



Myanmar
Republic of the Union of Myanmar

Geography

Capital

Nay Pyi Taw (since 2006)

Global Positioning

Myanmar (formerly known as Burma) is located in Southeast Asia, in the Bay of Bengal and the Andaman Sea. The country borders Bangladesh, Laos, China, and Thailand.

Geographical & Natural Outline

Myanmar covers an area of more than 676,578 km² with one-third of its total perimeter and 1,930 km forms an uninterrupted coastline. Myanmar experiences tropical monsoon in the lowlands; cloudy, rainy, hot, humid summers (southwest monsoon, June to September); less cloudy, scant rainfall, mild temperatures, lower humidity during winter (northeast monsoon, December to April).

Major Cities/Urbanisations

According to 2015 data figures, the largest, most populated areas of Myanmar are Rangoon (4.802 million), Mandalay (1.167 million), and Nay Pyi Taw (1.03 million).



People & Society

Nationality

Burmese

Ethnic Groups

There are 135 Government-recognized ethnic groups in Myanmar/Burma. The largest or most major ethnic groups/races include: Bamar, Chin, Kachin, Kayin, Kayak, Mon, Rakhine, and Shan. However, data collection from the World Bank and the World Fact Book only accounts for population percentage of the following ethnic groups: Burman 68%, Shan 9%, Karen 7%, Rakhine 4%, Chinese 3%, Indian 2%, Mon 2%, other 5% (2014 est.).¹ An alternate estimate of the ethnic group population numbers in Myanmar includes the aforementioned ethnic groups that are not included in World Bank data. According to the alternate graph, the ethnic composition of Myanmar is as follows: Bamar (68%), Shan (9%), Kayin (7%), Rakhine (3.50%), Chinese (2.50%), Mon 2.00%, Kachin (1.50%), Indian (1.25%), Kayah 0.75%), other groups (mainly Wa, Naga, Lahu, Lisu and Palaung) account for 4.50% of the total population.²

Note: The alternate ethnic group graph/data did not specify the data collection year.

Languages

Burmese is the official language of Myanmar, however, the various ethnic groups also have their own languages.

Religions

Buddhist 87.9%, Christian 6.2%, Muslim 4.3%, Animist 0.8%, Hindu 0.5%, other 0.2%, none 0.1% (based on 2014 est.).

Population

52.89 million (2016)

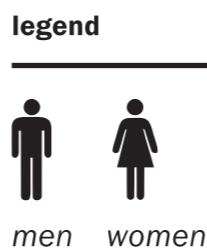
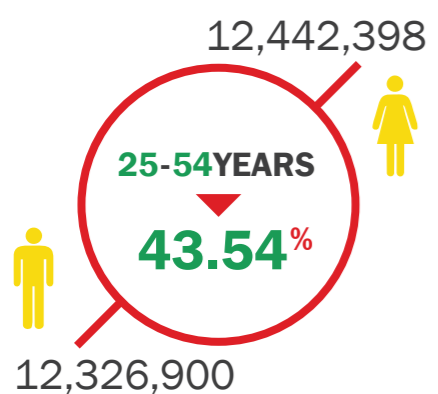
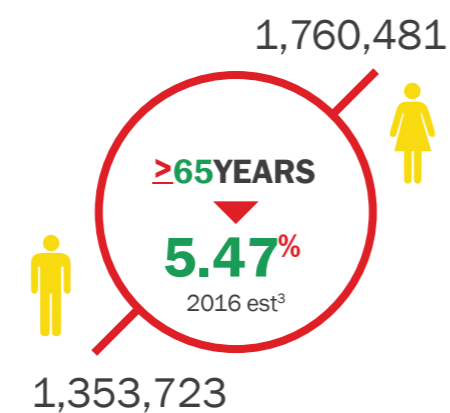
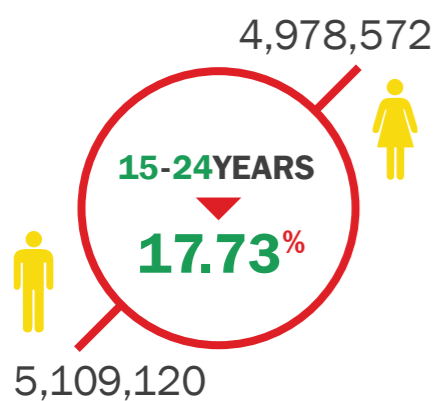
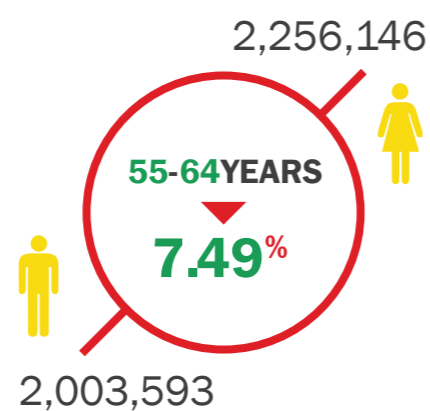
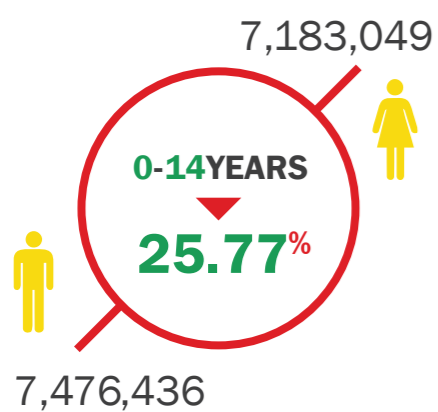
¹ "The World Fact book: BURMA." Central Intelligence Agency. January 12, 2017. Accessed March 18, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/bm.html>.

² "List of ethnic groups in Myanmar." Wikipedia. February 16, 2017. Accessed March 18, 2017. https://en.wikipedia.org/wiki/List_of_ethnic_groups_in_Myanmar.



demographics

The age group of men and women throughout the years.



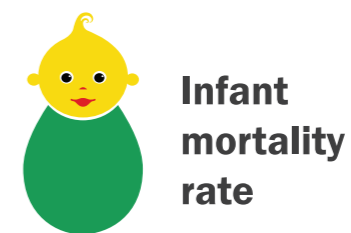
As of 2016, the population growth rate of Myanmar is listed at 1%.



18.2 births/1,000 population (2016 est.)



66.6 years (total population); 64.2 years (male)/69.2 years (female) (2016 est.)³



2012 data shows that the infant mortality rate is 41/1000 live births (infants under 1 year old). Recent reports show that 1 in 15 children in Myanmar dies before their 5th birthday.⁴



Data collection between the years of 2005-2012 show that only 72.4 percent of births are registered. There are notable disparities between rural and urban areas in terms of birth registration⁵. A survey found that only 64 percent of children in rural areas are registered, while 94 percent of children in urban areas are registered.⁶

³ "The World Fact book: BURMA." Central Intelligence Agency. January 12, 2017. Accessed March 18, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/bm.html>.
⁴ "Children at risk of trafficking and exploitation in Myanmar." ChildFund Australia. August 25, 2014. Accessed April 15, 2017. <http://www.childfund.org.au/blog/myanmar-children-at-risk-traffic-and-exploitation>.
⁵ "Myanmar." Statistics. December 27, 2013. Accessed March 18, 2017. https://www.unicef.org/infobycountry/myanmar_statistics.html.
⁶ A Situation Analysis of Children in Myanmar. Report. July 2012. 115. https://www.unicef.org/eapro/Myanmar_Situation_Analysis.pdf.

government type/political stance

Myanmar is presently a parliamentary republic. The country utilizes a legal system that can be described as a combination of English common law and customary law. However, from 1962 until 2011, Myanmar was under a military junta. Reports show that the country's process of liberation from the military junta only began in 2010, and was further developed in 2015 when a ceasefire agreement between the Bamar people and other ethnic minorities was reached. However, during the military junta, Myanmar was considered to be a "pariah state." The military Generals in charge at the time suppressed all opposing political groups and individuals, which ultimately led to the historically symbolic house arrest of the opposition leader, Aung San Suu Kyi. Following Aung San Suu Kyi's arrest, Myanmar received a great deal of criticism internationally, as the junta was clearly allowing for a political environment that disregarded human rights. These events ultimately culminated in a heavy push for the liberalisation of the Myanmar government.⁷ While the shift towards political liberalisation began in 2010, a larger change in the political paradigm was expected from 2016 onwards, due to the triumph of Aung San Suu Kyi's National League for Democracy (NLD) in the parliamentary election.

Despite a much anticipated shift in the country's political framework, the military's involvement in government matters has not necessarily been terminated. The military still controls the

country's defense, as well as the home affairs and border affairs ministries. Reports also state that there have been remarkably few policy changes since Aung San Suu Kyi's takeover, although a number of staffing and personnel changes have been made on an administrative level. This may be due in part to the pressure that is placed on NLD to essentially reinvent and restructure Myanmar. It is now the task of the NLD to facilitate a peace agreement amongst 20 ethnic groups, who have engaged in armed conflict and maintain years of resentment.⁸

In light of the current political struggles faced by the population of Myanmar, as well as the ongoing fight for human rights, it is difficult to assess the current state of social welfare. Reports on the political changes taking place in Myanmar indicate that the country is looking at completely reinventing itself in order to meet the needs of the people. Aung San Suu Kyi was quoted in one of her most famous speeches in saying: "This national crisis could in fact be called the second struggle for national independence."⁹ With such major issues at the forefront of the country's need for political change(s), it is almost guaranteed that issues such as social welfare will be tabled for a time when the country's resources are stabilized.

