

MIDDLE EAST
AND ASIA
3 PERSPECTIVES



RESIDENTIAL CHILD AND YOUTH CARE IN A DEVELOPING WORLD

Tuhinul Islam
Leon Fulcher
Editors





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Tuhinul Islam and Leon Fulcher – *editors*

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DEDICATION

TUHINUL ISLAM dedicates this book to his son Musanna, and daughters
Tamanna and Tubaa.

LEON FULCHER dedicates this book to his grandchildren –
Jacob, Luke, Caitlin, Harley and Jack – and to their Carers.

* * *

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Preface

Kiaras Gharabaghi¹

In recent years, there has been something of a revival in scholarly and professional writing on residential care and treatment, albeit largely focused on the Western, English-speaking Global North. Some publications deal with practice issues; some deal with research methods and evidence for good practice; and some deal with the systemic context about how residential care and treatment fit within the landscape of professional services for children and young people. What this writing has in common is a pre-occupation with the prevailing ideology of ‘last resort’, a clear preference for family-based care, and a strong orientation towards reclaiming relational practices as practice-based evidence. Islam and Fulcher offer a different kind of perspective – and context – through which we might engage residential care globally. As I will highlight below, this volume of articles on residential care in the Middle East and Asia represents a challenge to our well-established orthodoxy in this field in several important ways. Aside from allowing us a glimpse into residential care practices in geographies often unfamiliar to Western readers, this book represents a fundamental challenge to some of the core assumptions we have held for some time now. This is an enormously important and valuable collection of articles on residential care, both for obvious reasons and for more nuanced ones. Let me start by pointing to the obvious reasons.

Residential care across OECD jurisdictions suffers from a phenomenon I refer to as *cultural insulation*. Whether because of the intensity of the work itself, or perhaps the result of insecurities arising from the challenging relational episodes that happen almost every day, service providers almost everywhere tend to look inside of their services more so than looking outside. In my home territory, Canada for example, it is not uncommon for a service provider operating residential care services in the east end of Toronto to have no contact with and frankly no idea about another service provider operating similar services in the west end of the city, perhaps no more than 25km away. The cultural insulation that ensues is not strictly about the culture of young people or professionals; it is about the culture of service provision itself. This culture is almost always loosely based on relatively superficial justifications with theoretical frameworks promoting attachment theory, trauma-informed care, developmental psychology and/or ecological perspectives. Theoretical orientations

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such as these are then put into operation through agency-specific care practices, evidence-based assessments and interventions, and internal agency-driven (and largely invented) professional development and training sessions.

In this volume, readers are confronted with residential care in countries many readers would struggle to identify on a map. They are furthermore confronted with residential services that operate on low budgets that are largely unimaginable in most OECD jurisdictions (noting that some of the countries included here are in fact within the OECD). Readers learn of residential care approaches that are operating in contexts of war, violence, poverty, environmental disaster, amidst cultural norms and regulations that defy any bureaucratic assumptions we make about what is necessary to do this work well. There is enormous value in confronting one's own work in different contexts and different geographies. It offers a first clue that however one may have structured the work, it is almost certainly not the only way this can be done, and it most certainly is not always the *right way* to do it. Residential services are very much contingent on context and, in this volume, we learn about cultural and social contexts that are diverse and challenging but also rich with nuance, strength and opportunity.

Another obvious reason for the importance of this volume is that it brings into the community of students and scholars concerned about residential care individuals whose voices are not often heard in OECD, and especially in English-language discussions of the sector. We cannot deny that in countries such as the United States, Canada, Australia, New Zealand, England, Scotland and Ireland, for example, the voices readily heard and engaged in residential care are those of a relatively few individuals who are well connected in academic and professional communities. Conferences that repeatedly take up the theme of residential care feature the same keynote speakers, the same workshops and often the same ideas, and are given resources to publish those ideas in (usually English language) journals and books. It can be argued that much of our thinking about residential care is in fact the outcome of engagement with very few (usually white and often male) individuals. In this volume, we are introduced to scholars and professionals who are situated quite differently, who have not had the kind of easy and usually funded access to international communities of research and scholarship, and who add a richness and a diversity of discussion perspectives that are priceless.

But let me get to the more nuanced reasons why this book is an invaluable addition to the literature on residential care. As the editors point out in their Introduction, much of what we know and talk about with respect to residential care globally is limited to a fraction of relevance when one takes account of where children, young people, families and communities actually live. The focus on English-speaking geographic areas has to some extent blinded us to the rich diversity of thinking and practices around our predominantly non-English-speaking world. Perhaps more importantly, it has allowed us to conveniently overlook the histories of children's rights, child care, and family support around the world, including the ways in which Western colonialism and war mongering has impacted on those processes.

To the extent that we are now confronted with sometimes harsh realities in this context, we would do well to consider our own complicity as Western citizens enjoying the privileges that have accompanied the imperialist mindset of our forefathers in the West. This is particularly obvious in the context of residential care in Palestine, a region that has suffered the effects of Western political games perhaps more than most. It is similarly obvious in countries such as Yemen, where the effects of Western Middle East policies are being played out through proxy wars and armed conflict with enormous impact on children and their families. At the same time, we can look further East to the current (and historical) violence against Rohingya Muslims in Burma (Myanmar) and realize that histories of Western imperialism and Eastern systems of authoritarian oppression often collide, using faith, culture, race and poverty as excuses for victimizing entire peoples, reminiscent of the genocides committed against indigenous peoples in North, Central and South America.

More to the point, it is the issue of anti-institutionalized care that finds a great deal of challenge and counter-argument in this volume. The editors set up this theme right from the start. They readily acknowledge their strong bias toward family-based care and the dismantling of large institutions in the comparatively rich and mostly stable bureaucratic systems that operate in Western countries. But does this bias, indeed this ideology, transfer to the fragile bureaucracies, demographically much more diverse, politically unstable and environmentally vulnerable geographies of the Middle East and Asia? Can we rely on ideological moves that pre-suppose government oversight and regulation? Why assume that developing countries outside the West have the capacity to fund ongoing research and quality assurance in places where residential care seeks to respond to the needs of millions of orphans and young war refugees? Furthermore, quite differently from what is found in Canada, the UK or Australia, how do we respond to the personal survival and social needs of young people whose upbringings are often embedded in cultural and economic movements in which young people are viewed as an unsustainable surplus?

What comes through quite clearly in many of the chapters is that institutionalized care is often falsely or at least superficially constructed as ‘the bogeyman’. Using a largely Global North perspective, we recognize institutions as the enemy of personal autonomy, individual rights, and opportunities for self-driven social, spiritual and economic development. These perspectives mirror well-embedded structures of neo-conservatism, in which a regulated form of private-public interaction is the norm and where state responsibility is more oriented toward the protection of the private sphere than the exercise of collective responsibility. Family becomes a euphemistic construct for intimacy as the social norm where young people, we say, deserve to grow up in family.

In this book, we learn about residential care in Yemen, in Iran, in Punjab, in many different regions of India as well as further East, in Thailand, Cambodia, the Philippines, and even Hong Kong, while Malaysia and the world’s fourth most populous country – Indonesia – offer further learning opportunities. We discover very quickly that the role of the institution is quite different across these

geographies. Although there are many local variations, institutions are not simply instruments of the state; they are spaces of living and learning in relative safety, albeit not always in relative comfort. They are also spaces that allow stability in highly unstable places. Finally, they are spaces that offer what in the Global North is often taken for granted – education.

Over the course of decades, and certainly since the establishment of the League of Nations (and later the United Nations), we have learned through our work in international development that education serves as perhaps the most consistent creator of opportunity. It does this for children and young people who are abandoned, discarded, violated, injured in war, or traumatized by the events around them, and the frequently resulting migrations. In the Global North, we have had the luxury of separating our institutional responses to education from our community responses to residential care needs. But let's be clear – we continue to utilize an entirely institutional response to education, herding as we do hundreds and sometimes thousands of young people into large buildings that look and feel like institutions where they are expected to conform and be compliant with institutional rules and norms to learn (we call this 'School').

In many of the chapters we encounter in this volume, we are confronted with the simple reality that splitting the acutely urgent responses to needs with respect to education and a place to grow up is not always possible, and sometimes not desirable given outside social dynamics, cultural norms, economic realities and environmental crises. It is not that the Global North has abandoned institutionalism; it has only separated its institutionalism with respect to education from an earlier period of a parallel institutionalism with respect to places for children to grow up (orphanages, training schools, etc.). Of particular interest here is Israel, a country that easily compares with the resource and bureaucratic wealth and stability of the Global North, but that – culturally and socially – it continues to move along a spectrum of institutional responses to both education and growing up because it fits the context. Perhaps more specifically, it builds the community and sense of belonging that has assured the survival of the State of Israel.

