facilities visited were boys' facilities (47.3 per cent) and co-educational facilities (43.2 per cent). Four residential nurseries, housing children under the age of five, were visited. 69.2 per cent of all facilities were located in urban areas.

A total of 12,493 children live in the 147 facilities; there are considerably more boys (9,447) than girls (3,046). Among the facilities, 36.7 per cent accept children with disabilities – the majority of which are physically handicapped children (82.4 per cent).

**Table 1: Number of boys and girls, by age group**

Age-group	Number of children		
	Male	Female	Total
0-5 years	487	116	603
6-12 years	4,639	1,146	5,785
13-17 years	3,588	1,432	5,020
18 years and above	733	352	1,085
Total	9,447	3,046	12,493

The majority of children in the facilities have both parents alive (44.1 per cent), and a further 28.6 per cent have one parent alive. In fact, the majority of children are brought to the facilities by their parents and relatives (52.4 per cent of all cases) – and usually at the start of the school year, in May, suggesting that education is a key reason why children end up in residential care facilities.

In addition to parents (25.9 per cent) and relatives (26.5 per cent), 31.3 per cent of children are brought by a category of 'others', which includes monks (39.1 per cent of this category); Government/Township Development Committees (Municipality) staff (13.0 per cent); Local Authority staff (15.2 per cent); Christian Associations (10.9 per cent); and Department of Social Welfare staff (8.7 per cent).

Of the 5,509 children in the institutions who have both parents alive, 56.7 per cent are in Buddhist institutions. Together with 5.4 per cent in Christian institutions, and 24.5 per cent in non-faith based private institutions, a total of 86.6 per cent of all children with both parents alive are to be found in private institutions.

According to 62.7 per cent caregivers, at least three quarters of children under their care know where their parents, relatives or guardians live. Therefore a great majority of the children are not orphans. Nor have they lost contact with their relatives, guardians or community. Even though 75 per cent of children know where their parents, relatives or guardians live, only 20 per cent of these children can visit their parents, and only 12 per cent of them are visited by their parents.

In the three-month period to December 2010, 331 children were admitted to the 147 facilities (during the same period, 311 children were discharged from facilities); of these 44.7 per cent were former street children, and 18.4 per cent were children in conflict with the law. Fourteen per cent were abandoned and 13.6 per cent were orphaned.

**Table 2: Number of children in facilities, by reason**

	Frequency	Percent
Both parents are dead	2,748	22.0%
Only their father has died	1,961	15.7%
Only their mother has died	1,612	12.9%
Both parents alive	5,509	44.1%
Not known	663	5.3%
<b>Total</b>	<b>12,493</b>	<b>100.0%</b>

**Table 3: Number of children in facilities by reason, by type of facility**

	Government		Private (Non-Faith based)		Private (Buddhist)		Private (Christian)		Total	
	Count	Row%	Count	Row%	Count	Row%	Count	Row%	Count	Row%
Both parents are dead	480	17.5%	1143	41.6%	832	30.3%	293	10.6%	2748	100.0%
Only their father has died	196	10.0%	677	34.5%	806	41.1%	282	14.4%	1961	100.0%
Only their mother has died	216	13.4%	525	32.6%	688	42.6%	183	11.4%	1612	100.0%
Both parents alive	738	13.4%	1349	24.5%	3126	56.7%	296	5.4%	5509	100.0%
Not known	200	30.2%	358	54.0%	49	7.4%	56	8.4%	663	100.0%
<b>Total</b>	<b>1830</b>	<b>14.6%</b>	<b>4052</b>	<b>32.4%</b>	<b>5501</b>	<b>44.0%</b>	<b>1110</b>	<b>8.9%</b>	<b>12493</b>	<b>100.0%</b>

Most facilities accommodate between 26-50 children (32.8 per cent); 17.25 per cent of facilities have less than 25 children, and 13.65 per cent over 125 children. The most common caregiver to child ratio - in 28.45 per cent of facilities - is between 1:5 and 1:10; however, 15 per cent of facilities have a ratio of over 1:25. The mean running cost per month of the facilities is 1.23 million kyat. The daily mean expenditure per child is 696 kyat. Thirty-six facilities spend less than 400 kyat per day per child; many of these are Buddhist residential care facilities, which receive food for the children through the daily alms collected by Monks.

Only 18 facilities or 12.2 per cent said that they had to turn away the children brought to them. Altogether 69 children were turned away in the past three months. The main reasons for their being unable to accept the children were not enough spaces or limited funds (33.3 per cent); local authorities did not allow the child to enter the facility (16.7 per cent); and, the child is not an orphan (16.7 per cent).

When a child turns eighteen, 29 facilities said the child has to leave. Ninety-four facilities will

try and assist the child in finding a job. Fifteen facilities mentioned that they try to look for a donor to support the child to continue their education, especially college education. Forty-seven facilities mentioned that children can continue to stay there if they have their own income after they have reached the age of 18, and eight facilities said they make arrangements for the child to enter a religious order.

Only 63 out of 147 facilities said that they have copies of the Minimum Standards of Care and Protection for Children in Residential Facilities; of these 56 are registered and three are pending registration.

## **b. A facility's place in the community**

Nearly all community members have positive or neutral feelings towards having the residential facility in their community, and many showed sympathy for the children in the facilities, and a desire to welcome the children and the staff into their community. A total of 227 community respondents (87.3 per cent) answered that they sometimes contribute in cash, in kind or in voluntary labour, for the welfare of the children's facility. The percentages of those who have contributed voluntary labour, cash and in-kind are 50.2 per cent, 21.1 per cent and 28.6 per cent respectively.

Almost 90 per cent of the community respondents said that they interact with the staff or caregivers of the children's facility in their community – mainly to discuss the welfare of the children with the head of institution or caregivers. Community members visit the facility and meet the head of the facility, its staff or caregivers, when it holds offering ceremonies. A similar percentage of the community said that children from the facilities interact with children from the community - usually when children from the facility go to school in the community. Over 90 per cent of community members said they welcome children from the facility taking part in communal functions. The main concern expressed about facilities was with regards to the religion of the facility: "They (the people from the facility) profess a different faith. We don't appreciate them."

## **c. Situation in the Facilities**

This following section is formatted in line with the standards set out in the Minimum Standards of Care and Protection for Children in Residential Facilities. It outlines the findings of the research under the headings found in the Minimum Standards, in order to illustrate the current situation in the residential facilities.

### ***Welfare, Development and Protection***

#### **i) Health, Hygiene, Clothing and Food**

Residential facilities should provide children with access to health, hygiene, clothing and food. Findings show that this is often inconsistent, particularly when it comes to the provision of healthcare, where current practices are in fact alarming – for example, the fact that only 36.7 per cent of facilities conduct a medical check-up on the arrival of a child. Any health risks to the child, or to other children in the facility, will therefore go undetected in two-

thirds of the facilities. According to the Heads of Facilities, once children are living at the facilities, 48.0 per cent provide children with regular health checks, of which 28.2 per cent provide one every three months. Only 38.8 per cent said that the children receive routine immunization, with the most common types of immunization programmes being oral polio drops (68.4 per cent) and measles (54.4 per cent).

In the event of a child requiring first aid, 76 facilities (51.7 per cent) have a first aid kit available, but only 60 of these facilities have at least one caregiver who has been trained to use the kit. For more general cases of illness, 49 Heads of Facilities (33.1 per cent) said that they have medical staff available, though the presence of medical staff varies from daily (16 facilities) to every thirty days (five facilities). This differs significantly from the findings of the Focus Group Discussions with children: not a single child mentioned the presence of health personnel such as doctors, health assistants or nurses at the facilities, thus suggesting that it is an exception rather than the rule. Children in the majority of the Focus Group Discussions said that they are given medicine before they are taken to a clinic, which is prescribed by the caregivers. The children also talked about being given rice gruel or instant noodles when they fall sick. Children mentioned only a few facilities where sick children are taken to any medical centre – but interviews with the heads of Facilities indicated that all facilities make referrals to hospitals, clinics and health centres – thus hinting at a contradiction between what facilities claim to provide, and the reality the children experience.