Executive branch

Chief of State: President Htin Kyaw (since 30 March 2016); Vice Presidents Myaint Swe (since 30 March 2016) and

Henry Van Thio (since 30 March 2016).¹⁰ Reportedly, the NLD planned to take up as many seats as possible in the Union Parliament during the election time, as this would guarantee the party's power to elect Vice Presidents of their choosing. Although Aung San Suu Kyi remains to be the leader of the NLD, Myanmar's laws restrict her ability to occupy the political positions of President or Vice President. This is predominantly due to Aung San Suu Kyi's personal and family life, as the Constitution prohibits anyone with a foreign spouse or a child (from another country) from being eligible for the presidency.¹¹

Notably, the election of two NLD party members for the Vice Presidency is a symbolic, historical moment. Their election marks the first time in approximately five decades that the country's political leaders have been credibly elected.¹²

Head of Government: President Htin Kyaw acts as the chief of state and head of government. Prior to his inauguration, there was limited information on Htin Kyaw as a political figure. However, Htin Kyaw's position in government does not necessarily require him to have an extensive political background, as his actions are being entirely controlled by Suu Kyi. While Suu Kyi's reliance on Htin Kyaw's unwavering loyalty has caused some concern, he has reportedly remained an advocate and friend of Suu Kyi's throughout most of her life – including her youth, as they were once

schoolmates. Given the dynamic of Suu Kyi and Htin Kyaw's long lasting friendship and political alliance, the general public appears to have faith in Htin Kyaw's ability to dutifully carry out Suu Kyi's wishes for political change.¹³

State Counselor: The current State Counselor is Aung San Suu Kyi (since 6 April 2016); she concurrently serves as the minister of foreign affairs and minister for the office of the president. Although Suu Kyi technically occupies a lower political position than the President, her influence on the NLD party and the country as a whole ultimately guarantees her political involvement to the highest degree. Despite Myanmar's long wait for a credibly elected political administration, recent reports imply that Suu Kyi has struggled to deliver the changes she and her party have promised. In particular, voiced concerns regarding Suu Kyi's ability to control the narrative of her party/agenda have sprung up internationally. Following a violent crisis wherein members of a Rohingya Muslim militant group killed 9 policemen, the military responded with a brutal attack that has received attention from international groups as "a crime against humanity." The government's response, under the leadership of Suu Kyi, was to deny the atrocities that occurred and label the crimes as "fake news." She also refused to allow UN Human Rights advocates into the country for investigative purposes, which has undoubtedly harmed the administration's reputation. Given the country's oppressive political past, the

value of freedom of speech is at an all-time high. Yet freedom of speech is arguably not being respected by Suu Kyi's refusal to speak on the tragedy, and it is worsened by her rejection of international human rights groups from entering the country.¹⁴

Cabinet: Cabinet appointments are shared by the president and the commander-in-chief. The cabinet members of the current presidency include officials from the NLD, the Union Solidarity and Development Association (USDP), the Military and the Mon National Party (MNP). The ratio of Military Cabinet members to non-military Cabinet members is not disclosed by online sources.¹⁵

Judicial Branch:

Highest Court(s): Supreme Court of the Union (consists of the chief justice and 7-11 judges)

Judge Selection and Term of Office:

Chief Justice and judges nominated by the president, with approval of the Lower House, and appointed by the president; judges normally serve until mandatory retirement at age 70.

Subordinate Courts: High Courts of the Region; High Courts of the State; Court of the Self-Administered Division; Court of the Self-Administered Zone; district and township courts; special courts (for juvenile, municipal, and traffic offenses); courts martial.

Legislative Branch

Bicameral Assembly of the Union or Pyidaungsu consists of:

i) Upper house - the House of Nationalities or Amyotha Hluttaw, (224 seats; 168 members directly elected in single-seat constituencies by absolute majority vote with a second round if needed and 56 appointed by the military; members serve 5-year terms) and

ii) Lower house - the House of Representatives or Pyithu Hluttaw, (440 seats; 330 members directly elected in single-seat constituencies by simple majority vote and 110 appointed by the military; members serve 5-year terms)¹⁶

**Section quoted from the CIA World Fact Book*

Is the governing party likely to change in the next election?

Due to the major changes in government that have recently occurred in Myanmar, it is difficult to predict the peoples' potential reactions or responses to new President and policy changes. It is likely that the country will advocate for another civilian-elected president in the next elections, if the current administration is able to maintain political power amidst the historically dominant Military.

⁷ "Myanmar country profile." BBC News. May 02, 2017. Accessed August 08, 2017. <http://www.bbc.com/news/world-asia-pacific-12990563>.

⁸ Ebbighausen, Rodion. "100 days of Myanmar's new government - What has changed?" DW.com. July 08, 2016. Accessed August 08, 2017. <http://www.dw.com/en/100-days-of-myanmars-new-government-what-has-changed/a-19388614>.

⁹ Ibid.

¹⁰ "The World Fact book: BURMA." Central Intelligence Agency. January 12, 2017. Accessed March 18, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/bm.html>.

¹¹ KYAW PHYO THA. "Myanmar's NLD to Select Two VPs, With Presidency in Reach." The Irrawaddy. November 12, 2015. Accessed August 09, 2017. <https://www.irrawaddy.com/election/news/nld-to-select-two-vps-with-presidency-in-reach>.

¹² Ibid.

¹³ Lewis, Simon. "Myanmar: Who Is Htin Kyaw, Burma's New President?" Time. March 15, 2016. Accessed August 09, 2017. <http://time.com/4258655/htin-kyaw-burma-myanmar-president-aung-san-suu-kyi/>.

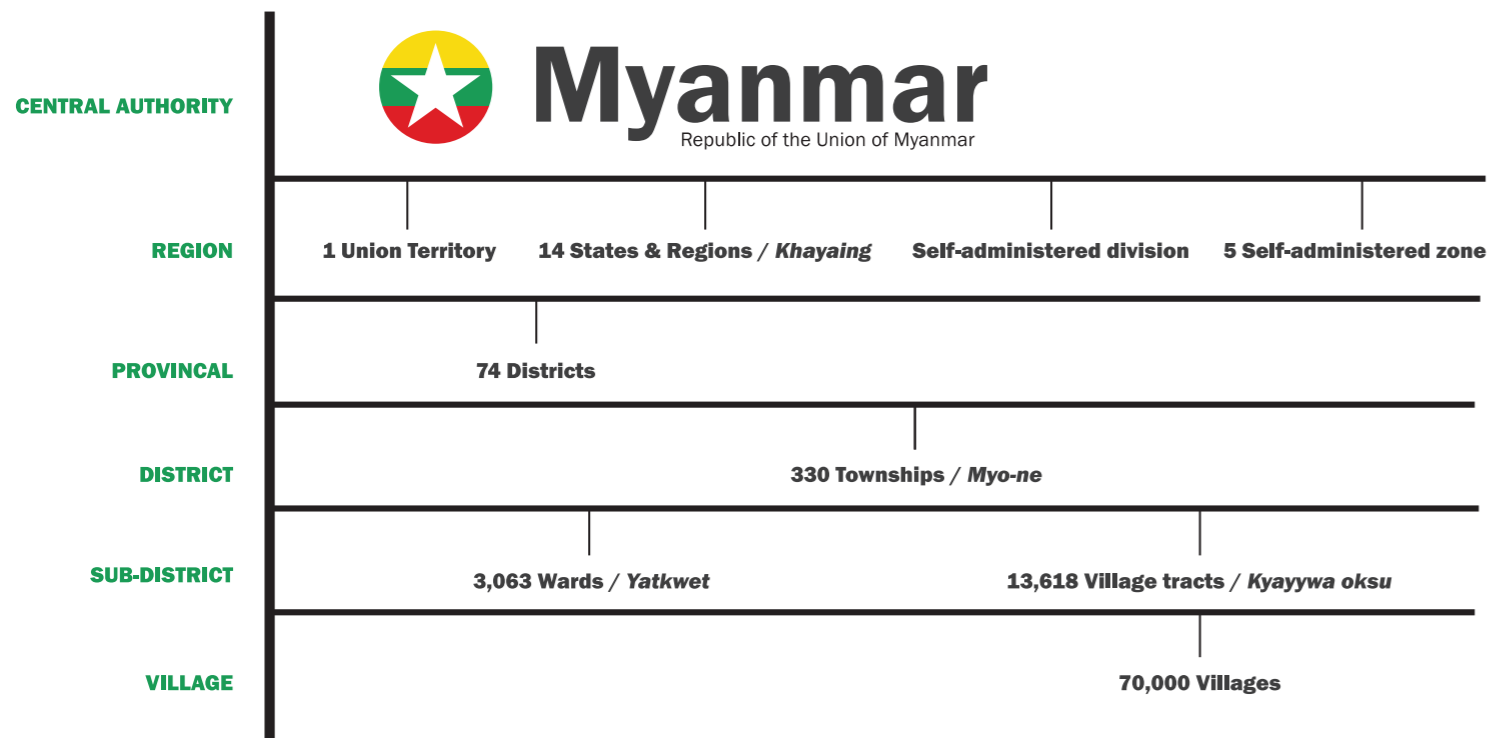
¹⁴ "Myanmar's Suu Kyi turns to state media amid fears for newly gained freedoms." Malay Mail Online. August 08, 2017. Accessed August 09, 2017. <http://www.themalaymailonline.com/world/article/myanmars-suu-kyi-turn-to-state-media-amid-fears-for-newly-gained-freedoms#kQKlu5dQ129xgk1C.97>.

¹⁵ "Htin Kyaw's Cabinet." Wikipedia. August 08, 2017. Accessed August 09, 2017. https://en.wikipedia.org/wiki/Htin_Kyaw%27s_Cabinet.

¹⁶ "The World Fact book: BURMA." Central Intelligence Agency. January 12, 2017. Accessed March 18, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/bm.html>.

administrative divisions

Prior to 2010, the various regions of Myanmar were referred to as divisions. However, the country is now divided into the following subnational groupings:¹⁷



The government arrangement for these various regions/districts is described as follows:

“Each state or region has a Regional Government or a State Government consisting of a Chief Minister, other Ministers and an Advocate General. Legislative authority would reside with the State Hluttaw or Regional Hluttaw made up of elected civilian members and representatives of the Armed Forces. Both divisions are considered equivalent, the only distinction being that states have large ethnic minority populations and regions are mostly populated by the national majority Burman.”¹⁸



Economy

Gross Domestic Product (GDP)
USD311.1 billion (2016 est.)

Real growth rate
8.1% (2016 est.)

Composition by sector
Agriculture : 26.3%
Industry : 27.5%
Services : 46.2% (2016 est.)

Unemployment Rate
4.8% (2016 est.)¹⁹

Population below poverty line
Data from 2014 indicates that 25.6 % of the total population of Myanmar live under the poverty line.²⁰

Inflation Rate (CPI)
7% (2016 est.)²¹

Budget
Information unavailable

Foreign aid
The current (2015) net amount of ODA received by Myanmar is USD146,538.2 mil, a 6.6% increase from that of 2014 (USD137,439.1 mil).²²

International debt
The most recent figures concerning Myanmar's international debt are from 2015. The country reportedly acquired USD9 billion in debt between the years of 1988 and 2015.²³

¹⁷ Dickenson-Jones, Giles, S. Kanay De, and Andrea Smurra. State and Region Public Finances in Myanmar. Report. The International Growth Center (IGC), 2015. 10. Accessed August 08, 2017. <http://asiafoundation.org/resources/pdfs/SRPublicFinancesENG.pdf>.

