

What to do for Burma's children?

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Executive summary

Childhood is a difficult time for many Burmese. At least 10% of children die before their fifth birthday from diseases that are preventable and treatable. Those children that survive face many other challenges, including a poor education system and a multitude of protection risks. Moreover, the situation for most children appears to be worsening.

While the main responsibility for the situation clearly rests with the Burmese military regime, the international community has also neglected Burma's children for far too long. The international community does not have the primary responsibility to care for and educate Burma's children, but it can and should be doing a lot more for them.

Despite the challenges of working in Burma, large-scale humanitarian and development assistance can be provided effectively and independently. The international community should urgently increase the size and scope of its assistance programs. Priority should be given to programs that take direct action to improve the lives of people, and aim to use experience and influence to change the policies and practices that most impact on the lives of Burmese citizens. Some of those underlying issues are beyond our influence, but other important issues can and should be addressed directly through humanitarian action.

Significant opportunities exist to: continue support for the survivors of Cyclone Nargis, improve disaster preparedness and response, increase child survival rates, improve education outcomes, and strengthen civil society.

Situation of children in Burma

Despite the country having tremendous natural resource wealth, about 30% of the population, or 16 million people, are living well below the poverty line, and the average household spends nearly three-quarters of its income on food.

Not surprisingly then, childhood is a difficult time for many Burmese. At least 10% of children die before their fifth birthday¹. Only one country outside sub-Saharan Africa has a higher child mortality rate (Afghanistan). This means that at least 92,000 young children (< 5 years) die every year - about 10 young children every hour. The leading causes of death are diarrhea, malaria, pneumonia and malnutrition (a third of all children are malnourished) – diseases that are quite easily preventable and treatable.

¹ I write "at least", because this is the official government statistic. Some people think the rate is, in fact, higher.

Those children that do survive past their fifth birthday face many other challenges. Although the statistics are unreliable, some people estimate that fewer than half of Burmese children finish five grades of primary school. In addition, many boys and girls face a multitude of protection risks, including trafficking, exploitative and harmful labor, and recruitment into armed forces.

Moreover, the situation for most children appears to be worsening. Families in both urban and rural areas are resorting to coping mechanisms that further undermine children's protection, educational standards and health prospects. For example, risky migration and trafficking are leading to the abuse of large numbers of children. While these problems are endemic in the country, they are particularly acute in border areas, which have suffered from decades of armed conflict and underinvestment, and in the central "dry zone" of the country, where seasonal food insecurity is highest.

The main responsibility for the situation clearly rests with the Burmese government. Available statistics show that the regime is under-investing in public services for children. According to the UN, the regime spends nearly a quarter of its budget on the military², eight times what it spends on health care, and about one-and-a-half times more than it spends on health and education combined. Moreover, most of the health budget is spent on curative services in urban centers. Extremely little is spent on primary health services in rural areas where 60% of the population lives.

However, the international community has also neglected Burma's children for far too long. In 2007, Burma received \$147 million in foreign aid, less than \$3 for every man, woman and child, one of the lowest rates anywhere in the world. The international community does not have the primary responsibility to care for and educate Burma's children, but it can and should be doing a lot more for them.

What can we do for Burma's children?

Save the Children has operated in Burma for fourteen years, developing in the process considerable experience of how to work effectively in Burma. We currently employ 1,500 Burmese staff working across ten states and divisions. This makes it one of Save the Children's

² Some sources put the figure at 40%

biggest programs anywhere in the world, and it adheres to our high standards of independence, accountability to beneficiaries, and transparency that we aim to uphold across the world.

The experience of the last twelve months has demonstrated convincingly that despite the challenges of working in Burma, large scale humanitarian assistance can be provided effectively and independently. Save the Children launched one of its biggest aid operations ever in the wake of Cyclone Nargis, which stormed through Burma's Irrawaddy Delta on of May 2–3, 2008. Nargis was the worst natural disaster ever to affect Burma, claiming 140,000 lives, and severely impacting 2.4 million people. The agency has helped provide food aid to over 230,000 people; enabled 137,000 children get back into school; supported 40,000 families with cash grants to restart their livelihoods; and provided 60,000 people with drinking water through the height of the dry season. In total Save the Children has spent \$38 million³ assisting over 900,000 people, and nearly 40% of all the children most affected by the storm. Save the Children's response has been delivered in almost every instance by our staff teams and non-government partners without the interference of the Burmese authorities.⁴

While some people know about Cyclone Nargis and the subsequent international assistance efforts in the Irrawaddy Delta, much less is known about the significant assistance being provided to children and families in the rest of the country. Even before Nargis, there were forty international non-governmental organizations (NGOs) operating in Burma. In the year preceding Nargis, Save the Children directly assisted 740,000 people through programs run by 500 staff working from 32 offices around the country.