Among the facilities, 34 of them said that children are tested for HIV/AIDS on their arrival, and of these, 16 provide pre- and post-test counselling. Among the facilities which provide counselling, 15 of them said that children are informed of their HIV status. Of all facilities, 32 per cent said that they have caregivers who have received training on caring for children with HIV/AIDS.

There is a serious lack of record-keeping in residential facilities in Myanmar, as was evidenced by the fact that 74.2 per cent do not maintain health records for each child. The lack of record-keeping is also evident when it comes to the admission of a child; only 49 per cent of facilities make and maintain a case file for each child. Of the 109 facilities who do not maintain records, 102 of these said that they do not think it is necessary to do so. These figures remain the same regardless of the facility's registration status with the government. Of the 38 facilities who do keep health records, 71.1 per cent said that the records are kept confidential and maintained by the caregivers or doctors.

Sixty percent of the caregivers who had adolescent girls under their care said that they have menstrual hygiene education for girls. Almost half of them explained that sanitation napkins are distributed to the girls and a similar amount said that there are private arrangements for the girls to burn or dispose their sanitary napkins. However, 21.8 per cent do not have any hygiene programmes for adolescent girls.

On the topic of food, the research showed that children are not receiving the three meals a day that they should receive; of the 147 facilities, 133 provide breakfast every day; 126 provide lunch; and 140 provide dinner. Thus, 85.8 per cent of facilities provide children with lunch, but they are provided with both breakfast and dinner at more than 90.5 per cent of the

facilities. During Focus Group Discussions, children at the monasteries said that they mainly eat vegetables and curry, received by monks and novices during their daily alms collection in the community. Usually meat is provided to all the children at the facility on special occasions. In general, Christian-based facilities and Department of Social Welfare residential care facilities provide a higher standard of food to the children. Only eight facilities said that they have special nutrition arrangements for children with special needs such as babies, children with disabilities, sick or malnourished children. One hundred and twenty-one facilities (82.3 per cent) said that they have no aforementioned children.

Observations of 146 facilities found that the most common source of water for the facilities is either deep tube wells or shallow tube wells. Nearly half (47 per cent) of the facilities have them as their main source of water. About 16 percent of the facilities have rope/hand-dug wells. Based on observation, and information provided by facility staff, water from 139 facilities (94 per cent) is good enough for drinking.

Just more than half of the institution head's (56 per cent) said that they have enough clothing for children for their day-to-day wear, but only between 34 and 41 percent of them said they have enough warm clothes, clothes for special functions and clothes for wearing to bed. Observations made by the researchers found that 57 per cent of the facilities have children who wear their own individual clothing and in 29 per cent the children wear institutional clothes. Researchers also observed that of 145 facilities approximately two-thirds (61 per cent-68 per cent) have sufficient sleeping spaces, pillows and blankets, while only 40 percent of them enough mosquito nets for children.

## **ii) Protection, Safety and Family Contacts**

Ensuring children maintain contact with their biological parents, relatives or friends and community is important for children's wellbeing, and the Minimum Standards requires that facilities hold a reasonable budget to allow this. Interviews with 147 Heads of Facilities showed that only 14 residential care facilities (9.5 per cent) have such a budget; of these, 12 were registered and faith-based.

Interaction with children in the community can help those living in a facility to develop their social skills, make friends, and improve their knowledge and understanding of life outside of a facility. Furthermore, it can help reduce stigma and discrimination against children in residential care facilities through regular interaction with communities. One hundred and twelve Heads of Facilities (76.2 per cent) said that they allow children to go out of the facilities to interact and make friends with neighbours, school friends and the community. 144 (98 per cent) of the facilities said that they allow children in their facilities to meet with relatives and school friends who come to the facilities. One facility explained that no such visit is allowed because problems could occur if strangers, who are not related to the children, come to visit the facility. Most facilities allow their children to attend social events outside the facilities, such as festivals (88.4 per cent), sports events (83.7 per cent) and friends' birthday parties (51.0 per cent).

One hundred and forty-six facilities allow children to meet with their parents; 115 of them said parents can visit their children in their facilities any time, while 32 mentioned that



parents can only visit their children at the facilities during certain hours. Six facilities allow children, whose parents live nearby, to go home during holidays. It is important to note, however, that although permitting children interaction with their parents is positive, the fact that children with parents are in the facilities in the first place is of great concern, and this situation needs urgent attention.

When viewing the figures in the above two paragraphs, it is important to keep in mind the aforementioned statistic: that only 20 per cent of children who know where their parents live can visit their parents, and only 12 per cent of them are visited by their parents. The Heads of Facilities, when saying that they allow interaction between children and their parents and communities, may only be referring to a small minority of children in their facility.

Residential Facilities are responsible for ensuring children's safety from violence, abuse, neglect and exploitation, and have the primary responsibility for the physical, mental, emotional and spiritual wellbeing of the children under their care. Despite the requirement of the Minimum Standards to have clear procedures on what action to take if there are concerns about a child's safety, only 13 of the 147 facilities had such procedures. Of these, 12 stated they cooperate with a supervision/watch committee, and one facility provides counselling to the child. Furthermore, only 62 facilities have specific procedures laid down as to how concerns can be raised confidentially about unacceptable behaviour by staff members. Forty-two facilities mentioned that the issue will be reported to the authorities. A check of 146 facilities carried out by the research team showed that not a single facility prominently displayed the name of a person outside the facility who can be contacted in the event of reported abuse.

### **iii) Behaviour Management**

Children's behaviour should be managed in such a way that avoids physical punishment, or any punitive measures that can endanger the child or cause guilt and fear. They should be assisted and encouraged to develop socially acceptable behaviour, with the goal of any discipline being to support their growth and development, rather than instilling guilt and fear.

All but four caregivers said that there are rules for children. Those who said that there are no specific rules for children are from the facilities which have fewer than 10 children; they believe they can manage the children well enough without specific prescribed rules. The rules most commonly mentioned by caregivers include routine work or daily chores that the children have to do every day (57.4 per cent); no bullying/no quarrelling (40.2 per cent); no leaving without permission (39.1 per cent). During Focus Group Discussions with children, children also mentioned similar rules. It is normal for boys and girls to do daily chores such as cleaning the dorms, sweeping the floors, preparing meals for the monks, taking up kitchen duties and fetching water. Especially in the monasteries, where there are no, or few, administrative staff, children have a large part to play in the maintenance and running of the facility.

If rules are broken, 68.8 per cent of caregivers said the child is first admonished. If the child continues to break rules, he could be beaten or made to do sit-ups; this was mentioned by

34.2 per cent of the caregivers. Sending the child back to the child's parents or guardian, or talking with the child's parents, are mentioned by 9 per cent and 7 per cent of caregivers respectively. "If children break rules, they have to cut grass, clean toilets, chop wood or dig up tree stumps. If serious rules are broken, they will be dismissed from the facility."

A little over one third (35.9 per cent) of the caregivers said that children who have broken facility rules are asked to do manual labour. The Focus Group Discussions with children mentioned many of the same punishments; children talked about being subjected to physical punishment if earlier admonitions were not successful. The most common form of physical punishment mentioned was caning. "I have seen a boy being punished for breaching the facility rules. He entered the kitchen at night and was beaten hard with a broom." Another common punishment is to make the child do sit-ups. A few other forms of punishment include having a photo taken with a ring of slippers around his neck, or forcing the child to skip a meal. Rules that are often broken are not very serious, and include children's failure to do their daily chores (32.8 per cent), quarrelling (32.8 per cent), and leaving the facility without permission (18.4 per cent).

Only two field teams were given information informally about exploitative labour of children and sexual abuse of girls by children themselves, caregivers or their relatives.