Perhaps not surprisingly, as we work our way through the chapters of this book, we learn about hardships and challenges confronting young people, their families and their communities. But we also learn that there have in fact been responses to these challenges that have sought to maximize opportunity in context. We also learn that, unlike in the Global North, many scholars, professionals and indeed service providers, continue their journey to respond to the needs and the rights of young people living in residential care. It is not every day that we can travel from the gates to the Orient (Turkey) through the cradle of the Middle East, into the Islamic Republic of Iran and further East through lands of Islam, Sikh, Hindu, Buddhist and other traditions. This is a journey well worth taking.

Introduction

Tuhinul Islam¹ and Leon Fulcher²

Abstract

Residential child and youth care is examined in places from which practice-based evidence has been rarely shared with the rest of the World. Volume 1 – Global Perspectives used the FIFA Football Confederation Regions to examine residential child and youth care in eighteen countries rarely evidenced in the field, and then twenty-three further contributions in Volume 2 – European Perspectives. Volume 3 – Middle East and Asia Perspectives – offers glimpses of extended family care as well as residential child and youth care in 25 countries never gathered together before in one collection. Nine comparative themes that frame residential child and youth care and education services in the Middle East and Asia are highlighted by way of introduction.

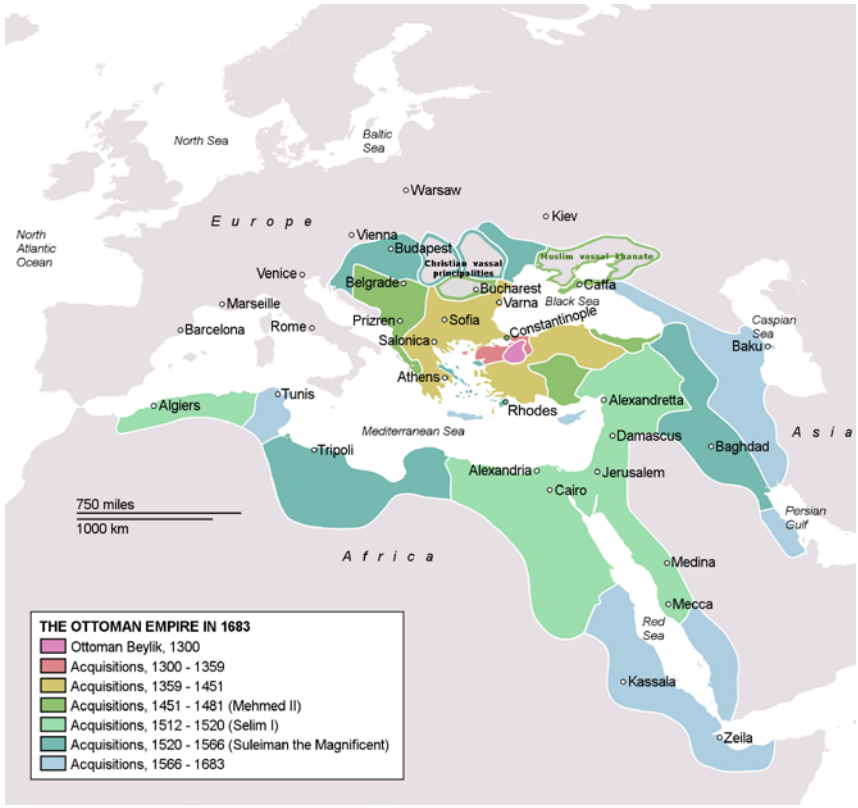
Introduction

These are times of turmoil for residential child and youth care in many of the 25 countries included in this third volume *Residential Child and Youth Care in a Developing World* focusing on countries and regions of the *Middle East and Asia*. Seventeen new contributions – along with eight updated contributions from Volume 1 – highlight a geo-political history and cultural traditions that have shaped child and youth care in ways rarely considered, understood nor acknowledged by those working across the child welfare field in Western countries. Volume 3 begins with Turkey (once known as Anatolia) and historically positioned at the heart of The Ottoman Empire. The Ottoman Empire governed all the Balkan Peninsula (including what is now Greece, Cyprus, Albania, Bosnia-Herzegovina, Serbia, Croatia, Armenia, and north through Bulgaria and Hungary almost to Vienna. The Ottoman's also governed Mesopotamia (now Iraq, Kuwait, the Crimea Region of Russia – now Ukraine, western Iran, Syria and Lebanon). The Ottoman's controlled Palestine, TransJordan and the Arabian Peninsula as far south as Aden (now Yemen), along with the Holy Sites of Mecca and Medina (now Saudi Arabia),

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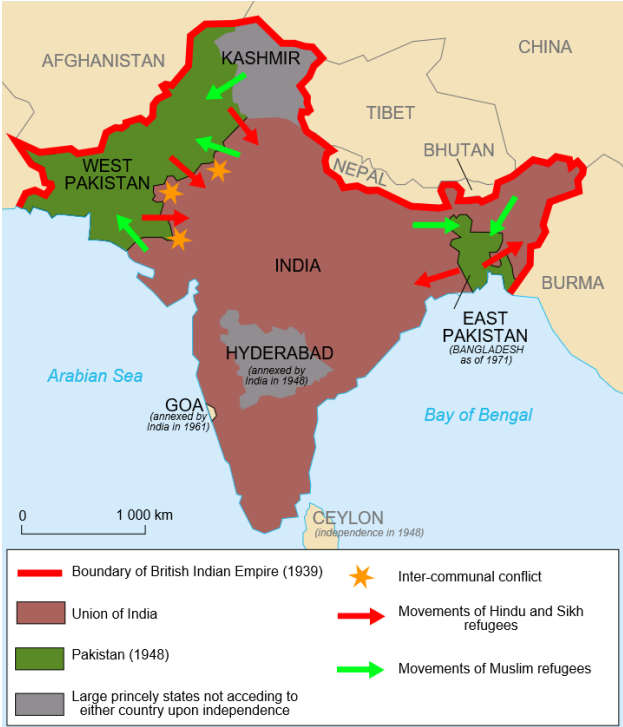
² **Leon Fulcher, MSW, PhD** has worked for more than forty years as a social worker in residential child and youth care work in different parts of the world. As a practice researcher, scholar and author, Leon has given special consideration to working across cultures and geographies, how this impacts on team working, supervision and caring for caregivers, as well as promoting learning with adult carers.

Damascus and Jerusalem (now Syria, Jordan, Israel, and Palestine), United Arab Emirates, Bahrain, Qatar and Oman. The Ottoman Empire also extended along the Southern Mediterranean territories of North Africa (now Egypt, Tunisia, Libya, Algeria and Morocco) from 1299 until the end of World War I. Note below how in the map of The Ottoman Empire prepared in 1914, the names of countries in the Middle East are still to be defined. Only the geography and historic towns and cities are highlighted. At that time, nation-states had still to be established.



In Volume 2 it was shown how compared with Western Europe where residential institutions were established to care for orphans from the 18th Century onwards, Eastern-European and Balkan countries – formerly part of the Ottoman Empire – had long histories of community-based, extended family or kinship care. This was a qualitatively different ‘policy orientation’ that framed the care of orphans and disabled children. Contributions to Volume 3 from former Ottoman countries in the Middle East region are now recognised as Lebanon, Palestine, Israel, Jordan, Saudi Arabia, Yemen, Kurdistan Iraq and Iran – formerly Persia. Contributions from South Asia and the former British India shown in the map below include post-

partition countries – Pakistan and what was known until 1971 as East Pakistan and is now Bangladesh – along with the island colony of Ceylon, now the nation of Sri Lanka and Myanmar, the former British Colony of Burma. Chapters from several states of the world’s second most populous country are included, with attention drawn to the mega-cities of Delhi, Kolkata and Mumbai, and how Bangladesh is surrounded by India States and Territories bordering Myanmar.



It is important to note how the Province of Kashmir remains a ‘divided land’ with a legacy dating from the partition of Muslim, Hindu and Sikh communities there. Military skirmishes between India, Pakistan and Kashmiri separatists continue there – seventy years later. The southern border of eastern India and Bangladesh is where the Buddhist Military Regime of the former British colony of Burma have driven Muslim Rohingya people out of Myanmar towards Bangladesh and into what has become the world’s largest refugee camp in 2017.