¹⁸ “Administrative divisions of Myanmar.” Wikipedia. November 30, 2016. Accessed March 16, 2017. https://en.wikipedia.org/wiki/Administrative_divisions_of_Myanmar.

¹⁹ “The World Fact book: BURMA.” Central Intelligence Agency. January 12, 2017. Accessed March 18, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/bm.html>.

²⁰ Elmer. “Poverty in Myanmar.” Asian Development Bank. 2017. Accessed March 18, 2017. <https://www.adb.org/countries/myanmar/poverty>.

²¹ “The World Fact book: BURMA.” Central Intelligence Agency. January 12, 2017. Accessed March 18, 2017. <https://www.cia.gov/library/publications/the-world-factbook/geos/bm.html>.

²² “Net ODA Breakdown of bilateral ODA by income group and region Top ten recipients of bilateral ODA Bilateral ODA by sector.” Tableau Software. 2015. Accessed March 24, 2017. https://public.tableau.com/views/AidAAGlance/DACmembers?%3Aembed=y&%3Adisplay_count=no%3F&%3AshowVizHome=no#1.

²³ Thant, Htoo. “Myanmar’s foreign debt totals \$9 billion: finance minister.” The Myanmar Times. December 01, 2015. Accessed April 15, 2017. <http://www.mmimes.com/index.php/business/17896-myanmar-s-foreign-debt-totals-9-billion-finance-minister.html>.

social care sector

According to various UNICEF reports, the Ministry of Social Welfare (often referred to as the Department of Social Welfare / DSW or MSWRR) acts as the primary agency responsible for providing children and families with access to social welfare and alternative care options. However, the DSW and the Ministry of Social Welfare, Relief and Resettlement (MSWRR) are often spoken of interchangeably. This raises some questions in regards to the exact responsibilities and priorities of the Ministry of Social Welfare, as the DSW does not provide a complete breakdown of the government units involved in care provision and child protection. Because there is currently no evidence to suggest that the Ministry of Social Welfare and the Ministry of Social Welfare, Relief and Resettlement (MSWRR) are separate entities, the two units will continue to be referred to interchangeably throughout this report.

The main concerns of the Ministry of Social Welfare, Relief and Resettlement dictated as follows:

1. To deliver relief to people, monks and nuns who face disasters such as fire, flood, strong wind, earthquake and armed insurgency to ease their sufferings.
2. To deliver relief to those who are caught in a storm, in a river, or in a sea, and for those who are stranded in far-flung regions or in foreign countries because their vessels engines are in disorder.
3. To provide aid to those who have to leave their regions due to armed insurgency and for those who have been shifted to safe regions from the areas where armed insurgents are active.
4. To provide aid to those who face hunger owing to severe drought, great change of climate or destroyed agricultural fields by pests and animals.²⁴

Services offered by MSWRR which are more specifically catered to the needs of infants, children, young people and families, include the following:

- Child Welfare Services (i.e. adoption and other reintegration services for orphaned/abandoned children, pre-school services and day care)
- Youth Welfare Services (i.e. community programmes such as sports and organized social activities, voluntary night school, training schools and institutional care for orphans/destitute youth)
- Rehabilitation Services (i.e. schools for disabled children, schools for the blind, schools for children with severe deafness, as well as vocational training for adults with disabilities)²⁵

Notably, the Ministry's responsibilities are vast, spanning across multiple disciplines and sectors. MSWRR is not only involved in the provision of medical and social services, it is also responsible for maintaining and preserving cultural institutions. The role(s) of the Social Sector, as defined in the Subnational Governance in Myanmar Discussion Paper Series (2015), includes the following responsibilities:

- (a) Matters on traditional medicine not contrary to traditional medicine policies prescribed by the Union;
- (b) Social welfare works within the Region or State;
- (c) Preventive and precautionary measures against fire and natural disasters;
- (d) Stevedoring;
- (e) Having the right of management by the Region or State, the following:
- (f) Preservation of cultural heritage;
- (g) Museums and libraries;
- (h) Theatres, cinemas and video houses; and
- (i) Exhibitions such as photographs, paintings and sculptures.²⁶



Budget reports from the last five to ten years show that the Myanmar government allocates a relatively small percentage of the annual budget towards funding the Public Social Sector. This is an underlying drawback to the entire social welfare system in Myanmar, as the Public Social Sector has been known to receive only 10 percent of the yearly budget (i.e. the fiscal year of 2009-2010). Of the 10 percent allocated to expenditure on the social sector, only 0.2% percent of the funding went towards Social Welfare, and 2 percent went to medical/health programmes.²⁷ With these figures in mind, the public sector is relatively weakened by a general lack of funding.

This issue was further highlighted by UNICEF's report A Situation Analysis of Children in Myanmar, which states that private organizations, donors, and agencies are able to contribute more to the healthcare sector than state-run health programmes. However, the report also takes note of the fact that there are few public-private partnerships that are formed for the purpose of providing services to women and children. Aside from the organizations that offer natural disaster-based relief programmes, the number of child-focused international NGOs in Myanmar is relatively low in comparison to other sectors. Civil society also plays a significant role in the provision of care services to families, women, and children in need. However, reports show that voluntary workers are oftentimes not professionally trained, which prevents some civil society run programmes/services from being able to meet the needs of vulnerable families.²⁸

²⁴ "Myanmar Ministry of Social Welfare, Relief and Resettlement." United Nations Knowledge Portal. Accessed March 20, 2017. <http://www.un-spider.org/links-and-resources/institutions/myanmar-ministry-social-welfare-relief-and-resettlement>. Copyright 2015.

²⁵ "Government and Policy." MODiNS [Myanmar Online Information]. Accessed August 11, 2017. <http://www.modins.net/myanmarinfo/ministry/social.htm>.

²⁶ Dickenson-Jones, Giles, S. Kanay De, and Andrea Smurra. State and Region Public Finances in Myanmar. Report. The International Growth Center (IGC), 2015. 53. Accessed August 08, 2017. <http://asiafoundation.org/resources/pdfs/SRPublicFinancesENG.pdf>.

²⁷ A Situation Analysis of Children in Myanmar. Report. July 2012. https://www.unicef.org/eapro/Myanmar_Situation_Analysis.pdf.

²⁸ Ibid. 12.

73%

of children in institutional care have least 1 living parent

institutional care

The MSWRR has not yet provided an official definition of institutional care. However, the term is generally used to describe facilities that offer long-term alternative care for abandoned or orphaned children. Due to the lack of family based care practices in Myanmar, institutional care tends to be the primary option for infants, children and young people who are no longer able to live with their parents. It was reported that besides poverty, most of the children are placed in the institutions after the passing of their father, missing father figure, superstitious beliefs or merely because of their disabilities.

Echoing research reports from UNICEF which indicated that approximately 73% of children in institutional care in Myanmar have at least 1 living parent. It was further reported that more than 6,000 children are living in unregistered institutions in Yangon alone. Startling figure in comparison to sources whom cited that the government recognizes only 92 of child care institutions in the country. These homes are often mistakenly dubbed as orphanages. Regrettably, half of children were brought to the facilities by either their parents or relatives. And more often than not, child care institutions in Myanmar operate without any form of registration, making the facilities a potentially dangerous and/or unsafe environment for children.²⁹

2.1 Government / state-run child care facilities

There is limited information concerning institutional care facilities for children. In 2010, the Department of Social Welfare and UNICEF worked in collaboration in order to conduct a study on residential care for children in Myanmar. Rather than assessing the residential care system as a whole, UNICEF's report focused on 147 residential care facilities for children in Myanmar. Notably there were only 217 registered residential care facilities for children in Myanmar at the time of the report (2010). Yet, the report only assessed 147 institutions. Of the 147 facilities assessed for the report, only 14 were government-run. In 2012, an additional study of the alternative care system was conducted by UNICEF. The second report clearly states that there are far fewer government-run facilities for children than faith-based or NGO operated facilities. UNICEF's report describes government-run facilities thusly:

“ Across the country, government institutions include: six residential nurseries caring for 237 children up to age 5; nine training schools for boys and girls aged 6–18; two schools for the blind; one for the deaf; and one institute for mentally disabled children. The training schools accommodate a mix of children who are orphaned, wards of the state, children with disabilities, juvenile offenders, victims of abuse and exploitation, those with behavioural problems and street children. Children who have been trafficked to other countries are also required to stay in these facilities for two weeks on their return to Myanmar for vocational training and psychological support.³⁰

²⁹ “The Myanmar Situation.” Myanmar Orphanages. November 15, 2012. Accessed August 11, 2017. <http://www.myanmarorphanages.com/the-myanmar-situation/>.

³⁰ A Situation Analysis of Children in Myanmar. Report. July 2012. 119. https://www.unicef.org/eapro/Myanmar_Situation_Analysis.pdf.

Unfortunately, the UNICEF report does not make a clear distinction between data that applies to public facilities, private facilities, and/or government run facilities. Nevertheless, the data collected from the various sectors offering residential care options shows that 93% of the care centres used for this study admitted to refraining from encouraging the children's family members to visit. Only 17% of the facilities included in the study were actively looking for the parents of the child in their care. Overall these trends in residential care point to a general misuse of residential care as a first choice, rather than a last resort. Only 17.5% (approx.) of children in government run facilities had no living parents, which indicates that the government run institutions/residential homes have denied the child's right to a family.³¹

The MSWRR provides information pertaining to the various children's centres, orphanages, day cares, schools, etc. However, the information provided does not consistently differentiate between community programmes/services (i.e. non-government run), private services (NGOs) and government-run facilities/programmes/etc. The MSWRR website states that the services listed on their webpage are implemented by the government, but it is unclear as to whether these services are government-funded or government-run. Below is Table 1, which depicts the number of services/centres for children, young people, and people with disabilities:

Disability and Alternative Care Services for Infants, Children and Youth	Number of Government Funded/Run Facilities	Number of Community-Run Facilities
Residential Nurseries for orphans and abandoned children (for ages 0-5)	6	Info unavailable
Pre-Primary Schools (for ages 3-5)	20	746 (includes pre-primary schools and day care) ³²
Day Care Centres (for ages 3-5)	40	
Youth Centres (sports, library access, extracurricular activities)	*potentially government-funded, though listed as a community initiative	118
Voluntary Primary Night Schools (for children who are unable to attend day school)	*potentially government-funded, though listed as a community initiative	81
Training Schools (vocational/ educational for boys & girls)	8	Info unavailable
Voluntary Homes for Orphans (institutional care, education and vocational training for orphaned or destitute children)	Info unavailable	126 (mainly provided by religious groups)
School for Disabled Children (for ages 6-12)	1 (Yangon)	Info unavailable
School for the Blind (for ages 6-18)	1 (Yangon)	Info unavailable
School for the Deaf (for ages 6-18)	1 (Mandalay)	Info unavailable ³³

³¹ The Situation of Children in Residential Care Facilities in Myanmar. Report. August 2011. 13. https://www.unicef.org/myanmar/Residential_Care_Survey_Report_-english.pdf.