#### **iv) Education**

Almost all facilities (142) allow children in their care to attend school. In some facilities, children take private tuition classes in addition to day-school. There are only five facilities where children are not sent to a public school; the reasons the Heads of these five residential care facilities gave for this were that the children are too young to attend school – in the case of three facilities – or in the case of the remaining two facilities - a monastery and a nunnery - only religious education is provided to the children in their care. In the case of the nunnery, the children study only up to grade five (primary school education) at school, and then they have to study Buddhism in later years. Some facilities only accept children who are willing to go to school. In some temple-based residential facilities, children have the option of attending primary school, after which they can choose to either continue their formal education or become novices and study Buddhism.

The fact that the majority of facilities allow children in their care to attend school does not necessarily mean that all children in these facilities actually attend school. Some children arrive at the facility at an age when they are too old to study together with other children; in such cases, these children may become novices and study Buddhist scriptures or attend a vocational training programme. Other children simply do not want to study, and in some facilities they may have to adopt duties such as cooking food, cleaning the floors, cutting grass in the facility compounds, or washing the clothes of younger children.

In certain facilities, children who fail school examinations twice are allowed to partake in vocational training. If they do not show any interest in vocational training, they will be asked to leave the facility, but their parents or guardians are asked to pay back to the facility the expenses incurred during their stay there.

During Focus Group Discussions, some children mentioned that they face discrimination or

stigma in school due to the fact that they come from a residential care facility. In rare cases, children said that they face difficulty when the school asks them to pay examination fees or buy texts. Only a few children spoke specifically of being teased or being treated differently by other students because of the fact that they are from an institution.

About two thirds (63.3 per cent) of the facilities said that they do not have children with disabilities. Of the 54 facilities that do have children with disabilities in their care, 32 facilities (21.8 per cent) allow disabled children to have access to school according to their age-appropriate grades – meaning the remaining 22 facilities do not allow disabled children to access school.

Altogether 77 facilities (52.4 per cent) mentioned that they provide books and materials essential for children's education and vocational trainings, but a check of 146 facilities showed that only 28 per cent have libraries where books are kept or children can study, and a little over half (54 per cent) of the facilities provide toys for children. Sixty-eight facilities (46.3 per cent) mentioned that they have tutors trained in child-centred education methods to support the children's learning. The number of such tutors in any given facility ranged from one to 19, with an average of four.

In the facilities run by Buddhist residential care facilities, such as monasteries, it is not common to offer non-formal education such as life skills or computer course besides the formal education they allow children to pursue. They usually offer Buddhist cultural courses to both the lay children and novices and nuns, and religious training courses to novices, monks or nuns. Religious activities exist in all forms of facilities: Christian, Buddhist and government facilities. Life skills are rarely taught at monasteries. The most common non-informal education the facilities offer are life skills (55.1 per cent), health education, including HIV/AIDS (48.3 per cent) and sexual and reproductive health (16.3 per cent). Others include various religious courses, language courses and art; these are more common at Christian-based facilities or government residential care facilities. Some facilities have entertainment programmes such as plays, usually held once or twice a year, music and guitar programmes and sports. Some facilities also provide some vocational training such as horticulture and sewing. At certain Christian-based facilities, children have to go to Sunday school. Hymns are also taught there.

#### **v) Participation**

Interviews with caregivers, Heads of Facilities, and Focus Group Discussions with children, all showed that children are not given the opportunities to participate in the residential facilities in the various ways that the Minimum Standards envisages.

Less than one third (31.1 per cent) of caregivers said that children have participated in the development of the rules and regulations in a facility; but almost 90 percent (87.5 per cent) of the caregivers said that children's approval have been sought with regards to the rules. Such responses would imply that children are not being actively encouraged and supported to make decisions about their wellbeing, but some level of superficial 'participation' takes place when they are asked to approve the rules; it is not known to what degree the children really have the choice to approve or not the rules presented to them.

According to Focus Group Discussions with children, their participation in the running of the facility is rare, and they are expected to follow the rules that have been set; this is particularly common in monasteries. Their participation is limited to joining in organised activities or excursions. In some of the rarer cases, children did give examples of participation: "We can talk to the chief monk (abbot); although the final decisions are made by him, he does discuss with the children sometimes." "Caregivers inform us about new rules to be introduced. Only when the children agree to them are they prescribed." "Caregivers sometimes consult with us about the running of the facility."

The Heads of Facilities acknowledged that children rarely take part in the decision-making processes when it comes to activities, events and excursions; in 53.7 per cent of residential care facilities, there is no child participation. Importantly, however, a total of 118 residential care facilities (80.3 per cent) said that children can take part in decision-making and express their own views with regards to family reunification and reintegration. At least three fourths of the residential care facilities, regardless of their registration status or religious persuasion, allow their children to participate in decision-making about unification and reintegration with their families.

In most residential care facilities, children do have access to monks or management committee members (94.1 per cent) in order to talk and share their views - although this alone should not be assumed to constitute participation in decision-making. They can express their opinions at monthly meetings in only 4.2 per cent of facilities. Only eight facilities (5.4 per cent) mentioned that there is a "discussion box" placed in each dormitory or home for children to write any issues or problems which children wish to discuss. Among the eight facilities, seven of them mentioned that there is a weekly meeting held by staff members to discuss issues regarding the children.

#### **vi) Play, Recreation, Social and Cultural Development**

Residential facilities must encourage, support and promote the social and cultural development of children, as well as provide opportunities for play and recreation. Children should be encouraged to play at least one hour every day, and they should have access to play materials. They should be taken on excursions and have time for recreation. Furthermore, they should have opportunities to participate in religious, educational and social activities, and be able to practice their own religion.

It emerged during interviews with Heads of Facilities that there is one facility - a nunnery - which does not allow the children to play. Fortunately, this was the exception: more than a third of facilities (34.0 per cent) allow children to play for one hour each day; one quarter (24.5 per cent) allow two hours each day, and the remaining facilities permitted anywhere between 25- and 360- minutes of play each day. Only 36.7 per cent of the facilities provide simple art material such as paper, crayons, paint, glue and others that the children need. There are only a few facilities where children mentioned having a chance to go to on picnics or excursions, and it appears to be an unusual practice for facilities, especially monasteries, to take children out.

A check of 146 facilities showed that just over half (54 per cent) provide toys for children,

whereas TV sets and VCD/DVD players are almost universal, with a presence of 94 per cent and 91 per cent respectively. Children can watch two hours of TV and eight hours of videos per week on average - often films, songs and football matches. From the Focus Group Discussions it appears that few children can watch TV/VCDs every day.

The majority of the facilities allow their children to participate in recreational activities with children from the surrounding community – though 60 facilities do not. The most common reasons given by Heads of Facilities for this prohibition were that the children at the facilities might lose interest in their studies if they are too involved in the community, and they might pick up bad habits from children in the community.

During key informant interviews with 288 community members, 86.8 per cent said that children from the facilities do interact with children in their communities. In terms of frequency, more than a quarter of the respondents said that they interact every day - usually when children from the facility go to school in the community. Almost 20 percent said that they interact once a week – usually on weekends and when the children from the facility come into the community for a weekly alms-round, during offerings at the facility/monastery, or when they play football together. Other events when children can meet are during traditional festivals, sports activities, fun fair and other communal activities such as contributing labour for development of the community. Nevertheless, 31 community members out of 288 said that there is not much interaction with the children from the facility and those in the community because the facility is located in the outskirts of the town, or the facility management does not allow its children to interact with the community, or it is supported by a religious-based organization different from the one professed by members of the community.

Nearly two thirds of the facilities (65.3 per cent) said that do not allow religious freedom at their facilities, but a total of 141 residential care facilities (95.9 per cent) said that children from the ethnic regions are encouraged to speak their own language and follow their own customs. The disparity between these two figures –i.e. allowing children to speak their own language and follow their own customs, but not permitting them religious freedom – can be put down to the large number of faith-based organisations present in Myanmar.

