The Republic of the Union of Myanmar

The 15th ASEAN-Japan High Level Official Meeting on Caring Societies

Action for workers who need support for childcare

October 31 - November 2, 2017
Fukuoka, Japan

Myanmar delegates
Country Profile

- Myanmar is the largest country on mainland South-East Asia with a total land area of 676,577 sq.km
- Total Population is 50.279 million. Male(24.228), Female(26.051)
Present social work practice

(1) Early Childhood Care and Development Services.
(2) Children and Youth Welfare Services
(3) Women Welfare services
(4) Care of the Aged
(5) Rehabilitation of the Disabled Persons
(6) Rehabilitation of Ex Drug Addicts
(7) Grants in Aids to Voluntary Organizations
(8) Public Welfare Services
(9) Repatriation, Reintegration and Rehabilitation of Victims of Trafficking
(10) Social Protection Services
- The Focal Ministry of Child’s Rights and ASEAN Women and Children

- Child Welfare Services are being implemented
  - Running the (7) Residential Nurseries (265) children
  - Running the (103) Pre- Primary Schools (14876) children
  - Cash and Kind assistance to (986) Voluntary Pre-Primary Schools (Teacher Salary and Teacher’s Training) 6lkhs for (2) teacher’s salary and 1lkh for teaching aids to (1) Voluntary Pre-Primary School per year. (35318) children
  - Capacity building for Pre school teachers and Care givers.
  - Organize the Parenting Education sessions in Pre schools.
  - Organizing the (86) Mother Circles in (25) Communities in Regions and States. (1472) children.
  - Conduct the Child Development Trainings to the Mothers from Communities organized Mother Circles.
- To expand Parental Education and Community based on ECD program to promote Child Care rearing practices in Communities.

- Every child from Residential Nursery shall have the right to be adopted accordance with the Child Law article 17(a) , (580)children from Residential Nurseries are adopted by the parents.

- Assistance to mothers with multiple births (3 or more) cash benefit 5 lakhs for (1) mother. (36)mothers.

**Early Childhood Intervention Services**

- All of Myanmar’s vulnerable children from birth to five years of age with developmental delays, malnutrition, disabilities and other special needs are able to access high quality ECI services in order to enjoy their rights and achieve their full development potential.

- Awareness program on ECI in State and Region by implementing National Strategic Plan for Early Childhood Intervention (2017)
Current Policy and Legislation on Children

- The Child Law (1993)
- The Law related to Early Childhood Care and Development (2014)
- Rules related to the Early Childhood Care and Development (2015)
- Policy on Early Childhood Care and Development (2014)
- Myanmar National Social Protection Strategic Plan (2014)
- National Strategic Plan for Early Childhood Intervention (2017)
- Minimum Standard on Early Childhood Care and Development
Social Protection Services

Flagships of National Social Protection Strategic Plan

❖ Maternal and Child Cash Transfer Program (Chin, Narga, Rakhine)

❖ Child Allowance (3-15)

❖ Disability Allowance

❖ School Feeding

❖ Public Employment, Skill Development, and Work Place Safety

❖ Older People Self-help Groups

❖ Social Pension

❖ Integrated Social Protection Services
Flagship Program: Maternal and Child Cash Transfer Program (Cash allowance for Pregnant Women and Children up to age two) as pilot project in Chin, Narga and Rakhine

**Chin (Livelihood and Food Security Trust Fund - LIFT funding)**

- **Total population**: 4.8 million
- **under 16**: 46.18% of total population
- **-31% of children- under weigh**: 7.8% Person with disabilities

**Rakhine (Government budget 2018-2019)**

- **Total population**: 3.1 million
- **under 16**: 31.1 % of total population
- **-50 % of children- under weigh**: 5.3% Person with disabilities

**Narga (Government budget 2018-2019)**

- **Total population**: 116828
- **Under 16**: 40.7 % of total population
## Institutional Arrangements for MCCT Programme Implementation

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The MCCT Programme:
A Two-Pronged Strategy for Improved Nutritional Status of Mothers and Children