The remaining chapters in this volume include contributions from Thailand, Cambodia, Malaysia, the former British colony of Hong Kong – now part of the Peoples’ Republic of China – Japan, the Philippines and Indonesia. World War II, the Korean and Vietnam Wars as well as recent military activity in Myanmar against the Rohingya peoples have been important contextual influences on child and youth care in the region. The Middle East and Asia region has more active war zones than

any other region of the world and these important historic and economic contexts frame community life in countries and states across this vast region, shaping the delivery of residential child and youth care services everywhere. The final years of World War I saw the Battle of Beersheeba and the ousting of the Ottomans from Palestine with the help of Australian and New Zealand Cavalry (1917). This was followed thirty years later by the Battle of Jerusalem (1947) with both battles now recognised as pivotal moments in the nation-building histories for Israelis, Turks, Palestinians, Egyptians, Jordanians, Lebanese and Syrians.

The new League of Nations was established at the end of World War I to provide the World's first established forum for resolution of international disputes. The League of Nations Covenant established a mandate system that was drafted by the victors. Article 22 referred to territories which – after the war – were no longer ruled by their previous sovereign and their peoples were considered "*unable to stand by themselves under the strenuous conditions of the modern world*". Such people's tutelage was to be "*entrusted to advanced nations who by reason of their resources, their experience or their geographical position can best undertake this responsibility*". Elitist attitudes of the victors of World War I as demonstrated in the above were arguably influential in the last half century of conflicts across the region, with territorial disputes, national and ethnic conflicts, and warfare around control of natural resources.

In 1920 the League of Nations awarded Mandates to the British for regions identified then as Mesopotamia, and for Palestine and TransJordan. A further Mandate was awarded to the French for Syria and Lebanon in 1923. It is reasonable to argue that new nation-state boundaries created by the British and the French, along with the 'election' of titular heads of state in places like Iraq and Iran, laid the foundations for a legacy of boundary disputes, ethnic cleansing and armed conflicts that have continued throughout the region for the past half century. Boundary lines drawn on contemporary maps did little to create ongoing stability and peace in the region.

From the 1930s, Anglo-American discovery of oil and gas reserves in Post-Ottoman Arabia, Mesopotamia and the Persian Gulf sparked the development of a Middle East petro-chemical industry that fuelled globalisation and regional positioning of nations around strategic reserves of oil and natural gas in the Middle East. In less than four decades, children and families transitioned from travelling across deserts in camel caravans to multi-lane motorways with fast cars and housemaid-nannies that care for the children. When oil and gas reserves were discovered, none of the Middle Eastern countries represented in this volume formally existed. For the most part, the new nation-state boundaries failed to take account of tribal boundaries or religious histories and cultural traditions that operated in Mesopotamia for centuries prior to the new post-Ottoman maps being drawn. Contemporary circumstances facing Kurdish peoples provide an important illustration of where traditional Kurdish lands were split between Turkey, Iraq and Iran, and where continuing tensions exist across that whole region. Relationships between Sunni and Shi'ite followers of Islam do not sit easily together, and yet for

the most part, post-war reconstruction of Iraq by the US-led coalition failed to take this reality into account. Kurdistan Iraq secured regional autonomy in Northern Iraq only after the Saddam Hussein regime created international outrage by using nerve gas to quell a Kurdish uprising. It is also worth noting how quickly the Shi'ite led Iraqi Government took back control of the Northern Iraqi Oil Fields after the Kurds seized these strategic reserves from ISIS with support from the US.

Significant tribal and religious groupings have lived together with long histories throughout Syria and Lebanon. Since 1947 and working within the League of Nations awarded British Mandate for Palestine and TransJordan, nation-building for the state of Israel has become a reality, and at some considerable cost for Palestinian peoples whose ancestors have lived in the region before and after the diaspora of peoples of the Kingdoms of Israel and Judah that started as early as the 8th through to the 6th Centuries BC with the Assyrian and Babylonian exiles³. Cultural dynamics underpinning the whole of the Middle East region emanate from religious practices carried out by leaders and followers of Sunni and Shi'ite Islam and Judaism, all of whom identify Abram or Abraham as the father of their peoples – the genealogy that identifies both the sons of Haggar and the sons of Elizabeth. Western efforts to support one or the other major centres of Sunni and Shi'ite Islam – Saudi Arabia and Iran – are fraught with dramas associated with superpower brokering between the US in support of Israel and Gulf Cooperation Countries, and Russia in support of Iran, Iraq and Syria.

Another contemporary policy issue that continues to shape residential child and youth care across the region involves the unilateral recognition of Jerusalem as the Capital of Israel by the USA. The UN resolution, co-sponsored by Turkey and Yemen, called President Trump's recognition "null and void" and reaffirmed 10 security council resolutions on Jerusalem, dating back to 1967 – including requirements that the city's final status must be decided in direct negotiations between Israel and the Palestinians. This action taken by the USA was condemned by 128 countries, two-thirds of the 193 United Nations member states because it undermines a two-State solution to lingering conflict in the region. Only nine countries supported the American recognition of Jerusalem, including Guatemala, Honduras, Israel, Marshall Islands, Micronesia, Nauru, Palau, Togo and the USA. Thirty-five countries, including Australia, Canada and Mexico abstained while delegations from twenty-one countries failed to turn up for the vote after threats were made about cuts in US aid funding for countries that did not support this latest expression of American diplomacy.

Build-up of military armaments throughout the region has been unparalleled since 1920, including nuclear weapons and weapons of mass destruction, in a region that has experienced decades of territorial warfare and armed conflict around land and natural resources. In 2017, the US and Russia, for example, announced multi-

³ Old Testament scholars highlight accounts by the Prophets warning the Kingdoms of Israel and Judah about turning away from Jehovah's guidance and of how failure to heed these warnings contributed to the ancestors of the Children of Israel being cast out of their Promised Land.

billion-dollar military hardware sales to Saudi Arabia, the United Arab Emirates, Qatar, Syria, and Turkey. Warfare continues to rage in Yemen, Syria and western Iraq. Refugee children and families are still living in camps established more than a half century ago following the British Mandate for Palestine and TransJordan. The UN Refugee Camps established for Palestinian peoples in Jordan, Lebanon and the Palestinian territories since 1947 still care for up to 2.5 million people. The building of Israeli settlements on occupied Palestinian territory but calling them 'neighbourhoods' does little to reduce tensions between peoples living on disputed lands.

Moving eastwards, one arrives at what was once recognised on the world maps as 'British Colonial India'. 'Brexiteer' from British Colonial India occurred in 1947 with 'Partition' drawn up after months of negotiations amongst political leaders. However, those negotiations failed to deliver a 'safe and planned separation' of the former British colony population along religious grounds, establishing Pakistan, India and East Pakistan, now Bangladesh. Following Partition, some two million people died in ethnic massacres as whole trainloads carrying refugees from one new district to another were hacked to death. Hindu, Muslim and Sikh peoples who had lived together for decades in relative peace throughout India found their communities ripped apart by violence and counter-violence. Ripple effects associated with Partition are still felt, today – some seventy years later – with military control of India's State of Jammu and Kashmir. 2017 saw military skirmishes between the Pakistani and Indian military. At the same time, local nationalists continue their own campaign for self-governance.

India's eastern states and territories are positioned north of Buddhist Myanmar, surrounding Bangladesh but leaving a southern border with Myanmar where contemporary ethnic-cleansing genocide carried out by the Burmese Buddhist military has resulted in half to three-quarters of a million Muslim Rohingya refugees fleeing the former British colony of Burma into Bangladesh. There they have cut down a forest and dug shelters into the hillsides and mud. Little thought has been given for the future and the annual Monsoon Season that will create mudslides and wash away refugees to their deaths. A mass movement of children, mothers and surviving young men can be found fleeing warfare throughout the region, moving into refugee camps, or other cities and countries. Those most fortunate can connect with family members via chain migration facilitated through kinship relations. Orphans without one or both parents now make up a significant proportion of the population across the Middle East and Asia region.

Dynamics of rural-urban migration feature prominently throughout the region, as children and young people seek employment and survival opportunities. Infant mortality remains high, reinforced to some extent through marriages between cousins where in-breeding increases the probability of genetic vulnerability and disabilities. Child poverty remains a significant influence – across the region's mega-cities – surrounded by a general population that is often complicit with child

labour, child prostitution and child trafficking. In rural areas where different tribes or power groups vie for control of resource-rich territories, child soldiers are frequently recruited, and child brides held for ransom. Young people labelled economic migrants continue to escape war zones in search of safety and security with young migrants and refugees living in residential child and youth care centres throughout the Middle East and Asia Region, as well as the European Region – a common destination for most migrants.