### ***Premises and Buildings***

#### **i) Premises**

Checks conducted on 146 facilities showed varying standards of premises. Worryingly, only 79 facilities (53 per cent) had a proper and good fence to keep children safely inside the premises. Access to electricity networks can be erratic: although 121 facilities (82 per cent) receive electricity, the availability of electricity varies from 2- to 24 hours per day – though the average is 20 hours. Ninety-six facilities (66 per cent) have generators as an alternative source of energy for lighting. Twenty other residential care facilities have other back-up sources, such as inverters, car batteries, LED lamps and solar lamps. Two facilities use electric power provided by a private entrepreneur.

Access to water is better, with all facilities having access through various sources, with tube

wells (47 per cent), hand-dug wells (16 per cent) and piped water (13 per cent) being the most common. The most common form of water treatment, practised at 49 per cent of the residential care facilities, is to pass water through cloth, ceramic, sand or composite filters. Use of a water purifier is the second most common form of water treatment, practiced at 22 per cent of facilities.

## **ii) Buildings**

In terms of security and emergency response, the majority of the facilities lack features such as first aid kits, fire extinguishers, clear markings of exits, or a clearly advertised system alarm and evacuation procedures in writing/pictures. They can be found at less than half of the facilities.

Altogether 81 percent of the facilities' compounds were deemed by the researchers to be clean, with strong buildings (90 per cent) and good ventilation (60 per cent). One hundred and four facilities had adequate sleeping spaces for children, meaning that 41 facilities have sleeping spaces which are either somewhat adequate or inadequate. There is a lot of room for improvement when it comes to the security of girls' and boy's dormitories: 22 per cent of dormitories cannot be locked. The Minimum Standards require closets or individual cases, with lock, to keep children's personal belongings: only 50 per cent of the facilities have a separate locker, drawer or box for every child for this purpose. Fourteen per cent of facilities do not provide anything, and in 36 per cent of facilities, only some children are provided a separate locker, drawer or box to keep their personal belongings. Between 61 per cent and 68 per cent of the facilities have sufficient sleeping spaces, pillows and blankets while only 40 percent of them enough mosquito nets for children. Rooms at two thirds of the facilities (68 per cent) are clean - those in one third of facilities are somewhat unclean.

Although 139 facilities (95 per cent) have designated bathing spaces, only 39 of them (28 per cent) have separate bathing spaces for boys and girls. Usually, facilities have a large bathing space where the children can pour water on themselves using bowls or cups. Among the 146 facilities, only 54 of them (37 per cent) have toilets in which disabled children can have access. Six facilities (4 per cent) have some toilets in which disabled children can have access and 88 facilities do not have any toilet in which those children can have access. In general toilets are clean at 114 facilities (78 per cent).

Among the facilities, 142 (94 per cent) have a separate space/kitchen where food is prepared and cooked. When cooking spaces were checked for whether uncooked food is covered, existence of flies around and pervasion of bad smell there for their cleanliness, kitchens at 23 (16 per cent) facilities were found to be unclean. Only 37 facilities treat their water meant for cooking.

About two-thirds (68 per cent) of the facilities have adequate dining spaces. They have enough tables and chairs, although at some facilities, children may have to take their meals in turns. Less than half (42- to 49- per cent) of the facilities have the three specifically designated places such as guest room, lounge or a separate space for homework.

In some residential care facilities, especially the monasteries, children do not have small rooms but large halls where they have to study, eat and sleep. Children from those facilities often talk about lack of privacy.

## **Management**

### **i) Responsibilities of the Management**

Management has responsibilities towards to ensure the protection, safety and wellbeing of the children under its care. As stated in the Minimum Standards, the management should ensure the existence of guidelines, a code of conduct for staff, a child protection policy, and a clear statement on the purpose and the services the residential facilities provides.

They should be clearly written and displayed, for both children and the staff to see. It is imperative that both staff and children know their rights, their obligations, and how and where to access support or advice. However, it was found that where facilities do have such documents, they are rarely accessible.

A total of 90 facilities (61.2 per cent) said that they have a code of conduct for staff that clearly describes appropriate and inappropriate behaviour; of these, less than 15 per cent of residential care facilities either display the code of conduct or require staff to sign it. Thirty per cent provide awareness for children on the staff's code of conduct. Thirty-eight facilities (25.9 per cent) of these facilities said that they have straightforward guide for staff do's and don'ts in dealing with children; these 'do's and do not' are meant to reduce the burden of assumption. When asked for some examples of the guidelines, a total of 52 caregivers (37 per cent) responded that they should treat the children at the facility as their own children; not to beat up children (30 per cent), and they should be at the facility during their duty hours (23 per cent). Nine caregivers (7 per cent) described that there should be no favouritism of children. Thirty five facilities (23.8 per cent) said that they have clear guidance about disciplinary action to be taken against their staff member in case of any misconduct. Of these 35 facilities, the most common disciplinary action identified by Heads is dismissal (65.7 per cent),

The majority of the caregivers (58.3 per cent) said that the children are aware of the code of conduct, but Focus Group Discussions with children tell a different story. Only a few children from facilities know the code of conduct for staff and caregivers, and none of these were at monasteries. When children mention about the code of conduct of staff, in most cases, they are just referring to the duties of the caregivers and staff. Children from Christian-based facilities and Department of Social Welfare facilities know more about child rights and code of conduct for staff and caregivers as well as rules they are to abide by.

Only 13 facilities (8.8 per cent) have written guidelines to ensure the child's profiles documents are kept confidential; of these, 11 are registered and one is pending registration. The source of guidelines is primarily the Department of Social Welfare at 38.2 per cent. Religious organizations responsible for facilities are the source of 30.9 per cent of guidelines, and 16.4 per cent of facilities write their own guidelines. In the case of a child leaving the facility, or in case of death, abduction or disappearance, only 38.8 per cent of facilities inform respective authorities immediately in order to take appropriate action.

Almost three quarters of the facilities (74.1 per cent) said that they have a clear statement on the purpose and the services the residential facility provides, but only 18 of them (16.5 per

cent) put this statement on display. More than a third (37.4 per cent) said that they clearly defined child protection policy which provides guidance and procedures for the staff to follow in protecting children from abuse, and should outline what to do when they discover or suspect a child protection case. But only 10.9 per cent of these facilities clearly display them for the staff.

Thirteen facilities (18.8 per cent) said that they assign a staff member to maintain confidentiality - i.e. to take responsibility for keeping the child's records.

## **ii) Staff and Caregivers**

Altogether 260 caregivers were interviewed through the use of a structured questionnaire as part of the survey. Among the caregivers, 130 were males. The mean age of caregivers is 37, with an age range from 16- to 72- years in their age. On average the caregivers have been in their facilities for eight years, with a minimum of less than a year and a maximum of 50 years. They work on average 60 hours per week, and 235 of them expressed sympathy with children as their main motivation to work as caregivers, with a further 63 caregivers saying that they are motivated by a sense of duty under the assignment of their abbot, bishop or father. Ten caregivers answered that they wanted to help children.

A caregiver has to take care of 48 children on average. For some facilities which do not have many children or which receive good funding, a caregiver takes care of only two children. Altogether 177 caregivers mentioned that they do not have to take care of children who need special care; 44 caregivers said that they have to take care of disabled children. There are eight caregivers each who answered that they have to take care of children living with HIV/AIDS, and babies, respectively.

Only 114 caregivers (43.8 per cent) said that they keep updated information on children. Most types of information collected according to caregivers are educational records, (75.4 per cent), health records (39.5 per cent), and the child's personal profile (34.2 per cent). A total of 27 caregivers (23.7 per cent) said that they also keep records of criminal cases or breach of facility rules. About 41 percent of the caregivers said that they had training on child care and development. Those who learnt child psychology, case management and family tracing and unification account for 16.9 per cent, 13.8 per cent and 12.6 per cent respectively. More than a third (35.0 per cent) of the caregivers said that they would like to receive training on child care and development. Almost a quarter of them (22.3 per cent) mentioned that they would like to learn child psychology. Altogether 49 caregivers, most of whom are members of religious groups, said that they do not need any kind of training.