³² There are 424 Pre-Primary Schools and Day-care Centres receiving government grants (grant amounts were not disclosed).

³³ "Government and Policy." MODiNS [Myanmar Online Information]. Accessed August 11, 2017. <http://www.modins.net/myanmarinfo/ministry/social.htm>.

It should be noted that the legal framework for child care provision was recently updated, with the release of the Minimum Standards of Care and Protection for Children in Residential Care Facilities (2009). The Standards were drawn up jointly by UNICEF and the Department of Social Welfare (DSW). However, reports have shown that the country has yet to fully implement these standards.³⁴

NOTE: Quantitative Assessment of Residential Care Facilities in Myanmar to be completed in June 2017. Available upon request; please contact Chit Ko Ko at chkoko@unicef.org

2.2 Private child care facilities

Based on the number of private institutions and residential care centres included in the study conducted by UNICEF and the DSW, it appears as though a majority of the residential care facilities in Myanmar are privately-run. Of the 147 residential care centres included in the report, 133 were private institutions (many of which were also faith-based). Because these facilities do not tend to have an online presence, information regarding funding is not available to the public.³⁵

2.3 Non-profit & community child care facilities

There is limited information regarding the presence of NGO-run child care facilities in Myanmar. Although it is likely that NGOs account for a significant portion of care provision and funding,

there is not a sufficient amount of data or funding information to accurately depict the role of NGOs in Myanmar's care system.

**Refer to Section 2.2 for Table 1 on the number of community and government run centres for children.*

2.4 Faith-based child care facilities

Reports have shown that the primary reason for the institutionalization of children in faith-based care is economic instability. Unlike government-run residential/institutional care centres in Myanmar, faith-based facilities tend to knowingly admit children who still have at least one living parent. Buddhist care facilities in particular are prone to accepting children with living parents. UNICEF's study on residential care in Myanmar found that 56.7% of children in institutions with two living parents are under the care of monasteries (2001). Furthermore, in 2010 a total of 92% of the 17,322 children in residential care were found to be in faith-based care facilities, making faith-based institutions the most utilized form of residential care available in Myanmar.³⁶ It should be noted that these figures do not account for all of the children in residential care in Myanmar, the data provided is based solely on the 147 institutions that were included in the study.³⁷

The popularized use of monastic schools and education programmes is reportedly due to the lack of government-run schools in ethnic areas. While the Myanmar government claims that education is free, parents are expected to pay for books, transportation, association fees, cleaning fees and pensions for the teachers. Some parents have reported the difficulties they have encountered with school pick-ups and drop-offs, as public transportation is either unavailable or costly, and the children are often too young to find their way to and from school alone.³⁸ Due to limited access to funds and educational institutions, only 58% of children in Myanmar remain in education after primary school. With no other option for education made available to them, families are forced to turn to residential care facilities and monastic boarding schools in order to meet their children's educational needs.³⁹

Religious freedom is not generally granted to the children who are under the care of faith-based facilities in Myanmar. Approximately 63.4% of the facilities studied in UNICEF's report on residential care stated that religious freedom is not permitted. Contrastingly, 95.9% (or 141 facilities) of the residential care centres included in the study also claimed that children from ethnic regions were encouraged by the institution to speak their native language and continue to follow their cultural customs.⁴⁰ Other sources indicate that Christian religious ideology is regularly taught to children in faith-based INGOs, ultimately causing the children to have minimal contact with their own mother tongue(s) and culture(s). This situation has been worsened with the development of Christian and monastic boarding schools,

³⁴ "Department of Social Welfare and UNICEF Jointly Launches Report on The Situation of Children in Residential Care Facilities in Myanmar." UNICEF Myanmar. 2011. Accessed August 11, 2017. https://www.unicef.org/myanmar/media_17128.html.

³⁵ Ibid. 12.

³⁶ The Situation of Children in Residential Care Facilities in Myanmar. Report. August 2011. 119. https://www.unicef.org/myanmar/Residential_Care_Survey_Report_-english.pdf.

³⁷ Ibid. 6.

³⁸ Phyu, Ei Shwe. "Monastic schools complement Myanmar education system." The Myanmar Times. June 26, 2017. Accessed August 14, 2017. <http://www.mmtimes.com/index.php/national-news/26542-monastic-schools-complement-myanmar-education-system.html>.

³⁹ "Orphanage fulfilling dreams of Myanmar's poor." Stuff. March 25, 2014. Accessed August 14, 2017. <http://www.stuff.co.nz/dominion-post/comment/columnists/9868459/Orphanage-fulfilling-dreams-of-Myanmars-poor>.

⁴⁰ Ibid. 21.

which provide children from rural areas with a religious-based educational opportunity.⁴¹ From age four, children are sent to live in these boarding schools, as parents feel it will be the child's only access to education and a better life.

More glaringly, it is common practice within the residential and institutional care facilities in Myanmar to object contact between the child and their immediate family and/or relatives. An estimated 85.9% of the institutions included in UNICEF's report on residential care did not encourage or support children under their care to visit home even one time per year. Moreover, 93.2% of the care facilities included in UNICEF's study stated that they do not encourage parents to visit their children in institutions or residential care. In these care conditions, children are essentially deprived of contact with their families, religions, customs, culture and language.⁴²

2.5 Are there any cartels/strategic alliances?

The alliance between UNICEF and the DSW/MSWRR appears to be of the most significance to Myanmar's child protection and child care framework(s). In addition to maintaining an alliance with the Myanmar government, UNICEF is also partnered with local NGOs, faith based organizations, INGOs, community groups and Parent-Teacher Associations. UNICEF has also partnered with various government units in order to participate in solving issues pertaining to education, sanitation, social work and health

services. Projects sponsored by UNICEF are funded by means of voluntary donations to the organization, as well as contributions from the government and the private sector. However, information concerning the amount of funding allotted to UNICEF by the Myanmar government (or visa-versa) is not disclosed.⁴³

While a significant portion of UNICEF's work in Myanmar is related to improving educational systems, water access, access to immunizations and health care, etc., the organization also plays a major role in policy development. UNICEF and the MSWRR recently revised The Child Law, which will be submitted for approval on an unspecified date in 2017. UNICEF also aided in the organization of the first adolescent conference held in Myanmar, which was a step towards further developing the Government's Youth Policy. Reportedly, UNICEF initiated the Public Financial Management (PFM) Technical Assistance project through their alliance with the Ministry of Planning and Finance. As a result of the PFM, the budget for the MSWRR has been raised for the first time. The budget increase was initiated in order to fund the recruitment, training and equipping of child protection social workers.⁴⁴



politics of care

3.1 What is the current political stance/approach to care?

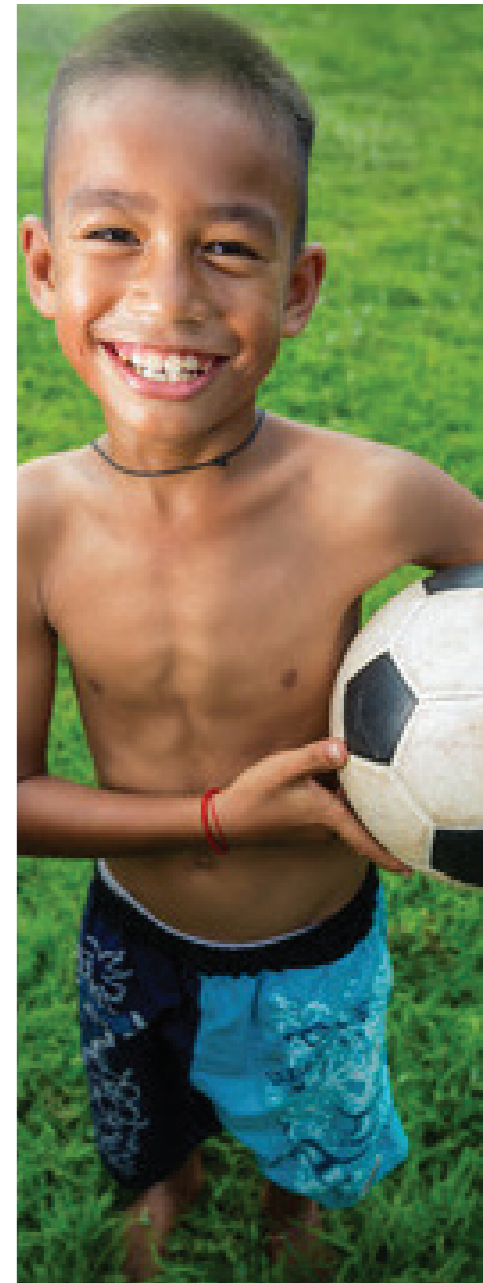
In recent years, the need to develop family-based care practices has received greater attention in Myanmar. In May 2014, the DSW and UNICEF jointly hosted a National Forum on the Prevention of Family Separation in Myanmar, which allowed for a cross-sectoral conversation to take place between over 150 social workers and members of various social sectors (i.e. private sector, medical sector, government officials, etc.). In keeping with the United Nations Convention on the Rights of the Child (UNCRC), the forum was held in order to raise awareness of the detrimental effects that familial separation can have on children.⁴⁵ The forum also highlighted the dangers and risks associated with institutional care, with an emphasis on the threat of exposure to exploitative situations, violence and abuse. Ultimately, the argument against the unnecessary use of institutional care is premised on the notion that institutional/residential care should only be used as a last resort, while family support and reunification services should be prioritized.⁴⁶

In order to combat the over-institutionalization of vulnerable children, UNICEF and U Phone Swe have worked in collaboration with the government in order to establish a moratorium on opening new orphanages. In part, this action was in response to the growing volunteer-tourism or "voluntourism" trend that was starting

to become commonplace across the country. Through UNICEF's work with Thailand and Cambodia, the organization has seen the detrimental effects of orphanage tourism first-hand. As the orphanage tourism industry is just beginning to take shape in Myanmar, UNICEF and the Myanmar government have focused their efforts towards raising awareness about the dangers associated with voluntourism. In other countries that have a history of voluntourist visitors, the number of orphanages increased exponentially, as orphanages and child care agencies took the opportunity to profit by means of exploiting vulnerable children in their care. With this information in mind, it seems as though the moratorium was put in place in order to combat institutionalization as a first resort, and keep orphanages from opening for the sake of becoming tourist destinations.⁴⁷

3.2 What is the social policy agenda and how advanced are developments? - what policies exist and how important are they perceived within the country?