A distinctive feature about residential child and youth care across the Middle East and Asia Region is found in how residential care and education commonly go together in a part of the developing world where boarding school education is viewed as a comparatively normative experience. Public school education starting with pre-school and primary school, through intermediate, secondary and even tertiary level is available to all children and young people at minimal cost for the general population in Western countries. Such educational opportunities are not readily available for all children with any consistency when travelling across the Middle East and Asia region, or is found selectively in countries like Israel which uses residential boarding schools as a central strategy of nation-building for Israeli youths. Across the region, education is very much a matter of “have’s” and “have-nots”. Poor families throughout this region rarely ‘have’ enough money to pay for their children to receive an education. Thus, when education can be obtained for the children of poor families along with board and lodgings in a residential home, school or centre, there are big incentives for families to seek such opportunities for their children. Western visitors need to become more familiar with the ways in which care and education go hand in hand, regardless of what names are used to identify residential child and youth care – be that madrasah, sekolah tunas bakti or rumah kanak kanak.

Charity, the giving of alms and evangelical proselytising are prominent features of residential child and youth care practices across this region, and also internationally. Followers of Islam are admonished to give in support of orphans and widows, also supporting education pathways for young people without family connections. Begging is a widely accepted practice by mothers and children throughout the region. Western Christians gift generously to support missionary projects that involve ‘saving’ children and helping them have a ‘better’ life. Sadly, it is not uncommon for those establishing missionary homes and schools for children to benefit generously in lifestyle and social status. Access to a steady flow of Western money into countries where missionary work of this kind is legally possible, as in Thailand, Cambodia and the Philippines, opens alternative pathways for potential corruption and risks of selective exploitation of children by international volunteers. Throughout what was once known as Mesopotamia, Palestine and TransJordan, residential child and youth care remains heavily dependent on charitable funding to provide services where governments have been incapable of meeting needs.

In Southeast Asia, a Buddhist mind-set is said to be “*do good to die good, do what you believe to die what you believe*”. Such a mind-set commonly generates confusion around the care of South Asian children. If it was the child’s “fate” to be born, it is also that child’s “fate” to develop, live and die into the next pedestal of growth toward Nirvana. Such beliefs impact societies like Thailand, Cambodia and rural Malaysia where fate is a well-established dynamic in the cultures of this region. You get what the “gods” want you to get and you only overcome because you are shrewder than the “gods”. In the end, all is fate. Adults may commonly assume that the child, born out of need or pleasure, has a future of fate. If good happens to them, it is because they are good. If evil occurs and they become possessed by evil, – it is assumed – that this is because they have done something bad in a previous existence that is negatively affecting their path towards perfection. In many respects, this cultural dynamic associated with fate contradicts the basic optimism embedded in the UN Convention on the Rights of the Child (1989).

North American and European campaigns that promote radical de-institutionalisation are commonly ill-informed about the daily lives of children and families living in villages and cities across the Middle East and Asia region. There is a similar level of cross-cultural naivety about much of Africa. De-institutionalisation campaigns rarely grapple with cross-cultural realities associated with public education that is very different in nature, format and resources from what is taken for granted in the West. The countries, regions and states included in *Residential Child and Youth Care in a Developing World: Volume 3 – Middle East and Asia Perspectives* have rarely appeared in the professional child and youth care or social work literature, nor in education journals. Taken together, the 25 chapters included in this volume offer lenses through which to illuminate what is happening with children, young people and families in places where 1.9 billion people live, or twenty-five percent of the World’s population of 7.6 billion people!

It is worth noting that in 2016, comparative populations for what might be known as ‘*the English-speaking world*’ accounts for less than fifteen percent of the populations represented in this Volume. Tally the numbers: the USA (323.1 million); Canada (36.29 million); the UK (65.64 million); Ireland (4.77 million); Australia (24.13 million); New Zealand (4.69 million); and South Africa (55.91 million). The population for the whole of the English-speaking world totals just over 500 million people (514.53 million) and yet all that is written about residential child and youth care practice is written through this English voice! Most international consultants engaged in well-funded and politically endowed de-institutionalisation initiatives in Africa, the Middle East and Asia come from the West, are Western educated and/or have little practical experience working with children, young people and families on the ground in these ‘far away from the West’ places. Neo-colonial attitudes and strategies are all too readily visible as European and North American faces arrive with the word ‘Expert’ stamped in their passports. Little time is spent learning to engage with local cultural and religious practices such as rituals associated with the Holy Month of *Ramadan*, *Dewali* or the Chinese New Year.

Residential Child and Youth Care in a Developing World

In 2015, an invitation was sent to child and youth care practitioners, educators and researchers from all over the world seeking contributions from an extensive residential child and youth care knowledge base of traditions, systems, policies and practices, as well as knowledge about children's needs, rights and upbringing in many home countries about which little was known. In the end, more than 90 responses were received! *Residential Child and Youth Care in a Developing World: Volume 1 – Global Perspectives* – highlighted 18 countries from around the world, while Volume 2 focused on 23 European countries (Islam & Fulcher, 2016; 2017). The overwhelming response to our invitation yielded a unique range of stories about turbulence, resilience, and triumph in the provision of residential care and education for children and young people across the Middle East and Asia Region.

Since the end of the 20th Century, the literature about residential child and youth care has developed extensively, especially material available in English written in the USA and Canada, the United Kingdom and Europe. The field has seen and heard arguments in support of evidence-based practices (Peters, 2008) and outcomes-based research (Cameron & Maginn, 2009). Paradoxically, the 'dominant focus' of Western research still assumes that residential child and youth care is provided sparingly, that care and education are separate programmes, and these services are only for children diagnosed as '*mad, bad or sad*' whose needs require therapeutic or trauma-informed care with trained professionals. Smith (2015) explained how in Eastern Europe, more attention is given to notions of care and upbringing, while in the USA and the United Kingdom, the focus is directed towards treatment. A medical orientation is prominent in American writing, shaped in a policy environment where health insurance requires a medical diagnosis before funding can be released by insurance companies for treatment. Boarding schools are rarely included in this literature. 'Last-resort' status means that children placed in UK residential child and youth care services demonstrate significant social and emotional challenges. All research highlights the influences of culture, context and value-orientations when seeking to achieve better outcomes with children, young people and their families (Peters, 2008).

Middle East and Asia Perspectives highlight the ways in which residential child and youth care is shaped by geo-political histories, cultural traditions and contrasting social values when identifying best practices and seeking positive outcomes for children in need of care – including young war zone refugees. The practice narratives that follow provide glimpses of how residential child and youth care has featured and continues to feature in the re-construction processes that follow nearly three decades of life in Middle East and South Asia war zones. It is still our scholarly assertion that residential child and youth care "places" exist everywhere in our World – whether called homes, orphanages, hostels, schools, centres, residences, colleges, refugee camps or institutions. Unlike Courtney & Iwaniec (2009) or Whittaker *et al* (2015), our definition of residential child and youth care purposely includes private boarding schools, madrasah, seminaries and

religious schools, educational hostels for rural children, college and university residential colleges and halls of residence, refugee camps, and other religious and military training centres. Think of families and youth courts that turn to religious service and military training as diversionary options for teenagers facing court or personal challenges, and whom family members and the community considered “at risk”. Whilst the purpose, mission or licensed mandate may change, the organisational dynamics in a residential school or centre remain the same. Residential child and youth care with education is expanding across the Middle East and Asia Region and these places are not being de-institutionalised.

Residential child and youth care involves living and learning environments that operate with 24-hour, life-space activity-based care and education – whether on-site or nearby, 7 days a week for designated periods of time measured by cohort, semester, term, season or year. Adopting the United Nations definition of ‘Youth’ – as applies in most countries of the Middle East and Asia – ‘youth status’ is retained in most places until aged 25 or older. Residential child and youth care places were once located in isolated sites but are now more commonly found in local communities. Other centres may involve loosely-defined and multi-purpose campus communities or villages. Within or beside local communities, families maintain involvement with their children living in the village where services like health and dental care may be offered to all who attend the village school.

Unlike social work, there is no unified definition of residential child and youth care. Definitions vary from country to country, at different times in history, and from culture to culture. Definitions of residential child and youth care are dependent upon socio-religious as well as politico-economic influences, as seen through the different care practices employed with children without parents for 500 years under the Ottoman Empire and continued in the Islamic countries that emerged in the Middle Eastern region. Most agree that social pedagogy or child and youth care work – as with ‘good enough parenting’ – fundamentally involves relationships through which children and young people learn social competencies and personal achievements are promoted. Opportunities for a ‘good enough upbringing’ oriented towards healthy living and holistic personal development need to be available for each child – every day – along with educational pathways that nurture and empower (Cameron *et al*, 2015).