In most facilities, interaction between children and care givers is minimal. They usually interact only when the caregivers have to ask their children to do something or want to admonish them. The caregivers interact with children to impose discipline or to try to urge them to be successful in life. The children talk to their caregivers when they want to ask something from them, or to assist the caregivers in the daily routine. "We don't normally talk with our caregivers. We just work together. We clean the compound, collect trash and play football. But sometimes they share jokes with us. We usually listen."

Interaction between the children and the caregivers is more frequent in small facilities, such as Christian facilities. Interaction takes place more during devotion (prayer) sessions as there



are usually two devotion sessions in Christian facilities, one in the morning and one in the afternoon, which usually last around one hour per session every day. Those caregivers who have time to interact usually talk about school lessons, about God and share jokes. Some facilities have what constitutes a parent-child relationship between caregivers and children, and at a few facilities some caregivers play with the children. Department of Social Welfare staff displayed knowledge of the benefits of having such a relationship and, children in some facilities are asked to address their caregivers 'mother' or 'father.'

Usually there is almost no interaction between the heads of the facilities and the children, except in some small facilities which are run like homes. In monasteries, children do what monks tell them to do. "Caregivers tell us rules to obey when we pray to Buddha images. Sometimes we tease one another. We are very friendly. I always talk with the caregivers."

### iii) Admission and Record Keeping

Admission and record keeping are particularly weak across all facilities, regardless of their registration status. Upon admission, the facility should take a thorough case history, and should make and maintain an individual case file for each child. However, only 72 facilities (49.0 per cent) said that they make and maintain an individual case file for each child. Sixty nine of these said that a file is kept for each child. Sixty two facilities (42.2 per cent) said that they update a child's individual case file regularly, but only 14 facilities (9.5 per cent) said that a copy of the file is given to the child or to his/her next guardian when the child leaves the facility. Altogether 56 facilities (81.2 per cent) among them said that the files are kept in a safe and confidential place.

As the following table shows, the documentation required upon a child's admission is not thorough - and the main criteria for most facilities is simply to record whether or not a child's parents are living or not, and whether they are poor or not.

**Table 4: Documentation required upon a child's admission**

	Frequency	Percent
Whether parents are living or they are poor or not	49	33.3%
Recommendation letter from the local authority certifying the child is an orphan.	38	25.9%
A child has to fill out his/her personal profile	31	21.1%
Health certificate (the children should be free from leprosy)	19	12.9%
Nothing is needed	18	12.2%
Birth certificate	13	8.8%
Not older than 12	11	7.5%
A child should be free from party politics	10	6.8%
Letter from the government authority	6	4.1%
Household certificate/ school leaving certificate	5	3.4%
Parents should be free from party politics	1	0.7%
Only the blind are accepted	1	0.7%
Should stay for two years	1	0.7%
		100.0%

Facilities commonly record the child's basic details, as well as that of their parents - such as their parents' names, addresses and occupations. Other information often recorded include the date the child was brought to the facility/date the child left the previous facility, their education record, date of exit from the facility and the destination after leaving the facility, and their medical status.

When collecting information about a child and his or her background before admitting them to the facility, 70 facilities collect information from parents, other family members, the child, neighbours and local authorities. Only 39 facilities include this information when designing case plans for the child, including plans for contact with family members or friends.

Only 25 facilities said they assess the family and home circumstances of the child to ascertain whether abuse has occurred, or if there is a risk of abuse in the future before a child is sent back home. The situation is assessed by talking with parents and making enquiries about their economic conditions (72.0 per cent); asking about them through local authorities (12.0 per cent); and making contact through child networks or through Department of Social Welfare support (8.0 per cent). Whilst meeting and talking with the child's parents is an important aspect of an assessment in order to ascertain whether abuse has - or is likely - to occur, the attention given to the family's economic condition is not necessary, as there is no link between poverty and child abuse.

#### **iv) Reunification and Reintegration**

As residential care facilities should be a temporary care facility for most children, the residential care facility should make efforts to integrate children back to their family/community as soon as possible. The reality is that only 68 residential care facilities or 46.3 per cent of the total residential care facilities said that they make an effort to reintegrate children with their parents, relatives or guardians. Mainly, the Head's of Facilities said that "children are allowed to have contact with their relatives" (35.3 per cent) and "parents are allowed to visit their children" (23.5 per cent), suggesting that many facilities do not have resources for - or awareness of the importance of - children's integration with their parents, relatives or communities.

According to heads of Facilities, only 25 residential care facilities (17.0 per cent) are currently trying to look for parents of children at their facilities (currently efforts are underway to trace the parents of 373 children). But 54 facilities (36.7 per cent) said they have been able to locate the parents, relatives or guardians of 2,667 children from their facilities in the past. A total of 17 children from six facilities were legally adopted, while 31 children from 10 facilities were put into foster care, in the past 12 months.

Sixty one facilities (41.5 per cent) said that they provide counselling as part of all reunification and reintegration plans prior to a child's visit to the family/community, and 32 facilities (21.8 per cent) said that they make follow-up visits as part of all reunification and reintegration plans after a child's return to their family/community. Among the 32 facilities, eight of them (25 per cent) responded that follow-up visits are made once a year. That is the most common practice of follow-up visits.

Residential care facilities make little effort to promote contact with family and relatives: 122 facilities (85.9 per cent) said that no support is given to the child, even if there is no history of abuse and neglect at home, for children to return home at least once a year in order to see his or her family. An even greater number - 137 facilities (93.2 per cent) - said that no encouragement is given to parents/ guardians/ relatives to visit their children. Fortunately, at least within the residential care facilities, children from the same family can stay together in the same facility and in the same home, room or dormitory – where appropriate – in 137 facilities (93.2 per cent).

### 3. Conclusion

One of the most significant findings of this assessment is that institutional care in Myanmar is not used as a last resort. Instead, nearly three-quarters of children in residential care facilities in Myanmar have one or both parents alive, and know where their parents or relatives live. Indeed, in the case of just over half of the children, it is their parents or relatives who brought them there in the first place.

The research highlighted many concerns regarding the protection, safety, health, and wellbeing of children in residential care facilities, and showed an alarming discrepancy between the provisions laid out in the Minimum Standards, and the reality in practice.

The health care situation in the majority of facilities poses great risk to children's wellbeing, with the majority of facilities neither providing regular medical checks or immunisation, nor frequent access to medical personnel. Furthermore, medical record-keeping is minimal. Not all children are receiving three meals a day, and food varies greatly between the facilities. Other basic necessities such as clothing and bedding are not available in adequate quantities.

Although interaction with the neighbouring communities is often frequent – mainly because the children leave the facilities to attend the local school – few residential care facilities invest in promoting linkages between children and their families. Only a small fraction of facilities have any procedures in place should there be concerns about a child's safety.

The majority of facilities have rules to manage children's behaviour, but the punishments meted out if any rules are broken are often unregulated, and can include physical punishment as well as manual labour. Children in just about all facilities are expected to partake in regular chores and duties that contribute to the running and upkeep of the facility.

Just about all facilities allow children to attend school – though not all children do so – and approximately half the facilities have books and materials essential to a child's learning. Less than half have staff who have been trained on child-centred education methods.

Child participation is often cursory – with children being informed of decisions once they have been made, or given only a superficial opportunity to participate in the decision-making process; however, when it comes to issues regarding family reunification, children are more likely to be given the opportunity to participate in decisions.

In general, children are given the opportunity to play, and have access to recreation. The time and access to materials varies greatly across facilities, but it often involves interacting with children from the local community. However, religious freedom is not respected at the majority of facilities, although speaking one's ethnic language is allowed.

The standard, upkeep and appearance of buildings and premises varied greatly; some have insufficient sleeping space; some dormitories cannot be locked; and only half of the facilities provide a separate locker, drawer or box for children to keep their personal belongings.