These programs focus on achieving four priority outcomes for children:

Newborn and child survival: The high rates of child mortality in Burma are not declining, mainly because the government's investment in health care is one of the lowest in the world. However, there are proven, cost-effective, community-based solutions available to reduce mortality and morbidity of the three leading killers of children in Burma: acute respiratory infections, malaria and diarrhea. We train and equip community volunteers to diagnose, treat and refer children who are ill using simple algorithms and low-cost drugs. We also improve access to clean water and safe sanitation facilities in rural communities.

³ In the 11 months to 31 March 2009.

⁴ As part of our relief response, we provided 9,000 plastic sheets to the Ministry of Social Welfare in response to a request for them to provide temporary shelter for teachers. We monitored the distribution of these sheets and are satisfied that, indeed, the plastic sheets were used for emergency housing for teachers and others in the Delta.

Child hunger: Chronic child under-nutrition, which is linked to more than half of childhood deaths in Burma, is caused by a combination of poverty, poor health care, and cultural beliefs and food taboos. We are reducing child malnutrition by improving important child care practices like increasing the number of mothers who exclusively breastfeed their babies for the first six months, and by improving household economies through the provision of credit to women.

Education: Save the Children has built over 250 pre-schools in the country and trained the teachers who teach in them. All these schools are run by communities. We are also working with monasteries to improve the quality of teaching in monastic schools, where the poorest children tend to go.

Child protection: Save the Children has taken advantage of the recent political commitment to reducing child trafficking and is recognized as a leading agency on cross-border trafficking. We are building on this foundation to develop systems/structures that prevent the exploitation and abuse of all vulnerable children.

What approaches are most successful?

The response to Cyclone Nargis is proof that humanitarian aid works in Burma. Despite the obstacles and delays which characterized the early weeks of the response, there has been sufficient humanitarian operating space for an effective and independent response. A million Burmese children have benefitted directly from the work that the international aid community has done over the last twelve months.

However, there are 16 million children in the country, and we have already noted how difficult childhood is for most of them. Certainly, we have to increase the size and scope of our assistance programs. We would also do well to ensure that the programs we implement are designed and implemented using a human rights-based approach.

Save the Children does this by ensuring that all of its programs take direct action to improve the lives of children, and that it uses experience and influence to change the policies and practices that prevent children from fulfilling their rights. Some of those underlying issues are beyond our influence, but other important issues can and should be addressed directly through humanitarian action.

For example, Save the Children has been working on community-based early childhood education in Burma for eight years. Because the Ministry of Education remains wary of foreign involvement in the school system, we have confined our work largely to supporting early childhood education centers (pre-schools) not officially connected to schools, although we have been able to negotiate access to schools with some local authorities. Over time we have developed good personal relationships with mid-level officials in the ministry with whom we have continually advocated for the introduction of more child-centered approaches to education.

In late 2007, the Ministry of Education finally agreed to allow Save the Children to test a new 8-week "transitions" curriculum at the start of first grade in 480 schools. In April 2008, an official government-led orientation workshop signaled the beginning of this curriculum being adopted on a national scale and being introduced through the teacher training colleges, thereby benefitting about 800,000 first grade students every year.

Another notable example is the work of Medicines Sans Frontieres (MSF). MSF has established a large-scale malaria treatment program that treats 250,000 malaria cases every year. MSF's operational research was the driving force in getting the Burmese government to change the national malaria treatment protocol in 2000, a change that has saved many tens of thousands of lives.

Working with the government bureaucracy at a technical level can bring about significant changes in policy and practice that can make real changes in the lives of Burmese children and their families.

Where, then, are the opportunities?

Continued support for the survivors of Cyclone Nargis

Recovery from the cyclone has been uneven. In the capital, and in the commercial centers and small towns of the Irrawaddy Delta, there has been substantial reconstruction, commerce is bustling, and life is returning to normal. Save the Children has been able to re-focus parts of its response on longer-term recovery, with emergency education, protection and health programs all transitioning into more developmental approaches.