The public image of residential child and youth care in Western countries has not been a positive one, frequently condemned for damaging children’s development and compromising their rights (Swales *et al*, 2006; UNICEF, UNAIDS & USAID, 2004), weakening family ties and offering poor educational and health outcomes (Courtney & Iwaniec, 2009). Most importantly, residential child and youth care has been criticised and attacked for its inadequate preparation of young people leaving care and transitioning towards independent living (Bichal *et al*, 1995; Mendes & Moslehuddin, 2004; Stein, 2012). A review of the research literature over the past twenty-five years in the United Kingdom, Australia, New Zealand, North America and Western Europe challenges any sweeping claims that institutional care is, without

exception, damaging to children. The evidence more accurately shows that particular children and young people are vulnerable, especially very young children and those with disabilities. Residential group living is highly indicated for young people involved in education, for the care and education of youthful war refugees, and for youths preparing to leave care. Major advances in the field of residential child and youth care have seen enhanced use of evidence-based practices and a heightened importance of outcomes-based research (Ward, 2006; Cameron & McGinn, 2009; United Nations, 2010; Davidson *et al*, 2016; Smith, Cameron & Reimer, 2017).

Middle East and Asia Perspectives on Residential Child and Youth Care

Contributors from across the Middle East and Asia Region have highlighted a variety of ways in which residential child and youth care is provided there to support children, young people and families during times of turmoil. Readers are offered glimpses of what child protection and child care looks like in this region, starting with Turkey, then moving south to Lebanon, Palestine, Israel, Jordan, Saudi Arabia, Yemen, Kurdistan Iraq and Iran. Kinship care was the dominant influence during the Ottoman period, but residential homes and orphanages are now stretched to capacity in most of these countries, especially Yemen, where warfare has raged between Iran-backed Houthi Tribesmen and Saudi-backed Yemen nationals. Kurdistan Iraq received limited regional autonomy after the Saddam Hussein regime used nerve gas to quell regional unrest. More recently, the US-backed Kurds helped to rid their lands of ISIS who as remnants of the Saddam Hussein regime had taken control of the northern Iraqi oil field and thousands of Syrian tribespeople were massacred. Iraqi government forces quickly resumed control of the northern oil fields in Kurdistan Iraq at the end of 2017.

The use of residential child and youth care also has a long history in South and East Asia in countries like India, Pakistan, Sri Lanka, Bangladesh, Hong Kong and Japan, and in Pacific Nations like the Philippines and Indonesia. Residential orphanages have operated in Japan since 500 AD, while Hong Kong and Malaysia embraced British residential child care practices historically. Some contributors from both large and small countries in the Asia-Pacific region were unable to obtain permission to publish, so had to withdraw. The large island nations of the Philippines and Indonesia were heavily influenced by religious education with the Catholic Church playing a key role in residential child and youth care in the Philippines and religious boarding schools or madrasah being very influential in the spread of Islam throughout the Indonesian islands and in southern Philippines. Care and education are not separate elements as found in Western countries. Instead, residential care with education is a major influence motivating parents to place their children in such centres, and where most of these children receive better educational opportunities than had they stayed at home with family or extended family.

Questions for Small Group Discussion or Guided Reflection

1. *At the end of World War I, the new League of Nations established a mandate system under Article 22 of the League of Nations Covenant drafted by the victors to administer territories which after the war were no longer ruled by their previous sovereign. Their peoples were not considered "able to stand by themselves under the strenuous conditions of the modern world" calling for such people's tutelage to be "entrusted to advanced nations who by reason of their resources, their experience or their geographical position can best undertake this responsibility". How might you explain to local people that they are not considered "able to stand by themselves" and needed "tutelage from advanced nations capable of undertaking such responsibilities"?*
2. *When oil and gas reserves were discovered, none of the Middle Eastern countries represented in this volume formally existed. Lines drawn on maps in Europe failed to take account of tribal, religious and cultural traditions that operated in Mesopotamia for centuries prior to the new post-Ottoman maps being drawn. What tribal, religious and cultural traditions were influential in shaping child and youth care practices in different countries across the Middle East?*
3. *Since 1947, nation-building for the state of Israel following the British Mandate has come at a cost for Palestinian peoples who lived in the region throughout the diaspora of peoples of the Kingdoms of Israel and Judah that started as early as the 8th to the 6th Centuries BC with the Assyrian and Babylonian exiles? What did the Old Testament Prophets have to say about the children of Israel and Judah being cast out of The Promised Land?*
4. *Refugee children and families are still living in camps established more than a half century ago following the British Mandate for Palestine. The UN Refugee Camps established for Palestinian peoples in Jordan, Lebanon and the Palestinian territories since 1947 still care for up to 2.5 million people. What must it be like growing up in a Refugee Camp where your people have lived since 1947?*
5. *All is fate. In Southeast Asia, adults may commonly assume that the child, born out of need or pleasure, has a future of fate. If good happens to them that is because they are good. If evil occurs and they become possessed in its influence that is assumed they have done something bad in a previous existence that is negatively affecting their path toward the state of perfection? To what extent might this ancient cultural tradition around fate conflict with the ways in which the United Nations Convention on the Rights of the Child views children?*

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Conclusion: A Return to the Basics of Survival

Tuhinul Islam and Leon Fulcher

Introduction

Asia, including the Middle East, is home to the majority of the world's Muslim population, as well as the birthplace of all the world's major religions – including Buddhism, Hinduism, Judaism and Christianity. However, conflicts among and between certain Asian countries have carried on for decades and are said to be the result of religious animosity. Continued warfare, political instability, and 'natural' disasters have had a direct impact on the lives of many Asian and Middle Eastern peoples, and not surprisingly, women and children. Since the first Gulf War, initiated by the then US administration, the region has been in a state of major turmoil with countless acts of barbarism – the on-going civil unrest in Israel-Palestine; claims about weapons of mass destruction in Iraq; the Taliban cleansing of Afghanistan; the much documented fight against ISIS in Iraq and Syria; the recent failed military coup in Turkey; tensions between Qatar and Saudi Arabia; the on-going rivalry between India and Her neighbours (in particular the nuclear power, Pakistan); North and South Korean threats; and Myanmar's 'ethnic cleansing' of the Rohingya Communities, to name but a few. All these events have made the

whole region extremely unstable, adding more reasons for the significance of this volume.

In our *Global Perspectives* volume, contributors highlighted the tensions created when Western child and youth care systems, policies, and practices were ‘imposed’ onto non-westernised nations, via INGOs claiming to be ‘experts’ in child and youth care practice. Similarly, the impact of the aggressive de-institutionalisation movement was questioned, along with the campaigns led by selected West European and American NGOs in the economically poorer nations of Eastern Europe as noted in our *European Perspectives* volume.

This volume seeks to widen understanding of the impact that warfare, political instability and natural disaster have on settled communities, turning them into migrants and refugees. The problems faced by pregnant women, unaccompanied minors and child-orphans are extremely distressing. Focusing on the current case of ‘ethnic cleansing’ taking place in Myanmar, we share tales of woe emanating from Cox’s Bazar, the land-mass bordering Myanmar and Bangladesh, now home to a million Rohingya refugees – the world’s largest new refugee camp.

The plight of hundreds of thousands of Rohingya people is currently one of the world’s fastest growing refugee crises. Since August 2017, more than a million individuals have fled from the Northern Rakhine Province of Myanmar into neighbouring Bangladesh’s Cox’s Bazaar region. Many have died making this journey. Survivors have shared harrowing accounts of the State violence they have either witnessed or endured, including hundreds of cases of rape by the Burmese Army. According to local sources, over 70,000 women are reported to be pregnant, many the result of rape by Army personnel. The United Nations has named the Rohingya peoples as, “currently the world’s most persecuted minority group” and described the atrocities committed by the Myanmar State as a, ‘textbook example of ethnic cleansing and genocide’. (UN News, 2017).

It is estimated that almost 60 percent of those fleeing Myanmar are children. Thousands of these children have been orphaned, while many others have become separated from their families while fleeing. With so many undocumented children living in the camp without guardians, aid workers are worried about cases of abuse, and even trafficking. Most refugees have experienced some form of trauma, having witnessed loved ones killed or tortured, and seeing their home destroyed. The UN and Amnesty International have termed the raped and abused Rohingya women and girls as ‘psychologically disturbed’. The numbers of children arriving continue to increase daily. The camps are not ideal and conditions there can be described as ‘dire’. Access to adequate health care, safe drinking water and sanitation is poor. There is no educational support in place for the children and young people. Those with enough strength can access whatever the aid agencies have to offer. Those too weak to carry aid back to their ‘home-tent’ must rely on the good will of others, and the weakest are slowly dying.