- Health (ANC, PNC, Immunization, Prompt Care for Illness)
- Nutrition (Dietary Diversity, IYCF)
- Hygiene (Hand washing, Disposal of Feces)
- Family Planning & Birth Spacing

MMK 30,000 per pregnant woman every two months until child turns 24 months

Cash + Awareness = Improved Nutritional Status
DSW Cash Flow Arrangements for MCCT Programme Implementation (Union to Township)

LIFT → Union DSW MCCT Account

Every 6 months

Chin State DSW A/C for MCCT Beneficiaries

Every 2 months

Hakha Township DSW MCCT Beneficiary A/C

Falam Township DSW MCCT Beneficiary A/C

Htantalang Township DSW MCCT Beneficiary A/C

Tidim Township DSW MCCT Beneficiary A/C

Mindat Township DSW MCCT Beneficiary A/C

Matupi Township DSW MCCT Beneficiary A/C

Paletwa Township DSW MCCT Beneficiary A/C

Kanpatlet Township DSW MCCT Beneficiary A/C

Tonzang Township DSW MCCT Beneficiary A/C

Hakha Township DSW MCCT Admin A/C

Falam Township DSW MCCT Admin A/C

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Tidim Township DSW MCCT Admin A/C

Mindat Township DSW MCCT Admin A/C

Matupi Township DSW MCCT Admin A/C

Paletwa Township DSW MCCT Admin A/C

Kanpatlet Township DSW MCCT Admin A/C

Tonzang Township DSW MCCT Admin A/C
Distribution of Cash
with the assistance of the GAD and its network of village/ward administrators

- Pregnant women self-present for registration at the village administrator’s office
- Registrations are sent to Township/District/State/Union DSW for review at the end of every month
- Requisite funds for beneficiary payments are transferred to township MCCT accounts every two months
- Village tract administrators collect funds from the township GAD office
- Village administrators collect funds from the village tract
- Beneficiaries are paid at the village administrator’s office every two months
Flagship Program: Maternal and Child Cash Transfer Program (Cash allowance for Pregnant Women and Children to age two)
as pilot project in Chin, Narga and Rakhine

- A nationwide universal cash allowance for all mothers of their pregnancy. The allowance will cover all children to age two.
- The goal is to provide expecting mothers and young children with additional resources they can use to provide for their basic needs, including nutritional needs. The impact on the well-being of children during these critical formative years is expected to be substantial.
- Each beneficiary would be provided an allowance of MMK 15,000 per month.
- The programme will be implemented nationwide. MSWRR will be the leading agency. By 2017, some 2.25 million women and children will be covered.
- In Chin State, provided an allowance of MMk15000 per month to 6635 pregnant women and 635 children.
Present support for mothers, working & raising children in health sector

- Providing proper antenatal care
- Promoting skilled and institutional delivery and postnatal care
- Expansion of post-abortion care and quality birth spacing services
- Ensuring Emergency Obstetric Care
- Providing Essential Newborn Care
- Strengthening adolescent reproductive health
- Promoting male involvement in reproductive health
- Focusing cervical cancer screening, early diagnosis and treatment
- Promoting referral system and community volunteers
Working mothers in Myanmar

Demographic Health Survey in Myanmar 2015
- more than half of women age 15-19 and about 2/3 of older women are currently employed.
- women are more likely to work if they are divorced, separated or widowed than if they are married (78% vs 64%)

- Women with no living children are more likely to be employed (69%) than more with children (62% to 66%)

- Women in rural areas are more likely to be employed than those in urban areas (69% vs 61%)
- In urban areas Professional, technical or managerial occupations account for highest proportion of women 45% with more than secondary education.
Present support for mothers, working & raising children in childcare leave.

- According to the law of civil servants, maternity leave six months with full salary after confinement.

- According to the law of 2012 Social Security Law, the father who is insured is entitled to enjoy the paternity benefit for confinement of his wife 15 days leaves for infant care with 70% of average wage of previous one year for his insured wife.

- If his wife is uninsured, he is entitled to enjoy the above the paternity benefit with 50% of average wage of previous one year.