The main legislation pertaining to child protection in Myanmar is the Child Law of 1993. In recent years, the Child Law has received some criticism, as it defines a child as a person under the age of 16, which contradicts the Convention on the Rights of the Child (CRC). Amendments to the Child Law are seen as a priority by international child protection organizations. UNICEF in particular has been heavily involved in the process of revising Myanmar's legal framework for child protection.



⁴¹ "The Myanmar Situation." Myanmar Orphanages. November 15, 2012. Accessed August 11, 2017. <http://www.myanmarorphanages.com/the-myanmar-situation/>.

⁴² The Situation of Children in Residential Care Facilities in Myanmar. Report. August 2011. 27. https://www.unicef.org/myanmar/Residential_Care_Survey_Report_english.pdf.

⁴³ "Partners." UNICEF Myanmar. Accessed August 11, 2017. <https://www.unicef.org/myanmar/partners.html>. Date of publication unavailable.

⁴⁴ Delivery Results for Children 2016. Report. UNICEF, 2016. 9. Accessed August 11, 2017. [https://www.unicef.org/myanmar/Delivering_results_for_children_2016_\(Final_preview_version\).pdf](https://www.unicef.org/myanmar/Delivering_results_for_children_2016_(Final_preview_version).pdf).

⁴⁵ Full Report of the National Forum on Prevention of Family Separation. Report. Yangon: UNICEF, 2014. 1-5. Accessed August 11, 2017. https://www.unicef.org/myanmar/11_...Full_Report_of_the_National_Forum_english.pdf.

⁴⁶ "Prevention of Family Separation." UNICEF Myanmar. Accessed August 11, 2017. https://www.unicef.org/myanmar/resources_22460.html. Date of publication unavailable.



The extent of UNICEF's participation in strengthening legislation is described as follows: "UNICEF is carefully monitoring legal frameworks that directly or indirectly affects the child rights situation in Myanmar and provides technical inputs and expertise into legal revision processes."⁴⁸ It has been noted by UNICEF, however, that despite the current push for legislative reform, there is currently no existing national policy on child protection. Moreover, there is a reported lack of prevention and response services made available to children who are in vulnerable situations.⁴⁹

The National Social Protection Strategic Plan (2014) also includes plans for expanding access to social welfare services by means of making social welfare units accessible at a township level. The DSW assigned one case manager in 25 "pilot townships" to act as social welfare representatives/social workers. Thus far, approximately 284 Community Support Groups have been developed, expanding the capacity of the social welfare department.⁵⁰ The Strategic Plan also states that 330 Social Protection Centres or Social Welfare Units at the township level are scheduled to open. With such a drastic increase in the number of Social Protection Centres, the Strategic Plan also proposed a strategy to recruit a minimum of 6,000 social workers with professional training in case management. According to the Strategic Plan, the objective of the government is to establish Integrated Social Protection Services (ISPS) across Myanmar. Through the ISPS, the government would be able to better identify vulnerable families/communities/etc., collect data, offer counselling services to families in need, increase families' access to healthcare and education, and develop a monitoring system for the services provided.⁵¹

⁴⁷ Rose, Charlotte. "When children become tourist attractions." The Myanmar Times, 22 Feb. 2015. www.mmtimes.com/index.php/lifestyle/13222-when-children-become-tourist-attractions.html?start=1. Accessed 21 Aug. 2017.

⁴⁸ "Child Protection." UNICEF Myanmar. Accessed March 24, 2017. https://www.unicef.org/myanmar/protection_24172.html. Date of publication unavailable.

⁴⁹ "Child Protection Overview." UNICEF Myanmar. 2009. Accessed March 24, 2017. <https://www.unicef.org/myanmar/protection.html>.

⁵⁰ Myanmar National Social Protection Strategic Plan. The Republic of the Union of Myanmar, 2014. 43. Accessed April 15, 2017. <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressourceId=50377>.

⁵¹ Ibid. 71.

⁵² Osborne, Samuel. "Child rape cases surge 40% in Burma." The Independent. December 01, 2016. Accessed March 24, 2017. <http://www.independent.co.uk/news/world/asia/burma-child-rape-cases-rise-surge-a7449391.html>.

<1

**births:
infants under
1 year old.**

**Recent reports show
that 1 in 15 children
in Myanmar dies
before their
5th birthday.**

child protection

Myanmar faces a wide range of child protection issues, many of which stem from the violence that has arisen from inter-communal conflicts. It is not uncommon for children in Myanmar to be exposed to extreme acts of violence, such as attacks on local schools and hospitals, as well as conflicts amongst the various ethnic groups. Children continue to be recruited by the Myanmar National Army, despite criticism from overseas child protection stakeholders. Child labour is also a threat to the safety and well-being of children in Myanmar, as it is a prominent practice in both rural and urban parts of the country. Additionally, there has been some expressed concern regarding the lack of availability of legal representatives for children who have come in conflict with the law (including children who have been victims of abuse, neglect, etc.). The lack of legal representation for children is indicative of an overarching child protection problem in Myanmar, which is blatant violation(s) of the rights of the child.

Sexual abuse

In 2016, Myanmar experienced a 40% rise in the number of reported child rape cases. A total of 380 child molestation cases were reported (2016).⁵² Statistics also show that there were 1,163 rape cases in Myanmar in 2016. This figure includes 492 cases of adult rape and 671 cases of child rape. It is unclear as to whether the variation in the reported rape statistics is due to the court's differentiation between child molestation and child rape, as

both statistics are recorded as official figures.⁵³ It is expected that the number of child molestation and rape cases were indeed much higher, but many cases went unreported due to the lack of reporting mechanisms and child protection systems. Some sources have voiced the opinion that abuse often goes unreported in Myanmar because it is taking place within a “victim blaming culture.”⁵⁴

Detention centres

The continued operation of police-run detention centres also poses a serious threat to vulnerable children in Myanmar, as these centres openly disregard the rights of the child. A UN Human's Right expert recently exposed a case in which 13 children were being held in custody at a detention centre in Rakhine for almost a year. The authorities originally detained the children as a part of a counterinsurgency operation in October of 2016. According to the report, the children were detained on “charges of consorting with Rohingya insurgents.” One of the children died under the custody of the police, with no explanation available to the public. In order to get a firmer grasp on the implementation of child rights and human rights in Myanmar, the UN has ordered a fact-finding mission that will essentially serve as an investigation into the human rights violations caused by the country's security forces throughout the counterinsurgency operation.⁵⁵

Child trafficking

Rohingya children are also being trafficked to Malaysia and other neighbouring countries, where they are purchased for approximately USD300/child. According to reports, the children are generally sold to begging syndicates. In June of 2017, the Malaysian police rescued 11 trafficking victims, 9 of whom were Rohingya children. Upon interviewing the persons trafficking the children into the country, investigators found that there was an entire association of criminals trafficking in Rohingyas.⁵⁶ Many other children are also being trafficked from Myanmar to China, India and Thailand every year have no form of identification or birth registration, making them easy targets for trafficking as there is no way for the state to identify persons without identification. A National Birth Registration Programme has been launched by UNICEF and the Myanmar government, which was devised to provide unregistered children with birth certificates in Ayeyarwady, Kayin and Kayah. Still, despite the success of the programme, an estimated 1.6 million children in Myanmar are unregistered, making them more vulnerable trafficking and exploitation.⁵⁷

In keeping with many of the other child protection issues in Myanmar, the high number of child victims of trafficking is often attributed to a general lack of awareness around children's rights. This is made evident by the country's legal framework for child protection, which remains underdeveloped. The child

protection resources that are made available to women, families and children in vulnerable situations are reportedly under-resourced. Due to the lack of preventative programmes and services, children with financial or emotional complications at home can wind up living on the streets. Some children in Myanmar cannot afford to attend school, which can result in the children playing in the street or in other unsupervised areas. Sources have emphasized the danger of this form of socialization for children, as children on the street are treated as “easy targets” for trafficking. However, it should be noted that street children who do not fall into trafficking schemes are also exposed to violence, drug abuse, sexual harassment and other forms of physical abuse.⁵⁸

Child soldier

Historically, the recruitment of child soldiers by the Burmese militia has been a serious threat to child's rights and child protection in Myanmar. While this is an ongoing problem today, some child soldiers have been released from the Burmese Military since the junta ended. The number of children who were forced into recruitment by the Burmese Military is unknown, but at least 850 child soldiers have been discharged since the state army signed the Paris Principles on Children Associated with Armed Forces or Armed Groups Pact with the UN in 2012. Reportedly, the government has made efforts to assist child soldiers who have been discharged and may be in need of reintegration services. There is limited information on the reintegration

and reunification programmes made available to former child soldiers. However, the country has taken some steps to improve child protection legislation in order to limit the military's ability to recruit more children. The UN Country Task Force on Monitoring and Reporting (CTFMR) has formally asked the Burmese government to adopt the new Child's Rights Bill, which includes a chapter on children and armed conflict.⁵⁹

In order to address the child protection issues that Myanmar is facing, a Child Protection Technical Working Group was established in 2013. The Group was largely overseen by UNICEF for the first year of operation (until 2014), with all meetings chaired by UNICEF. After 2014, the meeting Chair has been rotating amongst relevant child protection agencies every six months. The Child Protection Technical Working Group was established in an effort to facilitate discussion and coordination between child protection agencies across the country. In doing so, the Group strives to identify geographic gaps in the child protection system. The Group has also emphasized the need to develop a common position on child protection advocacy, and improve child participation in child protection policy development.⁶⁰

Other child protection developments include the establishment of the national Child Protection Sub-Sector (CPSS) in 2014. The CPSS was first established in Yangon, and the group was largely under the leadership of UNICEF. The group is reportedly under the purview of United Nations Humanitarian Protection Sector (UNHCR), and they work closely with other humanitarian groups throughout Myanmar. According to the UN website, the aim of the CPSS is to prevent and respond to all forms of violence and abuse towards children living in emergency situations. As defined by the UN, emergency situations include conflict, civil unrest and natural disasters. The CPSS also plays a role in upholding UN standards of care provision and child protection.⁶¹

⁵⁴ Osborne, Samuel. “Child rape cases surge 40% in Burma.” The Independent. December 01, 2016. Accessed March 24, 2017. <http://www.independent.co.uk/news/world/asia/burma-child-rape-cases-rise-surge-a7449391.html>.