Through his work with Muntada Aid, Tuhinul visited Cox's Bazar at the beginning of 2018 to understand the scale of the crisis, assess needs and link up with potential local partners supporting the refugees. He witnessed first-hand the dire conditions in which the Rohingya were being forced to endure. He interviewed orphaned children, rape victims, young pregnant mothers, men who had undergone torture by the Myanmar Army, as well as aid workers and Bangladeshi civil servants charged with making policies on refugee issues. Stories heard were reminiscent of horror movies – details of how whole families were slaughtered by the Army; how women were raped and then killed; how pregnancies were becoming infanticides as the newly born 'products of rape' were drowned in wells. Stories of children being burnt alive in front of their parents were also commonplace. Around 1.2 million Rohingya have sought refuge in Bangladesh since August 2017 and the numbers show no sign of abating – giving further indication of the continuing violence taking place in the Rakhine Province. The media focus may now have turned again to Syria while the crisis in Cox's Bazar is dire. "It's hard to comprehend the magnitude of the crisis until you see it with your own eyes. The refugee settlements are incredibly precarious, made from mud and plastic sheeting fixed together with bamboo and scattered across the little hilltops of Cox's Bazar" (Tuhinul Islam, personal reflection).

Even though Bangladesh is one of the poorest and most populous countries in the world, its government remains committed to supporting those seeking refuge on its soil. National and international NGOs are working alongside the government to offer support. This chapter offers a first-hand account of Tuhinul's visit to his former homeland to see for himself the real situation confronting orphaned children wondering to what extent activists from the De-institutionalisation Movement might offer answers to the plight of these orphans, mothers and children fleeing these genocidal acts across a State Border. The themes of Survival, Water and Sanitation; Health and Nutrition; Trauma Scars; Education of Children; Pregnant Mothers with Infants and up to 10 Children are used to question what strategy or policy options are being developed to nurture hope for those orphans and young mothers fleeing genocide in this war zone.

Survival, Water and Sanitation

The main refugee settlement is that of Kutupalong. It was home to several thousands of Rohingya people prior to the recent wave of incomers in 2017. Hence, it looks fairly organised. Yet as one moves deeper into the camp, into the area covered by forest land and those areas with no proper roads, it is a different story. Government and NGO facilities are next to nothing making the vulnerability of the people's living condition shockingly dire. Family groups with up to 10 children are living under one small tarpaulin shelter on muddy and flood-prone terrain. People have few belongings. They are vulnerable to attack from wildlife. Access to clean drinking water, latrines, food or health care is minimal. It is a very fresh displacement situation with people in survival mode, an existence clearly

visible from their body language. People are taking each day as it comes, trying to secure the basics to get through the day. Aid is scattered, with tarpaulin, bamboo and ropes being distributed in one location, while bags of rice or water in another. Certain parts of the camp are densely populated, with around 90,000 people living on one square kilometre, resulting in a complete lack of privacy, a situation particularly intolerable for Muslim women who are required to maintain 'purdah'.

It is hard to imagine the impact of not having adequate sanitation facilities or safe drinking water. The outbreak of disease is rampant, and the situation will worsen once the monsoon season starts in June. Shelters were witnessed dripping rainwater causing muddy floors and waterlogged terrain. Walking on slippery muddy hill-paths presents real risks. Tube wells had become covered by water, and human excrement could be seen floating everywhere. Some women explained that they avoided eating because they could not find anywhere safe to defecate.

During the initial stages of the influx, many Bangladeshis came to volunteer in the camps, offering food and medicine, building temporary shelters, and installing hand-pumps for drinking water and latrines – work now being done by the aid agencies. Water and sanitation remains a priority due to the continuing influx and expansion of existing mega camps, and spontaneous settlements. This is compounded by the high proportion of non-functional hand-pumps (31%) and latrines (35%) that were rapidly built during the acute phase of the crisis. Poor sanitation and hygiene increases the likelihood of outbreaks of water borne diseases such as diarrhoea and cholera.

As an over-burdened nation itself, Bangladesh was ill-prepared to host the vast numbers that have arrived on its Border. For this reason, initial welcome of the Rohingya influx was not very well organised but gradually, with the support of the Bangladeshi Army, camps are becoming 'better organised', in terms of shelter and other basic facilities. For example, camps are being named in different blocks, those built on dangerous ground are being removed, proper pathways are being marked out, and other establishments are being created. Locals wishing to help are asked not to distribute items to the Rohingya themselves but rather to go through local State-run aid coordination committees. Food items such as rice, potatoes, pulses, oil, salt and in some cases baby food, are being distributed via Aid Distribution Centres, yet it is not enough to feed the large families. Fresh produce such as vegetables, meat and milk are extremely limited as well as wood for fuel. To make ends meet many refugees are having to resort to exchanging their daily rations for wood, blankets or other things they can get as relief. Those who have the strength to make it to the distribution centres benefit more than those too weak to trek to the centres located at great distances away. 'Survival of the fittest' is clearly visible in the relief distribution centres, hence tensions run high as individuals fear the products will finish before their turn comes.

Health and Nutrition

Fulfilling the health and nutritional needs of refugees is paramount. It is estimated that around 400,000 children under the age of 15 years require urgent medical treatment. The risk of communicable diseases – like cholera, measles, diarrhoea and respiratory infections – breaking out remains acute given the overcrowded nature of the refugee camps as well as the lack of adequate food so essential for growing children, and for pregnant and lactating women. It has been estimated that 70,000 pregnant Rohingya women are at a high risk of developing health problems due to malnutrition, unsuitable living conditions, poor health care, and psychological trauma. These women tend to be particularly weak due to incidences of multiple pregnancies. It is not uncommon to find women having given birth to between 7-14 children. Many are traumatised and have gone without food for days while fleeing Myanmar. As a result, miscarriages as well as other gynaecological health problems are commonplace. Local physicians working in the camps are limited in the support they can offer.

Prior to fleeing, the state of most Rohingya people's health was not good. Due to State discrimination, the Northern Rakhine region of Myanmar was particularly badly served by government services. Myanmar's Demographic and Health Survey (2015-16) shows that only 29.7% of women in the Rakhine Province received any form of antenatal care, while only 54.2% of women were offered a post-natal check-up in the first two days after birth. The statistics are particularly worse in the Muslim-majority Northern Rakhine region, from where most of the Rohingya have fled. Discrimination in state-run health care services has been ongoing for decades. Thus, the overall health of Rohingya women has never been good.

One pregnant woman explained how she had managed to escape with her children after soldiers shot dead her husband, saying, "We do have a place to live but have to survive on scraps of food my eldest son collects as aid every day". When asked about her diet, she replied they were being offered only biscuits and puffed rice. Clearly such a diet will not meet the daily nutritional requirements of anyone, let alone a pregnant woman. Such scenarios were not uncommon amongst pregnant and lactating women in the camps.

Aid agencies and government services are doing their best, but illness is rife, and services are over-stretched. The basic needs are not being met for cleanliness, good food, rest and peace of mind. Without these any medical remedy is futile. People are alive but not living. Adults and children with families have managed to find the wherewithal to live. But what about the 17,000 or so reported orphans who have no significant adult looking out for them?

Trauma Scars

Survivors have given harrowing accounts of the violence they have witnessed and endured, including the hundreds of cases of rape by army personnel. According to Rohingya community leaders and survivors now living in the camps, almost every individual is either a survivor of, or a witness to multiple incidences

of horrendous abuse. Women and girls arrive at the camps, often alone. Damaged and traumatised, having been sexually violated by the perpetrators of this genocide, the demand for abortion facilities in the camps is near epidemic proportions.

The survivors' accounts are heart-rending. The calamity, initially reported by the world media in 2015, heightened by 2107, and has remained in the public domain ever since. Media scenes showing children exposed to extreme trauma, as they gave accounts of loved ones being killed or tortured in front of them, and seeing their homes being destroyed brought tears to the eyes of viewers. One child interviewed, said, "my mum, dad, brother and sister, we all got separated by the river. Then my mother found me and grabbed on to me. She did not know how to swim. I found myself telling her "you're going to drown, and you'll take me down with you". Hearing these words, she let go of me ... and drowned. I cannot sleep recalling these words. My mum could not swim and was afraid. She clung to me for safety but her love for me made her let go of me and now she is no more. "I have lost my mum".