Even where facilities have a Code of Conduct or child protection guidelines, they are not clearly displayed and many staff lack knowledge of them. Children's confidentiality is not respected in the majority of facilities.

Most caregivers expressed sympathy for children as their main motivation in their work. Less than half have ever received training on child care and development. They work on average 60 hours a week, and are responsible for 48 children on average.

Admission and record-keeping is particularly weak, with approximately half of the facilities making and maintaining a case record. Information collected is not thorough, and children – or their next caregiver – rarely receive a copy of the child's file upon departure. Little effort is made to promote contact with family and relatives, and less than twenty percent of facilities are currently trying to look for the parents of children in their care.

Despite the many concerning findings of this assessment, it is important to acknowledge that many of the residential care facilities are run and staffed by committed and caring people, who are working to improve the lives of children. Their intentions are honorable, but as a result of different factors, they lack the knowledge, ability, or understanding to provide adequate care and protection for the children under their care. Thus, the necessity of issuing the Minimum Standards as a Directive – and therefore making it mandatory for all residential care facilities in Myanmar – becomes obvious.

Finally, the importance of the facilities in providing food, shelter, and especially education, to children should not be underplayed. During Focus Group Discussions, children mentioned these factors – as well as having the chance to watch TV, and play games – as things they felt were good about the facilities. So, whilst it is important to ensure that children are reintegrated with their families – and therefore reduce the number of children in residential care facilities – it is equally important that steps are made to improve the quality of children's lives within their families and communities.

## 4. Recommendations

### Prevention of institutionalisation:

- The Government should develop a strategy for de-institutionalisation of children with a clear time frame and budget;
- The Government should run public awareness campaigns on the importance of children living with their family or in their communities<sup>3</sup>;
- Consider collaboration with International Agencies to develop a Social Protection Strategy to promote the development of child-sensitive social protection measures, including cash transfers, that support vulnerable households to care of their children;<sup>4</sup>
- Increase parental education in order to make parents more knowledgeable on child care and child protection<sup>5</sup>
- Have clear policies in place for running residential care facilities that include registration, monitoring and evaluation, and also have clear consequences for facilities that do not meet the registration requirements (to discourage private individuals opening up small homes);
- Examine the causes of the high number of children with both parents alive, living in Buddhist facilities;
- Increase cooperation between parents, relatives, local authorities (including DSW, MPF, Juvenile Courts, YCDC, etc.), as well as between government departments in order to prevent children being picked up from the street and placed in residential care (i.e. street children, children in conflict with the law);
- Ensure the development and enforcement of relevant policy and proper community based systems for alternative care, including the reform of childcare systems;
- Prepare a national strategy on Orphans and Vulnerable Children, with a component on children without parental care, including prevention of institutionalization.

### Registration and Monitoring of Residential Care Facilities:

- Registration of Residential care facilities should be mandatory;
- The Government should ensure that all facilities are subject to regular inspections and appropriate regulations;
- DSW should ensure that the registration process is known and applied to all institutions that are currently not registered;
- Appoint one Government Department to be responsible for the monitoring and enforcement of Minimum Standards.

### Minimum Standards of Care and Protection of Children in Residential Care:

- Issue the Minimum Standards of Care and Protection of Children in Residential Care as a directive - and distribute to all facilities - to ensure that abidance becomes mandatory;

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<sup>3</sup> As suggested by Care Givers interviewed as part of the assessment

<sup>4</sup> *Ibid*

<sup>5</sup> *Ibid*

- The Government should allocate more resources (financial and human) to implement the Minimum Standards;
- Agree on time frame for the revision of the Minimum Standards;
- Develop and agree on a clear set of indicators to measure progress in residential care facilities;
- Include a clear action plan for each facility to improve the quality of care within an agreed time frame;
- Facilitate genuine child participation in the operation of the facilities;
- Provide regular training opportunities for staff in facilities, to promote more in-depth knowledge, understanding – and application – of child protection principles;
- Ensure that all facilities have child safe guarding policies that are abided by. This includes staff training and awareness raising with children; reporting mechanism; human resources policies;
- Introduce more stringent 'gate-keeping' measures to ensure that children are admitted to residential care facilities only as a last resort;
- Undertake immediate efforts to ensure that children are reunited with their parents, and where appropriate and in the best interests of the children, they are reintegrated;
- Through Information, Education and Communication materials, ensure that children are aware of their rights, and know how to seek help and support should they face a child protection concern;
- Look to separate facilities that currently take care of different groups of vulnerable children, i.e. abandoned children and orphans; children in conflict with the law, street children. For children with disability who have no other options than residential care, a mixed facility (i.e. both for children with and without disability) is still the preferred option if adequate and specialized care is available;
- Conduct a follow up study with specialized staff in residential/alternative care to measure progress
- Review the Child Law to include amendment of Article 47 ('to commit a child to the custody of any training school for a minimum term of 2 years or till he attains the age of 18 years').

## 5. Annex: List of Residential Children's Facilities visited

Sr.	Name of facility	State/Region	Township	Registration	Type of Facility	Boys/Girls Facility	Total no. of children
1	Mother's Home	Yangon	ShwePyiThar	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	19
2	Anna Childcare Center	Yangon	ShwePyiThar	Pending	Private, Faith-based (Christian)	Boy & Girl facility	46
3	Children Shelter Home	Yangon	ShwePyiThar	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	16
4	MACRC (Myanmar Agape Children Refuge Centre)	Yangon	ShwePyiThar	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	18
5	Teik-khayama Nunnery	Yangon	Dagon MyoThit (East)	Non-registered	Private, Faith-based (Buddhist)	Girls' facility	48
6	Amywe-setkhan-gyin (Inheritance) Residential Facility	Yangon	Dagon Myo Thit (North)	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	22
7	Home of shelter	Yangon	Dagon Myo Thit (North)	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	24
8	Karuna Orphanage	Yangon	Dagon Myo Thit (North)	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	32
9	Myaung-si Orphanage	Yangon	Dagon Myo Thit (North)	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	18
10	Myo-set-thit Residential Facility	Yangon	Dagon MyoThit (North)	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	17
11	Yangon City Child Centre	Yangon	Dagon MyoThit (North)	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	20
12	School for the Blind, Yangon	Yangon	Mayan Kone	Registered	Private, Non-faith based	Boy & Girl facility	151
13	Kaba Aye Training School for Boys	Yangon	Mayan Kone	Registered	Government, Non-faith based	Boys' facility	268
14	Kyaik-waing Training School for Boys	Yangon	Mayan Kone	Registered	Government, Non-faith based	Boys' facility	118
15	PyinnyaTheikpan Monastic School	Yangon	Mayan Kone	Registered	Private, Faith-based (Buddhist)	Boys' facility	50
16	Training School for Girls	Yangon	Mayan Kone	Registered	Government, Non-faith based	Girls' facility	277
17	Emmanuel Youth Training Centre	Yangon	Hlegu	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	21
18	Boser Child Development Home	Yangon	Hlegu	Pending	Private, Faith-based (Christian)	Boy & Girl facility	44
19	Myitta Aye-yeik-myon Orphanage	Yangon	Hlegu	Registered	Private, Faith-based (Christian)	Boy & Girl facility	53
20	Garden Home	Yangon	Hlegu	Registered	Private, Non-faith based	Boy & Girl facility	40
21	Andrew Orphanage Home	Yangon	Mingalardon	Pending	Private, Faith-based (Christian)	Boy & Girl facility	83
22	Htauk-kyant Residential Facility for Children	Yangon	Mingalardon	Registered	Government, Non-faith based	Boy & Girl facility	62
23	Yadana Orphanage	Yangon	Mingalardon	Registered	Private, Non-faith based	Boy & Girl facility	68
24	Grace Children Home	Yangon	Hmaw Bi	Registered	Private, Faith-based (Christian)	Boy & Girl facility	43
25	Myanmar Christian Agape Home	Yangon	Hmaw Bi	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	25
26	Myanmar-pyi Chit-chin myittta Orphanage	Yangon	Hmaw Bi	Registered	Private, Non-faith based	Boy & Girl facility	106
27	Shwegondine Residential Nursery for Children	Yangon	Bahan	Registered	Government, Non-faith based	Boy & Girl facility	53
28	Thon-htat-kyauing Orphanage	Yangon	Bahan	Registered	Private, Faith-based (Buddhist)	Boys' facility	87
29	Vocational Training School for Women	Yangon	Bahan	Registered	Government, Non-faith based	Girls' facility	94
30	Karuna Orphanage	Yangon	Insein	Non-registered	Private, Non-faith based	Boy & Girl facility	18
31	Htaw Me Pa Orphanage	Yangon	Insein	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	53
32	Grace Children's Home	Yangon	HlaingTharYar	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	20
33	YWCA (Drop in Centre)	Yangon	HlaingTharYar	Pending	Private, Faith-based (Christian)	Boy & Girl facility	65
34	AungZambu Monastic Education Orphanage	Yangon	Kawhmu	Registered	Private, Faith-based (Buddhist)	Boys' facility	160
35	Hnget-Aw-San training school for boys	Yangon	Kawhmu	Registered	Government, Non-faith based	Boys' facility	351
36	Future Star	Yangon	TaikGyi	Pending	Private, Faith-based (Christian)	Boy & Girl facility	47
37	MibaMyitta Residential Facility	Yangon	East Dagon	Registered	Private, Faith-based (Christian)	Boy & Girl facility	48