⁵⁵ “UN special rapporteur condemns detention of children in Rakhine.” Frontier Myanmar. June 16, 2017. Accessed August 21, 2017. <http://frontiermyanmar.net/en/un-special-rapporteur-condemns-detention-of-children-in-rakhine>.

⁵⁶ “Myanmar citizens caught selling Rohingya children for \$300.” Coconuts Yangon. June 05, 2017. Accessed August 21, 2017. <https://coconuts.co/yangon/news/myanmar-citizens-caught-selling-rohingya-children-300/>.

⁵⁷ “UNICEF supports birth registration week in Ayeyarwady, Kayin and Kayah.” UNICEF Myanmar. May 04, 2015. Accessed August 21, 2017. https://www.unicef.org/myanmar/media_24051.html.

⁵⁸ Ooi, Jacqui. “Children at risk of trafficking and exploitation in Myanmar.” ChildFund Australia. August 25, 2014. Accessed April 18, 2017. <http://www.childfund.org.au/blog/myanmar-children-at-risk-trafficking-and-exploitation>.

⁵⁹ “Burma has released 67 child soldiers in first discharge of the year.” Asian Correspondent, 25 June 2017. asiancorrespondent.com/2017/06/burma-released-67-child-soldiers-first-discharge-year-unicef/#ZrhTkeFOkJD1o2R.97. Accessed 21 Aug. 2017.

⁶⁰ Child Protection Technical Working Group: Terms of Reference. Myanmar Child Protection Technical Working Group, 2013. Accessed August 11, 2017. http://themimu.info/sites/themimu.info/files/documents/CoreDocTOR_Protec_Child%20Protection%20Working%20Group_Jun13.pdf

⁶¹ “MIMU.” Child Protection Sub-Sector, The United Nations, 2014, themimu.info/emergencies/cp. Accessed 21 Aug. 2017.

workforce for care

4.1 Who/ which agencies are offering social work qualifications?

Rather than offering social work training programmes, the Ar Yone Thit Health Care Training Centre (an extension of the Ar Yone Thit Myanmar Social Workers Association) offers a 3-month course entitled Health Care Assistant Training. There are three general requirements in order to be admitted, including age (must be over 16), academic history (min. grade 9 education), and language proficiency (Basic English and Myanmar language). Applicants are not required to have previous experience with nursing. According to the website, the association is looking for women from rural areas without access to medical care, who are interested in studying nursing for the purpose of bringing their of medicine back to their home/community(ies). The list of available classes is as follows:

- Adult Nurse Assistant
- Mental Health Nurse Assistant
- Children Nurse Assistant
- Learning Disability Nurse Assistant
- School Nurse Assistant

Once an individual has completed the course, he/she is rewarded with a certificate that proves their eligibility for occupying nursing assistant positions. While this differs from most social work training programmes, the programme seems to be a major priority of Ar Yone Thit.⁶² Other social work or community

volunteer training programmes offered by Ar Yone Thit include The First Myanmar Language Learning Centre (FMLLC) programme, which provides foreigners (exchange students, foreign social workers, etc.) an opportunity to learn gain skills in the local languages in order to better their medical/social work practice in Myanmar. Notably, the association does not appear to offer a programme that is specifically for social workers or social workers in training. Moreover, the courses offered by the association are depicted more as fund raising opportunities than educational opportunities.⁶³

4.2 Is there an association/ accreditation body for the social workers?

In February of 2010, Ar Yone Thit Myanmar Social Workers Association was established in an effort to contribute the professionalization of social work in the country. The association was created specifically for the purpose of assisting women and children. However, there is very little information regarding the work that the association has done since it was founded, and there is no available information in regards to the process of joining the association. Additionally, the association website does not provide funding details. A list of income generation programmes for needy children is posted on the website, but the list only includes projects that the association has funded – the source of the funding/donations is not included.

It is unclear as to whether or not Ar Yone Thit is connected to (or an extension of) the Department of Social Welfare, or if it is a separate entity altogether.⁶⁴

Another social workers association known as the Myanmar Professional Social Workers Association (MPSWA) appears to be in operation, but there is currently no available information concerning the association.

4.3. How is the social work profession perceived in the country?

Myanmar is still in the early stages of developing social work standards and programmes. At this juncture, it is difficult to assess the ways in which the social work profession is perceived throughout the country. There is limited information regarding the current status of social work in Myanmar, however, some academic journals have published brief write-ups on the political and financial issues in the country that have proven to be a setback to the social care sector. According to an article titled “What Constitutes Poverty in Myanmar? The Social Work Appraisal,” the mismanagement of resources and political corruption has substantially contributed to the problems that Myanmar currently faces. With this in mind, the authors argue that there is a real need for social workers in Myanmar to have a stronger understanding of the situation on the ground, in order to assess the areas in which change to the social work profession can be made.⁶⁵

alternative care

The Ministry of Social Welfare does not provide a formal definition of alternative care. The most relevant definition of alternative care is offered by UNICEF's report *Alternative Care for Children without Primary Caregivers in Tsunami-Affected Countries: Indonesia, Malaysia, Myanmar and Thailand (2006)*, which briefly defines alternative care as follows:

“Alternative care is defined as care for orphans and other vulnerable children who are not under the custody of their biological parents. It includes adoption, foster families, guardianship, kinship care, residential care and other community-based arrangements to care for children in need of special protection, particularly children without primary caregivers.”⁶⁶

Total number of children in alternative care (total):

*Data unavailable. Due to the lack of strong child protection systems and monitoring mechanisms in Myanmar, exact data concerning the number of children in need of care or in care are unavailable. However, it is estimated that there are over one million children living without parental care in Myanmar.*⁶⁷

Total number of children in residential / institutional care:

Due to the large number of children's homes/institutions/orphanages/residential facilities that are currently operating without registration, it is impossible to accurately assess the number of children in care. However, data is collected from residential facilities that have registered with the Myanmar government. In 2010 an estimated 17,322 children were in the 217 registered residential care facilities. Notably, just a few years earlier, in 2006, there were 177 registered facilities caring for 14,410 children. Based on these figures, the sector seems to growing rapidly in order to accommodate the needs of vulnerable children.

Total number of children in kinship care:

*Kinship caring arrangements tend to be made informally amongst family members. Because this process does not generally take place in a child care agency with formalized paperwork, there is no official data regarding the number of children in kinship care.*⁶⁸



⁶² “Vocational Trainings (Health).” Ar Yone Thit Myanmar Social Workers Association. Accessed March 23, 2017. <http://aryonethit.weebly.com/vocational-trainings-health.html>. Date of publication unavailable.

⁶³ “Fund Raising Program.” Ar Yone Thit Myanmar Social Workers Association. Accessed March 23, 2017. <http://aryonethit.weebly.com/fund-raising-program.html>. Date of publication unavailable.

⁶⁴ “Ar Yone Thit Myanmar Social Workers Association.” Ar Yone Thit Myanmar Social Workers Association. Accessed March 23, 2017. <http://aryonethit.weebly.com/index.html>. Date of publication unavailable.

⁶⁵ Henry Ngun Ceu Thang, Nguyen Thi Tung Uyen, and Ndungi Wa Mungai. “What Constitutes Poverty in Myanmar? The Social Work Appraisal.” *International Journal of Social Work and Human Services Practice*, April 2014, 14. <http://www.hrpub.org/download/20140405/IJRH2-19200109.pdf>.

⁶⁶ Children without Primary Caregivers in Tsunami Affected Countries. Report. UNICEF, 2006. 15. https://www.unicef.org/eapro/Alternative_care_for_children.pdf.

⁶⁷ Ooi, Jacqui. “Children at risk of trafficking and exploitation in Myanmar.” ChildFund Australia. August 25, 2014. Accessed April 15, 2017. <http://www.childfund.org.au/blog/myanmar-children-at-risk-trafficking-and-exploitation>.

⁶⁸ Children without Primary Caregivers in Tsunami Affected Countries. Report. UNICEF, 2006. 26. https://www.unicef.org/eapro/Alternative_care_for_children.pdf.

structure of care for children & young persons with disabilities

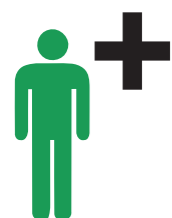
Statistics of children in alternative care



Total number of children in foster care
Data unavailable.



Total number of children adopted
17 from six residential care facilities as based on UNICEF report (2010).



Total number of males in care
There is no data on the total number of males in care, however, the UNICEF research report found 9,458 boys in the 147 residential facilities that were studied/visited for the report (2010).



Total number of females in care
The UNICEF report also found that there were 3,053 girls in the 147 residential facilities included in the report. It should be noted that this report was done in 2010, and the current number of children in facilities has not been accounted for.⁶⁹



Legal age of leaving care
18 years old

The exact number of Burmese children living with disabilities is not yet known. However, in 2012 a statistical study was released, showing that there were approximately 68,000 disabled children under the age of 5. The study also found that there were 250,000 children with disabilities attending schools during that period. At the time of the report (2012) Myanmar was in the process of pursuing an inclusive education policy. In order to meet the needs of children and young people with disabilities, community-based rehabilitation centres/programmes were established. It is unclear as to whether community-based care for disabled children remains to be easily accessible, or if there are current plans in motion to establish more community centres for persons with disabilities.⁷⁰

While some community-based services (i.e. hospitals for persons with disabilities, rehabilitation programmes for persons with disabilities, etc.) are made available to people living in urban areas, there is a distinct lack of care options for persons with disabilities who are located in rural parts of Myanmar. The southern areas of Myanmar are particularly in need of more care facilities and support services for children and adults with disabilities. Some reports state that the military is to blame for the lack of services made available to people with disabilities in rural areas, as the military refrains from establishing care centres outside of the country's major cities.⁷¹

There appears to be a lack of care options that are specifically for children and young people with disabilities. The Eden Centre for Disabled Children (ECDC) seems to be the only non-government, not-for-profit organization concerned with providing care services for children with disabilities. If other programmes for children with disabilities are currently operating, they have not yet established an online presence. ECDC offers a range of programmes and projects for children with disabilities, including child development and family support, inclusive community development, disability sector development, and various improvement projects. The programmes offered by ECDC give the impression of being more community based, and it is unclear as to whether there are residential care options for children with disabilities who may require extra assistance or round-the-clock support.⁷²

The National Social Protection Strategic Plan (2014) also highlighted the need to develop more programmes and services for persons/children with disabilities. Under the Strategic Plan, the following list of social protection rights/interventions/programmes/services were set to be established across the country:

1. Children with disability from birth to 18 years, like other children, shall have the right to enjoy all the benefits of any other group;
2. Families of children with disabilities should be supported until age 18;
3. Workshops or centres will be established to take care for life for adult/elderly persons with disabilities;
4. Job facilities will be established for those who complete vocational training and are capable of work.