The camps are filled with children who became separated from their families and their numbers are growing. These children are left traumatised by loss. One wonders how their trauma will manifest itself in their futures, and for the worlds they inhabit without adequate counselling and support?! A 19-year-old girl – recently married – explained how the Burmese Army had gunned down her husband and five members of her family. At the time she was out of the house but witnessed everything. Unable to do anything to save her family, she ran away. She wonders if their bodies have been buried and the thought that they were not given their last rites is eating her up. She arrived in Cox's Bazar after a 23-day arduous trek – going through forest, rivers and mud-slip paths. Along the way, she witnessed three women being raped by the Army, four men shot dead and one have his throat cut. These scenes return to her as nightmares. Now she lives alone in one of the camp's tents, disoriented and traumatised. She cries all the time, recalling the scenes she witnessed repeatedly. She accuses herself of not doing anything to save her family, explained that she felt deeply depressed and suicidal but to save herself from the violence within the camps, she acts out. She lacks the energy to go to the aid distribution centres for food items and because of her mental condition, other refugees try to ignore her. It seems she is unlikely to live for long.

Another woman explained how ten of her family members, including her husband, were slaughtered over a three-day period. She said soldiers picked up her crying 2-year-old daughter and threw her onto the body of her murdered husband, which was covered in blood to shut her up. She lives for the day when she can exact 'revenge' on those who took her family away from her. She says that she will never forget and will not let her children forget either. They will mete out justice on her behalf, once they reach adulthood. Hearing this one is reminded of the years of blood-shed that the world has seen in places like Northern Ireland and Israel-Palestine, where the next generation of adult's fight for the injustices inflicted upon their parents.

Another pretty-looking pregnant woman, in her early 20s was gang raped and bitten on the cheek leaving a scar. The rapists smoked methamphetamine to sustain the torture in front of her husband after 8 of her family were burnt by the Burmese Army. When her husband shouted at the rapists, they shot him in the head. “Child marriage is a strategy to prevent women from being raped by the Myanmar Army,” said Lailufar Yasmin, a professor at the University of Dhaka who has studied Rohingya gender issues. “The community strategizes that if women are married in puberty and became pregnant immediately, they will be not be targeted by the army.” However, pregnancy and early marriage is no defence against the Tatmadaw – the Burmese State Defence System (New York Times, 23 December 2017).

If the world wants to avoid on-going conflict, the victims of trauma need to be supported adequately. As an economically poor and hugely populous country, Bangladesh is not able to provide for its own citizens fully, let alone take on the integration of another 1.2 million refugees. Yet when refugees are told that eventually they will have to return to Myanmar, panic runs through them. They clearly unable to contemplate returning to a place where they lost so much and had to flee for their lives. One interviewee said ‘you can kill us, but we will not go back there. If we die here (in the camp) at least we will be buried as Muslims. We were not able to bury our people who were killed by the Mog (the local allies of Burmese soldiers). Please don’t send us back, we don’t have anybody there’. Unfortunately help for these traumatised people is significantly lacking if one goes by the food, accommodation and general health care facilities being offered. None of the NGOs present on the ground have the wherewithal to deal with the situation and government agencies are unable to coordinate the relief effort sufficiently. Yet if refugees are not treated for their trauma, especially the children and women, this generation will undoubtedly become a burden for Bangladesh and beyond.

Seeking the Light of Education for Rohingya Children and Young Refugees

The humanitarian effort is very challenging. As numbers grow, access to food, safe drinking water, and emergency shelter is becoming stretched but this is the priority. Yet several NGOs are coming in to offer educational facilities to the children and young people. Decades of prejudice, discrimination and persecution have rendered 80% of Rohingyas illiterate, with 60% of their children not attending school. A total of 473,000 Rohingya and affected Bangladeshi children aged between 4-18 years urgently need access to education. It is crucial that these children and young people, who have suffered so much in this crisis, should have access to education in a safe and nurturing environment. This is critical not just to provide them with a much-needed sense of normality now, but so that they can build a future to which they can look forward.

The Myanmar government announced on February 15, 2018 that it had ended its military operation against the Rohingya. But, despite the hardships in camps,

many parents are not planning to return home for fear of further discrimination and torture. “We will stay here and hope we will have the chance to educate our son”, said one young parent, who continued, “we want our son to learn all different subjects, and not be limited”. Parents understand the importance of education. Another parent said, “If they learn, they will be able to live their lives properly.” Another parent said, “Wherever we go, the children need knowledge”.

The Bangladeshi government has denied the establishment of any formal school system in the camp site because it wants the Rohingya to eventually return to Myanmar. It is negotiating with the UN and Myanmar government on repatriation as well as planning to relocate the Rohingya refugees to a remote island in the Bay of Bengal if return to Myanmar is not feasible. Although there are schools located nearby the camps, Rohingya children are denied access and cannot leave the camps, so they are unable to attend. Some NGOs have established Temporary Learning Centres for very young children inside the camps. Teachers are often unqualified, and resources are limited but it is better than nothing. During visits to some of these centres, they were found to cater for approximately 50 children at a time. Children study English, Maths and Burmese language. Interestingly, the Bangladeshi government has disallowed the teaching of Bangla in these Centres as they fear that once the Rohingya learn Bangla they will become indistinguishable from the local population. In a sense, the Rohingya Community has been stateless since the British left Burma in 1947 and this human right of statehood has been denied them.

No educational or recreational arrangements for older children were identified during the January 2018 visit. Such a lack of opportunities is dangerous and Aid workers worry that if older youths are not engaged in some meaningful activity the possibility of their becoming involved in criminal activity is highly likely. Awareness of the Temporary Learning Centres is sporadic. Children are enrolled by caring adults who have managed to learn about such facilities. But what about the orphans or unaccompanied minors who have no one to inform them of such Centres? Nobody is enrolling them. Unaccompanied minors are more likely to be guided by those involved in crime – human traffickers and drug dealers – to whom they are easy prey. Reports of ‘missing’ children are now rife.

On the up side, Local Authority Education coordination committees have recently reported that NGOs are swiftly moving to set up several Temporary Learning Centres (TLCs) around the refugee zone. Budgets are tight, yet teachers are being trained in working with refugee children between the ages of 4 and 14, and ‘class places’ are quickly being filled. One might think that such Centres are easily set up, but Aid agencies have reported major challenges in finding suitable ground to build such Centres, near to where the children live, as overcrowding is widespread. Teacher drop-out rates are high as the work is arduous. Attendance by learners is sporadic, due amongst other things, to the fact that children are often in charge of collecting relief items from distribution centres. There is limited availability of WASH facilities in learning centres and adequate learning resources.

Mindful of their limited budgets, the NGOs are developing short videos on effective teaching practices to support the learning centres in a cost-effective way, until a more permanent solution can be found. Without electricity to power video machines, this is often a failed enterprise.

Pregnant Mothers with Infants and Up to 8 Children and Orphans

There are several reasons for the high fertility rates among Rohingya communities. Firstly, pregnancy and early marriage is an age-long strategy employed to prevent Rohingya women from being raped by State oppressors. The Burmese Army has generally not targeted pregnant women. Secondly the fear of ‘vanishing’ as a community, due to the atrocities their menfolk have undergone has, psychologically made Rohingya want to increase their numbers. The community expects its womenfolk to produce large numbers of children. Thirdly, being a religiously conservative people, Rohingya people frown on the use of birth control, and lacking ‘modern’ education due to poverty, large family-size is seen as a way of survival.

This has meant that women who arrive at camp are often pregnant and arrive with numerous children. Currently the camps are housing over 70,000 pregnant women and around 7 per cent of the total influx are mothers. With husbands killed or missing, they are now the head of household, a role for which they have not been trained nor prepared. The United Nations High Commissioner for Refugees has reported that 53% of all Rohingya households are headed by single mothers. While Bangladesh has opened refugee camps to receive those fleeing from persecution, they have so far been ill equipped to meet the needs of pregnant and lactating women. Stories of fleeing women giving birth on route are commonplace. One Aid worker explained, “Just two days ago we found a woman who delivered on the roadside in the middle of night. She was brought to one of our health centres, where our midwives were able to take care of her and the baby, and such stories are shared daily.”

The number of pregnant, traumatised women arriving at the camps is huge. Most arrive having travelled without food for days. Incidences of miscarriage as well as other health complications are common. Many of these women are arriving with their children, many of whom are mere infants. It is not unusual to see a pregnant woman supporting five or six, sometimes even up to fourteen children. Early marriage is encouraged by the Rohingya and so early pregnancy is common. Yet, due to the horrific circumstances in which these women now find themselves – without basic needs such as food, safe shelter, and sanitation facilities – their safety and security is greatly compromised. Rest and psychosocial support is crucial for their well-being. One young, pregnant woman explained how ‘it is not easy to cope with the pain of losing everything, the suffering caused by having nothing, not even a warm bed. The fear of being sent back to Rakhine, and the

responsibilities towards our kids with no husband for support, and then on top of that, carrying another baby inside you that you must protect and bring into this world of suffering’.

