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

Briefing Note for Overseas Donors and Supporters of Privatized Faith-Based RCFs in Myanmar

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

KINNECTED Keeping children in families Myanmar

Better Care Network

ACCI RELIEF

AVI inviting change

Background

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

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

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

Kinnected Myanmar

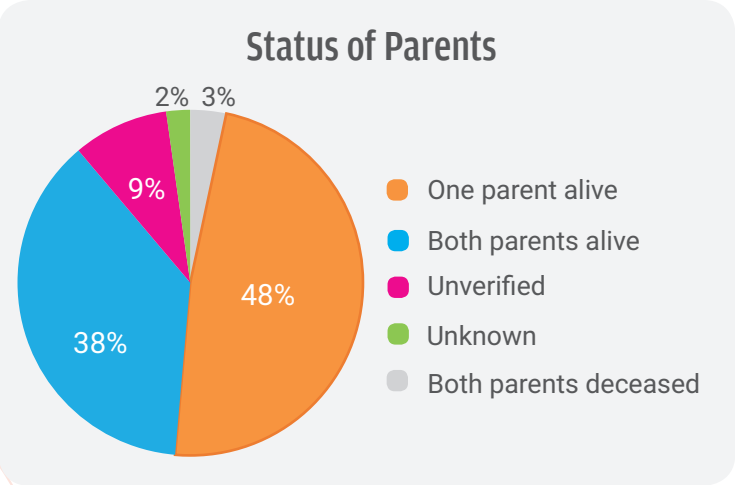
46
privately run and funded Christian faith-based RCFs

22
individual donors or donor groups

846
children residing in participating RFCs

Key Findings for Donors and Supporters of RCFs in Myanmar

1. Poverty, not orphanhood, is the most common reason for children to enter into residential care



56% Poverty

33% Death of One Parent

26% Access to Education

13% Divorce or Separation

97% had one or both living parents

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

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

[1] UNICEF. (2019, August 16). Myanmar: UNICEF delivering change for children: Programme brief - Child protection. *https://www.unicef.org/myanmar/reports/programme-brief-child-protection*

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

With support from Kinnected Myanmar, many families were able and willing to resume care of their children. Out of 115 reintegrated children and young people:

- 60% were placed with one or both parents
- 33% were placed with relatives

2. Residential care service transitions are largely influenced by donors

The transition of the residential care facilities was largely driven by donors, either because of the donors' interest in transition or the donors' commitment to phase out of funding residential care. Directors rarely initiated the transition and often demonstrated resistance to varying degrees.

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

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

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

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

Of the 46 RCFs engaged in the KM program:

- 96% had their donors engaged in the KM program
- 41% dropped out and the donor ceased funding
- 4% dropped out and the donor continued funding
- 11% closed their RCFs and exited the KM program
- 5% completed full transition and remain in the KM program

The full participation of directors in a transition process was found to be feasible only with the approval and active support of their principal donors.[3]

3. Active recruitment drives admission of children into residential care

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

- 99.4% of children were recruited into residential care

[3] Nhep, R., & van Doore, K. (2021, April). *Impact of COVID-19 on privately run and funded residential care institutions.* Better Care Network & Griffith University. ***https://bettercarenetwork.org/sites/default/files/2021-06/Impact%20of%20COVID-19.pdf***

Of those recruited:

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

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

Following the recruitment of a child, it was often a family member, or someone known to the family, who transferred the child into the RCF.

59% of children were transferred into the RCF by a parent or relative:

- 34% by aunt or uncle
- 15% by parent
- 8% by grandparent
- 2% by sibling

32% of children were transferred by a pastor (12%), missionary (11%), or RCF director (9%).

Implications

The findings of this study showed that dispelling myths regarding orphanhood, shedding light on the active recruitment of children into privatized residential care facilities, and improving financial transparency were critical to donors deciding to pursue transition and/or divestment of residential care.

Donors, and particularly principal donors, were found to be strongly influential in their partner RCFs' decision to transition. As such, donors should be encouraged to openly discuss transition with their partner RCFs and remain engaged throughout the entire transition process.

Ways Forward

- Support family strengthening and community development initiatives to families to prevent unnecessary family separation.
- Include sufficient support in reintegration plans to address poverty and access to education.
- Participate in efforts to identify the sources of financial support for privately run residential care facilities in Myanmar, especially in cases where multiple donors are involved in the support of specific RCFs.
- Join and support advocacy efforts to spread awareness amongst donor groups of the situation of children in privatized Christian faith-based RCFs in Myanmar.