In order to meet the aforementioned rights and needs of persons/children with disabilities, a flagship allowance programme for people with disabilities was also included in the National Social Protection Strategic Plan. The flagship programme was described as a disability allowance of 16,000 MMK (USD12)⁷³ per child per month. For adults (up to age 64), the programme would provide each individual with a monthly allowance of 30,000 MMK (USD22).⁷⁴ The cost of the two programmes (for adults and children) combined would account for 0.3% percent of the GDP. MSWRR was the agency responsible for overseeing all matters concerning the allowance programme.⁷⁵ Though there are no available information about the implementation and impact of the initiative.

Hospitals, community centres, NGOs, known to be providing care for persons with disabilities include:⁷⁶

- Government-operated facilities
- The Ministry of Health (Yangon) and the Department of Social Welfare (Yangon)
- the Disabled Peoples Organization (DPO Myanmar)
- Eden Handicap Service Centre (for children)
- Myanmar Christian Fellowship of the Blind
- Myanmar National Association of the Blind
- The Myanmar Council of Churches. International NGOs include the Association for Aid and Relief (AAR)
- World Vision Myanmar

⁶⁹ The Situation of Children in Residential Care Facilities in Myanmar. Report. August 2011. 6. https://www.unicef.org/myanmar/Residential_Care_Survey_Report_-english.pdf.

⁷⁰ State Party Examination of Myanmar's Fourth Periodic Report. NGO Group for the CRC, 2012. 2.

⁷¹ "The Plights of Burma's Disabled Population." Human Rights Foundation of Monland. June 01, 2008. Accessed March 24, 2017. <http://rehmonnya.org/archives/106>.

⁷² "What We Do." Eden Centre for Disabled Children. 2017. Accessed March 24, 2017. <http://www.edencentre.org/what-we-do>.

⁷³ Exchange rate calculated on 24/04/2017

⁷⁴ Exchange rate calculated on 24/04/2017

⁷⁵ Myanmar National Social Protection Strategic Plan. The Republic of the Union of Myanmar, 2014. 53. Accessed April 15, 2017. <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressourceId=50377>.

⁷⁶ "The Plights of Burma's Disabled Population." Human Rights Foundation of Monland. June 01, 2008. Accessed March 24, 2017. <http://rehmonnya.org/archives/106>.

family-based care

6.1 What is the definition of family-based care? How is it defined? Is there emphasis/priority on it?

A formal definition of family based care is not provided by the DSW/MSWRR or any other government unit concerned with child protection and/or alternative care for children. Adoption appears to be the only available form of formal family-based care in Myanmar. While foster care and kinship care are used as alternative forms of care for children, they are practiced informally and without regulation. At this stage, formal family-based care in Myanmar remains undeveloped. Moreover, there is currently no legal framework, policies, or standards in place to regulate the provision of family-based care alternatives other than adoption, which is a hindrance to the development of family-based care as a whole in the country.⁷⁷

6.2 Is there a real need for family-based service? Justify answer; what indicators suggest this?

With the country's outstandingly high rate of institutionalization in mind, the child's right to a family is also not honoured or protected by the child care system that is currently in place. Research conducted in 2011 by the DSW and UNICEF found that 73% of the children being cared for by institutions have one or both living parent(s). Due to the lack of social welfare programmes, family strengthening and preservation programmes, and community support services, families often feel that they have no choice but to place their child in an institution where their educational and nutritional needs can be met. However, institutionalization could

potentially be prevented if families were granted access to preventative services (i.e. financial assistance, educational assistance, psychosocial support programmes, etc.).⁷⁸

6.3 Is there poor practice or short-fall of service? Are standards very high; is the sector strong? if there is a need; then why? – Short-falls come from; Govt/Private/NGO?

Due to the lack of family-based care options made available to women, children and families in need, residential care is presently being used as a primary response to vulnerable children. Once a child has been placed in an institutional care facility, the likelihood of being reunited with their families or reintegrated into a new family is extremely low. Oftentimes, family reunification is only honoured by residential facilities if it is requested by the child's biological parents. The institutions/residential facilities do not tend to seek out the child's parents for the purpose of reunification, which can lead to a large number of children remaining in institutional care despite the fact that they still have living parents. UNICEF's assessment of children in residential care in Myanmar found that only 20 percent of children in institutions who knew the whereabouts of their parents and families were granted the opportunity to visit them. In this sense, a majority of the residential care facilities appear to be actively denying the child's right to a family, which is a clear sign of the need to push for deinstitutionalization and to further develop of the family-based care sector.

Reports have also shown that many of the existing residential care facilities do not receive the funding required to properly meet the needs of the children under their care. A vast number of institutions do not keep records of the children in their care, and it is not uncommon for confidentiality (in regards to the children's case files, etc.) to be broken. In this sense, residential care is not only hindering children from maintaining loving relationships with their families, it is also an underdeveloped and/or underfunded sector that cannot meet the needs of the children under their care. With these factors in mind, there is a severe need for more family-based care options in Myanmar.⁷⁹

6.4 If there is a need; then is this politically and professionally acknowledged? Or is the need resented and concealed?

The need for more family-based care options has been addressed by multiple UNICEF reports. As the UNICEF research reports are conducted in partnership with the DSW, it would appear as though the government of Myanmar is at least aware of the current issues facing family-based care provision. Other organizations such as Orphan's Promise, an international Christian organization that maintains partnerships with local outreach programmes, have also highlighted the outstanding need of further development in the family-based care sector(s). Orphan's Promise has established a holistic family strengthening model called "Keeping Families Together" (KFT). According to the Orphan's Promise webpage, the organization's mission is to "...mobilize

the local church and community to strengthen families of orphaned and vulnerable children through holistic development training, income generation assistance, educational opportunities, psychosocial support, health care, and spiritual transformation."⁸⁰ Few other international NGOs, local NGOs, government units, and stakeholders in the Myanmar child care system have addressed the need to prioritize development in family based care sector(s). Perhaps this is due to the fact that most family-based care options, including foster care and kinship care, are seen as informal practices in Myanmar. With that in mind, the need to professionalize those forms of alternative care for children may be more prominent.

6.5 What model(s) of family based care is used? Family preservation / strengthening i.e. preventing admission into institutional care

While access to family strengthening programmes remains relatively limited in Myanmar, there are some large-scale organizations that offer community-based services to families in need. For example, World Vision Myanmar has partnered with governments, corporations, foundations and other organizations with a strong focus on the eradication of poverty. In recent years, World Vision has collaborated with various stakeholders in order to develop programmes that increase vulnerable families' access to educational opportunities in Myanmar. World Vision established and/or partnered with Early Childhood Care and Development

centres across Myanmar. There are now approximately 403 children's centres and educational institutions that are affiliated with World Vision. According to the World Vision website, 12,090 children attended World Vision supported education centres in 2015 alone. Other education related support from World Vision includes the Food for Education programme, which supplies schools with rice in order to meet the children's nutritional needs. Thus far, the addition of a nutritional assistance programme has drastically increased the school's enrolment rate.⁸¹ The positive impact of this programme is particularly significant in light of recent data, which shows that only half of the children living in Myanmar complete primary school.⁸²

In addition to World Vision's contributions to the development of educational programmes and opportunities in Myanmar, the organization has also launched microfinance programmes for persons in vulnerable financial positions. Families and children have access to these programmes. Approximately 87 per cent of the 61,429 of the programme beneficiaries are women. Other financial assistance schemes offered by World Vision include the Village Saving and Loan Associations. World Vision established 556 Village Saving and Loan Associations across Myanmar, specifically targeting smaller communities. It is unclear as to whether World Vision provides the financial support offered by the Associations, as the loans offered are described as internal lending amongst community members.⁸³

The Myanmar government has established some programmes for pregnant women and early child development. The Maternal and Child Health Voucher Scheme Pilot is one of the main social assistance programmes available to women and children launched in May 2013. Through the programme, the Ministry of Health (in partnership with the WHO and GAVI Alliance) provides mothers with vouchers for pre-natal, post-natal and maternal medical care, including nutrition. Although the programme has only been piloted in Yedarshey Township, Nay Pyi Taw, there have been a recorded number of 1,346 beneficiaries thus far.

Save the Children has also launched the Maternity and Young Child Transfer Programme Pilot, which increases children's access to nutrition. The programme is only made available to 15 villages at this stage. However another nutrition-based programme has been established by the Ministry of Health and the National Nutrition Centre, titled "The Free Nutrition Programme". The programme provides pregnant and lactating women (as well as women with children under the age of 5) with nutritional assistance. Notably, the size of this programme remains unknown, as there is not yet a reported number of beneficiaries. Cash assistance is also provided to pregnant mothers in some situations, although the parameters surrounding cash assistance distributions are not clearly demarcated by government documents. The MSWRR also provides a couple programmes for young children, including the Free Pre-School and Day-Care Centres

⁷⁷ Children without Primary Caregivers in Tsunami Affected Countries. Report. UNICEF, 2006. 73. https://www.unicef.org/eapro/Alternative_care_for_children.pdf.

⁷⁸ "Child Protection Overview." UNICEF Myanmar. 2009. Accessed March 24, 2017. <https://www.unicef.org/myanmar/protection.html>.

⁷⁹ A Situation Analysis of Children in Myanmar. Report. July 2012. 119-120. https://www.unicef.org/eapro/Myanmar_Situation_Analysis.pdf.

⁸⁰ "Keeping Families Together." Orphan's Promise. Accessed March 24, 2017. <http://www.orphanpromise.org/keeping-families-together-0>. Copyright 2016.

⁸¹ "No longer hungry at school." World Vision International. February 04, 2016. Accessed April 18, 2017. <http://wvi.org/myanmar/article/no-longer-hungry-school>.