The number of female-headed and elder-headed households displaying greater vulnerability than those households headed by men is not surprising. In a male-dominated world, households headed by females suffer greater discrimination. Having fled extreme circumstances, these vulnerable households are not only traumatized by the loss of their loved ones, but also the loss of their financial assets and means of obtaining a decent livelihood. There are incidences where women and their children having sold their remaining assets, now turn to negative coping mechanisms such as drug dealing and prostitution in order to survive. If support is not quickly forthcoming, not only will the numbers of those dying increase, but those that manage to survive will be deeply troubled for many years to come – likely contributors to increased levels of mental illness and criminality.

What makes this crisis heart wrenching is that almost 60% of those fleeing Myanmar are children, and there are more than 20,000 orphans with no one looking after them! One in five Rohingya children under the age of five is estimated to be acutely malnourished, requiring medical attention. The Rohingya crisis has been labelled a “children’s crisis”, the Director of one of the leading humanitarian networks saying, “never have I seen so many children in a crisis. Children who’ve seen things that a child should never witness”. Médecins Sans Frontières has documented that dozens of Rohingya girls have been provided medical and psychological support at one of its sexual and reproductive health units. With so many undocumented children living without legal guardians, aid workers reportedly worry about cases of abuse and trafficking. Safeguarding children from criminal opportunists must be priority number one.

According to the Daily Star (an independent Bangladeshi newspaper), around 20,740 orphans have been identified since 20 September 2017. In most cases, they arrived at the camps with someone they knew, but not always. Due to the vastness of the camps and the lack of adequate registration facilities, when other family members did arrive and sought out their children, they were difficult to trace and hence reunite with their families. It was found that newly arrived youngsters were unable or unwilling to disclose their identity, perhaps because of trauma or discrimination. Hence it has been a challenge identifying unaccompanied minors.

Children and young people themselves can be at risk in a crisis environment such as a refugee camp. One can only imagine what can potentially happen when presented with 20,000 children now left alone to fend for themselves. The risk to younger children from human trafficking, sexual abuse or forced marriage, is potentially much greater, especially for girls. There is already anecdotal evidence in the camps that child trafficking is taking place. Safeguarding children from opportunists looking to make a ‘quick buck’ from such acts of viciousness must be prioritised. The focus on promoting psycho-social well-being is gaining

momentum, as demonstrated through work being done with adolescents by the Bangladesh Institute for Theatre Arts (BITA). Work is also underway to undertake a comprehensive verification and validation account of all vulnerable children, thus highlighting and remedying potential gaps and inadequacies. Initial work is on-going now to pilot social protection actions with foster families. It is not yet clear which modality will be the most appropriate (cash transfer or a voucher system) to provide this support, but at least it has begun.

Having refused the building of permanent shelters where children can stay for a prolonged period, the Bangladeshi Government now finds that individual citizens are beginning to do this themselves, as an act of religious duty. One retired official explained how he was personally supporting around 300 unaccompanied minors, providing them with a place to stay as well as access to educational facilities. This man believed he was meeting the children's health and safety needs as well as essentials. A large, secure, fenced-off area was their playground, thus serving their physical, mental and spiritual development. He was also providing a daily cooked meal to 3000 children and ensuring they have access to a safe playground for physical recreation that helps to combat the symptoms of trauma they have experienced. His rationale for undertaking this 'service to the community' was, "if I don't do this, these children will certainly be trafficked or die. I have some money, so I am trying to use it for good. However, I don't know how long I can continue, because my resources are finite, and the needs of these children is on-going. Pray for me that I can continue my work. Inshallah it will be good". He said his army connections were enabling him to influence the local administration to do this work. If he was an ordinary person, even with much money, it would not be easy. Thousands of unaccompanied minors arrive daily requiring immediate support and protection. Government bureaucracy is holding things up because they do not want the camps to become a permanent feature on Bangladeshi soil. Ultimately, the Bangladeshi government want the Rohingyas to be repatriated.

Conclusion

Denied citizenship by Myanmar's government and targeted by what the United States calls 'ethnic cleansing', the Rohingya are currently among the most mistreated people in the world. Within this traumatized population, women are uniquely vulnerable. The stateless Rohingya have been sequestered and preyed upon by Myanmar's Tatmadaw military for years. But the latest campaign of gang rape against Rohingya women has been so brutal and systematic that Pramila Patten, a United Nations special representative on sexual violence in conflicts, has deemed it "a calculated tool of terror aimed at the extermination and removal of the Rohingya as a group" (New York Times, 2017). Myanmar's government has denied any instance of sexual assault, even claiming that Rohingya women are 'too unattractive to merit attention from Tatmadaw soldiers'. Yet the fact remains, millions have been displaced from Myanmar to Bangladesh. People do not flee their

homes without good cause. They leave because their lives are in danger, and they find no other option.

Bangladesh has been forced to house over a million people within a very short time. Being a poor and over-populated country itself, it has not been easy. The International Community has urged the Government of Bangladesh to keep its borders open and has offered support to do this. How such support is used by the Bangladeshi government and the aid agencies on the ground is now a matter of urgent concern. Citizens of the world have shown their concern by giving hard-earned money. Now those who will use this money must ensure that the money is spent wisely and for the benefit of the victims, and particularly for the children who are the adults of tomorrow. Expressing concerns over the plight of the Rohingya children, Nobel Laureate, Kailash Satyarthi – India’s foremost children’s rights activist – stated, “If any child is being victimised during the current Rohingya crisis in Myanmar, then it is the moral responsibility of the world community to resolve this crisis”. Those children with adult family members looking out for them are relatively okay, but what about the thousands of orphans?

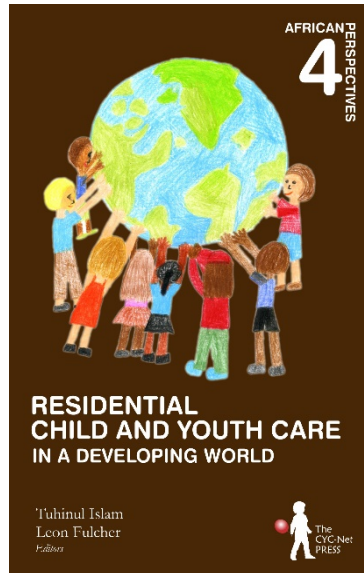
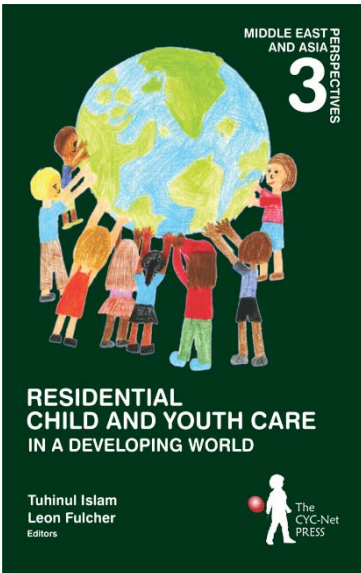
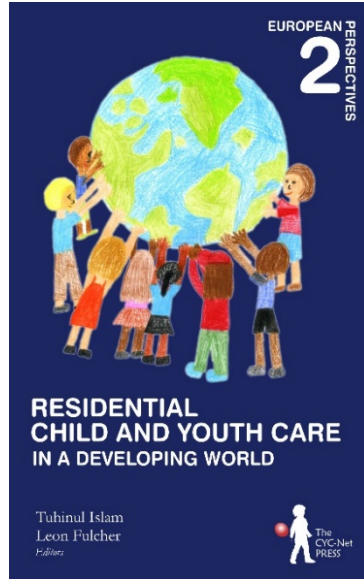
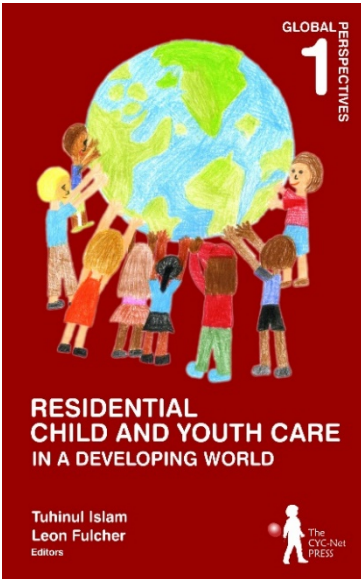
Activists from the De-institutionalisation Movement seem uncharacteristically silent about the plight of these victims of genocide. What strategy or policies have these de-institutionalisation activists formulated to nurture hope amongst the Rohingya orphans and mothers fleeing Genocide due to an Imperial policy that denied citizenship to a group that was indentured from India to Burma in the 1800s?

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