But substantial Nargis-related needs remain, in particular in the area of livelihoods. Like elsewhere in the country, 60% of the rural Delta population is landless, relying on seasonal employment in farming and fishing businesses for their income. Nargis destroyed paddy fields

and productive assets; the 2008 harvest in parts of the Delta was less than 50% of the normal yield. Wage employment is scarce, credit is scarce, and land-owning farmers do not have sufficient confidence to take on the loan risks that would re-start their businesses. With incomes having plummeted, levels of household debt are rising, and families are borrowing money just to meet basic needs.

The complex interplay of debt and credit which sustained pre-cyclone Nargis livelihoods has been disrupted, and agricultural and fishery production has not yet recovered sufficiently to fix this. And, this is taking place against a backdrop of economic decline affecting the whole country, with farm gate rice prices having now fallen below the costs of production. There are few incentives for farmers to re-invest, and therefore to re-generate jobs.

So, in addition to the ongoing efforts to replace the productive assets of the poorest (fishing boats and nets, small livestock), there is a need to get capital into the hands of the Delta's small and medium-sized farm and fishing enterprises, as these are the region's main employers. Without significant livelihood assistance poverty levels will continue to increase undermining children's rights across the country – due to the costs associated with education and healthcare, and the need to send children out to work at a young age.

Disaster preparedness and response

Save the Children's response to Cyclone Nargis was forged in the heat of a highly charged political environment. While we scrambled to deploy in-country resources to launch the initial response in early May, the wider international humanitarian response was delayed by many layers of mistrust. On one side was the mistrust and paranoia of the military regime of 'outside influences', and an unwillingness to reveal the government's lack of preparedness and response capacity, either to the outside world or to its own citizens. On the other was mistrust bred from years of sanctions, international condemnation, and a widely-held external perception that the generals and their cronies might divert incoming aid supplies for their own purposes.

On 17 April 2008, the day before Cyclone Bilgi was predicted to make landfall in northern Rakhine State in western Burma, the Department of Social Welfare called Save the Children to a meeting to plan for a joint assessment mission to the area where Bilgi was headed. The idea was to jointly assess the impact and jointly plan the humanitarian response. In the end, Bilgi didn't hit Burma, and the assessment mission was not necessary. However, the incident

shows the extent to which the international community could engage with the regime on disaster preparedness and response.

Improving child survival

Parts of the government are very focused on achieving the Millennium Development Goals, particularly MDG4 – reducing by two thirds the number of children that die before their fifth birthday – and although the government presents an air of confidence in its periodic updates, it is unlikely that the country will achieve this goal on its own.

Fortunately, the main immediate causes of child and maternal mortality are preventable. For the causes of child mortality - pneumonia (28%), diarrhea (27%), malaria (13%) and severe acute malnutrition (8%) - there are preventive as well as curative methods that are low cost yet highly effective. The same is true with maternal mortality; postpartum hemorrhage (31%), eclampsia (11%) and abortion (10%) can all be prevented through a package of ante-natal and post natal services.

Education

Burmese families place a high value on education. However worsening poverty, the cost of education, and very low government investment, combine to cause low quality education and high dropout rates. More than 50% of children do not complete five years of basic schooling, and many of those who do take ten or more years to finish; even then, they may not be able to read and write. The official literacy rate for 2006 is 94.3% according to recent government statistics, but a 1999 UN survey found the functional literacy rate to be only 53% and case studies from remote areas show figures as low as 10-20%. In addition to low rates of basic school attendance and completion, secondary and tertiary education is also suffering from falling standards.

However, there are opportunities to improve early childhood education and non-formal education, especially through monastic schools and independent school systems run by ethnic minority groups. We cannot afford to let another generation of Burmese children grow up with barely five years of education and no development of their critical thinking skills.

Civil society strengthening

Social sector spending is among the world's lowest, and the meager health and education budgets favor services for the urban middle class. Over forty years of military rule has also weakened civil society's ability to address these constraints.

In 2003, Save the Children conducted the first-ever systematic research of civil society inside the country. The research found that local NGOs and community-based organizations, formed decades or a century ago, still exist and function today. Local civil society also responded extremely well to Cyclone Nargis. There has been a significant growth in the number local groups since the cyclone.

However, NGOs and community-based organizations (CBOs) in Burma are under-resourced, un-coordinated, and welfare-focused. This is particularly stark with regard to child-focused civil society organizations – which are implementing charity-type interventions largely centered on the institutionalization of children, with almost no involvement in advocacy and rights-based approaches.

In a country with such under-funded social services and an unaccountable government, significant positive changes for children are most likely to be realized through building up civil society capacity to provide alternative services for children, and to lobby for more systemic changes in public services.