⁸² Ooi, Jacqui. "Children at risk of trafficking and exploitation in Myanmar." ChildFund Australia. August 25, 2014. Accessed April 18, 2017. <http://www.childfund.org.au/blog/myanmar-children-at-risk-trafficking-and-exploitation>.

⁸³ "Myanmar." World Vision International. May 12, 2016. Accessed April 15, 2017. <http://www.wvi.org/myanmar>.



established at ECCD Centres across the country. There is currently free care for children being offered by 34 ECCD Centres and 41 day care centres. In 2013 alone, over 10,000 children were assisted by this programme.⁸⁴

According to the Myanmar National Social Protection Strategic Plan (2014), a flagship cash allowance programme was set to be launched by the MSWRR in 2015. The Programme was designed to cover all children under age one in 2016, and develop to include all children under age two by 2017. Under the cash allowance programme, each beneficiary would be provided with 15,000 MMK per month (USD11).⁸⁵ In order to achieve this goal, the programme would have to utilize 14% of Myanmar's GDP in order to provide full coverage for families, mothers and children in need. Plans to increase the budget of the cash allowance programme were also laid out by the National Social Protection Strategic Plan. Based on the government's Strategic Plan document, the budget is set to increase to 0.34% of the GDP by 2024. At the time of the report (2014), the government estimated that at least 2.25 million women and children nationwide would be covered by the cash allowance programme.⁸⁶ A cash allowance programme that is specifically designed for children was also proposed by the National Social Protection Strategic Plan. The parameters of the plan stipulate that the families of children (ages 3-15) will be provided with

an allowance of 8,000 MMK (USD6)⁸⁷ per child per month, in addition to increased access to services that are specially designed for early child development. The programme is scheduled to be launched in 2018, so there is currently no information available concerning the efficacy of the scheme.⁸⁸

Family assistance i.e. family tracing / reintegration / reunification etc

The need for reunification and reintegration support is neglected by most residential/institutional child care facilities. As highlighted by UNICEF's residential care report, only 21.8% of the residential facilities included in the study include follow up visits in their reunification services. Moreover, 25% of the residential facilities that do facilitate follow-up visits admitted that these follow ups happen once a year, at most. In this sense, the lack of family reunification programmes in Myanmar has proven to be a major issue in the care sector.⁸⁹ With residential placement/institutionalization being used as a first resort, there is a pressing need to develop stronger programmes for family tracing, reunification and reintegration for children who have been placed in care facilities. Moreover, there is a need for preventative services and social welfare programmes that are capable of providing families with the financial/psychosocial support required in order to stay together.

Kinship care

In Myanmar, kinship care tends to be viewed as a practice that is similar to foster care. Perhaps this is largely due to the fact that kinship care is unregulated by local and government run child care/welfare agencies. Structurally, kinship care has taken on a different form in Myanmar. It is not uncommon for households in Myanmar to consist of extended family members, which allows for kinship caring situations in which the child is not required to leave their home. The roles of the parent and child are occasionally reversed by the way in which kinship care is practiced in Myanmar. The child's parents are often absent from the home for a period of time, while the child remains at home with extended family. In many respects this allows the child to continue living their day-to-day life, as they remain in comfort of their own home, while surrounded by familiar or even close family members. It is common for kinship care arrangements to be made through the father's relatives, while the rest of the family focuses on procuring extra financial support and other materials required to ensure the child's safety.⁹⁰ The family members who assume the role of carer are generally one of the following: an older brother or sister (over 18), aunts, uncles, cousins, and grandparents. Additionally, although kinship care is generally thought of

⁸⁴ Myanmar National Social Protection Strategic Plan. The Republic of the Union of Myanmar, 2014. 33-35. Accessed April 15, 2017. <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressourceId=50377>.

⁸⁵ Exchange rate calculated on 24/04/2017.

⁸⁶ Myanmar National Social Protection Strategic Plan. The Republic of the Union of Myanmar, 2014. 50. Accessed April 15, 2017. <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressourceId=50377>.

⁸⁷ Exchange rate calculated on 24/04/2017.

⁸⁸ Myanmar National Social Protection Strategic Plan. The Republic of the Union of Myanmar, 2014. 55. Accessed April 15, 2017. <http://www.social-protection.org/gimi/gess/RessourcePDF.action?ressourceId=50377>.

⁸⁹ The Situation of Children in Residential Care Facilities in Myanmar. Report. August 2011. 26. https://www.unicef.org/myanmar/Residential_Care_Survey_Report_-english.pdf.

⁹⁰ Calder, Jane, and Bep Van Sloten. Kinship Care Myanmar: Handbook. Save the Children, 2013. 8-9. Accessed April 12, 2017. <https://myanmar.savethechildren.net/sites/myanmar.savethechildren.net/files/library/Kinship%20Care%20Handbook%20Myanmar%20FINAL.pdf>.

as family-based care only, it is not uncommon for other members of the community who are close with the child (or the child's parents) to actively participate in the care taking process. This particular form of kinship care can also be seen as more of a communal approach, as it differs greatly from the court's system of assigning a single child to a single family member.⁹¹

There are currently some changes to the kinship care system underway. Save the Children is strongly advocating for kinship carers to be considered legal guardians in circumstances where the child's parents are deceased or incapacitated. If this policy change were to be accepted, it would be incorporated into a revised or amended version of the Child Law. As of now, there are currently no laws, regulations, or policies in place regarding kinship care. The Child Law of Myanmar neglects to address foster care and kinship care.⁹²

Foster care

Multiple reports show that foster care is not only rare in Myanmar, but almost entirely informal when practiced. The government of Myanmar has not drawn up any form of legal framework or guidelines for foster carers, which means that foster care is a largely unregulated form of alternative care for children. There is a somewhat acknowledged need to push for the use of foster care as an alternative to residential and institutional care, as children rarely transition from residential care to family-based care situations. Of the thousands of children in residential care in 2010, only 31 children were transferred to (informal) foster families.⁹³ More recent reports on the use of foster care as a form of family-based alternative care for children are not available, and there is no information regarding the funding of foster care as it is an informal practice.

Adoption

As Myanmar is not a party to the Hague Convention, inter country adoption is not currently a legal practice. In fact, dual citizenship is also not recognized by the Myanmar government, which implies that adoption can only be carried out if the adoptive family/parents are solely citizens of Myanmar. There are three forms of domestic adoption in Myanmar, all of which are carried out through different processes. In-country adoption can be facilitated under the Department of Social Welfare, the Department of Health and the Supreme Court.⁹⁴

The three forms of adoption are;

- 1) Kittima - full adoption with inheritance;
- 2) Apatittha - is adoption by compassion, and the adopted child is sometimes entitled to inheritance; and
- 3) Chatta-batta - is a foundling who is not given inheritance rights.

NOTE: A kittima child is as entitled to inheritance as a biological child, but is not accepted as being of equal status to a biological child.

While adoption is practiced in Myanmar, it is somewhat uncommon for children in residential or institutional care settings to be adopted. In 2010, only 17 children from six residential care facilities were legally adopted.⁹⁵ A general reliance on residential care for children has contributed a care system in which adoption, foster care, and guardianship care are not fully developed forms of care. This system is self-perpetuating, and the low adoption rates, lack of foster care agencies/services and support, and complete lack of a legal framework for these forms of alternative care have accumulated, making for an alternative care system that based predominantly on the institutionalization of children over family-based care alternatives.

The legislation guiding adoption is The Kittima Adoption Act of 1941, which upholds the country's policy on restricting Buddhists from being able to adopt.⁹⁶ However, it is also stated that the three aforementioned forms of adoption do not utilize the same legal framework. It is unclear as to whether there are other legal documents pertaining to the process of adoption. There is no available information regarding the way(s) in which adoption or adoption agencies are funded in Myanmar.

Guardianship

According to UNICEF's report Children Without Primary Caregivers in Tsunami Affected Countries, the terms guardianship, foster care and adoption are used interchangeably. Unlike foster care in Myanmar, there is a legal framework for guardianship care under the Guardians and Wards Act. However, aside from the fact that guardianship care is used as a form of alternative care, there is limited information on the process of applying for guardianship, and there is no information regarding the way in which guardianship is viewed in Myanmar. Overall, aside from UNICEF's report, guardianship does not tend to be incorporated into most reports/reviews/articles concerning the alternative care system in Myanmar.⁹⁷



⁹¹ Ibid. 10.

⁹² Ibid. 8.

⁹³ The Situation of Children in Residential Care Facilities in Myanmar. Report. August 2011. 26. https://www.unicef.org/myanmar/Residential_Care_Survey_Report_-english.pdf.

⁹⁴ A Situation Analysis of Children in Myanmar. Report. July 2012. 133. https://www.unicef.org/eapro/Myanmar_Situation_Analysis.pdf.

⁹⁵ The Situation of Children in Residential Care Facilities in Myanmar. Report. August 2011. 26. https://www.unicef.org/myanmar/Residential_Care_Survey_Report_-english.pdf.

⁹⁶ "Adoption." U.S. Embassy in Burma. Accessed March 22, 2017. <https://mm.usembassy.gov/u-s-citizen-services/adoption/>. Publication date not provided.

⁹⁷ Children without Primary Caregivers in Tsunami Affected Countries. Report. UNICEF, 2006. 26. https://www.unicef.org/eapro/Alternative_care_for_children.pdf.

LEGAL CONSIDERATIONS

There is no information available about the legal framework on setting up an alternative care service provision in Myanmar.

National Laws, Policies, Regulations, Codes Etc.

Child Law

Rules on the Child Law

Penal Code

Anti-Trafficking in Persons Act

Worker's Compensation Act

Kittima Adoption Act

Criminal Procedure Code

Public Health Law

Basic Education Law

Vocational Education Law

Citizenship Law

Myanmar Citizenship Law

Myanmar Maternal and Child Welfare Association Law

Constitution of the Republic of the Union of Myanmar

Social Security Law

Natural Disaster Management Law

Early Childhood Care and Development Law

International Treaties/Acts/Conventions

Convention on the Rights of the Child (UNCRC)

The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)

The Convention on the Rights of Persons with Disabilities (CRPD)

Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC-OP-AC)

1993

Unknown

(attached to the Child Law, 1993)

Adopted 1861

Enacted 1923

Enacted 1923

Enacted 1941, amendment date unknown

Enacted 1947

Enacted 1972

Enacted 1973

Enacted 1974

Enacted 1982

Enacted 1982

Adopted 1990

Enacted 2008

Enacted 2012

Enacted 2013

Enacted 2014

Ratified 1991

Ratified 1997

Ratified 2011

Ratified 2012



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