38	MyinthaMyo-U Orphanage	Yangon	Oakkalapa (South)	Registered	Private, Faith-based (Buddhist)	Boys' facility	250
39	YadanabonYeik-nye-in Monastery	Yangon	Thingankyun	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	56
40	MyittaYangungchi Orphanage	Yangon	Than Hlyin	Registered	Private, Non-faith based	Boys' facility	62
41	St. Mary Home	Yangon	Kyauk Tan	Pending	Private, Faith-based (Christian)	Girls' facility	102
42	Orphanage for national races	Yangon	Khayan	Registered	Private, Faith-based (Buddhist)	Boys' facility	121
43	Parami Orphanage	Yangon	Dala	Registered	Private, Non-faith based	Boy & Girl facility	25
44	Mery Chapman Deaf Children Centre	Yangon	Dagon	Registered	Private, Non-faith based	Boy & Girl facility	146
45	Myittawadi Orphanage	Yangon	Hlaing	Registered	Private, Faith-based (Buddhist)	Boys' facility	371
46	Orphanage for children	Mandalay	AungMyayTharzan	Registered	Government, Non-faith based	Boys' facility	134
47	Orphanage for the national races	Mandalay	AungMyayTharzan	Registered	Private, Non-faith based	Boys' facility	36
48	Phaund-daw-U Monastic School	Mandalay	AungMyayTharzan	Registered	Private, Non-faith based	Boy & Girl facility	140
49	Vocational Training School for Girls	Mandalay	AungMyayTharzan	Registered	Government, Non-faith based	Girls' facility	103
50	Ei-yeik-mon Orphanage	Mandalay	Chan Aye Tharzan	Registered	Private, Non-faith based	Girls' facility	111
51	Myanmar Buddhist Orphanage Association (M.B.O.A)	Mandalay	Chan Aye Tharzan	Registered	Private, Non-faith based	Boys' facility	155
52	MyittaYingwin Residential Nursery for Children	Mandalay	Chan Aye Tharzan	Non-registered	Private, Non-faith based	Boy & Girl facility	20
53	Training school for girls	Mandalay	Chan Aye Tharzan	Registered	Government, Non-faith based	Girls' facility	75
54	Doe-pin-aungKan-tha Orphanage	Mandalay	PyinOolwin	Registered	Private, Non-faith based	Boys' facility	932
55	School for the Blind	Mandalay	PyinOolwin	Pending	Private, Non-faith based	Boy & Girl facility	95
56	St. Matthew's orphanage	Mandalay	PyinOolwin	Non-registered	Private, Non-faith based	Boy & Girl facility	77
57	Pe Pin Orphanage for the National Races	Mandalay	MaharAungMyay	Registered	Private, Non-faith based	Boys' facility	102
58	St. Peters Orphanage	Mandalay	Amarapura	Non-registered	Private, Non-faith based	Girls' facility	18
59	YadanaTheinni Orphanage	Mandalay	Mogoke	Registered	Private, Non-faith based	Boy & Girl facility	119
60	Nyaung-kaing Orphanage	Mandalay	Meikhtilar	Registered	Private, Non-faith based	Boys' facility	110
61	Htan-taw Orphanage	Mandalay	Ma Hlaing	Registered	Private, Faith-based (Buddhist)	Boys' facility	72
62	Shwe-si Orphanage for the National Races	Mandalay	Thar Si	Pending	Private, Faith-based (Buddhist)	Boys' facility	68
63	KhemaWunthi (KhemaVamsi) Orphanage	Mandalay	Pyinmanar	Registered	Private, Faith-based (Buddhist)	Boys' facility	60
64	Daw-gyi Daw-nge Orphanage	Shan	Taunggyi	Registered	Private, Non-faith based	Boy & Girl facility	150
65	Han See Orphanage	Shan	Taunggyi	Registered	Private, Non-faith based	Boy & Girl facility	121
66	PyitsiMaryone Orphanage	Shan	Taunggyi	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	87
67	Lawka Dhamama (Myo-U) Orphanage	Shan	PeKhon	Non-registered	Private, Faith-based (Buddhist)	Boy & Girl facility	102
68	Nat-taw Orphanage	Shan	PeKhon	Registered	Private, Faith-based (Buddhist)	Boys' facility	54
69	Dekkhina-yone Orphanage (Sub-centre of Loiwan)	Shan	Nant Khan	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	30
70	Pan-Yok Orphanage	Shan	Nant Khan	Registered	Private, Faith-based (Buddhist)	Boys' facility	50
71	Orphanage	Shan	Kyaing Ton	Registered	Government, Non-faith based	Boy & Girl facility	37
72	Vocational training school for girls	Shan	Kyaing Ton	Registered	Private, Non-faith based	Girls' facility	30
73	Mong Thauk Orphanage	Shan	NyaungShwe	Registered	Private, Non-faith based	Boy & Girl facility	84
74	Catholic Orphanage	Shan	Larshio	Registered	Private, Faith-based (Christian)	Girls' facility	40
75	Hawtaw Orphanage	Shan	Naung Cho	Registered	Private, Faith-based (Buddhist)	Boys' facility	66
76	Zayangyi Monastic School	Shan	Nam San	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	107
77	Khan Nam Seventh Day Orphanage	Shan	Mine Sat	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	52
78	Bitut Orphanage	Ayeyarwaddy	Labutta	Registered	Private, Non-faith based	Boy & Girl facility	42
79	ShweKyaungTaik Orphanage	Ayeyarwaddy	Labutta	Registered	Private, Non-faith based	Boys' facility	41
80	Kan-thon-sint Orphanage	Ayeyarwaddy	Pathein	Registered	Private, Non-faith based	Boys' facility	99

81	Myo-U Orphanage	Ayeyarwaddy	TharPaung	Registered	Private, Non-faith based	Boys' facility	15
82	Ye-sakhan Village Orphanage	Ayeyarwaddy	KyonePyaw	Registered	Private, Faith-based (Buddhist)	Boys' facility	50
83	Laymyethna Orphanage	Ayeyarwaddy	Lay Myat Nar	Registered	Private, Faith-based (Buddhist)	Boys' facility	30
84	MyoShwe-kyauing Orphanage	Ayeyarwaddy	MyanAung	Registered	Private, Faith-based (Buddhist)	Boys' facility	107
85	Myaungmya Orphanage	Ayeyarwaddy	MyungMya	Registered	Private, Non-faith based	Boys' facility	45
86	AungTheikpan Orphanage	Ayeyarwaddy	Einme	Registered	Private, Faith-based (Buddhist)	Boys' facility	60
87	Wakema Orphanage	Ayeyarwaddy	Warkema	Registered	Private, Faith-based (Buddhist)	Boys' facility	45
88	Kani Orphanage	Ayeyarwaddy	Phyarpon	Registered	Private, Non-faith based	Boys' facility	111
89	PyinnyaPadetha Orphanage	Sagaing	SalinGyi	Registered	Private, Non-faith based	Boy & Girl facility	45
90	Sithu Pan Orphanage	Sagaing	SalinGyi	Registered	Private, Faith-based (Buddhist)	Boys' facility	18
91	Lay-htat Man-aung Orphanage	Sagaing	Pin Lea Phu	Registered	Private, Faith-based (Buddhist)	Boys' facility	55
92	Ok-shit-kon Orphanage	Sagaing	Pin Lea Phu	Registered	Private, Faith-based (Buddhist)	Boys' facility	38
93	Sar-taung Orphanage	Sagaing	Sagaing	Registered	Private, Faith-based (Buddhist)	Boys' facility	38
94	Ye-U Orphanage	Sagaing	Yay U	Registered	Private, Non-faith based	Boys' facility	32
95	MarakanIngyin Orphanage	Sagaing	Depeyin	Registered	Private, Faith-based (Buddhist)	Boys' facility	43
96	Thanla Orphanage	Sagaing	Monywa	Registered	Private, Non-faith based	Boys' facility	84
97	Yoma-tein Orphanage	Sagaing	Yin Mar Pin	Registered	Private, Faith-based (Buddhist)	Boys' facility	47
98	Nanyun Orphanage for the National Races	Sagaing	Nan Yun	Pending	Private, Faith-based (Buddhist)	Boys' facility	3
99	Hilly region missionary orphanage	Chin	Falam	Registered	Private, Non-faith based	Boys' facility	5
100	Nasarat Orphanage	Chin	Falam	Pending	Private, Faith-based (Christian)	Boy & Girl facility	60
101	School belonging to the border areas development ministry	Chin	Falam	Registered	Government, Non-faith based	Boys' facility	47
102	Ashay-pyinYat Orphanage	Chin	Mintut	Registered	Private, Non-faith based	Boy & Girl facility	11
103	Wa-kauk Buddhist Missionary Orphanage	Chin	Mintut	Registered	Private, Faith based (Buddhist)	Boy & Girl facility	20
104	Kyon-Kyon Orphanage	Chin	Hakha	Registered	Private, Non-faith based	Boy & Girl facility	27
105	Noman Pan-U-Yin Orphanage	Chin	Htantalan	Registered	Private, Non-faith based	Boy & Girl facility	32
106	Ahabay Orphanage (Khobwe East Ward)	Chin	Matu Pi	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	8
107	Orphanage for children	Chin	Kanpetlet	Pending	Private, Non-faith based	Boy & Girl facility	56
108	Buddhist Missionary Orphanage	Magwe	TaungtwinGyi	Pending	Private, Faith-based (Buddhist)	Boys' facility	34
109	Chaukkyar Orphanage	Magwe	TaungtwinGyi	Registered	Private, Faith-based (Buddhist)	Boys' facility	30
110	Nga-sint Orphanage	Magwe	TaungtwinGyi	Registered	Private, Faith-based (Buddhist)	Boys' facility	54
111	Sar-si Orphanage	Magwe	Magwe	Registered	Private, Faith-based (Buddhist)	Boys' facility	40
112	MyomaLulin Orphanage	Magwe	MyoThit	Registered	Private, Faith-based (Buddhist)	Boys' facility	14
113	Chaug Ku Orphanage	Magwe	Pauk	Non-registered	Private, Faith-based (Buddhist)	Boys' facility	62
114	Kangyi Village Orphanage	Magwe	Saw	Registered	Private, Non-faith based	Boys' facility	35
115	KyetSarPyin Orphanage	Taninthari	Dawei	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	49
116	Lay HtutOrphanage	Taninthari	Dawei	Registered	Private, Faith-based (Buddhist)	Boys' facility	75
117	Pakkoku Orphanage	Taninthari	Dawei	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	213
118	Peinne-daw orphanage for the national races	Taninthari	Dawei	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	156
119	Yebyu Orphanage	Taninthari	Yay Phyu	Registered	Private, Faith-based (Buddhist)	Boys' facility	36
120	Orphanage for the national races	Taninthari	Myeik	Registered	Private, Faith-based (Buddhist)	Boys' facility	32
121	Khay Mar Mandaing Orphanage	Rakhaing	Sittway	Registered	Private, Faith-based (Buddhist)	Boys' facility	148
122	Apauk-wa Orphanage	Rakhaing	Kyauk Taw	Registered	Private, Faith-based (Buddhist)	Boys' facility	64
123	Bauk-kan-chaung Village Orphanage	Rakhaing	MyaukOo	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	50
124	GandariTawya Orphanage	Rakhaing	Bu Thee Taung	Registered	Private, Non-faith based	Boy & Girl facility	126
125	SediTaung Orphanage	Rakhaing	KyaukPhyu	Registered	Private, Non-faith based	Boys' facility	42
126	Myo-U Orphanage	Rakhaing	Ann	Registered	Private, Non-faith based	Boys' facility	33
127	Nyaunbintha Orphanage	Kachin	Bamaw	Registered	Private, Faith-based (Buddhist)	Boys' facility	31

128	Yeshin Orphanage	Kachin	Bamaw	Registered	Private, Faith-based (Buddhist)	Boys' facility	50
129	Aung Daw Mu Orphanage	Kachin	Myitkyinar	Registered	Private, Faith-based (Buddhist)	Boys' facility	76
130	Theravada Buddhist Missionary School	Kachin	Ta Nine	Registered	Private, Faith-based (Buddhist)	Boys' facility	56
131	Thabyebin Orphanage	Kachin	Moe Kaung	Registered	Private, Faith-based (Buddhist)	Boys' facility	24
132	Baho Tat-U Monastery hilly region missionary orphanage	Kayah	Loikaw	Registered	Private, Faith-based (Buddhist)	Boys' facility	84
133	Taung Maw Orphanage	Kayah	Loikaw	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	46
134	Chit Myitta Orphanage	Kayah	Demoso	Pending	Private, Faith-based (Christian)	Boy & Girl facility	37
135	Daw YaukKhu Orphanage	Kayah	Demoso	Registered	Private, Faith-based (Christian)	Boy & Girl facility	66
136	Myoma Orphanage	Kayah	Demoso	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	38
137	Aung-yay-ta-goon Orphanage	Kayin	Hpa An	Registered	Private, Faith-based (Buddhist)	Boys' facility	55
138	Hilly region missionary orphanage	Kayin	Hpa An	Registered	Private, Faith-based (Buddhist)	Boys' facility	25
139	Kawt-wun Orphanage	Kayin	HlineBwet	Registered	Private, Faith-based (Buddhist)	Boys' facility	20
140	Zawtika Yama Orphanage	Kayin	KawtKareik	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	44
141	Orphanage for children	Mon	Mawlamyine	Registered	Government, Non-faith based	Boys' facility	51
142	Training school for boys	Mon	Mawlamyine	Registered	Government, Non-faith based	Boy & Girl facility	22
143	SeikPhuTaung Orphanage	Mon	Kyeikhto	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	640
144	Orphanage for the national races	Mon	Belin	Registered	Private, Faith-based (Buddhist)	Boy & Girl facility	83
145	KarunaThit Orphanage	Bago	Bago	Non-registered	Private, Faith-based (Christian)	Boy & Girl facility	10
146	Pan-chan-kone Orphanage	Bago	Bago	Registered	Private, Faith-based (Buddhist)	Boys' facility	110
147	KandawMingalar Orphanage	Bago	Daik-U	Registered	Private, Faith-based (Buddhist)	Boys' facility	91